Court File Nos. T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

MOTION RECORD OF THE PLAINTIFFS
(Settlement Approval Hearing)

September 6, 2022

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Court File Nos. T-402-19 / T-141-20 / T-1120-21

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Court File Nos. T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
PROPOSED CLASS PROCEEDING

B E T W E E N:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
PROPOSED CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

NOTICE OF MOTION
(Motion for Settlement Approval)

TAKE NOTICE THAT the plaintiffs will make a motion to the Honourable Madam Justice Aylen on September 19, 2022 to September 23, 2022, at 10:00 a.m. or as soon thereafter as the motion can be heard, in person as well as via video conference, at a location to be determined by the Court in advance of the hearing.

THE MOTION IS FOR:

1. a declaration that the final settlement agreement executed by the plaintiffs and the defendant on June 30, 2022 (the "**FSA**") is fair, reasonable and in the best interests of the class;

2. an order approving the FSA pursuant to Rule 334.29(1) of the *Federal Courts Rules*;

3. a declaration that the FSA is binding on the representative plaintiffs, on all class members, and on the defendant;

4. an order dismissing these proceedings against the defendant, without costs and with prejudice;

5. an order approving a $15,000 honorarium payment to each of the following representative plaintiffs:

    (a) Xavier Moushoom;

    (b) Jeremy Meawasige (by his litigation guardian, Jonavon Joseph Meawasige);

    (c) Zacheus Joseph Trout;

    (d) Ashley Dawn Louise Bach;

    (e) Melissa Walterson;

(f) Noah Buffalo-Jackson by his Litigation Guardian, Carolyn Buffalo;

(g) Carolyn Buffalo; and

(h) Dick Eugene Jackson also known as Richard Jackson;

6. an order that if the FSA is not approved, the parties are all restored, without prejudice, to their respective positions as such existed prior to the proposed settlement (*i.e.*, both the FSA and the parties' agreement in principle on compensation dated December 31, 2022 are null and void);

7. an order that the approval of the FSA is conditional on and does not become effective until an order is rendered by the Canadian Human Rights Tribunal ("**Tribunal**") in CHRT File T1340/7008 declaring that the FSA satisfies the compensation orders and framework for compensation made by the Tribunal regarding an overlapping part of the class; and

8. such further and other relief as counsel may request and this Honourable Court may deem just and appropriate.

THE GROUNDS FOR THE MOTION ARE:

1. This litigation involves the class proceeding bearing Court file Numbers T-402-19 and T-141-20 (the "**Consolidated Action**"), and the class proceeding bearing Court File Number T-1120-21 (the "**Trout Action**");

2. The litigation concerns discrimination by the defendant, Her Majesty in right of Canada, against the First Nations plaintiffs and class in the provision of child and family services between 1991 and 2022, and in denying, delaying and leaving service gaps in the provision of essential services between 1991 and 2017;

3. On November 26, 2021, the Federal Court certified the Consolidated Action as a class proceeding on consent on behalf of the following classes:

(a) ***Removed Child Class*** means all First Nations individuals who:

(i) were under the applicable provincial/territorial age of majority at any time during the Class Period; and

(ii) were taken into out-of-home care during the Class Period while they, or at least one of their parents, were ordinarily resident on a Reserve.

(b) ***Jordan's Class*** means all First Nations individuals who were under the applicable provincial/territorial age of majority and who during the Class Period were denied a service or product, or whose receipt of a service or product was delayed or disrupted, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a jurisdictional dispute with another government or governmental department;

(c) ***Family Class*** means all persons who are brother, sister, mother, father, grandmother or grandfather of a member of the Removed Child Class and/or Jordan's Class;

4. On February 11, 2022, the Federal Court certified the Trout Action as a class proceeding on consent on behalf of the following classes:

(a) ***Child Class*** means all First Nations individuals who were under the applicable provincial/territorial age of majority and who, during the Class Period, did not receive (whether by reason of a denial or a gap) an essential public service or product relating to a confirmed need, or whose receipt of said service or product

was delayed, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a service gap or jurisdictional dispute with another government or governmental department;

(b) ***Family Class*** means all persons who are brother, sister, mother, father, grandmother or grandfather of a member of the Child Class;

5. The parties engaged in exploratory settlement discussions, lengthy mediation, and intensive negotiations starting in 2019 and continuing until the date of signing the FSA, directly and with the assistance of eminent First Nations jurists, the Honourable Leonard Mandamin and the Honourable Murray Sinclair;

6. On December 31, 2021, the parties signed an agreement-in-principle, which laid the foundation for the parties' subsequent negotiations;

7. The agreement-in-principle included a global resolution of this litigation, as well as overlapping proceedings before the Tribunal;

8. In the agreement-in-principle, Canada agreed to pay $20 billion to settle all claims;

9. Following six more months of intensive negotiations, the parties signed the FSA on June 30, 2022;

10. The FSA is conditional on the approval of this Court pursuant to Rule 334.29 of the *Federal Courts Rules*;

11. The FSA contains, amongst other things, the following key terms:

(a) The claims process is designed with flexible standards, and is intended to be expeditious, cost-effective, user-friendly, culturally sensitive, trauma-informed, and non-traumatizing for claimants;

(b) Canada will pay $20 billion in compensation;

(c) The FSA allocates a budget of $7.25 billion to the Removed Child Class; $5.75 billion to the Removed Child Family Class; $3 billion to the Jordan's Principle Class and $2 billion to the Trout Child Class; and a fixed budget of $2 billion to the Jordan's Principle Family Class and Trout Family Class;

(d) In the event of a surplus, the FSA allows for the possibility of transferring funds to other classes except the Jordan's Principle Family Class and Trout Family Class, with priorities favouring the children;

(e) Anticipated payouts to each of the classes are expected to be at the following ranges:

i. **Removed Child Class**: Base compensation of $40,000 plus enhanced compensation accounting for factors such as age at removal, time spent in care, age when existing care, and number of placements (or spells in care);

ii. **Removed Child Family Class**: caregiving parents and caregiving grandparents receive direct compensation (estimated to be between $40,000 and $60,000), while siblings and non-caregiving parents and grandparents are ineligible for compensation but may indirectly benefit from the Cy-près Fund;

iii. **Jordan's Principle Class**: class members are divided into two categories based on the level of impact on them as a result of the discrimination: those who suffered less impact in the Jordan's Principle Class receive up to $40,000, while those who suffered greater harm will receive a minimum of $40,000;

iv. **Trout Child Class**: class members are divided into two categories based on the level of impact on them as a result of the discrimination: those who suffered less impact in the Jordan's Principle Class will receive up to $20,000, while those who suffered greater impact will receive a minimum of $20,000;

v. **Jordan's Principle Family Class and Trout Family Class**: only the caregiving parents and caregiving grandparents of the children in the Jordan's Principle Class and Trout Child Class who suffered greater impact may receive compensation at a level to be determined once actuarial information is available—while siblings and other parents and grandparents are ineligible for compensation but may indirectly benefit from the Cy-près Fund;

(f) The FSA allows the estates of the deceased members of the Removed Child Class, Jordan's Principle Child Class, and Trout Child Class to file a claim for compensation on behalf of the deceased child;

(g) The Cy-près Fund established under the FSA will have a $50 million endowment to primarily benefit class members who do not receive direct payments under the FSA;

(h) The FSA ensures that culturally appropriate and trauma-informed supports are available to claimants, including, amongst others, emotional and mental wellbeing support, administrative and claims process support, legal support, and financial protections support;

12. The FSA is conditional on the Tribunal confirming the satisfaction of its Compensation Order (2019 CHRT 39) and the Compensation Framework Order (2021 CHRT 7);

13. The FSA has been the subject of extensive consultation by the AFN with First Nations regions, communities and leadership across the country;

14. The settlement amount presents a reasonable settlement in light of the existing data and the class size estimates feasible before a claims process begins;

15. The representative plaintiffs support the FSA and experienced class counsel recommend it;

16. The FSA reflects some compromises in light of the following:

(a) the risks associated with litigation concerning historical events, with class periods spanning decades;

(b) limitations risks with respect to some causes of action;

(c) cause of action risks associated with respect to the Trout Action, noting Canada's previous resolve to fight that class;

(d) the risks of delays associated with complex, national litigation, including potential appeals, and motions;

(e) the hardship and re-traumatization that class members would face during potential individual damages assessment hearings;

(f) the class being primarily composed of First Nations youth already exposed to trauma;

(g) the defendant is well resourced, and could litigate to their fullest both the class proceedings, and any potential individual damages assessments; and

(h) the risk, however remote, of legislative abrogation of some or all of the claims;

17. The FSA provides expeditious recovery for class members;

18. The FSA is fair, reasonable, and in the best interests of the class;

19. Notices of certification and settlement approval hearing has been given in accordance with the notice plan approved by the Court;

20. This motion is made on consent and by agreement of the plaintiffs and the defendant;

21. The FSA is conditional upon this Court approving the agreement in its current form and without modification;

22. Rule 334.29(1) of the *Federal Courts Rules*, SOR/98-106;

23. *Federal Courts Act*, R.S.C., 1985, c. F-7; and

24. Such further and other grounds as counsel may advise.

THE FOLLOWING DOCUMENTARY EVIDENCE will be used at the hearing of the motion:

1. The Affidavit of Xavier Moushoom, sworn August 23, 2022;

2. The Affidavit of Jonavon Joseph Meawasige, sworn September 1, 2022;

3. The Affidavit of Zacheus Joseph Trout, sworn September 2, 2022;

4. The Affidavit of Melissa Walterson, affirmed September 6, 2022;

5. The Affidavit of Ashley Dawn Louise Bach, affirmed September 6, 2022;

6. The Affidavit of Karen Osachoff, affirmed September 5, 2022;

7. The Affidavit of Carolyn Buffalo, to be affirmed;

8. The Affidavit of Dick Eugene Jackson also known as Richard Jackson, to be affirmed;

9. The Affidavit of Janice Ciavaglia, affirmed September 6, 2022;

10. The Affidavit of William Colish, affirmed September 2, 2022;

11. The Affidavit of Dr. Lucyna Lach, sworn September 6, 2022;

12. Such further and other evidence as counsel may advise and this Honourable Court may permit.

September 6, 2022

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No. T-402-19/ T-141-20

COUR FÉDÉRALE

COUR FÉDÉRALE
ACTION COLLECTIVE PROPOSÉE

ENTRE:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (par son tuteur légal, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

Défendeur

COUR FÉDÉRALE
ACTION COLLECTIVE PROPOSÉE

ENTRE:

L'ASSEMBLÉ DES PREMIÈRES NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON par son tuteur légal, Carolyn Buffalo, CAROLYN BUFFALO et DICK EUGENE JACKSON également connu comme étant RICHARD JACKSON

Demandeurs

et

SA MAJESTÉ LA REINE
Représenté par LE PROCUREUR GÉNÉRAL DU CANADA

Défendeur

Je, Xavier Moushoom, travailleur pour les services de transport médicaux de la Réserve des Premières Nations du Lac-Simon, région de l'Abitibi-Témiscamingue, province de Québec, AFFIRME SOLENNELLEMENT QUE :

1. Je suis un des demandeurs-représentants dans les Actions collectives consolidées portant les numéros de cour T-402-19 (l'Action collective **Moushoom** ») et T-141-20 (l'Action collective de « **L'Assemblée des Premières Nations** ») (collectivement les « **Actions collectives consolidées** »).

A. Mon enfance avant d'être séparé de ma famille

2. Je suis né en 1987 au Lac-Simon et je suis membre de la Nation Anishinaabe.

3. Mes deux parents sont des survivants des pensionnats autochtones.

4. Leurs expériences aux pensionnats autochtones ont eu des effets dévastateurs sur eux, mais nous n'en parlions pas à la maison parce que c'était un sujet tabou pour eux.

5. Mes deux parents combattaient leurs propres démons durant ma jeunesse et les deux ont souffert d'alcoolisme.

6. En raison de son alcoolisme et des soins qu'il recevait à Montréal, mon père fut absent durant ma jeunesse. D'ailleurs, mon père, qui a passé une bonne partie de sa vie à Montréal sans domicile fixe, y est décédé.

7. J'ai habité chez ma mère sur la réserve du Lac-Simon, avec mon frère aîné Nick de ma naissance jusqu'en 1995.

8. Je faisais partie d'une belle communauté où je pouvais pratiquer les traditions de ma nation; je pratiquais la pêche et la trappe, et j'allais en forêt pour m'y ressourcer.

9. J'y apprenais les enseignements de la culture traditionnelle ancestrale de ma communauté, si chère à ma Nation.

10. Pendant ma jeunesse, je parlais couramment l'algonquin avec ma grand-mère et plusieurs autres personnes et j'en étais fière.

B. La séparation initiale de ma famille

11. En 1996, j'ai été retiré de ma famille d'origine pour être placé dans une famille d'accueil, au Lac-Simon. À ce jour, je ne connais toujours pas la raison ayant mené à mon retrait de la maison familiale.

12. Mon frère Nick a aussi été retiré de notre maison pour être placé dans une famille d'accueil différente, l'isolant davantage du reste de la famille et m'isolant davantage de lui.

13. Ceci a déchiré notre famille. Nous ne savions pas pourquoi nous devions être séparés. Par la suite, très souvent je me suis demandé si ma famille ne voulait tout simplement plus de moi.

C. Mon expérience en famille d'accueil

14. Un an plus tard, en 1997, j'ai été placé dans une nouvelle famille d'accueil, cette fois-là à Val-d'Or, soit à l'extérieur de ma communauté.

15. Dorénavant, non seulement je n'étais plus dans ma maison familiale, mais j'étais retiré de ma communauté, me trouvant à des endroits où personne ne partageait ma langue, mes traditions et ma culture.

16. De 9 à 18 ans, j'ai été enlevé et placé dans pas moins de quatorze (14) familles d'accueil différentes à Val-d'Or;

17. Dès le début, je me sentais perdu et totalement déstabilisé. Je ne connaissais personne dans les familles qui m'accueillaient. En même temps, je devais vivre comme eux et adopter leurs traditions et cultures.

18. Au cours de cette période de grande instabilité, j'ai progressivement perdu ma langue maternelle algonquienne, ma culture et mes liens avec les membres de ma communauté du Lac-Simon. En bref, on m'a déraciné tout comme ce fut le cas pour mes parents lorsqu'ils ont été placés dans des pensionnats autochtones.

19. Durant cette période, j'ai eu très peu de contact avec ma mère. À chaque fois que je désirais la visiter, je devais supplier la travailleuse sociale et lui démontrer que je méritais une telle visite. Qu'à cela ne tienne, je ne me voyais accorder qu'un accès très limité à ma mère.

20. Je me suis ainsi retrouvé à l'âge de 18 ans sans savoir qui j'étais, sans savoir comment vivre et pratiquer ma culture ni comment parler ma langue, et n'ayant aucune idée quant à la façon de me réintégrer dans la communauté et dans la nation au sein desquelles je suis né et desquelles j'ai été retiré.

D. Ma sortie du système de placement

21. À 18 ans, on m'a annoncé que je devais quitter ma famille d'accueil, puisque l'aide financière cessait à l'âge de la majorité.

22. À cette époque, je me sentais complètement perdu et mal outillé pour affronter les prochaines étapes de ma vie. J'ignorais où j'allais vivre, où était ma place en société et ce que j'allais faire.

23. Je souhaitais rester avec ma famille d'accueil afin de mieux me préparer à une transition de retour dans ma communauté, mais cela s'avérait impossible vu l'absence d'aide financière. La famille a néanmoins accepté de me laisser rester avec eux pendant trois mois additionnels, après quoi j'ai dû survivre par mes propres moyens.

E. Les impacts à long terme de mon expérience en famille d'accueil

24. Dans les années qui ont suivi, j'ai développé des problèmes de dépendance que j'ai fini par surmonter grâce à ma propre détermination et avec l'aide des membres de ma communauté.

25. Je comprends aujourd'hui que ma jeunesse perturbée et les problèmes qui en découlent ont été causés par la faute du défendeur de ne pas s'être assuré qu'il existait des ressources adéquates pour répondre aux problèmes de ma famille.

26. Bien que je n'aie reçu aucune aide pour réparer ma jeunesse brisée et tumultueuse, je me suis engagé à réapprendre ma langue et à suivre les enseignements d'un aîné de la Nation afin de reconnecter avec ma culture.

27. En plus de mon frère aîné Nick, j'ai deux frères plus jeunes qui ont été placés dans des familles d'accueil à l'extérieur du Lac-Simon. L'un d'eux, Delphis, a été placé dans une famille dans la ville de La Sarre, au Québec (environ 2h30 de route de chez nous). Tragiquement, il est décédé l'an dernier sans qu'il n'ait pu retourner au Lac-Simon et vivre avec notre mère.

28. J'ai pris comme mission personnelle, et au nom de ma mère, de réunir Delphis avec sa famille. J'ai tout fait pour qu'il puisse nous visiter, malgré les difficultés avec les services sociaux, avec le but ultime de le ramener au Lac-Simon.

29. Cette lutte a pris tellement de mon énergie, et je voyais que c'était difficile pour Delphis aussi, car il aimait sa famille d'accueil. Cette expérience a démontré pour moi que même quand un enfant est placé dans une famille qu'il aime, ça le place dans une situation déchirante et impossible vis-à-vis de sa famille biologique.

30. L'impact de la perte de mon frère et de mon père a été gravement exacerbé par le fait d'être séparé de ma famille. Les familles de mon peuple ne devraient jamais avoir à souffrir sous un tel système discriminatoire.

31. Aujourd'hui, je travaille pour les services de transport médical au Lac-Simon et j'ai retrouvé une certaine stabilité dans ma vie, bien que je fasse toujours mon deuil et que je demeure avec un traumatisme et des cicatrices psychologiques laissés par le retrait de ma maison familiale, de ma communauté, de ma langue et de ma culture.

F. Mon implication à titre de Demandeur représentant

32 Je suis victime de la conduite reprochée du défendeur et je suis membre du Groupe vivant sur une réserve, tel que défini à l'entente finale de règlement intervenu dans les Actions collectives consolidées le 30 juin 2022 (le « **Règlement Final** »).

33 J'ai déjà parlé publiquement de mon expérience en famille d'accueil devant la Commission d'enquête publique relativement aux relations entre les peuples autochtones et certains services publics au Québec (la « Commission Viens »).

34. Je considère que j'ai droit à une indemnisation pour les préjudices subis en lien avec la conduite reprochée et que tous les membres des Actions collectives consolidées méritent également une indemnisation.

35. J'ai accepté d'être le représentant de l'Action collective Moushoom non seulement afin d'obtenir justice pour moi-même, mais surtout afin de permettre aux milliers d'enfants et membres de leurs familles d'être indemnisés le plus rapidement possible pour les dommages soufferts en raison de la conduite du défendeur.

36. Je souhaite également que le système de placement des enfants change en mieux le plus rapidement possible au bénéfice des enfants d'aujourd'hui et des générations futures.

37. Je me suis investi corps et âme pour que ce dossier soit mené à bien de la manière la plus bénéfique pour les membres du groupe que je représente.

38. J'ai été impliqué et j'ai discuté depuis le début du dossier avec mes avocats, en leur donnant instruction de procéder le plus rapidement possible pour que les membres des Actions collectives consolidées obtiennent justice, soit par la voix d'un règlement négocié ou d'un jugement.

39. Je me suis déplacé (en autobus puisque je n'ai pas d'automobile et que je ne prends pas l'avion) à plusieurs reprises pour aller rencontrer mes avocats à Montréal (qui est à près de 500 kilomètres de chez moi). Autrement, ce sont eux qui se sont déplacés à plusieurs reprises pour me rencontrer à Louvicourt, où j'habite, près de Lac-Simon.

40. De plus, nous avons tenu d'innombrables conférences téléphoniques et rencontres virtuelles, en plus de communiquer par courriel et par message texte, et ce, n'importe quel jour de la semaine ou de la fin de semaine, de jour comme de soir.

41. J'ai expliqué aux membres qui me l'ont demandé le but des Actions collectives consolidées.

42. J'ai accepté que l'Action collective Moushoom soit jointe à celle de L'Assemblé des Première Nations puisque cela était dans l'intérêt des membres du groupe que je représente.

43. Quand des négociations pour régler les Actions collectives consolidées ont débuté, je les ai autorisées, puisque cela était dans l'intérêt supérieur de tous les membres.

44. Depuis le début de ces discussions, j'ai été tenu au courant de celles-ci, et ce, à toutes les étapes.

45. J'ai participé à une session de médiation avec l'honorable juge Mandamin et j'y ai même pris la parole devant tous les participants, expliquant ce que la discrimination que j'ai subie m'a causé comme séquelles. Puisque tous les autres participants

parlaient anglais, des traducteurs se sont assuré de traduire simultanément ces échanges en français.

46. Mes avocats m'ont fait rapport sur une base régulière de l'avancement de ces négociations.

47. Lorsqu'un règlement de principe est intervenu pour la somme de 20 milliards de dollars pour les membres des Actions collectives consolidées, je l'ai considéré comme un précédent historique pouvant mettre un terme à des décennies de discrimination envers les personnes des Premières Nations.

48. J'ai été extrêmement fier de ce règlement de principe, ainsi que du Règlement Final qui s'en est suivi (non sans mal) et que je demande maintenant à la Cour d'approuver.

49. Ce règlement met fin immédiatement aux Actions collectives consolidées, évitant d'avoir à débattre encore des années de la responsabilité du défendeur, tout en évitant aussi le risque d'un jugement défavorable.

50. Ce règlement m'a été expliqué par mes avocats et mis en contexte avec les diverses ordonnances d'indemnisations rendues par le Tribunal Canadien des Droits de la Personne (TCDP) dans un dossier parallèle, dont l'Assemblé des Premières Nations (qui est également favorable au présent règlement) est une des parties demanderesses.

51. Il m'est apparu évident que le présent règlement allait de pair avec ces diverses ordonnances du TCDP et qu'il permettait également de mettre un terme immédiatement et de manière favorable à cet autre recours qui s'annonçait autrement encore très long à finaliser, considérant l'appel du défendeur devant la Cour Fédéral d'appel et, possiblement, à la Cour Suprême du Canada, ce qui aurait eu pour effet de priver de très nombreuses victimes d'une compensation concrète et immédiate (voir aucune compensation si les ordonnances du TCDP étaient cassées en appel).

52. Le Règlement Final permet ainsi une juste balance et accorde une indemnisation immédiate et proportionnelle aux torts causés, tout en victimisant le moins possible les membres des Actions collectives consolidées.

53. Mon but en acceptant d'être représentant pour cette action collective était de tenter de clore un chapitre noir dans le traitement des jeunes des Premières Nations au Canada et il était alimenté par l'espoir qu'on ne répétera pas les erreurs commises dans le passé. Le Règlement Final, tant pour le volet indemnisation que pour celui visant les réformes à long terme, concrétise ce double but, et c'est pourquoi je considère si important que la Cour l'approuve sans plus attendre.

54. En conséquence, je n'ai aucune réserve à approuver le Règlement Final historique d'un montant inégalé dans les annales Canadienne et de demander à la Cour de l'approuver.

G. Indemnisation du représentant

55. Considérant mon implication à titre de représentant et basé sur ce dont mes avocats m'ont informé, il appert que je pourrais avoir droit à une indemnisation pour le rôle que j'ai joué dans les Actions collectives consolidées si le Règlement Final est approuvé.

56. Bien que ce n'était absolument pas un des buts de ma démarche en acceptant d'être représentant de l'Action collective Moushoom, et laissant le tout à l'entière discrétion de la Cour, j'ai été informé qu'un montant de 15 000$ (actualisé) représente plus ou moins la moyenne des indemnisations accordées, à titre d'honoraire, aux représentants dans des dossiers de nature similaires, dont ceux des Pensionnats autochtones, de la Rafle des années soixante et des Externats autochtones, lesquels furent tous réglés par le biais d'une action collective.

57. Mes avocats m'ont expliqué que de telles indemnités avaient été accordées aux représentants pour différents motifs, dont le fait qu'ils avaient accepté de mettre de l'avant leurs cas personnels publiquement au bénéfice des membres du groupe; qu'ils avaient dû revivre les traumatismes subis pour faire avancer le dossier pour les membres du groupe; qu'ils s'étaient personnellement impliqués auprès des membres pour faire connaitre le dossier à toutes les étapes de celui-ci; qu'ils avaient étroitement collaboré avec les avocats tout au long du processus judiciaire; et qu'ils étaient prêts à témoigner et à être contre-interrogés au procès si nécessaire.

58. Considérant le contenu de la présente déclaration solennelle qui fait écho à tous ces critères, et si la Cour le juge approprié dans les circonstances, je me permets de demander une telle indemnité de 15 000$, pourvu que cela ne réduise pas les montants autrement payables aux membres des Actions collectives consolidées.

59. Je n'ai aucun conflit avec les membres des groupes et j'agis de bonne foi et avec le désir de faire valoir mes droits et ceux des groupes consolidés.

ET J'AI SIGNÉ:

Xavier Moushoom (Aug 23, 2022 17:53 EDT)

Xavier Moushoom

Affirmé solennellement devant moi
par le bias d'un moyen
technololgique, ce jour 23e jour
d'août 2022

Éva Richard, avocate (315265-1)

Éva Richard, avocate (315265-1) (Aug 23, 2022 17:56 EDT)

Commissaire à l'assermentation
pour le Québec

Court File Nos. T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

AFFIDAVIT OF JONAVON JOSEPH MEAWASIGE
(Sworn September 1, 2022)

I, Jonavon Joseph Meawasige, of the Pictou Landing First Nation in Nova Scotia, currently resident in Edmonton, Alberta, SWEAR THAT:

1. I am a representative plaintiff, and the brother and litigation guardian of another representative plaintiff, Jeremy Meawasige, in this class action. As such, I have personal knowledge of the matters that I depose to in this affidavit. Where the source of information is other than my personal knowledge, I say so and I believe that information to be true.

2. In this affidavit, I explain why I support the proposed settlement reached with Canada, both on my behalf and on behalf of my brother.

My Brother, Jeremy Meawasige

3. Jeremy is my younger brother. He lives on the Pictou Landing First Nation Reserve. I have been involved in his care since he was born.

4. Jeremy's circumstances are described in the Federal Court's decision in *Pictou Landing Band Council v. Canada (Attorney General)*, 2013 FC 342: "a teenager with multiple disabilities and high care needs. He has been diagnosed with hydrocephalus, cerebral palsy, spinal curvature and autism. Jeremy can only speak a few words and cannot walk unassisted. He is incontinent and needs total personal care including showering, diapering, dressing, spoon feeding, and all personal hygiene needs. He can become self-abusive at times, and needs to be restrained for his own safety."

5. As a result, Jeremy needed essential services. Canada refused to pay for those services to him. My mother had to go to Federal Court to ask for a judicial review of

Canada's refusal. On April 4, 2013, the Court found that Canada's refusal to pay for the essential services that Jeremy needed violated Jordan's Principle, and ordered Canada to pay for the essential services that Jeremy needs.

Our Late Mother, Maurina Beadle

6. Throughout her life, our late mother, Maurina Beadle, cared for Jeremy. She refused to give him up to the child welfare system or allow him to be institutionalized away from home to receive the services he needed. Despite her own fragile health, our mother cared and fought for Jeremy and Jordan's Principle until the end of her life.

7. She was Jeremy's litigation guardian in this class action. She swore an Affidavit on May 8, 2019. Attached as **Exhibit "A"** is a copy of her affidavit. She was appointed litigation guardian for Jeremy by order of the Court dated May 28, 2019. Attached as **Exhibit "B"** is a copy of that order without Schedule "A".

8. Sadly, our mother had a stroke and passed away on November 13, 2019. She was laid to rest in Pictou Landing on November 18, 2019.

My Role in the Class Action

9. I have been involved in this lawsuit from the beginning, and have taken significant time to meet and speak to class counsel, and to understand the factual and legal matters involved in this litigation.

10. After our mother passed away, I decided to step in to ensure that Jeremy was able to continue acting as a representative plaintiff for the Jordan's Principle Class. I want Jeremy, and First Nations youth like him, to have the supports that they need to have a meaningful and dignified life.

11. As Jeremy's brother, I also volunteered to be a representative plaintiff for the class of family members of the First Nations individuals whose Jordan's Principle rights have been violated.

12. The Court appointed me as Jeremy's representative and litigation guardian on July 7, 2021. Attached as **Exhibit "C"** is the order of Madam Justice St-Louis without schedules.

13. On November 26, 2021, Madam Justice Aylen certified the class action and appointed both Jeremy and me as representative plaintiffs. Attached as **Exhibit "D"** is the order of Madam Justice Aylen without schedules.

My Work on the Class Action

14. Through my mother, I was informed of and indirectly involved in her 2013 application to the Federal Court about Jordan's Principle. That application reaffirmed First Nations' equality rights to essential services, and advanced Jordan's Principle.

15. Toward the beginning of this class action, I met in person with David Sterns and Mohsen Seddigh of Sotos LLP, who explained the class action to me. I travelled to Toronto with my mother for that first meeting.

16. Ever since then, I have routinely spoken on the phone, by text messaging and email with Mr. Seddigh about the progress of the case and I have given him my feedback and instructions about important decisions on the case.

17. I attended the mediation with the Honourable Mr. Mandamin a few times and spoke about my family's experience with Jordan's Principle and Canada's discrimination. It was extremely hard for me to speak about these things in front of many people, but I wanted my family's story to be heard. Remembering and speaking

about my family's challenges is difficult for me, but I have shared it in this case, hoping that it will help prevent other kids and families from going through the same thing.

18. I have also reviewed the documents that class counsel sent me and provided feedback during this class action. These included documents such as the Consolidated Statement of Claim, my affidavits, the Court's orders, and settlement materials. I swore an affidavit in support of the motion for certification and to add me as Jeremy's litigation guardian.

19. When I requested that the Court appoint me and Jeremy as representative plaintiffs, I understood and explained my responsibilities. I have taken these responsibilities seriously and tried to the best of my ability to fairly and adequately represent the class, both for myself and on behalf of Jeremy.

20. Earlier this month, I travelled to Toronto to meet with class counsel, my co-representative plaintiff, Zacheus Joseph Trout (and his wife, Veronica Trout), and with the team's expert working on Jordan's Principle, Dr. Lucyna Lach, who was joining us from Montreal. We had a long discussion. Dr. Lach asked for my feedback and my personal experience with Jordan's Principle, and I shared my personal experience and my thoughts about the claims process with her.

21. I was happy to hear Dr. Lach describe to us the method that the experts were developing for the Jordan's Principle claims process to determine who was impacted more significantly by the discrimination.

22. I believe that compensation should be proportional to the suffering that each person experienced. I do not think it would be fair for everyone to receive the same compensation regardless of their circumstances. I think that would ignore the suffering

of First Nations people like my mother and Jeremy. So I support the experts' work that Dr. Lach described to us.

Settlement Agreement

23. For over a year, we were in mediation and negotiations with Canada. I personally attended some sessions. Every time when we were getting close to a resolution, Mr. Seddigh would send me the settlement documents and after I had a chance to review, we would discuss the details and I would give him my instructions.

24. I was thrilled with the agreement in principle that was signed late last year. I spoke to the media about it (https://www.aptnnews.ca/featured/plaintiffs-skeptical-but-hopeful-about-proposed-child-welfare-settlement/) to spread the word so claimants could know that compensation was finally coming.

25. Speaking with Mr. Seddigh, I kept informed of the intensive negotiations after the agreement in principle was signed. I reviewed the draft of the settlement agreement and discussed it with Mr. Seddigh who explained it to me. I agreed with the agreement and instructed him to sign it. All parties finally signed the settlement agreement on June 30, 2022.

26. I wholeheartedly support this settlement agreement, which I understand is the largest settlement in Canada's history. I support the principles that the agreement embodies. Some of these principles are:

(a) The claims process aims to minimise the risk of causing trauma to class members;

(b) There will be no interview or in-person examination of claimants;

(c) The claims process avoids subjective assessments of harm and individual trials; and

(d) The claims process uses objective criteria to assess class members' needs and circumstances.

27. The settlement agreement divides Jordan's Principle claimants into two groups: those who suffered more significant impact as a result of the discrimination, and those who suffered less impact than the first group. This way the settlement agreement is able to ensure that those who suffered more will receive at least $40,000 in compensation. Everyone else receives compensation of up to $40,000 but not more than that. I agree with this division because it gives more compensation to those who have experienced more impact, and responsibly divides the $3 billion budget for the Jordan's Principle Class.

28. I instructed my counsel to sign the settlement agreement and I support it even though as a brother in the Jordan's Principle Family Class, I personally will not receive direct compensation under the settlement agreement. This case has always been about the children first. I am proud of the life changing compensation that this settlement will provide to tens of thousands of First Nations children who suffered discrimination.

Honorarium

29. I do not wish to ask for an honorarium for myself. As I said before, I have done this case to continue my mother's fight for justice and to make sure Jeremy and First Nations youth like him are well and that their needs are met.

30. As litigation guardian for Jeremy, I do wish to ask the Court to grant an honorarium to Jeremy to recognize his remarkable contribution to this case and to Jordan's Principle. If the Court grants Jeremy an honorarium, my intention is to keep that money in his account so it can be spent on things that he may need or make him happy.

Class Counsel

31. As I described earlier, I have been actively engaged with class counsel through Sotos LLP throughout this process. I am very happy with their work on this class action.

32. I signed an agreement with Sotos LLP about fees and disbursements. This retainer agreement says that class counsel will only be paid if they are successful at obtaining a judgment or settlement with Canada. The retainer agreement says that class counsel's fees will be taken from the settlement amount based on some percentages to be reviewed and approved by the Court.

33. Instead of pursuing the arrangement in the retainer agreement, class counsel have agreed to separately negotiate their fees directly with Canada and be paid over and above the settlement amount. This means that class counsel's fees will not be deducted from the $20 billion settlement amount. I fully support this plan because it does not decrease the money that is available to pay compensation to class members.

34. Mr. Seddigh advises me and I believe that class counsel have not yet negotiated their fees with Canada.

SWORN BEFORE ME BY Jonavon Joseph Meawasige of the Pictou Landing First Nation in Nova Scotia, currently resident in Edmonton, Alberta, on September 1, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits
(or as may be)

POUYA DABIRAN-ZOHOORY
LSO: 81458L

Commissioned in the City of Toronto, in the Province of Ontario

Jonavon Meawasige

JONAVON JOSEPH MEAWASIGE

This is Exhibit "A" referred to in the Affidavit of Jonavon Joseph Meawasige of the Pictou Landing First Nation in Nova Scotia, currently resident in Edmonton, sworn before me at the City of Toronto, in the Province of Ontario on September 1, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

POUYA DABIRAN-ZOHOORY
LSO: 81458L

Court File No. T-402-19

FEDERAL COURT

PROPOSED CLASS PROCEEDING

BETWEEN:

XAVIER MOUSHOOM

Plaintiff

and

THE ATTORNEY GENERAL OF CANADA

Defendant

AFFIDAVIT OF MAURINA BEADLE
(Sworn May 8th, 2019)

I, Maurina Beadle, of the Pictou Landing First Nation in Nova Scotia, SWEAR THAT:

1. I am the mother of Jeremy Meawasige and his proposed litigation guardian in this lawsuit. As such, I have personal knowledge of the matters that I depose to in this affidavit. Where the source of information is other than my personal knowledge, I say so and I believe that information to be true.

2. In this affidavit, I explain why I should be appointed as my son's litigation guardian.

3. I live with Jeremy on the Pictou Landing Indian Reserve in Nova Scotia. I am one of the elders of my community.

4. Jeremy was born on December 9, 1994. He is under a legal disability and incapable of managing his own affairs. He has been diagnosed with hydrocephalus, cerebral palsy, spinal curvature and autism. He can only speak a few words and cannot walk unassisted. He is incontinent and needs total personal care including showering, diapering, dressing, spoon feeding, and all personal hygiene needs. He can become self-abusive at times, and needs to be restrained for his own safety.

5. As a result, Jeremy is not able to appreciate the legal process or provide his counsel with instructions.

6. I have been Jeremy's primary caregiver throughout his life. I am closer to him than anyone else. I cared for him in our home without any support or assistance until 2010 when I suffered a stroke. The stroke left me physically unable to continue to care for Jeremy without assistance. I therefore needed help to be able to look after him.

7. The Government of Canada refused to provide care to Jeremy. We had to go to the Federal Court to argue that, under Jordan's Principle, Canada should pay for the services that Jeremy needed. I was an applicant in that proceeding together with the Pictou Landing Band Council. On April 4, 2013, the Court found that Canada's refusal to pay for the services violated Jordan's Principle.

8. I was awarded the Queen's Diamond Jubilee for my care for Jeremy and his progress, and for my efforts to uphold Jordan's Principle.

9. I have appointed the law firms of Sotos LLP, Kugler Kandestin LLP and Miller Titerle + Co. as counsel for Jeremy in this proposed class action. I have met with David

Sterns and Mohsen Seddigh, lawyers from Sotos LLP, who explained the class action to me.

10. I have no interest in the proceeding adverse to that of Jeremy.

11. I have been advised by Mr. Seddigh and believe that, other than under exceptional circumstances, generally no costs may be awarded against a party to a class proceeding in the Federal Court.

SWORN BEFORE ME at the City of Toronto, in the Ontario on May 8th, 2019

Maurina Beadle

Commissioner for Taking Affidavits
(or as the case may be)

Mohsen Seddigh

MAURINA BEADLE

This is Exhibit “B” referred to in the Affidavit of Jonavon Joseph Meawasige of the Pictou Landing First Nation in Nova Scotia, currently resident in Edmonton, sworn before me at the City of Toronto, in the Province of Ontario on September 1, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

POUYA DABIRAN-ZOHOORY
LSO: 81458L

Federal Court Cour fédérale

Date: 20190528

Docket: T-402-19

Montréal, Quebec, May 28, 2019

PRESENT: Madam Justice St-Louis

BETWEEN:

XAVIER MOUSHOOM and JEREMY MEAWASIGE (by his litigation guardian, Maurina Beadle)

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER

UPON Motion by the Plaintiff for pleadings amendment and appointment of litigation Guardian, based on Rules 3-4, 75-76, 78-79, 115, 200-202, 334.11, 334.39 of the *Federal Courts Rules*, SOR/98-106;

HAVING READ the Motion record of the Plaintiff, and noted that the Defendant does not oppose the Motion;

CONSIDERING the grounds for the Motion;

THIS COURT ORDERS that:

1. The Plaintiff is granted leave to serve and file the Amended Statement of Claim substantially in the form attached hereto as Schedule "A", within five (5) days of the date of the present Order;
2. Jeremy Meawasige is added as a Plaintiff to this action;
3. Maurina Beadle is appointed as representative and litigation guardian for Jeremy Meawasige;
4. The style of cause is amended accordingly.

"Martine St-Louis"
Judge

This is Exhibit “C” referred to in the Affidavit of Jonavon Joseph Meawasige of the Pictou Landing First Nation in Nova Scotia, currently resident in Edmonton, sworn before me at the City of Toronto, in the Province of Ontario on September 1, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

POUYA DABIRAN-ZOHOORY
LSO: 81458L

Federal Court Cour fédérale

Date: 20210707

Docket: T-402-19
T-141-20

Ottawa, Ontario, July 7, 2021

PRESENT: Madam Justice St-Louis

BETWEEN:

XAVIER MOUSHOOM AND JEREMY MEAWASIGE (BY HIS LITIGATION GUARDIAN, MAURINA BEADLE)

Plaintiffs

AND

THE ATTORNEY GENERAL OF CANADA

Defendant

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, AND MELISSA WALTERSON

Plaintiffs

AND

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER
(Consolidated, Leave to Commence Actions, and other Relief)

UPON MOTION, by the plaintiffs for an Order:

(a) granting leave *nunc pro tunc* to the plaintiffs in Court File No. T-141-20 under this Court's Order dated May 28, 2019 in Court File No. T-402-19 ("**Preclusion Order**") to commence the proposed class proceeding in Court File No. T-141-20;

(b) consolidating the actions in Court File No. T-402-19 and Court File No. T-141-20 ("**Consolidated Proceeding**");

(c) adding Jonavon Joseph Meawasige, Noah Buffalo-Jackson, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson as plaintiffs to the Consolidated Proceeding;

(d) appointing Jonavon Joseph Meawasige as representative and litigation guardian for the plaintiff Jeremy Meawasige;

(e) appointing Carolyn Buffalo as representative and litigation guardian for the plaintiff Noah Buffalo-Jackson;

(f) granting leave to serve and file the Consolidated Statement of Claim in the Consolidated Proceeding substantially in the form enclosed as **Schedule "A"** hereto;

(g) amending the style of cause in the Consolidated Proceeding accordingly, as drafted in Schedule "A" hereto;

(h) stating that the removal of the Jordan's Class members and corresponding Family Class members with claims dated between April 1, 1991 and December 11, 2007 in Court File No. T-402-19 and/or Court File No. T-141-20 from the Consolidated Proceeding is without prejudice to those class members' rights to commence a new action and to advance any arguments available to them notwithstanding this Order and notwithstanding the Consolidated Proceeding;

(i) granting the Assembly of First Nations ("**AFN**") and Zacheus Joseph Trout leave under the Preclusion Order to commence a proposed class action on behalf of the class members whose claims are separated from the Consolidated Proceedings as particularized in the draft claim substantially in the form enclosed as **Schedule "B"** hereto ("**Separated Proceeding**");

(j) stating that this Order is without prejudice to the defendant's right to contest certification and/or defend against the claims in the Separated Proceeding as it would have been immediately prior to the issuance of this Order, subject to paragraph (h), above;

(k) extending the Preclusion Order to:

i. the Consolidated Proceeding in Schedule "A" from the date it is issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel; and

ii. the Separated Proceeding from the date it is issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel;

(l) and other relief;

AND UPON being advised that the defendant consents in whole to the motion as filed;

AND UPON hearing amicus curiae and counsel's submissions;

AND UPON being satisfied of the appropriateness of the relief sought:

1. **THIS COURT ORDERS** that leave is granted *nunc pro tunc* to the plaintiffs in Court File No. T-141-20 to commence the proposed class proceeding in Court File No. T-141-20.

2. **THIS COURT ORDERS** that the actions in Court File No. T-402-19 and Court File No. T-141-20 are consolidated.

3. **THIS COURT ORDERS** that Jonavon Joseph Meawasige, Noah Buffalo-Jackson, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson are added as plaintiffs to the Consolidated Proceeding.

4. **THIS COURT ORDERS** that Jonavon Joseph Meawasige is appointed as representative and litigation guardian for the plaintiff Jeremy Meawasige.

5. **THIS COURT ORDERS** that Carolyn Buffalo is appointed as representative and litigation guardian for the plaintiff Noah Buffalo-Jackson.

6. **THIS COURT ORDERS** that leave is granted to serve and file the Consolidated Statement of Claim substantially in the form enclosed as Schedule "A" hereto.

7. **THIS COURT ORDERS** that the style of cause of the Consolidated Proceeding is amended accordingly, as drafted in Schedule "A".

8. **THIS COURT ORDERS** that the separation of the claims in the Separated Proceeding from the Consolidated Proceeding is without prejudice to the rights of the class members in the Separated Proceeding to commence a new action and to advance any arguments available to them immediately prior to the issuance of this Order, notwithstanding this Order and notwithstanding the Consolidated Proceeding.

9. **THIS COURT ORDERS** that leave is granted to the plaintiffs AFN and Zacheus Joseph Trout to commence a proposed class action on behalf of the Separated Classes substantially in the form enclosed as Schedule "B" hereto.

10. **THIS COURT ORDERS** that this Order is without prejudice to the defendant's rights to contest certification and defend against the Separated Proceeding, subject to paragraph 8 of this Order.

11. **THIS COURT ORDERS** that this Court's Order dated May 28, 2019 in Court File No. T-402-19, which precludes the commencement of another proposed class proceeding in this Court in respect of the allegations in this proceeding without leave of the Court, be and is extended and shall apply to:

(a) the Consolidated Proceeding in Schedule “A” as of the date issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel; and

(b) the Separated Proceeding as of the date issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel.

"Martine St-Louis"
Judge

This is Exhibit “D” referred to in the Affidavit of Jonavon Joseph Meawasige of the Pictou Landing First Nation in Nova Scotia, currently resident in Edmonton, sworn before me at the City of Toronto, in the Province of Ontario on September 1, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

POUYA DABIRAN-ZOHOORY
LSO: 81458L

Federal Court Cour fédérale

Date: 20211126

Docket: T-402-19
T-141-20

Citation: 2021 FC 1225

Ottawa, Ontario, November 26, 2021

PRESENT: The Honourable Madam Justice Aylen

CLASS PROCEEDING

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, JONAVON JOSEPH MEAWASIGE) AND JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (by his litigation guardian, CAROLYN BUFFALO), CAROLYN BUFFALO AND DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN

AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER AND REASONS

UPON MOTION by the Plaintiffs, on consent and determined in writing pursuant to Rule 369 of the *Federal Courts Rules*, for an order:

(a) Granting the Plaintiffs an extension of time to make this certification motion past the deadline in Rule 334.15(2)(b);

(b) Certifying this proceeding as a class proceeding and defining the class;

(C) Stating the nature of the claims made on behalf of the class and the relief sought by the class;

(d) Stipulating the common issues for trial;

(e) Appointing the Plaintiffs specified below as representative plaintiffs;

(f) Approving the litigation plan; and

(g) Other relief;

CONSIDERING the motion materials filed by the Plaintiffs;

CONSIDERING that the Defendant has advised that the Defendant consents in whole to the motion as filed;

CONSIDERING that the Court is satisfied, in the circumstances of this proceeding, that an extension of time should be granted to bring this certification motion past the deadline prescribed in Rule 334.15(2)(b);

CONSIDERING that while the Defendant's consent reduces the necessity for a rigorous approach to the issue of whether this proceeding should be certified as a class action, it does not relieve the Court of the duty to ensure that the requirements of Rule 334.16 for certification are met [see *Varley v Canada (Attorney General)*, 2021 FC 589];

CONSIDERING that Rule 334.16(1) of the *Federal Courts Rules* provides:

Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if	Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies :
(a) the pleadings disclose a reasonable cause of action;	a) les actes de procédure révèlent une cause d'action valable;
(b) there is an identifiable class of two or more persons;	b) il existe un groupe identifiable formé d'au moins deux personnes;
(c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members;	c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre;
(d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and	d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs;
(e) there is a representative plaintiff or applicant who	e) il existe un représentant demandeur qui :
(i) would fairly and adequately represent the interests of the class,	(i) représenterait de façon équitable et adéquate les intérêts du groupe,

(ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing,	(ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement,
(iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and	(iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs,
(iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record.	(iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier.

CONSIDERING that, pursuant to Rule 334.16(2), all relevant matters shall be considered in a determination of whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact, including whether: (a) the questions of law or fact common to the class members predominate over any questions affecting only individual members; (b) a significant number of the members of the class have a valid interest in individually controlling the prosecution of separate proceedings; (c) the class proceeding would involve claims that are or have been the subject of any other proceeding; (d) other means of resolving the claims are less practical or less efficient; and (e) the administration of the class proceeding would create greater difficulties than those likely to be experienced if relief were sought by other means;

CONSIDERING that:

(a) The conduct of the Crown at issue in this proposed class action proceeding, as set out in the Consolidated Statement of Claim, concerns two alleged forms of

discrimination against First Nations children: (i) the Crown's funding of child and family services for First Nations children and the incentive it has created to remove children from their homes; and (ii) the Crown's failure to comply with Jordan's Principles, a legal requirement that aims to prevent First Nations children from suffering gaps, delays, disruptions or denials in receiving necessary services and products contrary to their *Charter*-protected equality rights.

(b) As summarized by the Plaintiffs in their written representations, at its core, the Consolidated Statement of Claim alleges that:

(i) The Crown has knowingly underfunded child and family services for First Nations children living on Reserve and in the Yukon, and thereby prevented child welfare service agencies from providing adequate Prevention Services to First Nations children and families.

(ii) The Crown has underfunded Prevention Services to First Nations children and families living on Reserve and in the Yukon, while fully funding the costs of care for First Nations children who are removed from their homes and placed into out-of-home care, thereby creating a perverse incentive for First Nations child welfare service agencies to remove First Nations children living on Reserve and in the Yukon from their homes and place them in out-of-home care.

(iii) The removal of children from their homes caused severe and enduring trauma to those children and their families.

(iv) Not only does Jordan's Principle embody the Class Members' equality rights, the Crown has also admitted that Jordan's Principle is a "legal requirement" and thus an actionable wrong. However, the Crown has disregarded its obligations under Jordan's Principle and thereby denied crucial services and products to tens of thousands of First Nations children, causing compensable harm.

(v) The Crown's conduct is discriminatory, directed at Class Members because they were First Nations, and breached section 15(1) of the *Charter*, the Crown's fiduciary duties to First Nations and the standard of care at common and civil law.

(c) With respect to the first element of the certification analysis (namely, whether the pleading discloses a reasonable cause of action), the threshold is a low one. The question for the Court is whether it is plain and obvious that the causes of action are doomed to fail [see *Brake v Canada (Attorney General)*, 2019 FCA 274 at para 54]. Even without the Crown's consent, I am satisfied that the Plaintiffs have pleaded the necessary elements for each cause of action sufficient for purposes of this motion, such that the Consolidated Statement of Claim discloses a reasonable cause of action.

(d) With respect to the second element of the certification analysis (namely, whether there is an identifiable class of two or more persons), the test to be applied is whether the Plaintiffs have defined the class by reference to objective criteria such that a person can be identified to be a class member without reference to the merits

of the action [see *Hollick v Toronto (City of)*, 2001 SCC 68 at para 17]. I am satisfied that the proposed class definitions for the Removed Child Class, Jordan's Class and Family Class (as set out below) contain objective criteria and that inclusion in each class can be determined without reference to the merits of the action.

(e) With respect to the third element of the certification analysis (namely, whether the claims of the class members raise common questions of law or fact), as noted by the Federal Court of Appeal in *Wenham v Canada (Attorney General)*, 2018 FCA 199 at para 72, the task under this part of the certification determination is not to determine the common issues, but rather to assess whether the resolution of the issues is necessary to the resolution of each class member's claim. Specifically, the test is as follows:

> The commonality question should be approached purposively. The underlying question is whether allowing the suit to proceed as a representative one will avoid duplication of fact-finding or legal analysis. Thus an issue will be "common" only where its resolution is necessary to the resolution of each class member's claim. It is not essential that the class members be identically situated vis-à-vis the opposing party. Nor is it necessary that common issues predominate over non-common issues or that the resolution of the common issues would be determinative of each class member's claim. However, the class members' claims must share a substantial common ingredient to justify a class action. Determining whether the common issues justify a class action may require the court to examine the significant of the common issues in relation to individual issues. In doing so, the court should remember that it may not always be possible for a representative party to plead the claims of each class member with the same particularity as would be required in an individual suit. (*Western Canadian Shopping Centres*, above at para 39; see also *Vivendi Canada Inc. v. Dell'Aniello*, 2014 SCC 1, [2014] 1 S.C.R. 3 at paras 41 and 44-46.)

Having reviewed the common issues (as set out below), I am satisfied that the issues share a material and substantial common ingredient to the resolution of each class

member's claim. Moreover, I agree with the Plaintiff that the commonality of these issues is analogous to the commonality of similar issues in institutional abuse claims which have been certified as class actions (such as the Indian Residential Schools and the Sixties Scoop class action litigation). Accordingly, I find that the common issue element is satisfied.

(f) With respect to the fourth element of the certification analysis (namely, whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law), the preferability requirement has two concepts at its core: (i) whether the class proceeding would be a fair, efficient and manageable method of advancing the claim; and (ii) whether the class proceeding would be preferable to other reasonably available means of resolving the claims of class members. A determination of the preferability requirement requires an examination of the common issues in their context, taking into account the importance of the common issues in relation to the claim as a whole, and may be satisfied even where there are substantial individual issues [see *Brake*, *supra* at para 85; *Wenham*, *supra* at para 77 and *Hollick*, *supra* at paras 27-31]. The Court's consideration of this requirement must be conducted through the lens of the three principle goals of class actions, namely judicial economy, behaviour modification and access to justice [see *Brake*, *supra* at para 86, citing *AIC Limited v Fischer*, 2013 SCC 69 at para 22].

(g) Having considered the above-referenced principles and the factors set out in Rule 334.16(2), I am satisfied a class proceeding is the preferable procedure for the just

and efficient resolution of the common questions of fact and law. Given the systemic nature of the claims, the potential for significant barriers to access to justice for individual claimants and the Plaintiffs' stated concerns regarding the other means available for resolving the claims of class members, I am satisfied that the proposed class action would be a fair, efficient and manageable method of advancing the claims of the class members.

(h) With respect to the fifth element of the certification analysis (namely, whether there are appropriate proposed representatives), I am satisfied, having reviewed the affidavit evidence filed on the motion together with the detailed litigation plan, that the proposed representative plaintiffs (as set out below) meet the requirements of Rule 334.16(1)(e);

CONSIDERING that the Court is satisfied that all of the requirements for certification are met and that the requested relief should be granted;

THIS COURT ORDERS that:

1. The Plaintiffs are granted an extension of time, *nunc pro tunc*, to bring this certification motion past the deadline in Rule 334.15(2)(b) of the *Federal Courts Rules*.

2. For the purpose of this Order and in addition to definitions elsewhere in this Order, the following definitions apply and other terms in this Order have the same meaning as in the Consolidated Statement of Claim as filed on July 21, 2021:

(a) **"Class"** means the Removed Child Class, Jordan's Class and Family Class, collectively.

(b) **"Class Counsel"** means Fasken Martineau Dumoulin LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere and Sotos LLP.

(c) **"Class Members"** mean all persons who are members of the Class.

(d) **"Class Period"** means:

(i) For the Removed Child Class members and their corresponding Family Class members, the period of time beginning on April 1, 1991 and ending on the date of this Order; and

(ii) For the Jordan's Class members and their corresponding Family Class members, the period of time beginning on December 12, 2007 and ending on the date of this Order.

(e) **"Family Class"** means all persons who are brother, sister, mother, father, grandmother or grandfather of a member of the Removed Child Class and/or Jordan's Class.

(f) **"First Nation"** and **"First Nations"** means Indigenous peoples in Canada, including the Yukon and the Northwest Territories, who are neither Inuit nor Métis, and includes:

(i) Individuals who have Indian status pursuant to the *Indian Act*, R.S.C., 1985, c.I-5 [*Indian Act*];

(ii) Individuals who are entitled to be registered under section 6 of the *Indian Act* at the time of certification;

(iii) Individuals who met band membership requirements under sections 10-12 of the *Indian Act* and, in the case of the Removed Child Class members, have done so by the time of certification, such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List; and

(iv) In the case of Jordan's Class members, individuals, other than those listed in sub-paragraphs (i)-(iii) above, recognized as citizens or members of their respective First Nations whether under agreement, treaties or First Nations' customs, traditions and laws.

(g) **"Jordan's Class"** means all First Nations individuals who were under the applicable provincial/territorial age of majority and who during the Class Period were denied a service or product, or whose receipt of a service or product was delayed or disrupted, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a jurisdictional dispute with another government or governmental department.

(h) **"Removed Child Class"** means all First Nations individuals who:

(i) Were under the applicable provincial/territorial age of majority at any time during the Class Period; and

(ii) Were taken into out-of-home care during the Class Period while they, or at least one of their parents, were ordinarily resident on a Reserve.

(i) **"Reserve"** means a tract of land, as defined under the *Indian Act*, the legal title to which is vested in the Crown and has been set apart for the use and benefit of an Indian band.

3. This proceeding is hereby certified as a class proceeding against the Defendant pursuant to Rule 334.16(1) of the *Federal Courts Rules*.

4. The Class shall consist of the Removed Child Class, Jordan's Class and Family Class, all as defined herein.

5. The nature of the claims asserted on behalf of the Class against the Defendant is constitutional, negligence and breach of fiduciary duty owed by the Crown to the Class.

6. The relief claimed by the Class includes damages, *Charter* damages, disgorgement, punitive damages and exemplary damages.

7. The following persons are appointed as representative plaintiffs:

(a) For the Removed Child Class: Xavier Moushoom, Ashley Dawn Louise Bach and Karen Osachoff;

(b) For the Jordan's Class: Jeremy Meawasige (by his litigation guardian, Jonavon Joseph Measwasige) and Noah Buffalo-Jackson (by his litigation guardian, Carolyn Buffalo); and

(c) For the Family Class: Xavier Moushoom, Jonavon Joseph Meawasige, Melissa Walterson, Carolyn Buffalo and Dick Eugene Jackson (also known as Richard Jackson),

all of whom are deemed to constitute adequate representative plaintiffs of the Class.

8. Class Counsel are hereby appointed as counsel for the Class.

9. The proceeding is certified on the basis of the following common issues:

(a) Did the Crown's conduct as alleged in the Consolidated Statement of Claim [Impugned Conduct] infringe the equality right of the Plaintiffs and Class Members under section 15(1) of the *Canadian Charter of Rights and Freedoms*? More specifically:

(i) Did the Impugned Conduct create a distinction based on the Class Members' race, or national or ethnic origin?

(ii) Was the distinction discriminatory?

(iii) Did the Impugned Conduct reinforce and exacerbate the Class Members' historical disadvantages?

(iv) If so, was the violation of section 15(1) of the *Charter* justified under section 1 of the *Charter*?

(v) Are *Charter* damages an appropriate remedy?

(b) Did the Crown owe the Plaintiffs and Class Members a common law duty of care?

(i) If so, did the Crown breach that duty of care?

(c) Did the Crown breach its obligations under the *Civil Code of Québec*? More specifically:

(i) Did the Crown commit fault or engage its civil liability?

(ii) Did the Impugned Conduct result in losses to the Plaintiffs and Class Members and if so, do such losses constitute injury to each of the Class Members?

(iii) Are Class Members entitled to claim damages for the moral and material damages arising from the foregoing?

(d) Did the Crown owe the Plaintiffs and Class Members a fiduciary duty?

(i) If so, did the Crown breach that duty?

(e) Can the amount of damages payable by the Crown be determined partially under Rule 334.28(1) of the *Federal Courts Rules* on an aggregate basis?

(i) If so, in what amount?

(f) Did the Crown obtain quantifiable monetary benefits from the Impugned Conduct during the Class Period?

(i) If so, should the Crown be required to disgorge those benefits?

(ii) If so, in what amount?

(g) Should punitive and/or aggravated damages be awarded against the Crown?

(i) If so, in what amount?

10. The Plaintiffs' Fresh as Amended Litigation Plan, as filed November 2, 2021 and attached hereto as Schedule "A", is hereby approved, subject to any modifications necessary as a result of this Order and subject to any further orders of this Court.

11. The form of notice of certification, the manner of giving notice and all other related matters shall be determined by separate order(s) of the Court.

12. The opt-out period shall be six months from the date on which notice of certification is published in the manner to be specified by further order of this Court.

13. The timetable for this proceeding through to trial shall also be determined by separate order(s) of the Court.

14. Pursuant to Rule 334.39(1) of the *Federal Courts Rules*, there shall be no costs payable by any party for this motion.

"Mandy Aylen"
Judge

Court File Nos. T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

AFFIDAVIT OF ZACHEUS JOSEPH TROUT

(Sworn September 2, 2022)

I, Zacheus Joseph Trout, of the Cross Lake First Nation in Manitoba, SWEAR THAT:

1. I am a representative plaintiff in this action (Court File No. T-1120-21). As such, I have personal knowledge of the matters that I depose to in this affidavit. Where the source of information is other than my personal knowledge, I say so and I believe that information to be true.

2. In this affidavit, I explain why I support the proposed settlement reached with Canada.

Background

3. My wife, Veronica Trout, and I have had six children. Two of our children were Sanaye Mary Frances Trout who was born on July 20, 1998, and Jacob Zacheus Trout, who was born on June 28, 2002.

4. Both Sanaye and Jacob suffered from Batten Disease. Batten Disease is a neurological disorder that normally begins at an early age in childhood and, if left untreated, is fatal. Batten Disease causes seizures, vision loss, and the loss of cognitive functions. Sanaye and Jacob suffered extreme sickness all their lives because of Batten Disease.

5. When we found out that Sanaye and Jacob had Batten Disease, we tried to get them treatment. But we could not get them support and adequate treatment.

6. Sanaye and Jacob did not receive proper treatment and support because none was available on our reserve. When we tried to get care and support for them from the government, every person we turned to pointed to the other and said we should go elsewhere for help. Manitoba would say it is Canada's responsibility because we are registered Indians. We did not even know who to turn to from Canada to get help. No help existed. There was no way to apply for help.

7. My wife and I had to quit our jobs to be able to provide 24-hour care to Sanaye and Jacob, taking turns to sleep. Before quitting our jobs to care for our kids, Veronica was a cook at the school and I worked as a qualified surveyor and on shoreline restoration for my community.

8. We fought for 13 years for basic services and products that Sanaye and Jacob desperately needed and could not receive. Sometimes we would receive limited help after a lot of delay.

9. For example, Sanaye and Jacob needed feeding tubes, diapers, and formula. Health officials gave us only six syringes per month for Sanaye, even though she needed to receive six injections a day. We had to reuse these syringes, causing my child infections and more seizures.

10. We received two feeding bags per month to feed Sanaye and Jacob four times a day. We had to boil and reuse these bags even though they get covered in bacteria and caused more infections.

11. The children had to be inclined to be fed. That required a bed that inclined over 30 degrees. We asked medical services, the hospitals, the program director at our community who would receive funding from Canada for a bed. They all answered they did not provide beds and did not have funding to provide us a bed.

12. It was about two years before my daughter passed away when we eventually were able to obtain a used run-down inclined bed from a seniors' home. We could also not find Jacob a bed until shortly before he passed away.

13. The years when Sanaye and Jacob did not have inclined beds they suffered sleep problems, more seizures, pneumonias and, respiratory problems caused by acid reflex from the medication they had to take. We had to manually incline them to help them feed and they would sometimes fall from their regular beds at night when we fell asleep.

14. Jacob and Sanaye both passed away before they reached the age of 10. Sanaye passed away on December 27, 2007. Jacob passed away on June 13, 2012.

15. The many years that this situation lasted, it took an unspeakable mental and emotional toll on us and our children.

My Role in the Class Action

16. I became involved in this class action after Canada refused to negotiate about the First Nations children, like Jacob and Sanaye, who had faced delays, denials or gaps in essential services that they needed between 1991 and 2007. Canada intended to fight this case. So the parties agreed to separate it from the rest of the class action so that it could be litigated, while the other parts of the case moved to settlement discussions.

17. On July 7, 2021, Justice St-Louis ordered that the cases be separated. Attached as **Exhibit "A"** is a copy of that order without schedules. Shortly after that, we started this action, which is now known as the "Trout Action".

18. I have stayed closely involved in this litigation. I have met with David Sterns and Mohsen Seddigh at Sotos LLP in person twice to advance the case. I have spoken and communicated by text messaging with Mr. Seddigh countless times as the lawsuit progressed.

19. Because Canada at first refused to negotiate the Trout Action during the mediation with the Honourable Mr. Mandamin, I never had the chance to attend those meetings and speak about my children and what they endured. I felt dismayed and left out of that process. But I was happy that other representative plaintiffs had the opportunity to speak their truth and guide the negotiations.

20. We prepared for a fight for certification. I worked with class counsel to make an affidavit in support of the motion for certification. I reviewed the documents that Mr. Seddigh sent me and provided feedback. These included documents such as the Statement of Claim, my draft affidavits, the Court's orders, and settlement materials. I understood and explained my responsibilities as a representative plaintiff when I asked to be appointed as such. I have taken these responsibilities seriously and tried to the best of my ability to fairly and adequately represent the class.

21. Canada finally changed its mind after the mediation with the Honourable Mr. Mandamin and was willing negotiate the Trout Action.

22. Madam Justice Aylen certified the claim on February 11, 2022 and appointed me as the representative plaintiff. Attached as **Exhibit "B"** is a copy of that order without schedules.

23. During this litigation, I spoke to Indigenous media to tell our story and advocate for change for First Nations children:

- *'It's a nightmare': Zach Trout watched two of his children die, now he's fighting Canada for justice* - https://www.aptnnews.ca/national-news/zach-trout-watched-two-of-his-children-die-now-hes-fighting-canada-for-justice/
- *Plaintiffs skeptical but hopeful proposed First Nations child welfare settlement will lead to change* - https://www.aptnnews.ca/featured/plaintiffs-skeptical-but-hopeful-about-proposed-child-welfare-settlement/

24. Speaking about what happened to us and our children brings back a lot of trauma. But I have never shied away from doing that if it helps other kids and families. I hope that our story can inspire change and bring meaningful compensation to First Nations people who suffered like we did.

25. Last month, my wife and I travelled to Toronto to meet with class counsel, the other representative plaintiff, Jonavon Meawasige, and with our team's expert working on a Jordan's Principle and Trout method, Dr. Lucyna Lach, who joined us by video conference.

26. In our discussions, I emphasized a principle that has always been important to me: that is proportionality in compensation. I firmly believe that discrimination in all its forms is harmful. But I also know what my children and family suffered, and believe people in such extreme situations should not receive the same compensation as everyone else who did not go through

something similar. I think it would be a failure and unfair to treat everyone in the class the same way. From the beginning, I have asked class counsel to keep this principle in mind. I am pleased that they listened, that the settlement agreement takes that principle into account, and that the method being developed is also built on that basis.

27. The settlement agreement divides the Trout Child Class claimants into two groups: those who suffered more and those who suffered less than the first group. This way the settlement agreement can ensure that those who suffered more will receive at least $20,000 (or more) in compensation. Everyone else receives compensation of up to $20,000 but not more than that. I agree with this division because it helps bring proportionality into the claims process, it protects those who suffered more, and responsibly divides the $2 billion budget for the Trout Child Class.

28. Despite my unwavering faith in our case, I understand the legal challenges that the case could face. I think the results achieved by the settlement agreement are outstanding and they will make a positive impact on the lives of many who suffered discrimination.

29. I remember that when we filed the Statement of Claim we asked for one billion dollars in compensation. I am thrilled that the settlement agreement now includes a budget twice that amount for the children, and also includes a part of another $2 billion budget for the caregiving parents and grandparents of those children. We have achieved far more than we hoped to achieve, and I feel proud and honoured to have played a role in that achievement for our kids.

30. I am pleased that the settlement agreement takes a trauma-informed and culturally sensitive approach to claimants. I am a very traditional and spiritual First Nations person and I care deeply about these principles that the settlement agreement embodies.

Honorarium

31. I wish to ask the Court for an honorarium given the circumstances of this case and the toll it has taken on me and my family to advance it and re-live our trauma.

Class Counsel

32. I have been continuously engaged with class counsel during this litigation and guided their approach. As I said earlier, I am very happy with the result they achieved and satisfied with their work on this class action.

33. Instead of pursuing the arrangement in the retainer agreement, class counsel have agreed to separately negotiate their fees directly with Canada and be paid over and above the settlement amount. This means that class counsel's fees will not be deducted from the $20 billion settlement amount. I fully support this plan because it does not decrease the money that is available to pay compensation to class members.

34. Mr. Seddigh advises me and I believe that class counsel have not yet negotiated their fees with Canada.

SWORN BEFORE ME BY Zacheus Joseph Trout of the Cross Lake First Nation in Manitoba, on September 7, 2022 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

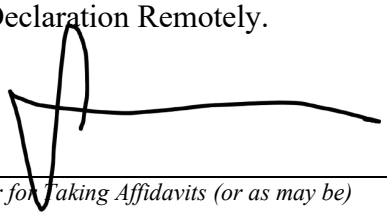
ZT

Commissioner for Taking Affidavits
(or as the case may be)
MOHSEN SEDDIGH
LSO#: 70744I

ZACHEUS JOSEPH TROUT

Commissioned in the City of Toronto, in the Province of Ontario

This is Exhibit “A” referred to in the Affidavit of Zacheus Joseph Trout of the Cross Lake First Nation in Manitoba, sworn before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.



Commissioner for Taking Affidavits (or as may be)

MOHSEN SEDDIGH
LSO#: 70744I

Federal Court Cour fédérale

Date: 20210707

Docket: T-402-19
T-141-20

Ottawa, Ontario, July 7, 2021

PRESENT: Madam Justice St-Louis

BETWEEN:

XAVIER MOUSHOOM AND JEREMY MEAWASIGE (BY HIS LITIGATION GUARDIAN, MAURINA BEADLE)

Plaintiffs

AND

THE ATTORNEY GENERAL OF CANADA

Defendant

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, AND MELISSA WALTERSON

Plaintiffs

AND

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER
(Consolidated, Leave to Commence Actions, and other Relief)

UPON MOTION, by the plaintiffs for an Order:

(a) granting leave *nunc pro tunc* to the plaintiffs in Court File No. T-141-20 under this Court's Order dated May 28, 2019 in Court File No. T-402-19 ("**Preclusion Order**") to commence the proposed class proceeding in Court File No. T-141-20;

(b) consolidating the actions in Court File No. T-402-19 and Court File No. T-141-20 ("**Consolidated Proceeding**");

(c) adding Jonavon Joseph Meawasige, Noah Buffalo-Jackson, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson as plaintiffs to the Consolidated Proceeding;

(d) appointing Jonavon Joseph Meawasige as representative and litigation guardian for the plaintiff Jeremy Meawasige;

(e) appointing Carolyn Buffalo as representative and litigation guardian for the plaintiff Noah Buffalo-Jackson;

(f) granting leave to serve and file the Consolidated Statement of Claim in the Consolidated Proceeding substantially in the form enclosed as **Schedule "A"** hereto;

(g) amending the style of cause in the Consolidated Proceeding accordingly, as drafted in Schedule "A" hereto;

(h) stating that the removal of the Jordan's Class members and corresponding Family Class members with claims dated between April 1, 1991 and December 11, 2007 in Court File No. T-402-19 and/or Court File No. T-141-20 from the Consolidated Proceeding is without prejudice to those class members' rights to commence a new action and to advance any arguments available to them notwithstanding this Order and notwithstanding the Consolidated Proceeding;

(i) granting the Assembly of First Nations ("**AFN**") and Zacheus Joseph Trout leave under the Preclusion Order to commence a proposed class action on behalf of the class members whose claims are separated from the Consolidated Proceedings as particularized in the draft claim substantially in the form enclosed as **Schedule "B"** hereto ("**Separated Proceeding**");

(j) stating that this Order is without prejudice to the defendant's right to contest certification and/or defend against the claims in the Separated Proceeding as it would have been immediately prior to the issuance of this Order, subject to paragraph (h), above;

(k) extending the Preclusion Order to:

i. the Consolidated Proceeding in Schedule "A" from the date it is issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel; and

ii. the Separated Proceeding from the date it is issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel;

(l) and other relief;

AND UPON being advised that the defendant consents in whole to the motion as filed;

AND UPON hearing amicus curiae and counsel's submissions;

AND UPON being satisfied of the appropriateness of the relief sought:

1. **THIS COURT ORDERS** that leave is granted *nunc pro tunc* to the plaintiffs in Court File No. T-141-20 to commence the proposed class proceeding in Court File No. T-141-20.

2. **THIS COURT ORDERS** that the actions in Court File No. T-402-19 and Court File No. T-141-20 are consolidated.

3. **THIS COURT ORDERS** that Jonavon Joseph Meawasige, Noah Buffalo-Jackson, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson are added as plaintiffs to the Consolidated Proceeding.

4. **THIS COURT ORDERS** that Jonavon Joseph Meawasige is appointed as representative and litigation guardian for the plaintiff Jeremy Meawasige.

5. **THIS COURT ORDERS** that Carolyn Buffalo is appointed as representative and litigation guardian for the plaintiff Noah Buffalo-Jackson.

6. **THIS COURT ORDERS** that leave is granted to serve and file the Consolidated Statement of Claim substantially in the form enclosed as Schedule "A" hereto.

7. **THIS COURT ORDERS** that the style of cause of the Consolidated Proceeding is amended accordingly, as drafted in Schedule "A".

8. **THIS COURT ORDERS** that the separation of the claims in the Separated Proceeding from the Consolidated Proceeding is without prejudice to the rights of the class members in the Separated Proceeding to commence a new action and to advance any arguments available to them immediately prior to the issuance of this Order, notwithstanding this Order and notwithstanding the Consolidated Proceeding.

9. **THIS COURT ORDERS** that leave is granted to the plaintiffs AFN and Zacheus Joseph Trout to commence a proposed class action on behalf of the Separated Classes substantially in the form enclosed as Schedule "B" hereto.

10. **THIS COURT ORDERS** that this Order is without prejudice to the defendant's rights to contest certification and defend against the Separated Proceeding, subject to paragraph 8 of this Order.

11. **THIS COURT ORDERS** that this Court's Order dated May 28, 2019 in Court File No. T-402-19, which precludes the commencement of another proposed class proceeding in this Court in respect of the allegations in this proceeding without leave of the Court, be and is extended and shall apply to:

(a) the Consolidated Proceeding in Schedule “A” as of the date issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel; and

(b) the Separated Proceeding as of the date issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel.

"Martine St-Louis"
Judge

This is Exhibit “B” referred to in the Affidavit of Zacheus Joseph Trout of the Cross Lake First Nation in Manitoba, sworn before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

MOHSEN SEDDIGH
LSO#: 70744I

Federal Court Cour fédérale

Date: 20220211

Docket: T-1120-21

Citation: 2022 FC 149

Ottawa, Ontario, February 11, 2022

PRESENT: The Honourable Madam Justice Aylen

CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER AND REASONS

UPON MOTION by the Plaintiffs, on consent and determined in writing pursuant to Rule 369 of the *Federal Courts Rules*, for an order:

(a) Granting the Plaintiffs an extension of time to make this certification motion past the deadline in Rule 334.15(2)(b);

(b) Certifying this proceeding as a class proceeding and defining the class;

(c) Stating the nature of the claims made on behalf of the class and the relief sought by the class;

(d) Stipulating the common issues for trial;

(e) Appointing the Plaintiff, Zacheus Joseph Trout, as representative plaintiff;

(f) Approving the litigation plan; and

(g) Other relief;

CONSIDERING the motion materials filed by the Plaintiffs;

CONSIDERING that the Defendant has advised that the Defendant consents in whole to the motion as filed;

CONSIDERING that the Court is satisfied, in the circumstances of this proceeding, that an extension of time should be granted to bring this certification motion past the deadline prescribed in Rule 334.15(2)(b);

CONSIDERING that while the Defendant's consent reduces the necessity for a rigorous approach to the issue of whether this proceeding should be certified as a class action, it does not relieve the Court of the duty to ensure that the requirements of Rule 334.16 for certification are met [see *Varley v Canada (Attorney General)*, 2021 FC 589];

CONSIDERING that Rule 334.16(1) of the *Federal Courts Rules* provides:

Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if

(a) the pleadings disclose a reasonable cause of action;

(b) there is an identifiable class of two or more persons;

(c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members;

(d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and

(e) there is a representative plaintiff or applicant who

(i) would fairly and adequately represent the interests of the class,

(ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing,

(iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and

(iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record.

Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies :

a) les actes de procédure révèlent une cause d'action valable;

b) il existe un groupe identifiable formé d'au moins deux personnes;

c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre;

d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs;

e) il existe un représentant demandeur qui :

(i) représenterait de façon équitable et adéquate les intérêts du groupe,

(ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement,

(iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs,

(iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier.

CONSIDERING that, pursuant to Rule 334.16(2), all relevant matters shall be considered in a determination of whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact, including whether: (a) the questions of law or fact common to the class members predominate over any questions affecting only individual members; (b) a significant number of the members of the class have a valid interest in individually controlling the prosecution of separate proceedings; (c) the class proceeding would involve claims that are or have been the subject of any other proceeding; (d) other means of resolving the claims are less practical or less efficient; and (e) the administration of the class proceeding would create greater difficulties than those likely to be experienced if relief were sought by other means;

CONSIDERING that:

(a) The conduct of the Crown at issue in this proposed class action proceeding, as set out in the Statement of Claim, concerns discrimination against First Nations children in the provision of essential services and the Crown's failure to prevent First Nations children from suffering gaps, delays, disruptions or denials in receiving services and products contrary to their *Charter*-protected equality rights. The Plaintiffs allege that the Crown's conduct was discriminatory, directed at Class Members because they were First Nations, and breached section 15(1) of the *Charter*, the Crown's fiduciary duties to First Nations and the standard of care at common and civil law.

(b) With respect to the first element of the certification analysis (namely, whether the pleading discloses a reasonable cause of action), the threshold is a low one. The question for the Court is whether it is plain and obvious that the causes of action are doomed to fail [see

Brake v Canada (Attorney General), 2019 FCA 274 at para 54]. Even without the Crown's consent, I am satisfied that the Plaintiffs have pleaded the necessary elements for each cause of action sufficient for purposes of this motion, such that the Statement of Claim discloses a reasonable cause of action.

(c) With respect to the second element of the certification analysis (namely, whether there is an identifiable class of two or more persons), the test to be applied is whether the Plaintiffs have defined the class by reference to objective criteria such that a person can be identified to be a class member without reference to the merits of the action [see *Hollick v Toronto (City of)*, 2001 SCC 68 at para 17]. I am satisfied that the proposed class definitions for the Child Class and Family Class (as set out below) contain objective criteria and that inclusion in each class can be determined without reference to the merits of the action.

(d) With respect to the third element of the certification analysis (namely, whether the claims of the class members raise common questions of law or fact), as noted by the Federal Court of Appeal in *Wenham v Canada (Attorney General)*, 2018 FCA 199 at para 72, the task under this part of the certification determination is not to determine the common issues, but rather to assess whether the resolution of the issues is necessary to the resolution of each class member's claim. Specifically, the test is as follows:

> The commonality question should be approached purposively. The underlying question is whether allowing the suit to proceed as a representative one will avoid duplication of fact-finding or legal analysis. Thus an issue will be "common" only where its resolution is necessary to the resolution of each class member's claim. It is not essential that the class members be identically situated vis-à-vis the opposing party. Nor is it necessary that common issues predominate over non-common issues or that the resolution of the common issues would be determinative of each class member's claim. However, the class members' claims must

> share a substantial common ingredient to justify a class action. Determining whether the common issues justify a class action may require the court to examine the significant of the common issues in relation to individual issues. In doing so, the court should remember that it may not always be possible for a representative party to plead the claims of each class member with the same particularity as would be required in an individual suit. (Western Canadian Shopping Centres, above at para 39; see also Vivendi Canada Inc. v. Dell'Aniello, 2014 SCC 1, [2014] 1 S.C.R. 3 at paras 41 and 44-46.)

Having reviewed the common issues (as set out below), I am satisfied that the issues share a material and substantial common ingredient to the resolution of each class member's claim. Moreover, I agree with the Plaintiffs that the commonality of these issues is analogous to the commonality of similar issues in institutional abuse claims which have been certified as class actions (such as the Indian Residential Schools and the Sixties Scoop class action litigation), as well as those certified in the Moushoom class action (T-402-19/T-141-20). Accordingly, I find that the common issue element is satisfied.

(e) With respect to the fourth element of the certification analysis (namely, whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law), the preferability requirement has two concepts at its core: (i) whether the class proceeding would be a fair, efficient and manageable method of advancing the claim; and (ii) whether the class proceeding would be preferable to other reasonably available means of resolving the claims of class members. A determination of the preferability requirement requires an examination of the common issues in their context, taking into account the importance of the common issues in relation to the claim as a whole, and may be satisfied even where there are substantial individual issues [see *Brake*, *supra* at para 85; *Wenham*, *supra* at para 77 and *Hollick*, *supra* at paras 27-31]. The

Court's consideration of this requirement must be conducted through the lens of the three principle goals of class actions, namely judicial economy, behaviour modification and access to justice [see *Brake*, *supra* at para 86, citing *AIC Limited v Fischer*, 2013 SCC 69 at para 22].

(f) Having considered the above-referenced principles and the factors set out in Rule 334.16(2), I am satisfied a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law. Given the systemic nature of the claims, the potential for significant barriers to access to justice for individual claimants and the concerns regarding the other means available for resolving the claims of class members, I am satisfied that the proposed class action would be a fair, efficient and manageable method of advancing the claims of the class members.

(g) With respect to the fifth element of the certification analysis (namely, whether there are appropriate proposed representatives), I am satisfied, having reviewed the affidavit evidence filed on the motion together with the detailed litigation plan, that the proposed representative plaintiff meets the requirements of Rule 334.16(1)(e);

CONSIDERING that the Court is satisfied that all of the requirements for certification are met and that the requested relief should be granted;

THIS COURT ORDERS that:

1. The Plaintiffs are granted an extension of time, *nunc pro tunc*, to bring this certification motion past the deadline in Rule 334.15(2)(b) of the *Federal Courts Rules*.

2. For the purpose of this Order and in addition to definitions elsewhere in this Order, the following definitions apply and other terms in this Order have the same meaning as in the Statement of Claim:

(a) **"Child Class"** means all First Nations individuals who were under the applicable provincial/territorial age of majority and who, during the Class Period, did not receive (whether by reason of a denial or a gap) an essential public service or product relating to a confirmed need, or whose receipt of said service or product was delayed, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a service gap or jurisdictional dispute with another government or governmental department.

(b) **"Class" means** the Child Class and Family Class, collectively.

(c) **"Class Counsel"** means Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere and Fasken Martineau Dumoulin LLP.

(d) **"Class Members"** mean all persons who are members of the Class.

(e) **"Class Period"** means the period of time beginning on April 1, 1991 and ending on December 11, 2007.

(f) **"Family Class"** means all persons who are brother, sister, mother, father, grandmother or grandfather of a member of the Child Class.

(g) **"First Nation"** and **"First Nations"** means Indigenous peoples in Canada, including the Yukon and the Northwest Territories, who are neither Inuit nor Métis, and includes:

i. Individuals who have Indian status pursuant to the *Indian Act*, R.S.C., 1985, c.I-5 [*Indian Act*];

ii. Individuals who are entitled to be registered under section 6 of the *Indian Act* at the time of certification;

iii. Individuals who met band membership requirements under sections 10-12 of the *Indian Act*, such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List; and

iv. Individuals, other than those listed in sub-paragraphs (i)-(iii) above, recognized as citizens or members of their respective First Nations whether under agreement, treaties or First Nations' customs, traditions and laws by the date of trial or resolution otherwise of this action.

3. This proceeding is hereby certified as a class proceeding against the Defendant pursuant to Rule 334.16(1) of the *Federal Courts Rules*.

4. The Class shall consist of the Child Class and Family Class, all as defined herein.

5. The nature of the claims asserted on behalf of the Class against the Defendant is constitutional, negligence and breach of fiduciary duty owed by the Crown to the Class.

6. The relief claimed by the Class includes damages, *Charter* damages, disgorgement, punitive damages and exemplary damages.

7. Zacheus Joseph Trout is appointed as representative plaintiff and is deemed to constitute an adequate representative of the Class, complying with the requirements of Rule 334.16(1)(e).

8. Class Counsel are hereby appointed as counsel for the Class.

9. The proceeding is certified on the basis of the following common issues:

   (a) Did the Crown's conduct as alleged in the Statement of Claim [Impugned Conduct] infringe the equality right of the Class under section 15(1) of the *Canadian Charter of Rights and Freedoms*? More specifically:

      i. Did the Impugned Conduct create a distinction based on the Class' race, or national or ethnic origin?

      ii. Was the distinction discriminatory?

      iii. Did the Impugned Conduct reinforce and exacerbate the Class' historical disadvantages?

iv. If so, was the violation of section 15(1) of the *Charter* justified under section 1 of the *Charter*?

v. Are *Charter* damages an appropriate remedy?

(b) Was the Crown negligent towards the Class? More specifically:

i. Did the Crown owe the Class a duty of care?

ii. If so, did the Crown breach that duty of care?

(c) Did the Crown breach its obligations under the *Civil Code of Québec*? More specifically:

i. Did the Crown commit fault or engage its civil liability?

ii. Did the Impugned Conduct result in losses to the Class and if so, do such losses constitute injury to each of the members of the Class?

iii. Are members of the Class entitled to claim damages for the moral and material damages arising from the foregoing?

(d) Did the Crown owe the Class a fiduciary duty? If so, did the Crown breach that duty?

(e) Can the amount of damages payable by the Crown be determined partially under Rule 334.28(1) of the *Federal Courts Rules* on an aggregate basis? If so, in what amount?

(f) Did the Crown obtain quantifiable monetary benefits from the Impugned Conduct during the Class Period? If so, should the Crown be required to disgorge those benefits and if so, in what amount?

(g) Should punitive and/or aggravated damages be awarded against the Crown? If so, in what amount?

10. The Litigation Plan attached hereto as Schedule "A" is hereby approved, subject to any modifications necessary as a result of this Order and subject to any further orders of this Court.

11. The form of notice of certification, the manner of giving notice and all other related matters shall be determined by separate order(s) of the Court.

12. Notice of certification shall be given at the same time as the notice of certification of the companion Moushoom class action (Court File Nos. T-402-19/T-141-20), which shall be determined by separate order of this Court.

13. The opt-out period shall be six months from the date on which notice of certification is published in the manner to be specified by further order of this Court.

14. Pursuant to Rule 334.39(1) of the *Federal Courts Rules*, there shall be no costs payable by any party for this motion.

"Mandy Aylen"
Judge

Court File No.: T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
CLASS PROCEEDING

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

AFFIDAVIT OF MELISSA WALTERSON
(affirmed August [●], 2022)

I, Melissa Walterson, of the City of Winnipeg, in the Province of Manitoba, AFFIRM:

1. I make this affidavit in support of an application to obtain approval of the settlement agreement. I am one of the Representative Plaintiffs in the within action and as such have knowledge of the matters hereinafter deposed to. Where I make statements in this affidavit which are not within my personal knowledge, I have identified the source of that information and belief. All of the information I have deposed to I verily believe to be true.

2. In preparing to affirm this affidavit, I have reviewed, among other things, the Fresh as Amended Statement of Claim, the Consolidated Statement of Claim, the list of proposed common issues, and the proposed litigation plan. I have also reviewed the proposed Final Settlement Agreement as well as motion material for the Canadian Human Rights Tribunal and this Court.

BACKGROUND

3. I am a sister of representative plaintiff Karen Osachoff. She is a representative plaintiff for the Removed Child Class and I am a representative plaintiff for the Removed Child Family Class.

4. I was born in Winnipeg, Manitoba. I have Indian Status and I am registered on Nisichawayasihk Cree Nation in Manitoba. I currently reside in Manitoba. I reconnected with Ms. Osachoff in December 2019. Before this time, I did not know about any sisters that I may have been related to.

5. Although I am a representative plaintiff of the Removed Child Family Class, I was also removed from my Indigenous family. Thus, my role in this class action is really about my relationship with my newly found sister Karen Osachoff, a representative plaintiff of the Removed Child Class but since I am being given the opportunity, I will also share a bit of my story with the court.

6. Before I begin, I need to say that I have agreed to be a representative plaintiff in this lawsuit not because I have a personal agenda. I am doing this, so my story is heard and my hope is that the racial discrimination towards my people ends.

7. I will refer to the parents that adopted me as "mom" and "dad" and to their children as "brothers".

8. I was adopted at birth. My mom took me home right from the hospital. Mom and dad wanted a girl after trying five times and getting five boys. Mom and dad were older (in their early 50's) when they brought me home, so my brothers were already grown up with children of their own.

9. My brothers Glen and Gary supported me throughout my entire life. Glen bought me cars and horses, coached me in baseball, which made me the best hitter on my team. Gary and his wife supported me in all my athletic dreams, making sure I had a ride to my countless baseball games and Manitoba Marathons. My mom spoiled me and did everything she possible could to make sure I turned out to be a decent adult. In many ways, I was fortunate for the support of my adoptive family. However, this is not to say that it was all an idyllic situation, as I have faced racial

discrimination throughout my life. My mom was the peacekeeper who never wanted conflict between me and the family. She raised me to just leave it be if anyone treated me poorly, so that is what I did. I kept my mouth shut.

10. I grew up in Lake Francis, Manitoba. I went to a school where I was the minority. I was the tallest student in my class until grade seven, I had long skinny legs, no bum, and dark skin while everyone else was the complete opposite. I always felt I could never fit in and I never felt like I was pretty.

11. By the time I was a young adult, I made a conscious decision to change my ethnicity to Spanish when asked, to sidestep racism and judgment. I have been called a "squaw", "half-breed", "wagon-burner" and, one of my personal favorites, my brother calling me "Princess Hiawatha". There was a point in my life that I even joined in the racism against my people so I wouldn't have to experience it on a personal level. I severed communication with any slight relationship I did have with my biological family because I just wanted to fit in and be "white".

12. One of my brothers has made my life very difficult in recent years and drove a wedge between my mom and me. I have begun to realize that I will never have a feeling of true belonging with this family, despite my strong connection with my mom, Gary and Glen. I continue to have very limited communication with my family because the fear is very much alive within me.

13. I first found out that I had two sisters, Karen and Kendra, when I attended the Assembly of First Nations' Special Assembly in Ottawa in December 2019. I

was given Karen's telephone number and I called her right away. We have kept in close communication since then.

14. In speaking with my sister, I found out that I have siblings, but also learned that I will never have the pleasure of meeting many of them because they have passed away. Karen has turned out to be the bond I missed out on my whole life. There is a certain feeling I get from being with my sister Karen, which is a feeling that I belong. It's the same feeling I get with my biological brothers with whom I have since connected, Corey and Ovide.

My efforts in this class action

15. In early January 2020, my sister Karen Osachoff phoned me to ask if I would consider being a representative plaintiff for a class action on discriminatory underfunding of First Nations Child and Family Services. I agreed to be a representative plaintiff for the Removed Child Family Class.

16. On or about January 24, 2020, I retained Nahwegahbow Corbiere ("NC") to represent me in this class action.

17. On January 28, 2020, this action was commenced by way of Statement of Claim. A Fresh as Amended Statement of Claim was filed with proof of service on March 6, 2020.

18. In July 2020, NC in collaboration with Fasken LLP agreed with counsel prosecuting the proposed class action in Moushoom et al v Canada, Court File No. T-402-19, namely Sotos LLP, Kugler Kandestin LLP, and Miller Titerle +

Company, to join forces and advance the action as one proceeding (collectively, "Class Counsel").

19. I have received regular reports from NC and Fasken LLP since the commencement of this action. During the negotiations that took place from November 2020 to December, 2021, I was updated on a regular basis via videoconference with the other representative plaintiffs and by telephone from Dianne Corbiere and Ms. Osachoff. I was able to provide input on the various aspects of the negotiation that I thought were important. I have always felt I had current and relevant information from both law firms.

20. From the commencement of this class action, I knew that the claim was going to be difficult and challenging and that NC and Fasken LLP were working diligently on my behalf. I am pleased with the representation that I received from both law firms.

21. Throughout this case I have:

a) Signed on with NC and signed a retainer agreement with them;

b) Agreed to be a representative plaintiff on behalf of the other class members;

c) Spoken with and attended many meetings with NC and Fasken LLP to discuss this case and my experience with being removed from my family permanently and losing out on a relationship with my sister Karen and our other siblings;

d) Provided instructions to NC and Fasken LLP; and

e) Reviewed and approved the settlement terms in this case.

22. I have been kept informed and provided input on various aspects of the lawsuit including settlement discussions that took place over the course of the lawsuit including at some of the mediation sessions with Justice Mandamin and a meeting with Justice Murray Sinclair which I understand helped us reach settlement with the Government of Canada. My lawyers have regularly discussed the negotiations and strategy by phone, text messages, videoconference meetings and by email.

23. I have also attended more than 30 meetings over the past two and half years with NC, Fasken LLP and the AFN to discuss the case. I have read all documents they have provided to me and gave input when I thought I had something to add to the negotiations.

24. In the future, I will continue to be involved in the case as necessary and will continue to speak to other class members.

Direct Impacts on me as a Representative Plaintiff

25. My participation as a representative plaintiff in the class action has negatively impacted upon my relationships and my life overall. Immediately after the class action was filed, my relationships with my adoptive family members, including my siblings, aunts, uncles, were negatively impacted. Some of them were hurt and upset that the class action was filed. They are ashamed of me and believe I am putting our family name into disrepute by representing the removed child

family class. My siblings and I do not speak anymore, and I don't believe our relationship will ever recover. I have been essentially disowned by my adoptive family.

26. My mental health has been negatively impacted because of being in child welfare and intergenerational trauma from residential schools and colonization. This was exacerbated by being disowned by my adoptive family.

27. While I do not regret becoming a representative plaintiff for the Removed Child Family Class, I do wish I could have known about and prepared for the extensive impacts on my life. I know these impacts will continue into the foreseeable future and while I am taking steps to deal with them, they are still challenging to deal with every day.

The Settlement Agreement is Fair and Reasonable

28. I am happy that the parties have reached an agreement for what I view as a great outcome for First Nations children and their families. I knew that it was important to resolve this matter so that the class members could begin their process of healing.

29. During November 2020-January 2021, I attended court ordered mediation sessions before Honourable Tony Mandamin to introduce myself and tell a bit of my personal history to the parties. This participation was at the request of Justice Mandamin.

30. When this mediation stalled, I was informed by Ms. Osachoff that my lawyers then agreed to attend negotiations to be chaired by the Honourable Murray Sinclair.

31. On November 9 and 10, 2021, I attended these negotiations session before the Honourable Murray Sinclair.

32. Later in November 2021, I was informed by Ms. Osachoff that counsel had started to draft Agreements in Principle for both compensation of class members and the long-term reform of the First Nations Child and Family Services program run by Canada. I was given the opportunity to review the compensation documents and provide input.

33. I understand that if there was no settlement, it could take a long time for this class action to make its way through the courts. The final settlement agreement provides compensation to the class members at this early stage in the litigation, rather than a long litigation process. The class action also provides a guaranteed outcome for eligible class members, which avoids the risk of being unsuccessful at trial.

34. This settlement agreement makes sense to me, and I support it. I appreciate that the process to apply for compensation is First Nations-led, culturally competent and trauma-informed supports will be available to the class.

35. I understand that the settlement includes four groups who will be entitled to direct compensation: (a) children taken into care and (b) their caregiving parents

and grandparents, (c) Jordan's Principle children and Trout children and (d) their caregiving parents and or grandparents.

36. I believe that discrimination is harmful to everyone who it impacts and that every class member will have had an experience that is informed by their own circumstances. It is important to me that the compensation mechanism approximates impacts and delivers more compensation to those who were more harmed by Canada's discriminatory conduct.

37. I support the approach that, for the Removed Child Family Class, members of the class who were the caregiving parents or grandparents at the time that the child was removed from the home and placed into care will be eligible for compensation. I also understand that if there are multiple parents who claim compensation, biological parents will receive compensation ahead of other types of parents, such as step-parents or caregiving grandparents. I understand that, due to the fixed compensation amount available, it is important to have safeguards for those who were likely most impacted. Most importantly, this will safeguard children from having to choose between their caregiving parents or grandparents, which will minimize trauma to the children. Given my experience with my adoptive family, I do not want any child to experience similar family dynamics for their caregivers to receive compensation. I support this approach to prioritizing compensation amongst members of the Removed Child Family Class.

38. I understand that, based upon the estimated number of caregiving parents and grandparents, Class Counsel have budgeted a base payment of $40,000 to

caregiving parents and grandparents. I also understand that this base payment may need to be altered if there are more caregiving parents and grandparents who are eligible for compensation than in the preliminary budget. I think it is important to ensure that people are treated as equally as possible, even if it means that all people receive less compensation individually.

39. I understand that this means that I may not receive direct compensation as a member of the Removed Child Family Class. However, this class action is not about me, and I have kept this front of mind during the negotiations and in talking to my lawyers. For me, it is important to prioritize the children who were most directly impacted by Canada's discriminatory conduct, which is the Removed Child Class and the parents from whom they were separated. I do not want to discount the impacts to all family members when a child is removed from the home, but my lawyers have explained the reasons for prioritizing caregiving parents and grandparents. I agree with the approach taken to compensating the Removed Child Family Class. I understand that individuals who do not receive compensation directly may be eligible for to benefit from grant-based supports under the cy-pres fund. I think this is a fair approach to ensure that all class members may benefit in some manner, while ensuring those who were most impacted receive meaningful compensation.

40. I understand that the settlement agreement does not include non-Status Indians or Metis (except for limited exceptions for the Jordan's principle class), but I also understand that they are free to pursue their claims against Canada on their own.

41. I understand that class members are releasing all claims against Canada in relation to this class action, including claims for sexual, physical or emotional abuse, but I also understand that survivors are free to pursue those claims against other individuals who may be legally responsible for these harms inflicted.

42. I understand that the settlement provides for a paper based confidential claims process that does not require any claimant to testify in a court, to undergo cross examinations or any questioning by an adverse party. I like the fact that this process, from what I understand from Ms. Osachoff, will be much quicker, simpler, and easier than if individuals had to share their individual stories in order to be eligible for compensation. I believe that settlement claims process will be much less traumatizing for class members.

43. I also understand that eligible class members whose claims are approved are guaranteed an individual compensation payment, though the amount for individuals other than the Removed Child Class and the Jordan's Principle Class who have been most impacted cannot be guaranteed. I understand from reviewing the settlement agreement and from my discussions with my lawyers, that the amount of the individual payments will be up to $40,000, $40,000 or more than $40,000, depending upon objective factors that allow for compensation that is proportional to the harms that they endured. I support this approach to compensation.

Honouraruim

44. Dianne Corbiere and Karen Osachoff have advised me that class counsel will be seeking court approval for the payment of honoraria to me and the other

representative plaintiffs for our service to the class. I will outline my work to date below as they asked that I address some of the factors the court might consider in making such an award.

45. I have been fully engaged in this case since I signed my retainer agreement with NC in January of 2020. I agreed to be a representative plaintiff in this case because I was concerned about what happened to me being removed from my family, my siblings being removed, and what had happened to other First Nations children. As a representative plaintiff for the Removed Child Family Class, I am very honoured to be trusted with such a great and impactful responsibility on behalf of First Nations children and youth in and from child welfare across Canada.

46. I have attended all representative plaintiff meetings with class counsel and the AFN. I have kept in regular contact with Ms. Osachoff with my questions and concerns. I attended mediation with Justice Mandamin as well as our negotiations with Justice Murray Sinclair.

47. My attendance at these meetings and litigating this case has required me to recount and relive the pain I experienced because of being removed from my family and community and the separation that I experienced from my siblings. With every meeting and engagement, I relive the hurt, pain and trauma of my own removal and the removal of my brothers and sisters. I am determined to fulfill my role as a representative of the Removed Child Family Class but this has been a very difficult role for me to fulfill.

48. I had to give up my privacy to fulfill this role as the country now knows what I went through. I do not want to be defined by my experiences related to the Removed Child Family Class. I do, however, wish to educate the wider Canadian public about what happened to us and the damage it inflicted. I ultimately decided to participate in Public Service Announcement (PSA's) at the cost of my own privacy, because I feel that I am helping my fellow class members which is integral to this case.

49. I have contributed my time and effort to successfully litigating this case and to negotiating a settlement that was responsive to the class members needs and wants.

2022 AFN ANNUAL GENERAL ASSEMBLY

50. Of most importance was that I attended the Annual General Assembly of the AFN in Vancouver, B.C. from July 4-9, 2022, and spoke at a Compensation Dialogue session as well as before the Chiefs in Assembly to speak about the Final Settlement Agreement as a representative plaintiff. I spoke from the heart about how important this case is for me and others who have experienced Canada's discrimination in child welfare. The importance of speaking publicly at the AFN Annual General Assembly cannot be understated. This is where we reach the Chiefs and their advisors, as well as the wider public (which includes our First Nations citizens) on the importance of settling this class action.

51. I make this affidavit in support of the relief sought in the Notice of Motion and for no other or improper purpose.

AFFIRMED BEFORE ME at the City of Winnipeg, ~~in the Province of Ontario,~~ MANITOBA MW this • day of September __, 2022

Commissioner for ~~taking~~ affidavits

MELISSA WALTERSON

A Notary Public In and for
the Province of Manitoba
86 Shier Dr, WPG, MB. R3R 2H8
Eric B. Martens
204 - 791 - 2633

Court File No.: T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
CLASS PROCEEDING

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

AFFIDAVIT OF ASHLEY DAWN LOUISE BACH
(affirmed September 6th, 2022)

I, Ashley Dawn Louise Bach, of the City of Thunder Bay, in the Province of Ontario, AFFIRM:

1. I make this affidavit in support of an application to obtain approval of the settlement agreement. I am one of the Representative Plaintiffs in the within action and as such have knowledge of the matters hereinafter deposed to. Where I make statements in this affidavit which are not within my personal knowledge, I have identified the source of that information and belief. All of the information I have deposed to I verily believe to be true.

2. In preparing to affirm this affidavit, I have reviewed, among other things, the Fresh as Amended Statement of Claim, the Consolidated Statement of Claim, the list of proposed common issues, and the proposed litigation plan. I have also reviewed the proposed Final Settlement Agreement as well as motion material for the Canadian Human Rights Tribunal and this court.

BACKGROUND

3. I was born in 1994 in Vancouver, British Columbia. My mother was a member of the Mishkeegogamang First Nation, in northern Ontario. Therefore, I am a First Nation person with Indian Status and membership in the Mishkeegogamang First Nation.

4. I was removed at birth from my mother and I was not placed on a Reserve. I was put into a non-native foster care home in Langley, British Columbia. While I was in care in 1996, my First Nation communicated they were unable to bring me home as they felt that "at this present time, that there is no possible means of providing the special needs required by this child, there is simply no resources or facilities in our community that would enable this child of the best care possible". At age five, I was adopted by this same non-native foster family, and I had no access to First Nation culture. I endured racism. In about 2012, at age eighteen, I left the hostile environment with my adopted family.

5. Since then, I have attempted to reconnect to my First Nation community, culture, language, and traditional territory. I have connected with some biological family members from my First Nation. Unfortunately, other biological family members passed away while I was still in the closed adoption, including my maternal grandmother, a residential school survivor who had requested to be "kept informed of what is happening with Ashley", and one of my uncles.

MY EFFORTS IN THIS CLASS ACTION

6. In early January 2020, the AFN approached me in my capacity as a board member and past President of Youth in Care Canada to help identify representative plaintiffs for a class action on discriminatory underfunding of First Nations Child and Family Services. I recommended several individuals but when these suggestions did not work out, the AFN asked me if I would be willing to be a representative plaintiff and I agreed.

7. At the time of accepting this responsibility, I knew there would be challenges before the end goal of fair and equitable compensation was reached. There was little academic and grey literature available to show how representative plaintiffs in similar class actions had been impacted but I knew there was risk of retraumatization. In actuality, the challenges I have experienced so far have been beyond what I and my legal counsel expected.

8. On or about January 24, 2020, I retained Nahwegahbow Corbiere ("NC") to represent me in this class action.

9. On January 28, 2020, this action was commenced by way of Statement of Claim. A Fresh as Amended Statement of Claim was filed with proof of service on March 6, 2020.

10. In July 2020, NC in collaboration with Fasken LLP agreed with counsel prosecuting the proposed class action in *Moushoom et al v Canada*, Court File No. T-402-19, namely Sotos LLP, Kugler Kandestin LLP, and Miller Titerle + Company, to join forces and advance the action as one proceeding (collectively, "Class Counsel").

11. I have received regular reports from NC and Fasken LLP since the commencement of this action. I have always felt I had current and relevant information from both law firms. I was updated on a regular basis via videoconference with the other representative plaintiffs and by telephone by Dianne Corbiere or her associate, Karen Osachoff. I was able to provide my input and feedback on the key components that I view as important for this settlement. I feel

that I have had current and relevant information from both of the law firms representing me, and the class. I am pleased with the representation that I received from both law firms.

12. Throughout this case I have:

a) Signed on with NC and signed a retainer agreement with them;
b) Agreed to be a representative plaintiff on behalf of the other class members;
c) Spoken with and attended many meetings with NC and Fasken LLP to discuss this case and my experience with being removed from my family permanently;
d) Provided instructions to NC and Fasken LLP; and
e) Reviewed and approved the settlement terms in this case.

13. I have been kept informed and provided input on various aspects of the lawsuit including settlement discussions that took place over the course of the lawsuit including at some of the mediation sessions with Justice Mandamin as well as a meeting with Justice Murray Sinclair which I view as a key moment in helping us reach agreement with the Government of Canada.

14. I have also attended more than 30 meetings over the past two and half years with NC, Fasken LLP and the AFN to discuss the class action and receive updates on the progress of the litigation. I have read all documents they have provided to me and gave regular input to reflect my views. I have asked questions and the lawyers have been responsive to my input.

15. In the future, I will continue to be involved in the case as necessary and will continue to speak to class members. I will ensure, through my lawyers, that the class is kept informed of any developments in this litigation.

DIRECT IMPACTS ON ME AS A REPRESENTATIVE PLAINTIFF

16. Immediately after the class action was filed, my relationships with my adoptive family members (parents, sibling, aunts and uncles, etc.) were negatively impacted as some were emotionally hurt that the class action was filed. My adoptive parents and I did not speak for almost a year after this and, while our relationship is now recovering, it is not where it once was.

17. I knew the class action would be stressful and bring up past trauma, however I did not expect to be negatively impacted to such a degree by the stress and retraumatization. For example, while our affidavits were being reviewed for consolidation, I was motivated to closely examine my child welfare files received in a Freedom of Information request. Within my files I learned of several traumatic things which I had not be told or was too young to remember, including but not limited to that:

(a) I was labeled as disabled with complex needs;

(b) my biological grandmother was unable to adopt me but asked to keep in touch with me (we were never put in touch and she passed away after I was adopted);

(c) my biological father had attempted to adopt me and was denied, and

(d) several of my aunts and uncles in Mishkeegogamang had attempted to adopt me and were denied.

18. I also learned that my First Nation had written letters to the government describing how they could not provide a home for me as they had not been provided the resources necessary to care for a child with complex need. It still deeply hurts me to know that my community had repeatedly attempted to bring me home but were unable to given the discriminatory underfunding of child welfare as well as other injustices such as the ongoing housing crises on many reserves.

19. My mental health has been negatively impacted as a result of being in child welfare and intergenerational trauma from residential schools and colonization, and this was exacerbated by the stress of the class action. The class action has impacted upon my mental health and has had an impact upon my ability to seek and keep full-time employment.

20. As well, the class action has interfered with my other responsibilities, which include co-chairing the Nishnawbe Aski Nation's Oshkaatisak (All Young Peoples') Council. I have missed Oshkaatisak Council meetings, events, and other responsibilities under the Council and my portfolios in order to speak with lawyers, review documents, and attend meetings on the class action (including these CHRT and Federal Court hearings).

21. I have also had to decline several major media opportunities (e.g. with Global National and CBC National) and generally limit my social media advocacy

on youth in care issues given there could be a risk of them touching on sensitive topics related to the class action.

22. Finally, I have been advised to decline certain job opportunities which may put me into a conflict of interest or compromise the class action. Until the class action is concluded this unfortunately impacts my presence and growth as a professional and limits potential speaking engagement or contract opportunities.

23. In sum, the class action has had a substantial impact on my family relationships, mental health, and career. While I do not regret becoming a representative plaintiff for the Removed Child Class and sincerely believe it is one of the most important ventures I will ever undertake, I do wish I could have known about and prepared for the extensive impacts on my life. I know these impacts will continue into the foreseeable future and while I am taking steps to mitigate them, they are still challenging to deal with everyday.

The Settlement Agreement is Fair and Reasonable

24. I knew before signing a retainer with my lawyers that the Government of Canada wanted to settle this case, as this decision was announced in November of 2019. A copy of this news article can be found at: https://www.cbc.ca/news/indigenous/child-welfare-class-action-1.5372281 and is attached as **Exhibit "A"** to my affidavit.

25. I have talked to my lawyers on multiple occasions, throughout this case about the settlement process and agreement. I knew that it was important to resolve this matter so that the class members could begin their process of healing.

26. My lawyers have always kept me informed of the status of settlement negotiations. We regularly discussed the negotiations and strategy by phone, text messages, zoom meetings and by email.

27. Between November 2020-January 2021, I attended court ordered mediation sessions before Justice Tony Mandamin to introduce myself and tell a bit of my personal history to the parties. This participation was at the request of Justice Mandamin.

28. When this mediation stalled, I was informed by Ms. Osachoff that my lawyers then agreed to attend negotiations to be chaired by the Honourable Murray Sinclair. I attended these negotiations session before the Honourable Murray Sinclair on November 9-10, 2021.

29. On December 13, 2021, the Government of Canada announced its intention to set aside nearly $40 billion to settle the CHRT matter, the class action and long-term reform of the First Nations child welfare system over a five-year period. A copy of this news article can be found at: https://www.cbc.ca/news/politics/ottawa-indigenous-child-welfare-compensation-offer-1.6283952 and is attached to as **Exhibit "B"** to my affidavit.

30. Prior to this, I had been informed by Ms. Osachoff that Class Counsel had started to draft Agreements in Principle for both compensation of class members and the long-term reform of the FNCFS program. I was given the opportunity to review these documents and provide input to them.

31. I am very happy that the parties have reached agreement on compensation in this settlement agreement. Although I do not understand all the legal arguments in this case, I understand that there is legal risk to all legal proceedings and that continuing with litigation can take a long time, no matter how strong the case. I agree that this is a fair settlement that will most likely grant compensation to thousands of people like me. It provides a guaranteed positive outcome for eligible class members and avoids the risk of being unsuccessful at trial.

32. I also understand the settlement agreement creates a cy-pres fund to provide benefits for class members, including those that may not be eligible for direct compensation. I provided direct input to the stated purposes of the cy-pres fund in the settlement agreement. This fund will, among other things, provide for culturally sensitive and trauma-informed relief and assistance to the class where unmet needs may exist. These unmet needs could include family reunification and the costs associated with travel as well as transitional support to youth in care who are aging out and cultural programming. I think this is an important aspect of the settlement to ensure that there is an opportunity to benefit those people who may not receive direct compensation.

33. This settlement agreement makes sense to me and I support it. I appreciate that the process to apply for compensation is First Nations-led and culturally competent and that trauma-informed supports will be available to the class.

34. I understand that the settlement includes four groups who will be entitled to direct compensation: (a) children taken into care and (b) their caregiving parents and grandparents, (c) Jordan's Principle children and Trout children and (d) their caregiving parents and or grandparents.

35. For children taken into care, this class includes all First Nations individuals who were under the age of majority who were taken into out-of-home placement under the Government of Canada's FNCFS Program between April 1, 1991 and March 31, 2022 and who were ordinarily resident on a reserve, or were living on-reserve or in the Yukon. I also understand that caregiving parents and or caregiving grandparents will also be eligible for direct compensation.

36. I understand that the settlement agreement does not include non-Status Indians or Metis (except for limited exceptions for the Jordan's principle class), but I also understand that they are free to pursue their claims against Canada on their own.

37. I am supportive of the fact that children who were removed and placed into care as a result of Canada's discriminatory conduct will receive a minimum of $40,000 in compensation under this settlement agreement. It is important to me that those children who were separated from their families and placed into care receive additional compensation that is proportional to the impacts it has had. While

everyone suffered as a result of separation from their families, I also recognize that some children who were, for example, in unstable situations, from remote communities or removed multiple times and placed into care may have had greater impacts upon them. I think it is important to recognize that, while all children deserve compensation, some have suffered even more as a result of their specific experiences.

38. I also understand the importance of minimizing the risk of retraumatizing individuals and avoiding forcing children to search through their records to prove their claims. I understand that the settlement provides for a paper based confidential claims process that does not require any claimant to testify in a court, to undergo cross examinations or any questioning by an adverse party.

39. Given my difficulties in obtaining my own files and records, I do not want any other child to have to go through this to receive compensation. I am happy that the settlement agreement does not require other foster kids to prove their claims by providing documentation that will be difficult or impossible for them to obtain.

40. I believe that settlement claims process will be much less traumatizing for class members than a trial, and they will receive compensation much more quickly than if this class action were to proceed to a trial.

41. I understand that class members are releasing all claims against Canada in relation to this class action, including claims for sexual, physical or emotional abuse, but I also understand that survivors are free to pursue those claims against

other people, including other levels of government or child welfare agencies who may have caused them harm.

42. I further understand from reviewing the settlement agreement and from my discussions with my lawyers that the government of Canada committed to using its best efforts to obtain the agreement of the provinces and territories and various federal government departments that receipt of any payments to a class member made pursuant to the agreement will not affect the quantity, nature and duration of any social benefits or social assistance benefits payable to them.

43. I also understand that the government of Canada committed to treating any payments under this compensation as non-taxable income and that Canada will make best efforts to obtain a technical interpretation to the same effect from the Income Tax Rulings Directorate of the Canada Revenue Agency. I think this is an important step to ensure that children receive as much of the compensation they deserve as possible.

STATEMENT OF WORK RELEVANT TO HONORARIUM

44. Dianne Corbiere and Ms. Osachoff have advised me that class counsel will be seeking court approval for the payment of honoraria to me and the other representative plaintiffs for our service to the class. Although I am not sure at this time if I wish to receive this honouraruim I will outline my work to date below as they asked that I address some of the factors the court might consider in making such an award.

45. I have been fully engaged in this case since I signed my retainer agreement with Nahwegahbow, Corbiere in January of 2020. I agreed to be a representative plaintiff in this case because I was concerned about what happened to me being removed from my family and what had happened to other Indigenous children. As a representative plaintiff for the Removed Child Class, I am very honoured to be trusted with such a great and impactful responsibility on behalf of First Nations children and youth in and from child welfare across Canada.

46. I have attended all representative plaintiff meetings with class counsel and the AFN. I have kept in regular contact with Ms. Osachoff with my questions and concerns. I attended mediation with Justice Mandamin as well as our negotiations with Justice Murray Sinclair.

47. My attendance at these meetings and litigating this case has required me to recount and relive the pain I experienced because of being removed from my Anishinaabe family and community. With every meeting and engagement, I relieve the hurt, pain and trauma of my removal and I still feel like that lost foster child. I am however, determined to fulfill my role as a representative of the Removed Child Class but this has been a very difficult role for me to fulfill.

48. My responsibilities as a representative plaintiff for the Removed Child Class has imposed costs on which I would have preferred to have avoided, to which other class members will avoid. I also had to give up my privacy to fulfill this role as the country now knows what I went through, and many people are relying on me to get this settlement right. I do not want to be defined by my experiences related

to the Removed Child Class. I do, however, wish to educate the wider Canadian public about what happened to us and the damage it inflicted. I ultimately decided to participate in Public Service Announcement (PSA's) at the cost of my own privacy, because I feel that helping my fellow class members is integral to this case.

49. I have spoken with many youths who are or may be class members and they have shared with me their experience of being taken from their families and communities, and the long-term impacts that has had on them. I have contributed my time and effort to successfully litigating this case and to negotiating a settlement that was responsive to the class members needs and wants.

2022 AFN ANNUAL GENERAL ASSEMBLY

50. Of most importance was that I attended the Annual General Assembly of the AFN in Vancouver, B.C. from July 4-9, 2022, and spoke at a Compensation Dialogue session as well as before the Chiefs in Assembly to speak about the Final Settlement Agreement as a representative plaintiff. I spoke from the heart about how important this case is for me and others who have experienced Canada's discrimination in child welfare. The importance of speaking publicly at the AFN Annual General Assembly cannot be understated. This is where we reach the Chiefs and their advisors, as well as the wider public (which includes our First Nations citizens) on the importance of settling this class action.

51. I make this affidavit in support of the relief sought in the Notice of Motion and for no other or improper purpose.

AFFIRMED BEFORE ME over video teleconference on this 6th day of September, 2022, in accordance with O. Reg 431/20, Administering Oath or Declaration Remotely. The Commissioner was in Barrie, Ontario and the affiant was in Thunder Bay, Ontario.)
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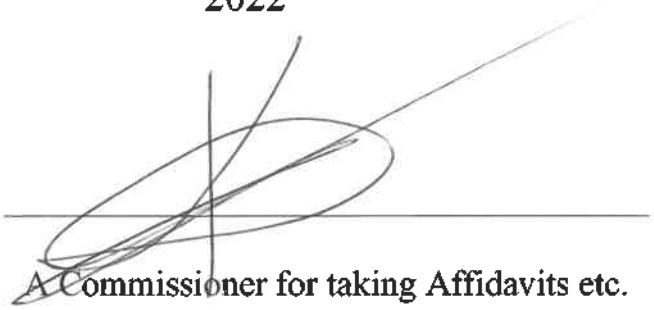
)
)

Commissioner for taking affidavits

LSO : 61832Q

ASHLEY DAWN LOUISE BACH

This is **Exhibit "A"** to the affidavit of Ashley Dawn Louise Bach, affirmed before me this 6th day of September, 2022



A Commissioner for taking Affidavits etc.

LSO: 61832Q

Indigenous

Ottawa plans to settle First Nations child welfare class-action lawsuit as it battles tribunal order

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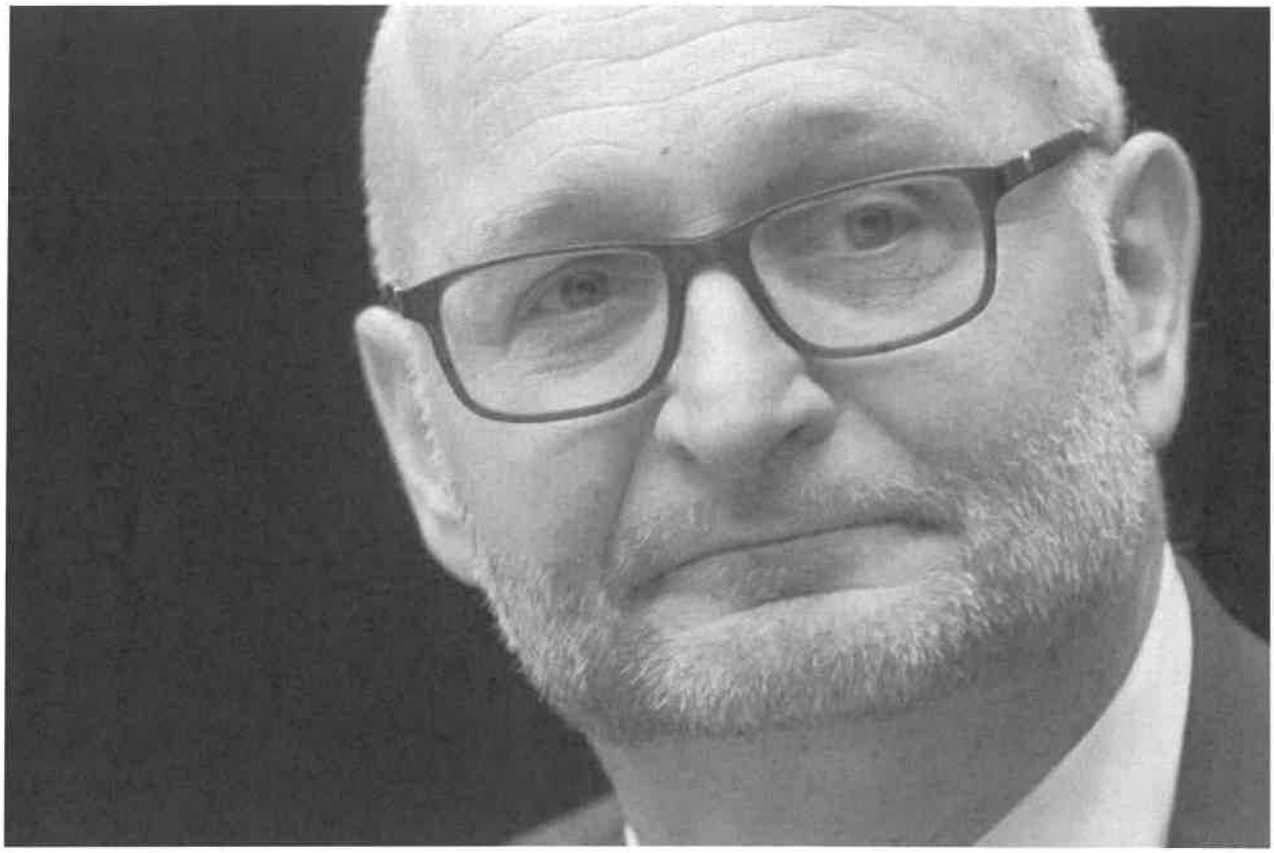
Federal ministers announce move to settle as courtroom arguments begin over tribunal compensation order

Jorge Barrera · CBC News · Posted: Nov 25, 2019 12:59 PM ET | Last Updated: November 25, 2019



Justice Minister David Lametti announced Monday the government would work with the plaintiffs of a class action over failures in the First Nations on-reserve child welfare system. (Adrian Wyld/The Canadian Press)

The Trudeau government announced Monday it's planning to settle a class-action lawsuit filed on behalf of First Nations children affected by the on-reserve child welfare system, while its lawyers launched arguments in a courtroom aimed at torpedoing a human rights tribunal order that it pay compensation to many of the same affected children.

Justice Minister David Lametti and Indigenous Services Minister Marc Miller issued a joint statement that the government would work with plaintiffs' counsel with the goal of moving forward with certification of a class action filed in March. It seeks $6 billion in compensation for First Nations children impacted by the on-reserve child welfare system and who were denied health services.

"The Government of Canada is committed to seeking a comprehensive settlement on compensation that will ensure long-term benefits for individuals and families and enable community healing," the statement said.

"The class action model is designed to give individuals the chance to have their interests represented, to address the interests of all impacted individuals and to allow parties to arrive at an appropriate resolution of past harms."

- **Ottawa in court this week over First Nations child-welfare compensation order**
- **Ottawa in talks to settle First Nations child welfare class action lawsuit**

Under Jordan's Principle, the needs of a First Nations child requiring a government service take precedence over jurisdictional issues over who should pay for it.

David Sterns, a partner with Toronto-based Sotos LLP, one of three law firms bringing forward the lawsuit, said he was notified Monday morning of the federal government's intention to proceed with certification.

The three law firms brought the action on behalf of Xavier Mushroom and Jeremy Meawasige — the representative plaintiffs in the case.

"This is a positive development. Agreement to certification means we have the forum to pursue a global resolution that will be subject to court approval," said Sterns.

"We view it as a positive. So far, these are just words. They need to match their words with action."

Sterns said any settlement would eventually involve the parties to the human rights tribunal case, which include the First Nations Child and Family Caring Society and the Assembly of First Nations.

Indigenous Services Minister Marc Miller said the Trudeau government has a solid track record dealing with historical wrongs inflicted on Indigenous children by Ottawa's historic policies through class-action settlements. Miller pointed to recent settlements around the Sixties Scoop and Indian day schools.

We have shown good faith in engaging with families, with victims, in ensuring this compensation is properly and fairly addressed," said Miller.

"We are committed to compensation; we do not deny the discrimination."

Watch Marc Miller on Power and Politics:

Minister of Indigenous Services Marc Miller on why his government is challenging a human rights tribunal order that the federal government compensate First Nations children affected by the on-reserve welfare system.

Fighting tribunal order

The two ministers issued the statement about the class-action suit as federal government lawyer Robert Frater told Federal Court Justice Paul Favel the Sept. 6 Canadian Human Rights Tribunal order — that Ottawa provide $40,000 in compensation to each First Nations child impacted by the child-welfare system or denied health services — was an overreach.

The compensation order, which also includes payments of at least $20,000 to some parents and grandparents, followed a 2016 ruling that found Ottawa discriminated against First Nations children by underfunding child-welfare services and by not following Jordan's Principle.

Frater was arguing for a motion seeking a stay — a pause — of the tribunal compensation order until the Federal Court decided on a judicial review filed in October by Ottawa.

"The errors of this [tribunal compensation] judgment run wide and deep," said Frater, in his arguments.

"Canada is committed to remedying the injustices of the past, but it has to be done in a fair and equitable way."

Frater argued that the case before the tribunal, originally filed in 2007, was about systemic discrimination, which required a systemic fix that the federal government had already begun. He also said the compensation order wandered outside of the tribunal's legislative parameters into the purview of class-action law.

He said the compensation order was fundamentally unfair because it treated all cases the same, regardless of individual circumstance.

"There ought to be some sort of recognition of individual experience," Frater said.

Ignoring the continuing tragedy

Barb McIsaac, a lawyer for the First Nations Child and Family Caring Society, told the court that while the government says it favours compensation, its actions haven't matched its words.

"My friend has stated over and over again, as have various politicians, that Canada wants to compensate the children, but it hasn't done anything yet."

The Caring Society, which was the lead on the human rights complaint, argued that the court should put a freeze on the judicial review until the tribunal decides on the process to distribute the compensation.

The tribunal set Dec. 10 as the deadline for all parties to submit proposals on the mechanism for distributing the compensation.

"The court can only fully understand and rule on the reasonableness of the compensation once all aspects of the compensation decisions have been determined by the tribunal," McIsaac said.

"The arguments of the attorney general are not in the best interest of the children, but rather in this argument that we have to have perfection. If we wait for perfection, we'll be here again and again and again, and we'll never have a solution."

Cindy Blackstock, left, leads the First Nations Child and Family Caring Society, and Perry Bellegarde is the national chief for the Assembly of First Nations. The Caring Society and the AFN launched a human rights complaint over on-reserve child welfare services in 2007. (Sean Kilpatrick/The Canadian Press)

Cindy Blackstock, who heads the Caring Society, said the government is ignoring the continuing tragedy inflicted on First Nations children by the systemic discrimination exposed by the human rights tribunal.

"So this waiting around might make sense for them bureaucratically or even politically," Blackstock said.

"But for these children, they will never get their childhoods back, and in some cases they'll never get their lives back, and in some cases

they'll never get their families back, and that is what Canada isn't paying attention to."

NDP MP Charlie Angus, who attended the Monday hearing, said the Trudeau government needs to drop its challenge of the tribunal's compensation order.

"The damage that this system has done is incalculable and yet the Government of Canada is here with all their lawyers, with all their power, to fight yet once again a basic finding that they've been discriminating against children," Angus said.

Class action move 'political obfuscation'

Julian Falconer, the lawyer acting on behalf of Nishnawbe Aski Nation, which intervened in the case, said the government's argument that the tribunal ruling covers too few people rings hollow.

"There is a simple answer to that — accept the order and then compensate others," said Falconer, who was acting on behalf of an organization that represents 49 northern Ontario First Nations — some of the poorest in the country.

"There is nothing stopping Canada from adding to the compensation."

Blackstock said the move by the federal government to announce it was proceeding with the class-action lawsuit rang "of political obfuscation and putting this downstream." Blackstock said the class action actually leaves people out because it doesn't include the parents or grandparents of apprehended children in its statement of claim.

"It doesn't deal with the pain and suffering that their families went through," said Blackstock.

"It's the same old story where they're saying they'll talk about things. There's no commitment to change children's lives."

The hearing continues Tuesday.

This is **Exhibit "B"** to the affidavit of Ashley Dawn Louise Bach, affirmed before me this 6th day of September, 2022

A Commissioner for taking Affidavits etc.

LSO: 61832Q

Ottawa earmarks $40B for Indigenous child welfare compensation, program reform

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'This is 30 years of the cost of failure, and that cost is high,' Crown-Indigenous Relations Minister says

Olivia Stefanovich · CBC News · Posted: Dec 13, 2021 1:30 PM ET | Last Updated: December 13, 2021

A student walks past a display at Ottawa's Hillcrest High School on Canada's first National Day for Truth and Reconciliation on Sept. 30, 2021. (Blair Gable/Reuters)

The federal government announced today it is setting aside $40 billion in its fall economic update for First Nations child welfare as it continues talks on settling compensation claims.

The money is to cover the cost of settling a Canadian Human Rights Tribunal order, two class action lawsuits and long-term reform of the Indigenous child welfare system over a five year period.

"It's a positive announcement, but what we need to see how this actually lands in terms of payments for children and families," said Cindy Blackstock, the executive director the First Nations Child and Family Caring Society.

In 2019, the tribunal ordered Ottawa to pay $40,000 — the maximum allowed under the Canadian Human Rights Act — to each child, along with their primary guardian, who attended on-reserve child welfare system from at least Jan. 1, 2006, to a date to be determined by the tribunal.

It also directed the federal government to pay $40,000 to each First Nations child, along with their primary guardian, who was denied services or forced to leave home to access services covered by the policy known as Jordan's Principle.

WATCH | Miller on compensation plans:

Minister of Crown-Indigenous Relations Marc Miller responds to questions about the government's plan to address Indigenous child welfare compensation. CBC

News has learned the federal government is setting aside $40 billion in its fall economic update and that will be announced on Dec. 14.
"We reflect on 30 years of failure and discrimination toward Indigenous children in the child welfare system," Crown-Indigenous Relations Minister Marc Miller told reporters at Parliament Hill.

"This is 30 years of the cost of failure, and that cost is high."

Miller said the $40 billion figure has not been finalized. He pointed to ongoing "fragile conversations" taking place between the federal government and Indigenous leaders, which could alter how much the government eventually offers.

The $40 billion would be split "roughly" evenly between compensation for children and families who were once in the system, and long-term changes to the child welfare system.

Miller said the goal of those changes is "to make sure we are not repeating the model that has ripped children from their families into care."

The parties have agreed to negotiate until a self-imposed deadline of Dec. 31.

Cindy Blackstock, executive director of the First Nations Child and Family Caring Society of Canada, has been trying to get the federal government to compensate First Nations children since 2007. (Simon Gohier/CBC)

If a final deal isn't reached, they could be heading back to court to hear the federal government's appeal of a Federal Court ruling, which upheld the tribunal order. The parties agreed to put litigation on hold while they try to strike an agreement.

Blackstock, who filed the original complaint with the Assembly of First Nations (AFN) in 2007, said the fight won't be over until discrimination against First Nations children ends.

"If we can stop it, it will be the first time since Confederation that a generation of First Nations kids don't have to grow up spending their whole childhood trying to be treated equally as other kids in public services," she said.

'Money does not mean justice'

The AFN welcomed the government's commitment.

"There's not enough money ever to repair the harms that the system has done to people," said AFN Manitoba Regional Chief Cindy Woodhouse, who is in the negotiations.

"I don't think any amount of money is ever going to change that brokenness ... But it shows that there was harm done and we have to find a path forward."

- **B.C. Indigenous leaders 'disgusted' by Ottawa's foster care compensation appeal, as feds vow talks**
- **Ottawa will appeal court ruling on Indigenous child welfare but says it's pursuing a compensation deal**

It was the AFN that in 2020 filed a lawsuit against the federal government seeking compensation for Indigenous children and families harmed by the child welfare system.

"The magnitude of the proposed compensation package is a testament to how many of our children were ripped from their families and communities," said AFN Chief RoseAnne Archibald in a media statement.

"Money does not mean justice. However, it signals that we are on the healing path forward as we finalize long term reform to ensure we meet our vision of children surrounded by the love and care of their families, living in safe and vibrant communities."

Court File No.: T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
CLASS PROCEEDING

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

AFFIDAVIT OF KAREN OSACHOFF
(affirmed September 5, 2022)

I, Karen Osachoff, of the community of Rama, in the Province of Ontario, AFFIRM:

1. I make this affidavit in support of an application to obtain approval of the settlement agreement. I am one of the Representative Plaintiffs in the within action and as such have knowledge of the matters hereinafter deposed to. Where I make statements in this affidavit which are not within my personal knowledge, I have identified the source of that information and belief. All of the information I have deposed to I verily believe to be true.

2. In preparing to affirm this affidavit, I have reviewed, among other things, the Fresh as Amended Statement of Claim, the Consolidated Statement of Claim, the list of proposed common issues, and the proposed litigation plan. I have also reviewed the proposed Final Settlement Agreement as well as motion material for the Canadian Human Rights Tribunal and this court.

BACKGROUND

3. I am a member of the Pasqua First Nation, located in Treaty No. 4 territory.

4. I was apprehended by Saskatchewan Social Services and adopted by a non-First Nations family in 1982.

5. I grew up in Saskatoon, Saskatchewan with my non-First Nations adoptive family until the age of eleven.

KO

6. Beginning in 1990 at the age of eleven years old, I began running away from my adoptive family and was re-apprehended multiple times by Saskatchewan Social Services. I ran away to the streets of Saskatoon so I could be around First Nations people. I know now that my spirit compelled me to be with my own people but at the time, I just ran.

7. During this time, I was gravely misunderstood by my parents, police officers and social workers as they did know or understand intergenerational trauma, effects of the residential schools and the Sixties Scoop that had led to my initial apprehension in the early 1980's. They instead blamed and labelled me as a problem child, who was "emotional disturbed", and in need of more strict rules and control instead of the care and companionship of my family and community.

8. I never lived with my adoptive family permanently again. From the age of eleven to eighteen, I lived in multiple foster homes, with periods of being homeless on the streets.

9. When I was fifteen years old, I reconnected to my biological family, which included: my mother Beverly, my sister's Dawn and Kendra, as well as my brother Sheldon. I learned that I had two brothers that had passed away before I reconnected with my family. I never knew about my sister Melissa, who is a representative plaintiff in this class action, or my brothers Ovide and Cory.

10. I also have three sisters from my biological father's side of the family who I have reconnected with. I have yet to meet one of my sisters in-person and one has since passed away. As with my mother's side of the family, my relationships with

K.O

my father's side of the family are strained at times due to the severing of the family bond years ago.

11. Although I was very happy to meet both sides of my biological families, it was hard to reconnect with them as our bond had been broken years earlier. Some of them judged me as "white" and some of them do not accept me fully as a member of their family. I was never close to any of them except for my brother Sheldon, who has since died.

12. My teenage years were a very confusing and painful time for me, and I drank alcohol and used marijuana and various elicit drugs to cope with my emotions and circumstances. I was abused sexually, mentally, emotionally, and physically while in care and while I was homeless.

13. At the age of eighteen, I aged out of foster care/social assistance and was left to my own devices. I still wasn't out of the dark and remained in a dark, scary, and lonely place until I moved to Coast Salish territory (also known as Vancouver, British Columbia) when I was twenty years old in 1999.

14. In Coast Salish territory, I connected with healthy and caring First Nations people for the first time in my life. I began participating in cultural ceremonies, addiction recovery services and I eventually passed my General Education Development (GED) course. I then started college and university and received my Bachelor of Arts degree and eventually, a Juris Doctor degree.

K.O

15. I worked in the downtown east side of Vancouver for ten years while I was completing my studies and have worked at several organizations which include: the Vancouver Police Department (Native Liaison as it then was), the Native Courtworkers and Counselling Association of British Columbia, the Atira Women's Resource Society, and Battered Women's Support Services.

16. In all these roles, I was able to use my personal history and circumstances to be able to connect easily to our clientele, which included many First Nations people. This is not a skill that many students, advocates, or lawyers have. I know now that this personal history and circumstances makes me a better lawyer because I have experienced the effects of intergenerational trauma and being a Sixties Scoop survivor. I am also informally trained in my Cree culture, in addition to my formal education.

MY EFFORTS IN THIS CLASS ACTION

17. In December 2019, my former boss Dianne Corbiere of Nahwegahbow Corbiere ("NC") called me to ask if I would consider being a representative plaintiff for a class action regarding Canada's discriminatory underfunding of First Nations Child and Family Services and my permanent removal from my biological family. While I had some apprehensions, I agreed to be a representative plaintiff for the Removed Child Class.

18. On or about February 3, 2020, I retained NC to represent me in this class action.

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19. On January 28, 2020, this action was commenced by way of Statement of Claim. A Fresh as Amended Statement of Claim was filed with proof of service on March 6, 2020. I was appointed a representative plaintiff for this class action to represent the interests of the Removed Child Class.

20. On June 15, 2020, I re-joined the law firm of NC as a lawyer, in addition to my role as representative plaintiff. Prior to this date, I had left NC for two and a half years to represent a delegated First Nations Child and Family Services Wellbeing Agency located in Ontario. While I enjoyed aspects of this child welfare work, I soon realized that I could not participate in the apprehension of First Nations children, even if it was our people doing it, due to my history of being apprehended, first in the Sixties Scoop and later when my adoptive home broke down.

21. I had worked at NC since April 2011 when I joined them as an articling student. Except for my two-and-a-half-year employment at the delegated First Nations Child and Family Services Wellbeing Agency, I have worked as a lawyer under Dianne Corbiere since June 2012 when I was called to the Ontario Bar.

22. In July 2020, NC in collaboration with Fasken LLP agreed with counsel prosecuting the proposed class action in *Moushoom et al v Canada*, Court File No. T-402-19, namely Sotos LLP, Kugler Kandestin LLP, and Miller Titerle + Company, to join forces and advance the action as one proceeding (collectively, "Class Counsel").

23. I have given regular reports from NC to the representative plaintiffs since the commencement of this action. During the mediation/negotiations that took

K.O

place from November 2020 to December 2021, Dianne Corbiere and I gave regular updates via videoconference with the other representative plaintiffs and by telephone.

24. From the commencement of this class action, I knew that the claim was going to be difficult and challenging. At this time, I had already experienced a re-traumatization of my child welfare history being part of the Sixties Scoop settlement process while working at the delegated First Nations Child and Family Services Wellbeing Agency, so I was aware of how hard this case would be on me personally. But I also knew that my skillset as a lawyer, a survivor of the child welfare system, and having experience with the Sixties Scoop settlement process would be invaluable to this class action. I knew that I could reach our class members personally and ensure that our class action settlement process was better than previous ones. I knew that I had a story to tell and I also wanted to save another survivor from having to experience this class action as a representative plaintiff, as I knew how traumatic a role like this would be.

25. Throughout this case I have:

(a) Signed on with NC and signed a retainer agreement with them;

(b) Agreed to be a representative plaintiff on behalf of the other class members;

K.O

(c) Spoken with and attended many meetings with NC, the AFN and Fasken LLP to discuss this case and my experience with being removed from my biological family permanently;

(d) Provided instructions to NC and Fasken LLP; and

(e) Reviewed and approved the settlement terms in this case.

26. Dianne Corbiere and I have regularly kept the other representative plaintiffs informed of the process and I have provided input on various aspects of the class action including settlement discussions that took place over the course of the negotiation, including at some of the mediation sessions with Justice Mandamin. I also attended a meeting with Justice Murray Sinclair as a representative plaintiff, which was a key moment in reaching agreement with the Government of Canada. I have regularly discussed the negotiations and strategy by phone, text messages, zoom meetings and by email to the representative plaintiffs and well as the NC and Fasken legal teams.

27. I have also attended countless meetings over the past two-and-a-half years with NC, Fasken LLP and the AFN staff responsible for this file to discuss the class action and provide/receive updates on the progress of the litigation. I have assisted drafting all documents we provided to the representative plaintiffs.

28. In the future, I will continue to be involved in the class action as class counsel and a representative plaintiff and will continue to speak to class members.

KO

29. I am currently answering the 1-800 number that we have set up as AFN class counsel to answer questions on the class action settlement process. I enjoy talking to and with our potential class members and will continue to do so. As I said earlier in this affidavit, I know that this is one of my strengths as a lawyer. Not only am I able to explain the legal process, I am also trauma informed and culturally competent due to my knowledge of our collective cultures and my participation as a claimant in a previous class action. I know of no other lawyer on our team who can do this. In fact, I know of no other class action that has had someone like me working on it.

30. I have carefully respected my roles both as class counsel and representative plaintiff. I have not been involved in compensation discussions that involved the decision to allocate certain budgets to specific classes. As explained below, to respect the division of my roles, I will not be submitting a claim for compensation as a member of the Removed Child Class. However, as a representative plaintiff and as legal counsel, I have worked hard to obtain the best result possible for the class overall and obtain a settlement that grants as much compensation as possible to survivors who have been impacted by Canada's discrimination.

THE SETTLEMENT AGREEMENT IS FAIR AND REASONABLE

31. I have provided regular updates to the representative plaintiffs throughout this class action about the settlement process and agreement. From the beginning, I knew that it was important to resolve this matter so that the class members could

K.O

begin their process of healing and receive compensation in recognition of the trauma and impacts that they have endured.

32. In November 2021, I participated in drafting the Agreement in Principle for compensation of class members.

33. I am beyond happy that the parties have reached agreement on compensation in the Final Settlement Agreement. The Final Settlement Agreement provides compensation to the class members at this early stage in the litigation, rather than a long litigation process. The settlement also provides a guaranteed outcome for eligible class members who avoid the risk of being unsuccessful at trial.

34. I and our AFN team have ensured that the process to apply for compensation was First Nations-led, culturally competent and that trauma-informed supports would be available to the class both before, during and after the compensation process is complete.

35. I had already experienced a class action settlement process (Sixties Scoop) that was not First Nations-led, culturally competent, or trauma-informed, and I and the other claimants suffered greatly for it. I had to leave work for an eight-month stress leave and no one except my First Nations therapist understood what I was going through. I am still recovering from that experience, but I knew I had to use this negative experience to ensure our class members were better supported for this class action. I believe we have fulfilled this goal.

K.O

36. Of great importance to me as a representative of this class, is that the Removed Child class will be eligible to receive compensation. We have budgeted $7.25 billion for the Removed Child Class and $5.75 billion for the Removed Child Family Class. I know this approach to compensating the Removed Child Class and the Removed Child Family Class is a fair settlement, as the families whose children endured the greatest impact also will have endured personal hardship due to Canada's discrimination.

37. While I understand that not all family members will receive direct compensation, I agree with this team decision, as it is important to give more compensation to those who have experienced the most impact. As a member of the legal counsel team, to prioritize compensation for the children, we had to make some tough decisions during the negotiation process. This Class Action has always been about the children first. Family members who have been impacted by Canada's discrimination in relation to Removed Child but do not receive direct compensation may receive indirect benefits through the cy-pres fund.

38. This settlement provides for a paper based confidential claims process that does not require any claimant to testify in a court, to undergo cross examinations or any questioning by an adverse party. I believe this is very important and will reduce the barriers that individuals face to claiming their compensation. This will be much less traumatizing for class members than a claims process that involves interviews and challenges to peoples' memories. I fully support the goals of the settlement agreement with respect to minimizing the trauma that claimants will face to claim compensation.

KO

HONOURARUIM

39. As both a representative plaintiff and class counsel on this class action, I do not wish to receive an honourarium for my work as a representative plaintiff. I will also not be applying for compensation as a Removed Child Class member.

40. I am declining both the honouraruim and the compensation as a Removed Child Class member as I am being paid as class counsel. I believe this is the honourable and correct thing to do to avoid any notion of a conflict. I was not involved directly with the Removed Child Class compensation amounts or the allocation of a budget of overall compensation to this class.

41. I have been fully engaged in this case since I signed my retainer agreement with NC in February of 2020 and when I joined NC as AFN class counsel on June 15, 2020. I agreed to be a representative plaintiff in this case because I was concerned about what my family and I had endured and what had happened to other First Nations families. As a representative plaintiff for the Removed Child Class, I am very honoured to be trusted with such a great and impactful responsibility on behalf of First Nations families across Canada.

42. I have participated in all representative plaintiff meetings with class counsel and the AFN.

43. I also had to give up my privacy to fulfill this role, as the country now knows what I and my family went through. I ultimately decided to participate in Public Service Announcements that will be published on the AFN website at the cost of

KO

my own privacy, because I feel that helping my fellow class members is integral to this case.

44. I have contributed my time and effort (as well as my blood, sweat and tears) to successfully litigate this case and to negotiate a settlement that was responsive to the class members needs and wants.

2022 AFN ANNUAL GENERAL ASSEMBLY

45. Of most importance was that I attended the Annual General Assembly of the AFN in Vancouver, B.C. from July 4-9, 2022, and spoke at a Compensation Dialogue session as well as before the Chiefs in Assembly to speak about the Final Settlement Agreement as a representative plaintiff. I spoke from the heart about how important this case is for me and others who have experienced Canada's discrimination in child welfare. The importance of speaking publicly at the AFN Annual General Assembly cannot be understated. This is where we reach the Chiefs and their advisors, as well as the wider public (which includes our First Nations citizens) on the importance of settling this class action.

46. I make this affidavit in support of the relief sought in the Notice of Motion and for no other or improper purpose.

AFFIRMED BEFORE ME in the city of Orillia, in the Province of Ontario, this 5th day of September, 2022

Commissioner for taking affidavits

Laura Christine Sharp
LSO # 802650

KAREN OSACHOFF

Court File Nos. T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

AFFIDAVIT OF JANICE CIAVAGLIA
(Affirmed on September 6, 2022)

I, Janice Ciavaglia, of Ottawa in the Province of Ontario AFFIRM THAT:

1. I am the Chief Executive Officer of the Assembly of First Nations (hereinafter the "AFN") and, in that capacity, have personal knowledge of the matters to which I hereinafter affirm and wherever so stated I verily believe them to be true. I have been involved with the AFN's proceedings before the Canadian Human Rights Tribunal under the style of cause *First Nations Child and Family Caring Society v. Attorney General of Canada*, CHRT File No. T1340-7008, and have been actively involved in negotiations leading to the proposed settlement of this class action. As such, I have personal knowledge of the facts hereinafter deposed to except where stated to be on information and belief, in which case I verily believe them to be true.

2. The AFN is a national organization which advocates on behalf of First Nation citizens in Canada, which includes more than 1,008,955 people living in 634 First Nation communities and in cities and towns across the country.

3. In accordance with the AFN Charter and resolutions passed by the Chiefs-in-Assembly, the AFN advocates for First Nations in a range of fora and processes, including the United Nations. The AFN advocates on areas including Aboriginal and treaty rights, self-determination, upholding the honour of the Crown, land claims, economic development, education, languages and literacy, health, housing, social development, justice, taxation, and the environment. The Chiefs meet semi-annually to set national policies and directions through resolutions.

4. In keeping with its mandates, the AFN advocates and promotes the unique and respective nation-to-nation relationship between the Crown and diverse First Nations as Peoples and nations. This relationship is manifested in treaties and other legal instruments and the inherent rights of First Nations as Peoples with an equal right to self-determination as set out in *United Nations Declaration on the Rights of Indigenous Peoples*. The AFN advocates and promotes the restoration and enhancement of these relationships to ensure the full respect and implementation of First Nations collective rights as Peoples and nations. In the Preamble to the AFN Charter, the AFN has resolved "to employ national and international machinery for the promotion of the political, economic and social advancement of our people."

5. The AFN Social Development Sector has been heavily involved in conducting and coordinating research and advocating for changes in the federal government's First Nations Child and Family Services Program ("FNCFS Program") and Jordan's Principle. The AFN filed this class action proceeding to advocate for its constituents and in order to avoid the mistakes of past class action settlements.

6. I also want to acknowledge that compensation alone cannot and will not bring back the lost childhoods of generations of First Nations children or the time lost with their families. It can also not bring about healing or justice for these children and their families, nor is it reflective of true reconciliation. There is no amount of compensation that could accomplish this. Compensation pursuant to the Final Settlement Agreement is, however, an effort to acknowledge and begin to redress the significant harm that decades of discriminatory policies and practices have had on First Nations children, families and communities. Actual efforts to end discrimination with respect to child welfare reform took place with the enactment of Bill C-92, *An Act respecting First Nations, Inuit and Métis children, youth and families*. Also, AFN is a main party working to settle the rest of the matters in the *First Nations Child and Family Caring Society v. Attorney General of Canada*, CHRT File No. T1340-7008. All efforts are intended to end Canada's discrimination in the FNCFS Program and Jordan's Principle

7. I further want to acknowledge the decades of work by First Nations leadership, Elders, advocates and youth that have laid the foundation for this historic settlement, and who have touched the lives of tens of thousands of First Nations families.

8. The AFN has been a leading advocate in FNCFS Program reform. Since 1998, the AFN has been involved in the development of various joint AFN-Canada reports and reviews, such as the National Policy Review, published in 2000, and two reports known as the Wen:De reports published in 2005, as well as the First Nations component of the Canadian Incidence Studies. These reports identified significant deficiencies and inequities inherent in the then Department of Indian Affairs and Northern Development (now Indigenous Services Canada or "ISC") funding for the FNCFS Program and the adverse impacts on First Nations children and families, including the ongoing overrepresentation of First Nations children in care.

9. Despite the overwhelming evidence of inherent problems within the FNCFS Program, Canada made two modifications to the program which did not adequately improve the program. As a result of Canada's inaction, Phil Fontaine, the then National Chief, instructed the AFN to file a complaint under the Canadian Human Rights Act. The AFN and First Nations Child and Family Caring Society of Canada's ("Caring Society") joined together and jointly filed the 2007 complaint with the Canadian Human Right Tribunal ("CHRT") alleging discrimination in the provision of a service. The CHRT issued its landmark ruling in this matter on January 26, 2016, substantiating the complaint. Canada was ordered to cease its discriminatory practices, reform its policies to adequately address the Panel's findings, and apply the full meaning and scope of Jordan's Principle.

10. Following the CHRT's compensation decision (2019 CHRT 39), the then Minister of Indigenous Services Canada, the Honourable Mark Miller, attended the AFN's Special Chiefs Assembly in December of 2019. Minister Miller announced that Canada was prepared to enter into negotiations on compensation, wished to certify the Moushoom Class Action and settle litigation.

11. The AFN became concerned that it would be sidelined in discussions related to long-term reform and compensation should negotiations occur only in the context of the Moushoom Class Action. As a result on January 15, 2020, the AFN Executive Committee instructed the AFN Secretariat to initiate its own class action regarding child welfare discrimination from 1991 to the present day, and the denial or delay in receiving essential services under Jordan's Principle. Attached as **Exhibit "A"** is a copy of the Executive Motion authorizing AFN to commence its own class action. The Executive Committee is comprised of the National Chief and eleven Regional Chiefs.

Consultations with AFN Representative Plaintiffs, Stakeholders and First Nations

12. Throughout the negotiations with Canada, the AFN Executive Committee was kept informed about the negotiations process, as was the Social Development portfolio holder Manitoba Regional Chief Cindy Woodhouse, who was also present during negotiations. The AFN Executive Committee provided decisions throughout the process, including agreeing to sign the Agreement-in-Principle (AIP) and Final Settlement Agreement.

13. I have been advised by Dianne Corbiere, AFN Class Counsel, and I believe it to be true that the Representative Plaintiffs in AFN's Class Action were asked to provide input on the negotiation positions for the Final Settlement Agreement. I have also been advised that AFN external counsel met with one or more of the Representative Plaintiffs at least 30 times from January 2020 to July 2022 to provide updates on the pleadings, mediation, and negotiations of the Compensation AIP and the Final Settlement Agreement.

14. At my instruction, the AFN provided periodic reports with First Nations leadership across Canada. In particular, during the period of September 2021 to June 2022, AFN Counsel, Stuart Wuttke and Dianne Corbiere, met with First Nations leadership to provide updates of the status on the negotiations, the structure of the settlement, and the substance of what was intended to be included in the Final Settlement Agreement. I am advised by Stuart Wuttke and I believe it to be true that there were approximately 50 briefings provided to either the AFN Executive, AFN regional chiefs meetings and Chief's Assemblies. I was also at many of these briefings personally.

15. An essential element of the negotiation was that implementation of the Final Settlement Agreement would be First Nations-led. The First Nations leadership provided advice as well as insights from the lessons learned from the Indian Residential Schools Settlement and other class actions. The feedback received included the need to have a claims process that is trauma-informed, simple and accessible for the class members, and which prioritizes compensation for First Nations children. The First Nations leadership emphasized the importance of distributing compensation to individuals as soon as possible.

16. The perspectives of First Nations youth were also considered in the development of the Final Settlement Agreement. One example is that the stated purpose of the Cy-près Fund in the Final Settlement Agreement was to support class members who are not entitled to direct compensation to connect with their family, or their First Nation, or cultural/land-based activities and recreation, among other supports based on recommendations from a report written by First Nations youth with lived experience, specifically the Assembly of Seven Generations (A7G) "Children Back, Land Back" report. Attached as **Exhibit "B"** is the "Children Back, Land Back" report.

17. The AFN advocated for the insights of First Nations leadership and youth to be reflected in the Final Settlement Agreement. The AFN worked with legal counsel to ensure that the Final Settlement Agreement was structured in a manner that was culturally relevant, trauma-informed and responsive to the concerns of First Nations about the compensation process.

18. When the Final Settlement Agreement was finalized, it was provided to the AFN Executive Committee for approval, as well as the Representative Plaintiffs. Following the AFN Executive Committee's and Representative Plaintiffs' approval, the Final Settlement Agreement was presented to the Chiefs-in-Assembly and their proxies at the AFN Annual General Assembly on July 6, 2022. The AFN Representative Plaintiffs presented detailed background to the Final Settlement Agreement and how, in their view, the settlement is in the best interest of the class members.

Importance of Settlement to First Nations Communities

19. The settlement before the Court marks a historic moment for First Nations across Canada. During the numerous briefings, meetings and consultations with various First Nations stakeholders and the representative plaintiffs, the AFN was urged to pursue the best possible settlement for the children and their families who were the subject of Canada's discrimination. The AFN is proud to have achieved a monumental settlement, both in terms of its $20 billion scale and the scope of children and family members to whom it will afford compensation.

20. While no amount of compensation will bring families back together who, since 1991, have been separated, the AFN views this settlement as an important step in First Nations relationship with Canada, one which is taken together in recognition of the harms caused to our First Nations children since 1991.

21. The effects of the Canada's discriminatory practices in both FNCFS and Jordan's Principle are real and they are significant. As the CHRT found, the needs of First Nations children and families were unmet in Canada's provision of child and family services and Jordan's Principle which has caused actionable harms for which compensation must be awarded.

22. The large number of First Nations children and families impacted across Canada by the discriminatory aspects of the FNCFS Program in terms of the delivery of services continues to be a

national issue. The provision of services to First Nations children and youth, from an international perspective, amounts to a humanitarian crisis as First Nations children are disproportionately involved in the child protection system.

23. Many First Nations children and youth who are in the child welfare system were and/or are abused and betrayed on an individual level. However, given the sheer number of children, First Nations were also abused as a people.

24. The outcomes of children placed in the system are not good. Children in the child protection system are vulnerable and isolated, which increases susceptibility to sexual violence while in state care. The psychological impacts of sexualized violence on children and youth can be far-reaching, life-long and devastating. Children and youth are also more likely than the general child and youth population to suffer from depression, mental distress, suicidal ideation, self-harm and attempts at suicide.

25. Much like those common experiences faced by former students at Indian Residential Schools, First Nations children and youth are obstructed from practicing and learning their First Nation language, culture, customs, and traditions. This has an impact on collective rights of First Nations as many children in care will be unable to share or pass on to their own offspring the language, culture, customs, traditions of their community.

26. This is particularly problematic because over 94% of First Nations children are placed in state care for neglect, which is essentially for poverty related issues. In practical terms, children are often removed from loving parents and from the protection of their parents and placed into a system where they are alone and become even more marginalized.

27. The compensation this class action offers to First Nations children and families will provide a measure of access to justice and redress for them. I am aware that many First Nations persons live in remote communities and live below the poverty line. Many, if not most, are not in a position to retain counsel to initiate their own legal proceeding due to geographic, logistic and financial reasons. They simply cannot afford to litigate, and absent this class action, I believe that tens of thousands of children, youth and their families would not be able to advance their legal rights.

28. I believe that one positive outcome of the compensation package is public recognition of the harm done by the FNCFS Program and restrictive application of Jordan's Principle. The Final Settlement Agreement will lead to greater understanding in Canada of the profound harms to First Nations children and families caused by the FNCFS Program and its continued role as part of a larger policy of cultural genocide. The Final Settlement Agreement provides a fuller narrative to the big picture of Canadian history and impacts of government policy on First Nations peoples.

29. Further, the compensation package may assist in an individual's healing and reconciliation journey. Applying for compensation will require an individual to recount their personal experiences. This may involve reflecting on their memories and reassessing their personal experiences, which for some will lead to healing and reconciliation for themselves as individuals as well as for their families as a whole.

30. Finally, compensation represents an acknowledgement of the harm individuals endured. It also demonstrates the federal government's accountability for those harms. This settlement works towards allowing our communities to heal and move forward.

Jordan's Principle Approach

31. From the outset of the negotiations that have led to the proposed settlement, the AFN was adamant that the approach to compensation would be First Nations-led. This is reflected in the language of the Final Settlement Agreement.

32. The AFN was also aware that one of the most challenging aspects of the compensation methodology would be developing a method to compensate individuals who were denied essential services, experienced delay in the receipt of essential services, or experienced a service gap with respect to essential services. Hereafter, I refer to a "Jordan's Principle" approach, though the methodology applies equally to the Trout class, as is reflected in the Final Settlement Agreement.

33. Stuart Wuttke, AFN in-house legal counsel had informed me of the challenges in settling upon an approach at the Canadian Human Right Tribunal. I understand from AFN legal counsel that there was never an approach developed by the Canadian Human Rights Tribunal that could be implemented for compensation for Jordan's Principle claimants in the Final Settlement Agreement.

34. The AFN was aware of the importance of moving quickly to develop an approach to Jordan's Principle compensation because of the desire to deliver compensation to individuals as soon as possible. However, as CEO of the AFN, my instructions to class legal counsel were that moving quickly cannot lead to mistakes that would cause re-traumatization of claimants, fail to draw distinctions between claimants with various impacts, or not be responsive to the perspective of First Nations individuals.

35. The AFN also wanted to ensure that there was proportional compensation, whereby individuals who endured the most severe impacts to their quality of life would receive the most compensation, to the detriment of those less impacted. The AFN recognizes the importance of ensuring that those individuals who have endured the most impact from a deprivation of essential services will receive compensation that is proportionate to those impacts. I am informed by AFN class legal counsel that this approach is supported by the representative plaintiffs in this class action. I have instructed AFN class legal counsel to pursue this approach, which is reflected in the final settlement agreement with the "significant impact" and "other impact" categories of Jordan's Principle and Trout claimants.

36. In order to ensure a measure of proportionality while ensuring a minimization of the risk of re-traumatization, the AFN viewed it as important to develop its understanding of the measures that could approximate the impacts to First Nations children who were denied access to essential services, instead of asking individuals to tell their personal stories.

37. In June 2022, under my direction, Stephanie Wellman, Director of Social Development at the AFN, recruited a number of First Nations experts who have on-the-ground expertise in the delivery of services to First Nations individuals, as well as in measurement of health and wellness from First Nations' perspectives. While the AFN has agreed not to disclose the individual names who continue to work on this project while the development process continues, I am informed by AFN class counsel that these individuals have met as a circle of experts on several occasions since June 10, 2022, to develop a Jordan's Principle approach.

38. I have been regularly updated following these meetings by Stephanie Wellman and AFN class counsel, who have attended each of the meetings of the circle of experts and I have attended one meeting and on occasion, spoken to some of the experts on an individual basis.

39. I have instructed AFN class counsel to take into account the views of the experts and to apply First Nations knowledge to the claims process, which reflects the importance of a First Nations-led approach to compensation.

40. From the AFN meetings with the AFN Circle of Experts, and AFN class counsel there are certain key considerations for an approach to Jordan's Principle compensation of which I am aware:

(a) There is no reliable measure that currently exists that can be implemented to assess Jordan's Principle claimants' claims to compensation;

(b) Any approach that is implemented should be tested prior to implementing across a wide population to ensure its efficacy;

(c) The assessment of impacts must consider impacts that are specific to a First Nations child, which may or may nor not be equivalent to impacts that are measured in other contexts.

(d) As no child will be permitted to submit a claim until they obtain the age of majority, it is appropriate to inquire about the impact to the child at the time that the service was unavailable, and its impact on the claimant's current circumstances;

(e) An approach that is focused solely upon the nature of the essential service without considering individual circumstances is unlikely to achieve proportional compensation.

41. The proposed approach cannot be finalized or implemented prior to testing. However, the work of the AFN Circle of Experts and AFN class counsel that has been accomplished to date is summarized in the Framework Approach to Jordan's Principle, which is currently posted on the AFN's website, and is attached hereto and marked as **Exhibit "C"** to my affidavit.

42. The core components of the approach to Jordan's Principle compensation that the AFN supports are:

(a) A simplified claims form that will ask minimal information from the claimant but will identify the service that an individual did not receive as a child.

(b) A professional confirmation form, which will identify the essential service from which the claimant would have benefitted as a child. This permits claimants to prove the need for an essential service without requiring historical documentation. A draft professional confirmation form is attached hereto and marked as **Exhibit "D"** to my affidavit.

(c) An impact assessment tool, which will inquire as to the claimant's circumstances in relation to the deprivation of services. A draft impact assessment questionnaire is attached hereto and marked as **Exhibit "E"** to my affidavit.

43. I have instructed the AFN to strike a group of appropriate individuals to oversee and implement testing with a pilot group of potential Jordan's Principle claimants. The piloting is to be implemented in a manner to be determined by the responsible oversight committee and will include the best testing methodologies that are employable in the time available to ensure that the documents achieve the best possible claims process for the class.

44. There must be flexibility in the approach to permit the final claims-related documents to reflect the learnings from the pilot and to the evolving understanding of the approach. The documents which are currently in place are promising and are headed in a direction that are consistent with my instructions, but will need to be evaluated and adjusted in accordance with the results of the piloting process. I am informed by AFN class counsel that the testing is to occur based upon the versions of the documents that are attached to this my affidavit, and that this testing is expected to commence as soon as possible.

45. I am pleased with the progress thus far on Jordan's Principle. I am supportive of the approach that is represented in the exhibits to my affidavit. I thank the individuals who have contributed to the First Nations-led approach to Jordan's Principle compensation.

ACKNOWLEDGING that this affidavit was affirmed remotely in accordance with the *Commissioners for Taking Affidavits Act* – Ontario Regulation 431/20 Administering Oath or Declaration Remotely, with the commissioner located in Ottawa and the deponent located in Ottawa.

AFFIRMED BEFORE ME in the city of Ottawa, in the Province of Ontario, this 6 day of September, 2022)

Commissioner for taking affidavits
Adam Williamson
LSO# 62751G

Janice Ciavaglia

This is **Exhibit "A"** to the affidavit
of Janice Ciavaglia, affirmed
before me on this 6th day of September, 2022

A Commissioner for taking Affidavits etc.
Adam Williamson
LSO# 62751G

AFN EXECUTIVE COMMITTEE TELECONFERENCE
January 15, 2020

Draft Record of Decisions

Participants:
National Chief Perry Bellegarde
Regional Chief Kevin Hart, MB
Regional Chief Bobby Cameron, SK
Regional Chief RoseAnne Archibald, ON
Regional Chief Norman Yakeleya, NT
Regional Chief Terry Teegee, BC
Regional Chief Kluane Adamek, YT
Regional Chief Ghislain Picard, QC
Interim Regional Chief Andrea Paul, NS/NL
Rosalie LaBillois, Youth Council

AFN Staff:
Jon Thompson, A/CEO
Alex Freedman
Stuart Wuttke
Julie McGregor
Don Kelly
Joyce McDougall

Observers:
Arturo Calvo
Chief Leroy Denny

Motion #2:

The Executive Committee directs the AFN Secretariat to file a class action claim in the Federal Court of Canada regarding child welfare discrimination from 1991 to the present day, and the denial or delay in receiving essential services under Jordan's Principle. The AFN shall uphold the integrity of the compensation order issued by the Canadian Human Rights Tribunal in the class action process and incorporate those individuals from 1991 to 2006 into the base amount of $40,000 for compensation. The Executive Committee directs the class action not focus solely on compensation, but broader reforms to the federal government's First Nation Child and Family Services program and Jordan's Principle.

Prior to filing the class action, the AFN shall advise the Moushoom group regarding the filing of AFN's class action as a courtesy. The AFN shall also seek the written assurance from the federal government that the AFN class action will be certified.

Moved by: Regional Chief Kevin Hart, MB
Seconded by: Regional Chief Norman Yakeleya, NT
Motion carried.

This is **Exhibit "B"** to the affidavit
of Janice Ciavaglia, affirmed
before me on this 6th day of September, 2022

A Commissioner for taking Affidavits etc.
Adam Williamson
LSO# 62751G

ASSEMBLY OF SEVEN GENERATIONS

CHILDREN BACK, LAND BACK:
A Follow-Up Report of First Nations Youth In Care Advisors

Gabrielle Fayant and Ashley Dawn Bach

December 2021

WE WANT TO GIVE THE BIGGEST THANK YOU to all survivors who took time out of their days to share with us their stories and guidance in our survey and/or focus groups. It is not easy to share these stories and many survivors have not been able to share their stories yet. We hope that this report and the work of survivors and allies of children and youth in/from care will bring us closer to a day where child welfare is no longer a reminder of trauma or violence. Your commitment to see accountability and justice will not be in vain.

We also want to give a big thank you to Cindy Blackstock and the Caring Society for their years of advocacy and determination to see justice for all Indigenous children and youth. A special thank you to Brittany Mathews who worked tirelessly on many reports throughout the years so that children and youth voices could be honoured. As well, we greatly appreciate Youth in Care Canada for promoting our focus groups and survey.

We want to thank the youth from A7G who supported the development of this report through note-taking and facilitation. Thank you Harmony Eshkawkogan, Jordyn Hendricks, Cedar Iahtail and Stephanie Regimbal. And a special thank you to Kakeka Thundersky for facilitating both focus groups and offering guidance from her lived experience to ensure the focus groups were done in a good way.

Thank you to knowledge keepers Elaine Kicknosway and Harry Snowboy who supported us through the process through ceremony, kindness and encouragement.

From Ashley Dawn Bach and Gabrielle Fayant

TRIGGER WARNING – Violence, Death, Suicide, Genocide, MMIWG2S+, Residential Schools, Child Welfare, Abuse, Racism

Before beginning to read this report, we want to warn readers that the information may be difficult and challenging to read and accept, especially for Indigenous folks who have been directly impacted by Child Welfare, Residential Schools and/or the Crisis of Missing and Murdered Indigenous Women, Girls and Two-Spirit People.

This report is not necessarily a read for Indigenous peoples, as we know first-hand that our experiences with colonization and Canada have been violent and devastating. We want to acknowledge that once again we have to create reports in order to prove to Canada that the mistreatment and violence that Indigenous peoples have experienced is real and can no longer be ignored.

PLEASE NOTE THE FOLLOWING RESOURCES IF YOU ARE FEELING TRIGGERED OR NEED SUPPORTS:

Kids Help Phone (toll free): **1-800-668-6868** | **kidshelpphone.ca**
Residential School Survivor Support Line: **1-866-925-4419**
NAN Hope Line: **1-844-626-4673** | **nanhope.ca**
Hope For Wellness: **1-855-242-3310** | **hopeforwellness.ca**

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Glossary

Accountability: the fact or condition of being accountable; responsibility.

CHRT Decision: The Canadian Human Rights Tribunal (CHRT) has a statutory mandate to apply the *Canadian Human Rights Act*[1] (CHRA) based on the evidence presented and on the case law.

Created by Parliament in 1977, the Tribunal legally decides whether a person or organization has engaged in a discriminatory practice under the *Act*. The purpose of the CHRA is to protect individuals from discrimination. It states that all Canadians have the right to equality, equal opportunity, fair treatment, and an environment free of discrimination.

The CHRT applies these principles to cases that are referred to it by the Canadian Human Rights Commission (CHRC). The Tribunal is similar to a court of law but is less formal and only hears cases relating to discrimination.[2]

A CHRT decision is made by the Tribunal after a case which determines whether or not a person or organization is engaging in discriminatory practice. The CHRT has since issued 21 non-compliance and procedural orders since the landmark ruling in 2016.

Compensation: something, typically money, awarded to someone as a recompense for loss, injury, or suffering.

Discrimination: the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.

Disparity Index: An index of the disparities between First Nations children and youth in care an non-First Nations. The index shows the great difference between the two groups and other groups.

First Nation Child and Family Services: According to Indigenous Services Canada (ISC), "ISC provides funding to First Nations child and family services agencies, which are established, managed and controlled by First Nations and delegated by provincial authorities to provide prevention and protection services. In areas where these agencies do not exist, ISC funds services provided by the provinces and Yukon but does not deliver child and family services. These services are provided in accordance with the legislation and standards of the province or territory of residence. As of January 1, 2020, service providers delivering child and family services to Indigenous children must comply with the

1 https://laws-lois.justice.gc.ca/eng/acts/h-6/FullText.html
2 https://www.chrt-tcdp.gc.ca/index-en.html

national principles and minimum standards set in *An Act respecting First Nations, Inuit and Métis children, youth and families*."[3]

In other words, a federally funded program where First Nations agencies receive funding from the Canadian government for service delivery to on reserve children and families. First Nations agencies must follow provincial/territorial child welfare laws.[4]

Jargon: special words or expressions that are used by a particular profession or group and are difficult for others to understand.

Jurisdictional Disputes: Jurisdiction is the legal term for the authority granted to a legal entity to enact justice. In the case of Jordan River Anderson, the province of Manitoba and Canada disputed over who was legally and authoritatively responsible to pay for his medical care.

Metis Settlements: Metis Settlements are land-based Metis communities in Alberta that extend across 1.25 million acres and make up eight communities (Buffalo Lake, East Prairie, Elizabeth, Fishing Lake, Gift Lake, Kikino, Paddle Prairie and Peavine). These eight settlements form a constitutionally protected Métis land base in Canada that are self-governed by the Metis Settlements General Council (MSGC). Learn more at msgc.ca.

3 https://www.sac-isc.gc.ca/eng/1100100035204/1533307858805

4 https://fncaringsociety.com/publications/models-first-nations-child-family-service-delivery-canada-info-sheet

Background

This report is coming at a very important time in Canadian history and for the justice of First Nations youth that have experienced child welfare. This report is a follow-up to the *Justice, Equity and Culture: The First-Ever YICC Gathering of First Nations Youth Advisors* report. This report will clearly state solutions and recommendations from First Nations children and youth themselves because who else would know the problems and solutions better than those that have experienced child welfare first-hand.

The first gathering of First Nations Youth in Care Advisors produced several recommendations, including developing a collective of advisors. Further gatherings, continuing communication between Indigenous youth advisors and sharing opportunities is essential to support the development of a collective of First Nations Youth in Care Advisors. Furthermore, the ongoing discussions and negotiations around the Canadian Human Rights Tribunal (CHRT) orders among the Assembly of First Nations (AFN), the First Nations Child & Family Caring Society (Caring Society), Chiefs of Ontario, Nishnawbe Aski Nation, and the federal government make this second gathering of First Nations Youth in Care Advisors even more relevant and timely. It is imperative voices of First Nations youth in/from care are amplified and brought to these discussions and negotiations which will intimately affect their lives.

The full list of recommendations from the *Justice, Equity and Culture: The First-Ever YICC Gathering of First Nations Youth Advisors* report is listed below.

Recommendations for Compensation and Future Settlements

Most of the Youth Advisors said that they did not want to form an uneducated or rushed position on the 2019 CHRT 39 compensation, noting that Canada and the Crown have rushed or imposed major decisions on Indigenous Peoples throughout colonial history. Examples include treaty-making, the scrip system, the *Indian Act*, etc. Instead, Indigenous ways of decision making, consensus-building and holistic approaches should be applied this time.

The Youth Advisors want more time to learn about the 2019 CHRT 39 decision. They have much lived experience from being in care but little experience or knowledge of individual compensation settlements and how trusts or foundations could be utilized. Their lived experiences led the Youth Advisors to make the following recommendations:

1. There must be safety around compensation.
    a. Healing circles, sweat lodge ceremonies, support for counselling or therapy, etc.

2. There must be mental health supports and navigational assistance to help youth apply for compensation.
    a. Talking to lawyers and government employees can be very triggering for First Nations youth; therefore, having support to apply and fill out forms is essential.
    b. Getting access to files and birth certificates, for example, can be very challenging and trigger stressful emotions.
    c. Along with navigational support, youth also need mental health supports to help with their experiences and challenges.
3. There must be continued support after compensation.
    a. For example, at least one year of counselling or therapy must be covered. Indigenous Services Canada's Non-Insured Health Benefits coverage is limited and some First Nation youth do not have government-recognized status or access to their status cards.
4. There must be restitution for children and youth who have died while in care or due to their experiences in the child welfare system.
    a. Compensation should to go to parents, grandparents or a trust fund.
5. Financial training for youth receiving compensation should be offered.
    a. Youth Advisors said this shouldn't be mandatory but rather an option for individuals receiving compensation.
    b. Recipients should be offered awareness training about predatory banks and financial institutions, like those that swindled compensation from residential school survivors.

Next Steps

This was the first national level gathering of its kind for First Nations youth in and from care. The Youth Advisors said they want to continue to have the time and space they need to discuss important and pressing issues, including the following.

1. Become a collective of First Nation Youth Advisors in and from care
    a. share best practices
    b. share updates
    c. continue advocating for reform
    d. host more policy round tables across the country
    e. advise on court rulings, contribute to policy development, share testimonies, etc.
2. Continue to meet about compensation and settlements
    a. learn more about options such as trusts, individual pay-outs, hybrid approaches, etc.
    b. keep learning about trust funds, scholarships, pooling compensation, etc.
    c. learn about best practices regarding settlements from other Indigenous communities

The entire report can be found at https://www.a7g.ca/uploads/9/9/9/1/99918202/38228_chrt_compensation_report_v5_final.pdf.

Doing a follow-up gathering with First Nations youth in/from care was also important because of the grave disparities in overrepresentation of First Nations youth in the child welfare system. Overall, ISC reported from 2016 Canadian census data that 52.2 percent of children in foster care under the age of 14 are Indigenous.[5] As shown in Table 1 by Sinha et al. (2011), in most Canadian provinces Indigenous (Aboriginal) children are substantially over represented in the child welfare system compared to non-Indigenous (non-Aboriginal) children. Manitoba has the greatest disparity, with Indigenous (Aboriginal) children experiencing placements at 19 times the rate of non-Indigenous (non-Aboriginal) children.

TABLE 1: Disparity in representation of Aboriginal non-Aboriginal children in care for Canadian provinces*,**

	% of Children in Care		% of Total Child Population[h]		Disparity in Representation of Aboriginal and Non-Aboriginal Children in Care
Provision of Ongoing Services	Aboriginal Children	Non-Aboriginal Children	Aboriginal Children	Non-Aboriginal Children	
British Columbia[a]	52%	48%	8%	92%	12.5
Alberta[b]	59%	41%	9%	91%	14.6
Saskatchewan[c]	80%	20%	25%	75%	12.0
Manitoba[d]	85%	15%	23%	77%	19.0
Ontario[e]	21%	79%	3%	97%	8.6
Quebec[f]	10%	90%	2%	98%	5.4
Nova Scotia[g]	16%	84%	6%	94%	3.0

* Data for New Brunswick and for Canadian territories were not publicly available.

** Data in this table reflect definitions and data collection protocols which differ by province. (For example, data from some provinces may include children in the care of relatives.) The data demonstrate overrepresentation of First Nations children within jurisdictions, but data for different provinces are not directly comparable.

Based on data from: [a]British Columbia Ministry of Children and Family Development, 2009; [b]Alberta Children and Youth Services, 2009; [c]Saskatchewan Ministry of Social Services, 2008; [d]Manitoba Family Services and Housing, 2007; [e]Ontario Ministry of Children and Youth Services, 2010; [f]Breton, 2011; [g]Mulcahy and Trocmé, 2009; [h]Statistics Canada, 2008

Source: Sinha et al. (2011). *Kiskisik Awasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System.* Ontario: Assembly of First Nations. https://cwrp.ca/publications/kiskisik-awasisak-remember-children-understanding-overrepresentation-first-nations

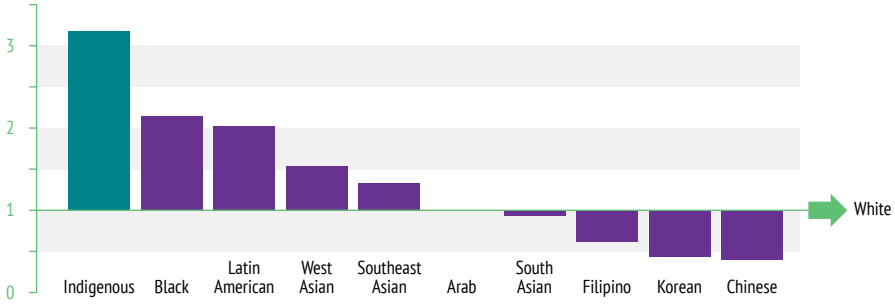
Youth and children in and from care deserve to have a voice and deserve to be heard. The CHRT found that the federal funding formulas for the First Nations Child and Family Services Program incentivized the removal of First Nations children from their families and communities "as a first resort rather than as a last resort."[6] It was in this landmark ruling that the CHRT found that Canada is discriminating against First Nations children and young people due to its inequitable child welfare funding and failure to properly implement Jordan's Principle.

5 https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851

6 2016 CHRT 2, para. 344. https://fncaringsociety.com/publications/2016-chrt-2-2016-tcdp-2

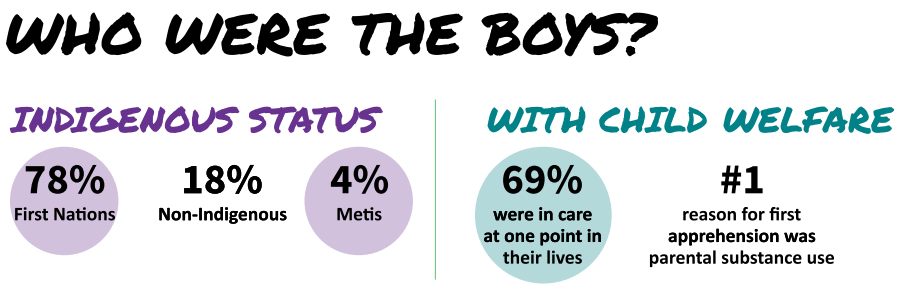
The following graph illustrates the disparity of Indigenous children in child welfare in Canada.

FIGURE 1. **CIS 2019 Findings – Disparity Index by Ethno-racial Category for Investigated Children (0–15 years) in Canada in 2019**



Source: Fallon et al. (2021). *Denouncing the continued overrepresentation of First Nations children in Canadian child welfare: Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect-2019.* [PowerPoint slides].

This longstanding discrimination and failure to redress the legacy of the residential school system has led to an overrepresentation of First Nations youth being placed into the child welfare system. These young people are also experiencing severe mistreatment and abuse even leading to death. In Manitoba, a special report was conducted by the Manitoba Advocate for Children and Youth to investigate the deaths and suicides of 45 boys. The investigation found that 82 percent of the boys were either First Nations or Metis and 69 percent of the boys were in care at one point in their lives. This data does not include information about deaths and suicides Canada-wide and it does not show the experience of girls or gender-diverse children but it demonstrates the fact that Indigenous children and youth in care are in dire need of systemic changes and long-term efforts to support their well-being.



Adapted from: Manitoba Advocate for Children and Youth. (2021). *Finding the Way Back: An aggregate investigation of 45 boys who died by suicide or homicide in Manitoba.* Winnipeg, MB. https://manitobaadvocate.ca/wp-content/uploads/MACY-Special-Report-Finding-the-Way-Back.pdf

It is not understated to say that amplifying First Nations youth voices in and from care and committing to the changes they need is a matter of life and death.

Overview of Child Welfare

Canada's child welfare system is multifaceted and takes different approaches based on First Nations status, residency on-reserve, and residency in each province and territory. Each province and territory has their own Child and Family Services Act. In 2019, *An Act respecting First Nations, Inuit and Métis children, youth and families* was passed at the federal level, which affirms First Nation, Inuit, and Metis rights to care for their children and sets out principles for Indigenous child and family services provision. Implementation of the Act began in 2020.[7]

Most survey respondents and focus group attendees were from Ontario and British Columbia so a short overview of each of these systems is presented here. The Institute for Fiscal and Social Democracy (IFSD) has described child welfare systems for children living off-reserve, with the exception of Ontario, Manitoba, and Quebec, as "decentralized, with responsibility falling under provincial and territorial jurisdictions" (2018).[8] In Ontario, child welfare services are delivered by Children's Aid Societies (CASes) which are provincially licensed and receive transfer payments from the Ontario government. There are also Indigenous child and family well-being agencies in Ontario. In British Columbia, the Ministry for Children and Family Development (MCFD) provides child welfare services and recognizes "Aboriginal child welfare agencies" across the province, many of which fall under the First Nations Child and Family Services (FNCFS) program.

For First Nations children on-reserve and in the Yukon, Indigenous Services Canada (ISC) provides funding for FNCFS. However, ISC does not actually deliver these services. Instead, these services are delegated by provincial authorities and delivered by FNCFS agencies. If there are no FNCFS agencies in a region, ISC will provide funding to the province and/or the Yukon for them to provide those services.

7 https://www.canada.ca/en/indigenous-services-canada/news/2019/06/an-act-respecting-first-nations-inuit-and-metis-children-youth-and-families-has-received-royal-assent.html

8 http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf

Overview of Jordan's Principle

In 1999, Jordan River Anderson was born in Winnipeg, Manitoba. He was originally from Norway House Cree Nation, a northern First Nation that does not have access to comprehensive medical supports and services. Jordan was born with complex medical needs so continued to live in the hospital. At the age of two, Jordan's doctors said he could live in a specialized medical foster home in Winnipeg. Unfortunately, the province of Manitoba and the federal government (Canada) argued over who would pay for his home care. He passed away at the age of five while still living in the hospital. Jordan's Principle was established in 2007 in response to this tragedy. Jordan's Principle is a child-first principle to ensure First Nations children get the services they need when they need them. Functionally, this means that the government which is first contacted will cover the costs of services and Canada, the Provinces, and Territories can sort out their "jurisdictional disputes" later.

What is Happening Now

The Caring Society and AFN filed a complaint against Canada for discriminating against First Nations children living on reserve and in the Yukon with the Canadian Human Rights Tribunal (CHRT) in 2007. In 2016, the CHRT found that First Nations children and families on reserve and in the Yukon are being unnecessarily removed from their homes, families, and communities because of this discrimination. Further, the CHRT found that Canada is discriminating against First Nations children by not implementing Jordan's Principle. The CHRT has since issued 21 non-compliance and procedural orders since the landmark ruling in 2016.

In September of 2019, the CHRT ruled that First Nations children and their parents or grandparents should receive compensation of $40,000 for the discrimination they experienced from Canada with regards to First Nations child and family services and Jordan's

"Doing everything could result in economic payback. Investments in wellness, prevention and least disruptive measures (LDM) would pay for themselves within 28 years. This economic payback is in child welfare terms only and does not account for the significant benefits that would result from having healthy children grow into healthy and independent adults who would be less likely to access the services of justice, health, drug and alcohol, mental health and unemployment Insurance."

—Wen:De: The Journey Continues[9]

9 https://fncaringsociety.com/publications/wende-journey-continues-wen-de-nous-poursuivons-notre-route

Principle. Just after that compensation ruling, the very first Gathering of First Nations Youth in Care Advisors took place. Canada then filed a judicial review (like an appeal) of this compensation ruling to the Federal Court. That appeal was set aside by the Federal Court on September 29, 2021. On October 29, 2021, the Federal government again filed a judicial review of the Federal Court's decision to set aside their appeal.

After filing the judicial review, Canada requested, and the Parties agreed, to pause legal proceedings for a very short time to allow for focused and intense negotiations to try and reach an agreement to end the Federal government's discrimination and prevent its recurrence in the provision of child and family services and Jordan's Principle, including compensation. Feedback from the youth advisors has been synthesized into recommendations that will be shared with the government and all parties who are negotiating.

Methodology

The following report and findings were collected using several methods including focus groups, surveys and literature review of existing reports on child welfare.

Two focus groups were held during the month of November 2021. First Nations Youth Advisors from the first YICC Gathering of First Nations Youth Advisors were invited to participate in focus groups. Youth were also invited to respond to a public call for participants. A national survey was sent out among multiple social media platforms. Over the course of three weeks, the focus groups and survey heard from over 100 respondents.

Information for this report was also collected by honouring the multiple existing reports and findings from First Nation youth in and from care and their advocates. These reports include:

- *Justice, Equity and Culture: The First-Ever YICC Gathering of First Nations Youth Advisors* (YICC, 2019);
- *Accountability in Our Lifetime: A Call to Honour the Rights of Indigenous Children and Youth* (A7G, 2021);
- *Indigenous Youth Voices Report: A Way Forward in Conducting Research With and By Indigenous Youth* (Indigenous Youth Voices, 2019);
- *A Roadmap to the Truth and Reconciliation Commission Call to Action #66* (Indigenous Youth Voices, 2018);
- *Finding the Way Back: An aggregate investigation of 45 boys who died by suicide or homicide in Manitoba* (Manitoba Advocate for Children and Youth, 2021);
- *Denouncing the Continued Overrepresentation of First Nations Children in Canadian Child Welfare* (First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect, 2019);
- *The National Household Survey* (NHS-2011);
- *Wen: De: The Journey Continues* (First Nations Child & Family Caring Society of Canada, 2005);
- *An Act respecting First Nations, Inuit and Métis children, youth and families* (Canada, 2019).

Ethical Research Engagement with Indigenous Youth: Seven Requirements

From the Indigenous Youth Voices Report, *A Way Forward in Conducting Research With and By Indigenous Youth*

Indigenous Youth Voices Research Team: Gabrielle Fayant, Michif; Brittany Mathews, Michif; Carrington Christmas, Mi'kmaw; Erin Donnelly, Haida; Andrea Auger, Ojibwe

In partnership with the First Nations Child & Family Caring Society, Indigenous Youth Voices conducted community-based research and released a report on the topic of conducting research with and for Indigenous youth. The final report, *A Way Forward in Conducting Research With and By Indigenous Youth*, offers a path towards rethinking and reshaping research that is meaningful, respectful and inclusive of Indigenous youth. This factsheet summarizes seven requirements for conducting ethical research with Indigenous youth.

"When done in a respectful and meaningful way, research has the potential to uplift Indigenous youth and can be used for the betterment of communities."

1. Accessibility

CONTENT: Research must be accessible, from the initial stages of the project to the dissemination of results. Research needs to be developed and delivered in language that is accessible for Indigenous youth. This includes Indigenous languages and language that is not simply written in academic terms.

SUGGESTIONS
→ Create a plain language glossary of terms
→ Work with youth to create relevant messaging and content using mediums that resonate with them

PARTICIPATION: Researchers have a responsibility to work with Indigenous youth to identify and overcome barriers that prevent meaningful youth participation. Some of these barriers include transportation, child care, and fair compensation for the time and energy Indigenous youth spend.

SUGGESTION
→ Ensure that research proposals include a youth participation budget for food, transportation, honoraria/pay etc.

This factsheet was created in partnership with IYV as part of Yellowhead Institute's 2020 Call for Collaboration

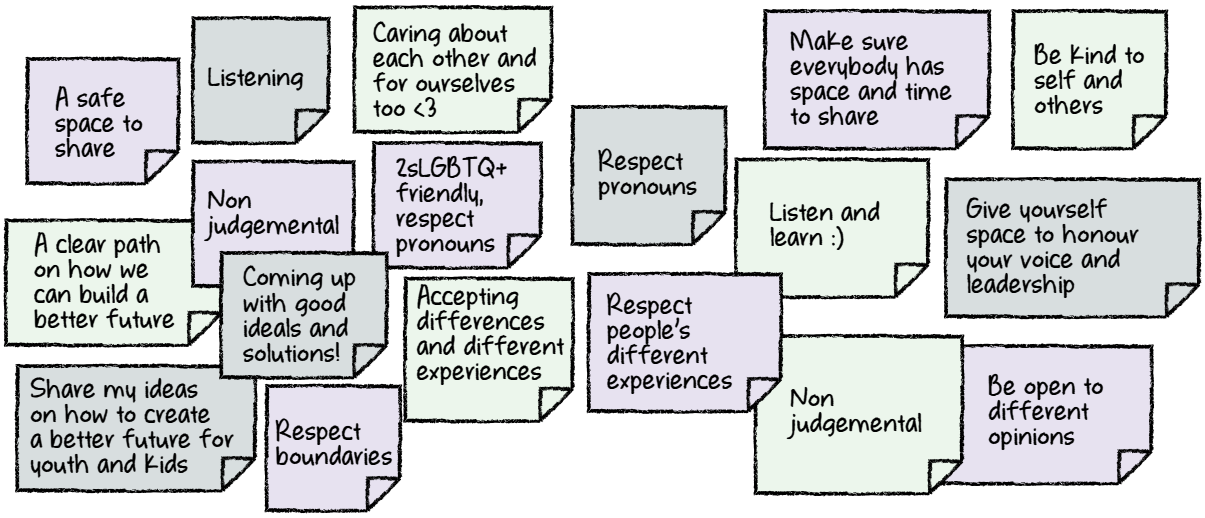
www.yellowheadinstitute.org | @Yellowhead_

Yellowhead Institute

This report and research followed A7G's Ethical Research Engagement Requirements.[10]

10 https://yellowheadinstitute.org/resources/ethical-research-engagement-with-indigenous-youth-seven-requirements

Youth who participated in the focus groups also led the discussions and expectations of the research, further ensuring that data was collected for this report in an ethical way. Some of the group accountability and ethics for this report are identified as the following:



Source: Participant survey.

The survey questions were developed and reviewed by Indigenous youth. Throughout the survey, background information and definitions of words such as "discrimination," "ethical," and "Jordan's Principle" were provided.

The survey began by asking demographic questions in the "Tell Us About Yourself" section, for example whether the respondent identified as First Nations, Inuit, or Metis, if they were from a remote or fly-in community, and the province or territory they were in care in. The survey then moved into the "Ending Discrimination" section, which provided a number of mostly open-ended questions asking if youth had experienced impacts of discriminatory underfunding, what was needed to end and prevent such discrimination, and what youth personally wanted or needed to address the impacts of discriminatory underfunding.

Finally, a section on the "Experiences and Needs of Youth in/from Care" asked youth how they felt about cultural safety while in care, developing or maintaining community connections while in care, and experiences transitioning from care into adulthood. Some of the questions in this section, for example about the role of a potential foundation and mechanisms for accountability, were also intended as follow up to the previous Gathering of First Nations Youth in Care Advisors. At the end of the survey, respondents were given the option to leave their contact information to receive a small honorarium.

Limitations

While this research is a step in the right direction, there was not enough time or capacity to fully hear from youth in and from care that may be experiencing homelessness, vicarious living conditions, lack of access to Wi-Fi or internet or living in remote or rural communities. Folks that needed accessibility accommodations and/or language interpretation were also not able to participate in this research as much as we would have liked.

Youth that we spoke with also reminded us that they have to be a part of the decision making and for many, that means having information written and worded in a way that is accessible. This looks like limiting legal jargon from conversation with folks who have no legal background, avoiding acronyms and using closed captioning to name a few.

Lastly, COVID-19 continues to create a huge limitation by creating barriers from cultural ceremonies and safety to be honoured while having these conversations as well as the limitation of not being able to form closer bonds and relationships during our time together.

"Jargon is not revolutionary."

"I cant comment on this because I have no idea even how to"

—Participants

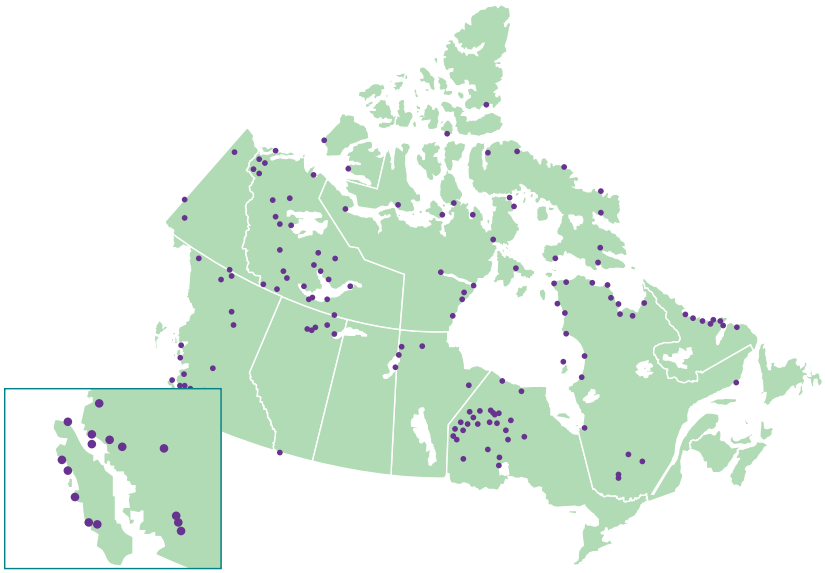
Who We Heard From

While this report was created with the mandate to hear from First Nations youth and children in and from care, we also left some room for Metis and Inuit to share their stories because we see Child Welfare Reform as an opportunity to improve the lives of all Indigenous youth. Of the survey respondents, 88 percent identified as First Nations and the majority of those stated they had First Nations status. Another 13 percent of respondents identified as Metis or Inuit. Two percent identified as non-Indigenous and were disqualified from the remaining questions. It is important to note that this total is greater than 100 percent because many Indigenous youth identify as First Nations/Metis or First Nations/Inuit. Forcing Indigenous peoples to fall into only one part of Section 35 of the Canadian Constitution can further isolate an Indigenous youth or child.

> "According to Census 2016, Indigenous children represent 52.2% of children in foster care in private homes in Canada, despite accounting for only 7.7% of the overall population of children under 15.
>
> *—Bill C-92: An Act respecting First Nations, Inuit and Métis children, youth and families receives Royal Assent – News Release*[11]

Of the survey respondents, 86 percent were under the age of 30 (0–29 years old) and 14 percent were over 30 years old. While it is important to hear from children and youth currently living in and from care it is also important to acknowledge the long term impacts of child welfare. Further, youth in their 20s may still be interacting with the child welfare system, though not necessarily in a foster home or group home, depending on their province or territory as well as the children's aid society they were under the care of.

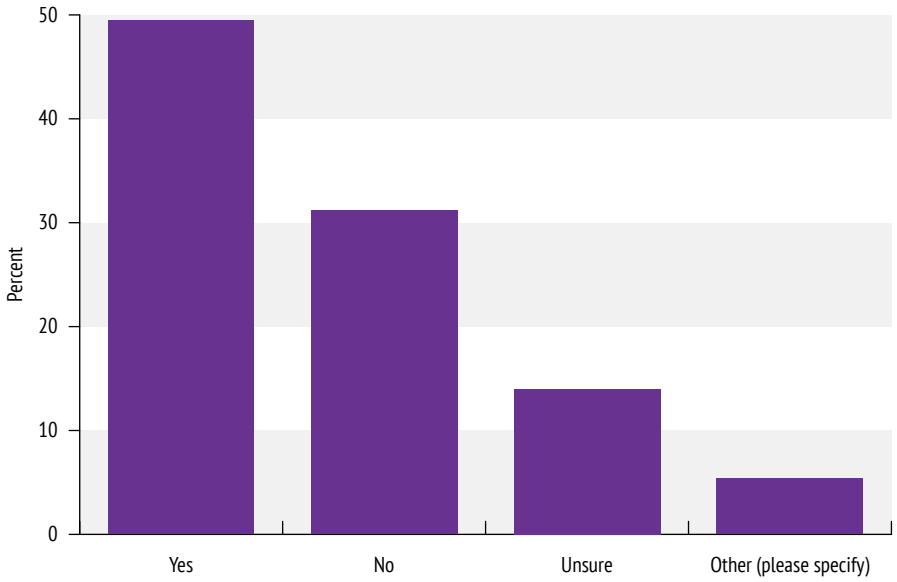
FIGURE 2. Map showing remote and fly-in communities across Canada



Source: https://www.researchgate.net/figure/Remote-aboriginal-communities-in-Canada-a-Weis-Maissan-2007-power-generation_fig5_252326166

11 https://www.canada.ca/en/indigenous-services-canada/news/2019/06/an-act-respecting-first-nations-inuit-and-metis-children-youth-and-families-receives-royal-assent.html

FIGURE 3. **Is your community fly-in or do you consider it remote?**



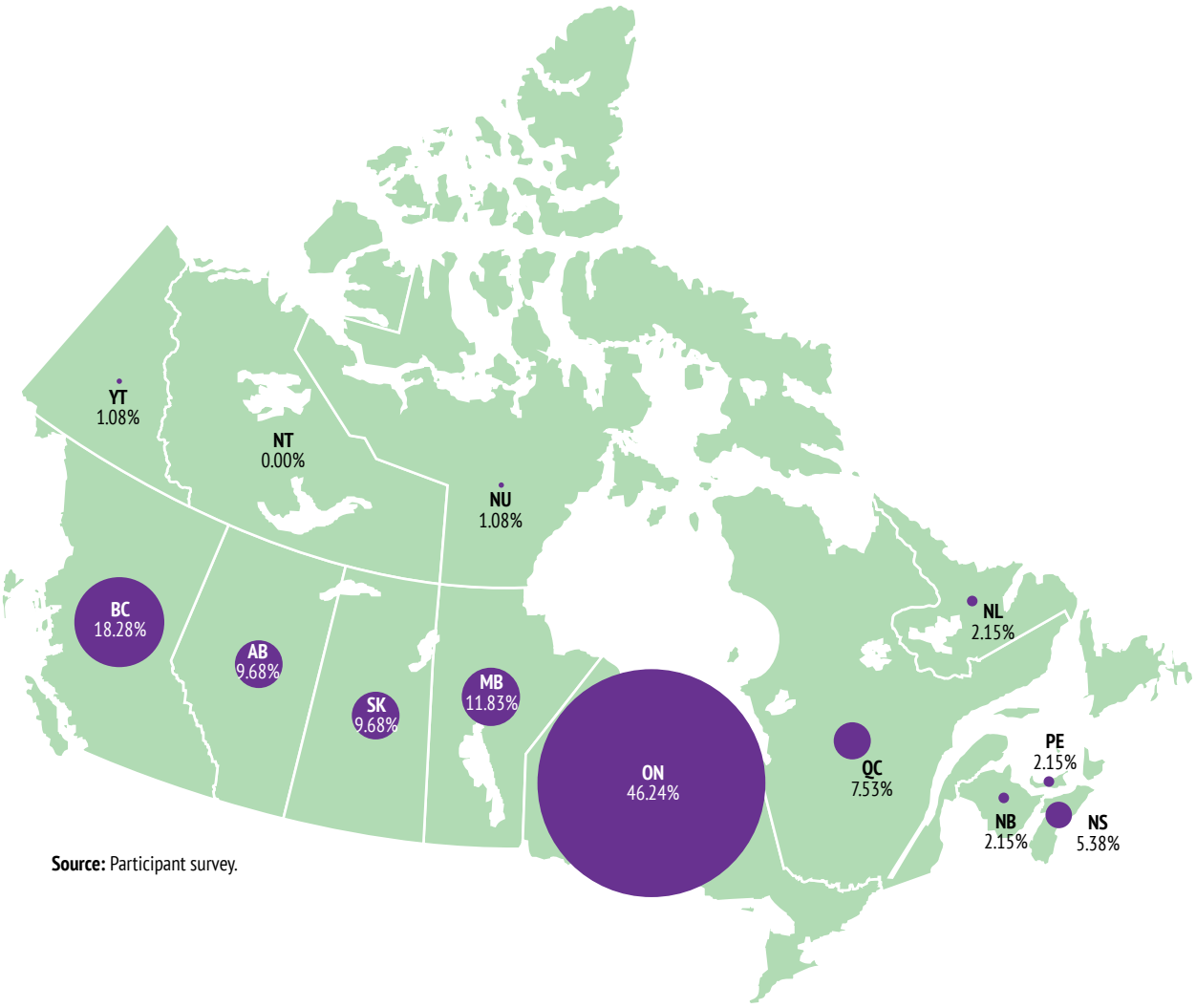
Source: Participant survey.

Though a definition of remoteness is not universally agreed upon, a First Nation that is not accessible by all-season roads is often considered to be remote or fly-in. Communities that are remote or fly-in tend to face unique challenges and needs on top of the existing inequalities and inequities most First Nations face. Figure 2 identifies 160 remote communities across Canada which were considered to be under the mandate of the former Indian and Northern Affairs Canada (INAC) department in 2005. These include First Nations reserves and communities as well as Inuit communities and certain other Northern communities. Half of respondents (50 percent) considered their community to be a fly-in or remote community. Thirty-one percent said their communities were not remote or fly-in and another 14 percent were unsure. Six percent responded to the "other" category and their answers included being from a rural community or that they have lived in the city but never on-reserve.

The survey received responses from across the country. Forty-six percent of respondents were from Ontario, which indicates Ontario is over-represented in the survey. This over-representation may come from the authors' location and community connections in Ontario. On the other hand, only 12 percent of respondents were from Manitoba despite the largest number of First Nations foster children living in that province. Another 18 percent of respondents were from British Columbia, 9.68 percent from Alberta, and 10 percent from Saskatchewan. Only 8 percent of respondents were from Quebec, which may reflect the survey being only available in English. Respondents from Nova Scotia were represented the most out of the Maritimes at 6 percent while New Brunswick, Prince Edward Island (PEI), and Newfoundland and Labrador each

represented 2 percent of the respondents. Lastly, 1 percent of respondents were from the Yukon and Nunavut each.

FIGURE 4. What Province or Territory were you in care in?



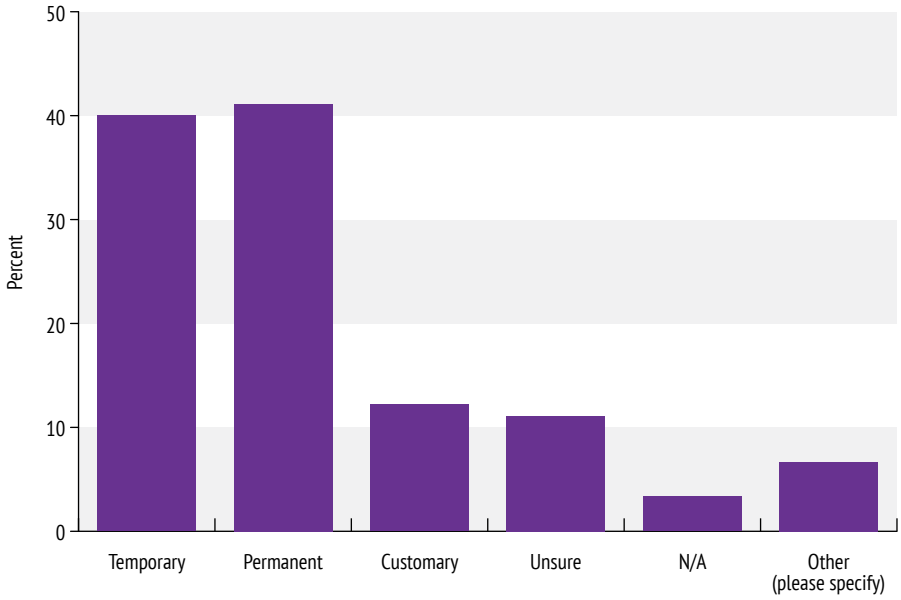
Source: Participant survey.

Location of residence has implications for children who are apprehended into the child welfare system. Indigenous Services Canada's (ISC) First Nations Child and Family Services (FNCFS) program applies to First Nations children and youth whose parents or guardians are ordinarily resident on-reserve or in the Yukon. Further, each province and territory has their own child and family services act which may impact Indigenous child and family services provision, including delegation of First Nation or Aboriginal agencies or children's aid societies (CAS). Forty-two percent of respondents indicated being born or raised on a First Nations reserve and 9 percent in the Yukon.

Fourteen percent of respondents said they were raised on a Metis Settlement, an amount that is higher than the percent of respondents who indicated they were Metis. This may be because respondents who grew up on a Metis Settlement identified as First Nations and/or First Nations and Metis or respondents were confused about what a Metis Settlement was.

Thirty percent of respondents said they weren't raised on reserve, in the Yukon, or on a Metis Settlement and 3 percent were unsure. Another 3 percent selected "other" and elaborated that they live in the city.

FIGURE 5. What type of care agreement were you or are you under?



Source: Participant survey.

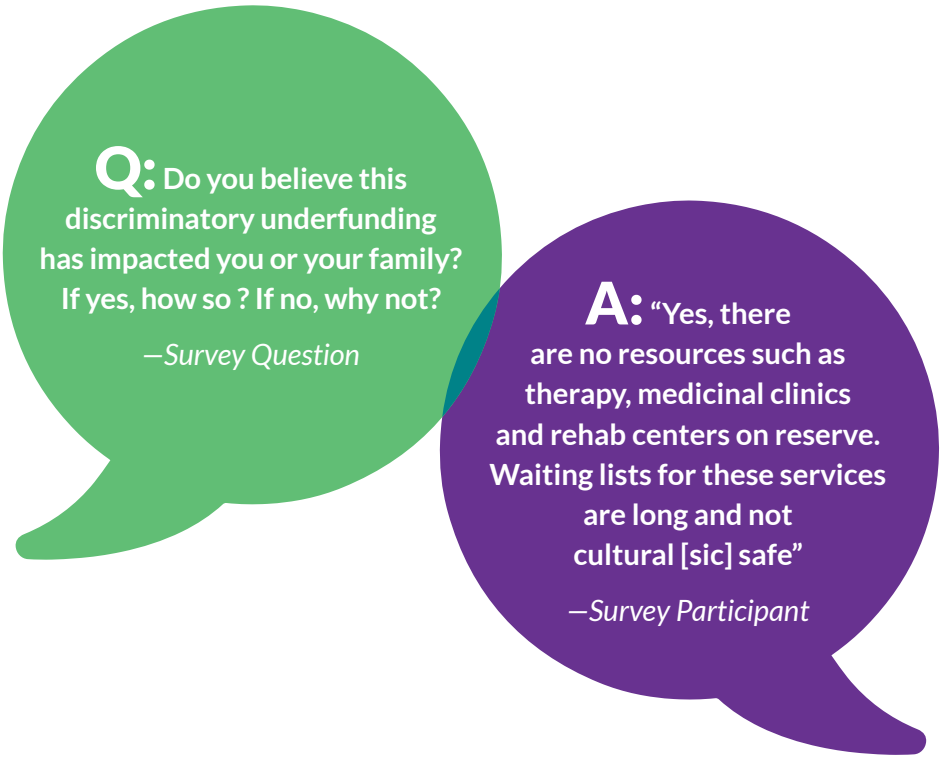
Youth can experience multiple types of care agreements. For example, many youth are placed in temporary care when they are apprehended before moving to a permanent care agreement.

The most common types of care agreements experienced by respondents were temporary, with 40 percent of respondents experiencing this, and permanent, with 41 percent of respondents experiencing this. Twelve percent of respondents indicated being in customary care. Customary care means the care of an Indigenous according to the customs and traditions of their community, by someone other than their parents. Further, 11 percent of respondents were unsure what sort of care agreements they were/are under, 7 percent listed another sort of care agreement, including being a crown ward and being adopted, and 3 percent responded this was not applicable to them.

What We Heard

Indigenous youth in and from care that participated in the focus groups and survey told us about major concerns they experienced stemming from their experiences in child welfare. The main themes can be categorized in the following: Systemic Discrimination and Racism, Proper and Ethical Implementation of Solutions and First Nations Youth In and From Care are the Experts.

Systemic Discrimination and Racism



When speaking to respondents in the survey and in focus groups, there was an overwhelming number of participants that spoke to the need for proper services for Indigenous youth and children. The systemic racism that has constantly underfunded First Nations youth and children within child welfare contributes to the high rates of incarceration, mental health concerns and high rates of death in First Nations families and communities. If funded equitably from the beginning, many traumas could be prevented and avoided.

The cost of doing nothing: "the choice is to either invest now and save later or save now and pay up to six to seven times more later."[12]

—Wen:de: The Journey Continues

From the survey, 70 percent of respondents said that believed that discriminatory underfunding impacted them or their family, 17 percent were unsure or could not answer and 10 percent said the non-Indigenous families they were placed into had enough resources but some of these respondents also mentioned not knowing anything about their Indigenous identity while living in these homes.

In addition, respondents from the survey and participants in the focus groups also shared how underfunding impacted their childhood and adolescence as well as long-term impacts. These impacts included the following but are not limited to:

- Removal from birth, biological or blood family
- Lack of support for birth, biological or blood family – money instead flows to foster families. In this vein, there are minimal supports to be able to cover the cost of living
- Lack of resources for child and family services as well as related services which have a major impact on child and family well-being, for example health clinics, therapy, and rehab centers on reserve.
- Youth believe underfunding caused them to be shifted from temporary to permanent wards of the state and even resulted in being adopted to non-Indigenous families
- Attending services and placements not culturally safe therefore resulting in experiences of microaggressions and racism
- Struggling with addiction and mental health with no proper supports
- Experiencing homelessness and poverty especially after aging out of care
- Increased vulnerability of experiencing human trafficking
- Increased interaction with the criminal justice system (for the youth in care as well as their families)
- Lack of supports to succeed in school, resulting in high school dropouts and undiagnosed learning disabilities

When asked "What can Canada do to stop the discrimination in the system of First Nations child and family services?", 91 percent of folks that participating in the survey responded to this question and provided input on what they believed was necessary to stop discrimination in child welfare. The remaining 9 percent of respondents to this question said they were unsure what was needed. It is not responsibility of the survivor of the policies to create the solution but it is up to those in power to listen and accept the wrongdoing and make the systemic changes needed to improve the lives of these young people however it is very encouraging to see so many young people wanting to be involved in

12 https://fncaringsociety.com/publications/wende-journey-continues-wen-de-nous-poursuivons-notre-route

the solutions. Respondents most often suggested family-based solutions, with anti-racism and decolonizing training plus access to information and education following. Here is what they had to say:

- Family Based-Solutions:
  Youth strongly recommended that a family-based approach is fundamental for FNCFS. Instead of breaking up families, there must be support to keep families together as well as uphold more "traditional" social safety nets like aunties, uncles, and grandparents. For example, access to therapy, sufficient income assistance, legal support, reunification homes, transition homes, and more need to be provided in community and support youth with access to family. The option to remove children from their families should not be so readily available in the system. There needs to be support for First Nation community members to take in other First Nations children if their families are unable to.

- Anti-Racism and Decolonization Training:
  Anti-racism and decolonization training was another necessary recommendation from the youth who replied to this question. Everyone involved in the system, from foster parents to policymakers, need to learn about Indigenous history, attend anti-racism training and be actively anti-racist everyday, participate in decolonizing the system, and understand, uphold, and improve the laws and regulations against racial discrimination. The broader public also needs access to this sort of training so they can understand what's occurring too.

- Access to Information and Education:
  Several forms of information sharing and public education are necessary for all this to be achieved too. This includes ensuring information on child welfare is made publicly available, supporting research to access, compile, and interpret that information and data, raising general awareness of Indigenous issues, child welfare, racism, and disabilities, amongst other topics, providing Nation-sensitive cultural training for future child welfare professionals and caregivers, and community-level education to support families and holistic well-being.

"First and foremost, by ensuring that the future of the First Nations child and family Services Act is an anti-assimilation policy."

—Participant

Other ideas raised included: accountability, capital (like infrastructure and buildings), culture, equality and equity, First Nations rights, policies, and resources.

- Accountability mechanisms to address issues of discrimination and poor services, plus to ensure First Nations are included.
- Increased capital, including funding for buildings and other infrastructure.
- Incorporation of culture into design and provision of FNCFS, from both a worldview standpoint and ensuring youth have access to their cultures, territories, languages, and communities.
- Equal and equitable treatment for Indigenous youth in care plus respect for their rights
- Recognition of First Nations rights, sovereignty, treaties, and territories as well as support for First Nations to move to self-governance, take back their children, and protect their lands and reserves.
- Creation of, amendments to, reassessment of, and/or better implementation of policies including but not limited to strengthening and expanding laws against racial discrimination, reassessment of existing child and family services laws and policies, and incorporation of preventative measures.
- Improved and expanded resources, including service navigators, specialized workers, employment opportunities and a basic income, mental health support, access to foods, support kids who age out of care, support parents by implementing Jordan's Principle, increase on reserve funding, access to appropriate housing, creation of healthy healing environments for youth in care and their families, ensuring security for families and youth (social, economic, mental/addictions, physical, and housing), and overall listening to communities needs. All these resources need to be provided in a non-judgmental, non-discriminatory way.

Proper and Ethical Implementation of Solutions

In 2017, the federal government of Canada was forced to implement Jordan's Principle, here is an excerpt from the Government of Canada's website:

The CHRT issued a set of compliance orders on May 26, 2017 (2017 CHRT 14), later amended on November 2, 2017 (2017 CHRT 35), that Jordan's Principle is based on the following key principles:

- **applies to all First Nations children, on and off reserve**
- **ensures there are no gaps in government services**
- **government or department of first contact will pay without case conferencing or other similar administrative procedure before the recommended service is approved and funding is provided**
- **needs are evaluated on the basis of substantive equality, culturally appropriate services and to safeguard the best interests of the child**
- **a dispute among departments or government is not necessary**
- **provides services within a 12- to 48-hour timeframe and publicize funding**

However despite these promises, over half of the respondents we spoke to had never heard or accessed Jordan's Principle despite sharing many stories of having no access to mental health supports, cultural and basic needs. Jordan's Principle could be a lifeline for many First Nations children however it must be implemented properly and gaps in services must be remedied.

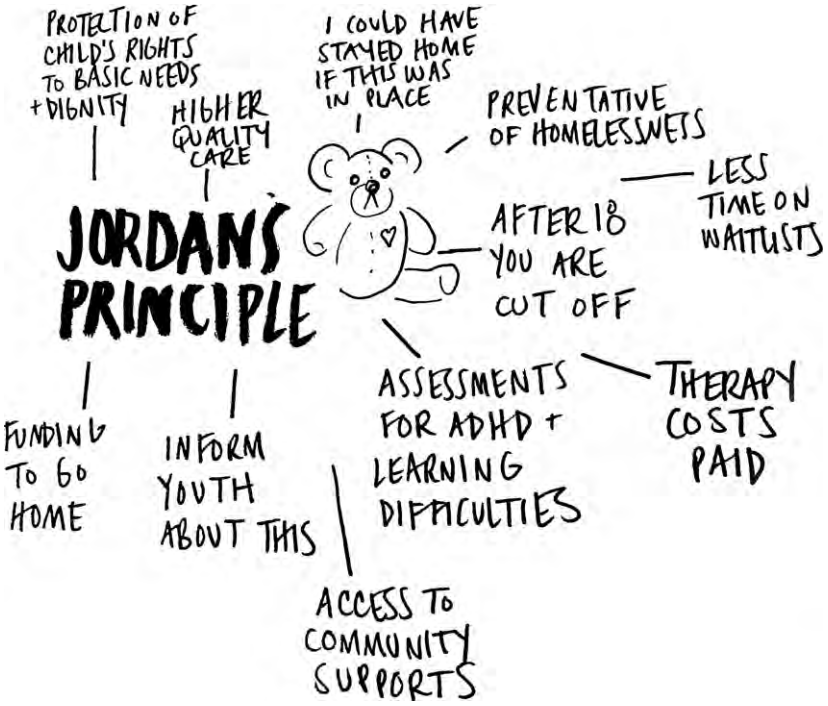
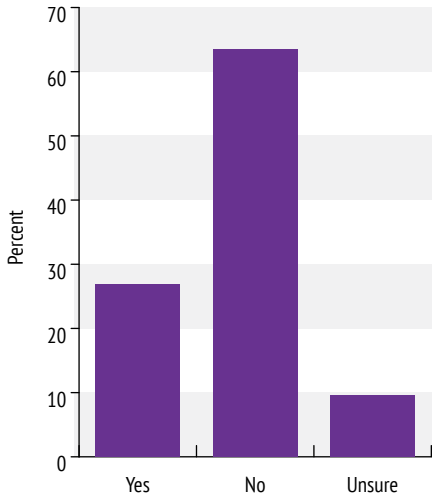


FIGURE 6. **Have you ever accessed Jordan's Principle?**



Source: Participant survey.

The following is a list of how Jordan's Principle can be better implemented. These solutions continue to echo solutions for Child Welfare Reform as well.

- Funding to go back home to visit
- Therapy costs paid
- Having assessments for learning difficulties and ADHD
- Continued access past 'aging out'
- Less time on waiting lists, quicker access to services
- Receiving higher quality services and resources
- Informing youth and youth workers about JP
- Protection of child's basic rights to dignity and basic needs
- Advocating for children's rights and needs
- Access to community (supports)
- A number they can call to talk to someone about their specific situation and if it can be helped
- Need to know what services and supports exist

An infographic created by Cindy Blackstock and the Caring Society highlighting the ongoing patterns perpetuating discrimination that harm Indigenous children experiencing Child Welfare and must be addressed:

Remoteness – a Distinct Experience for First Nations Youth In and From Care

> **"Definitely funding to visit my home community. I have never visited my home community once. (It is a fly in remote community and costs on average $1,200 for a round trip)."**
>
> *—Participant*

Of the 49 percent of respondents who indicated they're from a remote or fly-in community, 46 percent indicated they were from Ontario and 31 percent indicated they're from British Columbia. Note that some of the respondents indicated they were in care in both provinces. A few respondents indicated they were from a remote or fly-in community in Alberta, Saskatchewan, Quebec, Newfoundland and Labrador, and Nova Scotia. Most respondents who indicated they were from a remote or fly-in community identified as First Nation, and a majority of those respondents identified as having First Nations status. Only two respondents who indicated they were from a remote or fly-in community identified as only Metis and not First Nation.

Many of these responses in the "Ending Discrimination" section of the survey highlighted similar issues, wants, and needs to First Nations youth from non-remote communities, for example keeping families together, social service navigators, support accessing housing and when aging out, and funding to visit or reconnect to communities, families, and traditional territories, amongst other ideas.

However, some unique responses were also given. The words "equal" and "equality" were used by several respondents from remote communities in their responses across all the questions in this section. Respondents wanted to be equal to everyone else, to have equality in child and family services provision, experience equal access to services, and ensure equal rights are recognized and upheld.

When asked what Canada could do to stop discrimination in FNCFS, a respondent from a remote community indicated that Canada needs to "increas[e] capital," for example more and/or improved infrastructure like clean water systems and more and/or improved buildings like houses, service centres, and community centres. Another respondent from a remote community stated that realities that First Nations youth in and from care face must be shown to the public.

> **"They should start showing more about the [realities] of how we get treated in care… They should show how much we get taken and separated from [our] land into bad places"**
>
> *—Participant*

When asked what youth personally want or need to address the impacts of the discrimination, several respondents indicated in addition to various supports discussed earlier and elsewhere in the report, they needed funding for recreational and material needs (like hockey equipment, a laptop for school, desk and chair, etc.) as well as to be able to be considered by their band for supports available to those who weren't removed from their communities, like post-secondary education funding and certain financial supports.

First Nations Youth In and From Care Are the Experts

Lastly, what we heard was a lot of solutions!

Despite surviving child welfare and the many traumas that First Nations youth have experienced at the hands of Canada, there is still so much hope for themselves and the future generations. These young people took time out of their days to clearly express to Canada how they want to be treated and what the solutions to seeing a future of thriving First Nation communities and youth looks like. We had put their solutions and visions for the future directly into the next section: What Needs to Happen.

What Needs to Happen

Past (Prevention)

While we cannot turn back time to undo the harm and abuse that Indigenous youth and children have experienced in child welfare, we can use the lessons of hindsight and the generations of reports, recommendations and solutions to prevent harm and abuse from happening to another generation of Indigenous youth and children.

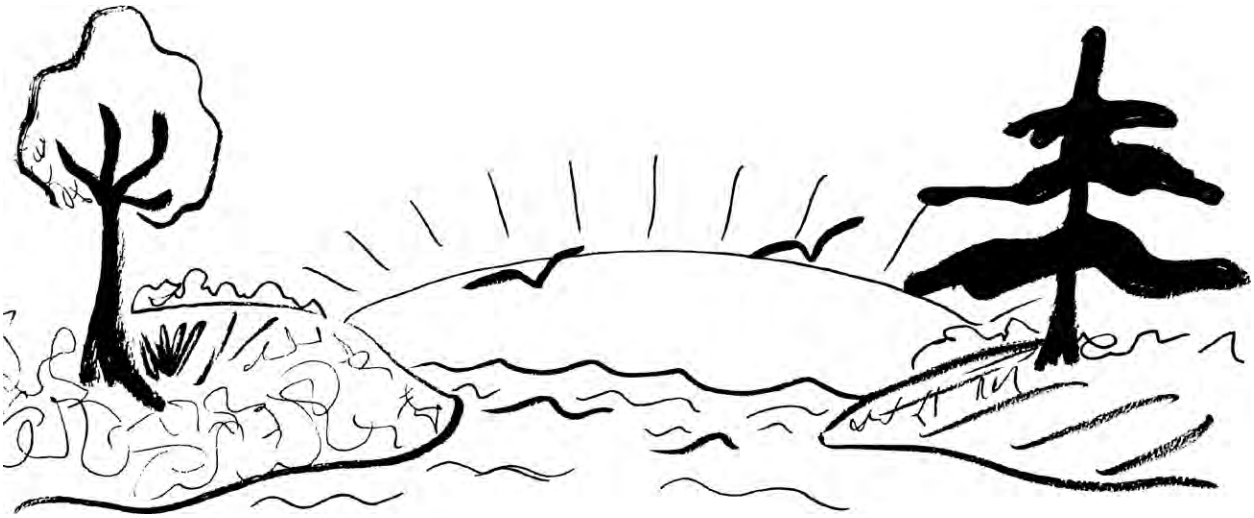
> **"Acknowledging colonialism and trauma. Understanding negative impact and discrimination against Ind [sic] people"**
>
> *—Participant*

1 *Acknowledgement Followed by Action*

Canada and its provinces/territories must acknowledge and be honest about the violence they have caused to Indigenous youth and children and their families through their policies and legislation. This acknowledgement of past and ongoing violence must be followed up with actions and systemic changes.

> **"Nothing for us without us"**
>
> **"for Indigenous, by Indigenous"**
>
> *—Participants*

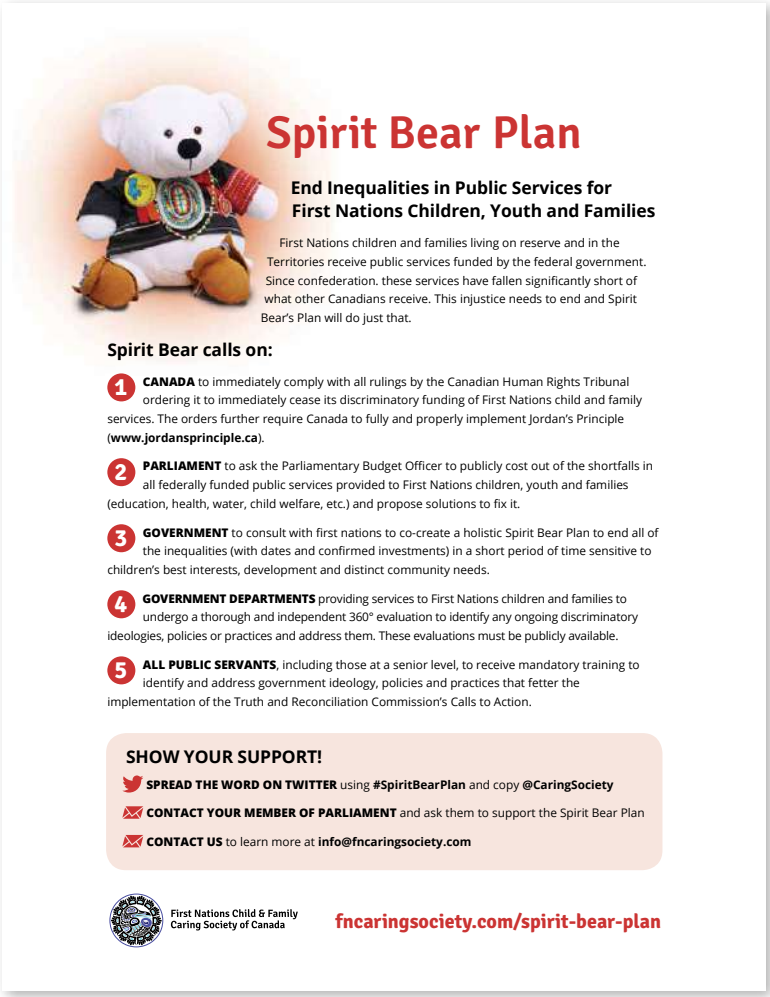
Within this acknowledgement, Indigenous rights as well as distinctions-based rights, treaty rights, and inherent rights must be recognized. Indigenous peoples must be involved in every aspect of these systems that impact them **alongside evaluation of these systems to ensure ideologies are remedies**. Furthermore, First Nations must be supported to move to self government with culturally based and equitable funding if they want to go that path.



> **"Recognizing that these are children they're dealing with, not just a number in the system. I am a human and need to be treated like one. I feel that their [sic] needs to be more supports for these children. Most of these kids are going to live with so many psychological problems because of the system."**
>
> *—Participant*

Canada must fully implement the Truth and Reconciliation Commission 94 Calls to Action and the Calls to Justice from the National Inquiry into Missing and Murdered Indigenous Women and Girls. The Survivors who bravely gave their testimony in the course of the Commission and Inquiry gifted Indigenous peoples and Canadians the Calls to Action and Calls to Justice to ensure that not one more generation of Indigenous young people have to experience what they experienced. Indeed, the findings of both the Commission and Inquiry found that the ongoing overrepresentation of Indigenous child in the child welfare system is the legacy of the residential school system, 60s Scoop, removal from land, and other forms of colonialism.

The Spirit Bear Plan is also an important guide to fulfill this much needed work.



Spirit Bear Plan

End Inequalities in Public Services for First Nations Children, Youth and Families

First Nations children and families living on reserve and in the Territories receive public services funded by the federal government. Since confederation. these services have fallen significantly short of what other Canadians receive. This injustice needs to end and Spirit Bear's Plan will do just that.

Spirit Bear calls on:

1. **CANADA** to immediately comply with all rulings by the Canadian Human Rights Tribunal ordering it to immediately cease its discriminatory funding of First Nations child and family services. The orders further require Canada to fully and properly implement Jordan's Principle (**www.jordansprinciple.ca**).
2. **PARLIAMENT** to ask the Parliamentary Budget Officer to publicly cost out of the shortfalls in all federally funded public services provided to First Nations children, youth and families (education, health, water, child welfare, etc.) and propose solutions to fix it.
3. **GOVERNMENT** to consult with first nations to co-create a holistic Spirit Bear Plan to end all of the inequalities (with dates and confirmed investments) in a short period of time sensitive to children's best interests, development and distinct community needs.
4. **GOVERNMENT DEPARTMENTS** providing services to First Nations children and families to undergo a thorough and independent 360° evaluation to identify any ongoing discriminatory ideologies, policies or practices and address them. These evaluations must be publicly available.
5. **ALL PUBLIC SERVANTS**, including those at a senior level, to receive mandatory training to identify and address government ideology, policies and practices that fetter the implementation of the Truth and Reconciliation Commission's Calls to Action.

SHOW YOUR SUPPORT!

SPREAD THE WORD ON TWITTER using **#SpiritBearPlan** and copy **@CaringSociety**

CONTACT YOUR MEMBER OF PARLIAMENT and ask them to support the Spirit Bear Plan

CONTACT US to learn more at **info@fncaringsociety.com**

First Nations Child & Family Caring Society of Canada

fncaringsociety.com/spirit-bear-plan

2 *Creation of Youth in Care Accountability Mechanism*

It is an understatement to say that the relationship between Indigenous youth, children, families and communities and Canada is tense and strained. Trust has been broken. Those that have been impacted by child welfare want to see justice and accountability. Canada cannot be trusted to make the best decisions for Indigenous youth and children and Canada's promise to do better cannot be trusted. Until trust can be rebuilt, there must be a mechanism in place that can hold Canada accountable. This mechanism must be led and designed by Indigenous youth as mentioned in *Accountability in Our Lifetime: A Call to Honour the Rights of Indigenous Children and Youth:*

Prior to establishing a National Children's Commissioner, Indigenous youth must be ethically engaged in the decision making process. This looks like:

- Holding regional gatherings with Indigenous youth.
- Discussions regarding a National Children's Commissioner are not predetermined.
- Research following the guidelines from A Way Forward: Ethical Engagement with and by Indigenous Youth.
- Indigenous youth and children need space to determine what the best Youth Accountability Mechanism will look like.

An accountability mechanism would have functions such as responding to complaints from Indigenous youth and families, supporting access and navigation of Jordan's Principle, evaluating and reviewing child welfare services and upholding a standard of ethics (see Recommendation 3). Such a mechanism would need to be inclusive of all Indigenous youth, not just those age 18 and under. It would need the ability to make binding orders that address the systemic reforms required as well as any other powers that the youth may have described.

All forms of abuse, especially physical and sexual abuse, must be taken very seriously. Survivors must be prioritized and perpetrators must be held

accountable. Survivors of abuse while in care should be provided mental health and survivors' supports immediately and throughout their life as long as needed.

There needs to be a "measuring stick" for the ongoing need for mental health, physical health, preventative supports, access to material needs and other important needs and outcomes.

3 *Ethical Indigenous Youth Standard Accompanied by Accountability and Reviews*

Public servants, such as social workers, policy makers, and police officers, as well as group home workers and any person in close proximity to youth in care must be properly trained in anti-racism, the history of colonization, the impact of child welfare on Indigenous families and communities and cultural competency in relation to the Indigenous territory they are operating on and the Indigenous nations they are working with. Anyone working with Indigenous youth and children must have a reliable security clearance and vulnerable persons check.

Indigenous youth, children and families must have access to complaints procedures regarding any type of inappropriate behaviours, abuse and/or racism made by social workers, group home workers, etc. Service providers that are working closely with Indigenous youth and children such as foster homes, group homes, etc. must be evaluated regularly by Indigenous youth in/from care.

"You have the right to food, clothing, a safe place to live, and opportunities to do what others can. The government should help families and children who cannot afford this."

— Article 27, United Nations Convention on the Rights of the Child

4 *Keeping Families Together*

The biggest reason for the amount of Indigenous youth and children in care is due to underfunding for basic needs that all families should have access to.

In order to address to the overrepresentation of Indigenous youth and children in care, families must have access to culturally relevant services and supports, including but not limited to the following:

- Training and resources for parents with children with diverse types of disabilities (learning, visual, physical, illness, etc.)
- Therapy and mental health supports
- Trauma-informed, comprehensive social services
- Peer-to-peer supports
- Kinship Care
- Employment, Trades and Skills Development opportunities
- Safe and proper housing
- Clean water
- Access to food and clothing
- Post-secondary schooling
- Addictions counselling
- Access to land and ceremonies
- Cooking classes
- Daycares and nurseries
- Doulas and midwives
- Coping skills
- Hobbies for children (e.g., swimming classes, dance classes, etc.)
- Access to sports
- Emergency fund for families and youth (e.g., to prevent eviction, respond to family emergencies, etc.)

5 *Fair and Equitable Funding*

There must be a transition of funding from reactive measures to preventative measures. Many participants recall being removed from their families due to poverty while being placed in a non-Indigenous family who was offered compensation to look after them. If there is funding to cover the removal of Indigenous youth and children from their families, there is funding to keep families together. The existing funding models must be adjusted to put the well-being of Indigenous youth and children first before investing into institutionalization.

Canada and its provinces must come to the realization that the longer Indigenous youth and children are underfunded and harmed through systemic

abuse, the more it will cost taxpayers in the long run. This has been described in terms of the child welfare to prison pipeline, hospitalization and health care costs, class action lawsuits, etc. **Funding needs to be equitable, culturally relevant and tied to the well-being of young people. Funding must aim towards the thriving of Indigenous peoples and not bare minimal survival and often time less than survival.**

This looks like providing funding for services and supports recommended in #4 as well as committing to the creation of a foundation for youth in care (#11).

"The anticipated economic, social and cultural benefits of fully implementing the recommended reforms are substantial, benefiting First Nations children, families, Nations and Canadian society at large. The social benefits are significant–the cost is minimal representing 1.25% of the 8 billion dollar surplus budget that Canada reported in 2004/2005."

—Wen:De: The Journey Continues[13]

"First and foremost, by ensuring that the future of the *First Nations child and family Services Act* is anti-assimilation policy. Specifically, scrapping the 'best interest of the child' policy. This policy fails to recognize that the unfortunate living circumstances Indigenous children find themselves in is a direct consequence from the Indian Residential School system. But how is it ever a good idea to place children from one bad situation into another?"

—Participant

13 https://fncaringsociety.com/publications/wende-journey-continues-wen-de-nous-poursuivons-notre-route

Present (While in Care)

There are currently thousands of Indigenous youth and children in care that are in need of proper and ethical services immediately.

6 *Commitment to Restoring and Preserving Indigenous Cultures and Languages*

> **"I remember being a teenage [sic] and connecting the dots between my own lived experience and colonialism. I was so hurt and entered a deep state of depression and lashed out by including in drugs and alcohol. I definitely would say at the time I needed trauma informed mental health services, financial support to visit my community and access to land-based activities."**
>
> *—Participant*

Community and cultural connections while in care is absolutely integral for the well-being of Indigenous children and young people. Over half of respondents identified access to culture as a fundamental support. Steps to revitalize and preserve to safeguard Indigenous cultures and languages can include, but are not limited to:

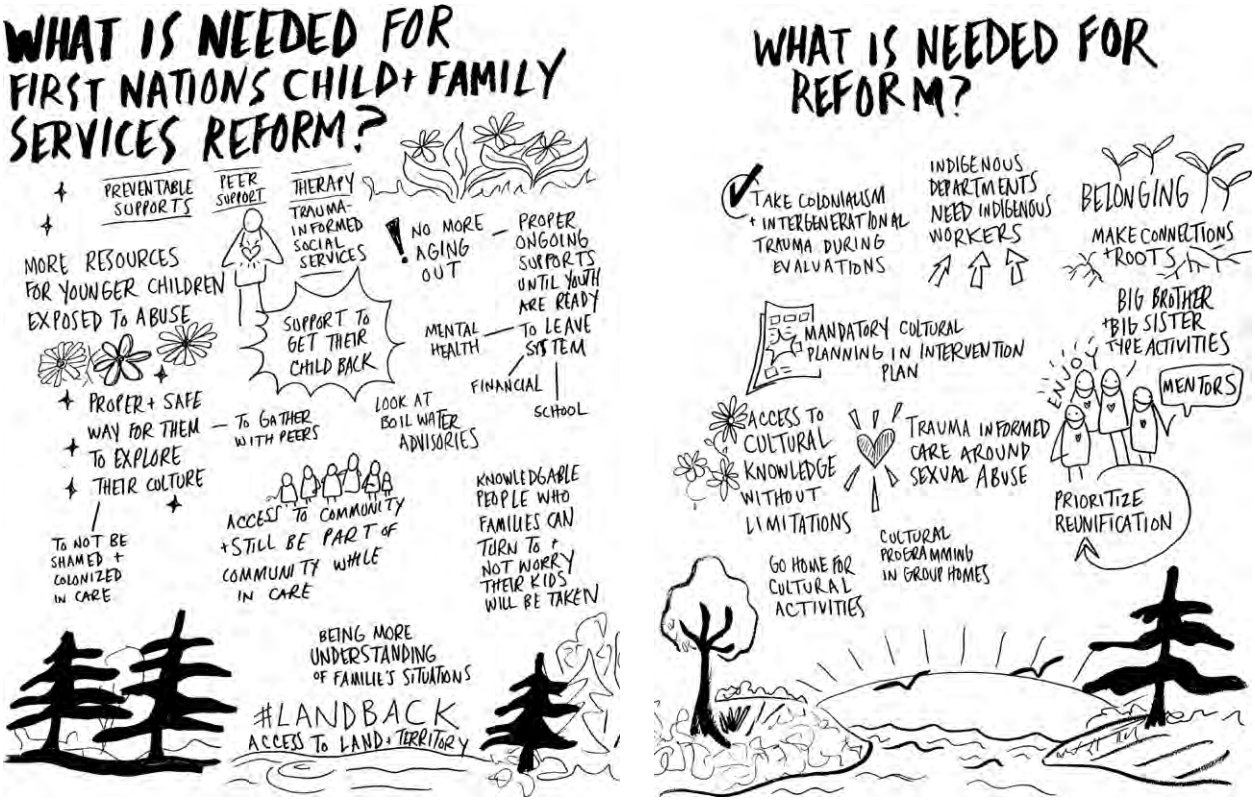
- Maintaining family connection (each family may have their own traditions, knowledge of the land on their trapline, etc.)
- Access to Native youth groups, especially those led by fellow native youth
- Access to culture including ceremony, language, elders/ knowledge keepers, and other cultural mentors

- Visits to community
- Land-based activities and visits to traditional territory
- Safe spaces when visiting community, learning about culture and land-based activities, including space to live, eat, hang out, etc.

7 *A Moratorium and Evaluation of Discriminatory or Problematic Programs and Policies:*

Policy is one of the most significant methods for the government to take action. Government programs and policies that have a close proximity to Indigenous children and youth must undergo an evaluation to identify any discriminatory mindsets, policies, practices, and remedy them. This includes but is not limited to strengthening and expanding protections from laws against racial discrimination, addition of funding and anti-discrimination clauses to existing child and family services laws and policies, and incorporation of preventative measures. The Indigenous children and youth impacted by these programs and policies must be closely involved in this evaluation.

Future (After Experiencing Child Welfare)



8 *Family Reunification Services*

While the decision to reconnect with family and community should be fully up to the person who experienced child welfare, the systems that removed the youth or child need to be responsible for reuniting the youth and their families.

Reconnecting with family and community should not be at the expense of the youth who were placed in child welfare. There must be supports which fund youth to visit their communities and traditional territories, (re)connect with their families, and manage the mental impact of this reunification.

- Some examples of what services and supports that must be covered include but are not limited to:
- Services that help find birth family and records or files
- Services that mediate and facilitate contact with initial meetings and going home
- Access to potential mental health supports when going through the reunification
- Travel and accommodations to visit community and family that include supporting people and family.

9 *Supports to Transition into Adulthood*

Presently, supports to "age out" of child welfare vary by province and territory. The First Nations Child and Family Services program ends care at age 18, though there is an ongoing moratorium on "aging out" of care due to the COVID-19 pandemic. The Federal 2021 Budget promised to "permanently ensure that First Nations youth who reach the age of majority receive the supports that they need, for up to two additional years, to successfully transition to independence." It is essential to listen to and incorporate feedback from the youth who will be impacted by this policy change. The decision to formally transition into adulthood must also be made in consultation with the youth leaving care – including based on their own readiness level. Supports must be provided to help youth transition into adulthood. These supports include but are not limited to:

"It has impacted my whole family. I'm 25 now and I struggle more than I did as a child in care. As I get older the more I realize things that happened in the foster homes I was placed in were not right, racial slurs, verbal/mental/physical abuse…"

—Participant

- A "social safety net" of community, workers, resources, and supports. This includes multiple specialized workers (e.g., transitional workers, housing worker, youth support worker, employment support worker, and cultural connections worker), peers-to-peer supports, Indigenous youth organizations, Indigenous community, family (including chosen), healthcare

providers, auntie/uncle supports, Elder supports and others as identified by youth. This safety net must include readily available information on important community resources and culturally based and equitably funded social programs.

- Safe, appropriate, accessible housing and other infrastructure (water, transportation, etc.)
- Life skills training and assistance (how to cook, do taxes, access to SIN number, getting drivers' license and other IDs)
- Financial support, including a Registered Education Savings Plans (RESP) with contributions from the government and financial management education and access to an emergency fund (to tap into when, for example, facing eviction, family emergencies, etc.)
- Trauma-informed, accessible, and continuous healthcare. It is important health services, including mental health, sexual health, gender affirming care, and harm reduction care, are not cut off once Indigenous youth in care transition to adulthood
- Supporting community and cultural (re)connection, including funding to move to or visit community, participate in land-based activities, and spend time with cultural and language mentors
- Support to finish education at both highschool and postsecondary levels, without age or time limits

10 *Establishing a National Network of Indigenous Youth In/From Care*

This is an ongoing recommendation from the first Gathering of First Nations Youth in Care in 2019. Youth that attended the 2019 and the 2021 gatherings both indicated that they want to stay connected and share their experiences with each other. They also indicated that they want to be involved in decision making that will affect child welfare because they are the experts of this experience.

This was the first national level gathering of its kind for First Nations youth in and from care. The Youth Advisors said they want to continue to have the time and space they need to discuss important and pressing issues, including the following.

1. Become a collective of First Nation Youth Advisors in and from care

- a. share best practices
- b. share updates
- c. continue advocating for reform
- d. host more policy round tables across the country
- e. advise on court rulings, contribute to policy development, share testimonies, etc.

2. Continue to meet about compensation and settlements

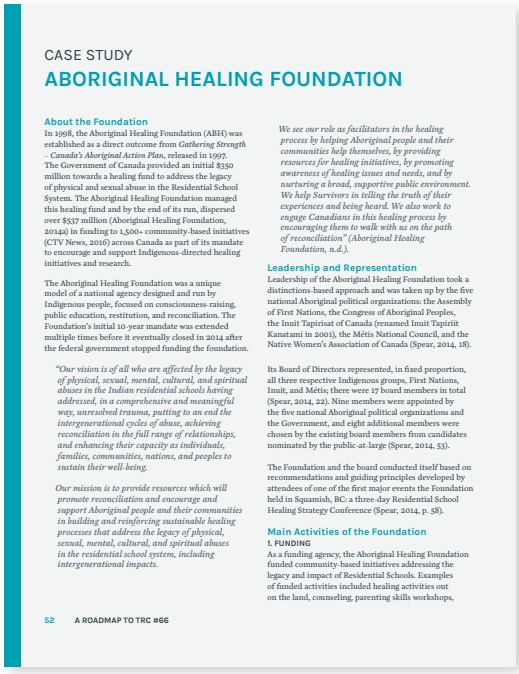
a. learn more about options such as trusts, individual pay-outs, hybrid approaches, etc.

b. keep learning about trust funds, scholarships, pooling compensation, etc.

c. learn about best practices regarding settlements from other Indigenous communities

11 *Creation of a Foundation*

The creation of a foundation is not in place of compensation that will justly be offered to survivors of the child welfare system but should be complementary to funding reform as stated in recommendation 5.



CASE STUDY

ABORIGINAL HEALING FOUNDATION

About the Foundation

In 1998, the Aboriginal Healing Foundation (ABH) was established as a direct outcome from *Gathering Strength – Canada's Aboriginal Action Plan*, released in 1997. The Government of Canada provided an initial $350 million towards a healing fund to address the legacy of physical and sexual abuse in the Residential School System. The Aboriginal Healing Foundation managed this healing fund and by the end of its run, dispersed over $537 million (Aboriginal Healing Foundation, 2014a) in funding to 1,500+ community-based initiatives (CTV News, 2016) across Canada as part of its mandate to encourage and support Indigenous-directed healing initiatives and research.

The Aboriginal Healing Foundation was a unique model of a national agency designed and run by Indigenous people, focused on consciousness-raising, public education, restitution, and reconciliation. The Foundation's initial 10-year mandate was extended multiple times before it eventually closed in 2014 after the federal government stopped funding the foundation.

> *"Our vision is of all who are affected by the legacy of physical, sexual, mental, cultural, and spiritual abuses in the Indian residential schools having addressed, in a comprehensive and meaningful way, unresolved trauma, putting to an end the intergenerational cycles of abuse, achieving reconciliation in the full range of relationships, and enhancing their capacity as individuals, families, communities, nations, and peoples to sustain their well-being.*
>
> *Our mission is to provide resources which will promote reconciliation and encourage and support Aboriginal people and their communities in building and reinforcing sustainable healing processes that address the legacy of physical, sexual, mental, cultural, and spiritual abuses in the residential school system, including intergenerational impacts.*
>
> *We see our role as facilitators in the healing process by helping Aboriginal people and their communities help themselves, by providing resources for healing initiatives, by promoting awareness of healing issues and needs, and by nurturing a broad, supportive public environment. We help Survivors in telling the truth of their experiences and being heard. We also work to engage Canadians in this healing process by encouraging them to walk with us on the path of reconciliation" (Aboriginal Healing Foundation, n.d.).*

Leadership and Representation

Leadership of the Aboriginal Healing Foundation took a distinctions-based approach and was taken up by the five national Aboriginal political organizations: the Assembly of First Nations, the Congress of Aboriginal Peoples, the Inuit Tapirisat of Canada (renamed Inuit Tapiriit Kanatami in 2001), the Métis National Council, and the Native Women's Association of Canada (Spear, 2014, 18).

Its Board of Directors represented, in fixed proportion, all three respective Indigenous groups, First Nations, Inuit, and Métis; there were 17 board members in total (Spear, 2014, 22). Nine members were appointed by the five national Aboriginal political organizations and the Government, and eight additional members were chosen by the existing board members from candidates nominated by the public-at-large (Spear, 2014, 53).

The Foundation and the board conducted itself based on recommendations and guiding principles developed by attendees of one of the first major events the Foundation held in Squamish, BC: a three-day Residential School Healing Strategy Conference (Spear, 2014, p. 58).

Main Activities of the Foundation

1. FUNDING

As a funding agency, the Aboriginal Healing Foundation funded community-based initiatives addressing the legacy and impact of Residential Schools. Examples of funded activities included healing activities out on the land, counseling, parenting skills workshops,

52 A ROADMAP TO TRC #66

Canada must invest in an endowment towards the creation of a foundation that would be led by Indigenous youth and children in care and their allies. The foundation would also be able to receive donations from private and public donors. The foundation would be able to offer Indigenous youth and children in and from care the opportunities to do community-based programs and projects working on healing and cultural restoration as well as create a fund which young people in urgent situations can access. The Aboriginal Healing Foundation is an example of a best practice.

Source: Indigenous Youth Voices. (2018). *A Roadmap to the Truth and Reconciliation Commission Call to Action #66.* https://www.a7g.ca/uploads/9/9/9/1/99918202/final__2_-_indigenous_youth_voices_-_roadmap_to_trc_66_-_compressed.pdf

Closing

The overrepresentation of children and youth in care would not exist if it was not for the underfunding or lack of funding for basic needs such as proper housing, clean drinking water, employment opportunities and unresolved trauma from discriminatory programs and policies such as the residential school system. Canada must admit to these acts of genocide and commit to working towards the solutions as indicated by Indigenous children, youth, families, communities and their allies.

"I'm really hoping, that people can see us as people."

—Focus Group Participant

The irony is that discriminating against Indigenous children and youth is an unnecessary expense for Canadians. Underfunding basic needs of Indigenous children and families actually costs governments more money in the long term than investing in the solutions. Canada has ignored the red flags for far too long by ignoring Indigenous voices and in some cases, directly invested in the discrimination against Indigenous children and youth. It is painful for survivors to imagine how their lives could have been if their well-being was honoured and respected but Canadians now have an opportunity to correct the inequalities and invest in bright and beautiful futures of all First Nations children and youth. It is not too late and hope is still alive that First Nations children and youth can not only survive but they can thrive.

"Children and youth with complex needs face multiple, interconnected challenges which require formal collaboration among departments/ agencies, including but not limited to, child welfare, schools through sporadic attendance, the youth justice system, emergency departments dealing with violent injuries, and mental health/ addiction crisis and treatment services. The most complex children and youth are estimated to cost the province between $1 and $2 million per child per year and with limited positive life outcomes (2018, p.41)."

—Finding the Way Back[14]

14 Manitoba Advocate for Children and Youth. (2021). *Finding the Way Back: An aggregate investigation of 45 boys who died by suicide or homicide in Manitoba*. Winnipeg, MB. https://manitobaadvocate.ca/wp-content/uploads/MACY-Special-Report-Finding-the-Way-Back.pdf

WE ARE HONORING GENERATIONS TO COME+BEFORE US
JARGON IS NOT RADICAL
ALOT IS HARD TO UNDERSTAND ON PURPOSE
THIS WAS INCLUSIVE
THANKFUL
REFLECTING A LOT
CHANGES ARE BEING MADE
I HOPE THE NEXT GENERATIONS OF INDIGENOUS YOUTH DON'T NEED TO SUFFER
CHILDREN BACK + LAND BACK

LOOKING FORWARD
WE ARE AMAZING
NEED FOR MORE HOMELESS PREVENTION
CONTINUE TO BE SURVIVOR LED + CONSULTED
WE VALUE LIVED EXPERIENCES AS EXPERTISE
WE KNOW WHAT WE NEED
WE NEED TO SUPPORT SURVIVORS TOO
MORE FUNDING IS NEEDED
CONTINUE THIS CONVERSATION
SHARE WITH EVERYONE SO WE CAN EDIT IF NEEDED

Appendix

This appendix contains short notes which compile answers from several of the key questions asked in the survey. This appendix should not be used as a limiting factor for services, supports, and funding which go beyond the wants and needs identified by youth in/from care here.

Q10: What can Canada do to stop the discrimination in the system of First Nations child and family services?

- Support families to stay together, including through improvements to other social programs like income assistance and reunification homes or transition homes.
- Provide preventative supports that strengthen families like addictions treatment and supports, fostering healthy environments for families, and ensure "security" for children and families (social, economic, mental, and physical)
- Uphold "traditional" social safety nets like aunties, uncles, and grandparents.
- Support youth who age out
- Implement Jordan's Principle
- Increase on-reserve funding
- Support self-government, recognize First Nations rights, listen to communities and involve in every aspect of these systems and changes
- Recognize trauma, provide mental health supports
- Service navigators for youth
- Employment and income support for families and youth in/from care
- Cultural events
- Culturally appropriate approach to child and family services (CFS)
- Adequate resources and funding
- Professional, non-discriminatory workers
- Anti-racism education and laws
- Ensure basic human rights, equal rights, etc. are met and upheld
- Access to information, public awareness, public education, and research
- Increased capital, including infrastructure like housing and clean water
- Proper policies
- Accountability methods to address discrimination, poor services, and ensure First Nations are included

Q11: What must Canada do in order to prevent discrimination from ever occurring again in this way?

- Safe homes
- New and/or revised policies, laws, and regulations at all government levels
- Unpack and address systemic racism and biases. Decolonize. Provide anti-racism training and reparations
- Accountability mechanism(s)
- Accessible resources and organizations which provide them
- Cultural and traditional knowledge incorporated into systems of care
- Fair evaluations from band councils for customary care
- Family support without needing to be reported to CFS. Combined child and parent supports and programs, so they don't need to be separated to heal.
- Education (anti-racism, about the system, etc.) and information made public.

Q12: If you have experienced negative impacts from the discriminatory underfunding, is there anything you personally would want or need to address these impacts? (e.g. family reunification services, funding to visit your traditional territory/community, housing supports (note these examples are based on feedback received from the Youth Advisors at the Fall 2019 gathering))

- Reunification services
- Housing access and supports (for youth alone, as well as families, as well as safe new housing), credit and co-signer, damage deposits, etc.
- Educational supports for completing high school, university, etc.
- Counselling, therapy, and other mental health supports (including addictions support from a harm reduction approach)
- Parental supports for both parents whose children may be apprehended and youth in care who are also parents
- Reparations for suffering
- Comprehensive, equitably funded social assistance and case management services
- Accountability
- More funding while in care, including for stuff considered "extra" like recreational activities, laptops, clothing, supports (tutors, etc.)
- Greater support from band for everything
- **NOTE:** a couple of respondents said they'd give their resources to others because they're doing mostly okay and know others aren't. They might be coming from the understanding (and current reality) that funds and supports are limited and therefore believe they need to reduce their rightful supports or minimize their needs so others in greater need can have access. It shouldn't be like this!

Q19: Please share what supports you believe could be helpful to maintain connection (e.g. financial support to visit community, access to land-based activities (note these examples are based on feedback received from the Youth Advisors at the Fall 2019 gathering))

- Native youth groups
- Maintaining family connections
- Indigenous workers
- Cultural access including ceremony, language, and elders/knowledge keepers
- Safe spaces
- Infrastructure like water and housing on reserve
- Accountable CFS
- Life skills (getting a bank account, getting a SIN, doing taxes, etc.)
- Land-based programs and access
- Visits to community
- Adequate funding for all this

Q20: As an Indigenous youth in/from care, what supports did you or do you need to transition to adulthood?

- Housing (safe, proper, etc.), phone and internet plans, furniture, and laptops
- Workers for transitions, youth support, housing, cultural connections, etc. – case management and service navigators
- Peer support programs
- Community resource list and accessibility
- Cultural mentors and language mentors
- Mental health support – trauma informed too!
- Transportation that is accessible and available
- Financial support, education, and management (including RESP)
- Employment access and support
- Life skills development (help getting license, filing taxes, etc.)
- Healthcare access (culturally appropriate, continuous, 2SLGBTQIA+ friendly)
- Access to land-based activities
- Funding to visit or move to community
- Fair funding for all social programs
- Harm reduction services and rehab options
- Education support
- One respondent said: "*I cant comment on this because I have no idea even how to*"

This is **Exhibit "C"** to the affidavit
of Janice Ciavaglia, affirmed
before me on this 6th day of September, 2022

A Commissioner for taking Affidavits etc.
Adam Williamson
LSO# 62751G

First Nations Child and Family Services and Jordan's Principle Class Action

Framework of Essential Services

Who can claim compensation for not receiving an essential service from Canada or receiving it after delay?

A claim for compensation can be made if:

1. An essential service was needed by the claimant; and

2. The claimant or someone on behalf of the claimant asked Canada for an essential service that was denied or delayed in being provided. Or, the claimant needed the essential service, but it was not available or accessible to them (there was a gap in services), even if they did not ask for the service.

What is an "essential service"?

A service is considered essential if the claimant's condition or circumstances required it and the delay in receiving it, or not receiving it at all, caused material impact on the child.

Examples of types and categories of essential services are attached as an appendix to this Framework.

If the claimant needed a service that is not on the list of examples, it may still be considered an essential service under the settlement if not receiving the service had a material impact on the child.

What timeframe is covered?

Claimants are covered by this settlement if they needed the essential service as a child at any time from April 1, 1991 to November 2, 2017.

How to make a claim?

1. If the claimant requested a service from Canada that was delayed or denied, they may provide a copy of the letter, email or other document submitted to Canada requesting the service. If they do not have a copy, they may provide a statutory declaration confirming that they requested the service.

2. If the claimant did not request a service from Canada but required an essential service that was not available or accessible, they need to provide confirmation from a professional saying what essential service they needed, why it was essential and when they needed it, either through historical documentation or contemporary confirmation by a professional.

Confirmation can be in two forms depending on the answer to the following question:

Does the claimant have any kind of historical document stating that an essential service was needed?

If the answer is **YES**, please follow **Procedure A.**

If the answer is **NO**, please follow **Procedure B.**

Procedure A (to be completed if claimant has historical documentation confirming that an essential service(s) was/were needed)

1. Complete the Claim Form (when available).
2. Provide copies of the historical documentation confirming that an essential service(s) was/were needed.
3. If the historical documentation lacks specifics on the confirmed need for the identified essential service, a professional may complete the Professional Confirmation of Essential Services Form.
4. Complete the questionnaire (when available).

Procedure B (to be completed if the claimant has NO historical documentation stating that an essential service(s) was needed.

1. Complete the Claim Form (when available).
2. A professional completes the Professional Confirmation of Essential Services Form (when available).
3. Complete the questionnaire (when available).

What is historical documentation?

Historical documentation refers to old documents such as a health record or an assessment conducted by a health, social care professional, educator, or other professional or individual with expertise and knowledge of the need for this essential service and/or support.

Is there help in claiming compensation?

Yes. Once the claim form and other supporting documents are available, they will be released online at www.fnchildcompensation.ca. Support in completing these forms will be available through the Administrator.

Appendix – Examples of Essential Services

1. Some services provided by, or under the guidance and direction of, health, social care, and educational professionals who specialize in:

    a) Recommending services and supports with activities of daily living and safety in the home, school and community (e.g., occupational therapists, *adapted feeding devices*)

    b) Helping individuals with expressive and receptive language skills (e.g., speech and language pathologists, *augmentative and alternative communication*)

    c) Helping individuals with movement of their hands, arms, and legs (e.g., physiotherapists, *mobility devices*)

    d) Giving and interpreting hearing tests and recommending assistive devices related to hearing (e.g., assessment of hearing by audiologists, *hearing devices*)

    e) Testing vision and recommending corrective eyewear (e.g., optometrists, *advising on eyewear*)

    f) Teaching children with learning needs (e.g., special needs education teachers; supported child development consultants)

    g) Promoting infant, early childhood or adolescent development[1] (e.g., infant development consultants, child and youth workers, or early childhood educators).

    h) Conducting psychoeducational assessments, and provision of counselling (e.g., psychologists, social workers)

    i) Addressing delayed or problematic behaviours (e.g., early childhood educators, behavioural specialists, child and youth workers, social workers,)

    j) Recommending a specialized diet or nutritional intake (e.g., nutritionist, dietitian)

2. Equipment, products, processes, methods and technologies that are recommended in a cognitive assessment or individualized education plan.

3. Medical equipment, such as:

    a) Equipment, products and technology used by people to assist with daily activities (e.g., environmental aids, including lifts and transfer aids and professional installation thereof)

[1] Development refers to physical, social, cognitive, and mental health development

b) Products and technology for personal indoor and outdoor mobility and transportation (e.g., mobility aids that include standing and positioning aids and wheelchairs)

c) Hospital bed

d) Medical equipment related to diagnosed illnesses (e.g., percussion vests, oxygen, insulin pumps, feeding tubes)

e) Prostheses and orthotics

f) Specialized communication equipment (e.g., equipment, products, and technologies that allow people to send and receive information that would otherwise be done verbally)

4. Medical transportation related to access to essential services, supports or products where the lack of transportation prevented access to the recommended service (e.g., people in remote/isolated, semi-isolated communities)

5. Specialized dietary requirements

6. Treatment for mental health and/or substance misuse, including inpatient treatment

7. Oral health (excluding orthodontics), such as:

    a. Oral surgery services, including general

    b. Restorative services, including cavities and crowns

    c. Endodontic services, including root canals

    d. Dental treatment required to restore damage resulting from unmet dental needs

8. Respite care

9. Surgeries

This is **Exhibit "D"** to the affidavit
of Janice Ciavaglia, affirmed
before me on this 6th day of September, 2022

A Commissioner for taking Affidavits etc.
Adam Williamson
LSO# 62751G

Professional's Confirmation of Essential Service Form

Guidelines for professionals completing this form

1. The purpose of this form is to assist those who are assisting claimants in obtaining official documentation to support their claim for class action compensation for Canada's historic failure to provide access to essential services to First Nations children at all or in a timely manner (e.g. past breaches of Jordan's Principle). First Nations claimants must demonstrate having experienced a denial, delay, or gap in an essential service. Historical documentation may be available for the denial or delay, whereas evidence of a gap can only be demonstrated by the completion of this Professional's Confirmation of Essential Service Form. Similarly, inadequate historical documentation may be supplemented by this Professional's Confirmation of Essential Service Form.

2. This form and the confirmation provided through it rely on a retrospective account of an essential service that was needed and its' association with how the claimant currently functions in, and experiences, their social world. There is no requirement to make a causal link (although in some cases this may be possible) between the essential service that was needed and not provided and how the claimant currently functions in and experiences their social world.

3. The intention in this form is to allow claimants who lack medical records to make a claim for compensation, and to avoid the claims process itself becoming an obstacle to their access to recompense for past harms.

4. Please complete this form if the claimant's identified need is within your general area of expertise. You do not have to be a specialist or medical doctor to complete this form (see list below).

5. If you are not able to complete this form for any reason, please consider referring the claimant to another professional with relevant expertise who may be able to assist the claimant in this regard.

6. It may not be necessary for you to consult archival records if you are comfortable completing the form based on your personal knowledge of the claimant and their needs while they were a child, or based on your current observations and the information provided by the claimant.

7. Please take into consideration what the 'standard of care or support' was at the time that the child needed the essential service(s). Bear in mind, that the nature of the claims in the Final Settlement Agreement will not have an impact on how present or future care, needs, or health circumstances of the claimant are evaluated under Jordan's Principle.

1. Claimant's information

A. Tell us about the claimant

First name: _____

Last name: _____

Other Name(s): _____

Mailing address: _____

Date of birth: _____

2. Essential Service(s) that the Claimant Needed as a Child

A. Identify one or more specific essential services that the claimant needed when they were a child (Please be specific; for example, if the claimant needed a hospital bed as a child, specify that it was a hospital bed as opposed to "medical equipment". Similarly, if the claimant would have needed or benefitted from Vincristine in relation to childhood leukemia, please specify "Vincristine" as opposed to "anti-cancer medicines". For more information on what constitutes an "essential service", please see the Framework of Essential Services in Schedule A):

a) _____

b) _____

c) _____

d) _____

B. Explain how the claimant may/would have benefitted from the service(s) as a child and how the receipt of the service(s) 'is associated with'[2] the way in which the claimant currently functions in, and experiences, their social world:

_____
_____
_____
_____
_____

[2] The distinction between 'associated with' and 'has had an impact on' is an important distinction. Drawing a causal link between not having received a service or support and a person's functioning as an adult is not possible, as there are other factors that inform a person's current level of function. An 'association' implies that the event during childhood and a person's current level of function co-exist.

_____

_____

C. At approximately what age or age range would the claimant have benefitted from the essential service(s)?

Age: _____ or

Age Range:

- 0-3
- 3-6
- 6-9
- 9-12
- 12-15
- 15-adulthood

C. Specify the claimant's diagnosis/diagnoses, if applicable:

_____

_____

_____

_____

3. The Claimant's Level of Need

A. In what area would the claimant have benefitted from an essential service(s) as a child? (please check all that apply):

- Seeing
- Hearing
- Mobility
- Communication
- Dexterity
- Pain-related
- Learning
- Developmental

- ☐ Mental health-related
- ☐ Other: _____

B. How significant is/was the claimant's difficulty associated with the limitation or impairment for which the claimant needed the essential service(s). (You are *not* required in this form to ascertain that the delay, denial, unavailability or inaccessibility of an essential service *caused* the difficulty experienced by the claimant)?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Function is or was impossible

4. Professional's Information

Name: _____

Last name: _____

Medical license, other certification or registration number (if applicable): _____

Telephone number: _____

Address: _____

A. What is the claimant's relationship to you (for example, patient)? _____

B. How long have you known the claimant? _____

C. Do you have medical or other information on file relating to the above matters that you have certified on this form? Yes / No

D. Select the professional type that applies to you (check all that apply)[3]:

- ☐ Aboriginal Disability Case Manager
- ☐ Assistive Technologist

[3] Terminologies used to describe professions may represent historical terminology that may be outdated. No disrespect is intended. We have no intention to impose specific terminology (e.g., Indigenous vs. First Nations vs. Aboriginal).

- Audiologist
- Behavioural Consultant/Analysts
- Chiropractor
- Community Health Nurse
- Community Health Representative
- Counselling Services
- Dentist
- Early Childhood Learning and Care and Intervention (e.g., Early Childhood Interventionist/Educator, Aboriginal Headstart)
- Educational Professional
- Elder or Knowledge Keeper designated as such by your community
- Mental Health Professional (e.g., mental health nurse)
- Mental Health Therapist
- Midwife/Doula
- Neuropsychologist
- Nurse/ Nurse Practitioner
- Occupational Therapist
- Ophthalmologist
- Optometrist
- Orthodontist
- Otolaryngologist
- Pediatrician
- Physical Therapist
- Physician/Doctor
- Physiotherapist

- ☐ Psychiatrist
- ☐ Psychological Associate
- ☐ Psychologist (Clinical/Social/Educational)
- ☐ Psychotherapist
- ☐ Recreational Therapist
- ☐ Speech-Language Pathologist
- ☐ Social Worker
- ☐ Substance Use Professional (e.g., National Native Alcohol and Drug Abuse Program (NNADAP) worker)
- ☐ Other: _____

Professional's Signature: _____

Date: _____

This is **Exhibit "E"** to the affidavit
of Janice Ciavaglia, affirmed
before me on this 6th day of September, 2022

A Commissioner for taking Affidavits etc.
Adam Williamson
LSO# 62751G

JORDAN'S PRINCIPLE DRAFT IMPACT ASSESSMENT QUESTIONNAIRE

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
1. **If you are filling this out on behalf of a child's estate, did the claimant pass away from a condition related to the essential service you have identified?** (Y/N) *For example, if a child endured chronic kidney disease and failed to receive appropriate diagnostic or dialysis treatment, check this box.*						Yes	N	Will automatically place in "significant impact" ($40k+) category.
IMPACTS AT TIME OF DENIAL								
2. **Did you have to leave your community to access the essential service that you have identified? (Y/N)**							Y/N	This is a threshold question. The subsequent three questions are only presented if the individual answers Yes.

Question		Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(a)	If yes, was your relocation temporary or permanent to obtain an essential service you have identified?	1-2 Days (temporary)	1 week (temporary)	1 Month (temporary)	1 Month to 1 Year (Temporary-Semi-Permanent)	More than 1 year, but less than 2 years) Semi-Permanent	More than 2 years (Permanent)		
3.	**When looking back on the time that you needed the essential service:**								
(a)	To what extent did the delay or lack of essential service have on your sense of meaning? (e.g., mental ability to learn and understand)	Limited impact I was able to learn and understand without notable impact.	Some impact Some days I was not able to learn and understand without this essential service. On other days this did not impact my ability to learn and understand.	More impact This continually impacted upon my ability to learn and understand.	Most impact I was not able to learn and understand without this essential service.				From Thunderbird Framework: **meaning** (mental behaviour, expressed through intuition, understanding and rationale) Examples: learning and knowing one's culture, spirituality, access to resources to learn about culture, spirit, traditions, ceremony), etc.

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(i) How long did this impact upon your sense of meaning? (e.g., your mental ability to learn and understand)	Limited impact This impacted upon me for less than 1 month.	Some impact This impacted upon me for more than 1 month, but less than [•] months	More impact This impacted upon me for more than [•] months, but less than [•] years	Most impact This impacted upon me from the time I required this essential service throughout my childhood.				
(b) To what extent did the delay or lack of essential service impact your sense of purpose? (e.g., your physical ability to participate in educational and recreational activities)	Limited impact I was physically able to participate in educational and recreational activities without notable impact.	Some impact Some days I was not able to physically able to participate in educational and recreational activities without this essential service. On other days this did not impact my physical ability to participate in education and recreational activities.	More impact This continually impacted upon physical ability to participate in educational and recreational activities.	Most impact I was physically not able to participate in educational and recreational activities without this essential service.				From Thunderbird Framework: **Purpose** (physical behaviour expressed through wholeness and way of being) Examples: having access to and participating in spiritual practices such as naming, clan identity, sacred medicines, rights of passage for one's nation (e.g., at puberty, fasting), etc.

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(i) How long did this impact upon your sense of purpose? (e.g., physical ability to participate in education and recreational activities)	Limited impact This impacted upon me for less than 1 month.	Some impact This impacted upon me for more than 1 month, but less than [•] months	More impact This impacted upon me for more than [•] months, but less than [•] years	Most impact This impacted upon me from the time I required this essential service throughout my childhood.				
(c) To what extent did the delay or lack of essential service impact your sense of hope? (e.g., ability to participate in cultural activities, connect with culture or spirituality)	Limited impact I was able to participate in cultural activities and connect with culture and spirituality without notable impact.	Some impact Some days I was not able to participate in cultural activities and connect with culture and spirituality without this essential service. On other days this did not impact my ability to participate in cultural activities and connect with culture and spirituality.	More impact This continually impacted upon ability to participate in cultural activities and connect with culture and spirituality.	Most impact I was not able to participate in cultural activities and connect with culture and spirituality without this essential service.				From Thunderbird Framework: **Hope** (spiritual behaviour, expressed through belief and identity) Examples: knowledge of the original language of one's nation, knowing one's spirit name, knowing one's clan, knowing one's nation, knowing names of one's ancestors and generations, etc.

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(i) How long did this impact upon your sense of hope? (e.g., ability to participate in cultural activities, connect with culture or spirituality)	Limited impact This impacted upon me for less than 1 month.	Some impact This impacted upon me for more than 1 month, but less than [•] months	More impact This impacted upon me for more than [•] months, but less than [•] years	Most impact This impacted upon me from the time I required this essential service throughout my childhood.				
(d) To what extent did the delay or lack of essential service impact your sense of belonging? (e.g., relationships with your family or community)	Limited impact I was able to create and maintain my relationships with my family and community without notable impact.	Some impact Some days I was not able to create or maintain my relationships with my family and community without this essential service. On other days this did not impact my ability to create and maintain my relationships with my family and community.	More impact This continually impacted upon my ability to create and maintain my relationships with my family and community.	Most impact I was not able to create and maintain my relationships with my family and community without this essential service.				From Thunderbird Framework: **Belonging** (emotional behaviour, expressed through attitude and relationship) Examples: connections and relationships to the land, culture, family, community one comes from, etc.

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(i) How long did this impact upon your sense of belonging? (e.g., relationships with your family or community)	Limited impact This impacted upon me for less than 1 month.	Some impact This impacted upon me for more than 1 month, but less than [•] months	More impact This impacted upon me for more than [•] months, but less than [•] years	Most impact This impacted upon me from the time I required this essential service throughout my childhood.				
IMPACTS IN CURRENT CIRCUMSTANCES								
4. **In your life now, do you have difficulty with one of the following?** **If so, how does this impact upon your ability to engage with your community currently?**							Y/N	
(a) I have trouble seeing.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	

Question		Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(b)	I have trouble hearing.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	
(c)	I have trouble moving around or using my hands or fingers.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	
(d)	I have trouble learning or remembering.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	
(e)	I have trouble with my mental health.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	
(f)	I have trouble understanding people and sharing what I am thinking or feeling.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(g) I have a developmental condition, disability or disorder.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	
5. What is the current impact of the delay or lack of essential service on your relationships with your culture, land, family and community?	Does not currently have a notable impact.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to the impact upon my relationships with my culture, land, family and community.			N	

APPENDIX "A"

Extract from Thunderbird Partnership First Nations Mental Health and Wellness Framework

FIGURE 1: CULTURE AS INTERVENTION MODEL[1]

Court File Nos. T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

AFFIDAVIT OF WILLIAM COLISH
(Affirmed September 2, 2022)

I, William Colish, in the City of Montreal in the Province of Quebec, SOLEMNLY AFFIRM:

1. I am a lawyer at Kugler Kandestin LLP, co-counsel for the plaintiffs and class counsel, and as such I have knowledge of the matters hereinafter deposed to, either personally or from having been advised by others, and where so stated I believe same to be true. In affirming this affidavit, I do not intend to waive any solicitor-client, settlement or other privilege.

A. OVERVIEW

2. As lawyers, it is our job to advance the case towards a trial. At any point in time, a defendant may approach us with a view to exploring the possibility of settlement. In this case, we attended mediation and then intensive negotiations outside of mediation, while working on a parallel track to advance the case if the negotiations did not result in a settlement.

3. Over a long period of time, the parties had countless in-person and virtual meetings to discuss numerous aspects of a potential settlement and to negotiate myriad terms. The discussions allowed all parties to voice their views on a variety of challenging and emotionally charged subjects.

4. While the discussions that took place during the mediation or negotiations are protected by settlement privilege, the duration of the negotiations and the great number of meetings provide a clear indication of just how challenging it was for the parties to arrive at a settlement satisfactory to their respective clients.

5. At the end of any negotiation, the plaintiffs are presented with the absolute final offer of its adversary. At that point in time, it is up to counsel to the plaintiff to make a recommendation to the clients regarding whether to accept the offer or to refuse the offer and simply proceed to trial, which may not occur for many years.

6. In this particular case, when class counsel was satisfied that it had been presented with Canada's absolute final offer, our team had numerous discussions with the representative plaintiffs. All of class counsel and all of the plaintiffs believed, and continue to believe, that we have achieved an excellent settlement; one that will allow hundreds of thousands of vulnerable individuals to receive life-changing compensation by following a claims process that will not be adversarial and that will be as minimally invasive as possible.

7. There is no such thing as a perfect settlement. In order to get absolutely everything that one claims in the legal proceedings, it is necessary to proceed to trial and obtain a final judgment. A settlement entails compromise, and it is incumbent on the plaintiffs, guided by class counsel, to decide whether the settlement is acceptable. In this case, class counsel acknowledges that certain compromises have been made; these compromises, while difficult, have been made in order to further the guiding principle of favouring the interests of the children.

8. Class counsel believe that this settlement is an outstanding result. We have no hesitation in recommending its approval to the Court.

9. In this affidavit, I provide details on the litigation, the settlement and the lengthy negotiations that led to the largest settlement in Canadian history.

B. THE CLASS COUNSEL TEAM

10. The Court has appointed Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin LLP as class counsel.

11. Although the litigation has been advanced in unison, two different groups of lawyers act for two groups of plaintiffs. Sotos LLP, Kugler Kandestin LLP, and Miller Titerle + Co. act for Xavier Moushoom, Jeremy Meawasige (by his litigation guardian, Jonavon Joseph Meawasige), Jonavon Joseph Meawasige, and Zacheus Joseph Trout.

12. Nahwegahbow Corbiere and Fasken Martineau Dumoulin LLP act for the Assembly of First Nations ("**AFN**"), Ashley Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson by his Litigation Guardian, Carolyn Buffalo, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson.

C. CHRONOLOGY OF THE LITIGATION

a. The Federal Court Class Proceedings

13. Xavier Moushoom commenced a proposed class action (Court File No. T-402-19) on March 4, 2019, seeking compensation for children who suffered discrimination related to Canada's First Nations Child and Family Services ("**FNCFS**") and the discriminatory application of Jordan's Principle ("**Moushoom Class Action**"). Later, Jeremy Meawasige by his Litigation Guardian, Jonavon Joseph Meawasige, and Jonavon Joseph Meawasige were added as plaintiffs. The class period was defined to begin on April 1, 1991.

14. On January 28, 2020, the AFN and some proposed representative plaintiffs filed a proposed class action (Court File No. T-141-20) in the Federal Court about the same subject matter ("**AFN Class Action**"). The proposed representative plaintiffs in the AFN Class Action were later amended to be Ashley Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson by his Litigation Guardian, Carolyn Buffalo, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson.

15. In 2020, the two groups of plaintiffs agreed to consolidate the Moushoom Class Action and the AFN Class Action. The claims were formally consolidated on July 7, 2021 by Madam Justice St-Louis (collectively the "**Consolidated Class Action**").

16. For reasons further described below, Madam Justice St-Louis also ordered that a group of class members with claims relating to delays, denials or gaps in essential services be separately prosecuted, granting leave to Zacheus Joseph Trout and the AFN to commence that action. Attached hereto as **Exhibit "A"** is a copy of that order.

17. Mr. Trout and the AFN therefore commenced Court File No. T-1120-21 ("**Trout Action**") on July 16, 2021. Mr. Trout sought to represent class members who had faced a delay, denial or gap in the receipt of an essential service for which the class members had a confirmed need between April 1, 1991 and December 11, 2007.

18. Madam Justice Aylen certified the Consolidated Class Action on consent on November 26, 2021. Attached as **Exhibit "B"** is the certification order of the Consolidated Class Action.

19. Madam Justice Aylen certified the Trout Action on consent on February 11, 2022. Attached as **Exhibit "C"** is the certification order of the Trout Action.

20. The AFN is a plaintiff in both the Consolidated Action and the Trout Action, while the Court has appointed the individual plaintiffs as representative plaintiffs in its respective certification orders.

b. Canadian Human Rights Tribunal Proceeding

21. The Consolidated Class Action partly overlaps with a proceeding before the Canadian Human Rights Tribunal ("**Tribunal**"), where the AFN is a co-complainant. In 2007, the AFN and the First Nations Child and Family Caring Society of Canada ("**Caring Society**") filed a complaint with the Canadian Human Rights Commission against Canada. On October 14, 2008, the Canadian Human Rights Commission referred the complaint to the Tribunal.

22. The Tribunal rendered its decision on the merits of the complaint on January 26, 2016: *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada)*, 2016 CHRT 2. The Tribunal found that Canada had discriminated against First Nations children and families on reserves and in the Yukon by its underfunding of child and family services under the FNCFS program and by Canada's prohibitively restrictive interpretation of Jordan's Principle.

23. The Tribunal later decided in *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous*

and Northern Affairs Canada), 2019 CHRT 39, that the First Nations children and their caregiving parents and grandparents should receive human rights compensation ("**Compensation Decision**"). The Tribunal subsequently clarified and expanded on the Compensation Decision in several related decisions. The Compensation Decision related to removed children between 2006 and 2022, and Jordan's Principle children between 2007 and 2017.

D. SETTLEMENT PROCESS

a. Negotiations and Mediation

24. The parties to the Moushoom Class Action had some exploratory settlement discussions with Canada in 2019. At that time, class counsel in the Moushoom Class Action retained Professor Nico Trocmé, Director of the School of Social Work at McGill University, to work with actuary, Peter Gorham, to estimate the size of the Removed Child Class. I provide more details on this expert work below.

25. Beginning on November 22, 2020, the plaintiffs in the Consolidated Class Action and the Caring Society engaged in a mediation with Canada in accordance with the Federal Court Guidelines for Aboriginal Law Proceedings. Retired First Nations Federal Court judge, the Honourable Leonard Mandamin, was appointed as mediator.

26. The mediation covered the Consolidated Class Action, the Compensation Decision, and the long-term reform of the FNCFS program and Jordan's Principle. The negotiations proceeded through two separate "tables", one focussing on compensation and the other on long-term reform.

27. At that time, Canada refused to negotiate the Trout Action. That refusal was the reason for the bifurcation of the Trout Action from the Consolidated Class Action. Therefore, the Trout Action did not form part of the mediation with the Honourable Mr. Mandamin. The parties proceeded toward a contested certification motion of the Trout Action, with the Court setting a timetable and scheduling September 19, 2022 as the starting date for that hearing. The plaintiffs prepared and served their certification motion record.

28. The Honourable Mr. Mandamin directed that the representative plaintiffs be permitted to attend the mediation to share their experiences, views and expectations with the negotiators. As a result, all representative plaintiffs (except for Mr. Trout) who wished to share their story and expectations participated extensively in the mediation.

29. The mediation continued for nearly one year, until September 2021. During this time, the mediation sessions occurred regularly, and often for consecutive sessions within the same week. However, despite the significant efforts on all sides, the parties were not able to reach an agreement.

30. Beginning in early November 2021, the parties engaged in intensive settlement discussions facilitated by the Honourable Murray Sinclair. These negotiations also included the Trout Action, and strived for a global settlement of all litigation. The settlement agreement before the Court is a result of that both the mediation and that round of negotiations. It is addressed in more detail below.

b. Estimated Size of the Class

31. In order to measure the reasonableness of a settlement, the parties sought to estimate the size of each of the classes, which include: the Removed Child Class, the Removed Child Family Class, Jordan's Principle Class, the Jordan's Principle Family Class, the Trout Child Class, and the Trout Family Class.

32. After the Compensation Decision, the Parliamentary Budget Officer issued a report on April 2, 2020, titled "First Nations Child Welfare: Compensation for Removals", which sought to estimate the number of removed children and families covered by the Compensation Decision. Attached as **Exhibit "D"** is that report. The report estimated the total number of children and parents and their corresponding Tribunal compensation would be as follows:

> The preliminary estimate of Indigenous Services Canada (ISC) was that 125,600 people are eligible for compensation totalling $5.4 billion. Based on the PBO's assumed legal interpretation, the PBO estimates that 19,000 to 65,100 people are eligible for compensation in a range of $0.9 billion to $2.9 billion.

33. In the parties' negotiations, the expert opinion produced by Professor Trocmé and Mr. Gorham laid the foundation for the parties' estimate of the size of the Removed Child Class. The experts had used data available within Indigenous Services Canada ("**ISC**") relating to the child removals funded by ISC during the class period to arrive at their estimate of the size of the class. The purpose of this report was to assist the parties in their negotiations by providing estimates of the number of First Nations children who were ordinarily resident on reserve and who were taken into care in Canada during the class period and remained in care for specific timeframes. Professor

Trocmé and Mr. Gorham provided a report on January 18, 2021. Attached as **Exhibit "E"** is that report.

34. Given that the ISC data contained gaps and inaccuracies, the experts applied some assumptions and corrected inaccuracies such as duplications to reach their opinion on the estimated size of the Removed Child Class between 1991 and 2019.

35. The parties subsequently asked Professor Trocmé and Mr. Gorham to update their estimate until March 31, 2022, the date as of which the parties agreed that the compensation time period would end. Mr. Gorham delivered a letter on February 7, 2022, updating the class size estimate. Attached as **Exhibit "F"** is that letter, which estimated that 116,000 Removed Child Class members existed.

36. I am informed by my co-counsel, Mohsen Seddigh, and do verily believe that direct data did not exist on the size of the Removed Child Family Class because this information was not systemically captured by the ISC data on the removed children in the FNCFS program. A subsequent report by the Office of the Parliamentary Budget Officer dated February 23, 2021 and titled "Compensation for the Delay and Denial of Services to First Nations Children" estimated: "First Nations children live with an average of 1.5 biological parents (or grandparents if parents are absent)" ("**Parliamentary Report**"). Attached as **Exhibit "G"** is that report.

37. On that basis, the size of the Removed Child Family Class could be calculated by multiplying the estimated size of the Removed Child Class by 1.5, which would yield 174,000. However, that raw number may not be accurate because it does not take

into account the Removed Child Class members who had the same parents, *i.e.* some parents having more than a single child.

38. Estimating the number of the Jordan's Principle Class and the Trout Child Class has been a challenge due, amongst others, to the following factors:

(a) The way in which Jordan's Principle was applied by the Federal Government has evolved from its inception in 2005 in *Wen:De: We are Coming to the Light of Day* and its first official acknowledgement in a 2007 House of Commons resolution, through the Tribunal's 2016 decision, and in the subsequent jurisprudence of the Tribunal. Attached as **Exhibit "H"** is *Wen:De: We are Coming to the Light of Day*, and attached as **Exhibit "I"** is the December 12, 2007 House of Commons Motion 296. At first, the Jordan's Principle service delivery program addressed inter-governmental disputes between the federal and provincial governments in situations where an on-reserve child had multiple disabilities (health related). This evolved to eliminating the requirement that the First Nations child on-reserve must have multiple disabilities that require multiple service providers (health and mental health) and applied to all jurisdictional disputes, including those between federal government departments. Jordan's Principle has since continued to evolve into a child-first principle that applies equally to all First Nations children, whether resident on or off reserve, and includes additional services beyond health and mental health (such as education, housing, etc.). Given this evolution and the varying service standards, it is difficult to determine the class size using today's

definition and coverage of Jordan's Principle and applying it across the class period, i.e., going back to 1991.

(b) Data relating to instances of confirmed needs for an essential service, delays, denials or service gaps from 1991 until 2016 is scarce or non-existent. As the Parliamentary Report stated: "The number of children who were affected by delays and denials of essential services is highly uncertain because Jordan's Principle claims were not tracked prior to 2017."

(c) The concept of "Jordan's Principle" did not exist at all during most of the Trout Child class period (*i.e.*, until 2005) and, although class counsel maintained and prevailed in convincing Canada that the underlying constitutionally protected equality rights of that class existed and were breached, no specific heading exists under which the relevant data could have been kept.

39. The Parliamentary Report estimated the size of the Jordan's Principle Class as follows: "In total, about 13,000 children are expected to be eligible for compensation, mostly in relation to delayed approval of group claims. A further 90,000 children affected by essential service gaps are assumed not to be eligible but would be eligible under the interpretation apparently assumed by parties to the CHRT proceeding". I am told by Mr. Seddigh, and do verily believe that the Parliamentary Report's estimates appear to be based on extrapolating the group requests delayed between June 2017 and November 2017 to the 2007-2017 period. The actual individual requests only amounted

to about 200 delayed claims. The denied claims were a much smaller number, in the dozens. The Parliamentary Report estimated service gaps to be the largest group.

40. Given that these proceedings sought damages for individuals, rather than groups, the parties did not find the Parliamentary Report's estimated Jordan's Principle class size to be a reliable indicator.

41. Canada provided estimates of 58,385 and 69,728 class members for the period from December 12, 2007 to November 2, 2017. These Jordan's Principle Class estimates were based on the number of Jordan's Principle service requests in the fourth fiscal quarter of the 2019-2020 fiscal year (*i.e.*, January 1, 2020 to March 31, 2020) from "GCCase", which is the case management system that the Government of Canada employs for Jordan's Principle tracking. The data from this quarter was used as a sample to estimate the number of eligible claimants under the Jordan's Principle Class by multiplying the number of individual requests from that period for the cohort of 2007 to 2017.

42. This method of estimation was chosen because prior to December 2019, Canada did not have a coordinated way of collecting and managing Jordan's Principle data. In December 2019, Canada completed its roll-out of GCCase. The period from January 1, 2020 to March 31, 2020 is the first fiscal quarter that GCCase was used in ISC's Jordan's Principle program.

43. Class counsel were informed by Canada that later data from 2020 was significantly impacted by the COVID-19 pandemic, which created an influx in requests

for supports. The data extracted for these estimates excludes COVID-19 related Jordan's Principle requests, which would not have existed during the class period.

44. This estimate does not account for duplication in requests (*i.e.*, a single child with multiple, separate requests) or overlap between group and individual requests. To address the potential for overlap, the estimate provided a range of three scenarios that made assumptions of 0% overlap, 20% overlap and 50% overlap, which is useful to understand the total range of possible numbers of children who may be eligible for compensation. The median 20% would yield an estimated Jordan's Principle Class size of 65,000.

45. The Trout Child Class size is similarly difficult to approximate. The Trout Child Class size was estimated by taking the 65,000 median estimate for the Jordan's Principle class and multiplying it by the number of years that the Trout Child Class period is greater than the Jordan's Principle Class period (a multiple of 1.6). This results in an estimated Trout Child Class size of 104,000.

46. A unique reality regarding the Jordan's Principle Class and Trout Child Class is that the detailed criteria for inclusion in those classes for compensation purposes were not fully developed in the Tribunal or these Federal Court proceedings. It is therefore not possible to say with certainty who would and who would not have qualified as a Jordan's Principle claimant under the Tribunal proceeding, except for the rare instances where a finding exists about an individual's Jordan's Principle equality rights having been breached, such as the representative plaintiff, Jeremy Joseph Meawasige (2013 FC 342).

47. The proposed settlement agreement leaves those eligibility details to be determined by the plaintiffs through a process that is subject to the Court's approval. These criteria include factors such as the level of impact that is to be deemed compensable, the types of services that can be considered "essential" for compensation purposes, and the documentation required to substantiate a claim. The more relaxed the criteria, the larger the number of individuals who may qualify for compensation under this settlement (and, therefore, the larger the size of the class), and vice versa.

48. Finally, ISC commissioned a report by experts at the University of Toronto and McGill to assess the existing data and how it could be employed for the purposes of removed children and Jordan's Principle compensation under the Compensation Decision. On February 2022, the experts issued a report titled "Review of Data and Process Considerations for Compensation Under 2019 CHRT 39", highlighting a number of issues that included data gaps for child welfare and Jordan's Principle compensation. The report also provided recommendations for supports to claimants and processing claims. The report is attached to my affidavit as **Exhibit "J"**.

c. Agreement in Principle and Final Settlement Agreement

49. On December 31, 2021, the parties executed an agreement in principle for a global settlement of the litigation in return for $20 billion ("**AIP**"). (The AIP is separate from the long-term reform aspect of the negotiations where another agreement in principle was concurrently reached, which included an additional $19.807 billion for the long-term reform of the FNCFS and Jordan's Principle programs.)

50. After signing the AIP, the parties engaged in six more months of intensive negotiations, which included numerous remote and in-person multi-party meetings, to draft a final settlement agreement ("**FSA**"). The parties adopted a respectful negotiation process that allowed them to develop and voice their positions.

51. The plaintiffs agreed on a series of objectives, which guided the negotiations and have now become governing principles of the FSA. These principles aimed to:

(a) maintain and, where appropriate, increase the awards under the Compensation Decision to the greatest extent possible;

(b) ensure proportionality of compensation based on objective factors serving as proxies for harm;

(c) ensure that where compromise was required, it would favour the children who suffered;

(d) ensure a trauma-informed and culturally sensitive process;

(e) avoid any need for interview or cross-examination of survivors to minimize re-traumatization;

(f) create an accessible claims process:

(g) provide significant supports throughout the claims process; and

(h) ensure all settlement funds are directed to survivors and their families.

52. The parties signed the FSA on June 30, 2022. Attached as **Exhibit "K"** is the FSA.

E. FINAL SETTLEMENT AGREEMENT

53. Under the FSA, Canada agreed to pay $20 billion in compensation. This figure is over four times the amount of total compensation distributed to claimants under the Indian Residential Schools Settlement Agreement ("**IRSSA**") and would make this the largest class action settlement in Canadian history. The IRSSA, by way of reference, provided $1.622 billion in base compensation, $57 million is personal education credits and an additional $3.233 billion for enhanced compensation pursuant to the Independent Assessment Process. Attached as **Exhibit "L"** are statistical reports on the IRSSA.

54. The FSA covers for the following classes:

(a) the Removed Child Class and their relevant families;

(b) the Jordan's Principle Class and their relevant families; and

(c) the Trout Child Class and their relevant families.

55. The Removed Child Class under the FSA includes First Nations individuals who, at any time during the period between April 1, 1991 and March 31, 2022, while they were under the age of majority, were removed from their home by child welfare authorities or voluntarily placed into care, and whose placement was funded by ISC.

Generally, ISC funded removals of children living on-reserve or one of whose parents was ordinarily resident on-reserve.

56. The Removed Child Family Class in the certification order covers all persons who are the brother, sister, mother, father, grandmother or grandfather of a member of the Removed Child Class at the time of removal. However, under the FSA, only the caregiving parent(s) and caregiving grandparent(s) of the Removed Child Class are eligible to receive direct compensation. Such parents include biological, adoptive or common law, but excludes foster parents. Other family class members (*i.e.*, siblings and non-caregiving parents or grandparents) may be entitled to indirect benefits through the Cy-près Fund further described below.

57. With respect to Jordan's Principle, the FSA defines the class as all First Nations individuals who, during the period between December 12, 2007 and November 2, 2017, did not receive from Canada, whether by reason of a denial or a service gap, an essential service relating to a confirmed need, or whose receipt of said essential service relating to a confirmed need was delayed by Canada, on grounds including but not limited to lack of funding, lack of jurisdiction, a jurisdictional dispute with another government or governmental department, while they were under the age of majority. November 2, 2017 is the date as of which the Tribunal found on consent of the parties to that proceeding that Canada no longer discriminated in its implementation of Jordan's Principle (2017 CHRT 35).

58. The Jordan's Principle Family Class in the certification order includes all persons who are the brother, sister, mother, father, grandmother or grandfather of a

member of the Jordan's Principle Class at the time of delay, denial or service gap. Amongst the Jordan's Principle Family Class, however, only some or all of their caregiving parents or caregiving grandparents may be eligible to receive direct compensation under the FSA. Other family class members (*i.e.*, siblings and non-caregiving parents or grandparents) may be entitled to indirect benefits through the Cy-près Fund further described below.

59. The Trout Child Class under the FSA includes First Nations individuals who, during the period between April 1, 1991 and December 11, 2007, while they were under the age of majority, did not receive from Canada an essential service relating to a confirmed need, or whose receipt of said essential service was delayed by Canada, on grounds, including but not limited to, lack of funding, lack of jurisdiction, or as a result of a service gap or jurisdictional dispute with another government or governmental department.

60. The Trout Family Class under the certification order includes all persons who are the brother, sister, mother, father, grandmother or grandfather of a member of the Trout Child Class at the time of delay, denial or service gap. Amongst the Trout Family Class, however, only the caregiving parents or caregiving grandparents may receive direct compensation if otherwise eligible under the FSA. Other family class members (*i.e.*, siblings and non-caregiving parents or grandparents) may be entitled to indirect benefits through the Cy-près Fund further described below.

61. The term "First Nations" has been defined broadly, while making some necessary distinctions amongst the various classes, as follows:

"**First Nations**" means:

(a) with respect to the Removed Child Class, Jordan's Principle Class, Trout Child Class, and Stepparents: individuals who are registered pursuant to the *Indian Act*;

(b) with respect to the Removed Child Class, Jordan's Principle Class, and Trout Child Class: individuals who were entitled to be registered under sections 6(1) or 6(2) of the *Indian Act*, as it read as of February 11, 2022 (the latter date of the Certification Orders);

(c) with respect to the Removed Child Class: individuals who met Band membership requirements under sections 10-12 of the *Indian Act* by February 11, 2022 (the latter date of the Certification Orders) such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List;

(d) with respect to the Jordan's Principle Class only: individuals who met Band membership requirements under sections 10-12 of the *Indian Act* pursuant to paragraph (c), above, AND who suffered a Delay, Denial, or Service Gap between January 26, 2016 and November 2, 2017;

(e) with respect to the Jordan's Principle Class only: individuals who were recognized as citizens or members of their respective First Nation by February 11, 2022 (the latter date of the Certification Orders) as confirmed by First Nations Council Confirmation, whether under final agreement, self-government agreement, treaties or First Nations' customs, traditions and laws, AND who suffered a Delay, Denial, or Service Gap between January 26, 2016 and November 2, 2017.

F. CLASS BUDGETS AND ESTIMATED PAYOUTS

62. The FSA provides payouts to potentially hundreds of thousands of class members, while some groups, such as siblings and non-caregiving parents, may only benefit from the FSA indirectly. This differing approach to different classes follows

the proportionality and fairness principle that guided the negotiations leading up to the FSA, and the drafting of the FSA. Under this approach, which the First Nations representative plaintiffs have strongly advocated for, compensation should be proportionate to the impact on the individual, and it is inappropriate to treat all class members the same or dilute the settlement funds amongst an overly broad group.

63. In the following parts, I describe the budget allocated to each class and the payouts expected to be made available to class members.

a. Removed Child Class Budget and Compensation

64. The FSA allocates a budget of $7.25 billion to the Removed Child Class.

65. Each Approved Removed Child Class Member will be entitled to receive a "Base Compensation" of $40,000. The Base Compensation payable to an Approved Removed Child Class Member will be grounded in the fact of removal.

66. In addition to the base compensation, the plaintiffs were of the view that several relevant factors needed to be included in the compensation scheme to ensure that those who suffered greater impact would be entitled to larger compensation.

67. The enhancement factors are proxy measures of harm that are objective and can be ascertained from an individual's child and family services records and thus would minimize individual testimony or additional documentation, in alignment with the principle of non-traumatization. These enhancement factors were chosen following consultation with experts. The enhancement factors include:

(a) **Age at removal:** This enhancement factor recognizes that First Nations children who are removed from their families at birth or during infancy are deprived of a crucial developmental stage for bonding to the parent(s) or caregiver(s), which can result in long-term impacts to an individual's wellbeing, along with increased risk of recurring involvement in child and family services and youth justice. This factor was specifically responsive to a concern expressed by the Caring Society.

(b) **Time spent in care:** This enhancement factor acknowledges that the longer a child stays in care, the less likely they are to exit care permanently. This factor is also related to more frequent moves, higher likelihood of recurring involvement with child and family services, adverse impacts on child/youth mental wellness, and greater cultural alienation.

(c) **Age when exiting care:** This enhancement factor recognizes the adverse, systemic barriers that First Nations youth who age out of care (*i.e.*, reach the age of majority while in care) often experience. The FNCFS did not support youth to navigate independent living once they exit care. These youth are subsequently at an increased risk to experience homelessness, poverty, employment insecurity, involvement with the justice system, and long-term mental wellness challenges.

(d) **Removal for the purpose of receiving an essential service:** This enhancement factor acknowledges that First Nations children who were removed from their families in order to access an essential service were doubly discriminated against by Canada's failure to properly implement

Jordan's Principle and the underfunding of the FNCFS. It further acknowledges the risks inherent to being involved in child and family services.

(e) **Removal from a northern or remote community:** This factor acknowledges that First Nations children removed from northern and/or remote communities are at a high risk of losing connection to their families, culture, languages, and communities due to the challenges associated with returning home. Child and family services literature demonstrates that children who lack access to family, language, and culture are at greater risk of adverse outcomes for their holistic wellbeing.

(f) **Spells in care and/or number of placements:** This enhancement factor recognizes the long-term negative effect that frequent or recurring placements or moves in care can have on a child's wellbeing due to an environment of instability.

68. The plaintiffs have not yet allocated values to each of these enhancements. The plaintiffs are in the process of designing a system of weighting the Removed Child Enhancement Factors for the Removed Child Class, which will be guided by input from experts. This will be the subject of further submissions on the motion scheduled for December 2022 for the approval of the Claims Process.

69. The FSA does not determine the weight given to an enhancement factor and the number of eligible factors. However, the plaintiffs intend to retain Professor Trocmé and Mr. Gorham to develop the methodology for determining same in the following fashion:

(a) First, the relative weight of each enhancement factor will be assigned a percentage of the $2.65 billion set aside for enhancement factors based on the Trocmé/Gorham class size estimate; and

(b) Second, once it is possible to know or forecast the number of class members who are eligible to receive that enhancement factor, then a dollar figure may be assigned to it, with the assistance of an actuarial firm retained by the parties.

70. As an example, the time-in-care factor illustrates the current methodology that is being considered and how it may be applied. The experts may, for example, determine that 20% of the $2.65 billion should be set aside for the time-in-care enhancement factor, given its importance as a proxy for harm relative to the other factors. If greater harm results from a longer time in care, the enhancement factor may be scaled to reflect this fact. The enhancement payments could be allotted according to the following categories or levels: 1 to 3 years in care will benefit from the first enhancement amount or level; 3 to 6 years in care will benefit from the second enhancement amount, which shall be double the first enhancement amount; more than 6 years in care will benefit from the third enhancement amount, which shall be triple the first enhancement amount. The following table shows how these enhancements could translate into dollar figures:

Time in care	**Number of individuals**		**Amount of increase per claimant**
1 up to 3 years	26638	$	6,000.00
3 up to 6 years	11695	$	12,000.00
6 years or more	12778	$	18,000.00
Total		$	530,169,491.53

Percentage of 2.65 billion set aside for enhancement payments	20%

71. The same design process could occur for each enhancement factor as the information regarding the number of survivors who qualify for a specific enhancement factor is obtained. As approximately half of Removed Child Class members will already have attained the age of majority by the time of the settlement approval hearing, this information is expected to be determinable during the initial claims period of three years. The claims expected during this period should permit actuarial analysis for the purpose of recommending to the Court the value allocated to each enhancement factor.

72. The actual highest amount of payout to the most serious cases will depend on take-up across the Removed Child Class. With that caveat in mind, the highest total payout to individuals could exceed $150,000.

b. Caregiving Parents and Caregiving Grandparents of Removed Child Class

73. The FSA allocates a budget of $5.75 billion to the Removed Child Family Class.

74. Amongst the Removed Child Family Class, only the caregiving parents and caregiving grandparents may receive direct payouts. These terms are defined in the FSA such that the eligibility of the Removed Family Class is tied to the removal of the child from a parent or grandparent who was providing care to the child. In the Tribunal's Compensation Decision some biological caregiving parents or grandparents were entitled to human rights compensation only if their child was placed in care off-

reserve. By contrast, under the FSA the payouts are extended to biological parents and grandparents whose children were placed in care on-reserve (as well as caregiving adoptive and step- parents and grandparents). This represents a significant extension of compensation to these family members.

75. The FSA has budgeted a Base Compensation for each Approved Removed Child Family Class member to be $40,000. This Base Compensation amount may be enhanced up to a maximum of $60,000 if more than one child was removed from a caregiving parent or caregiving grandparent. No Approved Removed Child Family Class Member will receive more than one Base Compensation. Further, the Base Compensation of an Approved Removed Child Family Class Member will not be multiplied based on the number of removals or times in care for a child or the number of children in care. This was a necessary restriction on the Compensation decision aimed at proportionality and also preventing the likely situation that some parents would end up receiving multiple times more compensation than the removed children themselves.

76. A caregiving parent or caregiving grandparent who has committed sexual or serious physical abuse that has resulted in the Removed Child Class member's removal is not eligible for compensation in relation to that child. However, a caregiving parent or caregiving grandparent is not barred from receiving compensation if they are otherwise eligible for compensation as a member of another class defined under the FSA.

77. The FSA takes into account the situation where the biological parents may not be together and the role of adoptive and stepparents. Given these realities and complexities, the plaintiffs developed a customized eligibility, according to the following priority list:

(a) Category A: Caregiving parents who are biological parents; then

(b) Category B: Caregiving parents who are adoptive parents or stepparents (where they have stood in a parental role for three, prior continuous years at the time of removal), if applicable; then

(c) Category C: Caregiving grandparent(s).

78. This prioritization also prevents children from being caught in potential disputes amongst various parents and grandparents about payment. Such disputes risk traumatizing the child, and fixed priorities based on First Nations experiences and ways of living reduce that re-traumatization risk.

c. Jordan's Principle and Trout Child Class

79. The FSA allocates a budget of $3 billion for the Jordan's Principle Class and $2 billion for the Trout Child Class.

80. As I described earlier, settling on the eligibility criteria for Jordan's Principle and Trout payouts is complicated by Jordan's Principle's evolving definition, uncertainty about class size, and the fact that the FSA and this process are the first instance where the parties have had to grapple with the details of those eligibility

criteria and the compensability threshold for the discrimination against First Nations children.

81. Given the FSA's principle of proportionality, the plaintiffs cannot simply relax eligibility criteria and dilute the budget amongst a very large group of individuals, paying the same small compensation to everyone regardless of the harm that each of them suffered.

82. The FSA applies the same compensation method to both the Jordan's Principle Class and Trout Child Class, while allocating different compensation levels to each of those classes in light of their respective litigation risk assessments, taking into account factors such as limitations and overlap with the Tribunal's Compensation Decision.

83. Because of the overall cap on compensation and the uncertainties surrounding the size of the class, it may not be possible to compensate all individuals in the Jordan's Principle Class and the Trout Child Class with a base payment of $40,000. Accordingly, the FSA establishes mechanisms to ensure that those who suffered less impact in the Jordan's Principle Class will receive up to $40,000, while those who suffered greater harm will receive a minimum of $40,000. These higher levels of impact may include conditions and circumstances such as an illness, disability or impairment. Such impact is to be measured based on objective factors assessed through culturally sensitive claims forms and a questionnaire designed in consultation with experts. The selection of which claimants qualify under this category will be based on objective factors such as the severity of impact on the child and the number of eligible claimants.

84. Once the number of those class members who receive at least $40,000 is determinable, the remaining funds in the Jordan's Principle budget will be shared pro rata among that group. If a surplus exists, those who suffered greater impact may receive enhanced compensation.

85. The same method applies to the Trout Child Class. However, an Approved Trout Child Class Member will receive a minimum of $20,000 in compensation where they have established higher levels of impact than other Trout Child Class members. Those who suffered less impact in the Trout Child Class will receive up to $20,000. Similar to the Jordan's Principle Class, those class members who did not experience significant impacts will be paid that will be determinable once it is known what amounts remain in the budgeted fund following payment to those who were significantly impacted.

86. Payouts under these classes will be determined based on the class members' confirmed need for an essential service if:

(a) a class member's confirmed need was not met because of a denial of a requested essential service;

(b) a class member experienced a delay in the receipt of a requested essential service for which they had a confirmed need; or

(c) a class member's confirmed need was not met because of a service gap even if the essential service was not requested.

87. Supporting documentation will be required as proof of a recommendation by a professional for the treatment, service or equipment. Proof from a professional must specify the essential service, the reason for the need, and when the need existed. The term professional is defined broadly to be responsive to the fact that not all First Nations have easy access to specialists or family physicians, and therefore includes community nurses and other professionals who are available in remote communities.

88. The proposed methodology for the Jordan's Principle and Trout claims process, including the method to distinguish between the individuals who suffered a higher impact and those who suffered a lesser impact, is detailed in other affidavits, sworn concurrently in support of this motion.

d. Jordan's Principle Family Class and Trout Family Class

89. The FSA allocates a fixed budget of $2 billion to this class. There will be no reallocation to these classes of any surpluses or revenues.

90. The FSA provides that only caregiving parents or caregiving grandparents of the Approved Jordan's Principle Class Members and Approved Trout Child Class Members who have established a claim under Article 6.06(11), Article 6.06(12), or Article 6.07(4) may be entitled to compensation. These Articles refer to those class members who experienced the greatest amount of hardship as a result of being deprived of an essential service. Other parents or grandparents will not receive direct payments under the FSA, but may benefit indirectly from the Cy-près Fund.

e. Estates of Deceased Class Members

91. The FSA allows estates of the deceased members of the Removed Child Class, Jordan's Principle Child Class and Trout Child Class to file a claim on behalf of the child.

92. Such claims are eligible for compensation, regardless of whether the child class member passed away prior to or during the claims process.

93. Estates of the family classes will not be eligible for compensation, unless an application for compensation was filed by the member of the family class prior to their death.

94. Learning from past Indigenous settlements, the parties decided that a probate will not be required in most circumstances under the FSA. Thus, payments by estates claimants will follow a priority level of heirs akin to the provisions of the *Indian Act*.

G. CY-PRÈS FUND

95. The FSA creates a First Nations-led Cy-près Fund with an endowment of $50 million from interest earned on the settlement funds. As stated in Article 7.01(2), the intention of the parties in establishing the Cy-près Fund is to benefit class members—such as siblings and non-caregiving parents—who would not be eligible for payouts under the FSA.

96. The objective of the Cy-près Fund is to provide culturally sensitive and trauma-informed supports to the class and contribute towards matters such as the following:

(a) to promote family and community unification, reunification, connection and reconnection for youth in care and formerly in care;

(b) to reduce the costs associated with travel and accommodations to visit community and family, including for First Nations youth in care and formerly in care, support person(s) or family members; and

(c) to facilitate access to culture-based, community-based and healing-based programs, services and activities to class members and the children of First Nations parents who experienced a delay, denial or service gap in the receipt of an essential service.

97. The design of the Cy-près Fund is left to the plaintiffs to be done with the assistance of experts, and will be subject to the Court's approval on a future motion.

H. SUPPORTS AVAILABLE TO CLASS MEMBERS

98. The FSA ensures that culturally appropriate supportive elements exist for claimants.

99. Significant supports, paid for by Canada, are incorporated in the FSA to ensure claimants are able to file their claim and to ensure they have mechanisms for receiving health supports in this process. These supports were the subject of negotiation of a specific group that, starting in February 2022, worked in parallel to the compensation negotiations, comprised of members of the AFN team, along with class counsel and individuals with relevant experience from Canada.

100. These supports will be made available to claimants throughout the claims process of the FSA and are outlined in Article 8 – Supports to Class in Claims Process and in Schedule C - Framework for Supports for Claimants in Compensation Process. The supports include: trauma-informed and culturally appropriate mental health supports; health care professionals to deliver support to class members who suffer or may suffer trauma; assistance to claimants in completing claims forms; enhancing the Hope for Wellness Help Line (which is an Indigenous organization providing 24/7 support to class members experiencing emotional and other trauma through experienced and culturally competent counsellors reachable by telephone and online 'chat'); financial literacy; and investment advice.

101. Canada will also directly pay service providers for mental health and cultural supports and any direct fees charged to claimants to support access to records to support claimant eligibility from provinces, territories, and agencies.

102. Lastly, Canada will also provide the AFN with $2.5 million over 5 years to administer a help desk, employ liaisons to provide claimants with culturally safe assistance and information.

I. FINANCIAL LITERACY AND PROTECTIONS FOR VULNERABLE CLASS MEMBERS

103. The class includes countless vulnerable First Nations youth many of whom are coping with personal and inter-generational trauma.

104. Article 6.11 of the FSA requires the Administrator to ensure that approved class members receive the necessary culturally appropriate financial literacy and investment options to enable them to preserve their compensation. Schedule C - Framework for Supports for Claimants in Compensation Process attached to the FSA also includes financial literacy supports given the heightened need that is expected to exist amongst the class.

105. The plaintiffs will be developing the details of these financial supports and investment options in the Claims Process that will be submitted to the Court for approval in December of this year.

J. NOTICE OF CERTIFICATION AND SETTLEMENT APPROVAL HEARING

106. On June 24, 2022, Madam Justice Aylen approved the short form notice and the long form notice of certification and settlement approval hearing to the class as well as the opt-out form. Attached as **Exhibit "M"** is the Court's said order in English and French, which also attaches the approved notices.

107. The plaintiffs subsequently moved for the approval of the notice plan relating to the notices previously approved. On August 11, 2022, Madam Justice Aylen approved the notice plan and appointed Deloitte LLP as administrator. Attached as **Exhibit "N"** is the Court's said order in English and French, which also attaches the approved notice plan.

108. Concurrently with notice publication, the parties were communicating with the Tribunal regarding the hearing of a motion by the AFN and Canada for an order confirming that the FSA satisfies the Compensation Decision. The Tribunal and the parties to that proceeding exchanged a number of communications, in particular with respect to the Caring Society opposing the relief sought on the motion. On August 16, 2022, the Tribunal issued a direction, reaffirming the schedule it had set on August 8, 2022 for that hearing. The Tribunal also set hearing dates for potentially a hybrid hearing on September 15 and 16, 2022. Attached as **Exhibit "O"** is the Tribunal's timetable direction of August 8, 2022. Attached as **Exhibit "P"** is the Tribunal's hybrid hearing date direction of August 16, 2022. The Tribunal issued an email direction on September 1, 2022 to the effect that "the Panel has decided to move away from the hybrid hearing format and to hear the motion entirely by way of videoconferencing on September 15 and 16, 2022".

109. In July 2022, we learned of communications to the class by a law firm with no involvement in this class proceeding. The communications contained blatantly misleading information about the class action, the settlement agreement, and the claims process. We were very concerned about confusion and harm to the class given the vulnerability of the class and the history of abuse and predation on Indigenous claimants in previous settlements. The law firm refused to remove such communications to the class from its website. This became a significant issue given that notice of certification and settlement approval hearing had to be published at the same time while such misleading communications competed for class members' attention. The plaintiffs therefore brought an urgent motion for interlocutory relief,

which was heard by Madam Justice McDonald on August 17, 2022. The Court granted the interlocutory relief on August 18, 2022, and banned any communications to the class without prior approval of the Court. Madam Justice McDonald's decision is attached as **Exhibit "Q"**.

110. Once the interlocutory motion was dealt with and in light of the hearing dates set by the Tribunal in advance of this motion's hearing, which made it more certain that the Tribunal hearing will take place before September 19, 2022, the plaintiffs finalized and updated the approved notices and published them in accordance with the approved notice plan as of August 19, 2022.

111. I am advised by Zoia Petrossian, from Deloitte LLP, who has coordinated notice publication efforts that as of August 19, 2022 and in accordance with the notice plan:

(a) The designated website for opt-out and notice (http://www.fnchildcompensation.ca/) uploaded the approved notices and the online opt-out form;

(b) Class counsel and the AFN distributed the notices by mass emails to all individuals who have signed up for updates on the case;

(c) The AFN distributed the notices to all First Nations communities across the country;

(d) The Hope for Wellness Helpline was operational and available to class members prior to and as of August 19, 2022; and

(e) The administrator's telephone helpline was also operational and available to class members as of August 19, 2022.

112. Class counsel arranged for the publication of the notices on The Windspeaker, Mi'kmaq Maliseet Nations News, First Nations Drum, and the APTN. I am advised by Patricia Julian Son of Sotos LLP and believe that all digital publications for The Windspeaker, Mi'kmaq Maliseet Nations News, and APTN went live on August 19, 2022.

113. The only publication that still has print media is the Mi'kmaq Newspaper, which requires advance notice and is scheduled to print the notices as of September 1, 2022.

114. Despite many efforts, the plaintiffs have been unable to secure the publication of the notices in the First Nations Drum, which was included in the notice plan, as of the date on which I swear this affidavit. Ms. Julian Son advises me and I believe that she started communicating with the First Nations Drum as of August 2, 2022 by email and leaving a voicemail to arrange for the publication of the notices. When she did not hear back, she started calling them daily and leaving voicemails. She received a call back from someone at the First Nations Drum on August 17, 2022 who said he would put her into contact with the person in charge. However, that lead went cold, and numerous subsequent follow-ups did not yield the required publication.

115. I am advised by Ms. Petrossian that Deloitte set up a Facebook page for this case at the following URL: https://business.facebook.com/FNCFSClassAction/.

Deloitte has published the notices and advertised them on Facebook and Instagram, targeting the specific demographic.

116. Under the Court's notice approval order, the parties were to translate the notices and opt-out form to four First Nations languages (Cree, Ojibwe, Dene, and Mi'kmaq prior to publication) as agreed to by the parties.

117. I am advised by Ms. Julian Son and believe that Sotos LLP inquired with potential Indigenous language translators as of early July 2022. They identified Nations Translation Group, and delivered the notices and the opt-out form to that firm to translate to the four languages. Nations Translation Group confirmed that the translations would be prepared within three weeks from that date. Class counsel therefore expected the translations to be ready prior to August 15, 2022. Some of the translations were received as expected. In any event, all translations needed to be updated to include the final version of the notices.

118. Ms. Julian Son advises me, and I believe, that as of the date of this affidavit, we received complete translations into Dene and Mi'kmaq, which are uploaded to the case website. We have also received a complete short form notice translation into Cree, which is uploaded to the case website. We are still waiting for the balance of the updated translations. Ms. Julian Son and Deloitte have been continuously following up with Nations Translation Group. The translations will be uploaded to the case website and maintained there throughout the opt-out period.

119. I am advised by Mike DiBerardino of Deloitte, and believe, that as of the morning of September 1, 2022, the Facebook and Instagram ad campaign had received

11,261 link clicks (to the case website at www.fnchildcompensation.ca), and 1,454 people had shared the link.

K. STATE OF OPT-OUTS

120. I am advised by Mr. DiBerardino, and believe, that as of September 1, 2022, no class member appears to have opted out of the FSA. Only eight class members have filled out the online opt-out form on the case website as of that date. These individuals provided reasons on the opt-out form for opting out. Their reasons suggest that they mistakenly filled out the form in order to receive compensation, despite the several warnings about the opposite effect of opting out. The following are the reasons provided by these individuals (without personal identifying information):

Opt Out #	Reason
1	Emotional Pain
2	Familletoucher
3	not sure
4	I was in foster care
5	Broke my arm in 4 derations
6	i am a vitim of residential school both my parents and i was in and out of different foster homes which was not a positive influence inmylife, i was witness to others being sexually abused and othetrs beaten by foster parents as well i was a ictim aswell, and i do not wishthat for any other children.
7	I remember as a child, being brought into a different room at a certain time, in North Oyster
8	i was in CFS care at as child

121. Deloitte will be contacting all such individuals to confirm with them that they indeed wish to opt out.

122. Mr. DiBerardino advises me and I believe that to date Deloitte has not received any objections or notice of intention to object to the FSA at the settlement approval hearing.

L. LEGAL FEES

123. Under the FSA, legal fees are to be paid by Canada over and above the settlement funds subject to the Court's approval. As such, class counsel have agreed not to seek the approval of their percentage-based fee arrangements with the representative plaintiffs, but rather to negotiate those fees directly with Canada and thus not reduce the settlement funds available to the class.

124. Class counsel have not yet negotiated those fees with Canada as we were focussing our full attention on the FSA. Once the negotiation on fees has taken place, the matter of fees will be brought to the Court for determination on a future motion.

AFFIRMED BEFORE ME BY
William Colish of the City of Montreal, in the Province of Quebec, on September 2, 2022 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits
(or as may be)
POUYA DABIRAN-ZOHOORY
LSO#: 81458L

William Colish

Commissioned in the City of Toronto, in the Province of Ontario

This is Exhibit "A" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Federal Court Cour fédérale

Date: 20210707

Docket: T-402-19
T-141-20

Ottawa, Ontario, July 7, 2021

PRESENT: Madam Justice St-Louis

BETWEEN:

XAVIER MOUSHOOM AND JEREMY MEAWASIGE (BY HIS LITIGATION GUARDIAN, MAURINA BEADLE)

Plaintiffs

AND

THE ATTORNEY GENERAL OF CANADA

Defendant

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, AND MELISSA WALTERSON

Plaintiffs

AND

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER
(Consolidated, Leave to Commence Actions, and other Relief)

UPON MOTION, by the plaintiffs for an Order:

(a) granting leave *nunc pro tunc* to the plaintiffs in Court File No. T-141-20 under this Court's Order dated May 28, 2019 in Court File No. T-402-19 ("**Preclusion Order**") to commence the proposed class proceeding in Court File No. T-141-20;

(b) consolidating the actions in Court File No. T-402-19 and Court File No. T-141-20 ("**Consolidated Proceeding**");

(c) adding Jonavon Joseph Meawasige, Noah Buffalo-Jackson, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson as plaintiffs to the Consolidated Proceeding;

(d) appointing Jonavon Joseph Meawasige as representative and litigation guardian for the plaintiff Jeremy Meawasige;

(e) appointing Carolyn Buffalo as representative and litigation guardian for the plaintiff Noah Buffalo-Jackson;

(f) granting leave to serve and file the Consolidated Statement of Claim in the Consolidated Proceeding substantially in the form enclosed as **Schedule "A"** hereto;

(g) amending the style of cause in the Consolidated Proceeding accordingly, as drafted in Schedule "A" hereto;

(h) stating that the removal of the Jordan's Class members and corresponding Family Class members with claims dated between April 1, 1991 and December 11, 2007 in Court File No. T-402-19 and/or Court File No. T-141-20 from the Consolidated Proceeding is without prejudice to those class members' rights to commence a new action and to advance any arguments available to them notwithstanding this Order and notwithstanding the Consolidated Proceeding;

(i) granting the Assembly of First Nations ("**AFN**") and Zacheus Joseph Trout leave under the Preclusion Order to commence a proposed class action on behalf of the class members whose claims are separated from the Consolidated Proceedings as particularized in the draft claim substantially in the form enclosed as **Schedule "B"** hereto ("**Separated Proceeding**");

(j) stating that this Order is without prejudice to the defendant's right to contest certification and/or defend against the claims in the Separated Proceeding as it would have been immediately prior to the issuance of this Order, subject to paragraph (h), above;

(k) extending the Preclusion Order to:

i. the Consolidated Proceeding in Schedule "A" from the date it is issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel; and

ii. the Separated Proceeding from the date it is issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel;

(l) and other relief;

AND UPON being advised that the defendant consents in whole to the motion as filed;

AND UPON hearing amicus curiae and counsel's submissions;

AND UPON being satisfied of the appropriateness of the relief sought:

1. **THIS COURT ORDERS** that leave is granted *nunc pro tunc* to the plaintiffs in Court File No. T-141-20 to commence the proposed class proceeding in Court File No. T-141-20.

2. **THIS COURT ORDERS** that the actions in Court File No. T-402-19 and Court File No. T-141-20 are consolidated.

3. **THIS COURT ORDERS** that Jonavon Joseph Meawasige, Noah Buffalo-Jackson, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson are added as plaintiffs to the Consolidated Proceeding.

4. **THIS COURT ORDERS** that Jonavon Joseph Meawasige is appointed as representative and litigation guardian for the plaintiff Jeremy Meawasige.

5. **THIS COURT ORDERS** that Carolyn Buffalo is appointed as representative and litigation guardian for the plaintiff Noah Buffalo-Jackson.

6. **THIS COURT ORDERS** that leave is granted to serve and file the Consolidated Statement of Claim substantially in the form enclosed as Schedule "A" hereto.

7. **THIS COURT ORDERS** that the style of cause of the Consolidated Proceeding is amended accordingly, as drafted in Schedule "A".

8. **THIS COURT ORDERS** that the separation of the claims in the Separated Proceeding from the Consolidated Proceeding is without prejudice to the rights of the class members in the Separated Proceeding to commence a new action and to advance any arguments available to them immediately prior to the issuance of this Order, notwithstanding this Order and notwithstanding the Consolidated Proceeding.

9. **THIS COURT ORDERS** that leave is granted to the plaintiffs AFN and Zacheus Joseph Trout to commence a proposed class action on behalf of the Separated Classes substantially in the form enclosed as Schedule "B" hereto.

10. **THIS COURT ORDERS** that this Order is without prejudice to the defendant's rights to contest certification and defend against the Separated Proceeding, subject to paragraph 8 of this Order.

11. **THIS COURT ORDERS** that this Court's Order dated May 28, 2019 in Court File No. T-402-19, which precludes the commencement of another proposed class proceeding in this Court in respect of the allegations in this proceeding without leave of the Court, be and is extended and shall apply to:

(a) the Consolidated Proceeding in Schedule “A” as of the date issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel; and

(b) the Separated Proceeding as of the date issued under this Order, with Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken Martineau Dumoulin as class counsel.

"Martine St-Louis"
Judge

This is Exhibit "B" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Federal Court Cour fédérale

Date: 20211126

Docket: T-402-19
T-141-20

Citation: 2021 FC 1225

Ottawa, Ontario, November 26, 2021

PRESENT: The Honourable Madam Justice Aylen

CLASS PROCEEDING

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, JONAVON JOSEPH MEAWASIGE) AND JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (by his litigation guardian, CAROLYN BUFFALO), CAROLYN BUFFALO AND DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN

AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER AND REASONS

UPON MOTION by the Plaintiffs, on consent and determined in writing pursuant to Rule 369 of the *Federal Courts Rules*, for an order:

(a) Granting the Plaintiffs an extension of time to make this certification motion past the deadline in Rule 334.15(2)(b);

(b) Certifying this proceeding as a class proceeding and defining the class;

(C) Stating the nature of the claims made on behalf of the class and the relief sought by the class;

(d) Stipulating the common issues for trial;

(e) Appointing the Plaintiffs specified below as representative plaintiffs;

(f) Approving the litigation plan; and

(g) Other relief;

CONSIDERING the motion materials filed by the Plaintiffs;

CONSIDERING that the Defendant has advised that the Defendant consents in whole to the motion as filed;

CONSIDERING that the Court is satisfied, in the circumstances of this proceeding, that an extension of time should be granted to bring this certification motion past the deadline prescribed in Rule 334.15(2)(b);

CONSIDERING that while the Defendant's consent reduces the necessity for a rigorous approach to the issue of whether this proceeding should be certified as a class action, it does not relieve the Court of the duty to ensure that the requirements of Rule 334.16 for certification are met [see *Varley v Canada (Attorney General)*, 2021 FC 589];

CONSIDERING that Rule 334.16(1) of the *Federal Courts Rules* provides:

Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if	Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies :
(a) the pleadings disclose a reasonable cause of action;	a) les actes de procédure révèlent une cause d'action valable;
(b) there is an identifiable class of two or more persons;	b) il existe un groupe identifiable formé d'au moins deux personnes;
(c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members;	c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre;
(d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and	d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs;
(e) there is a representative plaintiff or applicant who	e) il existe un représentant demandeur qui :
(i) would fairly and adequately represent the interests of the class,	(i) représenterait de façon équitable et adéquate les intérêts du groupe,

(ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing,	(ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement,
(iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and	(iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs,
(iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record.	(iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier.

CONSIDERING that, pursuant to Rule 334.16(2), all relevant matters shall be considered in a determination of whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact, including whether: (a) the questions of law or fact common to the class members predominate over any questions affecting only individual members; (b) a significant number of the members of the class have a valid interest in individually controlling the prosecution of separate proceedings; (c) the class proceeding would involve claims that are or have been the subject of any other proceeding; (d) other means of resolving the claims are less practical or less efficient; and (e) the administration of the class proceeding would create greater difficulties than those likely to be experienced if relief were sought by other means;

CONSIDERING that:

(a) The conduct of the Crown at issue in this proposed class action proceeding, as set out in the Consolidated Statement of Claim, concerns two alleged forms of

discrimination against First Nations children: (i) the Crown's funding of child and family services for First Nations children and the incentive it has created to remove children from their homes; and (ii) the Crown's failure to comply with Jordan's Principles, a legal requirement that aims to prevent First Nations children from suffering gaps, delays, disruptions or denials in receiving necessary services and products contrary to their *Charter*-protected equality rights.

(b) As summarized by the Plaintiffs in their written representations, at its core, the Consolidated Statement of Claim alleges that:

(i) The Crown has knowingly underfunded child and family services for First Nations children living on Reserve and in the Yukon, and thereby prevented child welfare service agencies from providing adequate Prevention Services to First Nations children and families.

(ii) The Crown has underfunded Prevention Services to First Nations children and families living on Reserve and in the Yukon, while fully funding the costs of care for First Nations children who are removed from their homes and placed into out-of-home care, thereby creating a perverse incentive for First Nations child welfare service agencies to remove First Nations children living on Reserve and in the Yukon from their homes and place them in out-of-home care.

(iii) The removal of children from their homes caused severe and enduring trauma to those children and their families.

(iv) Not only does Jordan's Principle embody the Class Members' equality rights, the Crown has also admitted that Jordan's Principle is a "legal requirement" and thus an actionable wrong. However, the Crown has disregarded its obligations under Jordan's Principle and thereby denied crucial services and products to tens of thousands of First Nations children, causing compensable harm.

(v) The Crown's conduct is discriminatory, directed at Class Members because they were First Nations, and breached section 15(1) of the *Charter*, the Crown's fiduciary duties to First Nations and the standard of care at common and civil law.

(c) With respect to the first element of the certification analysis (namely, whether the pleading discloses a reasonable cause of action), the threshold is a low one. The question for the Court is whether it is plain and obvious that the causes of action are doomed to fail [see *Brake v Canada (Attorney General)*, 2019 FCA 274 at para 54]. Even without the Crown's consent, I am satisfied that the Plaintiffs have pleaded the necessary elements for each cause of action sufficient for purposes of this motion, such that the Consolidated Statement of Claim discloses a reasonable cause of action.

(d) With respect to the second element of the certification analysis (namely, whether there is an identifiable class of two or more persons), the test to be applied is whether the Plaintiffs have defined the class by reference to objective criteria such that a person can be identified to be a class member without reference to the merits

of the action [see *Hollick v Toronto (City of)*, 2001 SCC 68 at para 17]. I am satisfied that the proposed class definitions for the Removed Child Class, Jordan's Class and Family Class (as set out below) contain objective criteria and that inclusion in each class can be determined without reference to the merits of the action.

(e) With respect to the third element of the certification analysis (namely, whether the claims of the class members raise common questions of law or fact), as noted by the Federal Court of Appeal in *Wenham v Canada (Attorney General)*, 2018 FCA 199 at para 72, the task under this part of the certification determination is not to determine the common issues, but rather to assess whether the resolution of the issues is necessary to the resolution of each class member's claim. Specifically, the test is as follows:

> The commonality question should be approached purposively. The underlying question is whether allowing the suit to proceed as a representative one will avoid duplication of fact-finding or legal analysis. Thus an issue will be "common" only where its resolution is necessary to the resolution of each class member's claim. It is not essential that the class members be identically situated vis-à-vis the opposing party. Nor is it necessary that common issues predominate over non-common issues or that the resolution of the common issues would be determinative of each class member's claim. However, the class members' claims must share a substantial common ingredient to justify a class action. Determining whether the common issues justify a class action may require the court to examine the significant of the common issues in relation to individual issues. In doing so, the court should remember that it may not always be possible for a representative party to plead the claims of each class member with the same particularity as would be required in an individual suit. (*Western Canadian Shopping Centres*, above at para 39; see also *Vivendi Canada Inc. v. Dell'Aniello*, 2014 SCC 1, [2014] 1 S.C.R. 3 at paras 41 and 44-46.)

Having reviewed the common issues (as set out below), I am satisfied that the issues share a material and substantial common ingredient to the resolution of each class

member's claim. Moreover, I agree with the Plaintiff that the commonality of these issues is analogous to the commonality of similar issues in institutional abuse claims which have been certified as class actions (such as the Indian Residential Schools and the Sixties Scoop class action litigation). Accordingly, I find that the common issue element is satisfied.

(f) With respect to the fourth element of the certification analysis (namely, whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law), the preferability requirement has two concepts at its core: (i) whether the class proceeding would be a fair, efficient and manageable method of advancing the claim; and (ii) whether the class proceeding would be preferable to other reasonably available means of resolving the claims of class members. A determination of the preferability requirement requires an examination of the common issues in their context, taking into account the importance of the common issues in relation to the claim as a whole, and may be satisfied even where there are substantial individual issues [see *Brake*, *supra* at para 85; *Wenham*, *supra* at para 77 and *Hollick*, *supra* at paras 27-31]. The Court's consideration of this requirement must be conducted through the lens of the three principle goals of class actions, namely judicial economy, behaviour modification and access to justice [see *Brake*, *supra* at para 86, citing *AIC Limited v Fischer*, 2013 SCC 69 at para 22].

(g) Having considered the above-referenced principles and the factors set out in Rule 334.16(2), I am satisfied a class proceeding is the preferable procedure for the just

and efficient resolution of the common questions of fact and law. Given the systemic nature of the claims, the potential for significant barriers to access to justice for individual claimants and the Plaintiffs' stated concerns regarding the other means available for resolving the claims of class members, I am satisfied that the proposed class action would be a fair, efficient and manageable method of advancing the claims of the class members.

(h) With respect to the fifth element of the certification analysis (namely, whether there are appropriate proposed representatives), I am satisfied, having reviewed the affidavit evidence filed on the motion together with the detailed litigation plan, that the proposed representative plaintiffs (as set out below) meet the requirements of Rule 334.16(1)(e);

CONSIDERING that the Court is satisfied that all of the requirements for certification are met and that the requested relief should be granted;

THIS COURT ORDERS that:

1. The Plaintiffs are granted an extension of time, *nunc pro tunc*, to bring this certification motion past the deadline in Rule 334.15(2)(b) of the *Federal Courts Rules*.

2. For the purpose of this Order and in addition to definitions elsewhere in this Order, the following definitions apply and other terms in this Order have the same meaning as in the Consolidated Statement of Claim as filed on July 21, 2021:

(a) **"Class"** means the Removed Child Class, Jordan's Class and Family Class, collectively.

(b) **"Class Counsel"** means Fasken Martineau Dumoulin LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere and Sotos LLP.

(c) **"Class Members"** mean all persons who are members of the Class.

(d) **"Class Period"** means:

(i) For the Removed Child Class members and their corresponding Family Class members, the period of time beginning on April 1, 1991 and ending on the date of this Order; and

(ii) For the Jordan's Class members and their corresponding Family Class members, the period of time beginning on December 12, 2007 and ending on the date of this Order.

(e) **"Family Class"** means all persons who are brother, sister, mother, father, grandmother or grandfather of a member of the Removed Child Class and/or Jordan's Class.

(f) **"First Nation"** and **"First Nations"** means Indigenous peoples in Canada, including the Yukon and the Northwest Territories, who are neither Inuit nor Métis, and includes:

(i) Individuals who have Indian status pursuant to the *Indian Act*, R.S.C., 1985, c.I-5 [*Indian Act*];

(ii) Individuals who are entitled to be registered under section 6 of the *Indian Act* at the time of certification;

(iii) Individuals who met band membership requirements under sections 10-12 of the *Indian Act* and, in the case of the Removed Child Class members, have done so by the time of certification, such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List; and

(iv) In the case of Jordan's Class members, individuals, other than those listed in sub-paragraphs (i)-(iii) above, recognized as citizens or members of their respective First Nations whether under agreement, treaties or First Nations' customs, traditions and laws.

(g) **"Jordan's Class"** means all First Nations individuals who were under the applicable provincial/territorial age of majority and who during the Class Period were denied a service or product, or whose receipt of a service or product was delayed or disrupted, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a jurisdictional dispute with another government or governmental department.

(h) **"Removed Child Class"** means all First Nations individuals who:

(i) Were under the applicable provincial/territorial age of majority at any time during the Class Period; and

(ii) Were taken into out-of-home care during the Class Period while they, or at least one of their parents, were ordinarily resident on a Reserve.

(i) **"Reserve"** means a tract of land, as defined under the *Indian Act*, the legal title to which is vested in the Crown and has been set apart for the use and benefit of an Indian band.

3. This proceeding is hereby certified as a class proceeding against the Defendant pursuant to Rule 334.16(1) of the *Federal Courts Rules*.

4. The Class shall consist of the Removed Child Class, Jordan's Class and Family Class, all as defined herein.

5. The nature of the claims asserted on behalf of the Class against the Defendant is constitutional, negligence and breach of fiduciary duty owed by the Crown to the Class.

6. The relief claimed by the Class includes damages, *Charter* damages, disgorgement, punitive damages and exemplary damages.

7. The following persons are appointed as representative plaintiffs:

(a) For the Removed Child Class: Xavier Moushoom, Ashley Dawn Louise Bach and Karen Osachoff;

(b) For the Jordan's Class: Jeremy Meawasige (by his litigation guardian, Jonavon Joseph Measwasige) and Noah Buffalo-Jackson (by his litigation guardian, Carolyn Buffalo); and

(c) For the Family Class: Xavier Moushoom, Jonavon Joseph Meawasige, Melissa Walterson, Carolyn Buffalo and Dick Eugene Jackson (also known as Richard Jackson),

all of whom are deemed to constitute adequate representative plaintiffs of the Class.

8. Class Counsel are hereby appointed as counsel for the Class.

9. The proceeding is certified on the basis of the following common issues:

(a) Did the Crown's conduct as alleged in the Consolidated Statement of Claim [Impugned Conduct] infringe the equality right of the Plaintiffs and Class Members under section 15(1) of the *Canadian Charter of Rights and Freedoms*? More specifically:

(i) Did the Impugned Conduct create a distinction based on the Class Members' race, or national or ethnic origin?

(ii) Was the distinction discriminatory?

(iii) Did the Impugned Conduct reinforce and exacerbate the Class Members' historical disadvantages?

(iv) If so, was the violation of section 15(1) of the *Charter* justified under section 1 of the *Charter*?

(v) Are *Charter* damages an appropriate remedy?

(b) Did the Crown owe the Plaintiffs and Class Members a common law duty of care?

(i) If so, did the Crown breach that duty of care?

(c) Did the Crown breach its obligations under the *Civil Code of Québec*? More specifically:

(i) Did the Crown commit fault or engage its civil liability?

(ii) Did the Impugned Conduct result in losses to the Plaintiffs and Class Members and if so, do such losses constitute injury to each of the Class Members?

(iii) Are Class Members entitled to claim damages for the moral and material damages arising from the foregoing?

(d) Did the Crown owe the Plaintiffs and Class Members a fiduciary duty?

(i) If so, did the Crown breach that duty?

(e) Can the amount of damages payable by the Crown be determined partially under Rule 334.28(1) of the *Federal Courts Rules* on an aggregate basis?

(i) If so, in what amount?

(f) Did the Crown obtain quantifiable monetary benefits from the Impugned Conduct during the Class Period?

(i) If so, should the Crown be required to disgorge those benefits?

(ii) If so, in what amount?

(g) Should punitive and/or aggravated damages be awarded against the Crown?

(i) If so, in what amount?

10. The Plaintiffs' Fresh as Amended Litigation Plan, as filed November 2, 2021 and attached hereto as Schedule "A", is hereby approved, subject to any modifications necessary as a result of this Order and subject to any further orders of this Court.

11. The form of notice of certification, the manner of giving notice and all other related matters shall be determined by separate order(s) of the Court.

12. The opt-out period shall be six months from the date on which notice of certification is published in the manner to be specified by further order of this Court.

13. The timetable for this proceeding through to trial shall also be determined by separate order(s) of the Court.

14. Pursuant to Rule 334.39(1) of the *Federal Courts Rules*, there shall be no costs payable by any party for this motion.

"Mandy Aylen"
Judge

This is Exhibit "C" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Federal Court Cour fédérale

Date: 20220211

Docket: T-1120-21

Citation: 2022 FC 149

Ottawa, Ontario, February 11, 2022

PRESENT: The Honourable Madam Justice Aylen

CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER AND REASONS

UPON MOTION by the Plaintiffs, on consent and determined in writing pursuant to Rule 369 of the *Federal Courts Rules*, for an order:

(a) Granting the Plaintiffs an extension of time to make this certification motion past the deadline in Rule 334.15(2)(b);

(b) Certifying this proceeding as a class proceeding and defining the class;

(c) Stating the nature of the claims made on behalf of the class and the relief sought by the class;

(d) Stipulating the common issues for trial;

(e) Appointing the Plaintiff, Zacheus Joseph Trout, as representative plaintiff;

(f) Approving the litigation plan; and

(g) Other relief;

CONSIDERING the motion materials filed by the Plaintiffs;

CONSIDERING that the Defendant has advised that the Defendant consents in whole to the motion as filed;

CONSIDERING that the Court is satisfied, in the circumstances of this proceeding, that an extension of time should be granted to bring this certification motion past the deadline prescribed in Rule 334.15(2)(b);

CONSIDERING that while the Defendant's consent reduces the necessity for a rigorous approach to the issue of whether this proceeding should be certified as a class action, it does not relieve the Court of the duty to ensure that the requirements of Rule 334.16 for certification are met [see *Varley v Canada (Attorney General)*, 2021 FC 589];

CONSIDERING that Rule 334.16(1) of the *Federal Courts Rules* provides:

Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if

(a) the pleadings disclose a reasonable cause of action;

(b) there is an identifiable class of two or more persons;

(c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members;

(d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and

(e) there is a representative plaintiff or applicant who

(i) would fairly and adequately represent the interests of the class,

(ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing,

(iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and

(iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record.

Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies :

a) les actes de procédure révèlent une cause d'action valable;

b) il existe un groupe identifiable formé d'au moins deux personnes;

c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre;

d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs;

e) il existe un représentant demandeur qui :

(i) représenterait de façon équitable et adéquate les intérêts du groupe,

(ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement,

(iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs,

(iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier.

CONSIDERING that, pursuant to Rule 334.16(2), all relevant matters shall be considered in a determination of whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact, including whether: (a) the questions of law or fact common to the class members predominate over any questions affecting only individual members; (b) a significant number of the members of the class have a valid interest in individually controlling the prosecution of separate proceedings; (c) the class proceeding would involve claims that are or have been the subject of any other proceeding; (d) other means of resolving the claims are less practical or less efficient; and (e) the administration of the class proceeding would create greater difficulties than those likely to be experienced if relief were sought by other means;

CONSIDERING that:

(a) The conduct of the Crown at issue in this proposed class action proceeding, as set out in the Statement of Claim, concerns discrimination against First Nations children in the provision of essential services and the Crown's failure to prevent First Nations children from suffering gaps, delays, disruptions or denials in receiving services and products contrary to their *Charter*-protected equality rights. The Plaintiffs allege that the Crown's conduct was discriminatory, directed at Class Members because they were First Nations, and breached section 15(1) of the *Charter*, the Crown's fiduciary duties to First Nations and the standard of care at common and civil law.

(b) With respect to the first element of the certification analysis (namely, whether the pleading discloses a reasonable cause of action), the threshold is a low one. The question for the Court is whether it is plain and obvious that the causes of action are doomed to fail [see

Brake v Canada (Attorney General), 2019 FCA 274 at para 54]. Even without the Crown's consent, I am satisfied that the Plaintiffs have pleaded the necessary elements for each cause of action sufficient for purposes of this motion, such that the Statement of Claim discloses a reasonable cause of action.

(c) With respect to the second element of the certification analysis (namely, whether there is an identifiable class of two or more persons), the test to be applied is whether the Plaintiffs have defined the class by reference to objective criteria such that a person can be identified to be a class member without reference to the merits of the action [see *Hollick v Toronto (City of)*, 2001 SCC 68 at para 17]. I am satisfied that the proposed class definitions for the Child Class and Family Class (as set out below) contain objective criteria and that inclusion in each class can be determined without reference to the merits of the action.

(d) With respect to the third element of the certification analysis (namely, whether the claims of the class members raise common questions of law or fact), as noted by the Federal Court of Appeal in *Wenham v Canada (Attorney General)*, 2018 FCA 199 at para 72, the task under this part of the certification determination is not to determine the common issues, but rather to assess whether the resolution of the issues is necessary to the resolution of each class member's claim. Specifically, the test is as follows:

> The commonality question should be approached purposively. The underlying question is whether allowing the suit to proceed as a representative one will avoid duplication of fact-finding or legal analysis. Thus an issue will be "common" only where its resolution is necessary to the resolution of each class member's claim. It is not essential that the class members be identically situated vis-à-vis the opposing party. Nor is it necessary that common issues predominate over non-common issues or that the resolution of the common issues would be determinative of each class member's claim. However, the class members' claims must

> share a substantial common ingredient to justify a class action. Determining whether the common issues justify a class action may require the court to examine the significant of the common issues in relation to individual issues. In doing so, the court should remember that it may not always be possible for a representative party to plead the claims of each class member with the same particularity as would be required in an individual suit. (Western Canadian Shopping Centres, above at para 39; see also Vivendi Canada Inc. v. Dell'Aniello, 2014 SCC 1, [2014] 1 S.C.R. 3 at paras 41 and 44-46.)

Having reviewed the common issues (as set out below), I am satisfied that the issues share a material and substantial common ingredient to the resolution of each class member's claim. Moreover, I agree with the Plaintiffs that the commonality of these issues is analogous to the commonality of similar issues in institutional abuse claims which have been certified as class actions (such as the Indian Residential Schools and the Sixties Scoop class action litigation), as well as those certified in the Moushoom class action (T-402-19/T-141-20). Accordingly, I find that the common issue element is satisfied.

(e) With respect to the fourth element of the certification analysis (namely, whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law), the preferability requirement has two concepts at its core: (i) whether the class proceeding would be a fair, efficient and manageable method of advancing the claim; and (ii) whether the class proceeding would be preferable to other reasonably available means of resolving the claims of class members. A determination of the preferability requirement requires an examination of the common issues in their context, taking into account the importance of the common issues in relation to the claim as a whole, and may be satisfied even where there are substantial individual issues [see *Brake*, *supra* at para 85; *Wenham*, *supra* at para 77 and *Hollick*, *supra* at paras 27-31]. The

Court's consideration of this requirement must be conducted through the lens of the three principle goals of class actions, namely judicial economy, behaviour modification and access to justice [see *Brake*, *supra* at para 86, citing *AIC Limited v Fischer*, 2013 SCC 69 at para 22].

(f) Having considered the above-referenced principles and the factors set out in Rule 334.16(2), I am satisfied a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law. Given the systemic nature of the claims, the potential for significant barriers to access to justice for individual claimants and the concerns regarding the other means available for resolving the claims of class members, I am satisfied that the proposed class action would be a fair, efficient and manageable method of advancing the claims of the class members.

(g) With respect to the fifth element of the certification analysis (namely, whether there are appropriate proposed representatives), I am satisfied, having reviewed the affidavit evidence filed on the motion together with the detailed litigation plan, that the proposed representative plaintiff meets the requirements of Rule 334.16(1)(e);

CONSIDERING that the Court is satisfied that all of the requirements for certification are met and that the requested relief should be granted;

THIS COURT ORDERS that:

1. The Plaintiffs are granted an extension of time, *nunc pro tunc*, to bring this certification motion past the deadline in Rule 334.15(2)(b) of the *Federal Courts Rules*.

2. For the purpose of this Order and in addition to definitions elsewhere in this Order, the following definitions apply and other terms in this Order have the same meaning as in the Statement of Claim:

(a) **"Child Class"** means all First Nations individuals who were under the applicable provincial/territorial age of majority and who, during the Class Period, did not receive (whether by reason of a denial or a gap) an essential public service or product relating to a confirmed need, or whose receipt of said service or product was delayed, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a service gap or jurisdictional dispute with another government or governmental department.

(b) **"Class" means** the Child Class and Family Class, collectively.

(c) **"Class Counsel"** means Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere and Fasken Martineau Dumoulin LLP.

(d) **"Class Members"** mean all persons who are members of the Class.

(e) **"Class Period"** means the period of time beginning on April 1, 1991 and ending on December 11, 2007.

(f) **"Family Class"** means all persons who are brother, sister, mother, father, grandmother or grandfather of a member of the Child Class.

(g) **"First Nation"** and **"First Nations"** means Indigenous peoples in Canada, including the Yukon and the Northwest Territories, who are neither Inuit nor Métis, and includes:

i. Individuals who have Indian status pursuant to the *Indian Act*, R.S.C., 1985, c.I-5 [*Indian Act*];

ii. Individuals who are entitled to be registered under section 6 of the *Indian Act* at the time of certification;

iii. Individuals who met band membership requirements under sections 10-12 of the *Indian Act*, such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List; and

iv. Individuals, other than those listed in sub-paragraphs (i)-(iii) above, recognized as citizens or members of their respective First Nations whether under agreement, treaties or First Nations' customs, traditions and laws by the date of trial or resolution otherwise of this action.

3. This proceeding is hereby certified as a class proceeding against the Defendant pursuant to Rule 334.16(1) of the *Federal Courts Rules*.

4. The Class shall consist of the Child Class and Family Class, all as defined herein.

5. The nature of the claims asserted on behalf of the Class against the Defendant is constitutional, negligence and breach of fiduciary duty owed by the Crown to the Class.

6. The relief claimed by the Class includes damages, *Charter* damages, disgorgement, punitive damages and exemplary damages.

7. Zacheus Joseph Trout is appointed as representative plaintiff and is deemed to constitute an adequate representative of the Class, complying with the requirements of Rule 334.16(1)(e).

8. Class Counsel are hereby appointed as counsel for the Class.

9. The proceeding is certified on the basis of the following common issues:

   (a) Did the Crown's conduct as alleged in the Statement of Claim [Impugned Conduct] infringe the equality right of the Class under section 15(1) of the *Canadian Charter of Rights and Freedoms*? More specifically:

      i. Did the Impugned Conduct create a distinction based on the Class' race, or national or ethnic origin?

      ii. Was the distinction discriminatory?

      iii. Did the Impugned Conduct reinforce and exacerbate the Class' historical disadvantages?

iv. If so, was the violation of section 15(1) of the *Charter* justified under section 1 of the *Charter*?

v. Are *Charter* damages an appropriate remedy?

(b) Was the Crown negligent towards the Class? More specifically:

i. Did the Crown owe the Class a duty of care?

ii. If so, did the Crown breach that duty of care?

(c) Did the Crown breach its obligations under the *Civil Code of Québec*? More specifically:

i. Did the Crown commit fault or engage its civil liability?

ii. Did the Impugned Conduct result in losses to the Class and if so, do such losses constitute injury to each of the members of the Class?

iii. Are members of the Class entitled to claim damages for the moral and material damages arising from the foregoing?

(d) Did the Crown owe the Class a fiduciary duty? If so, did the Crown breach that duty?

(e) Can the amount of damages payable by the Crown be determined partially under Rule 334.28(1) of the *Federal Courts Rules* on an aggregate basis? If so, in what amount?

(f) Did the Crown obtain quantifiable monetary benefits from the Impugned Conduct during the Class Period? If so, should the Crown be required to disgorge those benefits and if so, in what amount?

(g) Should punitive and/or aggravated damages be awarded against the Crown? If so, in what amount?

10. The Litigation Plan attached hereto as Schedule "A" is hereby approved, subject to any modifications necessary as a result of this Order and subject to any further orders of this Court.

11. The form of notice of certification, the manner of giving notice and all other related matters shall be determined by separate order(s) of the Court.

12. Notice of certification shall be given at the same time as the notice of certification of the companion Moushoom class action (Court File Nos. T-402-19/T-141-20), which shall be determined by separate order of this Court.

13. The opt-out period shall be six months from the date on which notice of certification is published in the manner to be specified by further order of this Court.

14. Pursuant to Rule 334.39(1) of the *Federal Courts Rules*, there shall be no costs payable by any party for this motion.

"Mandy Aylen"
Judge

ANNEX A

Court File No. T-1120-21

FEDERAL COURT
PROPOSED CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

LITIGATION PLAN

September 24, 2021

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I. DEFINITIONS

1. The definitions below will be used throughout this Litigation Plan. Any term defined in the Statement of Claim that is also used in this Litigation Plan has the same meaning as that included in the Statement of Claim or as otherwise defined by the Court.

Aggregate Damages Distribution Process means the system directed by the Court for the **Class Action Administrator** to distribute aggregate damages to **Approved Class Members**;

Approved Class Member(s) means **Approved Child Class Member(s)** and/or **Approved Family Class Members**;

Approved Family Class Member(s) means a Family Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Family Class Member, including the brother, sister, mother, father, grandmother or grandfather of an Approved Child Class Member (regardless of whether the Approved Child Class Member is alive) and whose approval as a Family Class Member has not been successfully challenged;

Approved Child Class Member(s) means a Child Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Child Class Member and whose approval as a Child Class Member has not been successfully challenged;

Certification Notice means the information set out in Schedule A to this Litigation Plan, as may be subsequently amended and as approved by the Court;

CHRT Proceeding means the proceeding before the **CHRT** under file number T1340/7008;

Claim Form means the form set out in Schedule C to this Litigation Plan used by the Child Class Members and/or the Family Class Members to submit a claim, as may be subsequently amended and as approved by the Court;

Class Action Administrator means any settlement administrator or other appropriate firm appointed by the Court to assist in the administration of the class proceeding;

Class Counsel means the consortium of law firms acting as co-counsel in this class proceeding, with the firms of Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Company, Nahwegahbow Corbiere, and Fasken LLP as Solicitors of Record;

Class Member(s) means an individual who falls within the definition of the Child Class and/or the Family Class, as pleaded in the Statement of Claim and as approved by the Court;

Common Issues means the issues listed in the Notice of Motion for Certification, or as found by the Court, as may be subsequently amended and as approved by the Court;

Common Issues Notice means the information set out in the notice regarding the **Common Issues** to be certified by the Court at Certification, as may be subsequently amended and as approved by the Court;

Crown Class Member Information means information to be provided by the Crown, at the request of the plaintiffs and/or as ordered by the Court, to the **Class Action Administrator** and/or **Class Counsel** regarding the names and last known contact information of all individuals who meet the criteria of Class Members as set out in the Statement of Claim or as otherwise defined by the Court, including a list of all known Class Members' names and last known addresses using the information in the Crown's possession or under its control.[1]

Individual Damage Assessment Form means the form set out in Schedule D to this Litigation Plan, as may be subsequently amended and as approved by the Court, to be used by **Approved Class Member(s)** to elect an individual assessment of their damages and commence an individual damage assessment under the **Individual Damage Assessment Process**;

Individual Damage Assessment Process means the procedure and system to be approved by the Court following the **Common Issues** trial to be used to assess and distribute damages to **Approved Class Member(s)** who have requested an individual damage assessment by submitting an **Individual Damage Assessment Form**;

Notice Program means the process, set out in this Litigation Plan, for communicating the **Certification Notice** and/or the **Common Issues Notice** to **Class Members**, as may be subsequently amended and as approved by the Court;

Opt Out Form means the form set out in Schedule B to this Litigation Plan used by Class Members to opt out of the class proceeding, as may be subsequently amended and as approved by the Court;

Opt Out Period means the deadline, proposed by the plaintiffs as 180 days post Certification or as determined by the Court, to opt out of the class proceeding;

Opt Out Procedures means the procedures, set out in the Litigation Plan, for Class Members to opt out of this class proceeding, as may be subsequently amended and as approved by the Court; and

Special Opt Out Procedures means the procedures, set out in the Litigation Plan, for Class Members who have already commenced a civil proceeding in Canada or who are known

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[1] Where Class Members are known to be represented by counsel, only their name should be provided along with their counsel's name and address.

by the Crown to have already retained legal counsel to opt out of this class proceeding, as may be subsequently amended and as approved by the Court.

II. OVERVIEW

2. The plaintiffs have commenced this action on behalf of First Nations individuals who allege that the Crown has breached their equality rights, depriving them of public services and products. The class action advances the rights of thousands of First Nations children and family members.

3. This Litigation Plan is advanced as a workable method of advancing the proceeding on behalf of the Class and of notifying Class Members as to how the class proceeding is progressing, pursuant to rule 334.16(1)(e)(ii) of the *Federal Court Rules*. The Litigation Plan is modelled on the class action relating to the Indian Residential Schools,[2] with numerous alterations made in order to streamline the procedure and to take into account lessons learned from that settlement.

4. This Litigation Plan sets out a detailed plan for the common stages of this litigation, and sets out, on a preliminary without prejudice basis, an early plan for how the individual stage of the action may progress. Given the early stage of the litigation, the plan is necessarily subject to substantial revisions as the case progresses.

III. PRE-CERTIFICATION PROCESS

5. The plaintiffs are litigating this action in parallel with a closely interrelated consolidated class action (Court File Nos. T-402-19 / T-141-20) about First Nations child and family services

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[2] See *Baxter v Canada (Attorney General)*, 2006 CanLII 41673 (Ont Sup Ct), and subsequent orders of the Court. See also information available on the website of the Indian Residential Schools Adjudication Secretariat, online <http://www.iap-pei.ca/home-eng.php>.

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and Jordan's Principle. Therefore, much of the work and processes are shared between the two actions.

A. The Parties

i. The Plaintiffs

6. The plaintiffs have proposed two classes:

   (a) the Child Class; and

   (b) the Family Class.

7. The proposed representative plaintiff is Zacheus Joseph Trout.

ii. The Defendant

8. The defendant is the Crown.

B. The Pleadings

i. Statement of Claim

9. The plaintiffs have delivered a Statement of Claim.

ii. Statement of Defence

10. The Crown has not delivered a Statement of Defence.

iii. Third Party Claim

11. The Crown has not issued any Third Party Claim.

C. Preliminary Motions

12. The plaintiffs propose that any preliminary motions be dealt with at the Motion for Certification or as directed by the Court.

D. Pre-Certification Communication Strategy

i. Responding to Inquiries from Putative Class Members

13. Both before and since the commencement of this class proceeding, Class Counsel have received many communications from Class Members affected by this class proceeding.

14. With respect to each inquiry, the individual's name, address, email and telephone number are added to a confidential database. Class Members are asked to register on the websites of Class Counsel. Once registered, they receive updates on the progress of the class proceeding in French and English. Any individual Class Members who contact Class Counsel are responded to in their preferred language.

ii. Pre-Certification Status Reports

15. In addition to responding to individual inquiries, Class Counsel have created a webpage concerning the class proceeding in English and French (see: https://sotosclassactions.com/cases/current-cases/first-nations-youth/). The most current information on the status of the class proceeding is posted and is updated regularly in English and French.

16. Copies of the publicly filed court documents and court decisions are accessible from the webpage. In addition, phone numbers for Class Counsel in Quebec and Ontario as well as email contact information are provided.

17. Class Counsel sends update reports to Class Members who have provided their contact information and have indicated an interest in being notified of further developments in the class proceeding.

iii. Pre-certification outreach

18. Class Counsel have presented the proposed class action to a council of First Nations social services delivery personnel for the Province of Québec and the region of Labrador, as well as the First Nations youth directors forum in British Columbia. Class Counsel are in the process of arranging similar presentations to affected communities in Québec and elsewhere in Canada.

E. Settlement Conference

i. Pre-Certification Settlement Conference

19. The plaintiffs will participate in a pre-Certification Settlement Conference to determine whether any or all of the issues arising in the class proceeding can be resolved.

20. The plaintiffs propose that a pre-Certification Settlement Conference be conducted at least one month after the Motion for Certification and responding materials, if any, have been filed with the Court.

F. Timetable

i. Plaintiffs' Proposed Timetable for the Pre-Certification Process

21. The plaintiffs propose that the pre-Certification process timetable set out below be imposed by Court Order at an early case conference.

	Deadline
Plaintiffs' Certification Motion Record	Date of Serving and Filing the Notice of Motion for Certification and Motion Record ("**DOF**")
Respondent's Motion Record, if any	Within 90 days from DOF
Plaintiffs' Reply Motion Record, if any	Within 120 days from DOF

Cross-examinations, if any, to be completed	Within 150 days from DOF
Undertakings answered	Within 180 days from DOF
Motions arising from cross-examinations, if any, heard	Within 210 days from DOF
Further cross-examinations, if necessary, completed by	Within 230 days from DOF
Plaintiffs' Memorandum of Fact and Law	Within 250 days from DOF
Respondent's Memorandum of Fact and Law	Within 280 days from DOF
Plaintiffs' Reply, if any	Within 300 days from DOF
Motion for Certification and all other Motions commencing	Within 310 days from DOF

IV. POST-CERTIFICATION PROCESS

A. Timetable

i. Plaintiffs' Timetable for the Post-Certification Process

22. The plaintiffs intend to proceed to trial on an expedited basis or a hybrid summary judgment/*viva voce* trial.

23. The plaintiffs propose that the following post-Certification process timetable, as explained in detail below, be imposed by the Court upon Certification:

Certification Notice to Class Members commences	Upon Certification
Exchange Affidavits of Documents within	70 days from certification
Motions for Production of Documents, Multiple Examinations of Crown representatives or for Examinations of Non-Parties to be conducted within	110 days from certification

Examinations for Discovery to be conducted within	140 days from certification
Certification Notice to Class Members completed within	90 days from certification
Trial Management Conference re: Expert Evidence	170 days from certification
Motions arising from Examinations for Discovery within	190 days from certification
Undertakings answered within	160 days from certification
Further Examinations, if necessary, within	210 days from certification
Common Issues Pre-Trial to be conducted	250 days from certification
Opt Out Period deadline	180 days from certification
Common Issues Trial or Hybrid Trial to be conducted within	300 days from certification

B. Certification Notice, Notice Program and Opt Out Procedures

i. Certification Notice

24. The Certification Notice and all other notices to Class Members provided by the plaintiffs will, once finalized and approved by the Court, be translated into French. The plaintiffs will explore whether it will be necessary to translate the Certification Notice and/or other notices into some First Nations languages, subject to Court approval.

25. The Certification Notice will, subject to further amendments, be in the form set out in Schedule A hereto.

ii. Notice Program

26. The plaintiffs propose to communicate the Certification Notice to Class Members through the following Notice Program.

27. The plaintiffs will provide Certification Notice to Class Members by arranging to have the Certification Notice (and its translated versions whenever possible) communicated/published in the following media within 90 days of Certification, as frequently as may be reasonable or as directed by the Court under rule 334.32 of the *Federal Courts Rules*. In particular, the plaintiffs propose the following means of providing Certification Notice:

(a) A press release within 15 days of the Certification order being issued;

(b) Direct communication with Class Members:

(i) by email or regular mail to the last known contact information of Class Members provided by the Crown (*i.e.*, Crown Class Member Information);

(ii) by email or regular mail to all Class Members who have provided their contact information to Class Counsel, including through the Class Proceeding's webpage;

(c) Distribution to the Assembly of First Nations for circulation to its membership of First Nations bands across Canada;

(d) Email to First Nations children's aid societies across Canada;

(e) Circulation through the following media:

(i) Aboriginal newspapers/publications such as First Nations Drum, The Windspeaker, Mi'kmaq Maliseet Nations News, APTN National News; and

(ii) social media outlets, such as Facebook and Instagram.

iii. Opt Out Procedures

28. The plaintiffs propose Opt Out Procedures for Class Members who do not wish to participate in the class proceeding.

29. The Certification Notice will include information about how to Opt Out of the class proceeding and will provide information about how to obtain and submit the appropriate Opt Out Forms to the Class Action Administrator and/or Class Counsel.

30. There will be one standard Opt Out Form for all Class Members.

31. Class Members will be required to file the Opt Out Form with the Class Action Administrator and/or Class Counsel within the Opt Out Period, proposed by the plaintiffs as 180 days post Certification or as directed by the Court.

32. The Class Action Administrator or Class Counsel shall, within 30 days after the expiration of the Opt Out Period, deliver to the Court and the Parties an affidavit listing the names of all persons who have opted out of the Class Action.

iv. Special Opt Out Procedures

33. The plaintiffs propose Special Opt Out Procedures for Class Members who are either named party plaintiffs in a civil proceeding in Canada or who are known by the Crown to have retained legal counsel in respect of the subject matter of this action with the express purpose of starting a separate action against the Crown.

C. Identifying and Communicating with Class Members

i. Identifying Class Members

34. As stated above, the plaintiffs intend to request the Crown Class Member Information.

ii. Database of Class Members

35. Class Counsel will maintain a confidential database of all Class Members who contact Class Counsel. The database will include each individual's name, address, telephone number, and email address where available.

iii. Responding to Inquiries from Class Members

36. Class Counsel and their staff will respond to each inquiry by Class Members.

37. Class Counsel will have a system in place to allow for responses to inquiries by Class Members in their language of choice whenever possible.

iv. Post Certification Status Reports

38. In addition to responding to individual inquiries, Class Counsel will continually update the webpage dedicated to this class action with information concerning the status of the class proceeding.

39. Class Counsel will send update reports to Class Members who have provided their contact information. These update reports will be sent as necessary or as directed by the Court.

D. Documentary Production

i. Affidavit/List of Documents

40. The plaintiffs will be required to deliver an Affidavit of Documents within 70 days after Certification. The Crown will similarly be required to deliver a List of Documents within 70 days after Certification.

41. The Parties are expected to serve Supplementary Affidavits (or Lists) of Documents as additional relevant documents are located.

ii. Production of Documents

42. All Parties are expected to provide, at their own expense, electronic copies of all Schedule "A" productions at the time of delivering their Affidavit of Documents. All productions are to be made in electronic format.

iii. Motions for Documentary Production

43. Any motions for documentary production shall be made within 110 days of Certification.

iv. Document Management

44. The Parties will each manage their productions with a compatible document management system, or as directed by the Court. All documents are to be produced in OCR format.

45. All productions should be numbered and scanned electronically to enable quick access and efficient organization of documents.

E. Examinations for Discovery

46. Examinations for Discovery will take place within 140 days of Certification.

47. The plaintiffs expect to request the Crown's consent to examine more than one Crown representative. In the event that a dispute arises in this regard, the plaintiffs propose to bring a motion within 110 days after Certification.

48. The plaintiffs anticipate that the Examination for Discovery of properly selected and informed officers of the Crown will take approximately 10 days, subject to refusals and undertakings.

49. The plaintiffs anticipate that the Examination for Discovery of the representative plaintiffs will take approximately one day, subject to refusals and undertakings.

F. Interlocutory Matters

i. Undertakings

50. Undertakings are to be answered within 160 days of Certification.

ii. Motions for Refusals and Undertakings

51. Specific dates for motions for undertakings and refusals that arise from the Examinations for Discovery will be requested upon Certification. Motions for refusals and undertakings will be heard within 190 days of Certification.

iii. Re-attendances and Further Examinations for Discovery

52. Any re-attendances or further Examinations for Discovery required as a result of answers to undertakings or as a result of the outcome of the motions for refusals and undertakings should be completed within 210 days of Certification.

G. Expert Evidence

i. Identifying Experts and Issues

53. A Trial Management Conference will take place following Examinations for Discovery at which guidelines for identifying experts and their proposed evidence at trial will be determined.

H. Determination of the Common Issues

i. Pre-Trial of the Common Issues

54. Upon Certification, the Court will be asked to assign a date for a Pre-Trial Conference relating to the Common Issues trial.

55. The plaintiffs expect that a full day will be required for a Pre-Trial Conference and will request that the Pre-Trial be held 250 days after Certification and, in any event, at least 90 days before the date of the Common Issues trial.

ii. Trial of the Common Issues

56. Upon Certification, the Court will be asked to assign a date for the Common Issues trial.

57. The plaintiffs propose that the trial of the Common Issues be held 300 days after Certification.

58. The length of time required for the Common Issues trial will depend on many factors and will be determined at the Trial Management Conference.

V. POST COMMON ISSUES DECISION PROCESS

A. Timetable

i. Plaintiffs' Timetable for the Post-Common Issues Decision Process

59. The plaintiffs propose that the following timetable be imposed by the Court following the Court's judgment on the Common Issues:

Common Issues Notice provided	Within 90 days of Common Issues decision
Individual Issue Hearings, if any, begin	120 days after decision
Individual Damage Assessments, if any, begin	240 days after decision
Deadline to Submit Claim Forms (as of right)	Within 1 year of decision
Deadline to Submit Claim Forms (as of right in prescribed circumstances or with leave of the Court)	1 year after decision

B. Common Issues Notice

i. Notifying Class Members

60. The Common Issues Notice will, subject to further amendments, be substantially in the form approved by the Court at the Common Issues trial. The Common Issues Notice may contain, amongst others, information on any aggregate damages awarded and any issues requiring individual determination, as approved by the Court.

61. The plaintiffs propose to circulate the Common Issues Notice within 90 days after the Common Issues judgment.

62. The Common Issues Notice will be circulated in the same manner as set out above dealing with the Certification Notice or as directed by the Court.

C. Claim Forms

i. Use of Claim Forms

63. The Court will be asked to approve under rule 334.37 the use of standardized Claim Forms by Class Members who may be entitled to a portion of the aggregate damage award or who may be entitled to have an individual assessment.

ii. Obtaining and Filing Claim Forms

64. The procedure for obtaining and filing Claim Forms will be set out in the Common Issues Notice.

65. The plaintiffs propose to use a single standard Claim Form, substantially in the form attached as Schedule C, for all three classes, subject to further amendments and as approved by the Court.

66. The plaintiffs propose that counselling be made available to Class Members in need of support and assistance when completing the Claim Forms. Where necessary, a process for appointing a guardian or trustee to assist the Class Members will be developed.

67. Before completing a Claim Form, Class Members will be able to review information about them in the possession of Canada relevant to their claim (the Crown Class Member Information). That information may include:

(a) any records relating to the Class Member's voluntary or involuntary placement in out-of-home care during the Class Period;

(b) any records relating to a need by the Class Member for a service or product;

(c) any records relating to a request made by the Class Member for a service or product;

(d) any records relating to the denial of a service or product to the Class Member;

(e) any records relating to any service(s) or product(s) provided by the Crown to the Class Member; and/or

(f) any records relating to the family status or family relationship between a Family Class Member and a Child Class Member.

68. Class Members will be required to file the appropriate Claim Form with the Class Action Administrator and/or Class Counsel within the deadlines set out below or as directed by the Court.

69. The Class Action Administrator will be responsible for receiving all Claim Forms.

iii. Deadline for Filing Claim Forms

70. Class Members will be advised of the deadline for filing Claim Forms in the Common Issues Notice.

71. The plaintiffs propose that Class Members be given one year, or such period as set out by the Court, after the Common Issues judgment to file Claim Forms as of right.

72. The plaintiffs propose that Class Members be entitled to file Claim Forms more than one year after the Court's judgment on the Common Issues in certain circumstances prescribed by the Court (*i.e.*, lack of awareness of entitlement, etc.) or with leave of the Court (*i.e.*, based on mental or physical health issues, etc.).

D. Determining and Categorizing Class Membership

i. Approving Child Class Members

73. The Class Action Administrator will determine whether an individual submitting a Claim Form as a Child Class Member properly qualifies as a Class Member.

74. The Class Action Administrator will make these determinations following guidelines determined by the Court at the Common Issues trial in part by referring to the information set out in the Claim Form. Such guidelines may include: (a) whether the Class Member needed a service or product at any point during the Class Period; (b) whether the Class Member was denied that service or product; (c) whether the Class Member's receipt of a service or product was delayed or disrupted; (d) whether such denial, disruption or delay was based on lack of funding, lack of jurisdiction or a jurisdictional dispute between governments or government departments; and/or (e) whether such denial, disruption or delay happened while the Class Member was under the applicable provincial/territorial age of majority.

75. The Class Action Administrator will also make these determinations in part by referring to the Crown Class Member Information regarding the number of Class Members who have received a service or product under Jordan's Principle under orders made in the CHRT Proceeding.

76. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual submitting the Child Class Claim Form or the Crown to make these determinations.

ii. Approving Family Class Members

77. The Class Action Administrator will determine whether an individual submitting a Family Class Claim Form properly qualifies as a Family Class Member.

78. These determinations will be made by the Class Action Administrator by referring to Crown Class Member Information and the information set out in the Claim Form with respect to the relationship of the proposed Family Class Member with an Approved Child Class Member.

79. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual filing the Claim Form to make these determinations.

iii. Deceased Class Members

80. The estate of a deceased Class Member may submit a Claim Form if the deceased Class Member died on or after April 1, 1991.

81. If the deceased Class Member would otherwise have qualified as an Approved Class Member, the estate will be entitled to be compensated in accordance with the Aggregate Damages Distribution Process. The estate will not have the option to proceed under the Individual Damage Assessment Process except with leave of the Court.

iv. Notifying Class Members, Challenging and Recording Decisions

82. Within 30 days of receipt of a Claim Form, the Class Action Administrator will notify the individual of its decision on whether the individual is an Approved Class Member. Individuals who are not approved as Class Members will be provided with information on the procedures to follow to challenge the decision of the Class Action Administrator. The plaintiffs propose that these procedures include an opportunity to resubmit an amended Claim Form with supporting documentation capable of verifying that the individual is a Class Member.

83. All interested parties will be provided with the ability to appeal a decision by the Class Action Administrator to the Court or in a manner to be prescribed. Class Counsel may challenge the decision on behalf of affected individuals.

84. The Class Action Administrator will keep records of all Approved Class Members and their respective Claim Forms and will provide this information to Class Counsel, the Crown and other interested parties on a monthly basis. Class Counsel and/or other interested parties will have 30 days after receiving this information to challenge the Class Action Administrator's decision by advising the Class Action Administrator and the other affected parties in writing of the basis for their challenge. The responding party will be given 30 days thereafter to respond in writing to the challenge at which time the Class Action Administrator will reconsider its decision and advise all parties.

E. Aggregate Damages Distribution Process

i. Distribution of Aggregate Damages

85. The Class Action Administrator will distribute the aggregate damages to all Approved Class Members in the manner directed by the Court.

86. The plaintiffs will propose that Approved Class Members be entitled to a proportion of the aggregate damages as determined by the Class Action Administrator based on factors to be approved by the Court, including but not limited to: (a) the duration of deprivation from a service or product as a result of a delay, denial or disruption; (b) the importance of the service or product to the child; and (c) the family relationship of the Family Class Member to a given Child Class Member.

87. The Class Action Administrator, upon advising Approved Class Members of its decision on their membership as set out above, will within a reasonable period of time to be determined by the Court, advise the Approved Class Members of the proportion of aggregate damages owing to each Approved Class Member under the Aggregate Damages Distribution Process to be approved by the Court.

88. In addition, if applicable, the Class Action Administrator will provide Approved Class Members with a package of materials including: information on how to collect their aggregate damage awards, information on Class Members' ability to proceed through the Individual Damage Assessment Process, copies of the Individual Damage Assessment Form along with a guide on how to complete the form, and contact information for obtaining independent legal advice and counselling. Such information is to be provided in a culturally responsive and appropriate style, making full use of interactive media, including video tutorials.

ii. Seeking an Individual Damage Assessment

89. Approved Class Members, when notified of their entitlement to aggregate damages, may be given information on their right to have their compensation individually assessed under the Individual Damage Assessment Process set out below.

F. Individual Damage Assessment Process

i. Individual Damage Assessment Forms

90. When Approved Class Members are notified of their aggregate damage entitlement and information on their right to proceed under the Individual Damage Assessment Process, they will be provided with an Individual Damage Assessment Form as set out in Schedule D.

91. If applicable, the plaintiffs propose that a request for individual damages be made by sending an Individual Damage Assessment Form to the Class Action Administrator, and that only those individuals who wish to proceed through the Individual Damage Assessment Process be required to submit Individual Damage Assessment Forms.

ii. Individual Damage Assessments

92. The Court may be asked to approve the use of an Individual Damage Assessment Process after a judgment on the Common Issues or otherwise as directed by the Court.

93. The Individual Damage Assessment Process would be available to all Approved Class Members except those who are found by the Court not to be entitled to individual damages following the Common Issues trial.

iii. Individual Issue Hearings

94. The Court will be asked to provide directions, or to appoint persons to conduct references under rule 334.26 of the *Federal Courts Rules* or appoint a judge to conduct test cases involving selected Approved Class Members who are proceeding under the Individual Damage Assessment Process to assist with the matters that may or may not remain in issue after the determination of the Common Issues, such as:

(a) Hearing rules for individual assessments;

(b) A compensation matrix for individual damages;

(c) Assistance in resolving disputes relating to the definitions of key terms such as "essential service", "delay", and "jurisdictional dispute"; and

(d) Other matters raised by the Court or the parties during the Common Issues litigation.

G. Fees

i. Plaintiffs' Legal Fees

95. The plaintiffs' fees are to be paid on a contingency basis, subject to the Court's approval under rule 334.4 of the *Federal Courts Rules*.

96. The agreement between the representative plaintiffs and Class Counsel states that legal fees and disbursements to be paid to Class Counsel shall be on the following basis:

(a) Aggregate damages recovery: 20% of the first two hundred million dollars ($200,000,000) in recovery by settlement or judgment, plus 10% of any amounts recovered by settlement or judgment beyond the first two hundred million dollars; and

(b) Individual damages recovery: 25% of settlement or judgment.

ii. Funding of Disbursements

97. Funding of legal disbursements for the representative plaintiffs has been, and will continue to be, made through Class Counsel, unless the plaintiffs and Class Counsel subsequently deem it to be in the best interests of the Class to obtain third-party funding, in which case Class Counsel will advise the Court of such third-party funding and seek approval thereof.

H. Settlement Issues

i. Settlement Offers and Negotiations

98. The plaintiffs will conduct settlement negotiations with the Crown from time to time with a view to achieving a fair and timely resolution.

ii. Mediation and Other Non Binding Dispute Resolution Mechanisms

99. The plaintiffs will participate in mediation or other non-binding dispute resolution mechanisms, if and when appropriate, in an effort to try to resolve the dispute or narrow the issues in dispute between the Parties.

I. Review of the Litigation Plan

i. Flexibility of the Litigation Plan

100. This Litigation Plan will be reconsidered on an ongoing basis and may be revised under the continued case management authority of the Court before or after the determination of the Common Issues or as the Court sees fit.

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SCHEDULE "A"

PROPOSED NOTICE OF CERTIFICATION

THIS NOTICE MAY AFFECT YOUR RIGHTS. PLEASE READ CAREFULLY.

The Nature of the Lawsuit

As of March 2019, Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken LLP (collectively "Class Counsel") have prosecuted an action on behalf of First Nations plaintiffs in the Federal Court of Canada in Montreal, against the Attorney General of Canada (the "Crown").

The lawsuit claims that between April 1, 1991 and December 11, 2007 the Crown instituted discriminatory policies across Canada, delaying, disrupting or denying the delivery of needed public services and products to First Nations youth.

The action was brought on behalf of a Class of:

(a) all First Nations youths who were denied a public service or product, or whose receipt of a public service or product was delayed or disrupted, on the grounds of lack of funding or lack of jurisdiction, or as a result of a jurisdictional dispute with another government or governmental department between April 1, 1991 and December 11, 2007;

(b) family members of the Class Members cited in (a) above.

By order dated **[INSERT DATE]**, The Honourable Justice [**INSERT NAME**] certified the action as a class proceeding, appointing Zacheus Joseph Trout as representative plaintiffs for the class.

The Court found that the following issues affecting the Class will be tried at a Common Issues trial:

- **[INSERT CERTIFIED COMMON ISSUE]**
- …

Participation in the Class Action

If you fall within the class definition, you are automatically included as a member of the Class, unless you choose to opt out of the Class Action, as explained below. All members of the Class will be bound by the judgment of the Court, or any settlement reached by the parties and approved by the Court.

At this juncture, the Court has not taken a position as to the likelihood of recovery for the representative plaintiffs or the Class, or with respect to the merits of the claims or defences asserted by the Crown.

Fees and Disbursements

You do not need to pay any legal fees out of your own pocket. A retainer agreement has been entered into between the representative plaintiffs and Class Counsel with respect to legal fees. The agreement provides that the law firms have been retained on a contingency fee basis, which means they will only be paid their fees in the event of a successful result in the litigation or a Court-approved settlement.

You will <u>not</u> be responsible for Defendant's legal costs if the class action is unsuccessful. Any fee paid to lawyers for the Class is subject to the Court's approval.

Opt Out

If you are a class member and wish to exclude yourself from this class proceeding ("opt out"), you must complete and return the "Class Member Opt Out" form by no later than **[INSERT DATE]**. The Opt Out form may be downloaded at: **[INSERT WEBSITE ADDRESS]**.

Class members who choose to opt out within the above noted deadline will not recover any monies if the representative plaintiffs are successful in this action. If class members do not choose to opt out by the deadline, they will be bound by any judgment ultimately obtained in this class action, whether favourable or not, or any settlement if approved by the Court.

Contact Information

If you have any questions or concerns about the matters in this Notice or the status of the class action, you may contact Class Counsel in a number of ways.

By phone: [**INSERT PHONE NUMBER**]

By email: [**INSERT EMAIL**]

Toll-Free Hotline: [**INSERT TELEPHONE**]

By mail: [**INSERT ADDRESS**]

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SCHEDULE "B"

OPT OUT FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I do not want to participate in the class action entitled ***Zacheus Joseph Trout et al v. The Attorney General of Canada*** regarding the claims of discrimination against First Nations children. I understand that by opting out, I will not be eligible for the payment of any amounts awarded or paid in the class action, and if I want an opportunity to be compensated, I will have to make an individual claim and decide whether to engage a lawyer at my own expense.

Dated: _____

_____
Signature

_____
Full Name

_____
Address

_____
City, Province, Postal Code

_____
Telephone

_____
Email

This Notice must be delivered by regular mail or email on or before_____, 202_ to be effective.

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SCHEDULE "C"

CLAIM FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I, _____ (insert full name(s), including maiden name if applicable), have received Notice of the National Class Action entitled ***Zacheus Joseph Trout et al v. The Attorney General of Canada*** regarding the claims of discrimination against First Nations children. My date of birth is _____ (insert day, month, year of birth).

I believe that I am a Class Member and I wish to submit a claim as a member of the following Class or Classes (mark the applicable item(s) with an X):

[_] Child Class

[_] Family Class

If you selected the Child Class, please summarize below the public services or products that you needed between April 1, 1991 and December 11, 2007, and that were denied, delayed or disrupted:

Product(s) or service(s) needed	**Was a request made for the service(s) or product(s)?**	**Was the service(s) or product(s) denied, delayed or disrupted?**	**The date(s) of need, request, and/or denial, delay or disruption**

If you selected the Family Class, please summarize below your relationship to the member(s) of the Child Class:

Full name(s) and claim number of the Approved Child Class Member in your family	**Your relationship to the Class Member (only the brother, sister, mother, father, grandmother or grandfather of an Approved Child Class Member)**

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My mailing address is:

_____
Street name, Apartment #

_____
City, Province

_____
Postal Code

_____
Telephone Number(s)

_____
Email address

Signed: _____ Date: _____

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SCHEDULE "D"

INDIVIDUAL DAMAGE ASSESSMENT FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I, _____ [insert full name(s), including maiden name if applicable], have been notified that I am an Approved Child Class Member. My claim number is _____ [insert assigned claim number].

I have been provided with a package of information outlining and explaining my option to request an individual damage assessment in accordance with the Individual Damage Assessment Process.

I am also aware that I can obtain independent legal advice with respect to this request and can obtain assistance to complete this form at no charge to me by contacting [insert assigned contact #].

Below is information relating to my experience with the denial/delay/disruption of the receipt of a public service or product and the impacts and harms that resulted from my experience:

[The Individual Damage Assessment Form will be designed after a Court decision on the Common Issues. The goal of the Individual Damage Assessment Form though will be to obtain, amongst others, the following information from Approved Class Members:

- *Any conditions or circumstances that required a public service or product;*
- *Reasons for denial of a public service or product;*
- *Department(s) of contact;*
- *Authorizations for the Crown to obtain documents; and*
- *Such further and other information that is deemed necessary and appropriate.]*

Signed: _____ Date: _____

This is Exhibit "D" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

A T A
T A A

OFFICE OF THE PARLIAMENTARY BUDGET OFFICER
BUREAU DU DIRECTEUR PARLEMENTAIRE DU BUDGET

The Parliamentary Budget Officer (PBO) supports Parliament by providing economic and financial analysis for the purposes of raising the quality of parliamentary debate and promoting greater budget transparency and accountability.

This report estimates the financial cost of complying with a Canadian Human Rights Tribunal decision (2019 CHRT 39) as it relates to First Nations children taken into care. It was prepared at the request of Mr. Charlie Angus, Member of Parliament for Timmins-James Bay.

Some data used in this publication came from the First Nations Component of the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (FNCIS 2008). These data were used with the permission of the First Nations Child Welfare Research Committee. The study was funded by the federal, provincial, and territorial governments of Canada, the Social Sciences and Humanities Research Council of Canada, and the Canadian Foundation for Innovation.

The PBO thanks the First Nations Child and Family Caring Society, the First Nations Child Welfare Research Committee and Indigenous Services Canada for the information and explanations they provided to assist with this analysis. The analyses and interpretations presented in this report are those of the PBO and do not necessarily reflect the opinions of the above-mentioned organizations.

For readability, all counts have been rounded to hundreds of persons.

Lead Analyst:
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Executive Summary

In September 2019, the Canadian Human Rights Tribunal (CHRT) ordered Canada to pay compensation to First Nations children and caregivers who were affected by the on-reserve child welfare system.

The Government of Canada has applied for judicial review of the CHRT decision, which could result in the compensation order being dramatically narrowed or voided entirely. This report estimates the cost of complying with the decision as it relates to children taken into care.

The preliminary estimate of Indigenous Services Canada (ISC) was that 125,600 people are eligible for compensation totalling $5.4 billion. Based on the PBO's assumed legal interpretation, the PBO estimates that 19,000 to 65,100 people are eligible for compensation in a range of $0.9 billion to $2.9 billion. Both estimates assume compensation is paid by the end of 2020.

Summary Table 1

High-level comparison of estimates

	ISC	PBO
# Eligible	125,600	19,000 to 65,100
Cost to compensate ($ billions)	$5.4	$0.9 to $2.9

The PBO expects fewer people to be eligible primarily because we assume that children placed within their extended family or community are not eligible for compensation.

Our estimate is presented as a range, as it is unclear what proportion of children will be excluded, either because the CHRT deems that their removal was necessary, or that their family benefited from prevention services. This report examines a number of scenarios under which these two eligibility criteria might be applied, and their possible impact on eligibility for compensation.

The Government of Canada has indicated that it intends to compensate those harmed by removals through the settlement of a class action. There may be significant barriers to a successful class action, which could result in fewer families receiving compensation. In addition, compensation for each removed child would not necessarily be more than the amount awarded by the CHRT.

1. Introduction

In September 2019, the Canadian Human Rights Tribunal (CHRT) ordered Canada to pay compensation to certain First Nations children and caregivers who were harmed by racial discrimination in federal funding for child and family services on-reserve and in Yukon.[1]

The decision included orders of compensation related to the removal of children from their family and related to delays and denials of essential services to children. This report focuses solely on compensation for removals. It includes compensation for removals to receive services but excludes compensation for delays and denials of services to children who remained in their homes.

The preliminary estimate of Indigenous Services Canada (ISC) was that 125,600 people are eligible for compensation totalling $5.4 billion, including interest. Based on the PBO's assumed legal interpretation, we estimate that 19,000 to 65,100 individuals are eligible for compensation that would range from $0.9 billion to $2.9 billion, including interest.

The PBO assumes that the CHRT decision requires Canada to pay $40,000 to all First Nations children ordinarily resident on-reserve or in Yukon at the time of their removal who were:

1. Unnecessarily removed from their home, family, and community after 1 January 2006 due to poverty, poor housing, neglect, or substance abuse and did not benefit from prevention services that would have permitted them to remain safely in their home, family and community;

2. Removed from their homes after 1 January 2006 due to abuse and placed outside their family and community; or

3. Were deprived of essential services within the scope of Jordan's Principle[2] and placed in care outside their homes, families and communities in order to receive those services between 12 December 2007 and 2 November 2017.

For each eligible child removed for reasons other than abuse, the parent(s) or grandparents of that removed child are also entitled to $40,000 in compensation.[3]

All the major parties to the CHRT proceedings have varying legal interpretations that differ from each other and from the PBO's assumptions set out above.[4] The PBO's assumed legal interpretation is an objective assessment of what the CHRT order requires; it is not a normative position regarding what compensation should have been ordered. The CHRT may

revise its order as parties seek clarification, as the CHRT did through a letter dated 16 March 2020.[5]

The Government of Canada has applied for judicial review of the decision, which could dramatically reduce or entirely void this compensation order.[6] The Tribunal's orders are also suspended pending a decision by the Tribunal regarding the process to be used to identify those eligible for compensation. Ongoing discussions or future CHRT orders could change the scope of who is entitled to compensation relative to what is required by the September CHRT order.

The PBO's estimate reflects the cost of paying the compensation ordered by the CHRT; it is not discounted for the probability of that order being reduced or voided through judicial review.

2. Cost of complying with the CHRT order

2.1. Placements by type

Based on data supplied by ISC from their financial records, the PBO estimates that 53,700 children will have been removed from their home - either on-reserve or in Yukon[7] - and placed in ISC-funded placements from 1 January 2006 to the end of 2020. This includes 8,500 children already in care in 2006.

Because this figure is based on ISC's financial records, it excludes unfunded placements of First Nations children with family, family friends or community members, where no federal expenditure would be recorded.

ISC classifies funded placements into four types: kinship care, foster care, institutional care, and group homes. The estimated breakdown of placements is shown in Table 2-1.

Table 2-1 Number of children taken into funded care for the first time by care type (2006-2020)

	#
Kinship[8]	12,500
Foster[9]	36,700
Institutional	2,100
Group Homes	2,400
Total	***53,700***

Source: PBO based on data derived from ISC's Child and Family Services Information Management System (CFS IMS).

Notes: This represents an estimate of the number of unique children who will have been taken into care for the first time at some point from 2006 up to the end of 2020. Removals prior to 2014 were estimated based on indexing to point-in-time counts.[10] The type of care is based on the child's first placement.

2.2. Placements outside family and community

According to the CHRT decision, compensation is awarded in relation to children placed in care outside of their homes, families and communities.[11] Thus, children removed from their home and placed within their extended family or community are not eligible for compensation.

By definition, children placed in informal or formal kinship foster care remain within their families or their communities for that placement. In addition, some children placed in non-kinship foster care and group homes remain within their communities. The estimated proportion and number of children in each type of care who were removed from their family and from their community is shown in Table 2-2.

Table 2-2 **Share and number of children removed from their family and from their community by care type (2006-2020)**

Share removed from their family and from their community	%	#
Kinship[12]	8%	1,000
Foster[13]	76%	27,900
Institutional and Group Homes[14]	84%	3,900
Total removed from their home, family and community		***32,700***

Source: PBO based on 2016 Census and 2011 Census and ISC's CFS IMS
Note: See endnotes for assumptions and calculations. For foster care, institutional care and group homes, these proportions reflect the share of children placed off-reserve, either in their initial placement or in a subsequent placement. Some First Nations may consider some off-reserve placements with families sharing the same Aboriginal identity to be placements within the child's community. In the 2011 National Household Survey, 21 per cent of First Nations foster children living off-reserve lived with at least one First Nations foster parent.[15]

2.3. Reason for removal

Of those children who were removed from their home, family, and community, the estimated breakdown of reasons for removal is shown in Table 2-3 below. Two-thirds of children, roughly 22,000, were removed for reasons other than abuse. They are analyzed together because they cannot be distinguished based on caseworker-reported reasons for removal; both children and parents would be eligible for compensation in almost all cases.[16]

Table 2-3 **Share and number of children removed from home, family and community by primary reason for removal (2006-2020)**

Primary reason for removal	%	#
Abuse	33%	10,700
Reasons Other than Abuse	67%	22,000
Total		***32,700***

Source: PBO based on custom analysis of First Nations Component of the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (FNCIS 2008).

Note: The breakdown was based on the primary reason for removal as recorded in the FNCIS 2008. Exposure to intimate partner violence (the primary reason for removal in 8 per cent of removals)[17] and emotional maltreatment (3 per cent) were classified as removals due to abuse. Multiple factors are often present in a removal. For example, poverty and substance abuse may be factors in a removal due to abuse. This breakdown is based on caseworker's primary classification of the reason for removal which focused on the type of maltreatment rather than underlying causes.

2.4. Necessity and prevention services

Families with children removed for reasons other than abuse are entitled to compensation only if:

- The child was "unnecessarily apprehended"; and
- The family "especially in regards to substance abuse, did not benefit from prevention services in the form of least disruptive measures or other prevention services permitting them to remain safely in their homes, families and communities." [18]

The PBO considered seven possible scenarios for how these criteria might be applied. (The scenarios are outlined in Appendix A.) Under these possible scenarios, the proportion of otherwise eligible families who would be excluded from compensation would range from 0 per cent to 85 per cent. In other words, at the upper bound, all 22,000 eligible children removed for reasons other than abuse would receive compensation, compared with only 3,300 at the lower bound.

2.5. Parents

Parents of children removed due to abuse are not entitled to compensation; however, parents who had a child removed for reasons other than abuse are entitled to compensation.[19] To be eligible for compensation, the parent must have been caring for the child at the time of the child's removal.

Grandparents are eligible for compensation only if the parents were absent and the children were in their care.[20] The term parent was not defined by the Tribunal. However, the PBO assumes that it includes step-parents and adoptive parents, including parents under customary adoptions not formalized by court order.

Children who were removed from their homes have a second in-home caregiver in 47 per cent of cases.[21] So, it is assumed that there are 1.47 eligible caregivers per child. No limitation was applied with respect to the relationship between the in-home caregiver(s) and child, so this includes adoptive parents and step-parents acting as in-home caregivers.

The number of parents who are eligible depends on the number of children who are eligible for reasons other than abuse. This number of children is affected by the extent to which children are excluded because their removal was necessary or their family received preventative services.

If none are excluded, 22,000 children would be removed for reasons other than abuse. This implies that 32,400 parents would be eligible for compensation.

If 85 per cent are excluded, 3,300 children would be removed for reasons other than abuse. This implies that 4,900 parents would be eligible for compensation.

2.6. Compensation

According to the CHRT ruling, each eligible parent and child would receive $40,000 plus applicable interest.[22]

Again, compensation depends on the extent to which children are excluded because their removal was necessary or their family received preventative services.

If no children are excluded, this would result in $1,309 million in pre-interest compensation for the 32,700 eligible children, and $1,295 million in pre-interest compensation for the 32,400 eligible parents.

If 85 per cent are excluded, this would result in $564 million in pre-interest compensation for the 14,100 eligible children. For the 4,900 eligible parents, the pre-interest compensation would amount to $194 million.

The range of estimated compensation is shown in Table 2-4.

Table 2-4 **Summary of the number of children and parents eligible and associated compensation costs**

	Upper Bound		Lower Bound	
	Children	**Parents**	**Children**	**Parents**
# Eligible	32,700	32,400	14,100	4,900
Pre-interest compensation per eligible person	40,000	40,000	40,000	40,000
Pre-interest compensation ($ millions)	$1,309	$1,295	$564	$194
Interest on compensation ($ millions)	$340		$99	
Total cost of compensation ($ millions)	$2,944		$857	

All figures represent the costs up to the end of 2020. Additional costs will continue to accumulate after that time, including interest and compensation in relation to ongoing removals. By the end of 2025, the expected cost would reach $3.7 billion under the 0% scenario.

2.7. Differences in assumptions

The PBO's estimate relies on factual and legal assumptions that differ substantially from those used in ISC's preliminary cost estimate and eligibility criteria proposed by other parties.

Children already in care in 2006

About 8,500 children were in care as of 1 January 2006. The PBO assumes these children are eligible.[23] ISC's preliminary estimate assumes they are not eligible.

Adjustment factor

ISC's preliminary estimate of 48,200 children coming into care for the first time up to the end of 2017-18 is significantly higher than the PBO's estimate of 36,400 children. This is due to an adjustment factor ISC applied in projecting backwards children in care prior to 2014. ISC found that indexing to point-in-time counts underestimated the number of children coming into care relative to administrative data kept by three regions and grossed up its backwards projections accordingly. The PBO chose not to apply a similar

adjustment factor because we could not verify the methodology used by those regions and ISC could not provide us with the regional data.

Children off-reserve

The Chiefs of Ontario argued in recent submissions that "in Ontario, the Compensation Entitlement Order should apply equally to First Nations persons on or off reserve."[24]

The PBO did not adopt this approach because the Tribunal's order is explicitly limited to "First Nations children living on reserve and in the Yukon Territory." Ontario has 182,890 off-reserve individuals who identify as First Nations, just under half of the 380,355 persons on-reserve in all of Canada.[25]

Children placed within their extended family or community

In its written representations on its application for judicial review, ISC defines the eligible group as "every child removed from their home, temporarily or long-term, and every caregiving parent or grandparent to that child, unless they abused the child or children."[26]

Under this interpretation, all children removed from their homes are entitled to compensation, even if they were placed with family or within their community. This is the approach taken in ISC's preliminary estimate. If these children who were placed within their extended family or community were included, it would roughly double the number of eligible children.

Children placed in informal care

ISC's preliminary estimate is based on its child expenditure records. Thus, it implicitly excludes compensation for children removed from their homes and placed in unfunded kinship care where no expenditure would be recorded. Children in unfunded care are not relevant to the PBO's estimate because these children are all placed within their family or community and are thus ineligible for compensation.

However, under the definition set out in ISC's written representations, these children placed in unfunded care would appear to be eligible, even though they are not included in ISC's preliminary estimate. Since 49 per cent of all children removed from their homes are placed in informal kinship care, including these children would roughly double the cost of complying with the order.[27]

Prevalence of abuse

ISC's preliminary estimate assumes that 40 per cent of parents are ineligible because they abused their child. This assumption was made on the basis that 40 per cent of aboriginal respondents reported experiencing childhood physical and/or sexual abuse in a 2015 survey. (An alternative scenario showed 20 per cent of parents ineligible due to abuse.)[28]

The PBO obtained access to the First Nations Component of the Canadian Incidence Study of Reported Child Abuse and Neglect 2008; it showed that 33 per cent of children taken into care on-reserve were the result of abuse. As noted above, the PBO assumes that parents of children removed due to abuse are not eligible even if they did not abuse their child.

Unnecessary removal and non-benefit from prevention services
ISC's preliminary estimate does not incorporate any further inquiry into whether a child's removal was unnecessary or whether their family benefited from preventative services allowing the child to remain in the home.

Number of parents and eligibility of grandparents
With respect to factual assumptions, ISC's preliminary estimate assumes that each child has two eligible caregivers. Based on the First Nations Component of the Canadian Incidence Study of Reported Child Abuse and Neglect 2008, the PBO estimates that removed children have an average of 1.47 in-home caregivers.

It is not clear whether ISC's interpretation of the Tribunal's decision requires the parents to be absent for grandparents to receive compensation. If caregiving grandparents are eligible irrespective of whether the parents of the child are absent, the number of eligible grandparents could be much higher.

The Chiefs of Ontario argued in recent submissions that "the reality of families in First Nations communities means that aunties, uncles and other family members may well have been caring for children at the time of removal, and submits that such people should not be precluded from entitlement to compensation."[29]

The Tribunal rejected this approach, stating: "While the Panel does not want to diminish the pain experienced by other family members such as other grand-parents not caring for the child, siblings, aunts and uncles and the community, the Panel decided in light of the record before it to limit compensation to First Nations children and their parents or if there are no parents caring for the child or children, their grand-parents."

The PBO's estimate is based on compensation for up to two in-home caregivers irrespective of their relationship with their child, so it is not strictly limited to biological parents. However, it would exclude the broader family and community providing care and companionship to a removed child.

Interest calculation
ISC's estimate includes compound interest at the Bank of Canada Policy Rate with unspecified adjustments, whereas the PBO estimate includes simple interest at the Bank of Canada's Bank Rate consistent with the default under section 9(12) of the CHRT *Rules of Procedure*.[30]

The decision nominally awards compensation at the Bank of Canada Rate. However, given the absence of any rationale for deviating from the Tribunal's rules of procedure, the PBO assumes the Tribunal intended to award compensation at the slightly higher Bank of Canada Bank Rate.

Resolution date

ISC's estimates also explore the implications of it taking until 2025-26 to resolve the claim. Under that scenario, ISC's preliminary cost estimate rises to $6.7 billion. The PBO's estimate rises to $3.7 billion under the scenario where all children removed from their home, family, and community for reason other than abuse are eligible.

Impact of assumptions

It seems reasonably clear that ISC's interpretation as set out in court filings deems children placed within their extended family or community to be eligible. It does not incorporate any further inquiry into whether a child's removal was unnecessary or whether their family benefited from preventative services allowing the child to remain in the home.

However, ISC's interpretation is unclear with respect to two of the other most consequential differences in assumptions, specifically:

1. The eligibility of children placed in unfunded care, and
2. The eligibility of caregiving grandparents where the parents are not absent.

If children placed in unfunded care are excluded and the grandparents of children in the care of their parents are excluded, the cost under ISC's interpretation is estimated to be $4.8 billion. Including children placed in unfunded care and four caregiving grandparents per child, the cost under ISC's interpretation would be $22.8 billion.

If proposals to compensate children off-reserve in Ontario were accepted by the Tribunal, the cost would increase by about 50 per cent. Compensating all relatives of a child who provided care to a removed child would result in an indeterminable, but likely large, increase in the cost.

3. Comparative cost of settling a class action

The Government of Canada (hereafter referred to as "Canada") has publicly indicated that it intends to compensate families entitled to compensation under the CHRT order through a settlement of a class action. This could be *Xavier Moushoom and Jeremy Meawasige v. The Attorney General of Canada* or a similar class action recently filed by the Assembly of First Nations.

Canada cannot void the CHRT's order simply by settling a class action. So, the framing of a class action settlement as an alternative to complying with the CHRT decision still relies on Canada having that order quashed through judicial review. If the CHRT order was paid out, Canada has argued that any compensation awarded under the CHRT order would be offset against damages awarded in a class action.[31]

It appears that eligibility for compensation under either class action could be broader in terms of three factors: the time period covered; the relatives entitled to compensation; and the eligibility of families of children removed due to abuse.

However, there may be barriers to the success of a class action. Federal funding for child welfare differs dramatically between provinces, between agencies, and over time. Families differ in the prevention services they received, the reasons their child was taken into care, and where their child was placed. Responsibility for removals and the circumstances leading to removals are shared among many parties.

To establish a clear relationship between an action for which the federal government is liable and harm suffered by the plaintiffs, it may be necessary lawyers representing the plaintiffs to dramatically limit the scope of who is eligible for compensation, or the harm for which they are being compensated. For example, in the *Sixties Scoop* class action, the group eligible for compensation was limited to children who were placed in non-aboriginal foster homes, and only included compensation for loss of culture.[32]

In terms of the amount of compensation, previous class action settlements regarding the removal of children from their homes, families and communities suggest that compensation for each removed child would not necessarily be any more than the $40,000 maximum awarded by the CHRT. The amounts awarded in previous similar cases are shown in Table 3-1.

However, individuals who suffered exceptional harm as a result of their removal, such as children who suffered abuse while in a foster home, could potentially receive much more if an individualized assessment process is implemented. An example of that would be the process used for the Indian Residential School Settlement.

The scope of eligibility and amount of compensation are negotiated and are, therefore, difficult to predict.

Table 3-1 Summary of compensation awarded in previous similar cases

	Common experience payments	Individualized compensation	Differences
Indian Residential Schools Settlement (2006)	$10,000 for the first year, $3,000 for subsequent years, averaging $20,457 ($25,900 in 2020 dollars) for emotional abuse, loss of family life, loss of language/culture, etc.	38,178 claims out of 105,530 claimants with awards averaging $111,265	Longer average duration, more abuse
Sixties Scoop Settlement (2017)	Likely <= $25,000, solely for loss of cultural identity	Not settled	Generally permanent

Appendix A – Possible interpretations of further restrictions

Families with children removed for reasons other than abuse are entitled to compensation only if:

- The child was "unnecessarily apprehended" and
- The family "especially in regards to substance abuse, did not benefit from prevention services in the form of least disruptive measures or other prevention services permitting them to remain safely in their homes, families and communities."

The CHRT's decision does not clearly explain how these eligibility criteria are supposed to be applied. Seven possible approaches were considered, including:

- Canada-wide approaches,
- province-year specific approaches,
- group-by-group analysis of the presence of factors or services, and
- group-by-group causal analysis.

The 0 per cent to 85 per cent range reflects the possible exclusions under these interpretations.

Among these possible approaches, the most likely interpretation is that the CHRT's eligibility criteria require a further group-by-group assessment of whether each child was unnecessarily removed. The evidence would be that they did not benefit from prevention services which would have permitted them to remain at home.

The assessment would not be the extent of harm, which the Tribunal rejected as harmful and unnecessary. Rather, it would be whether the harm associated with a child's removal arose from the underfunding of preventative services.

One factor that supports the interpretation that an additional group-by-group assessment is required is that the evidence summarized by the CHRT and the conclusions it drew accept the existence of unnecessary removals, but do not address the prevalence of unnecessary removals.

In summarizing the evidence, the CHRT states that the least disruptive measures to address neglect are underfunded, and that "without funding for [the] provision of preventative services many children […] are unnecessarily removed from their homes and families."[33]

The necessity of a case-by-case assessment is further supported by the reference to substance abuse in the CHRT order. The CHRT appears to be making some attempt to define a population it expects to be found ineligible as a result of a further assessment.

It does so when it restricts eligibility to families who "especially in regards to substance abuse, did not benefit from prevention services in the form of least disruptive measures or other prevention services permitting [the children] to remain safely in their homes, families and communities."[34]

This suggests that removals due to caregiver substance abuse, where the caregiver benefited from prevention services intended to allow the child to remain in the home, do not give rise to compensation. The term "especially" suggests that families benefiting from prevention services may be excluded in other circumstances. Determining whether caregivers benefited from prevention services intended to allow the child to remain in the home requires a case-by-case assessment.

Another important contextual factor is that the order was issued in response to a request by the Assembly of First Nations (AFN) to establish an expert panel to determine appropriate case-by-case compensation. This proposal was not just for a case-by-case assessment of individual damages, which the Tribunal rejected as harmful and unnecessary. It was also to determine whether preventative services would have prevented abuse leading to a child's removal.[35]

Canada-wide approaches

Under these approaches, no children are screened out and no case-by-case assessment is required.

Scenario 1: Reliance on finding of systemic discrimination

A taxonomy of compensation category proposed by the First Nations Child and Family Caring Society (FNCFCS) argues that a prior CHRT ruling "found that First Nations children living on-reserve were discriminated against by the Canadian government in part because they did not receive adequate prevention services." [36] On this basis, the taxonomy appears to accept that all children did not benefit from prevention services. This would result in no cases being screened out.

Scenario 2: Reliance on placement outside of family and community

Alternately, the Tribunal could reason, as it did in relation to cases of abuse, that all First Nations children should have been placed within their family and community. If the Tribunal does not entertain evidence that equitable funding to find and support such placements was in place or that an equitable level of such placements occurred, this would result in no cases being screened out (the PBO's cost estimate already excludes placements with family and community).

Province-year specific approach

Under these approaches, children are screened out depending on the province and year in which they were taken into care.

Scenario 3: Removals in province-years where funding for prevention services was in place

The eligibility criteria ask specifically about whether a family benefited from prevention services. Canada has been incrementally providing funding for prevention services on a province-by-province basis in an attempt to address the systemic discrimination identified by the Tribunal.

For about 85 per cent of removals for which compensation has been ordered, prevention services were funded under a bilateral agreement or the enhanced prevention focused approach. This suggests that if children are screened out in province-years for which the additional funding for prevention services was in place, as much as 85 per cent of cases could be screened out.

Group-by-group and case-by-case analysis of the presence of factors

Under these approaches, the Tribunal or delegated body would determine, or has determined, that children removed in certain circumstance are eligible. Then it would consider whether each case falls within an eligible group.

Scenario 4: Removals related to poverty, housing, or substance abuse

The FNCFCS's taxonomy has an eligibility requirement asking whether the child experienced neglect related to poverty, housing and substance abuse. This is in conflict with the wording of the CHRT order, which includes neglect as a parallel ground. However, in this way, the taxonomy indirectly restricts eligibility to those found to be harmed in the Wen:de reports prepared by the First Nations Child and Family Caring Society of Canada.

Those reports speak of neglect related to poverty, housing and substance abuse as circumstances where removals are potentially preventable.[37] In this way, looking at whether a removal was related to poverty, housing or

substance abuse may be a reasonable proxy for determining the circumstance where removals are potentially preventable in the view of the CHRT.

To assess the impact of this approach, the PBO requested a custom tabulation from the First Nations Component of the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect. That custom tabulation shows that this approach would only slightly restricts eligibility, as poverty, housing and substance abuse were a suspected or confirmed factor in 94 per cent of investigations resulting in placements outside the home.

Table A-1 **Presence of risk factors among investigation resulting in an out-of-home placement for First Nations on-reserve children, as reported by caseworkers**

	%
Unsafe housing conditions	23%
Home overcrowding	10%
Household income only from social assistance, EI, other benefits, or none	54%
Household ran out of money for necessities within the past six months	19%
Suspected or confirmed drug or alcohol abuse by caregiver	84%
Any of above risk factors	94%

Source: PBO based on custom analysis of FNCIS 2008.

Scenario 5: Exclusion of substance abuse cases

The decision indicates that the exclusion related to benefit from prevention services applies especially with regard to cases of substance abuse. The particular emphasis placed on substance abuse in the context of the availability of prevention services mirrors earlier quotes from the Wen:de reports. These quotes express the view that where treatment services were available, continuing substance misuse lies within the personal domain for change.[38]

First Nations addiction treatment centres and community-based prevention programs are offered at various locations across Canada.[39] Without a clear definition and further data, it cannot be determined whether these services were adequate and available in the context of a particular removal. If the

assessment were to screen out all families where caseworkers flagged suspected or confirmed substance abuse, 84 per cent of families could be excluded.

Group-by-group and case-by-case causal analysis

If the CHRT requires evidentiary proof that prevention funding would have averted the removal of a group of children on a balance of probabilities, the outcome will depend on the evidence accepted and the scope of least disruptive measures and prevention services the CHRT believes should have been provided.

Scenario 6: Causal analysis based on ISC definition of preventative services

The types of "prevention services" funded by Canada over most of the relevant period were non-medical services delivered to families, such as education, counselling and intensive in-home supports.[40] Between 2007-08 and 2013-14, Canada increased funding for prevention services under an "Enhanced Prevention Focused Approach" (EPFA).

However, it was not possible to identify a distinct group of children who are no longer coming into care as a result of the EPFA. In the decade since implementation of the EPFA began, the number of children in ISC-funded care has increased in some provinces with EPFA funding, while decreasing in others.

In total, the number of children in care increased 18 per cent in provinces with EPFA funding, whereas the number of children in care decreased 9 per cent in the remaining provinces and single territory (Yukon).

However, excluding kinship care, the number of children in care in EPFA provinces with EPFA funding is estimated to have decreased 25 per cent. Beyond the absence of a clear aggregate impact, it is difficult to identify a causal relationship for a variety of other reasons.[41]

Based on experiences over the last decade with EPFA funding, it would be difficult to prove that the removal of any particular group of children would not have occurred with adequate funding for prevention services.

Academic literature is inconclusive regarding the effectiveness of prevention services. Several types of home visitation programs have been found to reduce child maltreatment or maltreatment risk factors in some cases; but, in other cases the same or similar programs have not been effective or even increased maltreatment.[42] Such results may also not be generalizable to First-Nations on-reserve families and few studies look at impacts on probabilities of being taken into care. Even where effective, these programs only reduce the probability of a child being taken into care. It would still be difficult to say

that any particular family would not have been taken into care if the intervention had been in place. It is difficult to predict what conclusions the CHRT would draw from such a mixed body of research.

Scenario 7: Causal analysis based on broader definition of preventative services

Under a broader definition of preventative services, there do appear to be services which could reduce the number of children removed from their homes, families and communities. Specifically, funding to find and support kinship placements and foster care on-reserve, funding for housing and income assistance could avoid the removal of some children. It might even be possible to show that the removal of a particular family's child could have been prevented if the child was removed from to their home due to poverty, unsafe housing, or if a family member would have been willing and able to take in a child if more support was available.[43] However, for many cases of neglect, it would be difficult to point to any particular program that would have prevented the removal of a child.

Notes

1 *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada)*, 2019 CHRT 39.

2 As set out in 2017 CHRT 35, Jordan's Principle relates to the approval of and reimbursement for government services for First Nations children. Where a government service is available to all other children, the government department of first contact must pay for the service. Where a service is not necessarily available to all other children, the government department of first contact must evaluate the needs of the child to determine whether the requested services should be provided to ensure substantive equality or culturally appropriate services, or to safeguard the best interests of the child. The CHRT decision orders compensation to be paid to each First Nations child who "was denied services or received services after an unreasonable delay or upon reconsideration ordered by this Tribunal." The parents or grandparents of those children are also eligible for compensation.

3 Compensation will be paid to caregiver grandparents only if the parents were absent. 2019 CHRT 39 at para 185.

4 Written Representations of the Applicant/Moving Party on Motion to Stay at para 9; Affidavit of Cindy Blackstock at p 117 (Page 5 of Exhibit 12) [FNCFCS taxonomy]; Assembly of First Nations (AFN), Compensation Order / Questions and Answer.

5 CHRT, Letter of 16 March 2020.

6 Among other issues, the Application for Judicial Review challenges the Tribunal's decision to award individual compensation in a case of systemic discrimination, its decision to award individual compensation in light of a lack of evidence proper funding could have prevented all removals, and the amount of compensation awarded in the case of short temporary removals. Attorney General of Canada, Written Representations of the Applicant/Moving Party on Motion to Stay.

7 This differs from the approach taken by the FNCFCS's taxonomy, which limits eligibility to children who have, or are eligible, for Indian Status. Eligibility is not expected to be restricted to Status Indian children because:

- The decision refers to First Nations children rather than "Status Indian" children;
- Canada has jurisdiction over lands reserved for Indians; and
- Underfunding of on-reserve prevention services would negatively affect all children on-reserve. irrespective of their status.

The definition of a First Nations child is an open issue being considered by the CHRT.

[8] Because kinship care was not distinguished in ON, MB, and YK for the entire period, point-in-time counts for the number of children in kinship care in ON, MB, and YK were interpolated based on provinces that distinguished kinship care. Interpolated kinship placements were deducted from foster placements.

[9] Quebec and the Atlantic provinces include placements with family within foster placements in some circumstances. This error also effects the result for Ontario and Manitoba due to interpolation for these provinces. In addition, and possibly as a result, the share of children in non-kinship foster care is higher than found in the First Nations Component of the Canadian Incidence Study of Reported Child Abuse and Neglect, where non-kinship foster care accounted for 53 per cent of placements with expenditures. As defined in the FNCIS 2008, kinship foster care includes all formal placements arranged within the family support network, including placements with extended family and in customary care.

[10] Expenditures have only been nationally tracked at the child level since 2013, meaning children entering care for the first time can only be identified for 2014 onwards. The number of children taken into care for the first time prior to 2014 was estimated based on indexing the number of children taken into care for the first time in 2014 by care type to point-in-time counts of the number of children in care by care type. The 2014 base year only excluded children in care in 2013. So this approach may overestimate the number of unique children who were taken into care to the extent there are recurrent placements with a gap of more than one year between placements. If this were common, one would expect to see a decline in unique children coming in care for the first time since 2014, which has not occurred.

[11] This differs from the approach taken by the FNCFCS taxonomy and by Indigenous Services Canada, which both ask whether children were removed from their "homes, families, or communities." That would result in compensation being paid to children placed within their family or community. See: Affidavit of Sony Perron at para 5; Attorney General of Canada, Written Representations of the Applicant/Moving Party on Motion to Stay at para 9; Affidavit of Cindy Blackstock at p 117 (Page 5 of Exhibit 12).

The PBO interprets the decision to only compensate children removed from their family and community because:

- The decision uses the word "and" rather than "or";
- The references to families and communities would be redundant if all children removed from the home qualified;
- The panel's corresponding factual finding is that "removing a child from its family and community is a serious harm" (paras 161, 169, 184);
- Similar wording specifying that compensation is for children "placed in care outside of their extended families and communities" (para 249) is used with respect to abused children. The CHRT had earlier found that

abused children "should have been placed in kinship care with a family member or within a trustworthy family within the community" (para 149). This suggests that the CHRT believes no wrong was done in cases where a child was placed with a family member outside of the child's community or a non-family member within the child's community.

12 Over a 3-year period, a study Perry et al. found 13.6% of children placed in kinship care were moved to another family or group. Gretchen Perry, Martin Daly and Jennifer Kotler, Placement stability in kinship and non-kin foster care: A Canadian study (2011).

It was assumed subsequent placements had an equal probability of being non-kinship placements. Children moved to non-kinship placements were assumed to have an equal probability of being placed off-reserve as a child directly placed in a non-kinship placement.

13 Based on ISC data, the PBO estimated the number of First Nations children in ISC-funded non-kinship foster care in 2016. Based on 2016 Census data, the PBO could determine the number of children in non-kinship foster care on reserve. The probability of any particular placement being on-reserve for each province was assumed to be equal to the percentage of these children ISC funded care who were in care on reserve. The number of subsequent placements for First Nations children was derived from Quebec administrative data. An expected probability of being placed on reserve in any placement was calculated using the Quebec distribution of number of placements and each province's probability of being placed off-reserve for each placement. That probability was weighted based on the provincial distribution of children in care to produce a national probability of being placed on reserve in any placement.

The key assumptions in this approach are:

- All First Nations children placed in foster care on-reserve came from homes on-reserve,
- The duration of time in care for placements on-reserve is similar to the duration of placements off-reserve and,
- The probability of a subsequent placement being off-reserve is independent of the probability of the initial placement being off-reserve.

ISC, Response to PBO IR0437; Statistics Canada, Aboriginal Population Profile, Census 2016. First Nations of Quebec and Labrador Health and Social Services Commission: Trajectories of First Nations youth subject to the Youth Protection Act COMPONENT 3: Analysis of mainstream youth protection agencies administrative data.

14 The estimated share of children placed in group homes is based on the number of Status Indians in residential care facilities (which includes group homes) on-reserve based on the 2016 Census, as a percentage of the number of children who had been in group homes for 6 months or longer as of census day based on ISC's CFS IMS. This assumes that individuals residing in the group home less than six months would have been recorded at their ordinary residence and there is no significant difference in the duration of

group home placements on and off reserve. An expected probability of being placed on reserve in any placement was calculated using Quebec distribution of number of placements for placements in group homes and institutions.

Institutions are generally distinguished from group homes by capacity. Given the low total number of children in residential care facilities in any province, it was deemed unlikely that there were any children in institutional care on reserve. The figure presented represents the weighted average of the two figures.

ISC, Response to PBO IR0437; Statistics Canada, Custom Tabulation based on 2016 Census; Tonino Espositoa, Nico Trocmé et al., The stability of child protection placements in Québec, Canada 42 Children and Youth Services Review (2014) 10-19.

15 Statistics Canada, Living arrangements of Aboriginal children aged 14 and under (2016).

16 There may be rare cases in which a child is removed for reasons other than abuse, poverty, poor housing, neglect, or substance abuse, or in order to receive services. For example, a child could be taken into care because the parents are unable to care for them for other reasons, such as illness, death or incarceration.

17 The order elaborates on abuse as including sexual, physical and psychological abuse (2019 CHRT 39 at para 256). The term psychological abuse is not actually defined in provincial child welfare legislation. But the most comparable definitions of 'emotional injury', 'emotional harm', 'psychological ill-treatment' typically all include exposure to family violence (See Affidavit of Cindy Blackstock at p 196, Page 84 of Exhibit 12). This is not to say that the victim of intimate partner abuse abused their child by exposing their child to intimate partner violence. However, the abused parent is nevertheless not eligible because their child was necessarily removed due to abuse by the perpetrator of intimate partner violence. There is no order of compensation that covers even innocent parents of children removed due to abuse.

The primary reason for removal differs from the prevalence because multiple factors may be present in a particular case. As reported by caseworkers in cases where children were removed, 39 per cent of caregivers were victims of intimate partner violence, while 31 per cent of caregivers were perpetrators of intimate violence. This was the case even though intimate partner violence was the primary reason for removal in only 8 per cent of removals.

18 2019 CHRT 39 at para 245.

The PBO assumes the order for compensation is to be limited to those groups found to be harmed as described within the order. This is the approach taken by the FNCFCS taxonomy, but not the approach taken by ISC. ISC appears to read each order as not limited by the preceding findings of harms. Despite the lack of a demonstrative pronoun indicating this

restriction, the orders are assumed to be limited to those found to be harmed because:

- The explicit purpose of the decision is to compensate children and caregivers harmed by discriminatory underfunding of child protection services, so one would expect compensation to be limited to those found to be harmed;
- The identical orders made in paragraph 245 (regarding neglected children) and 249 (regarding abused children) would be redundant if not limited to the groups found to be harmed;
- Without being restricted to those found to be harmed, the order would include First Nations children residing off-reserve, who receive services funded by provincial governments;
- In further restricting eligibility to children who "especially in regards to substance abuse, did not benefit from prevention services [...] permitting them to remain safely in their homes, families and communities", the Tribunal is excluding a group of households.

The order appears to accept that the fact an abused child was placed in care outside of their extended families and communities is sufficient proof that an abused child did not benefit from prevention services. This flows from the use of the phrase "and therefore, did not benefit from prevention services". This implies that the Tribunal is finding, as a matter of fact, that removed abused children placed outside their families and communities did not benefit from prevention services. The Tribunal made this factual finding explicit earlier in its reasons at paragraph 149. The word 'therefore' was not used in the corresponding order regarding removals for reasons other than abuse.

Although the CHRT uses the term "apprehended" in English, it uses the term "placés" in French and "removed" in the heading and later in the same paragraph. This suggests the term is not being used in a precise legal sense to limit eligibility to children apprehended by children's aid societies to the exclusion of children voluntarily placed in care. Voluntary placements in care account for about 6 per cent of placements in care. Even if excluded on this ground, they would likely be eligible on the basis their child was taken into care in order to receive essential services.

19 As written, the decision would not compensate parents of children removed due to abuse even when the parent was not the perpetrator of the abuse. Specifically, the decision explicitly excludes caregivers who abused their children (para 256). However, the decision also does not include a positive order to compensate the parents of children necessarily removed due to abuse. For physical abuse, the only category for which a sufficient sample size was available, the primary caregiver was the perpetrator in 97 per cent of cases, and a secondary caregiver the perpetrator in 3 per cent.

20 2019 CHRT 39 at para 185.

21 Based on custom analysis of the FNCIS-2008.

22 The interest on compensation was calculated assuming simple interest at the Bank of Canada's Bank Rate.

23 CHRT, Letter of 16 March 2020.

24 Chiefs Of Ontario, Submissions.

25 2016 Census, Aboriginal Population Profile.

26 Attorney General of Canada, Written Representations of the Applicant/Moving Party on Motion to Stay at para 9.

27 Based on custom analysis of the FNCIS-2008.

28 Statistics Canada, Family violence in Canada: A statistical profile, 2015.

29 COO, Submissions.

30 The Bank of Canada's Bank Rate was the series used in *O'Bomsawin v. Abenakis of Odanak Council*, 2018 CHRT 25 (CanLII), <http://canlii.ca/t/hxsvq>.

31 2019 CHRT 39.

32 Brown v. Canada (Attorney General), 2017 ONSC 251. The final settlement was broader that established in that case, see Sixties Scoop Settlement Agreement (2017).

33 2019 CHRT 39 at paras 163-165).

34 2019 CHRT 39 at para 245.

35 AFN, Written Submissions Regarding Compensation returnable April 25-26, 2019 at para 12.

36 Affidavit of Cindy Blackstock at p 117, Page 5 of Exhibit 12.

37 2019 CHRT 39 at para 163.

38 2019 CHRT 39 at para 163.

39 ISC, National Native Alcohol and Drug Abuse Program.

40 ISC, National Social Programs Manual 2012 at § 4.4.2. ISC, Mid-Term National Review for the Strategic Evaluation of the Implementation of the Enhanced Prevention Focused Approach for the First Nations Child and Family Services Program at § 1.2.1 ["Prevention services may include, but are not limited to, respite care, after-school programs, parent/teen counselling, mediation, in-home supports, mentoring and family education, in accordance with services similarly offered by the province of residence off reserve."];.ISC, Program Directive: Prevention/Least Disruptive Measures (Draft).

41 Many other changes occurred over the decade. The count of children in care may be affected by expansions in funding eligibility for kinship and customary care placements. In addition, significant prevention funding may have been diverted towards other purposes, including intake services, which can increase the number of children taken into care. ISC does not know how much prevention funding was actually spent on prevention services.

According to a survey of agencies by the IFSD, 12 per cent of federal funding was used for prevention services. IFSD, Enabling Children to Thrive, Figure 36.

42 Anne Blumenthal, Child Neglect II: Prevention and Intervention; Preventing Violence Across the Lifespan Research Network, RESEARCH BRIEF: Interventions to Prevent Child Maltreatment; WHO, Child maltreatment prevention: a systematic review of reviews; Sarah Dufour and Claire Chamberland, The Effectiveness of Child Welfare Interventions: A Systematic Review; Richard P. Barth, Preventing Child Abuse and Neglect with Parent Training: Evidence and Opportunities; Prinz et all, Population-Based Prevention of Child Maltreatment: The U.S. Triple P System Population Trial.

43 Anne Blumenthal, Child Neglect II: Prevention and Intervention; Lyn Morland, Effect Of Safety Net Policies On Child Neglect; Cancian et al, The Effect of Family Income on Risk of Child Maltreatment.

This is Exhibit “E” referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Report on the

Estimated Class Size – First Nations Children in Care 1991 to 2019

Xavier Moushoom v. Attorney General of Canada

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18 January 2021

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A. Purpose

1. This is a joint expert report prepared by experts separately retained by the plaintiffs and defendants in the matter of Xavier Moushoom and the Attorney General of Canada (the "**Moushoom Matter**").

2. Peter Gorham is president and actuary with JDM Actuarial Expert Services Inc. He regularly provides actuarial consulting services as well as actuarial expert testimony. He is a fellow of the Canadian Institute of Actuaries and of the Society of Actuaries. He received his Actuarial Fellowship in 1980 and has provided pension, benefits and actuarial consulting services for approximately 42 years. A copy of his curriculum vitae is attached as Appendix 1.

3. Prof. Nico Trocmé is the Director of the School of Social Work and the Philip Fisher Chair in Social Work at McGill University. He has been leading studies on Canadian provincial and First Nations child welfare services since the early 1990s and has authored over 200 scientific publications based on this research. He has acted as a child welfare policy and program consultant to several provincial governments and First Nations organizations and has presented expert evidence at various inquests and tribunals. A copy of his curriculum vitae is attached as Appendix 2.

4. Our work was greatly enhanced through the contributions and insights provided by Marie Saint-Girons, Research Assistant, Centre for Research on Children and Families, McGill University. She currently supports the coordination of the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect 2019 (FN/CIS-2019), a national study examining the overrepresentation of First Nations children in the child welfare system across Canada. A copy of her curriculum vitae is attached as Appendix 3.

5. We understand and acknowledge that as experts, we have a duty to provide evidence in this proceeding as follows:

   a. to provide opinion evidence that is fair, objective and non-partisan;

   b. to provide opinion evidence that is related only to matters that are within our area of expertise; and

   c. to provide such additional assistance as the court may reasonably require, to determine a matter in issue.

6. We acknowledge that the duty referred to above prevails over any obligation that we may owe to any party by whom or on whose behalf we are engaged. Copies of Form 53 acknowledging those duties are attached as Appendix 7, Appendix 8, and Appendix 9.

7. The purpose of this report is to assist counsel for the plaintiffs and counsel for the defendants in their exploratory discussions by providing various estimates of the number of First Nations children who were taken into care in Canada between 1 April 1991 and 1 March 2019 and who remained in care for various specified durations. We were specifically requested:

   a. to the extent possible, provide separate estimates of the number of children who were taken into permanent care and those taken into non-permanent care;

   b. to the extent possible, provide estimates of the number of children based on total time in care using six-month intervals; and

   c. provide summary statistics of the average time in care based on age at entering care and age at leaving care.

8. The data to which we had access did not readily permit splitting the number of children between temporary and permanent care. We have therefore only presented estimates of the total number of children who were taken into care as well as the number of children in care based on six-month intervals of total time in care.

9. The intended users of this report are the two parties to this matter together with their respective counsel. This report is not suitable nor intended in its current form to be filed with the courts. The report should not be provided to anyone who is not an intended user except as may be required by law. The findings herein should not be relied upon by any party other than an intended user.

B. Background

10. In 2018, Canada settled a number of class actions regarding First Nations children who had been taken into care between 1951 and 31 March 1991 (the "**Sixties Scoop**").

11. An expert report was prepared by Gorham for purposes of settlement discussions in the Sixties Scoop matter (the "**Gorham Report for Sixties Scoop**"). That report set out the estimated number of First Nations children that entered care in each fiscal year 1951 to 1990.

12. The Moushoom Matter covers First Nations children who ordinarily live on reserve and who were taken into care between 1 April 1991 and 1 March 2019.

13. The Moushoom Matter also includes issues related to Jordan's Principle. This report does not cover any aspect of the allegations involving Jordan's Principle. This report is solely focussed on providing an estimate of the number of First Nations children who ordinarily live on reserve and who were taken into care between 1 April 1991 and 1 March 2019.

14. Trocmé and Gorham were requested by plaintiff's and defendant's counsel to work together in reviewing available information and preparing a preliminary estimate of the class size in the Moushoom Matter. We met numerous times via online conference call to review and discuss the data and the methodology to be used in preparing our estimate. Most of our work was focussed on two key items, the care models to be used and analysis of data to prepare a distribution of duration in care for First Nations children.

Status of Children in Care

15. We were asked to provide an estimate of the number of children taken into permanent care and those taken into other than permanent care.

16. The data maintained by Indigenous Services Canada ("**ISC**") differentiates between three types of status of children in care – permanent, voluntary and temporary.

17. Most of the data that we had available for analysis does not indicate the status of the children in care. The data on children in care beginning 1 April 2013 does provide the status of care for each child. However, we were advised by ISC that the status of the child in care is entered into the system by the childcare worker assigned to the child and is not verified. Consequently, the status is believed to be susceptible to errors. ISC was unable to provide any indication of the extent of such errors.

18. Since we had very little data about the type of care by children, we have not split the estimates of children entering care by temporary, voluntary and permanent. If requested, we could provide that information based on an assumption that the split by type of care in 2013 to 2018 is the same split that applied prior to 2013.

Data for First Nations Children in Care

19. We were provided with **aggregate data** from ISC showing

    a. the total number of First Nations children ordinarily resident on reserve in care as of 31 March in each year from 1970 to 1977, 1981 and from 1992 to 2017; and

    b. the total number of care days in each fiscal year from 1969-70 to 2016-17 with the exception of 2012-13.

20. Unless otherwise specified, whenever we refer to a year, we are referring to the fiscal year starting on April 1st of that year.

21. Because a child that is in care for five years will be included in the data at least five times, one cannot simply add these numbers together to get the total number of children in care during the class period 1 April 1991 to 1 March 2019. Consequently, we created a model to follow children through their time in care. By adding up the estimated number of children that entered care in each year, we determined an estimated total number of children in care during the period 1991 to 2019.

22. ISC also provided us with three sets of **data files regarding individual children in care**. This data was used to determine a distribution of time in care and of ages entering and leaving care for First Nations children.

    a. The **Ontario Data** provided information about each First Nations child in care in Ontario for each fiscal year (1 April to 31 March) 2000, 2002, and 2004 to 2012. That data included information about children who first entered care prior to 2000 and who were in care in any of the above years. There is no information about the status of children in care.

    b. The **BC Data** provided information about each First Nations child in care in British Columbia from April 2011 to August 2019. The data includes children who entered care for the first time prior to 2011 and who were in care at any time on or after April 2011. The status of children in care is included for some of the children.

    c. The **Canada Data** provided information about each First Nations child in care in all provinces and territories beginning 1 April 2013. This data showed the first and last dates that an expense had been submitted for a specific child between 1 April 2013 and 31 March 2018 as well as the status of children in care.

C. The Care Models

23. We created three care models: the Duration Model, the Status of Children in Care Model and a Mean Estimation Model. Each one models the children's time in care from their entry into care until they exit care.

24. The purpose of each model is to estimate the number of children that enter care. The total of the children entering care is the estimated class size.

25. The Duration Model is the one we considered provided the best and most reliable estimates and the one we used for presenting results in this report. The other two models were utilised as a check on the reasonableness of the Duration Model.

The Duration Model

26. The Duration Model does not consider the status of children in care. This model only considers the time in care statistics that we developed from the Ontario and Canada Data (see paragraphs 69 -79).

27. For this model, we cannot just start modelling from 1991. We need to develop a distribution of the children in care as of 1 April 1991 for the model to work.

28. Consequently, we started with the children in care in 1970. We assumed that the distribution of children by duration in 1971 was approximately similar to the duration we determined for 2000 to 2005. Having an accurate distribution for 1970 is not necessary, as any errors will have worked their way out of the projections by 1991.

29. From 1970 to 1990, the children were modelled moving through care every six-months in the same way as described in paragraphs 81 to 83. In this manner, the number entering care in each year 1970 to 1990 was determined and they formed the basis of the 31 March 1991 distribution of children by time in care – from newly entered to 21 years in care.

30. The Duration Model looks at each six-month period separately. Every six months, children are moved through care.

    a. Some of the children who entered care during the prior period leave care. The rest are moved to the category 6 – 12 months in care.

    b. Some of the children who had been 6 to 12 months in care during the prior period leave care and the rest are moved to the category 12-18 months in care.

    c. This process is repeated for each six-month category until all the children that were in care in the prior period have either left care or moved to the next category.

d. At this point, the number of children who remain in care are added together and compared with the total number that were reported to have been in care. The difference is the number entering care during that period.

31. The main assumption used for the Duration Model is the distribution of time in care – the probability that a child will exit care during a specified six-month period.

The Status of Children in Care Model

32. The Status of Children in Care Model was developed from the Care Model utilised in the Gorham Report on Sixties Scoop. That model split the total number of children in care in each year between an assumed number in permanent care and the balance in non-permanent care (called temporary care in the Gorham Report on Sixties Scoop). The children in permanent care were then modelled using assumptions about time in care to produce an estimate of the number of children entering permanent care in each year. No modelling was performed, or required, of the children in temporary care for purposes of the Gorham Report on Sixties Scoop.

33. For the Status of Children in Care Model, we first allocated the total number of children in care in each year between those assumed to be in permanent and temporary care.

34. An initial distribution of children by the number of years in temporary care was developed in the same manner as described in paragraphs 27 to 29. An initial distribution of children in permanent care based on their age was developed by assuming the distribution was the same as produced by the Sixties Scoop model for 1990-91. An initial distribution of children in voluntary care based on their age was produced by assuming the same distribution applied to them as for those in permanent care.

35. The children assumed to be in temporary care were modelled using a process similar to the Duration Model described above.

36. The children assumed to be in permanent or voluntary care were modelled using a similar process, but based on their age rather than the time in care.

Mean Estimation Model

37. Based on the analysis of the Ontario Data, we determined the mean time in care by year as well as the median and decile breaks for time in care.

38. The Mean Estimation model applied the average number of days in care to the total days in care for all children to give a very rough estimate of the total number of children.

Summary

39. Both the Status of Children in Care Model and the Mean Estimation model were used solely for the purpose of a reasonableness check of the results from the Duration Model.

40. Results from the Status of Children in Care Model and the Mean Estimation model are not used other than as a reasonableness check and are not reported on herein. All results contained in this report are based on the Duration Model.

D. Data Review and Analysis

41. We reviewed each of the data files for reasonableness and completeness having regard to the nature of our work. Complete accuracy is not required since we are dealing with thousands of children and small errors will disappear in the rounding. In particular, an error that is material on an individual basis is unlikely to affect the results within the overall group of children. However, systematic errors could become material if not adequately addressed.

Total Children in Care by Year

42. We reviewed the number of First Nations children in care as of 31 March in each year 1991 to 2018 at both the national level and the regional levels.

    a. We confirmed that the national totals are the sum of the regional totals.

    b. We reviewed the changes in the numbers from year to year for reasonableness. Anomalous regional patterns in year-to-year changes are discussed below and highlighted in italic and in yellow in tables 48a and 48b.

43. **Atlantic Region**: There was a significant increase in the number of children in care between 2004 and 2006 from 623 to 1,085. That total then declined by 2008 to the previous levels. Assuming no error in those numbers, the change in the total number of care days during that period suggests the spike was over a few months and was for children who remined in care for a very short period of time.

44. **Quebec Region**: The number of children in care as of 31 March increased from 814 in 2001 to 1,084 in 2005. The number decreased to 593 in 2006 before returning to historic levels in 2007 and later years. There was no significant change in the total number of care days during that period. There appears to be an error in either, or both, the count of children as of 31 March and the number of care days during the years 2002 to 2005. We are unable to determine either an appropriate correction or a reasonable explanation for these numbers. Depending on which data are incorrect, our use of these numbers may cause an overstatement in the estimate of class size.

45. **Manitoba Region**: The number of children in care on 31 March increased gradually from 1,551 in 2004 to 2,517 in 2010 and then remained at that level. The total number of care days also increased over that period, leading us to conclude that these numbers are likely accurate.

46. **Saskatchewan Region:** The number of children in care on 31 March increased from 1,123 in 2006 to 2,124 in 2007 and then returned to historic levels in 2008. There was also a less dramatic one-year increase of 150,000 in the total number of care days. We

were unable to determine if this represents a short period with a significant increase of children taken into care or if it is a one-year error in reporting. We have utilised the numbers as shown which, if there was a reporting error, may result in overstating the estimated class size.

47. **Alberta Region:** The number of children in care increased from 905 in 1992 to 1,587 in 1995 and then decreased for two years before increasing to 1993 in 2000. The total care days moved in a similar manner, leading us to conclude that these numbers are likely accurate.

48. Table 48a shows the number of children in care as of 31 March in each year by region. Table 48b shows the total number of care days in each fiscal year. The highlighted and italicised numbers are those discussed above.

Table 48a – First Nations Children in Care as of 31 March in Each Year

Year	Atlantic	Quebec	Ontario	Manitoba	Saskat-chewan	Alberta	BC and Yukon	National
1991	-	-	-	-	-	-	-	-
1992	283	488	1,323	1,382	470	*905*	607	5,458
1993	216	557	668	1,337	383	*1,119*	551	4,831
1994	239	508	492	1,276	285	*1,527*	527	4,854
1995	273	420	472	1,318	411	*1,587*	643	5,124
1996	327	567	733	1,203	357	*1,268*	844	5,299
1997	366	626	670	1,064	536	1,381	697	5,340
1998	390	615	747	1,317	765	1,583	803	6,220
1999	491	737	931	1,270	951	1,895	945	7,220
2000	572	782	1,048	1,363	980	1,993	1,024	7,762
2001	632	*814*	1,245	1,468	1,070	1,652	1,138	8,019
2002	611	*858*	1,304	1,585	1,012	1,704	1,000	8,074
2003	591	*890*	1,463	1,406	1,117	1,782	976	8,225
2004	*623*	*1,005*	1,545	1,551	1,133	2,090	902	8,849
2005	*813*	*1,084*	1,536	1,594	1,099	1,810	900	8,836
2006	*1,085*	*1,005*	1,513	*1,669*	*1,123*	1,933	824	9,152
2007	*760*	*593*	1,440	*1,769*	*2,124*	1,580	827	9,093
2008	*541*	*720*	1,427	*2,176*	*1,166*	1,744	822	8,596
2009	537	714	1,458	*2,403*	1,114	1,762	818	8,806
2010	535	685	1,502	2,517	1,207	1,486	754	8,686
2011	607	839	1,537	2,474	1,139	1,779	866	9,241
2012	670	846	1,585	2,459	1,123	1,833	907	9,423
2013	748	888	1,566	2,659	1,076	1,801	744	9,482
2014	596	789	1,502	2,223	1,169	1,664	732	8,675
2015	587	793	1,381	2,291	1,113	1,550	713	8,427

Year	Atlantic	Quebec	Ontario	Manitoba	Saskat-chewan	Alberta	BC and Yukon	National
2016	553	882	1,350	2,298	1,106	1,607	749	8,545
2017	525	925	1,378	2,583	1,142	1,763	763	9,079

Table 48b – Total Care Days for First Nations Children by Fiscal Year Ending 31 March

Year	Atlantic	Quebec	Ontario	Manitoba	Saskat-chewan	Alberta	BC and Yukon	National
1991	61,772	149,567	243,836	438,466	134,817	407,559	215,325	1,654,457
1992	64,887	145,537	234,978	431,334	118,964	*568,525*	229,592	1,802,668
1993	73,738	137,847	242,054	396,165	120,283	*622,432*	277,391	1,870,294
1994	74,122	138,335	281,746	371,067	121,399	*506,900*	315,656	1,808,179
1995	73,076	178,148	235,254	371,980	169,294	*483,507*	228,629	1,754,736
1996	87,924	176,114	251,930	409,130	233,619	*526,915*	297,365	1,986,203
1997	91,130	185,468	310,782	406,621	288,374	538,197	358,171	2,186,174
1998	98,561	189,590	355,913	428,549	337,108	588,624	369,670	2,366,381
1999	96,927	251,493	415,860	434,341	383,617	578,271	375,068	2,543,857
2000	105,207	185,474	448,822	459,511	386,926	564,307	385,081	2,542,635
2001	112,514	*181,151*	491,502	441,166	396,305	583,172	351,624	2,553,056
2002	108,136	*194,222*	546,862	475,270	421,204	698,439	336,649	2,781,510
2003	108,864	*206,201*	557,616	521,248	426,892	598,812	321,185	2,820,859
2004	*188,905*	*191,309*	559,142	545,717	426,975	619,729	302,851	2,821,555
2005	*175,832*	*215,637*	539,728	589,840	582,264	680,727	302,131	3,084,693
2006	*174,366*	*242,607*	530,205	*704,876*	*421,968*	706,784	316,991	3,068,168
2007	*144,737*	*249,482*	532,665	*733,330*	*429,997*	731,641	360,657	3,214,957
2008	*177,185*	*273,843*	545,423	*759,041*	*409,829*	636,088	307,928	3,208,027
2009	197,624	284,982	570,333	*775,343*	445,257	672,976	297,561	3,242,495
2010	196,043	289,617	584,932	772,379	412,151	47,634	280,620	2,592,676
2011	205,343	-	-	-	-	-	-	-
2012	-	277,588	547,557	854,422	421,443	621,395	270,602	3,215,898
2013	215,093	306,295	517,632	856,021	420,173	586,692	264,982	3,174,050
2014	216,220	-	-	-	-	-	-	3,185,330
2015	-	-	-	-	-	-	-	3,283,074
2016	-	-	-	-	-	-	-	-
2017	-	-	-	-	-	-	-	-

49. We recommend that the data issues discussed above for the Atlantic, Quebec and Saskatchewan Regions be investigated by ISC in an attempt to explain these significant changes or find correct numbers.

Child Level Data

50. In addition to the aggregate annual totals described above, we received and reviewed three data files including more detailed child-level data.

51. The data we received included one or both name and First Nation registration number. For our work, the name and registration number were deleted and replaced by a random ID code.

Ontario Data

52. The Ontario data includes one record per First Nations child for each fiscal year they were in care.

53. The Ontario Data provided us with the means to follow children from their first entry into care through to their final exit from care. We were able to distinguish between children in continuous care and those who had multiple periods of care. For most of the children in care at the end of the Ontario Data (31 March 2013), we were able to match them up with their information in the Canada Data and thereby extend the period of time in care we could analyse.

54. In reviewing the Ontario Data, we identified a number of errors that we were able to correct satisfactorily in most cases.

    a. Some dates of birth were clearly wrong and in most situations there were other records for the child with a correct date of birth.

    b. For each fiscal year, there were about 60 children for whom no date of exit was included and there were no records for that child in subsequent years. On inspection, we concluded that they had most likely exited care during that year and we estimated an exit date by using a random number. The distribution of assumed exit dates was uniform throughout the year. For children who were in their first or second year of care, this would likely result in a small overstatement of the time in care. In our opinion, this is not material for the purposes of the report.

    c. For fiscal year 2001, there was no data available.

        i. We assumed that a child in care at the end of fiscal year 2000 who was also in care at the beginning of 2002 had remained in care continuously throughout 2001. That may overstate the time in care for any children who left and returned to care in 2001.

        ii. Children who entered care in 2001 and who remained in care in 2002, could be identified in the 2002 data. The 2002 data included their most recent date of entry and we assumed that they had remained in care continuously from their

entry to the end of 2001. That may overstate the time in care for any children who left and returned to care in 2001.

iii. There were about 400 children who had no exit date in the 2000 data and who were not in care in 2002. We assumed that about 60 of them had left care during the 2000 fiscal year and no exit date had been entered and that the balance had left care during the 2001 fiscal year. We used random numbers to estimate their exit dates.

iv. There are an unknown number of children who both entered and exited care during the 2001 fiscal year. We have no data for them. Consequently, we did not use the data for any children who entered care in 2001 for any of our analyses of overall duration in care. We were able to use those who entered care in 2001 for a separate analysis of children who were in care for over 12 months.

d. For fiscal year 2003, there was no data available. We made similar assumptions as described above for 2001.

e. About 200 registration numbers were found to have been used for multiple children. For about 150 of those, we were able to determine that the children were from the same family and the registration number appeared to be a temporary number. We assumed that these were for children that had not been registered under the Indian Act and we created unique numbers for each of those children. For about 50 of those, the children with the same registration number appeared to be from different families. For a few of the numbers, there were as many as four different children with the same registration number. We created unique numbers for each of these children.

f. There were about 50 registration numbers where the child's name was the same or similar and the date of birth was different and did not appear to be a typing error[1]. We assumed that these were different children and created unique ID numbers for them.

g. In matching up the Ontario Data with the Canada Data, we found 274 children who were in care on 31 March 2013 in Ontario and for whom there is no exit date but they do not appear in the Canada Data. Upon inspection, we found 232 of those children are in the Canada Data but with a different registration number. We adjusted the ID numbers for them so their data could be combined between the two

[1] For example, 2-3-2002 and 2-3-2005 would likely be a typo if the rest of the information between two records matches. However, 2-3-2002 and 14-8-2003 is much less likely to be a typing error even if the rest of the information is similar.

datasets. For the remaining 42 children, we assumed that they left care during the 2012 fiscal year and we estimated an exit date using random numbers.

55. We compared the number of children in care as of each 31 March based on the Ontario Data with the Total Children in Care reported for Ontario. The numbers are sufficiently close as to be considered equal.

56. After cleaning the Ontario Dataset, there were 8,693 unique children in the sample. Information on gender was missing for 9.4% of the children. For those with gender identified, 49.3% are female and 50.7% are male.

BC Data

57. The BC Data did not add sufficient years of information to be useful for our analyses to date.

Canada Data

58. The Canada Data has one record per First Nations child with information about dates that expenses were submitted for the child. The date of the first expense submitted on or after 1 April 2013 is included and the date of the most recent expense submitted before 1 April 2018. However, we were informed that the data for 1 April 2013 to 31 March 2018 could be incomplete as new information is added and existing information may be modified by the regions.

59. There is little we can do for data checking given the format of the data. As discussed above at paragraph 54.g, we did find 232 children where the registration numbers from the Ontario data in fiscal year 2012 and the registration numbers in the Canada Data were different.

60. We also found 18 cases where there were two records for the same child. After cleaning the Canada dataset, there were 25,686 unique children in the sample. Information on gender was missing for 0.8% of the children. For those with gender identified 49.9% are female and 50.1% are male.

61. The Canada Data has no information about date of entry to or exit from care. The only information is with respect to expense amounts and dates.

    a. We assumed that a child who had no expense during the period 1 April 2013 to 31 March 2014 was entering care for the first time as of the date of their first expense unless data about that child was included in the Ontario dataset.

b. We assumed that a child for whom the first expense was prior to 1 April 2014, might have entered care at any time prior to 1 April 2014 and that we could make no assumption about how long they had previously been in care.

c. We assumed that a child who had no expense after 30 March 2018 had left care as of the date of the last expense.

d. We assumed that a child for whom there was an expense after 30 March 2018 may have left care or may remain in care as of 1 April 2018 and, with the exception of a subset of children in the Ontario data discussed below (paragraph 70), we could make no assumption about how long they have or may spend in care after 31 March 2018.

Applicability of the Data to the Class

62. The results of our work are only useful to the extent that the children included in the data we used match the children included in the class definition. If the data about total number of children in care includes children that are not First Nations and/or do not ordinarily live on reserve, then the estimates we have determined from the data will not be for the same definition as applies in the Moushoom Matter.

63. We were advised by ISC that the three data files include only First Nations children who were ordinarily resident on reserve.

64. The results presented in this report are based on an assumption that:

a. the data includes only First Nations children that ordinarily live on reserve;

b. all First Nations children that ordinarily live on reserve and who were taken into care during the time periods of the data are included in the data;

c. all First Nations children who were placed in foster care, kinship care, group homes, and institutional care are included;

d. the data does not include children who were placed in informal kinship programs;

e. the data about duration in care as developed from the Ontario Data is representative of the duration in care for all of Canada.

65. The maximum age of eligibility for care differs by province. During the class period, the maximum age has changed in some provinces. The duration statistics we have used herein is based on the Ontario maximum age for the class period. Differences by province from time to time in the maximum age for care could affect the results. We do not have sufficient data to be able to determine how much of an effect that may have on the results.

66. We note that the data for 2013 to 2018 only include children for whom an expense was submitted. To the extent that there may be children who did not have an expense paid by Canada during this period, such as children in informal kinship care arrangements, they are not included in our estimates.

67. In both the Ontario and the Canada datasets, despite the correction described above, we found further inconsistencies in the child ID codes. Mismatched ID codes meant that two episodes in care experienced by the same child would be counted as two different children placed in out-of-home care. Mismatched ID codes leads to overestimating the number of children, and underestimating cumulative time spent in care. We corrected for those mismatches that we were able to detect by using other identifying information.

68. We also found that entry and exit dates did not always match information about numbers of days in care. While we were able to correct some of these inconsistencies, we suspect that we were unable to correct for all of them. We assume that the days in care numbers, which are most directly associated with payments, are accurate but that there remain errors with some entry and exit dates. Class size and time in care estimates rely therefore on the assumption that the days in care data are accurate. The entry and exit date inconsistencies primarily affect out ability to examine patterns of multiple placements; we therefore were not able to pursue such analyses as fully as we had hoped.

Analysis

69. We looked at the children who entered care for the first time in fiscal year 2000, 2002, and 2004 in Ontario and for each child determined the total time in care. Given that we were able to merge the Ontario and Canada datasets, we had information on these children until at least 13 years after their first entry.

70. Some of the children who remained in care at the end of the Ontario Data and who we were able to follow within the Canada Data, appeared to remain in care as of 31 March 2018 (subject to comments in paragraphs 58 to 61 above). For those children remaining in care as of 31 March 2018, we assumed the following using a normal distribution:

    a. Those that had been in care for more than half of their life since first entering care, would remain in care continuously until they reached the average age for leaving care, based on the averages and standard deviations described below (paragraph 71).

b. Those that had been in care for less than half of their life since first entering care are assumed to have either reached a point where they will remain in care continuously until they reach the average age for leaving care or they will remain in care proportionate to their past time in care. Combining those assumptions, we estimated the remaining time in care by assuming these children would on average be in care for half of the future time up to the average age for leaving care.

71. We calculated the average age at which children exit care by time since first entry in care for cohorts that had spent more than 13 years in care as shown in Table 71. Note that this is the total time since first entry and not the actual time in care.

Table 71 – Average Age of Leaving Care

Total Years Since First Entered Care	Average Age Leaving Care	Standard Deviation Age Leaving Care
17 or more	19.5	1.0
15 or more	19.1	1.4
13 of more	18.6	1.9

72. Having made the above estimates of future time in care, we had a series of data that we could analyse to determine the distribution of time in care for children in the Ontario and Canada datasets. In particular, this would include information on those who remain in care for the longest periods.

73. The number of moves in and out of care could not be calculated in a systematic manner from the datasets provided. Most of the children for whom we have data had not reached their maximum age for care by the final year of data. However, we were able to estimate which children were continuously in care and which children had more than one period of care on the basis of available entry and exit dates relative to the total number of days in care reported by ISC. For the 2000-2004 entry cohorts examined:

a. About 62% of the children appeared to have been continuously in care – that is, only one period of care. On average, they were in care for 19 months with a median time in care of 5 months[2].

b. The rest of the children (38%) were assumed to have multiple periods of time in care.

[2] The median is the value where half of the children were in care for less time and half in care for more time. A median of 5 months means that 50% of the children who were in care continuously, left care on or before five months and 50% remained in care longer than seven months.

74. We analyzed the percentage of children leaving care after 4.5 years or more in care and found that the rates do not vary significantly between the 2000-2004 entry cohorts examined.

75. We also looked at children who entered care for the first time between 2006 and 2010 as well as those we deemed had entered care for the first time in fiscal year 2014 and 2015. We found that, although there was some variability in the percentage of children who leave care within the first few years after entry between fiscal years 2000, 2002 and 2004, the percentages do not vary significantly between the cohorts with subsequent years of first entry.

76. We concluded that:

a. we could use the average calculated cumulative percentages of children leaving care after 5 years from the 2000-2004 entry cohorts examined to estimate the equivalent percentages for children who entered care for the first time between 2005-2010.

b. we could use the average calculated cumulative percentages of children leaving care after 18 months from the 2000-2010 entry cohorts examined to estimate the equivalent rates for children who we deemed had entered care for the first time in 2014 and 2015.

Time in Care Statistics

77. Table 77 presents the results of the analysis of the Ontario and Canada Data with respect to the rate at which First Nations children leave care based on the total time in care. Children with more than one period in care are included based on the actual number of months in care excluding any time not in care. For example, a child that spent 18 months in care over a five-year period is included as 18 months.

Table 77 – Percent of First Nations Children Who Have Exited Care by Months in Care

Total Months in Care	Year First Entered Care										
	2000	2002	2004	2005	2006	2007	2008	2009	2010	2014	2015
6	36.8%	41.8%	44.2%	43.4%	40.2%	47.4%	44.2%	39.9%	39.4%	43.3%	41.8%
12	51.7%	55.8%	58.9%	60.9%	53.0%	59.5%	58.8%	52.6%	55.5%	59.4%	59.2%
18	64.1%	65.0%	67.0%	68.0%	62.0%	65.1%	65.6%	63.0%	65.2%	67.9%	68.5%
24	70.4%	70.0%	73.8%	75.6%	68.6%	69.9%	70.8%	68.5%	72.4%	73.8%	
30	74.2%	73.6%	76.0%	78.6%	70.6%	72.7%	76.9%	71.6%	76.5%		
36	76.8%	77.1%	78.5%	81.0%	74.4%	75.6%	80.4%	75.3%	80.6%		
42	78.6%	79.5%	80.6%	82.6%	78.0%	77.7%	83.3%	77.5%	82.1%		
48	80.7%	80.9%	83.9%	84.0%	79.8%	78.7%	84.4%	81.0%	84.6%		
54	82.1%	81.5%	85.9%	85.5%	80.8%	80.2%					
60	83.9%	83.6%	86.5%								

72	86.4%	86.3%	87.6%
84	88.2%	87.8%	89.4%
96	89.8%	90.5%	91.2%
108	90.8%	91.7%	91.9%
120	92.3%	93.1%	92.8%
132	93.4%	93.7%	93.4%
144	94.6%	94.1%	94.1%
156	95.5%	94.8%	94.7%
168	96.0%	95.7%	95.4%
180	96.8%	97.3%	96.5%
192	97.4%	97.7%	97.2%
204	98.4%	98.2%	98.1%
216	99.1%	98.5%	99.1%
228	99.7%	98.9%	99.4%
240	99.8%	99.0%	99.4%
252	100.0%	100.0%	100.0%

78. We did not calculate time-in-care statistics for 2011 to 2013 as the timeframe was too short.

79. However, we did calculate the statistics for 2014 and 2015 since these were the only years for which we had data for all regions of Canada. Our primary purpose was to see if there was any noticeable difference between the time-in-care for the earlier years for Ontario and the time-in-care for all of Canada. We concluded that it is likely that Ontario time-in-care statistics are reasonably similar to those for all regions of Canada.

80. Further analysis of the data is contained in Appendix 6.

E. Assumptions

Duration Model

81. The Duration Model starts with the distribution of children by time in care as of 1 April 1991. That distribution was developed by starting with children entering care in 1970 and modelling them through to 1991.

    a. The total number of children in care as of 31 March in each year was assumed to be equal to the counts provided by ISC for those years in which a count was provided (1971 to 1977 and 1981). For the other years, the number was estimated based on the total number of care days in the year, as provided by ISC, divided by 365, together with an adjustment. The adjustment was based on the relationship between total care days and number of children in care on 31 March in the years for which both numbers were available. Those are the same number of children in each of those years as used in the Status of Children in Care Model and in the Gorham Sixties Scoop Report.

    b. The children in care as of 1 April 1970 were distributed by time in care based approximately on the average distribution from 2000 to 2004. Any errors in that distribution will likely have worked their way out of the data by 1991.

    c. Children were modelled moving through care using the duration assumptions and methods described below (paragraph 82 to 83).

    d. The number of children entering care in each fiscal year 1970 to 1990 was calculated so the total number of children in care in each year matched the number as reported by ISC.

    e. By the time the model reaches 31 March 1991, all of the durations from newly entered through to 21 years in care have been populated with numbers of children in care.

82. The Duration Model looks at each 6-month period separately.

    a. The number of children who exit care in each six-month period is calculated based on the total number who originally entered care multiplied by the percentage of those children who are assumed to leave care during that six-month period.

    b. The number of children who remain in care is calculated to be equal to the number that were in care in the prior six-month period, minus the number that exited care.

    c. Once the number of children remaining in care has been determined for each duration from 6-months to 20-years, the number entering care is calculated to be

the total number of children assumed to be in care for that period minus the number that remain in care from prior periods.

83. The rate at which children exit care was assumed to vary over time, recognising that policies and practices for care were subject to change. The rates that we assumed were based on the results of our data analyses and in particular the Time-in-Care statistics presented above (Table 77).

a. The Time-In-Care statistics for 2005 to 2010 were only valid for the first 5 years of time in care. For periods of five-years and longer, we assumed that the average of the percentages from 2000 to 2004 applied.

b. The Time-In-Care statistics for 2014 to 2015 were only valid for the first 24 months and 18 months respectively of time in care. For the longer periods, we assumed that the average of the percentages from 2000 to 2010 applied.

c. We did not have complete data for years prior to 2000. We made approximate assumptions for the percentage of children exiting care by duration for 1991 and 1970. We reviewed the results for various assumptions and determined that there was little difference in results between assuming (1) the 2002 rates applied for all years prior to 2000 and assuming (2) rates that we extrapolated from the post-2002 rates.

d. Having developed a table of duration in care for each year of entry from 2000 to 2015, the rates were then averaged in three-year groupings, resulting in an average rate for 2002, 2006, 2010 and 2015. For years prior to 2002, the 2002 rates were used. For the intervening years, rates were interpolated on a linear basis. For years after 2015, the 2015 rates were used.

Table 83 – Assumed Rates of Exiting Care by Duration

	Percent of Children Entering Care by Year That Exit by Total Months in Care			
Months	**2002**	**2006**	**2010**	**2015**
6	40.9%	43.7%	41.2%	42.6%
12	55.5%	57.8%	55.6%	58.6%
18	65.4%	65.0%	64.6%	67.2%
24	71.4%	71.3%	70.6%	72.1%
30	74.6%	74.0%	75.0%	74.6%
36	77.5%	77.0%	78.8%	77.8%
42	79.5%	79.4%	80.9%	80.1%
48	81.8%	80.8%	83.3%	82.1%
54	83.2%	82.2%	84.0%	83.2%

	Percent of Children Entering Care by Year That Exit by Total Months in Care			
Months	2002	2006	2010	2015
60	84.7%	84.7%	84.7%	84.7%
72	86.8%	86.8%	86.8%	86.8%
84	88.5%	88.5%	88.5%	88.5%
96	90.5%	90.5%	90.5%	90.5%
108	91.5%	91.5%	91.5%	91.5%
120	92.7%	92.7%	92.7%	92.7%
132	93.5%	93.5%	93.5%	93.5%
144	94.2%	94.2%	94.2%	94.2%
156	95.0%	95.0%	95.0%	95.0%
168	95.7%	95.7%	95.7%	95.7%
180	96.9%	96.9%	96.9%	96.8%
192	97.4%	97.4%	97.4%	97.4%
204	98.2%	98.2%	98.2%	98.2%
216	98.9%	98.9%	98.9%	98.9%
228	99.3%	99.3%	99.3%	99.3%
240	99.4%	99.4%	99.4%	99.4%
252	100.0%	100.0%	100.0%	100.0%

Adoptions

84. We were provided with information about the number of adoptions of registered First Nations children in Canada. We assumed that all children who were adopted were first in either temporary or permanent care and were included in the data that was provided about children in care. Therefore, we have not estimated the number of adoptions, as all those children are already included in the estimates.

Summary

85. This technique of following children through their years of care should not be taken as suggesting greater accuracy than another method. We utilised this method to reflect the year-by-year fluctuations of children in care and how that could impact on actual duration of care. In the absence of additional information about average years of care, we believe that this method gives better results than simply making an assumption about the average years of care of all children during the period 1991 to 2018.

86. The use of these models explicitly recognises that the number of children in care fluctuated – in some years greatly – and that fluctuation has an impact on the determination of the number of unique children.

Survivorship to 2019

87. To estimate survivorship to 2019, we utilised Canadian population mortality tables from 1971 through to 2016 (the most recent such table available from Statistics Canada). These were combined into a series of cohort tables based on year of birth.

88. The Canadian population mortality was adjusted to reflect differences in mortality between all Canadians and First Nation Canadians. Mortality rates were projected from 2016 to 2019 using a standard projection to recognise ongoing improvements in mortality. The process is described in Appendix 5.

89. The result is a series of mortality rates that reflect the changes in First Nation peoples' mortality year by year during the period 1971 to 2019. By combining these mortality rates, we developed a table of survivorship percentages which gives the percent of children who were born in years from 1971 to 2018 and who are expected to have survived to 2019.

Table 89 - Survival Rates to 2019

Year of Birth	Year of Entering Care					
	1991	1996	2001	2006	2011	2016
1976	93.8%					
1981	95.4%	95.7%				
1986	96.6%	96.8%	97.0%			
1991	96.6%	97.8%	97.9%	98.1%		
1996		97.7%	98.7%	98.8%	99.0%	
2001			98.5%	99.4%	99.5%	99.7%
2006				98.9%	99.8%	99.9%
2011					99.1%	100.0%
2016						99.2%

90. The survivor percentages were applied to each group of children entering care based on the year of entry and assuming that they were on average aged 5 when entering care.

F. Changes from January 2020 Preliminary Report

91. In our preliminary report dated 11 January 2020, we had estimated a class size of about 136,000 children. In this report, our estimate is approximately 30,000 fewer children.

92. We had also noted that our estimates for children entering care from 2015 to 2019 were approximately 2,000 higher than the estimate obtained from an analysis of the Canada Data.

93. In the investigation of this, we found an error in the model that resulted in more children leaving care than was correct based on the assumptions. That resulted in more children entering care under the model.

94. We had also raised issues about the data and some anomalies we noted – most of which remain outstanding with this report. We examined the data further and found about 250 children where errors in the data had resulted in a child being treated as two or in a few situations, three different children.

95. In correcting those errors, the average duration in care was increased, reducing the number of children leaving care in each year and reducing the number of children assumed to enter care. Because of the multiplicative effect of taking about twelve years of data from Ontario and using it to apply to 28 years for all of Canada, this resulted in a large portion of the 30,000 decrease in our estimate.

G. Class Size Estimates

96. Based on the data from 1991 to 2019 regarding adoption and foster care of First Nation Canadians who normally reside on reserve, the number of unique children was estimated using the Duration Model.

97. These estimates are for children who first entered care on or after 1 April 1991. Any child who entered care for the first time prior to 1 April 1991 was excluded from these estimates.

98. Based on the results of our modelling, we estimate that the number of registered Indian children ordinarily resident on reserve[3] who were taken into care from 1 April 1991 to 31 March 2019 is between 90,000 and 120,000.

99. In our opinion, it is likely that the number of such children is between 100,000 and 110,000.

100. These estimates are based on the results produced by the Duration Model. As we change the assumptions, the results change. We noted that the results usually lay between 100,000 and 110,000 under various assumptions.

101. Using the assumptions that we have detailed within this report, the Duration Model estimated a total of 106,200 registered Indian children normally resident on reserve entered care from 1 April 1991 to 31 March 2019.

102. The Duration Model made no distinction between children by the status of care. The following table shows our estimate of registered Indian children normally living on reserve who entered care between 1 April 1991 and 31 March 2019, broken down by the length of time in care. We estimate 106,200 children were in care of whom 43,600 exited care with between 0 and 6-months total time in care and the balance of 62,600 were in care for at least 6 months. Of those, 15,400 exited care with between 6 and 12-months total time in care and the balance of 47,200 were in care for at least 12 months.

[3] Registered Indian children include all First Nation children with status under the Indian Act as well as children with at least one parent who has status under the Indian Act and who normally lives on reserve.

Table 102 – Children in Care – 1 April 1991 to 31 March 2019

Number of Months	Number in Care at Least x Months	Survived to 2019	Deceased by 2019	Number Leaving in Period	Survived to 2019 for Leaving
0 months	106,200	105,100	1,100	43,600	43,200
6 months	62,600	61,900	700	15,400	15,200
12 months	47,200	46,700	500	10,600	10,500
18 months	36,600	36,200	400	6,100	6,000
24 months	30,500	30,200	300	4,400	4,400
30 months	26,100	25,800	300	3,500	3,400
36 months	22,600	22,400	200	3,000	2,900
42 months	19,600	19,500	100	2,300	2,300
48 months	17,300	17,200	100	1,700	1,700
54 months	15,600	15,500	100	1,400	1,400
60 months	14,200	14,100	100	2,400	2,400
72 months	11,800	11,700	100	-	-

103. We were requested to split the above table between those who entered care from 1 April 1991 to 23 February 2006 and those entering care from 24 February 2006 to 31 March 2019.

Table 103a – Children in Care – 1 April 1991 to 23 February 2006

Number of Months	Number in Care at Least x Months	Survived to 2019	Deceased by 2019	Number Leaving in Period	Survived to 2019 for Leaving
0 months	56,600	55,600	1,000	23,800	23,400
6 months	32,800	32,200	600	8,400	8,300
12 months	24,400	23,900	500	5,100	4,900
18 months	19,300	19,000	300	3,600	3,500
24 months	15,700	15,500	200	1,500	1,500
30 months	14,200	14,000	200	1,800	1,800
36 months	12,400	12,200	200	1,000	900
42 months	11,400	11,300	100	1,400	1,400
48 months	10,000	9,900	100	600	600
54 months	9,400	9,300	100	1,000	1,000
60 months	8,400	8,300	100	1,100	1,100
72 months	7,300	7,200	100	-	-

Table 103b – Children in Care – 24 February 2006 to 31 March 2019

Number of Months	Number in Care at Least x Months	Survived to 2019	Deceased by 2019	Number Leaving in Period	Survived to 2019 for Leaving
0 months	49,600	49,500	100	19,800	19,800
6 months	29,800	29,700	100	7,000	6,900
12 months	22,800	22,800	-	5,500	5,600
18 months	17,300	17,200	100	2,500	2,500
24 months	14,800	14,700	100	2,900	2,900
30 months	11,900	11,800	100	1,700	1,600
36 months	10,200	10,200	-	2,000	2,000
42 months	8,200	8,200	-	900	900
48 months	7,300	7,300	-	1,100	1,100
54 months	6,200	6,200	-	400	400
60 months	5,800	5,800	-	1,300	1,300
72 months	4,500	4,500	-	-	-

H. Certification

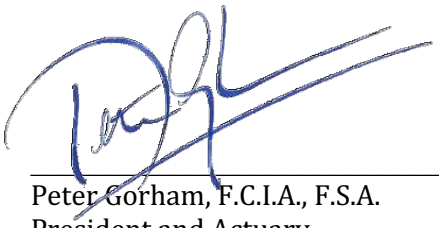
104. We hereby certify that:

a. in our opinion, subject to the comments made in this report, the data used is sufficient and reliable for the purposes of the report;

b. in our opinion, the methods employed are appropriate for the purposes of this report;

c. in our opinion, the assumptions used are, in aggregate, appropriate for the purposes of the work; and

d. there are no subsequent events other than those discussed in this report that we are aware of that would have an impact on the results presented herein.



Peter Gorham, F.C.I.A., F.S.A.
President and Actuary
JDM Actuarial Expert Services Inc.

Nico Trocmé, MSW, PhD, TS, FRSC
Director, School of Social Work
Philip Fisher Chair in Social Work
McGill University

Marie Saint-Girons, MSW
Research Assistant, Centre for Research on Children and Families
McGill University, School of Social Work

18 January 2021

Appendix 1 Curriculum Vitae of Peter Gorham, F.S.A, F.C.I.A.

Position & Responsibilities

Peter is the President and Actuary of JDM Actuarial Expert Services Inc. (JDM Actuarial). He provides pension and actuarial consulting advice, expert testimony, retirement planning and governance services.

Areas of Specialization

Peter has provided expert advice and testimony to the legal profession since 1987. His experience includes determining:

- certification of criminal rates of interest,
- lost benefits for wrongful dismissal,
- the present value of future income and future care costs,
- valuation of life estates,
- present value of future trust plan benefits and present value of past funds under various possible investment scenarios,
- present value of future contingent events.

In the past, Peter has also provided expert evidence for:

- family law pension valuations.

He has provided expert testimony to the Supreme Court of British Columbia, Court of Queen's Bench of Alberta, Court of Queen's Bench of Manitoba, the Ontario Superior Court of Justice, La Cour Supérieure du Québec, the Ontario Unified Family Court, the High Court of Justice of Trinidad and Tobago, the Supreme Court of Bermuda, Ontario Employment Standards Tribunal, Ontario Workplace Safety and Insurance Tribunal, Canada Human Rights Tribunal and the Canadian Institute of Actuaries Disciplinary Tribunal.

Within the pension and actuarial consulting practice, Peter's main areas of expertise include the design, financing, administration and governance of pension and benefit plans. His strengths lie in providing innovative and workable solutions that address a client's needs. He is effective in communicating actuarial concepts in simple and understandable terms.

Peter is an experienced public speaker and an author of numerous articles related to pensions and benefits.

Background

Peter is an actuary, receiving his fellowship in 1980. He attended the University of Toronto, graduating with a B.Sc. in Actuarial and Computer Sciences. Prior to founding JDM Actuarial in 2011, Peter spent 13 years as a partner at Morneau Shepell, and prior to that, 20 years with Aon Consulting, (formerly MLH + A inc), serving clients in the area of pension and employee benefits.

Professional & Other Affiliations

Fellow of the Canadian Institute of Actuaries
Fellow of the Society of Actuaries
Faculty, Humber College PPAC program
Past-President, Rotary Club of Whitby Sunrise

Appendix 2 Curriculum Vitae of Professor Nico Trocmé, M.S.W., Ph.D., R.S.W., F.R.S.C.

Academic & Professional Positions

Director, School of Social Work, McGill University (2014-present)
Full Professor, School of Social Work, McGill University (2005-present)
Full Professor, Faculty of Social Work, University of Toronto (2004-2005)
Associate Professor, Faculty of Social Work, University of Toronto (1998-2004)
Assistant Professor, Faculty of Social Work, University of Toronto (1993-1998)
Research Fellow, Institute for the Prevention of Child Abuse (1992-1993)
Teaching Assistant & Lecturer, Faculty of Social Work, University of Toronto (1988-1992)
Social Worker, Sacred Heart Child and Family Services Outpatient Family Therapy (1987-1988)
Social Worker, Children's Aid Society of Metropolitan Toronto (1984-1987)

University Education

Ph.D., University of Toronto, Faculty of Social Work, 1992
Master of Social Work, University of Toronto, Faculty of Social Work, 1983
Honours Bachelor of Arts, University of Toronto, Trinity College, 1981

Research Expertise

Professor Trocmé is one of Canada's leading experts on child welfare systems and policies. He is the principal investigator for the Canadian Incidence Study (CIS) of Reported Child Abuse and Neglect (1993, 1998, 2003 & 2008), the lead researcher for a Federal-Provincial-Territorial initiative to develop a common set of National Outcomes Measures in child welfare, directs the Canadian Child Welfare Research Portal (cwrp.ca), and is conducting a research capacity development and knowledge mobilization initiative involving child welfare and First Nations service provider agencies in Quebec.

Professor Trocmé is the author of over 200 scientific publications, has been awarded 25 million dollars in funding through grants, contracts and gifts, and has mentored a new generation of Canadian child welfare scholars.

Professor Trocmé has acted as a child welfare policy and program consultant to several provincial governments and First Nations organizations and has presented expert evidence at various inquests and tribunals.

Professional & Other Affiliations

Fellow of Royal Society of Canada
Registered Social Worker, Ordre des travailleurs sociaux et the thérapeutes conjugaux et familiaux du Québec
International Society for the Prevention of Child Abuse and Neglect (ISPCAN)

Appendix 3 Curriculum Vitae of Marie Saint-Girons, M.S.W.

Position & Responsibilities	Marie is a researcher at the Centre for Research on Children and Families at McGill University's School of Social Work. She currently supports the coordination of the 2019 cycle of the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (FN/CIS-2019), which documents the overrepresentation of First Nations children in the child welfare system.
University Education	Master of Social Work, McGill University, Faculty of Social Work, Montreal, 2018 Honours Bachelor of Science in Psychology, University College London, London, UK, 2013
Areas of specialization	Marie has contributed to a number of studies and reports aimed at describing First Nations child welfare in Canada. She has, amongst other things, acted as a liaison between researchers and First Nations representatives in each province, communicated with over a hundred First Nations child welfare agencies across Canada, provided on-site trainings to Indigenous child welfare workers, produced briefs explaining the legislative and funding policies shaping First Nations child welfare by jurisdiction, and collected data to track the number of First Nations children in the child welfare system throughout the country. She has also helped produce a taxonomy of compensation categories for First Nations families following the 2019 CHRT 39 ruling. Her other areas of specialization include the field of cross-cultural psychiatry and complex trauma. Marie has provided mental health services to immigrant and refugee families in agencies across Montreal.

Appendix 4 **Documents Utilised**

1. The following documents and data were provided to us for use in preparing this report. A number of the data files containing information about individual children also contained personal identification information – name, date of birth and registration number. That information was necessary for data verification work and for establishing a link between the various files of information – so that we could follow each child from date of first entry to are up to the most recent exit from care. Once data verification had been completed by Gorham, the personal identification information (name and registration numbers) were replaced by a unique ID number that was randomly generated, so that the data files no longer contained information that could identify an individual. It was that anonymised file that was shared with Trocmé and Saint-Girons for purposes of the work in preparing this report.

    a. Statement of Claim in the matter of Xavier Moushoom and the Attorney General of Canada, filed 4 March 2019;

    b. An excel file called "Historic CIC Counts.xls" containing data regarding the number of First Nations children in care from 1981-82 to 2008-09;

    c. An excel file called "Modern CIC Counts.xls" containing data regarding the number of First Nations children in care from 2007-08 to 2014-15;

    d. An excel file called "NCR-#9607185-v5-FOSTER_CARE_(CHILDREN_IN_CARE)_COUNTS_ 2017-07-12.xls" containing data regarding the number of First Nations children in care from 1957-58 to 2014-15;

    e. An excel file called "1. FNCFS Children in Care 2007-2008 to 2016-2017.xls" containing data regarding the number of First Nations children in care from 2007-08 to 2016-17;

    f. An excel file called "2. Detailed data 2013-2014 to 2016-2017.xls" containing data regarding the number of First Nations children in care from 2013-14 to 2016-17 together with information about their status;

    g. An excel file called "3. Detailed trend analysis 2006-2007 to 2012-2013.xls" containing data regarding the cost and number of days of care for First Nations children in care from 2007-08 to 2012-13;

    h. An excel file called "FNCFS distinct days by child 2013-2018 - PROD - 54152764.xls" containing data for each child within the IMS Database maintained by ISC setting out the date of the first and most recent expense submitted between 1 April 2013 and 31 March 2018;

i. A series of excel files, one for each fiscal year 2000-01, 2002-03, 2004-05 through to 2012-13 (files for 2001-02 and 2003-04 were not included) containing information on each First Nations child that was in care in Ontario during those years, including dates of entry and exit from care and number of days in each fiscal year in care.

j. An excel file called "BC - CFS Child Application Historic 2011-present (Moushoom Litigation).xlsx" containing information on each First Nations child that was in care in British Columbia on or after 1 April 2011 and up to 30 September 2019, including the most recent date of entry to care if entered care prior to 2011, dates of entry and exit from care between 1 April 2011 and 30 September 2019 and the most recent status of children in care; and

k. An excel file called "Adoption Breakdown -1958 to 1990.xlsx" containing information on the number of First Nations children that were adopted between 1958 and 1990.

2. The following documents and data were obtained by us and were utilised in the preparation of this report:

a. "Provincial and Territorial Child Protection Legislation and Policy 2018, public Health Agency of Canada, March 2019.

b. "Moving In and Out of Foster Care" by David Rosenbluth, March 1995. In J. H. a. B. Galaway (Ed.), Child Welfare in Canada: Research and Policy Implications (pp. 233–244) Toronto: Thompson Educational Publishing, Inc.

c. "Canadian Incidence Study of Reported Child Abuse and Neglect: Final Report", authored by Nico Trocmé, Bruce MacLaurin, Barbara Fallon, Joanne Daciuk, Diane Billingsley, Marc Tourigny, Micheline Mayer, John Wright, Ken Barter, Gale Burford, Joe Hornick, Richard Sullivan and Brad McKenzie, Minister of Public Works and Government Services Canada, 2001;

d. "Canadian Incidence Study of Reported Child Abuse and Neglect - 2003: Major Findings", by Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Joanne Daciuk, Caroline Felstiner, Tara Black, Lil Tonmyr, Cindy Blackstock, Ken Barter, Daniel Turcotte and Richard Cloutier, Minister of Public Works and Government Services Canada, 2001;

e. "Canadian Incidence Study of Reported Child Abuse and Neglect - 2008: Major Findings", authored by Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Vandna Sinha, Tara Black, Elizabeth Fast, Caroline Felstiner, Sonia Hélie, Daniel Turcotte, Pamela Weightman, Janet Douglas and Jill Holroyd, Minister of Public Works and Government Services Canada, 2010;

f. There are other documents that will be added in the Final Report.

Appendix 5 Development of the Survivorship Table

Period and Cohort Mortality

1. The most readily available mortality tables that span the years of this action are the Canada Life Tables, a series of mortality statistics produced by Statistics Canada from census data. There are tables available from 1901 to 2017 produced every 5 or 10 years (with a few recently produced annually). These tables provide information about mortality of an average Canadian.

2. Over the past century, mortality of Canadians has improved. That has been evident by the increase in life expectancy at birth from about 61 years[4] in 1931 to about 82 years[5] in 2016.

3. The Canada Life Tables are period tables – they provide information about mortality rates for a specific year. But individuals experience mortality from different years as they progress through life.

4. A person born in 1991 does not experience 1991 mortality as they age. That person born in 1991 is aged 20 in 2011 and benefits from all the factors that have improved mortality over the prior 20 years. To measure the mortality for a 20-year old in 2011, we should utilise the 2011 rates, not the rates that were measured in 1991 at birth.

5. Cohort mortality tables provide rates that recognise the changes in mortality as one ages. By combining the various period mortality tables produced by Statistics Canada, we can produce a series of cohort tables – one table for each year of birth.

6. Unless we make projections about future changes in mortality, a cohort table can only provide information about the rates up to the current year. While there are several tables available that project future improvements to mortality, they are not required for this matter (other than to project mortality from 2017 to 2020) and I have created cohort mortality tables with rates up to 2020 only.

7. Using the available Canada Life Tables, I constructed a series of period tables for each year from 1971 to 2020. The changes in mortality for the years between each of the Canada Life tables was calculated by me using geometric differences. To estimate mortality improvements since 2017, I utilised the Canadian Pensioner Mortality Projection Rates B for 2017 to 2020. That projection table is based on mortality improvements under the Canada Pension Plan for contributors and pensioners.

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4 In 1931, life expectancy at birth was about 62 for males and about 60 for females.

5 In 2016, life expectancy at birth was about 79.9 for males and about 84.0 for females.

8. Based on the year by year period tables, I combine them to create a series of cohort tables for each birth year 1971 to 2020.

Canada and Indigenous Mortality

9. A number of studies have shown that mortality of Indigenous people differs from that of the average Canadian.

10. I found four articles comparing population mortality for Indigenous Canadians and all Canadians.

    a. "Abridged Life Tables for Registered Indians in Canada 1976-2000" by Ravi B. P. Verma, Margaret Michalowski (Statistics Canada) and R. Pierre Gauvin (Department of Indian and Northern Development) (the "**Verma Study**"). This study looked at life expectancy for Canadians who identify as Registered Indian and compared that to Canadian life expectancy for all Canadians for the period 1976 to 2000.

    b. "L'accroissement démographique des groupes autochtones du Canada au XXe siècle" by Norbert Robitaille and Robert Choinière (the "**Robitaille Study**"). This study compared life expectancy and mortality rates for Registered Indian, Inuit and all Canadians over the period 1941 to 1981 (although life expectancy for Registered Indians was only presented for 1961 to 1981).

    c. "First People Lost: Determining the State of Status First Nations Mortality in Canada Using Administrative Data" by Randall Akee and Donna Feir ("**First People Lost**"), published in February 2018. This report provides ratios of First Nation mortality to all-Canadian mortality by five-year age groups.

    d. "A Statistical Profile on the Health of First Nations in Canada: vital statistics for Atlantic and Western Canada, 2003-2007" by Health Canada, published in 2014 (the "**Health Canada Report**"). This report provides ratios of First Nation mortality for Western Canada only to all-Canadian mortality by five-year age groups.

11. The first two studies provide the results in terms of life expectancy at birth. When constructing a table of survivorship, we need to determine the underlying mortality rates[6] rather than directly using life expectancy. A reasonable approximation to the underlying mortality rates can be obtained by applying a multiplier to the rates from another table of mortality[7].

[6] Both life expectancy and survivorship are calculated from the individual age-based mortality rates.

[7] Applying a multiplier to another mortality table fails to recognise differences in relative mortality by age. However, in my experience the error is usually minor in relation to the added precision gained by having a table that gives a

12. The First People Lost and the Health Canada report provide ratios of First Nation mortality rates to the Canadian mortality rates. These ratios can be directly used to determine rates that apply to First Nations Canadians.

13. The Verma Study calculates Registered Indian life expectancy for 1995 to 2000 of 68.2 years for males and 74.5 years for females. The life expectancy for all Canadians for those years is 76.1 years for males and 81.6 years for females.

14. The Robitaille Study calculates life expectancy for Registered Indians every five years from 1961 to 1981. It also presents life expectancy for Inuit and all Canadians for those years and some prior years.

Table 14 – Life Expectancy of Registered Indians, Inuit and All Canadians 1940 to 1981

Registered Indian		Inuit		All Canadians	
Period	Life Expectancy	Period	Life Expectancy	Period	Life Expectancy
				1940-42	65
		1941-51	30	1950-52	69
				1955-57	70
1961-62	62	1951-61	38	1960-62	71
1965-68	63			1965-67	72
1971	63	1961-71	55	1970-72	73
1976	63			1975-77	74
1981	66	1971-81	65	1980-82	75

15. I have determined that by applying varying mortality multiples to the Canadian Life Tables I can obtain a life expectancy at birth that is similar to the life expectancies for Registered Indians as reported in the Verma and Robitaille Studies.

similar life expectancy to reality. For example, if there is a significant spike in mortality among the population we are looking to model at, say, ages 15 to 30, applying a multiplier to Canadian population rates will recognise those deaths, but they will be spread out over a lifetime rather than between ages 15 and 30.

Table 15 – Life Expectancy[8] and Mortality Multiples for Registered Indians

Year	Canadian Life Expectancy	Registered Indian Life Expectancy	Difference in Life Expectancy	Mortality Multiple
1961	71	62	9	190%
1966	72	63	9	190%
1971	73	63	10	200%
1976	74	63	11	220%
1981	75	66	9	205%
1996-2000	79	71	8	195%

16. From 1961 to 2000, Canadian Registered Indians experienced mortality that was about double the mortality of the average Canadian. In my opinion, the fluctuation between 190% and 220% is not significant and could be explained by either data issues or by improvements in mortality being experienced by Registered Indians and all Canadians at different times during that period.

17. Based on the results of the above analysis, I have assumed that from 1961 to 2000, Registered Indians experienced mortality that on average was 200% of the mortality for all Canadians as measured by Statistics Canada.

18. The First People Lost report and the Health Canada report both show ratios that vary by age rather than a single ratio for all ages.

19. The ratios presented in the First People Lost report are smaller than those in the Health Canada report. Smaller ratios will produce a longer life expectancy and fewer expected deaths. Both reports are based on status Indians. The Health Canada Report studied mortality from 2003 to 2007 in the Western provinces only and the First People Lost from 1974 to 2013 (however, the mortality ratios presented in the First People Lost report are for 2010 to 2013 only). The First People Lost report also shows mortality separately for those living on and off reserve.

20. I have compared the results of the various methods of adjusting the Canada Life Tables to reflect First Nation Canadian mortality. Because we are dealing with young people, it is better to utilise the age-based ratios than a single 200% multiplier (which has the effect of redistributing deaths from younger ages to older ages).

8 The life expectancy shown is an average for males and females.

21. For this report, I have assumed the ratios from the Health Canada report are most appropriate for estimating the survivors.

The Survivorship Table

22. I applied the mortality ratios to the cohort mortality for the Canadian population to estimate mortality rates for First Nation Canadians. From those mortality rates, I calculated the probability of survival for those entering care during the class period. Sample survival rates to 2019 are shown in Table 22.

Table 22 - Survival Rates to 2019

Year of Birth	Year Entered Care					
	1991	1996	2001	2006	2011	2016
1976	93.8%					
1981	95.4%	95.7%				
1986	96.6%	96.8%	97.0%			
1991	96.6%	97.8%	97.9%	98.1%		
1996		97.7%	98.7%	98.8%	99.0%	
2001			98.5%	99.4%	99.5%	99.7%
2006				98.9%	99.8%	99.9%
2011					99.1%	100.0%
2016						99.2%

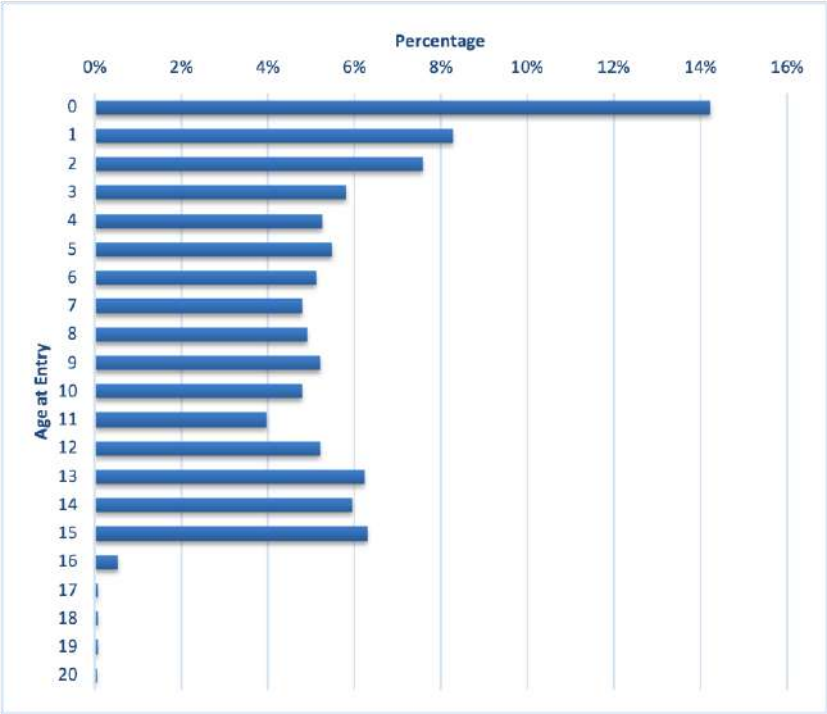
Appendix 6 **Supplementary Analyses**

We were asked to provide supplementary analyses regarding the following parameters: age at entry, age at exit, time in care and time in care by age at entry and exit. The analyses included below all concern children who entered care in fiscal years 2000, 2002, and 2004 as those were the cohorts for which we were able to obtain the most complete data. The children represented in this sample all come from Ontario.

Age at first entry

1. Figure 1 below shows children's age at the beginning of their first entry into care. According to the results, 14.2% of children had their first episode in care before they turned 1 year old in the 2000-2004 entry cohort. The number progressively decreases until age 11, with only 4% of the cohort entering for the first time at that age. The percentage of children entering care for the first time increases again during adolescence, reaching 6.3% at 15 years of age – before dropping abruptly after 15. This drop-off point is related to the maximum age of protection in Ontario, which was 16 years-old until 2017.

Figure 1 - Percentage of children in care from entry years 2000, 2002, and 2004 by age at first entry into care



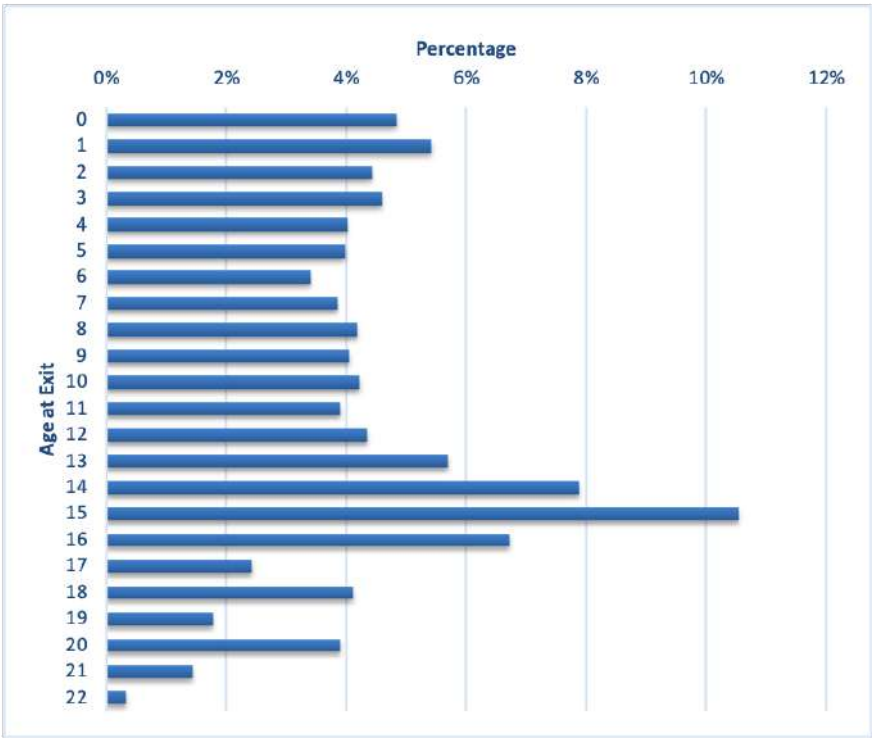
2. For the 2000-2004 entry cohorts, the average age at first entry was 6 years and a half, with a standard deviation of 5.1. 50% of children first entered care at 6 years or younger. The average and median age at first entry was similar for entry years of interest for which we had

incomplete data – that is, children who entered care in fiscal years 2005, 2006, 2007, 2008, 2009, 2010, 2014, 2015, 2016.

Age at last exit

3. Figure 3 below shows children's age at the end of their last period of time in care[9]. The chart shows that 5.4% of children left care at 1 years old in the 2000-2004 entry cohort. By age 15, as many as 10.5% of the children left care.

Figure 3 - Percentage of children in entry years 2000, 2002, and 2004 by age at last exit from care



4. The average age at last exit for the 2000-2004 entry cohort of interest was 10 and a half years, with a standard deviation of 6 years. 50% of the children in this cohort exited care at 11 years or younger. Average age at last exit could not be calculated for the other entry cohorts of interest because we did not have information on their full trajectory in care.

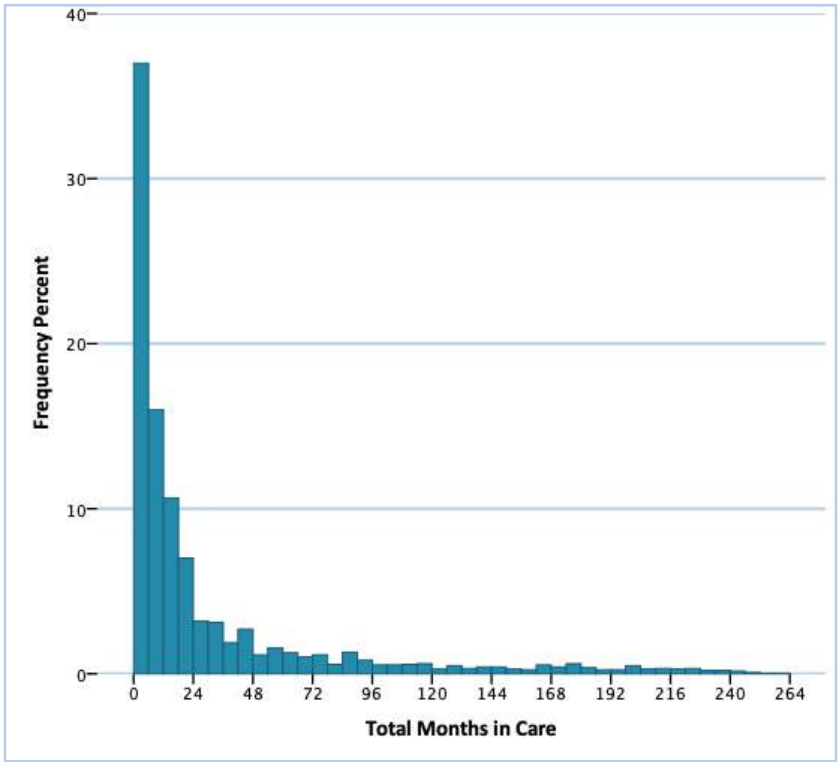
Time in care

5. Figure 5 below presents the distribution of total time in care in months for children in the 2000-20004 entry cohort. Total time in care was measured by calculating the sum of each

[9] Given that age at last exit is calculated by using exit dates, the analyses on age at exit might be impacted by issues with the dataset underlined in paragraph 68.

period of care for each child. Figure 5 shows that 37% stayed in care for 6 months or less. This number decreases significantly with every 6-month increment of time in care.

Figure 5 - Histogram of total months in care for children who entered care in fiscal years 2000, 2002, and 2004



6. According to Table 6, the average length of time in care for entry years 2000, 2002, and 2004 was 30.27 months. However, the distribution is highly skewed, as illustrated in the histogram above, with 25% of children spending less than 2 months in care, 50% of children spending less than 10 months in care, and 75% of children spending less than 32 months in care.

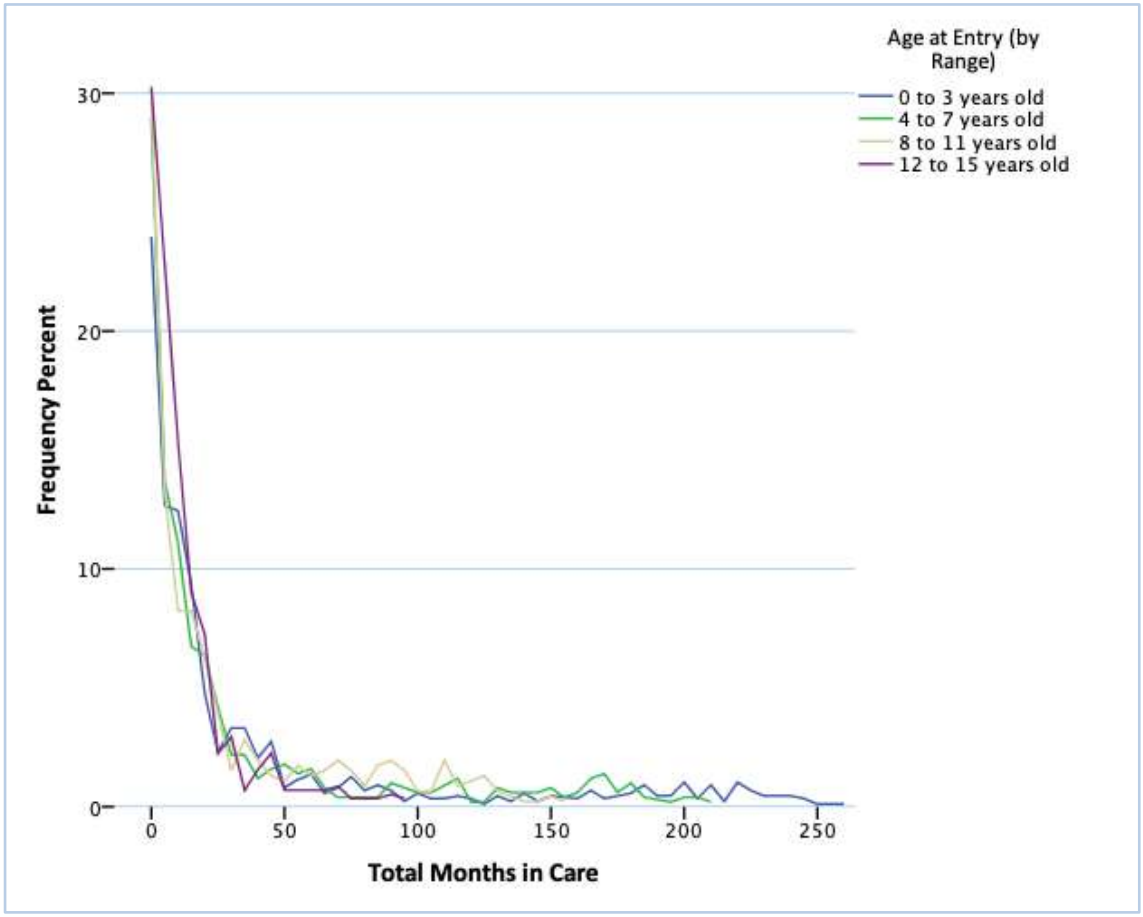
Table 6 – Descriptive Statistics - Total Months in Care for Entry Years 2000, 2002, and 2004

Number of Children	Mean	Median	Standard Deviation	Lower quartile (25%)	Higher quartile (75%)
2,439	30.27	10.00	49.3	2.00	32.00

Time in care by age at first entry

7. Figure 7 below represents the distribution of total time in care in months by age at first entry. The figure shows that the total time in care distribution is very similar for children entering care at different ages. This skewed pattern resembles the one shown in Figure 5.

Figure 7 – Time in care by age at first entry for children who entered care in fiscal years 2000, 2002, and 2004

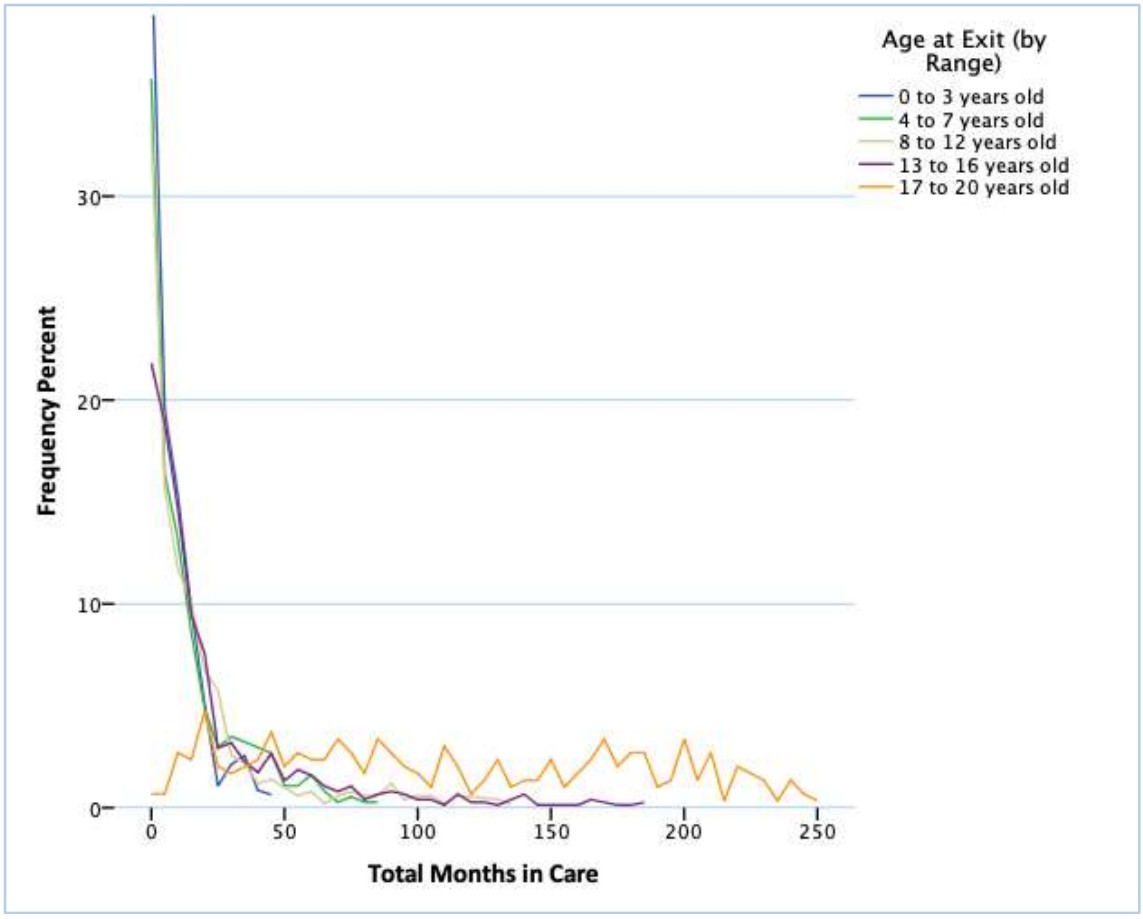


8. While the pattern of time in care remains similar across age groups, average time in care decreases progressively for children who enter care for the first time at a later age (from 41.5 months for children who entered care between 0 to 3 years to 12.7 months for children who entered care between 12 to 15 years). The shorter lengths in care for older children is to be expected since it takes less time for children entering at an older age to reach the age of discharge from care.

Time in care by age at last exit

9. Figure 9 below represents the distribution of total time in care in months by age at last exit. The figure shows that the total time in care distribution is also similar for children exiting care at different ages, with an exception for children who exit care between ages 17 to 20 years old. These children do not show the same skew for smaller values of time in care. This is likely due to the fact that, at the time, Ontario's child protection investigation mandate was limited to children aged 16 and younger. As such, children who exited care between 17 and 20 years would all have spent more than a year in care before they exited care.

Figure 9 – Time in care by age at last exit for children who entered care in fiscal years 2000, 2002, and 2004



10. While the pattern of time in care remains similar across age groups (with the exception of 17- to 20-year-olds), average time in care increases progressively when children exit care for the last time at a later age (from 7.5 months for children who exited care between 0 to 3 years to 112.6 months for children who exited care between 17 and 20 years).

Appendix 7 Certificate Concerning Code of Conduct – Peter Gorham

COURT FILE NO. T-402-19

FEDERAL COURT

BETWEEN:

Xavier Moushoom

Plaintiff

and

The Attorney General of Canada

Defendant

Certificate Concerning Code of Conduct for Expert Witnesses

I, Peter Gorham, having been named as an expert witness by the defendant, the Attorney General of Canada, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it.

January 18th 2021
Date

Peter J. M. Gorham, F.C.I.A., F.S.A.
JDM Actuarial Expert Services Inc.
313 Powell Rd, Whitby, ON L1N 2H5

Appendix 8 Certificate Concerning Code of Conduct – Nico Trocmé

COURT FILE NO. T-402-19

FEDERAL COURT

BETWEEN:

Xavier Moushoom

Plaintiff

and

The Attorney General of Canada

Defendant

Certificate Concerning Code of Conduct for Expert Witnesses

I, Nico Trocmé, having been named as an expert witness by the plaintiff, Xavier Moushoom, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it.

January 18th 2021

Prof. Nico Trocmé, MSW, PhD, RSW
Director of the School of Social Work
Philip Fisher Chair in Social Work
3506 University Street, Montreal, Québec H3A 2A7

Appendix 9 Certificate Concerning Code of Conduct – Marie Saint-Girons

COURT FILE NO. T-402-19

FEDERAL COURT

BETWEEN:

Xavier Moushoom

Plaintiff

and

The Attorney General of Canada

Defendant

Certificate Concerning Code of Conduct for Expert Witnesses

I, Marie Saint-Girons, having been named as an expert witness by the plaintiff, Xavier Moushoom, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it.

January 18th 2021

Marie Saint-Girons
McGill University, School of Social Work
3506 University Street, Montreal, Québec H3A 2A7

This is Exhibit “F” referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

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JDM ACTUARIAL
EXPERT SERVICES INC.

ANALYSIS
STRATEGY
EDUCATION
IMPLEMENTATION

7 February 2022

Mr. Robert Kugler
Associé / Partner
Kugler Kandestin LLP
1, Place Ville-Marie, Suite 1170
Montréal QC H3B 2A7

RE: Moushoom/Trout – Removed Children Attaining Age of Majority

Rob:

I have estimated the number of children in the removed child class that will attain the age of majority over future years. I made the following assumptions as part of this work.

1. The number of First Nation children entering care in Canada in each fiscal year 2002-03 to 2018-19 is the number estimated by Nico Trocmé, Marie Saint-Girons and myself in our joint report "Estimated Class Size – First Nations Children in Care 1991 to 2019" dated 18 January 2021 (the "**Joint Report**").

2. The number entering care for fiscal years 2019-20 to 2021-22 were approximately the same as was estimated for the 2018-19 year in the Joint Report – 3,400 per year.

3. In the Joint Report, we estimated the number of children entering care between 1 April 1991 and 31 March 2019 to be 106,000, plus or minus about 15,000. I estimate there are an additional 10,000 First Nation children who entered care from 1 April 2019 to 31 March 2022.

4. The total number of First Nation children who entered care from 1 April 1991 to 31 March 2022 is estimated to be 116,000 plus or minus about 15,000.

5. The age distribution of the children entering care in each year in Canada was similar to the average age distribution of children entering care in Ontario from 2000 to 2012.

6. The age of majority is age 18 in all Canadian jurisdictions with the exception of British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut and Yukon where it is age 19.

7. I referred to the 2016 census numbers that identify population of First Nations people by band and province/territory and determined that 75% of First Nations people live in a province with an age of majority of 18 and 25% live in a jurisdiction with an age of majority of 19. I assumed that any difference by jurisdiction in the probability of a First Nations child being taken into care is not material to the results and I assumed that 75% of children taken into care attain the age of majority at age 18 and 25% at age 19.

I was advised that children taken into care up to 31 March 2022 are to be included in my analysis. I determined that all children taken into care prior to 1 April 2003 will have attained the age of majority by 31 March 2022 and I have ignored them for purposes of this report.

Based on these assumptions, I determined the number of children that entered care in each of the past 19 years by age of entry and the year in which they will attain the age of majority.

As of 31 March 2022, I estimate that 44,500 of the total 116,000 children are under the age of majority. Consistent with the range provided in the Joint Report, I estimate that number could vary by plus or minus 6,000 – that is the number of children under the age of majority as of 1 April 2022 is likely in the range 38,500 to 50,500.

Based on the single-point estimate of 44,500 under the age of majority, the following table sets out my estimate of the number of First Nations children taken into care from 1 April 1991 to 31 March 2022 who will attain the age of majority in each 12-month period in the future.

Fiscal Year	Number Attaining Age of Majority
Apr 2022 to Mar 2023	3,990
Apr 2023 to Mar 2024	3,910
Apr 2024 to Mar 2025	3,740
Apr 2025 to Mar 2026	3,530
Apr 2026 to Mar 2027	3,420
Apr 2027 to Mar 2028	3,250
Apr 2028 to Mar 2029	3,130
Apr 2029 to Mar 2030	2,890
Apr 2030 to Mar 2031	2,600
Apr 2031 to Mar 2032	2,280
Apr 2032 to Mar 2033	2,120
Apr 2033 to Mar 2034	2,000
Apr 2034 to Mar 2035	1,850
Apr 2035 to Mar 2036	1,640
Apr 2036 to Mar 2037	1,430
Apr 2037 to Mar 2038	1,190
Apr 2038 to Mar 2039	900
Apr 2039 to Mar 2040	530
Apr 2040 to Mar 2041	100
Total	**44,500**

If you have any questions or require additional information, please call me.

Yours truly,
JDM Actuarial Expert Services Inc.

Peter Gorham, F.C.I.A., F.S.A.
President and Actuary

This is Exhibit "G" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

COMPENSATION FOR THE DELAY AND DENIAL OF SERVICES TO FIRST NATIONS CHILDREN

OFFICE OF THE PARLIAMENTARY BUDGET OFFICER
BUREAU DU DIRECTEUR PARLEMENTAIRE DU BUDGET

The Parliamentary Budget Officer (PBO) supports Parliament by providing economic and financial analysis for the purposes of raising the quality of parliamentary debate and promoting greater budget transparency and accountability.

This report estimates the financial cost of complying with a Canadian Human Rights Tribunal decision (2019 CHRT 39) as it relates to children who experienced delays and denials of services which should have been available under Jordan's Principle. A previous report estimated the cost of complying with that decision as it relates to children taken into care.

Lead Analyst:
Ben Segel-Brown, Financial Analyst

Contributors:
Salma Mohamed Ahmed, Research Assistant

This report was prepared under the direction of:
Mark Mahabir, Director of Costing and General Counsel

Nancy Beauchamp, Carol Faucher, Jocelyne Scrim and Rémy Vanherweghem assisted with the preparation of the report for publication.

For further information, please contact pbo-dpb@parl.gc.ca

Yves Giroux
Parliamentary Budget Officer

RP-2021-038-M_e

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Executive Summary

In September 2019, the Canadian Human Rights Tribunal (CHRT) ordered Canada to pay compensation to certain First Nations children. That decision included compensation for children who remained in their home but were "denied services or received services after an unreasonable delay or upon reconsideration ordered by [the] Tribunal, between December 12, 2007 … and November 2, 2017."

Cost of complying with the compensation order

This report estimates that 33,000 additional persons will be eligible for compensation in relation to the delay and denial of services, entailing a cost of $1.3 billion. This estimate is highly uncertain due to data limitations. Indigenous Services Canada's (ISC) initial estimated liability did not include any cost of complying with the Jordan's Principle aspect of the order.

The total cost of complying with the CHRT's order consists of the compensation for delays and denials of services estimated in this report and compensation for children taken into care estimated in a prior report to be $0.9 to $2.9 billion.

The total cost of complying with the CHRT's order is estimated to be $2.2 billion to $4.2 billion.

Cost of complying under parties' assumed interpretation of that order

The parties to the CHRT proceeding submitted a framework, approved by the CHRT on 12 February 2021, for the payment of compensation under the CHRT's order. The framework and the process leading to it suggest that parties intend to offer broader compensation that required by the CHRT order.

Specifically, subsequent submissions indicate that parties have assumed that compensation must be paid to all children who were deprived of essential services as a result of a gap in services. The 2019 CHRT order only requires compensation to be paid to children who were deprived of essential services as a result of a gap in services if that child was taken into care; children who remained in their homes are compensated only for delays and denials of services. With the interpretation apparently assumed by the parties, 250,000 additional persons will be eligible for compensation in relation to the delay and denial of services or gaps and services, entailing a cost of $10 billion.

This figure is, to an even greater extent, highly uncertain due to data limitations.

The approved compensation framework also explicitly provides for broader compensation for children taken into care. Specifically, it compensates all children taken into care instead of children unnecessarily removed from their home, family, and community. This would result in an estimated $6.5 billion in compensation being paid in relation to children taken into care.

The total cost of complying with the order based on the interpretation of that order set out in the compensation framework and process leading to that framework is estimated to be $15 billion after accounting for overlap.

1. Jordan's Principle

The Origins of Jordan's Principle

Jordan River Anderson was a First Nations child with a severe medical condition. He was surrendered into provincial care in order to receive medical services which were not available on-reserve. After spending two years in hospital, he could have been placed into a specialized foster home close to the hospital for the remaining few years of his life. He was unable to do so because Indigenous Services Canada (ISC), Health Canada, and the Province of Manitoba disagreed over who should pay for the costs of home-based care.[1]

Jordan's Principle, named in recognition of Jordan River Anderson, is a systemic order of the CHRT regarding the approval of government services for First Nations children.[2] Where a government service is available to all other children, the government department of first contact must pay for the service. Where a service is not necessarily available to all other children, the government department of first contact must evaluate the needs of the child to determine whether the requested services should be provided to ensure substantive equality, to ensure culturally appropriate services, or to safeguard the best interests of the child.[3]

Jordan's Principle requests can be submitted by individuals or groups. The individual or group filing the request does not need to specifically invoke Jordan's Principle for it to apply. When a request is refused under another program, ISC considers whether Jordan's Principle applies. When a request specifically invokes Jordan's Principle, it may nevertheless be referred to an applicable existing program.

Jordan's Principle Claim Volumes

The federal government initially applied a narrow definition of Jordan's Principle which focused on jurisdictional disputes related to children with severe medical needs. As a result, very few cases were identified by the federal government where the principle applied. The CHRT subsequently ordered the federal government to revise its definition and reconsider the applications it had denied.

Since the federal government broadened its definition of Jordan's Principle, it has received a large number of claims. More than 594,000 claims were approved between July 2016 and April 2020.[4] With approximately 375,000 First Nations children including those off-reserve, this represents approximately 1.6 claims per current First Nations child or roughly one per person when including those who became adults during the period.[5]

Since 2017, most approved products and services have been provided under "community managed group requests". From March to August of 2019, 126,257 out of 136,003 approved products and services under Jordan's Principle (92%) were approved under group requests.[6]

The reported volume of services provided under group requests greatly overstates the number of unique children receiving essential services. By volume, most services funded under group requests are activities on the land or social activities which are not generally included on lists of essential services.[7] In addition, children participate in multiple funded activities and are counted as receiving a service for each event they attend. However, these group requests also included services which are clearly essential, like intensive mental health counselling.

2. Compensation Order

In September 2019, the Canadian Human Rights Tribunal (CHRT) ordered Canada to pay compensation to certain First Nations children and their caregivers.

That CHRT decision included compensation for children unnecessarily removed from their home, family and community. In a previous report, we estimated that 19,000 to 65,100 persons would be eligible for compensation in relation to such removals, entailing a cost of $0.9 billion to $2.9 billion. This includes compensation for children removed from their home in order to receive services. The estimate was based on compensation being paid to all children unnecessarily removed from their home, family, and community.

With respect to this aspect of the order addressed in the PBO's prior report, the parties to that agreement proposed a compensation framework, approved by the CHRT on 12 February 2021,which extends compensation to all children removed from the home, including those placed in kinship care and irrespective of whether the removal was unnecessary.[8] In this way, the cost of compensating children would rise to $6.5 billion under the compensation framework with 72,000 children and 73,000 parents receiving compensation.

The CHRT order also included compensation for children who remained in their home but were "denied services or received services after an unreasonable delay or upon reconsideration ordered by [the] Tribunal, between December 12, 2007 … and November 2, 2017." This aspect of the order is the subject of this report.

The parties to the CHRT proceeding have apparently assumed the decision requires compensation to be paid to all children who were deprived of essential services as a result of a gap in services.[9] However, the CHRT order only requires compensation to be paid to children who were deprived of essential services as a result of a gap in services where that child was taken into care. Further explanation of this point is provided in Annex A.

3. Affected Children

The number of children who were affected by delays and denials of essential services is highly uncertain because Jordan's Principle claims were not tracked prior to 2017. The below table shows the estimated number of affected children, by group. In total, about 13,000 children are expected to be eligible for compensation, mostly in relation to delayed approval of group claims. A further 90,000 children affected by essential service gaps are assumed not to be eligible but would be eligible under the interpretation apparently assumed by parties to the CHRT proceeding.[10]

The estimation of these figures is explained in Annex B.

Eligibility	Form of denial of services	Individual	Group
Eligible	Delayed	200	12,800
	Denied	10	90
	Approved upon reconsideration	50	
Not eligible but apparently assumed eligible by parties	Service Gaps	90,000	

4. Cost Implications

Each affected child is entitled to $40,000.[11]

Any caregiving parents of that child are also each entitled to $40,000, or if the parents were absent and the children were in the care of one or more grand-parents, any caregiving grandparent of that the child are each entitled to $40,000.[12] First Nations children live with an average of 1.5 biological parents (or grandparents if parents are absent).[13]

With 13,000 children assumed to be eligible, this implies 20,000 eligible parents for a total of 33,000 persons eligible for compensation. This would entail a cost of $1.3 billion.

The total cost of complying with the CHRT's order consists of the compensation for delays and denials of services estimated in this report and compensation for children taken into care estimated in a prior report. The total cost of complying with the CHRT's order is estimated to be $2.2 billion to $4.2 billion.

Under the interpretation of the CHRT's decision apparently assumed by the parties to that proceeding, eligibility is much broader. If compensation is also paid to the approximately 90,000 First Nations children who were affected by gaps in essential services but were not removed from the home, there would be roughly 100,000 eligible First Nations children and 150,000 eligible parents or grandparents of such children for a total of 250,000 persons eligible for compensation. This would entail a cost of $10 billion.

As noted earlier, the compensation framework also provides for broader compensation for children taken into care.[14] Specifically, it compensates all children taken into care instead of children unnecessarily removed from their home, family, and community. Under these parameters, and assuming 26% of placements are in informal kinship care only as seen in Quebec, the model set out in our prior report suggests that approximately 72,000 children and 73,000 parents or grandparents would be eligible for compensation in relation to removals.[15] This would suggest the cost of paying compensation for removals would total $6.5 billion.

This suggests that, in combination, complying with the CHRT's order in the manner set out in the compensation framework would cost $15 billion, after accounting for the proportionate overlap between the two eligible groups.

5. Annex A: Eligibility with Service Gaps

The parties to the CHRT proceeding have apparently assumed that the decision requires compensation to be paid to all children who were deprived of essential services as a result of a gap in services.[16] The CHRT clarified in a subsequent decision that a service gap, which exists even where no request was ever made, is distinct from delays and denials where a request was made.[17]

However, the CHRT order only requires compensation to be paid to children who were deprived of essential services as a result of a gap in services where that child was taken into care. In full, the CHRT order on this point reads:

> The Panel finds there is sufficient evidence and other information in this case to establish, on a balance of probabilities, that Canada's systemic racial discrimination found in the Tribunal's Decision 2016 CHRT 2 and subsequent rulings: 2017 CHRT 7, 2017 CHRT 14, 2017 CHRT 35 and 2018 CHRT 4, resulted in harming First Nations children living on reserve or off-reserve who, as a result of a gap, delay and/or denial of services were deprived of essential services and placed in care outside of their homes, families and communities in order to receive those services or without being placed in out of home care were denied services and therefore did not benefit from services covered under Jordan's Principle as defined in 2017 CHRT 14 and 35 (for example, mental health and suicide preventions services, special education, dental etc.). Finally, children who received services upon reconsideration ordered by this Tribunal and children who received services with unreasonable delays have also suffered during the time of the delays and denials. All those children above mentioned experienced pain and suffering of the worst kind warranting the maximum award of remedy of $20,000 under section 53 (2)(e) of the CHRA. Canada is ordered to pay $ 20,000 to each First Nation child removed from its home and placed in care in order to access services and for each First Nations child who was not removed from the home and was denied services or received services after an unreasonable delay or upon reconsideration ordered by this Tribunal, between December 12, 2007 (date of the adoption in the House of Commons of the Jordan's Principle) and November 2, 2017 (date of the Tribunal's 2017 CHRT 35 ruling on Jordan's Principle), following the process discussed below. [Emphasis added]

With respect to the children taken into care, the order includes children unable to access services as result of a gap in services. Because these children were included in our previous report on children taken into care, they do not represent additional children entitled to compensation for the purposes of this estimate.

However, with respect to children not taken into care, admissibility is consistently restricted to children who were denied services, received services upon reconsideration, or received services after unreasonable delays. Moreover, the distinction between children who were and were not removed would be irrelevant if both groups were eligible for compensation whenever they were unable to access services. No explanation for the distinction is provided in the CHRT's analysis.

The parties to the CHRT proceeding have apparently assumed that the decision would benefit the large number of First Nations children who were

1. unable to access services as a result of service gaps but did not request those services, and

2. were not taken into care in order to receive those services.[18]

In addition, there is some potential ambiguity as there is no analysis supporting this distinction and the CHRT makes statements, in the context of defining a "service gap", which reject Canada's argument that a service must have been requested for compensation to be provided.[19] For this reason, this report presents the consequences of adopting the interpretation apparently assumed by the parties, i.e. that all children affected by service gaps are eligible, irrespective of whether they were taken into care in order to receive those services.

6. Annex B: Estimation of Affected Children

This Annex outlines the calculations of the size of each group of affected children.

Because systematic tracking of Jordan's Principle claims did not begin until June 2017, claims based on requests submitted between June 2017 and the November 2017 cut-off date are analysed separately from those submitted from 12 December 2007 to June 2017. In addition, the lack of tracking means that the number of children affected by delays and denials essential services prior to June 2017 is highly uncertain.

6.1. 13,000 Under Delayed Claims

200 Under Delayed Individual Claims

Based on PBO's analysis of ISC's operational data between June 2017 and November 2017, there are 219 distinct individuals who received approval for services after more than 2 calendar days had elapsed between the time ISC reported having received sufficient information to make a decision and the request being approved.[20] Without a case-by-case review of the details or a concrete standard, it is impossible to determine whether these delays were unreasonable. Some were in areas where there is little risk of harm from a few days of delay, like education, but most were in areas that are potentially more urgent like respite care and medical transportation.

Between April 2007 and June 2017, a very small number of Jordan's Principle requests were tracked because the federal government had a narrow interpretation of that principle. As a result, data prior to June 2017 is incomplete, which makes it difficult to identify children potentially eligible for compensation in relation to delays prior to 2017.

For the period prior to June 2017, the federal government conducted a retroactive review of its records using the CHRT's broader definition of Jordan's Principle. Among 203 individual requests identified in this retroactive review, 50 claims were approved upon reconsideration. The children who needed the services identified in these requests are explicitly eligible for compensation under the CHRT's order.

Some individual requests approved between 1 April 2007 and June 2017 may have been unreasonably delayed, but these claims cannot be identified from

any available data as they were not tracked. With only 195 unique children having approved claims in 2016, the historical number of individual claims is likely small relative to claims received after that date and historical group claims.[21]

Overall, it is assumed the delay was unreasonable for 200 children.

12,800 Under Delayed Group Claims

Between June 2017 and November 2017, there were 92 communities who received approval for services after more than 7 days had elapsed. To assess the risk associated with these claims, the PBO requested a sample of Jordan's Principle group claims from ISC. The nature of group events funded under group JP's claims are highly variable – "services" might range from community ice-fishing to intensive mental health counselling. Clearly some individuals received essential services under group requests, but that number is far less than the total of the number of children participating in each event.[22]

For the purposes of a rough estimate, it was assumed the each of the 92 delayed group claim provided essential services to 25 children. This roughly aligns with the number of children who received services that would be recommended by a professional – like occupational therapy, physiotherapy, speech and language therapy, and mental health assessments. It excludes activities on the land and social activities.

Across 92 tracked community requests, this would suggest there may be 2,300 children eligible for compensation.

Children would also be eligible in relation to group requests within the scope of Jordan's Principle submitted prior to 2017 that were delayed or denied at the time. This would include examples of Jordan's Principle claims cited by the CHRT, such as a request submitted by Wapekeka First Nation for an in-community mental health team prior to suicides in that community.

There is little information available regarding group requests within the Scope of Jordan's Principle prior to 2017. Prior to 2017, these requests were not systematically identified nor tracked. These requests may have been made to a variety of ISC programs, including public health and education programs. These requests may, or may not, have cited Jordan's Principle. While some of theses requests may have been approved, few requests, if any, would have been approved within the CHRT's subsequently established timelines.

In the first four months of 2017, prior to the CHRT's May 2017 order expanding Jordan's Principle, the federal government received an average of 3.5 group requests each month. Assuming this is the reflects the rate at which requests had been submitted historically, this suggest there may have

been about 420 requests submitted between 2007 and 2017. Assuming each request would have provided essential services to 25 persons, this represents 10,500 persons potentially eligible for compensation.

There is extreme uncertainty around this figure for several reasons. In particular, since May 2017 a large and increasing number of group claims have been submitted. To some extent, this may reflect claims previously submitted to other programs being identified and addressed as Jordan's Principle claims, which would suggest many more children may be eligible for compensation. But it may also reflect First Nations groups submitting more claims because they are aware of the expanded scope of Jordan's Principle or are aware of claims approved under that principle in other communities, which would suggest a similar volume of requests did not exist prior to 2017.

6.2. 100 Under Denied Claims

10 Under Denied Individual Claims

Among the 203 denied requests between 1 April 2007 and 1 November 2017 which were re-reviewed by ISC, 98 were denied upon re-review. Since the re-review was overseen by the CHRT, most of those re-denied claims probably fall outside of the scope of Jordan's Principle. It is assumed that 10 might have been wrongfully redenied and give rise to compensation.

90 Under Denied Group Claims

Between June 2017 and November 2017, there were two communities who had requests for services denied. The denied requests each served less than 50 children. This suggests that at most 100 children could be entitled to compensation in relation to post-2017 denied group claims. It is assumed that 90 children are entitled to compensation in relation to these claims. Group claims denied at the time of request prior to 2017 are assumed to be captured in the above estimate of the number of children affected by delays in the approval of group claims. Since group need is generally ongoing, it is assumed that claims denied prior to 2017 would have been resubmitted and approved after 2017, making them cases of delays rather than denials.

6.3. 90,000 Affected by Service Gaps

Whereas delays and denials refer to services that were requested, service gaps are situations where services were required but not requested.[23]

As explained above, the CHRT order does not require children to be compensated when they were deprived of an essential service due to a service gap unless they were placed in care. Because our previous estimate of the cost of compensating children taken into care included these children, these are not additional eligible children for the purposes of this estimate.

However, the parties to the CHRT proceeding have apparently assumed, in the process leading to the implementation framework, that these children are eligible. [24] So, it is worth estimating the scope of this population who may receive compensation if this interpretation is reflected in an agreement between the parties which is subsequently incorporated into a CHRT order.

Prior to 2017, Jordan's Principle claims were not systematically tracked. As part of its reconsideration of denied claims, ISC attempted to identify and reconsider claims within the scope of Jordan's Principle which might not have been tracked. This involved a search by ISC employees of all their records, as well as a search of newspapers, discussions with regional staff and services providers, and outreach through the Assembly of First Nations. While this process is not subject to any cut-off date, ISC identified 203 claims denied between 1 April 2007 and 2 November 2017, as of 2020. These claims were discussed above.

Nevertheless, the scope of potential untracked claims that could be raised once compensation becomes available is large.

The absence of requests or recommendations does not limit the eligible population. It is quite possible that ISC would have no record of a request for services. It is also quite possible that a service would be recommended by a professional without actually being requested from ISC, especially when published materials indicated that a service was not available and previous requests had been denied. And even if there was never any request or recommendation, families may still be able to make a claim for compensation. While the exact circumstances in which this would occur are not specified, the decision appears to imply that the lack of an assessment, referral or recommendation should not automatically disentitle a claimant where they were unable to access assessment or referral services due to systemic barriers in access to services.[25]

The CHRT clarification decision indicates that "not all supports, products and services as currently approved by Canada since the Tribunal's rulings in 2017 CHRT 14 and 2017 CHRT 35 are equally necessary" and that as a result, "some measure of reasonableness is acceptable" in defining what is an essential service.[26] However, the decision also indicates that children may be entitled to compensation for violations of substantive equality, even if there was no adverse impact on the health or safety of a First Nations child.[27] While vague, it appears this definition would exclude the vast majority of services delivered under Jordan's Principe group requests, like activities on the land and social activities. The CHRT clarification decision also suggests that the

services should generally have been recommended by a professional, which supports narrowing compensation to the types of service that would be recommended by a professional, like occupational therapy, physiotherapy, and mental health services.[28]

The requirement that a service was recommended by a professional, or would have been recommended by a professional but for systemic barriers, roughly aligns the scope of need for which compensation is available with the scope of services now being approved under Jordan's Principle individual requests. As such, it is instructive to look at recent Jordan's Principle claims to understand the scope of need which may have existed historically.

Since expanding its definition of Jordan's Principle, the federal government has approved a large number of individual requests for products and services. In 2019, ISC approved 25,508 individual requests, of which 10,335 were from new and unique children.

The number of new original claims that would have been submitted since 2007 was simulated based on population churn and the specific probabilities of persons with and without a prior JP claim filing a claim in a given month of 2019. Given these assumptions, it is expected that 90,000 unique children would have needed services covered by Jordan's Principle from December 2007 to June 2017. This represents compensation being paid in relation to approximately one in five First Nations persons who were children in 2017 or became adults in the preceding 10 years. While meaningful comparisons are difficult, the Indigenous Services Canada's Non-Insured Health Benefits program paid pharmaceutical benefits to 138,016 registered Indian persons under 19 years of age in the 2018-19 fiscal year alone, about half of registered Indian persons under 19.[29] But, this reflects different services being provided to a narrower population and without accounting for repeat need across years.

There will be a moderate administrative burden to bring a claim. Families would have to provide some evidence that they were recommend, or would have been recommended, a service within the scope of Jordan's Principle.

However, there is no requirement to testify or provide any evidence of harm suffered as a result of not receiving services. In addition, there is also a strong incentive to bring forward claims with $80,000 to $120,000 in compensation available per family depending on the number of caregivers the child had at the time of the recommendation. The financial compensation available suggests uptake could be very high.

As a result, it is estimated that 90,000 unique children affected by service gaps would receive compensation. However, this figure is extremely uncertain.

Notes

[1] 2016 CHRT 2 at para 352.

[2] The term services is used in this report for the sake of brevity as most requests are for funding for services, although medical equipment is also provided and the child may receive either the service directly or funding for the cost of the service.

[3] 2017 CHRT 35 at para 135.

[4] Indigenous Services Canada, Jordan's Principle.

[5] Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016155.

[6] Attorney General of Canada, Affidavit of Sony Perron (3 October 2019) at 15 (Table 1).

[7] First Nation Child and Family Caring Society, Annex B – Clean version of Caring Society's definitions (with essential services schedule).

[8] Attorney General of Canada, Compensation Framework (submitted to the CHRT on 2 Oct 2020, available though the First Nation Child and Family Caring Society timeline), at § 4.2.1; 2021 CHRT 7.

[9] In 2020 CHRT 15 at paras 61-120 no party draw any distinction between children who are and are not taken into care with respect to whether a request was require to be eligible for compensation, even in the context of defining a service gap and whether a request was required.

[10] See endnote 9.

[11] 2019 CHRT 39 at paras 250, 254.

[12] 2019 CHRT 39 at paras 251, 254. 185.

[13] Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016350.

[14] See endnote 8.

[15] The ratio is not 1.5 to 1 because some parents are excluded because their child was removed due to abuse.

[16] While not explicit, this assumption is apparent throughout the submissions of parties summarized in 2020 CHRT 15.

[17] 2020 CHRT 15.

[18] See endnote 9.

[19] 2020 CHRT 15 at para 106-7, 146.

[20] The date on which ISC reports having received sufficient information may not be the same as the date on which the CHRT would consider ISC to have received sufficient information. In addition, due to missing data, it is not possible to determine whether approximately 900 additional claims were approved after more than 2 days had elapsed.

[21] Data provided by ISC 19 Oct 2020.

[22] For the delayed requests, it is difficult to determine the number of children served because of the way in which ISC collects this data. If, for example, a group request funded a series of events in the community, the number of children served would be reported to ISC as the sum of the number of children who attended each event. This is problematic because the same child is counted twice even though they could only be compensated once.

[23] 2020 CHRT 15 at para 106-107.

[24] See endnote 9.

[25] 2020 CHRT 15 at para 117.

[26] 2020 CHRT 15 at para 148.

[27] 2020 CHRT 15 at para 147.

[28] 2020 CHRT 15 at para 117.

[29] ISC, Non-Insured Health Benefits program: First Nations and Inuit Health Branch: Annual report 2018 to 2019 at Figure 4.7: NIHB pharmacy claimants by age group, gender and region: 2018 to 2019

This is Exhibit “H” referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Wen: de

We are Coming to the Light of Day

Throughout the many years of the National Policy Review, we have traveled down many paths –sometimes we have stumbled in the darkness trying to move forward in a good way. We could not see our way forward clearly.

This report provides the clear evidence needed to ensure First Nations children and families receive what is rightfully theirs – a chance to live with dignity, in the ways of their ancestors, safely at home.

The light is beginning to shine – to light our way forward. We can not turn back or stand still – generations are depending on us to go forward – now that we can.

Donald Horne, Kahnawake First Nation
Elder and First Nations Representative
to the National Policy Review (2000-2003).

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A very special note of appreciation to Jordan's family and community who bestowed a great honour and responsibility on all of us by allowing the use of the term Jordan's principle to remind us that in the end this is all about children – and they really do need to come first – all of the time.

First Nations Child and Family Caring Society of Canada
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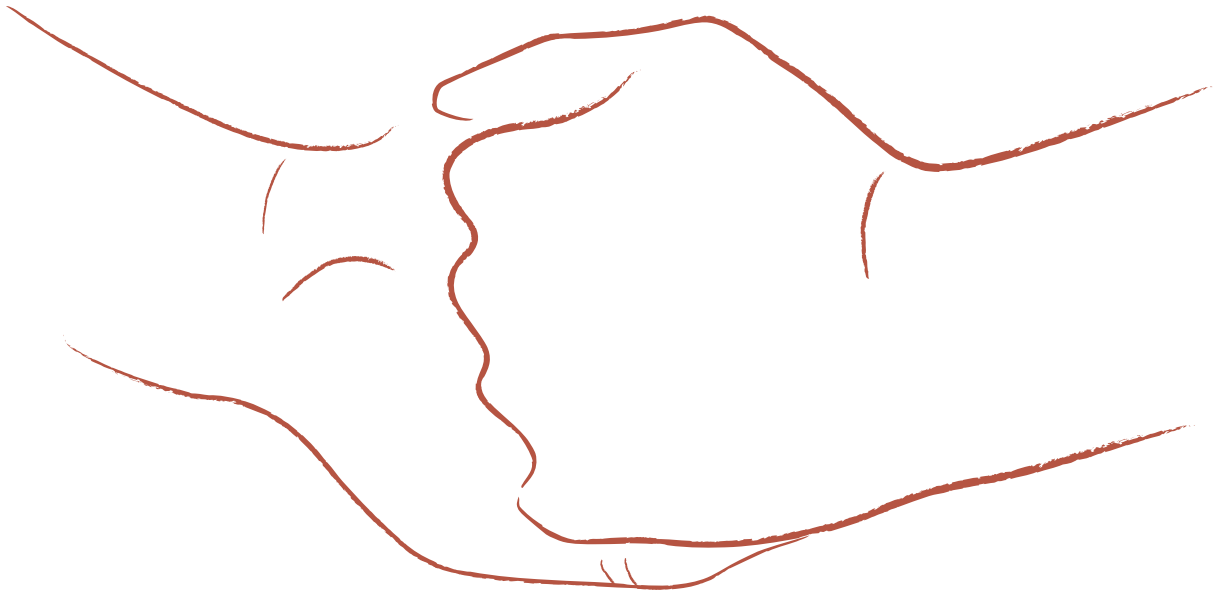
Ottawa ON K1P 5E7
Phone: (613) 230-5885
URL: www.fncfcs.com

Dedication

In memory of Jordan



The moments of your life live strong in the hearts and minds of all who knew you and many who were inspired by you. We join hands with your loving family and community to ensure that when decisions are made for children – the child really does come first.

Honouring

The First Nations Child and Family Caring Society of Canada extends our heartfelt appreciation to Donald Horne, Elder, Kahnawake First Nation and Derald Dubois, Touchwood Child and Family Services who so honorably served as First Nations representatives on the Joint National Policy Review Management Committee giving generously of their time and expertise. Many thanks to the Assembly of First Nations, the Department of Indian Affairs, First Nations child and family service agencies, provincial child welfare organizations, the National Policy Review Funding Design Team, the National Policy Review National Advisory Committee, the Public Health Agency of Canada and the following list of talented researchers who contributed their time and expertise to benefit First Nations children and families:

Dr. Fred Wien
Dr. John Loxley
Dr. Nico Trocme
Dr. Gerry Craddock
Stanley Loo
Kelly MacDonald
Valerie Lannon
Lloyd Levan Hall
Linda Deriviere
Kathryn Irvine
Shelley Thomas Prokop
Corbin Shangreaux
Kylie Walman
Melanie Vincent
Judy Levi
Della Knoke
Bruce Maclaurin
Dr. Barbara Fallon
Kylie Walman
Sarah Clarke
Justin Julien
Kathryn Minichiello
Rachel Levasseur
Jacqueline Ramdatt
Tara Prakash

Many thanks to Michelle Nahanee for her beautiful design and layout work for this report. (***Note from designer:*** This report was printed on 80lb. text weight Environment paper by Neenah. It is made with 80% post consumer recycled fibre and 20% FSC certified fibre. FSC designates fibre from responsibly managed forests. The paper is ancient forest free and was produced without the use of elemental chlorine. Solid ink technology was used in printing this report with no ink waste entering nearby water streams during or after production. ***hoy chexca***)

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WEN:DE Coming to the Light of Day

CHAPTER 1
SUMMARY OF FINDINGS

by Cindy Blackstock, Tara Prakash, John Loxley and Fred Wien

Abstract

This multidisciplinary research project brought together experts in First Nations child welfare, community development, economics, management information systems, law, social work and management to inform the development of three funding formula options to support policy and practice in First Nations child and family service agencies in Canada. This unique research approach involved specialized research projects on the incidence and social work response to reports of child maltreatment respecting First Nations children, prevention services, jurisdictional issues, extraordinary circumstances, management information services and small agencies. These research projects were complimented by the results of twelve case studies of First Nations child and family service agencies in Canada. Findings indicate that First Nations children are over represented at every level of the child welfare decision making continuum including reports to child welfare, case substantiation rates, and admissions to child welfare care. In fact an analysis of child in care data by cultural group indicated that one in ten Status Indian children in three sample provinces were in care as of May 2005. Research results indicate that First Nations child and family service agencies are inadequately funded in almost every area of operation ranging from capital costs, prevention programs, standards and evaluation, staff salaries and child in care programs. The disproportionate need for services amongst First Nations children and families coupled with the under-funding of the First Nations child and family service agencies that serve them has resulted in an untenable situation. Recommendations for policy change and future research are discussed.

Project Overview

[The Committee] is equally encouraged by the establishment of First Nations child and family service providing culturally sensitive services to Aboriginal children within their communities. United Nations Committee on the Rights of the Child Concluding Observations Canada, 2003, Observation 26.

There are approximately three times the numbers of First Nations children in state care than there were at the height of residential schools in the 1940's (Blackstock, 2003). Taken together the 9000 First Nations children in care who are resident on reserve in Canada will spend over two million nights away from their families this year (McKenzie, 2002). Through the years, many have dreamed of making a difference for these children – to allow them to stay safely at home. This research project is dedicated to those children, their families and to making the dream of keeping them safely at home a reality. The most encouraging and important finding of this research project is that there really are things we could be doing for this generation of First Nations children to improve their well being – and in most cases it is as simple as providing them access to the resources enjoyed by other Canadians – but in a manner that reflects their distinct identity.

Recent research has confirmed that First Nations children are removed at disproportionate rates due to neglect (Blackstock, Trocme, & Bennett, 2004). When neglect is unpacked – poverty, poor housing and substance misuse are identified as key drivers (Trocme, Knoke, & Blackstock, 2004). This report is as much about redefining social work to better respond to the needs of First Nations families as it is about providing an evidence base for a renewed, and hopefully, equitable funding regime for First Nations child welfare. The researchers involved in this project represent some of the most renowned experts in Canada. We are honoured they are sharing their knowledge in this report – we know they did it because they believed it would make a difference. However, no report alone can do that – at the end of the day it is up to all those who read this report to mobilize this knowledge into beneficial action that First Nations children can experience – not just hear.

Building on the 17 recommendations of the Joint National Policy Review of First Nations Child and Family Services (NPR) (MacDonald and Ladd, 2000), the National Advisory Committee of the Joint National Policy Review (NAC) requested that the First Nations Child and Family Caring Society of Canada (FNCFCS) undertake research to respond to the research questions identified in Phase One[1] of the research project to inform three possible funding options for First Nations child and family services:

1) **Integrating recommendations of the NPR into the current funding formula, Directive 20-1, Chapter 5 (hereinafter called the Directive or Directive 20-1)**

2) **Linking First Nations child and family service agency funding with provincial child welfare funding levels**

3) **A new First Nations based funding formula.**

The first two possible funding models are relatively well defined with the first having benefited from the recommendations of the Joint National Policy Review on First Nations Child and Family Services completed in 2000 and the second based on standardized provincial funding formulae where they exist. In terms of the restructuring of Directive 20-1, the seventeen recommendations improve funding for First Nations child and family services contained in the National Policy Review were validated in Phase One and formed the primary frame of reference for analysis of this option in Phase Two (excluding the recommendation for a review of the funding arrangement in Ontario which will need to be done under a separate process).

The provincial option is also reasonably well defined although it is not always clear how specific child welfare services are funded within universal provincial social services funding pools. Moreover, as detailed later in this report there were instances where provinces had lost sight of the original funding formula over time and had simply adjusted the rate according to volume and

cost of living indices. Nonetheless, three provinces were identified for further research – Alberta, Nova Scotia and Manitoba and should provide a reasonable basis for determining if linking First Nations child and family service funding to the level of funding provided by the province in their respective area is a viable option.

The First Nations model is potentially the most promising although it is undoubtedly the most difficult to develop as there are no pre-existing funding template models to refer to. The potential lies in the possibility of re-conceptualizing the pedagogy, policy and practice in First Nations child welfare in a way that better supports sustained positive outcomes for First Nations children. There are several theme related studies in Phase Two which will contribute to this model – such as the secondary analysis of the First Nations data set in the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) and the Management Information System report. Although other study methodologies will inform this model, these two studies are particularly important given that any new funding regime should be founded on evidence based research and data – not speculation.

In terms of the CIS, this study describes the characteristics of children and their families who came into contact with the child welfare system over a three month period in 2003 (eight First Nations child and family service agencies participated.) As this is the second cycle of the CIS it is possible to compare results respecting Aboriginal children collected and analyzed as a part of the 1998 study.

The review of management information systems will also be a critical report in that will describe the current capacity of First Nations agencies to collect and report data that could potentially inform a First Nations funding formula model. The MIS review includes key informant interviews with First Nations child and family service agencies using a variety of data management systems ranging from pen and paper to agency based MIS systems.

The research for Phase Two began in January 2005 when FNCFCSA identified an interdisciplinary research team including experts in economics, First Nations child and family services, sociology, substance misuse, community development, management, public administration, management information systems, psychology and law. Methodological approaches for research projects were designed in accordance to the requirements of each research question identified in Phase One. A key method was to conduct detailed case studies of 12 First Nations child and family service agencies and the provinces using standardized questionnaires administered by regional researchers. The surveys include questions describing the range of services currently provided as well as to map out optimal levels of service and the costs associated with ensuring an equitable and culturally based funding formula going forward.

Selected First Nations child and family service agencies were also contacted by experts in management information systems, jurisdictional disputes and child maltreatment prevention services in order to inform the funding formula research. culminating in a report on the findings in June of 2005. These tight time frames have impacted the ability of our research team to fully analyze all aspects of the project. Nonetheless, results suggest that given the variety of research methodologies, the expertise of the research team and the cooperation of First Nations child and family service agencies and the federal and provincial governments have yielded substantial information to guide the National Advisory Committee in its efforts to develop a new funding formula.

This chapter provides an overview of the findings of all research projects and describes the implications of these findings for three funding formula options. In the spirit of transparency, full research reports on specific research areas are published in subsequent chapters in this report except in instances where publication of the report would reveal the identity of research participants.

Guiding Principles

The following set of guiding principles was established by the National Advisory Committee to guide the development of a new funding formula for First Nations child and family services:

- Supports culturally based services
- Consistent with the United Nations Convention on the Rights of the Child
- Ensures equal benefit to children under the law
- Supports preventative services and community development in relation to child maltreatment
- Responsive to the proportion of high needs children
- Accommodates unexpected occurrences
- Responsive to remoteness and service context
- Permits flexibility in allocation of budget
- Provides automatic price adjustments
- Provides adequate funds to meet needs of children in care
- Reflects the mandate of INAC

Research Questions and Methodology Summary

Table One on the following page summarizes the research questions identified in Phase One to inform each of the funding options and the methodology used to respond to each question.

Once all the data was retrieved from the various projects, the principal investigators reviewed the projects to identify how the research findings linked together to inform the three funding formula options. This analysis was presented to the National Advisory Committee for their review and the final report was prepared after having considered their comments.

Table 1: Summary of Research Questions

Funding Formula Option	Research Question	Methodology
Redesign of Directive 20-1	• Prevention • Identifying gaps in the current formula • Extraordinary Costs • Management Information Systems (MIS) • Capital Costs • Implications for small agencies • Jurisdictional disputes	• Principal methodology for all topic areas involves conducting literature reviews and key informant interviews. • Key informant interviews with 12 sample FNCFSA representing diversity in cultures, operating contexts and sizes will inform the development of a questionnaire to be administered to all FNCFSA in the Phase III of the research. • MIS and legal experts conducted independent studies for the MIS and jurisdictional dispute analysis. • Secondary analysis of the Aboriginal sample of the Canadian Incidence Study on Reported Child Abuse and Neglect (2003) informed prevention and gaps research topics. • Focus group conducted for prevention services
Tying the Formula to Provincial Standards	• Identification of funding formulas used by each province/territory • What results would be achieved if provincial formulas were applied to FNCFSA? • Comparative analysis of provincial formula versus Directive 20-1	• Literature review • Key informant interviews with each province/territory to identify funding formula • Key informant interviews with FNCFSA (using sample of 12 agencies) • Analysis of three provincial funding formulas • Analysis of all information by econometrician and policy experts
First Nations Based Formula	• Identification of unique conditions faced by FN communities in CFS. • Best Practices in FNCFSA and conditions that support best practice • Ideal set of programs and services in this context and the cost of delivering them • What adjustment factors would be needed to accommodate different communities • What is the range of funding formula options that could best support a First Nation child welfare system • Implementation steps	• Literature reviews to describe the unique conditions and best practices in FNCFSA and economic formula options. • Key informant interviews with a diversity of First Nations Child and Family Service Agencies (utilizing 12 case studies proposed for option one) • Identification of specific data sets and concordant infrastructure needed to further develop this option. • Canadian Incidence Study on Child Abuse and Neglect

Research Team

FNCFCS was honoured to work with the following esteemed researchers, many of whom are broadly recognized as being amongst the best in their field of research, both nationally and internationally:

Table 2: Researchers for each Research Project

Research Project	Researchers
Canadian Incidence Study on Child Abuse and Neglect-2003 Cycle *	Dr. Nico Trocme, Della Knoke, Corbin Shangreaux, Dr. Barbara Fallon and Bruce MacLaurin
Management Information Systems **	Stanley Loo
Prevention Services ***	Dr. Fred Wien, Dr. John Loxley and Linda DeRiviere
Jurisdictional Disputes ****	Kelly MacDonald, Dr. Gerry Cradock
Extraordinary Circumstances *****	Dr. Gerry Cradock
Remoteness Factor	Tara Prakash and Dr. John Loxley
Capital Costs	Lloyd Levan Hall
Small Agencies ******	Dr. John Loxley, Tara Prakash, Valerie Lannon and Judy Levi
First Nations and Provincial Case Studies	Fred Wien, John Loxley, Cindy Blackstock, Valerie Lannon, Kathryn Irvine, Shelley Thomas-Prokop, Corbin Shangreaux, Melanie Vincent, Judy Levi, Tara Prakash, Justin Julien, Sarah Clarke, Kathryn Minichiello, Rachel Levasseur
Project Coordination	Dr. Fred Wien and Cindy Blackstock
Report Design and Layout	Michelle Nahanee

Research Project Chapter Locater

Research Project Title	Chapter and Page Number
The Experience of First Nations Children Coming into Contact with the Child Welfare System in Canada: The Canadian Incidence Study on Reported Abuse and Neglect *	Ch. 2, page 60
Management Information Systems **	Ch. 5, page 146
Promoting Community & Family Wellness Least Disruptive Measures and Prevention ***	Ch. 4, page 113
Jordan's Principle: A Child First Approach to Jurisdictional Issues ****	Ch. 3, page 87
Extraordinary Costs and Jurisdictional Disputes *****	Ch. 6, page 178
Small Agencies ******	Ch. 7, page 208

Summary of Research Project Findings

1. The Experience Of First Nations Children Coming Into Contact With The Child Welfare System In Canada: THE CANADIAN INCIDENCE STUDY ON REPORTED ABUSE AND NEGLECT

The profiles of Aboriginal families differ dramatically from the profile of non-Aboriginal families. Aboriginal cases predominantly involve situations of neglect where poverty, inadequate housing and parent substance abuse are a toxic combination of risk factors.
(Trocme, MacLaurin, Shangreaux & Fallon, 2005)

Study Design and Methodology

Despite the graphic over-representation of Aboriginal children in the child welfare system in Canada, until 1998 there was no information available on why these children were coming into child welfare care. The 1998 Canadian Incidence Study on Reported Child Abuse and Neglect (Trocme, et. al., 2001) (hereinafter called CIS-98) included Aboriginal children in the study sample, as well as three First Nations child welfare agencies. This national study documents the assessments of social workers on reported cases of child abuse and neglect that came to their attention during a three month period. The study captures information on why the child was reported to child welfare, report substantiation rates, child functioning items, caregiver functioning items and case disposition. This study was replicated in 2003 including eight First Nations child and family service agencies in the sample. The CIS -2003 Aboriginal data sample reflects the experiences of 2,328 investigations involving Aboriginal children: 304 First Nations children served by a First Nation's agency, 1,244 First Nations children served by mainstream agencies and 476 Métis, Inuit, and other Aboriginal children. A new feature of the CIS 2003 analysis is that the sample size of substantiated cases was large enough in some cases to compare the experiences of First Nations children on reserve with First Nations children off reserve, other Aboriginal children and non Aboriginal children. To follow is a brief summary of the secondary analysis of the 2003 CIS data respecting Aboriginal children with the full report appearing in Chapter 2.

Building on the Findings of CIS-98

Secondary analysis of the Aboriginal data in CIS-98 revealed that although Aboriginal children were less likely to be reported to child welfare authorities for physical or sexual violence they were twice as likely to experience neglect (Blackstock, Trocme & Bennett, 2004). When researchers unpacked neglect by controlling for various care giver functioning and socio-demographic factors – they determined that the key drivers of neglect for First Nations children were poverty, poor housing, and substance misuse (Trocme, Knoke & Blackstock, 2004). It is important to note that two of these three factors are arguably outside of the domain of parental influence – poverty and poor housing. As they are outside of the locus of control of parents is unlikely that parents will be able to redress these risks in the absence of social investments targeted to poverty reduction and housing improvement. The limited ability for parents to influence the risk factors can mean that their children are more likely to stay in care for prolonged periods of time. This is particularly a concern in regions where statutory limits on the length of time a child is being put in care are being introduced. If parents alone can not influence the risk and there are inadequate social investments to reduce the risk – children can be removed permanently. The third factor, substance misuse, is within the personal domain for change but requires access to services. Overall, CIS- 98 results suggest that targeted and sustained investments in neglect focused services that specifically consider

substance misuse, poverty and poor housing would likely have a positive impact on the safety and well being of these children.

Providing an adequate range of neglect focused services is likely more complicated on reserve than off reserve due to existing service deficits within the government and voluntary sector. A study conducted by the First Nations Child and Family Caring Society in 2003 found that First Nations children and families receive very limited benefit from the over 90 billion dollars in voluntary sector services provided to other Canadians annually. Moreover, there are far fewer provincial or municipal government services than off reserve. This means that First Nations families are less able to access child and family support services including addictions services than their non Aboriginal counterparts (Nadjiwan & Blackstock, 2003). Deficits in support services funding were also found in the federal government allotment for First Nations child and family services (MacDonald & Ladd, 2000.) This report found that the federal government funding for least disruptive measures (a range of services intended to safely keep First Nations children who are experiencing or at risk of experiencing child maltreatment safely at home) is inadequately funded. When one considers the key drivers resulting in First Nations children entering care (substance misuse, poverty and poor housing) and couples that with the dearth in support services, unfavorable conditions to support First Nations families to care for their children emerges.

Although there has been no longitudinal studies exploring the experiences of Aboriginal children in care throughout the care continuum (from report to continuing custody[2]), data suggests that Aboriginal children are much more likely to be admitted into care, stay in care and become continuing custody wards. It is possible that the over representation of Aboriginal children in child welfare care is a result of the structural risk factors (poverty, poor housing and substance misuse) not being adequately addressed through the provision of targeted least disruptive measures at both the level of the family and community. The lack of service provision may result in minimal changes to home conditions over the period of time the child remains in care and thus it is more likely the child will not return home. This is an area for further study.

Findings of CIS 2003

Consistent with the findings of CIS-98, neglect continues to be the primary reason why Aboriginal children are reported to child welfare authorities. Amongst the various forms of neglect, physical neglect and failure to supervise were the most frequently reported. Physical neglect relates to the caregivers failure to provide adequately for the child's needs such as nutrition, clothing, hygienic living conditions. CIS requires that the social worker suspect or believe that the parent is at least partially responsible for the situation.

CIS -03 data suggests that First Nations children on and off reserve have higher rates of child functioning concerns than their non Aboriginal peers. First Nations children on reserve were more likely to be reported as having depression/anxiety, negative peer involvement, misuse substances, irregular school attendance, and to experience a learning disability than their First Nations peers resident off reserve, other Aboriginal children and non Aboriginal children. On the positive front, First Nations children on reserve were less likely to experience ADD, ADHD, inappropriate sexual behaviour, to have a positive toxicology at birth or young offender involvement than their peers off reserve.

In terms of caregiver functioning, it is clear that First Nations caregivers are facing more pressures than their non Aboriginal counterparts. Although First Nations caregivers on reserve are less likely to be single parents than their non Aboriginal peers, they are more likely to rely on benefits for income and to live in public housing, in unsafe housing, and overcrowded conditions. Alcohol abuse continues to be a key factor affecting 44% of First Nations caregivers on reserve versus 58% for First Nations off reserve, 43% for other Aboriginal caregivers and 11% for non Aboriginal caregivers. First Nations caregivers were more likely to experience drug and solvent abuse (44%) versus 10% for non Aboriginal caregivers. However, the

rates for drug and solvent abuse amongst First Nations caregivers resident off reserve were higher at 58% than amongst other Aboriginal caregivers (43%).

In terms of social worker response, cases involving Aboriginal families were two and one half times more likely to be substantiated (49 per thousand) than non Aboriginal families (19.8 per thousand.) In terms of investigative outcomes, cases involving First Nations children were more likely to remain open for services (68%) versus their non Aboriginal peers (41%). Court applications were also more likely for First Nations children on reserve occurring in 10% of cases versus 6% of cases involving non Aboriginal children. Rates for court applications were slightly higher at 13% for both First Nations off reserve and other Aboriginal peoples. When it came to placement First Nations children on reserve were two and a half times more likely to be placed in child welfare care than non Aboriginal children. Specifically, First Nations children on reserve experienced placement rates of 15% as compared to 6% for non Aboriginal children. First Nations children off reserve were placed in child welfare placements in 16% of cases.

CIS -03 compared where Aboriginal children on and off reserve were being placed once admitted to child welfare care. Overall, children on reserve were three times more likely to be placed in either informal kinship care, kinship care or with a family foster home than their non Aboriginal counterparts.

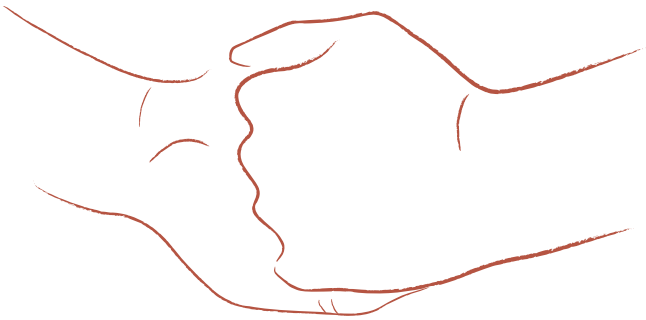
Conclusions

The following concluding statement is taken directly from the CIS report completed for the First Nations Child and Family Caring Society by Trocme et.al. (2005) which appears in full in Chapter 2 of this report:

A number of striking differences emerge from this preliminary comparative analysis of child welfare investigations of Aboriginal and non-Aboriginal children. **From the very outset, Aboriginal children are more than twice as likely to be investigated compared to non-Aboriginal children. Once investigated, cases involving Aboriginal children are more likely to be substantiated, more likely to require on-going child welfare services, more than twice as likely to be placed in out of home care, and more likely to be brought to child welfare court.** The profiles of Aboriginal families differ dramatically from the profile of non-Aboriginal families. Aboriginal cases predominantly involve situations of neglect where poverty, inadequate housing and parent substance abuse are a toxic combination of risk factors. Surprisingly, fewer differences were noted at the level of the children themselves.

The most systematic pattern to emerge from this first analysis highlights the differences between Aboriginal and non-Aboriginal children. It would be helpful to discuss with Aboriginal service providers any on/off-reserve differences that have not been highlighted by this statistical analysis.

Multivariate analyses controlling for some of the differences between Aboriginal and non-Aboriginal families should be undertaken to better understand the factors underlying the differences in service response. **Regardless of these possible explanations, it is apparent that one should expect the cost of providing services to Aboriginal children to be significantly higher given that these cases involve a significantly higher rate of intervention at every point of contact.**



2. JORDAN'S PRINCIPLE: A CHILD FIRST APPROACH TO JURISDICTIONAL ISSUES

Every individual is equal before and under the law and has the right to equal protection and benefit under the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability
Canadian Charter of Rights and Freedoms, Section 15

The spirit of the Canadian Charter of Rights and Freedoms (hereinafter called the Charter) is reaffirmed by Canada signing the United Nations Convention on the Rights of the Child where non-discrimination is a key principle. These principles in domestic and international law provide a foundation for First Nations children to receive equal benefit under the law and should provide adequate incentive for all levels of government to coordinate their policies and programs respecting First Nations children. Unfortunately, as the United Nations Committee on the Rights of the Child (2003) suggests, the lack of coordination between federal, provincial and territorial governments has left open the possibility of uneven implementation of the objects of the Convention.

This report, completed by Kelly A. MacDonald, a Tsimshian lawyer and child rights expert with the assistance of Kylie Walman provides a synopsis of how case law, international law and inquest findings come together to inform the development of a new funding formula that better reflects the non discrimination provisions of the Charter and the United Nations Convention on the Rights of the Child. Ms. MacDonald uses a combined methodology of literature reviews (both for case law and inquests) supplemented by over 20 key informant interviews.

Findings

The research finds that jurisdictional disputes continue to have significant impacts on the lived experiences of First Nations children – particularly those with special needs. Although both the federal and provincial governments embrace the principle that the safety and well being of the child is a paramount consideration, in practice jurisdictional disputes often supersede the interests of children. **The lived experience of this situation is saliently outlined in the case of Jordan, a young child, in Manitoba who remained in hospital for a prolonged period of time due to jurisdictional wrangling between federal government departments as to which department was responsible for paying at home care costs. A sad update is that Jordan passed away before the jurisdictional dispute could be resolved and never had a chance to live in a family environment – the only home he ever knew was a hospital (Lavalee, 2005).**

As key informants contributing to this research confirm, Jordan's experience with jurisdictional disputes is not unique. Efforts to clarify the responsibilities of the federal and provincial governments have been attempted using the court system but as Ms. MacDonald found, existing case law does little to clarify government roles and responsibilities. Lower court decisions such as the decision by Justice MacInnes of the Manitoba Queens Bench find that there is not a clear fiduciary obligation on behalf of the federal government to fund First Nations child and family services. Additionally, a Manitoba provincial court decision found that the provinces have an obligation to ensure equal benefit under the child welfare law for every child within the province irrespective of their views of federal government responsibilities to First Nations children. This suggests that where there is a gap between what

the federal government will fund on reserve and what the provincial statute requires, the province must step in and fund the service. These lower court decisions, however, must be taken within the broader context of Canada's obligations under the Charter of Rights and Freedoms and the United Nations Convention on the Rights of the Child. Ms. MacDonald notes that although there is no existing case law that specifically explores the implications of federal government under funding of child welfare services, perpetuating inequities in child welfare services through inequitable funding regimes is likely inconsistent with Section 15 of the Charter.

As this report notes, the lack of non judicial forums for the resolution of jurisdictional disputes is a problem. This is also evident in the First Nations agency survey responses which indicated that the **12 agencies had experienced 393 jurisdictional disputes this past year requiring an average of 54.25 person hours to resolve each incident.** The most frequent types of disputes were between federal government departments (36%), between two provincial departments (27%) and between federal and provincial governments (14%). Examples of the most problematic disputes were with regard to children with complex medical and educational needs, reimbursement of maintenance, and lack of recognition of First Nations jurisdiction. There were variations in the responses with some regions reporting higher incidents than others which may reflect the uneven development of dispute resolution mechanisms. Although tripartite tables have been established in some regions with INAC, the province and First Nations child and family service agencies, the efficacy and authority of these tables to resolve jurisdictional disputes is unclear and inconsistent. Moreover, as some jurisdictional disputes involve federal, provincial or tribal authorities outside of these core participants it is critical that mechanisms for engaging these groups are integrated into a dispute resolution process. Importantly, dispute resolution mechanisms must be reflective of cultural values and processes of the participating First Nation child and family service agency.

Conclusion: Jordan's Principle to Jurisdictional Dispute Resolution

There is no way to know if implementing recommendation number 4 of the National Policy Review calling for the clarification of jurisdictional disputes involving special needs children would have prevented Jordan's death, but putting Jordan first would have at least provided him with the best opportunity to live in a family environment. Despite the stated intentions by governments, including Canada, the predominant strategy for resolving jurisdictional disputes affecting First Nations children has been to put the needs of the child on the back burner while governments sort out who is going to assume the costs. In far too many cases the government puts its needs before the needs of the child. The predominance of the child second solution in managing jurisdictional disputes is fundamentally inconsistent with our national values, social norms, laws and international commitments. **The well being and safety of the child must be the paramount consideration in resolving jurisdictional disputes – the child must come first in all instances.**

We recommend that a child first principle be adopted whereby the government (provincial or federal) who first receives a request for payment of services for a First Nations child will pay without disruption or delay when these services are otherwise available to non Aboriginal children in similiar circumstances. The government then has the option of referring the matter to a jurisdictional dispute resolution process. Consistent with recommendations made by the Baby Andy inquest we recommend that jurisdictional dispute resolution tables be established to resolve funding disputes between and within federal, provincial and First Nations child and family service agencies. These tables will receive complaints by parties and recommend a resolution.

In Jordan's memory we recommend that this new child first approach to resolving jurisdictional disputes be called Jordan's Principle and be implemented without delay.

3. LEAST DISRUPTIVE MEASURES AND PREVENTION

Our calculations on the cost of child maltreatment in Canada are as follows:

Judicial	$616,685,247
Social Services	$11,780,062,222
Education	$ 23,882,994
Health	$ 222,570,517
Employment	$11,299,601,363
Personal	$ 2,365,107,683
TOTAL	$15, 705,910, 047

This total reflects a minimum [annual] cost to society…The investment of Canadian governments at all levels in social services directed at this serious problem [child maltreatment] represents only a small fraction of billions of dollars lost every year (Bowlus, McKenna, Day & Wright, 2003 P. v)

The projected cost of child maltreatment respecting First Nations children has not been researched in detail. However, considering that Aboriginal children compose approximately 30-40% of all children in child welfare care and the vast majority of those are First Nations, the annual economic costs in Canada are likely in the billions of dollars per annum. The staggering costs noted in the Bowlus e. al. 2003 study are consistent with data from the United States. According to the World Health Organization (2004) **the estimated costs of child maltreatment in the United States in 2001 are reportedly 94 billion dollars or a full 1% of the GDP for the United States.** Alexander Butchart, WHO Coordinator for Violence Prevention notes that "The good news from this report on the economic dimensions of violence is that, according to cost-benefit studies that have been conducted, violence prevention is cost-effective…. Providing graduation incentives for high risk youth and parents or new parents are, respectively, between seven and five times more cost-effective in preventing violence than investing in increased legal enforcement and incarceration." (WHO, 2003 P. 2).

The 1998 Canadian Incidence Study of Reported Child Maltreatment documented an overrepresentation of Aboriginal children in foster care placements and other institutional settings compared to non-Aboriginal children. Although socioeconomic hardship can account for much of this phenomenon, it has been suggested that funding arrangements may also create perverse incentive effects that work against family-based approaches. **In light of this present situation, more suitable alternatives for ensuring the well-being of Aboriginal children are a priority. Prevention constitutes a significant component of the general holistic philosophy of care in First Nations communities and a number of studies have illustrated that setting priorities in prevention is not only fiscally prudent, but also a humanitarian response to child maltreatment.**

The purpose of this study was to identify best practices and least disruptive measures in primary, secondary and tertiary child maltreatment prevention. For the purposes of this study, primary prevention is defined as the range of population based or community development services provided to prevent child maltreatment. Secondary prevention is the range of services provided to children at risk of experiencing child maltreatment. Tertiary prevention is responding to children who are at significant risk or are experiencing child maltreatment. In child welfare legislation in all provinces tertiary prevention services (often termed least disruptive measures) must be exhausted prior to considering the removal of the child from her/his family.

A secondary goal of this study was to identify a realistic level of cost that can be expected by reducing the number of children in care by filling identified prevention funding gaps in Directive 20-1.

Study Design and Methodology

The conclusions of these reports are informed by a literature review on prevention services which was complemented by a one day focus group of

child welfare practitioners, policy makers and researchers. An additional economic cost benefit analysis utilizing data from West Region Child and Family Services Agency in Manitoba was completed in order to inform what savings could reasonably be expected with investments in prevention services over time. It is important to recognize that as the current funding formula inadequately funds prevention services we were limited as to the number of agencies that this type of cost savings analysis could be conducted on. It is important to note that West Region CFS is a large agency which has been in operation for over two decades meaning it was in an ideal position to optimize benefits of block funding. As Dr. McKenzie (2002) notes there are very few other agencies that could benefit from block funding as their economies of scale are too small or they continue to experience fluctuations in costs year over year making setting the base amount for the block a difficult exercise. However, for the purposes of this costing analysis, West Region provides a good indication as to what would be possible if all agencies had access to a holistic and community based range of prevention and least disruptive measures services.

Summary of Findings

There is a general consensus in the literature that child removal should really be the last resort in responding to child maltreatment. This can only be fully realized if there is a focused investment in all three levels of prevention services (primary, secondary and tertiary.) The NPR (MacDonald & Ladd, 2000) found that the current funding formula inadequately invests in prevention and least disruptive measures. Meanwhile the formula does reimburse for services once a child is removed from their family home. **This means that, in practice, there are more resources available to children who are removed from their homes than for children to stay safely in their homes.** Focus group participants echoed this finding and urged strategic and sustained investments in prevention services which would provide families the best opportunity to have their children remain safely in their homes. These services, however, must be reflective of local culture and context and also consider the broader structural risks that impact on child safety such as community poverty, lack of infrastructure and inadequate or overcrowded housing.

Many First Nations child and family service agencies work with families where the children are experiencing, or are at significant risk for, child maltreatment. Focus group participants see a direct relationship between the lack of primary and secondary prevention options that could mitigate family crisis and the high proportion of families who experience family crisis and child maltreatment. If social workers do not effectively respond to early symptoms of child maltreatment and/or family crisis then problems can escalate both in terms of degree and scope creating conditions where removal of the child is the only option. It is suggested that providing a diversity of primary and secondary prevention services would reduce the scale of crisis-related interventions. Currently these services, if offered, are fragmented and poorly funded. Also the Directive does not allow flexibility to work with other departments to jointly undertake prevention projects – funding agreements are structured in such a fashion that stove piping of services is the end result. This needs to be changed to promote more interdisciplinary and holistic prevention interventions (i.e: development and implementation of programs in partnership with addictions services, health or band schools.)

The classification of prevention in terms of primary, secondary and tertiary as used in the literature is to some extent, incongruent with the notion of holism in Aboriginal terms where program strategies often entail a continuum of overlapping and interlocking child welfare services comprising all three levels of prevention. The new funding formula should encourage a seamless continuum of prevention services that allow children and their families to transition easily between programs.

Overall focus group participants echoed the findings of the literature review. There was general consensus that the current funding formula works against a comprehensive prevention agenda for

First Nations agencies. Participants emphasized the need for an increased investment in all aspects of culturally based prevention programs whilst ensuring the maintenance of prevention programs that agencies have been able to establish. The major outcomes of the focus group were as follows:

- Prevention is conceptualized as a front-end investment in people and should be reflected in prevention oriented legislation and funding arrangements.
- The need for a multidisciplinary collaborative approach to intervention.
- There is a need for a contextual framework encompassing broader community related environmental factors and socio-demographic issues.
- Flexibility and sustainability in funding is needed to support prevention programs which respond to the range of risk factors affecting child safety including structural risk.
- There is a need for adequate funding to build infrastructure and human resource capacity to design, deliver and evaluate prevention programs. This is particularly acute in remote communities.
- Building the FNCFSA human resource base and community volunteer capacity in First Nations communities for prevention programs is identified as a priority.
- The need for development of a comprehensive plan relating to capital requirements such as office space, vehicles and computer systems needed to operate prevention programs needs to be addressed.

Cost-benefit Analysis

A cost-benefit analysis was conducted to determine the realistic savings that can be expected by reducing the numbers of children in care using West Region Child and Family Services as an example. **Consistent with the findings of Bowlus et. al. (2003) and the World Health Organization (2003), the calculations demonstrate substantial returns on spending geared toward prevention. It is important to emphasize that reductions in children in care should be conceptualized as an outcome of programs intended to strengthen families and communities.** It is equally important that artificial means of reducing children in care be avoided. For example, in some mainstream regions reduction in child in care numbers have been achieved by reducing the maximum age children can be in care to 16 years. This approach to reducing children in care is not only poor practice, it is inconsistent with federal age of majority (age 18) and the age of majority set out in the Convention on the Rights of the Child (age 18.) Reductions of children in care need to be conceptualized as a positive long term outcome of supporting healthy families. To achieve this there is a need to re-direct policy in favor of primary and secondary services as a principal component of the casework model, while continuing adequate responses to more complex cases of high risk and family conflicts. The cost-benefit analysis confirms that a shift in focus must be directed to family preservation and reunification wherever possible. **A detailed analysis of the cost benefits of West Regions investment in a continuum of primary, secondary and tertiary prevention services revealed that 1.5 million dollars was saved each year as more children were able to stay safely at home versus being placed in child welfare care. This clearly demonstrates that doing the best thing for children and their families can, over the longer term, result in economic benefits as well.**

Gaps In Formula

Analyzing the current national funding formula from the perspective of the general holistic philosophy of care recommended by First Nations experts reveals a number of significant gaps. One of the key gaps is that the cost of living adjustment in the current formula has not been implemented since 1995. Focus group participants felt that this had resulted in a reduction in overall funding for First Nations child and family service agencies across all service areas including prevention as they could not keep pace with inflation. Their opinion was later validated by the Dr. Loxley's analysis of the cost of living that appears later in this chapter.

Although prevention is a significant aspiration of First Nations agency programming, the funding provided by the current formula is insufficient

to meet needs in primary, secondary or tertiary (least disruptive measures) prevention services. Another complication is that agencies have been disallowed prevention based expenditures that they have billed as a part of the child maintenance. It is an expectation of all child welfare statutes in the country that once a child is admitted to care; the child welfare authority has to provide services to the family and the child to optimize conditions for the child's safe return. In many cases, agencies find themselves in a catch 22 situation – they have inadequate funds in the operations pool to pay for these services and then regional INAC staff would disallow the expenditure if it was billed under maintenance. This means that agencies in this situation effectively have no money to comply with the statutory requirement to provide families with a meaningful opportunity to redress the risk that resulted in their child being removed. More importantly, the children they serve are denied an equitable chance to stay safely at home due to the structure and amount of funding under the Directive. In this way the Directive really does shape practice – instead of supporting good practice. There is a clear need to amend INAC policy, or interpretation of policy, to recognize the need to provide family and child supports to children in care.

The issue of compulsory services under provincial statues versus discretionary programs is also an area requiring further attention. There are several categories of discretionary costs consistent with Aboriginal values such as preventative community development expenditures which are not uniformly reflected under statutory legislative standards and therefore are not funded.

Three broad funding recommendations with the goal of suitably redistributing funds to reflect lower maintenance costs and an increased percentage of funds for prevention and community development or family healing support initiatives are:
1) a multidisciplinary team approach to funding, 2) linking prevention funding to children in care and/or families receiving services and 3) linking prevention to agency capacity to implement and evaluate programs.

Conclusion

Many **First Nations child and family service agencies work with families who could avoid experiencing significant family crisis or child maltreatment if they had received primary or secondary prevention services.** Providing an adequate and sustained amount of funding for the development of a holistic and culturally based continuum of primary, secondary and tertiary prevention services would go a long way to ensuring that child removal is a last resort for First Nations children. This finding is consistent with recommendations made in both the NPR and in CIS-98.

There are strong social work and economic cases for making prevention a priority with substantial fiscal and societal savings. Unfortunately, the current funding formula does not adequately provide for prevention programming and may in fact, discourage prevention by under funding the continuum of services that the operations formula was intended to support. Still, some First Nations agencies have been able to implement successful prevention programs through the diversion of maintenance dollars under a block funding arrangement. As the use of maintenance funds in this manner is subject to uncertainty, it is not an option exercised by all agencies.

A separate budgetary provision is recommended for both primary and secondary prevention. In addition to this a separate budget for least disruptive measures which would include services to children in care so that they can safely return home needs to be established. The efficacy of these programs could be supported by incorporating flexibility in funding use to promote interdisciplinary approaches.

4. MANAGEMENT INFORMATION SYSTEMS

The December 2002 Report of the Auditor General of Canada concluded that First Nations agencies must rely on computer technology to manage currently cumbersome and excessive federal

> **reporting requirements. All agencies agree with this totally and want to have their own information system tailored to their needs for a variety of reasons, but absence of technology funding has been the most major problem. Currently, very few agencies have their own system, and they can barely afford it or keep it working smoothly due to constant lack of funds. (Loo, 2005, P.28)**

Study Design and Methodology

This research report was completed by Stanley Loo who is broadly acknowledged as a leading expert in child welfare information systems having been retained by the Provincial and Territorial Directors of Child Welfare and the University of Toronto, Faculty of Social Work to complete a national child welfare outcomes data project. The specific research questions in the Phase One study were:

1. What kinds of MIS systems are currently in use by FNCFSA and how do they compare with provincial systems?
2. What kind of MIS system is required to meet agency requirements and ensure adequate interfaces with provincial and national data systems?
3. What are the costs of developing and maintaining such a system?
4. What are the implications for a funding formula budget?

Methodological approaches included key informant interviews with eight First Nations child and family service agencies representing all regions except Alberta where we were referred to the province as all agencies use the provincial data base system. Provincial government staff were interviewed from all regions except Quebec and British Columbia where MIS contacts were either unavailable or unknown. Additionally, three external MIS experts who provided services to First Nations child and family service agencies were interviewed.

Summary of Findings

The Auditor General of Canada (December, 2002) has recommended that First Nations make greater use of information management technology to manage federal reporting requirements. FNCFCSA interviewed for this research project are supportive of this recommendation but are unable to implement it due to inadequate funding for MIS in the current funding formula. . Findings indicate a diversity in terms of existing MIS capacity. Additionally, Mr. Loo argues that MIS funding should be linked to agency office structure, location, data collection and management needs and capacity. There is no support for linking MIS to child population as in the current operations formula.

Additionally, findings of this report indicate that, despite the recommendations of the Auditor General of Canada (December, 2002) to streamline reporting requirements using information systems as a tool whenever possible, there is a broad variation in the data management systems being used by First Nations child and family service agencies in Canada. Additionally, most agencies expressed a desire to develop their own data management systems which would facilitate data collection for policy making and evaluation purposes and support the reporting needs of tribal governments, INAC and the provinces. A very small number of agencies have developed these systems and in some cases have licensed the resulting product for use in other First Nations communities. Agency based MIS systems, however, are still the rare exception with the vast majority of agencies having inadequate MIS capability. Currently there is broad variation in MIS capacity within First Nations agencies ranging from pen and paper operations to agency developed information systems. There are also a number of agencies who are using the provincial government's case management system but operate separate data collection regimes to collect reporting data required by INAC. It is likely that variation in MIS capacity is related to the amount of operational funding available to the agency – in general large agencies were in a better position to fund MIS services than small agencies.

Moreover, the structure of agencies varies from single office operations to multiple site structures as do the distribution of agencies in rural, remote and urban centers. Both of these factors – agency structure and location influence the MIS needs of agencies.

Another complicating variable is that First Nations child and family service agencies are often required to report to the provinces and tribal leadership on service quality whereas they need to report to the Department of Indian Affairs in order to sustain funding. Although most provincial governments invite agencies to use their data systems (at no cost or on a fee for service basis) agencies must have adequate computer systems/ staff to take advantage of this option. Moreover the provincial computer system option is limited as the systems are designed with the human resources and MIS capacity of the province in mind and are intended to achieve provincial government data collection and reporting requirements. We have not identified an example where a province involved First Nations child and family service agencies in key design elements of the provincial data collection system. Taken together these issues have resulted in many First Nations identifying concerns with the use of provincial systems. For example, there is no harmonization between provincial data systems and INAC data systems thus agencies experience redundancies in data entry – increasing personnel costs. Additionally, agencies reported navigation problems in provincial systems or with province imposed restricted access to systems modules.

In order to analyze the computer hardware needs of diverse agencies – Mr. Loo proposes linking MIS costs to agency structure, location, data collection and reporting needs according to the following agency typologies:

1. Single agency office less than 75 computers
2. Single agency office more than 75 computers
3. Multiple locations (head office and other branches.

The shortcomings in information management systems impact the ability of First Nations child and family service agencies to collect data that would inform promising policy and practice solutions. As noted by the Nico Trocme (2003) collecting consistent data on children and families coming into contact with the child welfare system is critical to being able to understand what practices are effective in child welfare and which are not. In terms of First Nations child and family service agencies there is limited capacity to collect data on outcomes measures. Current data collection is often restricted to that required by INAC and child welfare regulatory agencies. INAC reporting requirements for FNCFSA vary depending on the funding methodology used but as the Auditor General of Canada (December, 2002) reports, information collected by INAC generally consists of a Child Care Notification Form which is submitted by the FNCFSA on the 10th day of every month in order to receive reimbursement of expenses. The form is completed when the child is removed from the home and requires the following information:

- Child information (name, date of birth, address and health insurance number)
- Date of removal and residence of the child at time of removal
- Legal status of the child pursuant to provincial statute
- Parental information including information on legal custody and Indian status
- Identity of the caregiver if someone other than the birth parent
- Identify of fiscally responsible entity (i.e: provincial child welfare, INAC, health, justice, etc.)

Consistent with the concluding remarks to Canada made by the United Nations Committee on the Rights of the Child (2003) disaggregated data would provide some guidance to First Nations child and family service agencies on children in care but the data INAC currently collects was not designed to inform policy and practice decisions on critical factors such as why the children are coming into care, services provided to children at risk while living in the family home, longitudinal experiences of children post removal. It is important to note that although INAC collects some child welfare

data for its financial reporting purposes, it is not consistently reported in public documents at a regional or national level. This limits the policy impact of even the limited amount of data that is currently collected. The further development of MIS capacity in First Nations child and family service agencies will augment their capacity to collect outcomes measures on children and families coming into contact with child welfare thereby informing evidence based policy and practice solutions.

Conclusions:

We recommend that each agency be assessed for capital MIS equipment and infrastructure needs in order to bring them to the minimum standard recommended by Stanley Loo in his report. Moreover, the new formula should include adequate funds for MIS staff training, system upgrades and maintenance.

In addition to these recommendations, Stanley Loo offers the following conclusions taken directly from the report completed for the First Nations Child and Family Caring Society:

1) How to determine how much an agency needs to acquire an information system is a critically important but exceedingly complex issue. Determining technology costs goes way beyond, for example, counting number of workers or cases served, or size of on-reserve child population. The kind of computer equipment needed, hence the cost, is mainly determined by:

- The type of information system an agency needs and the features desired.
- Adequacy of computer equipment in use, i.e., which existing computer hardware and software items need to be upgraded or replaced, and what additional equipment is needed.
- Geographical spread (number of locations) of the organization.
- Size of the organization.

The third and fourth conditions also influence the design of a technological infrastructure needed to support an agency's information system. These four factors are the key determinants of technology costs in the case of FNCFSAs.

2) The report also shows that the cost of an information system or database application itself is actually quite small, compared to the cost of the technological infrastructure required. However, it is extremely important that the right database application is used otherwise serious usability problems will surface sooner or later.

3) In making decisions concerning selecting an information system, identifying the types of computer hardware, software and related requirements, and estimating costs, it is always useful, and actually important, that agencies follow a consistent framework. Otherwise agencies could easily lose sight of the purpose of an information system and/or end up acquiring inappropriate technology. For this reason, the report includes a number of checklists or sets of criteria for, respectively:

- Helping an agency to determine the adequacy of its existing hardware and software, as per requirements of a typical agency-level information system,
- Helping an agency currently without its own information system to decide whether to develop its own system or to lease a commercial system.
- Showing an agency how to select a commercial information system.
- Helping an agency to identify the "typical" mix of computer hardware, software, peripherals, remote access options and associated considerations needed to build a technological infrastructure based on agency size and geographical spread. (Suggestions for technology refresh are also included.)

In addition, two other sets of information are included:

- Information system or database features deemed essential for meeting expectations regarding outcomes measures, program performance monitoring, electronic data exchange, ad hoc data or report requests, etc.

These are above and beyond day-to-day agency service delivery and management requirements.

- Prevailing cost (regular price as well as special discounted price for charitable organizations, where available) of each hardware, software, or service item. Most of the hardware and software prices are standard across Canada, although service charges may vary between regions and/or suppliers.

4) Given the high degree of complexity of the subject, it is important to treat this framework of information or checklists as educated guidelines, which may require adjustment when they are applied to individual agencies. Situational needs and other factors hitherto unknown or that may surface later, as well as constant technological advances necessitate periodic adjustment to this set of information to ensure currency and continual applicability. It is also suggested that agencies engage a technical consultant to help identify the specific technology they need to match agency characteristics, using the checklists as a reference guide. This person should be familiar with Microsoft server products, database development, computer hardware, and infrastructure design and implementation.

5. EXTRAORDINARY COSTS AND JURISDICTIONAL DISPUTES

Under the current formula, First Nations child and family service agencies are reimbursed for child welfare services provided to Status Indian children on reserve. Unlike the provinces, First Nations child and family service agencies operate on a budget that should theoretically zero out at the end of each fiscal year –there is no process in the Directive to deal with cost overruns or unexpected costs. As Dr. Cradock notes the problem is that the costs of child welfare are not predictable enough to respond to this rigid zero based funding structure in the formula. Provinces also typically receive an annual fixed budget, but they can also appeal to the provincial treasury board or a similar structure for additional funding should an unexpected event occur. First Nations child and family service agencies do not have this type of safeguard.

Additionally the overall under-funding of First Nations child and family service agencies mitigates their ability to respond effectively to what would be "normal" circumstances in provincial child welfare systems (e.g: changes in legislation or special protocol investigations (such as investigating child welfare staff) and thus the realm of what is considered an extraordinary expense expands.

Community infrastructure also impacts conceptions of what is, and what is not, extraordinary. The fact that First Nations have varying degrees of community infrastructure influences their ability to respond within and across community services to extraordinary events. This report reviews the nature of extraordinary circumstances whilst providing recommendations for response.

Study Design and Methodology

The information for this study was gathered from a review of literature, a review of policies from nine provinces (British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, Nova Scotia, New Brunswick and Newfoundland) and survey data from 12 First Nations Child and Family Service Agencies.

Findings

The report begins by outlining two primary challenges when examining extraordinary circumstances:

1) the boundary between extraordinary costs and jurisdictional disputes is not always clear
2) The conceptualization of what is an ordinary or extraordinary event is significantly linked to the First Nations community context in which the event occurs. Thus it is critical to understand the community context in order to

judge whether or not something is extraordinary or not.

In terms of interface between extraordinary costs and jurisdictional disputes, aggregated survey results from First Nations child and family service agencies indicates that eleven of twelve agencies in the sample experienced jurisdictional disputes. Taken together they reported 393 jurisdictional disputes this past year. The frequency of these disputes varied widely with agencies reporting anywhere from 1 to as many as 165 disputes within a year. The amount of time and human resources taken to resolve these disputes was in itself extraordinary. Over the duration of one year, the resolution of each dispute took an average of 54.25 person hours with some disputes taking up to 200 hours of staff time to sort out. The human resource costs related to resolving jurisdictional disputes make them an extraordinary cost for agencies which is not covered in the formula.

Although it is fair to say that provincial child welfare agencies also experience jurisdictional disputes, FNCFSA face the additional burden of sorting out the federal/provincial jurisdictional disputes arising from Section 88 of the Indian Act or disputes between different federal government departments over the funding of services to Status Indian children that are not likely to occur at the same rate or in the same form for provincial governments. This is typified in the FNCFSA survey responses with six of the nine responding agencies reporting persistent disputes between the federal government Departments of Indian and Northern Affairs Canada (INAC) and Health Canada over funding for non-insurable medical costs. Problems with jurisdictional disputes between federal departments are more likely to occur for agencies responsible for remote communities. These types of disputes delay or withhold necessary non-insured health benefits. Children with complex developmental, mental health and physical health issues are particularly impacted by the resulting delays in service.

The second type of jurisdictional dispute, reported by four agencies, is between the federal government and provincial child welfare agencies. The principle disputes in this area revolve around figuring out which government (federal or provincial) is responsible to fund child welfare services which are required by provincial statute or policy but are not funded by INAC within current authorities. This type of dispute was reported by a third of agency respondents who indicated that these disputes consume a considerable amount of agency time.

Consistent with the findings of Irvine (2004), this report found that the unique context of First Nations communities directly influences the definition of what is and what is not an extraordinary circumstance. Given the variance in geography, community size, access to services and degree of community social development there are vast differences in conceptions of extraordinary amongst First Nations and between First Nations and the rest of Canada.

In comparison with other Canadians, the high levels of socio economic need, the experience of colonization and the comparative lack of service infrastructure means that many events that would be described as extraordinary in the overall Canadian context are ordinary in the First Nations experience. For example, best estimates indicate that one in ten Aboriginal children are removed by child welfare authorities whereas the rate for non Aboriginal children in one in four hundred; graduation rates for non Aboriginal children are three to four times higher than for First Nations children. This boundary between extraordinary and ordinary is complicated. The assignment of "ordinary" to circumstances experienced by First Nations children and families which would be extraordinary by other Canadians can serve to normalize the perception of the risk and moderate the type of urgent response one would expect from all levels of government.

Similarly, First Nations also have diversity in contexts, cultures, community development and history that impact on their definitions of what is extraordinary and their ability to respond thereto. For example, what may be described as ordinary in a remote First Nations community may constitute the extraordinary in an urban First Nation. For example, one remote community described how social workers had to pass by bears and travel

over partially thawed ice to get to a community in the spring time. Although dodging the bears is an everyday activity for a remote community it would likely be an extraordinary circumstance in an urban community. The reverse is also true, what may be considered ordinary in an urban First Nation may be extraordinary in an isolated community. For example for one urban First Nation in this sample reports that it has no less than four types of transportation lines cutting through their reserve lands creating hazards for children and adults alike.

A community capacity assessment is proposed as a means to gage community context and ability to respond to extraordinary circumstances and to help distinguish between ordinary and extraordinary local events

Incidents of extraordinary costs were reported by six agencies in the FNCFSA survey. Agencies reporting extraordinary costs reflect the concerns expressed with jurisdictional disputes in the sense that extraordinary costs are associated with isolated and high needs communities. Reported costs are primarily related to travel associated with providing services in extraordinary circumstances or due to costs linked with lack of specialized services and resources and costs.

Events that are unanticipated, unforeseen or outside normal risks are not reflected in the First Nations survey data on extraordinary costs although key informant interviews identified incidence such as a series of youth suicides as being an extraordinary event. The survey data suggests that what is considered extraordinary is a body of predictable and repetitive events for which agencies are currently unable to respond due to funding issues or established jurisdictions cannot or will not take responsibility.

Conclusions

Much of what is considered within the parameters of jurisdictional disputes and extraordinary costs are in fact neither. Instead, in approximately half the cases these disputes and costs are actually problems related with under funding. More specifically, lack of funding for the particular circumstances of certain agencies. Degree of community isolation appears to be a variable in both jurisdictional disputes and extraordinary costs and agencies serving isolated communities are particularly impacted. In addition to the following recommendations proposed by Dr. Cradock, the research team endorses the recommendation by Kathryn Irvine (2004) that funds be set aside to promote inter-agency cooperation in extraordinary circumstance reports such as investigations of staff members or incidents of multiple abuse.

The recommendations based on the findings of this study are:

1. Community Capacity Assessments:

Community capacity assessments are recommended as a means of distinguishing between ordinary and extraordinary local events and as a means of assessing the particular needs of communities serviced by agencies. These assessments would also include an inventory of existing resources and infrastructure that could be activated to respond to exceptional circumstances. This assessment would provide a baseline for the assessment of First Nations child and family service agency requests for extraordinary circumstance funding.

Prevention is, of course, the best strategy for avoiding jurisdictional disputes and community capacity assessments may be instrumental in this regard. It is strongly recommend that a change in the current federal funding to First Nations child welfare agencies must include a provision for community capacity assessments.

2. Committee Structure

From the perspective of jurisdictional disputes and extraordinary costs, a major recommendation is for improved relationships between Health Canada and INAC. Increased cooperation between these agencies would save considerable effort and expenditure agencies are currently taking on. The establishment of interagency committees with an independent discretionary budget for family and children's services may be instrumental in helping to resolve disputes and sustain the process of networking and cooperation

between staff and government departments.

3. Funding For Mediation

A funding mechanism to provide mediation services for jurisdictional disputes where applicable is suggested. This would provide a separate budget which agencies could utilize to engage a mediator in the resolution of jurisdictional disputes.

4. Increased Funds For Travel

Increased funding for travel is required particularly for agencies serving remote communities even for day to day operations let alone extraordinary circumstance response. The formula for operational funding must reflect actual demands placed on agencies by various provincial legislative requirements. As agencies do not have control over shifts in provincial legislation and policy, the operational formula will require regular scheduled reviews to monitor changes in provincial requirements.

5. Establishment Of A Central Extraordinary Circumstances Budget

Establishment of a central budget administered either by INAC or by a committee system to ensure adequate funding for agencies on an as-needed basis. Extra costs generated by special institutional care, is one example of where these funds would be directed. As well, the funding formula for maintenance should be adjusted to recognize the real incidents of complex special needs amongst on reserve children in care. The formula should take into account both residential costs and costs for the purchase of necessary professional support. The research team recommends that this amount be set at an initial, and minimum, value of 2 million dollars to be adjusted annually according to volume and price.

6. Consideration Of Legal Liability

Considerations must be made for the potential extraordinary costs related to liability exposure stemming from the discrepancy between agency's legal responsibility to protect children and level of resources to fill this legal mandate. This is of particular concern for agencies serving isolated communities where there is a gap between the agencies legal responsibility to protect children and the actual resources available to do the job.

7. Independent Advocate

A formal independent advocate representing First Nations children would ensure the voices of First Nations children are heard and that resources designated for the maintenance of these children are not diverted elsewhere such as to the resolution of jurisdictional disputes. The advocate must have an investigatory mandate and access to federal decision-making processes.

6. FIRST NATIONS CHILD AND FAMILY SERVICE AGENCY SURVEY RESULTS

A key research methodology used in this report was to conduct a detailed survey of 12 First Nations child and family service agencies. These agencies were selected on the basis of the following criteria:

1) Balance of urban, rural and remote locations
2) Francophone and Anglophone agencies in Quebec
3) Balance of small, medium and large agency sizes
4) Fully delegated and partially delegated agencies in British Columbia
5) Two agencies in each of six regions (BC, Alberta, Saskatchewan, Manitoba, Quebec, Atlantic (New Brunswick and Nova Scotia)

All agencies were compared against these criteria and a sample of 12 agencies was selected and presented to the National Policy Review Funding Design Team who finalized the selections. Taken together the agencies broadly reflect the diversity of First Nations child and family service agencies.

The surveys were completed by the First Nations child and family service agencies with the assistance of a researcher in each region. All regional researchers received training on the use of the standardized survey instrument and were also supported by a researchers guide to ensure standardization of process and ability to compare results across surveys. Confidentiality of survey responses is ensured through the presentation of findings in aggregate form only.

Findings

To follow is a summary of the aggregate agency survey responses by major research category. Please be advised that in some cases agency surveys were considered along side the findings of a separate research project to inform the conclusions and recommendations regarding the funding formula options.

Please also be advised that the number of responses for some questions is more or less than the sample size of 12 agencies. For example, some agencies may have multiple offices so in questions relating to office space there may be more than 12 responses or if the question relates to remoteness not all agencies will be in remote locations so the number of responses will be reduced.

In reviewing the findings and consulting with the regional researchers it was clear that many agencies had difficulty estimating the costs of services that they would like to provide but do not currently provide. This is not surprising given that accurate program costing would entail knowing the design of the program, the setting in which it is being implemented and then costing out the budget associated with this program.

A. General Background Question

The vast majority of agencies in the sample were fully delegated (91.7%) and were therefore delivering the full range of child welfare services. Only one agency was operating under the partially delegated model providing guardianship, voluntary care agreements and family support services.

First Nations agencies report a misalignment between what the Directive funds and what the needs of the community are. The developmental approach contained in the Directive for the development of new agencies requires a community needs assessment but does not in any way link funding to it. First Nations agencies in the sample were asked if they had ever conducted a needs assessment of the community in relation to child welfare services. Three quarters of the agencies had completed such an assessment suggesting that if a more needs based approach was undertaken many FNCFSA have at least a baseline for knowing what the community needs are.

Records management requirements and mechanisms have evolved significantly over the fifteen years the Directive has been in place. This is in tune with an increased public and legal sensibility related to confidentiality and client access to records. 91.7% of the agencies stated that they have a records management policy for child-in-care files which were guided by laws or

Table 3: Cultural Placement Match For Children In Care Of First Nations Child And Family Service Agencies

Placement Type	Number of Responses for Placement Type	Number of Children in Placement Type	Number of Responses for Cultural Match	Cultural Match (%)
Kinship Care / Family Placement 'restricted'	8	257	8	99.75%
Non-relative foster home	7	127	7	63%
Respite care home	10	0	10	100%
Group home	5	48	2 (10 children)	20%
Institution	7	49	7	17.85%

regulations covering the storage of child-in-care records in their agency. There is currently no specific funding in the formula to account for statutory or regulatory requirements regarding records management.

B. Children in Care

When asked if the amount of funding provided under the funding formula is adequate to meet the need of children in care, only 33.3% of the agencies said yes. Of the 33.3% of the agencies which responded yes, 8.7% indicated that the formula is adequate to meet the needs of the children in care, so long as that funding that is provided in a block funding arrangement – the other 25% of the agencies did not indicate why they felt funding was sufficient. An overwhelming 66.7% of the agencies indicated that there was inadequate funding in the formula for children in care particularly in relation to prevention services and in home supports.

Many First Nations child and family service agencies have indicated that one of their primary objectives was to place First Nations children in care in culturally matched placements. As Table 3 indicates, First Nations child and family service agencies have to their great credit, largely achieved that goal. Please note that the number of responses to individual questions varied thus we have indicated the number of responses for each placement type identified in Table 3.

The provinces do not uniformly collect information on cultural match so comparative statistics are difficult to access. The British Columbia Children's Commissioner found in 1998 that only 2.5% of Aboriginal children in the care of that province were placed in culturally matched homes despite a statutory obligation to give preference to Aboriginal homes (British Columbia Children's Commission, 1998).

When asked what, if any, impact increased investment in prevention and least disruptive measures services would have on children in care numbers over time, most agencies felt that over time the numbers of children in care would decrease. Estimates of the reduction of children in care over ten years averaged at about 50% but some agencies noted that there might be shifts in categories of care with fewer children entering care by court order and more by agreement as parents increasingly access support services.

The agencies were unanimous in their belief that increased investments in prevention and least disruptive measures services would benefit children in continuing custody (in care under court order until the child reaches the age of majority.) A response by one agency was echoed in the responses of the others:

"Children in care would emotionally/ psychologically improve because their family or

caregivers would be functioning better – their placements in foster care would be more stable. Since many children are placed in their communities with extended family members, these children would have more access to their natural family through increased visits. In some cases, permanent orders of guardianship could be rescinded after a successful trial reunification and these children could be discharged from care and returned to their natural families"

Other expected benefits include:

- Support the child in reestablishing family and community relationships
- Programs to support the cultural identity of the child
- Assistance with preparing the child for independence by creating a holistic continuum of support around the child.
- It may be possible to return some children to their parents with support.
- Quality of life supports such as personal and family counseling

Key informants advise that the degree to which INAC allows for reimbursement of prevention services related to children in care varies widely between regions. Prevention and least disruptive measures clearly have benefits for both children at risk living at home, children in temporary forms of care and children in permanent care. INAC Treasury Board authorities should be reviewed to ensure that an adequate and equitable full range of prevention and least disruptive measures are available across the country.

C. Board Costs (Incorporated Boards and Advisory Boards / Committees)

Incorporated Non Profit Agencies

Among the 12 agencies surveyed a large proportion (75%) are registered non profit organizations with a board of directors. Of these nine agencies, 58.3% of the non profit agencies indicated that they have a special honourarium or travel cost policies for Elders who are members of the board of directors. Board members were paid honourariums for service in addition to reimbursement for travel costs for service in 66.7% of the cases.

In addition to operating a board of directors, 56% of the 9 non profit agencies had community advisory board/ committee (s). When asked if advisory board members receive an honourarium for sitting on the advisory boards, 20% of the agencies said yes, yet 40% said no and 40% did not provide an answer. The survey also asked if the advisory board members receive reimbursement for travel expenses related to their duties as advisory board members, and though 20% of the agencies responded yes, 60% answered no and 20% of the agencies did not respond. Special honourarium and travel policies were in place for Elders in 20% of these agencies - another 40% did not have this policy and the remaining 40% did not provide an answer.

When the survey inquired if the amount of funding provided under the funding formula is adequate to meet the needs of non profit board governance 44% indicated that funds were not sufficient and 56% did not provide an answer.

Agencies Operating under other Governance Models

For those agencies operating under a different governance model (i.e: reporting directly to Chiefs and Council or to the Tribal Council), the survey asked about the existence and costs associated with advisory committees. Amongst the 25% of agencies that used a governance model other than an incorporated non profit, 66.7% indicated they had community advisory committees, whereas 33.3% indicated they did not. Further, when the not registered non profit agencies were asked if their advisory board members receive reimbursement for travel expenses related to their duties as advisory board members, 33.3% replied yes, 33.3% replied no, while 33.3% did not provide a response. Also, 33.3% of the agencies indicated that they have special honourarium or travel cost policies for Elders who are members of the advisory board, however, 33.3% said no, while 33.3% did not provide an answer.

When asked if the amount of funding provided under the funding formula is adequate to support their governance needs, 66.7% of the agencies replied no, while 33.3% did not respond – none of the agencies replied yes.

D. Legal, Capital Costs and Insurance Costs

First Nations child and family service agencies incur a number of capital costs ranging from office space, staff housing, vehicles, and equipment costs. Legal costs for an agency range from corporate legal costs (maintaining incorporations, human resources, liability insurance) to child in care legal costs. Insurance for a FNCFSA should include policies typical of corporate insurance (fire, theft, "household" liability) but should also include liability insurance related to child welfare itself. Agencies were asked about all three of these issues in the survey.

In terms of capital costs, the NPR indicated that there was no money in the formula that was specifically targeted for capital costs. Although there were funds included for office rent, costs associated with renovations, staff housing, capital investments in technology were not included. The FNCFSA survey results below indicate that although agencies have tried to make do with the current allotment there are deficits in accessibility and adequacy of both office space and staff housing costs (for remote communities).

In terms of staff housing, 25% indicated that their agency provided housing for staff, while 66.7% of agencies revealed that their agency did not and 8.3% of agencies did not respond. Remote communities were more likely to provide staff housing than agencies in rural or urban areas. Among the 25% of agencies who provide staff housing, 33.3% indicated that their agency charges for staff housing that the agency provides, while 66.7% of the agencies indicated that they do not. Accessibility of staff housing for disabled persons was a concern as 67% of agency housing is not accessible.

The survey also asked agencies if the amount of funding provided under the funding formula is adequate to meet the housing needs of staff. 75% answered no and 16.7% did not supply a response and 8.3% stated that this question was not applicable. Of the 75% who answered no, 16.7% revealed that between $900,000.00 and $1,650,00.00 is needed to either repair existing staff housing or to build new housing for staff.

Accessibility of agency office space was also a problem. The National Building Code of Canada contains the following two articles specific to building accessibility for disabled persons

A1 - Barrier-Free Path of Travel

An objective of this Code is to limit the probability that, as a result of the design or construction of the building, a person with a physical or sensory limitation will be unacceptably impeded from accessing the building or circulating within it.

A2 - Barrier-Free Facilities

An objective of this Code is to limit the probability that, as a result of the design or construction of the building, a person with a physical or sensory limitation will be unacceptably impeded from using the building's facilities."[3]

Despite the requirements of the National Building Code of Canada, one third of the agencies indicated that their buildings were not accessible to persons with disabilities (31.2%). It is important to note that if the building is not accessible for persons with disabilities it is likely that the building is also inaccessible to persons with child strollers thus limiting access to the very children the agencies are attempting to service. Amongst those who responded that their buildings were not accessible to the disabled, lack of funding to do the needed renovations was identified as the key reason why the buildings were inaccessible. To our knowledge, First Nations child and family service agencies have not been given specific and targeted funds to ensure their space is accessible for persons with disabilities.

When asked if agencies felt their office space

provided a safe and child and youth friendly environment, 71.4% of agencies answered yes and 28.6% answered no. One agency is operating in a building that is beyond repair. Overall, the overwhelming majority of agencies (91.7%) felt that they did not have adequate funding in the current formula to meet their office space requirements.

It was clear from these respondents that First Nations were providing significant support to the agencies in terms of providing or supplementing office space costs. Specifically, 25% of agencies indicated they received their office space free of charge whereas 8.3% responded that a partial subsidy was provided.

It is recognized that proper maintenance of workplace vehicles is critical for reducing employee injury and in the case of social workers transporting clients, injury to community members as well. Despite the need for proper workplace vehicle maintenance, FNCFSA indicate that capital travel costs are a critical need. The agencies that provided company vehicles were asked to indicate if they have sufficient funds within the current travel amount provided in the funding formula to ensure their company vehicles are properly maintained and safe for road conditions, only 8.3% of the agencies said yes, while 41.7% said no, 25% specified that this question was not applicable and 25% did not respond.

When it came to staff using their own vehicles for business purposes, 66.7% of agencies agreed that the transportation allowance in the current funding formula intended to cover staff costs for the use of personal vehicles was inadequate. Although agencies were not specifically asked what mileage rates they provide to staff, comparable benchmarks are the rates set by the American Automobile Association and the Treasury Board of Canada. The American Automobile Association estimates that it costs 56.2 cents per mile US to operate a new vehicle in 2005 (Internet Auto Guide, 2005). Treasury Board of Canada mileage reimbursement rates vary from a low of 41 cents per km in Saskatchewan to a high of 52.0 cents per km for the Yukon, the mean rate is 45.8 cents per km (Treasury Board of Canada, 2005.) The under funding of workplace vehicle travel is a critical issue given that workplace safety regulations frequently require employers to ensure proper vehicle maintenance with an increasing number of provinces passing laws to ensure the safe transportation of children (e.g.: baby/toddler car seat requirements). The failure to provide adequate funding not only has implications for workplace safety it also introduces the possibility of children in care and their families being in harms way when transported in vehicles which are not road worthy.

Finally, when the agencies were asked if they felt they had adequate funds for other types of capital expenses (i.e. computers, photocopies, office furniture, office equipment), 75% of the agencies that answered no and 25% responded affirmatively. The need was particularly critical for information technology related capital expenses with some agencies reporting there was no funding to support purchase and upgrades for information technology equipment.

Overall, agencies in the sample report significant difficulty funding capital expenditures within the current formula. Moreover, a review of workplace safety regulations and federal building code standards indicate that the under funding of capital expenses may place agencies in a position where they are out of step with workplace safety and accessibility legislation/standards.

E. Management Information Systems

Consistent with Stanley Loo's report, the Auditor General of Canada (December, 2002) has called for significant investments in management information technology for First Nations to assist them in adhering to federal reporting requirements whilst introducing efficiencies in how reports are produced. The current funding formula was developed in 1989, prior to there being any significant use of information systems amongst First Nations child and family service agencies hence information technology costs (capital, maintenance or training) were not included in the original formula. Reports from agencies indicate that they have drawn from the already stretched operations funding to pay for

information technology needs. **Survey results indicate that 66.7% of agencies have some form of management information system whereas 33.3% indicated that they did not. This means that a full one third of agencies surveyed had no computer information management systems.**

When asked if the current funding formula adequately covers costs for MIS, 58.3% said no, 16.7% said yes, and 25% of the agencies did not respond to this question. The agencies who answered no indicated that additional funding was absolutely necessary for services such as, technical support, IT personnel, hardware upgrades, links between an agency's main office and its satellites offices and the creation of an information system for case management. The cost of these services was estimated to be between $60,000.00 and $600,000.00 per agency.

F. Programs and Services

This section of the questionnaire described the child population served by First Nations child and family service agencies. In addition, questions were asked regarding the range of services each agency provided and what services each agency would like to provide in optimal circumstances.

In terms of who is receiving services from the agencies, in addition to serving Status Indian children on reserve, survey results indicate that (83.4%) of agencies provide services to non status First Nations children on reserve. 8.3% of the agencies offer partial services and the remainder provide no service. Agency responses indicate that reimbursement from the provinces is not adequate in one third of cases (33.3%) whereas 53.3% did receive adequate funding and the remainder indicated the question was not applicable to their agency.

Furthermore, 58.4% of the agencies indicated that they provide services to non Aboriginal children resident on reserve, while 33.3% of the agencies revealed that they do not offer these services and 8.3% of agencies did not respond to this question. Agencies reported that under-funding for services provided to these children by the provinces was even a more serious concern than with non Status First Nations children with only 33.3% reporting adequate funding, 8.3% of the agencies did not respond to this question and a majority (58.4%) indicating inadequate funding by the province to provide these services.

G. Remoteness Factor

First Nations child and family service agencies operate throughout the country including in remote areas. This section of the questionnaire focused on exploring the adequacy of the current funding formula in covering the costs of providing child and family services in remote First Nations. Issues such as remoteness related salary; capital and operational costs were explored.

At the beginning of the survey 33.3% of agencies stated that their agency services remote communities. Of the 33.3% of agencies that service remote agencies, 25% indicated that they offer a salary incentive for staff working in remote locations, while 75% revealed that they do not provide salary incentive. Further, when these agencies were asked if they covered any exceptional moving costs associated with new staff being posted in a remote location, 50% responded yes and 50% responded no.

Agencies were asked to estimate the costs associated for remoteness in five areas, the number of respondents (N) varies with each question and thus it is indicated in each situation.

1) Estimated annual shipping costs for goods and services related to remoteness. N=3 Average cost: 155,233.33
2) Estimated annual cost for buildings and utilities related to remoteness. N=2 Average cost: 13,570.
3) Estimated annual travel costs to government services. N=3 Average cost: 66,666.66
4) Estimated additional staff travel costs per year related to remoteness that are not covered by the maintenance budget. N=3 Average cost 36,666.66
5) Estimated annual cost of transporting children in care related to remoteness not covered by

Table 4: Minimal Educational Requirement By Staff Position In FNCFSA

Occupation	Minimum Reported	Maximum Reported	Most Frequent Requirement
Executive Director	College Diploma	Master Degree	Bachelor/Master Degree (78%)
Clinical Supervisor	Technical Training (non diploma)	Master Degree	Bachelor of Social Work (72.7%)
Direct Protection Workers	High School	Bachelor of Social Work	Bachelor of Social Work (BSW) (54.5%)
Prevention Workers	High School	Bachelor of Social Work	High School (18.2%) and BSW (18.2%)
Permanency Planning Workers	High School	Bachelor of Social Work	College Diploma (18.2%), University Degree (non BSW) 18.2% and BSW (18.2%)
Foster Home Workers	High School	Bachelor of Social Work	BSW (45.5%)

* These 2 agencies receive delegation training that is partially subsidized by the province.

the maintenance budget. N=2 Average cost 33,500.00

Finally, of the 33.3% of agencies which stated that they serve remote communities, 75% answered no when asked if the current remoteness factor in the funding formula is adequate to offset any additional costs to the agency, while 25% did not provide an answer.

H. Staff Salary and Benefit Levels

Throughout the National Policy Review process, First Nations child and family service agency representatives have consistently raised concerns regarding the adequacy of funding in the Directive for staff salaries and benefits. This section of the survey explored adherence to human resources standards/laws, comparability of salaries and benefits to the province and the overall adequacy of funding in the Directive to support human resources costs.

The survey asked questions about the minimal education qualifications of staff in various positions. Table 4 contains a brief summary of the results in key occupations.

Agencies were then asked how many of their staff actually have the minimal educational qualifications in various positions. Table 5 on the next page is a brief summary of results in key occupations, please note ten agencies responded to this question:

Agencies noted that social workers require additional non academic training to work effectively in their communities. Survey responses indicate that the types of training are diverse (there were 38 different types of training identified by the 10 agencies who completed this section.) Table 6 lists the most frequent types of training and the associated cost per worker.

The survey asked agencies if the FNCFSA had a human resource manual that includes salary levels and benefits, 75% of the agencies reported having a human resource manual, whereas 25% of agencies do not. The survey went on to ask if agencies were confident that their human resources policies and procedures met applicable labor laws and regulations. One half of agencies said that their human resource manuals were in compliance whereas, 25% said no, 16.7% responded 'partially' and 8.3% indicated that this question was not applicable.

Table 5: Percentage Of Staff Meeting Minimal Educational Requirements Of FNCFSA

Occupation	Percentage of Staff Meeting Qualifications	Percentage of Staff not Meeting Qualifications
Executive Director	77.8%	22.2%
Clinical Supervisor	100%	Nil
Direct Protection Workers	77.8%	22.2%
Prevention Workers	66.7%	33.3%
Permanency Planning Workers	88.9%	11.1%
Foster Home Workers	77.8%	22.2%

Table 6: Training Costs by Staffing Position

Training Program	Number of Agencies Reporting Need for this Training	Cost per Worker
Delegation Training	5	$1500-2000* (2 agencies) $1500-9000 (3 agencies)
Cultural Education	4	$100-500 (2 agencies) $1000 (1 agency) Unknown (1 agency)
Sexual Abuse Training	3	$100-300 (1 agency) $1000 (1 agency) $1500 (1 agency)
Computer Training	2	$1000 (1 agency) $24,000 (1 agency)
Child Abuse Investigations	2	$2500 (1 agency) $10,000 (1 agency)
Family Conferencing	2	$100-300 (1 agency) $420 (1 agency)
Suicide Intervention	2	$1000 (1 agency) $1,200 (1 agency)

Feedback from key informants during the survey development process indicated that overtime compensation for staff working after hours on child protection matters was a critical area of concern, thus a question specific to over time compensation was included in the survey. When agencies were asked if their overtime compensation policies complied with applicable labor regulations, 50% of the agencies answered yes, 41.7% answered no and 8.3% stated that this question was not applicable. Overtime compensation rates varied widely from a flat rate of $50.00 per call to a flat rate per week on call plus time and a half for hours worked. After hours provisions would apply to social workers as well as staff providing clinical supervision. Survey responses indicate that the clinical supervisor is often on call (75%) to provide advice to social workers and in their absence executive directors, contracted supervisors and senior social workers fulfill this role.

In terms of the degree to which the agency can assure social worker safety after hours, 2 agencies said they cannot currently ensure staff safety; the majority relied on local police or the RCMP. Other approaches included employing a buddy system to make sure no worker went out alone, to using community contacts, providing cell phones and workplace safety training. Social workers have to intervene in some of the most difficult of family circumstances, including situations where adults

and youth are impaired – provision of funding within the human resources envelope to ensure their safety is critical.

Predictably there was some variation in caseload size and case composition according to the structure of the agency. In some agencies social workers perform all duties whereas others have adopted a more specialized approach with targeted investigation, family support and permanency planning and intake workers. Specialized workers in agencies are often taking up some of the workload for other specializations (e.g. intake workers also managing child in care files.) Given the range of responses and the fact that several agencies could not respond to this question due to the holistic approach to their work it is not possible to adequately gauge the caseloads across all functions. From the 7 agencies who did respond to the question the data suggests the following:

- Intake workers carry an average of 2 family service files, 2 children in care and 20 investigations
- Family service workers on average carried no family service files, 17 children in care and 10 investigations
- Permanency planning workers on average carried no family service files, 22 children in care and 25 investigations
- Foster home workers carried one investigation, 5 children in care, 20 foster homes and 2 adoption homes.

Caution should be used in basing a formula solely on caseload alone as it is typical for First Nations child and family service agencies social workers to assume duties which would typically be dealt with by specialized divisions within provincial governments. For example, the Directive does not currently fund policy positions for First Nations child and family service agencies so social workers often take that up as a function above and beyond their child welfare duties whereas provincial child welfare workers can rely on policy divisions to do this work. Moreover, the workload involved with managing a case varies according to severity and as the CIS-03 findings noted, First Nations children and families require more service and thus more staff resources.

There is an increasing trend in child protection in Canada toward certification of professional staff and thus a question specific to this issue was included in the survey. One half of agency respondents (50%) indicated that there is a professional certification/registration (i.e. registration with association of social workers) requirement for agency staff, whereas 41.7% said no and 8.3% noted that this question was not applicable. When asked if agencies pay for professional certification and registration the staff require, 50% said yes, 25% said no, 8.3% said 'partially', while 16.7% indicated that this question was not applicable.

In terms of salary and benefits comparability, two thirds (66.7%) of agencies felt their salary and benefits rates were not competitive whereas 25% felt they were and 8.3% stated that this question was not applicable. In terms of staff turnover related to salary and benefits levels, 16.7% of the agencies revealed that in the past three years, they have had staff leave to join another child welfare organization where the primary reason for their transfer was to get better benefits and salaries yet 83.3% indicated that this had not occurred. Turnover rates are generally low between 1-10% over three years and the primary reasons staff leave the agency are work related stress (related to doing the job but not to workplace safety and morale) (63.6%) and personal and family stress (36.4%) followed by moving to get better salary and benefits (27%.)

Overall, the vast majority of agencies (83.3%) felt that the current formula did not provide adequate funds for human resources costs. This is obviously an area for more focused review in the development of the new formula and will need to be considered in regards to annual costs of living adjustment considerations within the new formula as well.

I. Standards and Cultural Appropriateness

One of the key reasons for developing First Nations child and family service agencies was so that First Nations children and families could receive culturally based child and family services.

The development of culturally based standards and policies for agency operations is a key element in the delivery of culturally based services yet there is no funding in the current formula to support policy development. This section of the questionnaire asked agencies about their ability to develop culturally based services and programs.

The agencies involved in the survey were asked if the funds provided in the formula were adequate to ensure culturally appropriate services. An alarming 83.4% responded no with a further 8.3% responding yes and the remainder indicated that this question was not applicable.

Amongst those agencies who have developed their own standards, 33.3% of the agencies were required to get approval from the province; 25% required partial approval and 25% said no – the remaining 16.7% of agencies did not respond.

Consistent with recommendation number one of the NPR indicating that the future funding formula should be responsive to tribal legislation and governance, survey responses indicate that 41.7% of the agencies were developing their own child welfare laws while 50% replied no, and 8.3% maintained that this question was not applicable.

In terms of community development planning, 58.3% of agencies indicated that the First Nation communities they serve have developed a community development plan that integrates responses to child maltreatment, whereas 25% answered no and 16.7% indicated that this question was not applicable.

Survey responses indicate a clear and critical need for upgrading funding to support culturally based standards and practice in First Nations child and family service agencies. Moreover, the fact that 41.7% of agencies in the sample are in the process of developing their own child welfare laws indicates a need to seriously consider implementing recommendation one of the NPR to expand the range of fundable child welfare authority beyond provincial delegation.

J. Jurisdictional Issues

First Nations child and family service agencies have long reported that jurisdictional disputes between government departments and levels of government (provincial/federal) have resulted in children unnecessarily being denied services or experiencing delays in service. Moreover, agencies indicated that resolving these disputes was taking an inordinate amount of staff time. This section of the survey explored the nature of these disputes, the incidence of the disputes and the time required by agency staff to resolve the disputes.

Survey responses from the 12 agencies indicated that they experienced a staggering **393 jurisdictional disputes this past year** requiring an average of **54.25 person hours to resolve each incident** or 21,320 person hours each year. If this is typical then agencies across the country are dedicating over 200,000 person hours per year resolving these disputes – and this does not include the time of government officials. **If one assumes an average salary of 45K per annum – then jurisdictional disputes cost agencies, and by extension INAC close to five million dollars per year.** The most frequent types of disputes were between federal government departments (36%), between two provincial departments (27%) and between federal and provincial governments (14%). Examples of the most problematic disputes were with regard to children with complex medical and educational needs, reimbursement of maintenance, and the lack of recognition of First Nations jurisdiction. There were variations in the responses with some regions reporting a higher number of incidents than others which may reflect the uneven development of dispute resolution mechanisms. Although tripartite tables have been established in some regions with INAC, the province and First Nations child and family service agencies, the efficacy and authority of these tables to resolve jurisdictional disputes is unclear and inconsistent. Moreover, as some jurisdictional disputes involve federal, provincial or tribal authorities outside of these core participants, it is critical that mechanisms for engaging these groups are integrated into a dispute resolution process. Additionally, dispute resolution mechanisms must be reflective of cultural values and processes of the

participating First Nation child and family service agency.

K. Negotiation of Agreements with the Provinces and Federal Government

Directive 20-1 requires agencies to operate pursuant to provincial legislation and thus agreements must be negotiated between the First Nations child and family service agency and the province to enable the agency social workers to carry out duties pursuant to the child welfare statute. In addition to delegation agreements, agencies must also negotiate funding arrangements with the federal government in order to receive funding for on reserve services. This section describes how these negotiations impact on FNCFSA.

Directive 20-1 allows for the negotiation of tripartite agreements (the province, INAC and the First Nation, Tribal Council or non profit FNCFSA) or complementary bilateral negotiations (agency negotiates one agreement with the province and another with INAC.) Survey results suggested that seven agencies in this sample were using multi-year tripartite agreements. Three others operated under a community and provincial delegation model and one other had delegated authority pursuant to a specific piece of legislation. The most typical period for renewals of these arrangements was within the 1-5 year time frame.

There was wide variation in the amount of legal costs agencies reported as being linked to negotiation of delegation agreements. Three agencies noting that no legal expenses were incurred, three others did not answer the question, 4 estimated their costs to be between $20,000 and $40,000 and one agency reported spending in excess of $300,000 on delegation arrangements. This is likely a reflection of the wide variety of delegation processes throughout the country with some provinces having more detailed and prolonged processes for delegation.

In terms of the provinces, the survey asked agencies if the province provides any financial assistance to the agency for the purposes of reaching a delegation agreement, or renewing a delegation agreement. 91.7% of agencies received no funding from the province to negotiate these agreements with 8.3% indicating that this was not applicable.

Agencies had a variety of suggestions on how to make the delegation negotiation and funding agreement negotiation processes more efficient. To follow is a sample of the recommendations:

1) Greater time to discuss and negotiate (two respondents indicated having received the agreement with only days to review it and sign or have their funding allotment delayed.)
2) Ensure consistency of people at the table
3) Governments should fund the negotiations
4) Government should not dictate criteria to the community
5) Governments should honour their responsibilities
6) Bilateral agreements are needed.

Once negotiated, agencies indicated a wide variation in the amount of staff time needed to maintain the delegation agreements. Six respondents indicated that it took 1-10 days; and there was one agency for each of the following levels 11-20 days; 81-90 days and 141-150 days. For agencies where delegation arrangements take a significant amount of time, the fact that they receive no reimbursement from the provinces to maintain these agreements results in a significant tax on limited resources

Agencies were also asked if their staff provided consultation services to the province and whether or not these were reimbursed by the province. 8 agencies in the sample indicated that they do provide consultation services to the province. Of these 8 agencies, 6 estimated the number of staff days per year to be up to 50 days per annum with the other two estimating 201-250 days per year. In none of the cases did the province provide a fee for service to compensate the agency for its personnel costs or expertise and only 4 respondents indicated that they received compensation for travel costs associated with the consultation.

The survey inquired about agency agreements

and consultation services with INAC.

The most frequent period for renewal of funding arrangements with INAC was one year (6 agencies) with two others reporting renewal periods of 1-5 years, another was on a flexible funding arrangement and one respondent indicated the question was not applicable.

Similar to results with the provinces, agencies report wide variation on the amount of staff time taken to negotiate and maintain these agreements from minimal (3 agencies), 1-5 days (4 agencies), 20 days (2 agencies), 30 days (1) agency and 165-200 days (1 agency.) Moreover, some agencies who reported minimal negotiation times indicated that this was due to a "take it or leave it" approach used by INAC – in that the funding agreements were not in practice negotiable. Legal costs associated with the negotiation of funding agreements with INAC varied with 3 agencies reporting no costs, 2 indicating costs ranged between $1-$1000;1 respondent indicated costs of $30,000 and one agency at $100,000; two other agencies noted this was not applicable.

Survey responses indicate that the federal government, like their provincial counterparts, benefit from consultation services provided by agencies. Of the agencies in the sample, four agencies had provided consultation to INAC. In terms of staff time, two agencies indicated that 5-15 days per year were dedicated to INAC consultation services; one agency reported 16-25 days and the other did not specify. Like the provinces, INAC does not provide any compensation for human resource time provided and provided travel costs in 50% of the circumstances.

L. Other Sources of Agency Financial Support

Mainstream child welfare organizations draw upon services and funding provided by the voluntary sector and other government bodies. This section of the survey is intended to identify the degree to which FNCFSA receive financial support or gifts in kind from First Nations or other sources (i.e.: voluntary sector funders).

The agencies were asked to indicate if their agency receives any services from the band council or tribal council as gifts in kind (e.g.: bookkeeping services, funding for prevention services). 16.7% of the agencies responded yes, 75% of the agencies responded no, while 8.3% stated that this question was not applicable. Of those responding yes, one agency received 25,000 for agency staff and another 100,000 for legal costs from their band or tribal council.

41.7% of agencies indicated that they received funding from sources other than INAC, the First Nation or Tribal Council, yet 50% of the agencies responded no and 8.3% indicated that this question was not applicable. Two agencies had received funds from the Aboriginal Healing Foundation, another from a community foundation, one from the province, one from a federal government department (not INAC) and one unspecified source. Funding allotments ranged from $50 to $250,000.

The limited number of agencies accessing external funding sources may be due to the fact that one third of those surveyed (33.3%) indicated that there were barriers to their applying for provincial or voluntary sector grants while 25% indicated that this question was not applicable. Specifically, 33.3% of agencies in the sample indicated that the key barrier to accessing outside funding was the stacking provision contained in INAC funding arrangements.

As noted in a study conducted by FNCFCS in 2003, voluntary sector supports for children and families are virtually non-existent on reserves and thus agencies must do more than what would be required of a mainstream agency which can refer families to local voluntary sector supports (Nadjiwan and Blackstock, 2003.)

Conclusions

Overall, First Nations child and family service agencies report that current funding levels are inadequate in the following areas: prevention services (including least disruptive measures), human resources, capital costs, standards/ evaluation, culturally appropriate services, records

management and information technology. Human resources funding was identified as a critical need to support current operations and the anticipated expansion of prevention services in the new formula. Two thirds of agencies in the sample feel there are inadequate funds to pay staff equitable salary and benefits packages.

Jurisdictional disputes are a key problem and need to be resolved in order to ensure that Status Indian children on reserve do not face discriminatory allocation of services. In addition, there is likely to be substantial savings in human resources costs should a meaningful dispute resolution mechanism be put in place instead of the current case by case approach that too often places the needs of the child second while governments scramble to see who will pay for the service. Adoption of Jordan's principle where the needs of the child come first in the resolution of all jurisdictional disputes is very strongly recommended.

There is a trend toward FNCFSA developing their own legislation to ensure culturally based services. This suggests that the new generation funding formula should allow for both tribal based and provincially delegated child welfare legislation. In the meantime, delegation and funding agreement negotiations need to be standardized to create efficiencies in negotiations whilst still allowing for adaptation to reflect community specific needs. First Nations child and family service agencies indicated that there should be a move away from the "take it or leave it" negotiation approach by some provinces and in some situations, by INAC.

FNCFSA provide significant gifts in kind to both the provincial and federal governments in terms of consultation services. Although both governments appear to value this input neither is prepared to pay for it – meaning that this service is an additional drain on agencies.

Although some agencies were receiving additional funding from other sources, there is clearly a need to clarify the application of the stacking provision in INAC funding agreements with agencies in order to ensure that they can benefit from voluntary sector funding sources and other types of government funding to enhance the range of services provided outside of INAC funding.

8. PROVINCIAL CHILD and FAMILY SURVEY RESULTS

Regional researchers contacted the following provinces to request that they complete a comprehensive survey designed to identify the range of child welfare services provided, number of First Nations children and families serviced, nature of the funding formula in use in each region, including adjustments for remoteness, capital costs and extraordinary costs:

- British Columbia
- Alberta
- Saskatchewan
- Manitoba
- Quebec
- Nova Scotia
- New Brunswick

Two provinces completed the full survey, with an additional three provinces partially completing the survey. The remaining provinces either chose not to participate or were only able/ willing to provide a very limited amount of information. The low response rate coupled with the inconsistency in questions answered between provinces makes it very difficult to determine with any reliability the range of services typically offered by the provinces or the costing formulas to support such works. However, information provided by the provinces on the numbers of children in care and their funding methodologies is very valuable. Consistent with our approach with the First Nations child and family service agencies, provincial information is presented in aggregate form only to respect the confidentiality of each informant.

Findings

The range of services provided by respondents was linked to provincial statute and legislation in each area – no province as able to provide specific descriptions of the range of services or the costs of

said services. One province noted that the budget is allocated provincially to regions which then have some discretion on how to allocate the budget based on community needs.

Consistent with the findings in the Canadian Incidence Study on Reported Child Abuse and Neglect, the provinces that completed the survey reported disproportionate numbers of Aboriginal children in care. Unfortunately there was wide variation in the degree to which provinces recorded information regarding Aboriginal children and their families. Some regions could only approximate a percentage; others could report numbers of children in care of the province and not of First Nations agencies. However, there were three provinces that maintained excellent data records on Aboriginal children and disaggregated that data by First Nations status. To follow is a summary of the numbers of children in care as reported by these three jurisdictions:

As Table 7 demonstrates, Aboriginal children are over-represented amongst children in care from a low of 350% in Province C to highs of approximately 600% in Provinces A and B.

As indicated in Table 8, overall, the data from these three sample provinces indicates that First Nations children are vastly over-represented amongst both children in care and Aboriginal children in care. Table 7 also provides some indication as to what this over-representation looks like as compared to non Aboriginal children in Canada. Table 8 shows the differences in child in care numbers for First Nations, Metis and Inuit children whilst indicating the percentage of the population that these three groups represent. Pay particular attention to the difference between the cultural groups by child population as compared to the percentage of children in care for the provinces.

Statistics Canada (2001) data indicates that status First Nations children under 14 years compose 6.2% of the overall child population in the 3 sample provinces while Métis and other children representing 3.1% and 90.6% of the child population respectively. As shown in Table 9, when it comes to children in care, the proportion of Status First Nations and Metis in child welfare care compared to other Canadian children, the figures are astounding. **10.23% of all First Nations Status Indian children in these three provinces are in child welfare care as compared to 3.31% for Métis children and less than one percent of other children (0.67%).** This means that approximately one in ten Status Indian children in these three provinces was in care as of May 2005. Considering that a portion of these children in care are likely to transition out of care at some point, **it would not be unrealistic to estimate that about 20% of Status First Nations children will have been in child welfare care at some point of their childhoods.** This staggering statistic affirms First Nations community reports of mass removals of children. This finding also suggests that pan Aboriginal policy and practice

Table 7: Proportion of Aboriginal and non Aboriginal Children in Care in Three Sample Provinces contrasted with population of Aboriginal children

Cultural Identity/Status	Province A		Province B		Province C	
Aboriginal CIC	4,197	52%	4,379	48%	4,803	83%
Non Aboriginal CIC	3,751	48%	4,715	52%	979	17%
Aboriginal Children as percentage of total child population*	8.7%		7.3%		23.1%	

* Statistics Canada (2001) Aboriginal children 0-14 as a percentage of total child population by province

Table 8: Children in Care by Aboriginal Status in Three Sample Provinces

Aboriginal Identity of Child	Province A		Province B		Province C		Total	
Métis	492	11.7%	622	14.2%	510	10.6%	1,624	12.1%
Inuit	26	0.6%	22	.5%	9	.2%	57	.4%
First Nations (status)	3,317	79%	2,592*	59.2%	4,022	83.7%	9,931	74.2%
First Nations (non status)	362	8.6%	1143	26.1%	262	5.5%	1,767	13.2%
TOTAL	4,197		4,379		4,803		13,379	

*includes children who registered and are eligible to be registered with applications pending

Table 9: Percentage of Children in Care by Cultural Group in Three Sample Provinces

Cultural Group	Population of Specific Cultural Group in 3 Sample Provinces*	Percentage of overall Child Population in 3 Sample Provinces	Number of Children in Care (3 Provinces)	Percentage of Children in Child Welfare care by Cultural Group in 3 Sample Provinces***
First Nations Status children	97,065	6.2%	9931	10.23%
Métis children	49,040	3.1%	1624	3.31%
Other children**	1,411,280	90.6%	9445	0.67%

*note that child population data represents children 0-14 years in Canada in the 2001 census. Statistics Canada data indicated that the overall child population (0-14 years in all three provinces was 1,557,385 in the 2001 census)

**note that population of other children includes non status First Nations, Inuit and non Aboriginal children

***note that the proportion of Status Indian children in child welfare care by provinces A, B and C are Province A (11.06%), Province B (8.34%) and Province C (11.1%)

approaches may not be advised given the disproportionate representation of status First Nations children in child welfare care and calls for an enhanced investment in services to Status Indian children.

In terms of funding formulas, two provinces provided details regarding their funding formulas – one in very specific terms and another provided a less detailed formula. The remaining provinces reported that the details regarding the original funding formula for provincial child welfare had been lost over time and was now simply adjusted on an annual basis according to price, volume or changes in circumstances. Several of the respondents indicated that although they operate under a fixed amount of funding they have the option to appeal to the provincial treasury for additional funds in cases of extraordinary circumstances including significant organizational or practice change.

Three provinces report basing human resource needs on caseload or workload models. One province uses a complicated workload formula involving over 1700 pieces of data which has a built in adjustment for changes in social work practice. This model has been in place since 1997 and is subject to a union collective agreement. This particular province did not comment on whether its salary ranges are similar or different from FNCFSA in the area. Another province using a caseload model, noted that when it reimburses agencies for services it assumes funding for one worker for every 7228 days of care provided by the agency – no funding is provided for community services, or executive core funding and only partial reimbursement is provided for protection services. The third province used a caseload model funding one social worker for every 20 cases and noted that the FNCFSA match the salary levels provided by the province. The other regions were unable to respond to this question.

Conclusions

Despite the limited response rate, the provincial surveys revealed some important data:

1) First Nations children are over-represented in child welfare care and compose the largest group within the Aboriginal category. Data from three provinces indicates that First Nations Status Indian children are over 15 times more likely to be placed in child welfare care than other children in the provinces.
2) Ranges of services are based on provincial legislation, regulations and standards, but no province was able to specifically identify the range of services they provide, noting in at least one case, that this was due to the flexibility given to regions to allocate funding based on community need.
3) Caseload or workload appears to be the most significant variable in shaping provincial human resource needs.
4) The good example set by the three provinces in the sample that collect information on Aboriginal children disaggregated by cultural group should be made uniform throughout all provinces. Collecting disaggregated data allows for a more targeted understanding and response to the needs of Aboriginal children from diverse cultures and contexts.

Further analysis of provincial funding formulas where they exist will occur in Phase Three of the research program.

9. REMOTENESS FACTOR

The National Policy Review (MacDonald & Ladd, 2000) found that the remoteness factor in Directive 20-1 required review in order to ensure it adequately reflected the additional costs to child and family service agencies related to remoteness. In addition to the analysis of remoteness questions in the First Nations child and family service agency survey, Dr. John Loxley analyzed the current remoteness factor and compared it with two other formulas (one used by a provincial government and the other by a corporation.)

Findings

The current remoteness factor classifies agencies in accordance with their distance from the service centre, degrees latitude, and year round road access. It contains three separate adjustments– one on the per band amount, one on the per child

amount and another on the per agency amount. These adjustments vary and no documented rationale exists to support the varying amounts. So changing the adjustment factors may correct the concern by remote agencies that the current formula is inadequate to meet costs. However it is unclear whether this type of adjustment would address the primary concern expressed by remote agencies which was that the current service centre used to calculate the remoteness factor for the agencies does not necessarily reflect the place where agencies go to access the specialized range of services and products related to child welfare.

A more promising option is to run analysis of the current remoteness factor replacing the current service centres with the city centres used to calculate remoteness for other INAC programs. Preliminary analysis of the city centers indicates that these locations seem to correlate more closely with the locations from which agencies are likely to access their services and products.

The current remoteness factor formula was compared to two other remoteness factors – one used by a province and another by a corporation. In each case the remoteness formula was applied to First Nations child and family services in the province were these two formulas were derived. Neither formula proved to be an improvement over the current remoteness factor as they were not designed with the unique needs and economies of scale of First Nations child and family service agencies in mind.

Conclusions

Replacing the service centre used in the current formula with the city centre used for some other INAC programs appears to be the most promising resolution to ensure First Nations child and family service agencies operating in remote area have adequate funding. Further analysis of this option will be conducted in Phase 3 of the research program. Importantly a question asking agencies to identify the centre where they go to access specialized child welfare services and products will be included and these results will be compared to the service centers and city centers identified in the INAC remoteness factor

10. How Much has INAC's Failure to Adjust the Operating Formula for Inflation COST FIRST NATIONS CHILD AND FAMILY AGENCIES?

Although Directive 20-1 does contain a cost of living adjustment it has not been implemented since 1995. This is considered by many to be a major weakness in the formula, one which leads to both under-funding of services and to distortion in the services funded since some expenses subject to inflation must be covered, while others may be more optional. How much has this failure to adjust for inflation cost First Nations Agencies since the last adjustment in 1995?

Table 10 shows that the Consumer Price Index, the most widely accepted indicator of cost of living increases, rose from 104.2 in 1995 to 126.3 in 2005 (May). If the starting point in 1995 is expressed as 100, then the index in 2005 rises to 121.21, i.e. prices increased by 21.21% over this ten year period, when no adjustments were made for inflation by INAC.

Table 10: Increases in the Consumer Price Index (1995-2005)

CPI	Year	CPI set at 100
104.20	1995	100.00
105.90	1996	101.63
107.60	1997	103.26
108.60	1998	104.22
110.50	1999	106.05
112.50	2000	107.97
116.40	2001	111.71
119.00	2002	114.20
122.30	2003	117.37
124.60	2004	119.58
126.30	2005	121.21

Source: Statistics Canada

We know, therefore, that had cost of living

Table 11: Inflation Adjustments by Region (1999-2005)

INAC Region	Formula Funding	Adjusted for Inflation	Difference
British Columbia	$80,992,151	$92,059,053	$11,516,902
Alberta	$144,061,110	$164,650,535	$20,589,425
Saskatchewan	$151,445,637	$173,138152	$21,692,514
Manitoba	$191,591,040	$218,703,956	$27,112,916
Ontario	$123,427,998	$140,728,620	$17,300,623
Quebec	$59,956,671	$65,154,656	$8,197,985
Atlantic	$39,705,067	$45,312, 751	$5,607,684

adjustments been made annually since 1995, then funding would have been higher in 2005 than in 1995 by 21.21% purely on account of inflation, i.e., ignoring any increase in the number of children, number of agencies etcetera. Although we do not, have access to data for funding levels in 1995.

We do have data for 1999 to 2005. If we adjust the funding data for each year by the cost of living index in Table 10, we can calculate what funding would have been available over this six year period had inflation protection been available in each region (please see Appendix 2 for tabulation per year in each region). Table 11 shows what this would have been for each INAC region from 1999 to 2005 and the difference between this and actual funding, representing lost revenues from INAC for operations.

Table 12 shows what that total would have been the national operations funding with inflation adjustment and what the difference is in total for all regions. It shows that **between 1999 and 2005, cumulative operations funding would have been larger by $112 million, at $900 million instead of the $788 million which was provided in actuality.**

This represents a loss of 14% of funds over the period. For the year 2005, operations funding would have been $142 million instead of $117 million, or $24.8 million higher than funding actually provided. This amount is roughly the additional monies the government has promised to make available to First Nations Agencies this year, one time only!! To fully compensate for inflation losses over this period, this $25 million, and more, would need to be made available every year from now on. This helps to situate the additional money in the broader context of historical under funding.

11. SMALL AGENCIES

Small agencies (those serving child populations of less than 1,000) represent 55% of the total number of First Nations child and family service agencies in Canada, excluding the province of Ontario. It is critical to understand the needs and challenges of these agencies in order to promote optimal support and functioning.

Study Design and Methodology

The objective of this study is to describe the challenges faced by small agencies and ensure the needs of these organizations are considered in the development of an alternative funding formula for First Nations child and family service agencies.

The data for this study was gathered using a structured interview conducted with fourteen executive directors of small First Nations child and family service agencies. Information was gathered using a standardized questionairre and was administered either on site or by telephone.

Table 12: Losses on INAC Operations Funding Due to Lack of Inflation Adjustment (All INAC Regions)

Year	Formula Funding	Adjusted for Inflation	Difference
1999	$105,053,015	$111,404,589	$6,351,574
2000	$108,573,428	$117,221791	$8,648,363
2001	$110,959,054	$123,950,421	$12,991,367
2002	$113,702,424	$129,852,097	$16,149,673
2003	$114,848,709	$134,798,437	$19,949,728
2004	$117,895,263	$140,976,486	$23,081,222
2005	$117,147,781	$141,993,903	$24,846,122
Total	$788,179,674	$900,197,723	$24,846,122

Agencies were selected from the provinces of British Columbia and New Brunswick due to the high distribution of small agencies in these regions. Quebec, the only other region with a significant number of such agencies was not included due to resource limitations. The primary areas of inquiry for this report are:

1. **What are the core administrative staffing and related requirements of small agencies?**
2. **How should the funding formula be adjusted to meet these requirements?**
3. **What is the minimum size of agency and related population consistent with good social work practice and economies of scale?**

It is important to note that maintenance in British Columbia is not reimbursed at actual costs but rather on the basis of an "average actual cost" that is set by the province each year for foster and group care. This amount may exceed the actual costs for maintenance for some children in First Nations child and family service agency care and in these instances, the INAC region has allowed agencies to keep the maintenance surplus and apply it against expense shortfalls under the operations formula. This has worked to the benefit of First Nations agencies in British Columbia as most of the agencies in that province are small agencies and thus do not receive the full operations allotment.

Summary of Findings

In addition to child protective services, provided by fully mandated agencies, the agencies in the study provide a diverse range of services which include, but are not limited to, family and child supportive services, foster care, family reunification, prevention and community development. There are, however, a number of services which agencies indicated they would like to provide but are unable to due to limitations of the current funding formula. Virtually all respondents stated that in order to provide the full range of services needed by the community, additional full time staff would be needed. The most commonly identified staffing need was for social workers and prevention workers.

The findings indicate that small agencies face a number of challenges in the areas of core administrative and staffing related requirements with 75% of respondents indicating that their salary and benefit levels are not comparable to other child welfare organizations.

The most frequently cited non-staffing cost that would be incurred if agencies provided their preferred range of services is associated with capital costs for office buildings, space or renovations. New Brunswick agencies placed equal priority on costs for information technology software and hardware. **There is a substantial gap, with an average differential of $320,000, between the funds required to run an agency with the preferred full range of services and the amount of funds agencies currently receive.**

To optimize services, most agencies share resources with other reserve based programs. Examples include joint funding of staff positions, cosponsoring training or community events and sharing costs to bring in specialized services. Due to the high level of needs in their communities, none of the respondents stated that there should be a minimum population size to ensure good social work and economies of scale.

The pressure on First Nations child and family services to deliver services comparable to the provincial government child welfare agencies is a challenge for small agencies. In regards to cost-effectiveness, participants were unanimous in the position that their services were more cost-effective as compared to provincial counterparts due to the broader scope and extensive nature of the services provided. Cost differences are also due to lower maintenance costs and non-unionization. The demands on staff in small agencies are high with virtually all respondents agreeing that staff members perform duties not expected by employees in larger agencies.

In order to meet some the challenges small agencies face in providing a full range of services, the option of centralizing some agency functions was explored. While this was a favored approach by most agencies, notably all New Brunswick participants, it was not accepted by all due to issues regarding geographic isolation and/or high travel costs.

Directive 20-1, the use of surplus funds and alternatives for maintenance funding formed the basis of inquiry regarding alternative funding approaches. The majority of respondents believed that an entirely new formula was required incorporating prevention and out of care options, an increased rate for remoteness, a mechanism for block funding and consideration of the total population - whether status or non status.

The population policy threshold in Directive 20-1 was considered to be an inadequate means of benchmarking operations funding levels by all participants in the study. Approximately half of the respondents stated that funding should be based on community needs not child population counts. Another 25% of participants stated that population counts should reflect the entire population, not just children as it is the entire family which needs support when a child is unsafe or at risk in the home.

Policy directing the use of surplus funds differs by region and accounts for the variances in agency possession and use of these funds. Surplus funding was reported by British Columbia agencies only due to their maintenance per diem arrangement. While agencies in New Brunswick must return surplus funds, British Columbia agencies are able to use these funds for child and family services.

British Columbia is unique in using the per diem arrangement to pay for maintenance costs. In terms of the allocation of funding for maintenance based on actual costs or by per diem, all New Brunswick agencies expressed preference for payments based on actual costs, while most British Columbia agencies preferred the per diem arrangement. The positions expressed by both regions appear to be motivated by fear. New Brunswick agencies feared per diem arrangements would result in a budget deficit or reduced service delivery while British Columbia agencies feared that removing the per diem arrangement and associated surpluses would mean reduced funds for staff and prevention programs.

Conclusions

While small agencies remain viable and cost-effective resources, they face significant challenges in terms of administrative and core staffing requirements. The average cost actual system in BC has appeared to have partially compensated for the

low operational funding. Cuts or changes to this funding arrangement would likely substantially decrease the ability of these agencies to provide the current range of services.

There is a substantial disparity in salary and benefit levels as compared to other child welfare organizations as well as a significant gap in what is required to run an agency with the preferred full range of services and what agencies currently receive. Although agencies had different perspectives on the used of surplus funds and maintenance funding alternatives, dissatisfaction with the current Directive 20-1 population threshold policy was unanimous.

Recommendations for alternative funding approaches include:

1. Funding for prevention and out of care options
2. An increased rate of funding for remoteness
3. Development of a mechanism for block funding
4. Consideration of the total population, whether status or non-status.

Similar to their larger counterparts, small agencies maintain a holistic approach to child and family welfare which includes an emphasis on prevention and community development. These are proactive services which function to reduce the incidence of child abuse over time. Small agencies do face some unique challenges and as these agencies constitute the majority of First Nations child and family services in operation, it is evident that more focused study is required.

LIMITATIONS OF THE RESEARCH

In every research project there are important limitations and this is true of the works undertaken for this Phase Two project. Overall, we are very pleased with the quantity and quality of the data but it is important to acknowledge the limitations in the research and analysis. This phase of the project had to be completed in its entirety in less than five months and thus, time was definitely a factor which limited our ability to collect and validate data. This was particularly true for the provincial surveys. Although all provinces were contacted for the research (except Ontario, PEI and Newfoundland) the researchers did not always have the time needed to negotiate consent to participate and collect the data within the defined time frame. We, and the individual researchers, have made every effort to identify limitations in the research whenever possible.

As noted before, this research does not include Ontario (as it is funded under a separate funding arrangement), nor has it specifically focused on foster care costs or the proposed block funding methodology. Dr. Brad McKenzie (2002) prepared a report to inform block funding and cautions that this approach, whilst having benefits of increased flexibility, is not appropriate for all First Nations child and family service agencies (i.e. small agencies, new agencies, agencies lacking a long term track record that allows for accurate prediction of future costs (thus setting a reasonable base amount for the block.)

An additional limitation is that given the short time frames for the research to be completed, there is an incomplete analysis of the costs related to children in care and it strongly recommended that future research be undertaken to define the range of services provided to children and care and the relative costs thereof.

We have also not accounted for unpredictable changes INAC may make to current funding levels or arrangements. We would hope that any such changes would be put in abeyance until adequate analysis of how these proposed changes would interface with any new formula were fully considered in partnership with First Nations.

IMPLICATIONS FOR THE THREE FUNDING FORMULA OPTIONS

Redesigning Directive 20-1

Overview of Directive 20-1

The current funding formula was designed in 1989 in an effort to standardize funding levels

amongst First Nations child and family service agencies in Canada and promote their further development. The Directive requires that agencies follow the provincial child welfare legislation in each province but includes no adjustment for the content of said statutes. It includes a guiding principle that services should be comparable to those provided to children in similar circumstances off reserve. but contains no mechanisms to ensure this is achieved.

In addition to a calculation for remoteness, Directive 20-1 provides funding pursuant to two broad categories of funding:

1. **Operations**: Based on the Status Indian child population resident on reserve this pot of funds is intended to support the administrative functioning of the agency and includes a small amount for prevention services and legal fees.
2. **Maintenance:** Provided on a reimbursement basis for placing Status Indian children resident on reserve into out of home care.

The Directive also includes an allotment for a cost of living adjustment although this has not been implemented since 1995. Additionally, the Directive included funds for agencies to conduct evaluations at years three and six of operations but as the Auditor General of Canada (December, 2002) has noted First Nations child and family service agencies consider evaluation as a key management tool to inform best practices and would like to see ongoing funding for evaluation.

Although it is broadly acknowledged that the Directive achieved the goal of increasing the numbers of First Nations child and family service agencies in Canada, there were significant concerns being expressed by First Nations child welfare agencies about insufficient levels and flexibility in funding arrangements – particularly with regard to providing primary, secondary and tertiary prevention services.

In response to these concerns, the Assembly of First Nations and the Department of Indian Affairs and Northern Development undertook a review of the Directive in partnership with a panel of First Nations child and family service agency staff and departmental officials. The resulting report, the Joint National Policy Review on First Nations Child and Family Services (MacDonald & Ladd, 2000) contained seventeen recommendations for change. As more than four years had passed between the time of that report and the commencement of this research project, the research team checked the validity of the NPR recommendations in Phase One and found that participating First Nations child and family service agencies continued to believe the recommendations were valid and had application in a 2005 context.

Implications of Research Findings for Directive 20-1 Option

Based on the research findings **the Directive would need substantial alteration in order to meet the requirements of First Nations child and family services and ensure equitable child welfare services for First Nations children resident on reserve.** From the outset, ongoing separate pools of funding outside of the current operations and maintenance budgets are being recommended for inclusion in the new formula to cover the following expenses:

1) Community Development (primary prevention)
2) Least Disruptive Measures
3) MIS system maintenance and training
4) Standards and evaluation funding
5) Exceptional circumstances funding pool (2 million dollars as a minimum value to be adjusted annually) to be held nationally.

Additionally separate funding is recommended for one time or exceptional expenses:

1) Community assessments relating to extraordinary circumstances
2) Capital costs to bring MIS systems up to minimum standards and to develop national and regional data collection frameworks to inform policy and practice.
3) Capital costs for the development of culturally based standards.
4) Capital costs to allow for accessibility of offices for disabled persons.
5) Capital cost to allow for adequate office space

for agency operations and to ensure that office space meets building code standards.

6) Funds for research and development at a national, regional and agency level.

7) Funds to adjust funding when changes in provincial legislation are introduced.

In addition to these costs, we recommend the reintroduction of the cost of living adjustment. **The failure to implement the cost of living provision in the current formula has resulted in a 112 million dollar loss of funding in the national operations budgets for the years 1999-2005**. This means that the 24.8 million dollars is needed to meet the cost of living requirements for 2005 alone, if the loss of purchasing power since 1995 is to be restored.

Adjustments to the remoteness factor are required so that it better reflects the costs associated with child welfare and providing adequate funds for staff salary and benefits are required.

Importantly, the research recommends the adoption of Jordan's Principle. In circumstances where a service would normally be available to non Aboriginal children, the provincial or federal government department which first receives a request to pay for services for a First Nations child should fund the service without delay or disruption. The government of first pay then has the option of referring the payment to a jurisdictional dispute table for review. Consistent with the Convention on the Rights of the Child Jordan's principle would ensure that child's needs come before the needs of governments – all the time.

It is also clear that **a number of agencies are moving toward the development and implementation of their own child welfare laws and thus the implementation of recommendation one of the NPR which encourages that the new funding policy support First Nations based jurisdiction and governance** is becoming increasingly important. This would simply mean expanding the eligibility range for jurisdiction to include First Nations child welfare legislation.

Recommendations

That the research team move forward with a full survey of First Nations child and family service agencies in order to quantify the implications of these modifications to the funding formula for both First Nations agencies and INAC. This will be accomplished through the development, implementation and analysis of results of a survey to be administered to all First Nations child and family service agencies in Canada (except in Ontario where a separate funding agreement exists.) This survey would be informed by the results of Phase Two and will include specific questions on the areas where modifications to the current formula are being considered. It is anticipated that the survey will be administered over the summer of 2005. This timing is not ideal as agency staff often take their vacations during this time, but unfortunately deferring this to the fall is not an option as INAC needs to develop the Memorandum to Cabinet requesting the new funding authority no later than September of 2005.

In addition to this agency survey, specific focused research is recommended in the following areas:

1) Research on the minimum economy of scale for operation of a First Nations child and family service agency.

2) Legal review of tort law relevant to First Nations child and family service agencies to determine a minimal level of liability coverage.

3) Research on the implications of substituting the city centre for the current service centre in the remoteness factor.

4) Obtain population trend data on the status Indian children in care in order to understand how the current definition of eligible child impacts FNCFSA funding over time.

5) Analyze the interface between Directive 20-1 and the funding instruments used by INAC (e.g.: contribution funding agreements.)

Overall, a blending of this option and the First Nations formula appears to be the most promising option emerging from the research. The additional information provided by the universal First Nations child and family service

agency survey and the recommended focused research projects will help better define the practice and economic implications of the proposed modifications to Directive 20-1.

LINKING FNCFSA FUNDING TO PROVINCIAL FUNDING LEVELS

This option involved identifying the funding formulas used by each province and then applying it to the First Nations child and family service agencies in the respective province to see what the implications were. **Although at first glance this option may suggest that there would be "provincial comparability" if the formulas were applied to First Nations child and family service agencies further analysis immediately identifies complications.** From the outset there were several complications regarding this approach: 1) application of provincial formulas could result in no fewer than 10 different funding formulas thereby creating potential for inequities between regions 2) provincial funding formulas are developed with provincial economies of scale and service contexts in mind – application to FNCFSA that serve smaller communities with greater service needs was questionable and 3) provincial child and family service authorities may draw upon the resources of other provincial ministries to support delivery of child welfare (i.e.: for capital building costs, legal costs) – if these services were funded outside of the provincial formula then the formula would need to be adjusted to reflect these costs and 4) provincial funding formulas are developed by provincial staff and have not included First Nations or the federal government thus pursuing this option would mean locating the control of funding strictly within the ambit of the provinces and 5) consistent with the findings of CIS-03, provinces typically serve a population with lower needs for child welfare services than First Nations child and family service agencies.

Despite the initial complications of this approach, the NAC directed that further analysis of this option be conducted in phase three of the research program. The research team had initially hoped to conduct an economic analysis of three provincial funding formulas, but as two of three of the provinces identified for analysis turned out to not know what their formula was, a detailed analysis could only be completed for one province.

Description of Provincial Models

Several provinces interviewed report that they no longer have any record as to what the original structure of the funding formula for child and family service deliver was in their area. They have simply adjusted the amount provided annually by price and volume. This creates an obvious complication as the intent was to apply the provincial formulas to First Nations child and family service agencies in each jurisdiction.

As noted above, the research team had initially planned to identify the funding formulas for three provinces and then apply them to the First Nations child and family service agencies in each province to see what the results would be. However, two of the provinces identified for study did not have any record of how their funding formulas were derived. Therefore, analysis of the implications of the applying a provincial funding formula to First Nations child and family service agencies in that province was only conducted in one region.

This province indicated that their province unilaterally applies a funding formula based on the Universal Cost of a Direct Service Worker. The formula provides a Direct Service Worker for each 7228 days of care provided by the agency. Unlike their provincial agency counterparts:

- The FNCFS Agencies do not receive Services to Community funding.
- The FNCFS Agencies do not receive Executive Core funding.
- The FNCFS Agencies receive partial funding for Protection Services.

When the provincial funding formula was applied to First Nations child and family service agencies in this province the majority of agencies would receive less funding than under the Directive.

Provincial surveys indicate that workload and caseload are primary determinants of human resource needs in at least three provinces. One province uses a complicated workload formula involving over 1700 pieces of data which has a built in adjustment for changes in social work practice. This model has been in place since 1997 and is subject to a union collective agreement. This particular province did not comment on whether its salary ranges are similar or different from FNCFSA in the area. Another province, using a caseload model, noted that when it reimburses agencies for services it assumes funding for one worker for every 7228 days of care provided by the agency – no funding is provided for community services or executive core funding and only partial reimbursement is provided for protection services. The third province used a caseload model funding one social worker for every 20 cases and noted that the FNCFSA match the salary levels provided by the province. The other regions were unable to respond to this question.

Implications of Research Findings for Provincial Funding Level Option

An analysis of this funding option indicates that this is the least promising of all three funding formula options in that even if the funding formulas could be identified for all ten provinces, there is no indication that the formulas were developed to be responsive to the unique service needs or economies of scale for First Nations child and family service agencies.

Moreover, selection of this option would be inconsistent with the recommendations of the National Policy Review which sought to reduce inequities in funding levels between regions – if the provincial option were selected there would be, in effect, ten funding formulas for First Nations child and family services.

Recommendations

1) **Given the short time frame for the analysis of all three formulas and the need to focus on the most promising alternative for the survey of all FNCFSA, we recommend not pursuing the option of applying provincial funding formulas to FNCFSA.**

2) **Analysis of the existing provincial funding formulas should, however, continue to identify possible best practices for integration into the new formula for FNCFSA.**

3) **If possible within the time frame for Phase Three the research team will attempt to identify another provincial funding model and apply it to First Nations child and family service agencies in the region to see what the results would be.**

THE FIRST NATIONS BASED FUNDING MODEL

Description of First Nations Model

There is no preexisting template for this model – it would be an entirely new funding formula which, taking into account the recommendations of the NPR, would respond to the unique needs of First Nations child and family service agencies. **In principle, this approach would be the most community based and reflect the findings of the research conducted by Cornell and Kalt (2002) which indicated that community based decision making accompanied by adequate resources creates optimal conditions for sustained socio-economic improvements.** It would involve comprehensively researching the needs of children and families serviced by the diversity of First Nations agencies and then, with the involvement of the FNCFSA, develop a funding model that best equips them with the tools needed to support families in their communities taking into full account the current status and evolution of child welfare legislation, standards and best practice (provincial and First Nations) Integration of outcomes and evaluation mechanisms would be key as agencies measure the efficacy of various approaches to enhancing child safety and well being.

The range of tools available to First Nations agencies would include the ability to draw upon the resources and expertise of neighboring First

Nations agencies to respond to exceptional circumstances such as the admission of large numbers of children in care or a child maltreatment investigation involving a staff member. Regional and national research, policy and networking non government organizations would further support agencies in their regions. The mandates of these organizations would reflect local needs, but may include the design of training programs for staff, development of standards templates, information management systems, and research on key regional basis. Consistent with the NPR the establishment of national NGOs to support FNCFSA through the provision of policy, research and networking functions that may include monitoring the implementation of the Convention on the Rights of the Child respecting First Nations children, conducting national research projects, information sharing on promising practices and linkages to promising practices amongst Indigenous peoples worldwide.

The development of such a model would require having broad based information on the longitudinal experiences of First Nations children and families coming to the attention of child welfare and the range of community based responses currently provided by First Nations child and family service agencies. Once this is determined a costing exercise would need to be designed to be undertaken and a funding formula developed. Unfortunately, much of the baseline data needed to develop a fully First Nations formula is currently unavailable. However, the research conducted for Phase Two did reveal some important findings relevant for the development of this option over time.

Implications of Research Findings for First Nations Model

The Canadian Incidence Study on Reported Child Abuse and Neglect is the first national data set that describes the experiences of First Nations children coming into contact with the child welfare system. Although this study is limited to reported cases of child maltreatment, it has the benefit of running in five year cycles allowing researchers to mark changes over time. The 2003 study, the second cycle of CIS, finds that Aboriginal children continue to be over-represented at every decision making point from reporting to admission into care. It also confirms findings of the 1998 study that First Nations children are by far the largest group of children comprising the Aboriginal sample, accounting for over 67% of all investigations.

The most important finding of 2003 is that it affirms the findings of the 1998 cycle indicating that Aboriginal children are twice as likely to come into contact with child welfare authorities for neglect than their non Aboriginal peers. Physical neglect (failure to provide for a child's basic needs such as clothing, shelter, nutrition) is the most frequent form of neglect experienced by Aboriginal children. This is important as the ability to provide for a child's needs is correlated with income and Aboriginal parents continue to be more likely to rely on financial assistance or part time employment than their non Aboriginal counterparts.

The CIS data signals that investments in family support services that account for poverty, poor housing and addictions could maximize the standard of family care and avoid the current over-representation of First Nations children in child welfare care.

An interesting finding is regarding the placement of Aboriginal children in care. **When the child is on reserve they are three times more likely to be placed in the range of extended family and kinship placements than their off reserve counterparts**.

First Nations child and family service experts have routinely advocated that social work approaches in families must balance assessment of risk with the recognition and leveraging of protective factors (strengths) (Foxcroft & Blackstock, 2003; Blackstock, 2003). **As Dr. Helen Jones (2003) notes this approach has been integrated into child protection services in the UK in what is known as the Integrated Children's System (ICS.) This system relies on three inter-related components: 1) an assessment model framework that considers**

the child's developmental needs, the family and environmental factors and parenting capacity 2) developing information requirements and 3) sample formats for producing and generating reports. This system relies heavily on information management because one must have a holistic data management system that can be used for child and family case planning and policy making. The ICS system collects data to inform five over arching goals: healthy children, staying safe, enjoying and achieving, making a positive contribution and economic wellbeing. The data management system was designed to be attuned to social workers motivations for using a system and thus maximized their use of the system. The primary motivating factors for social workers to use the system were better outcomes for the children they served and more efficient use of their time. It also provided ample staff training time and opportunities for feedback into the process. Results of pilots of the ICS system are very encouraging with the following positive outcomes having been reported:

- Better descriptions of children and their families provide a stronger foundation for the development of effective service plans at the family level.
- More comprehensive information allows for more effective targeting, and coordination of resources to meet needs of children.
- Provides a basis for mapping trends of child need and identification of service gaps.

A model such as ICS would have important applications in a First Nations context as it accounts for the structural risk factors identified in the CIS -98 (Trocme, Knoke & Blackstock, 2004) study and puts in play a system that better describes the strengths and risks experienced by children and families allowing for a more effective and efficient use of resources over time. A caution must be raised about importing the ICS model without accounting for the cultural differences in, and between, First Nations but the integration of a holistic and strength based approach holds significant promise.

As Stanley Loo notes, **augmenting information systems would greatly increase reporting efficiencies as recommended by the Auditor General of Canada and would have the added benefit of supporting First Nations child and family service agencies to better identify changes in community needs and measure the efficacy of service outcomes.**

In terms of jurisdiction disputes, the new formula would entrench Jordan's principle of putting the needs of the child first and the resolution of the jurisdictional dispute second. This does not mean that jurisdictional disputes would go unresolved. Ideally, a First Nations funding formula would include an arms length dispute resolutions system that involves relevant stakeholders and, whenever possible, the integration of cultural approaches to resolving disputes.

Additionally, **a separate pool of funds needs to be established to respond to exceptional circumstances and communities in crisis that supports community based solutions and allows for cooperative resource sharing with neighboring First Nations child and family service agencies when necessary.** Consistent with the findings of Irvine (2004) the definition of a community in crisis or an extraordinary circumstance is contingent on the context of the community, available resources, degree of crisis response planning and resources and the precipitating event.

To set a baseline for understanding what is, or is not, extraordinary in each community, Dr. Cradock recommends that a community capacity assessment be completed on each community. This assessment will also identify existing community capacity to respond to exceptional circumstances and identify gaps in capacity. This assessment should account with the following continuum of extraordinary circumstances response as recommended by Irvine (2004):

- Recognize that First Nations child and family service agencies are often the first responders to community crisis and thus need to have equitable funding bases in order to meet the additional demands of crisis situations.
- Building community capacity to respond to crisis situations including the development of

crisis response procedures, protocol agreements and by providing training to First Nations child and family service agency staff.

- Moving to prevention as a mechanism to avoid as many crisis situations as possible – this means further investment in prevention services and the coordination of said services
- Building relationships within the First Nation, with neighboring First Nations child and family service agencies, non profits and levels of government to augment the range of resources available and engage the broadest available skill set in community crisis plan planning, immediate response and after crisis care.

Improving staff salary, benefits and training resources would be an important validation of the skills and expertise of FNCFSA staff would ensure that agencies are able to recruit and maintain qualified staff. It is important to keep in mind that professional development options should include a balance of academic and non academic pursuits allowing staff to upgrade their skills and knowledge. Adequate funding should also be provided to cover off costs related to workplace safety.

Recommendations

Implementation of the following recommendations would significantly advance the development of a First Nations based formula in the future:

1) Implement targeted funding for community development and least disruptive measures and include funds for ongoing evaluation of new programs.
2) Implement funding for adequate culturally based policy and standards development and maintenance that includes ongoing evaluation and maintenance.
3) Ensure that human resources funds are sufficient for FNCFCSA to offer competitive salaries and benefits whilst ensuring workplace safety and professional development (academic and non academic)
4) New treasury board authorities should provide funds for INAC to support national and regional research projects such as the CIS that significantly inform policy and practice for FNCFSA.
5) Increased investment in research to describe promising practices in FNCFSA management, policy and practice whilst identifying the conditions that made the promising practice possible.
6) Implement recommendation one of the National Policy Review by increasing the scope of child welfare authority eligible for funding to include First Nations based legislation.
7) Introduce a financial review and adjustment to account for changes to provincial child welfare legislation.

Conclusion

This report is dedicated to Jordan and to all First Nations children and families. In reading the statistics and the findings it is their images that should guide our interpretation and inspire our action.

This research presented a unique opportunity to bring together a multi-disciplinary team of experts whilst balancing academic and community expertise. To date, research on First Nations child and family services has been limited in Canada despite the over-representation of First Nations children in care and the development of First Nations child and family service agencies. This report represents the most comprehensive overview of First Nations child and family services completed to date. The findings, whilst having their limitations, affirm the calls by First Nations child and family service agencies for greater emphasis on prevention and least disruptive measures services in order to support family well being and over time reduce the numbers of children in child welfare care.

To follow is a highlight of some of the most important findings of this research report:

1) Status First Nations children are drastically over-represented amongst both children in care and Aboriginal children in care. In three sample provinces First Nations children are 15 times more likely than other children to enter

child welfare care. One in ten Status Indian children in these provinces was in care as of May 2005.

2) The most common reason why First Nations children come to the attention of child welfare authorities is neglect.

3) First Nations children are twice as likely as their non Aboriginal peers to have their cases substantiated and to be admitted into child welfare care. Funding levels should reflect the increased costs associated with these increased levels of service

4) The cost of living increment has not been provided to First Nations child and family service agencies since 1995. What this means is that for the time period where we have data (1999-2005) the loss of funds due to inflation for the operations portion of the funding formula was 112 million dollars.

5) Funds for prevention and least disruptive measures are not adequate either in terms of program development, program delivery and evaluation or staffing requirements.

6) First Nations child and family service agencies are having significant success in placing children in culturally based placements.

7) Two thirds of First Nations agencies report that funding for salaries and benefits was not sufficient in the current formula.

8) A large majority (84%) of agencies felt that current funding levels were insufficient to provide for adequate culturally based services.

9) The First Nations child and family service agencies in the sample reported an aggregate of 393 jurisdictional disputes that took an average of 54.25 person hours each to resolve.

10) First Nations child and family service agencies provide significant gift in kind consultation service to the provinces and federal governments.

11) Management information systems vary widely ranging from pen and paper to agency developed systems. In the vast majority of cases MIS systems do not meet minimum standards.

12) There is currently no adjustment to account for changes in provincial legislation resulting in reported gaps in services provided on and off reserve.

The ongoing research will help refine these findings and determine the costs of standing still and going forward with modifications to the funding formula.

In the end the value of this research will be judged by the actions that are taken in its spirit. Knowing what the problems are and knowing what the solutions are is simply not enough. If we do not act courageously and without compromise to ensure that First Nations have as Elder Donald Horne says *"what is rightfully theirs- a chance to live with dignity, in the ways of their ancestors, safely at home."*

(family photo by Michelle Nahanee, in Alert Bay B.C.)

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(Footnotes)

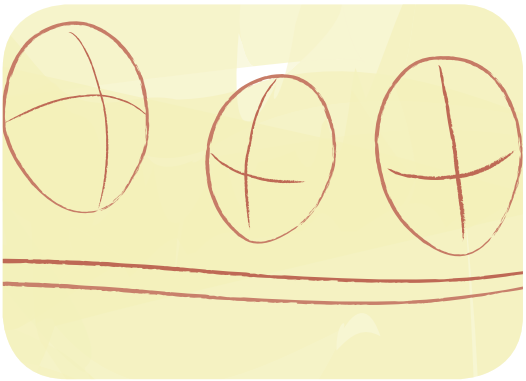
[1] Note: This study did not include Ontario as child welfare is funded under a separate funding arrangement known as the Indian Child Welfare Agreement (AKA the 1965 Child Welfare Agreement)

[2] Continuing custody is meant to describe those children in the child welfare care who by court order are in care until the age of majority.

[3] Canada (2005) National Building Code of Canada. Retrieved 8 July 2005 at http://www.nationalcodes.ca/nbc/index_e.shtml#

THE EXPERIENCE OF FIRST NATIONS CHILDREN

Coming into Contact with the Child Welfare System in Canada: *The Canadian Incidence Study on Reported Abuse and Neglect*



CHAPTER 2

based on the
Canadian Incidence Study of Reported Child Abuse and Neglect-2003
(CIS-2003)

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Introduction

This report presents a comparison of Aboriginal and non-Aboriginal children investigated for maltreatment in Canada in 2003. The analyses are based on the preliminary findings from the ***2003 Canadian Incidence Study of Reported Child Abuse and Neglect*** (***CIS-2003***) (Trocmé, Fallon, et al., to be released in October 2005). Analyses were conducted under contract for the First Nations Child and Family Caring Society to support the Caring Society's review of the Federal Government's child welfare funding framework. The purpose of the analyses was to examine differences in profiles of and service responses to Aboriginal children compared to non-Aboriginal children. The CIS 2003 study was made possible by a grant from the Public Health Agency of Canada.

Methodology

The ***CIS-2003*** is the second nation-wide study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by Canadian child welfare services. The estimates presented in this report are primarily based on information collected from child welfare investigators on a representative sample of over 11,000 child welfare investigations conducted across Canada, excluding Quebec.

Specifically, the CIS–2003 is designed to

1. Examine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence as well as multiple forms of maltreatment;
2. Examine the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm;
3. Examine selected determinants of health for investigated children and their families;
4. Monitor short-term investigation outcomes, including substantiation rates, out-of-home placement, use of child welfare court, and criminal prosecution, and
5. Compare 1998 and 2003 rates of substantiated physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence; the severity of maltreatment and short-term investigation outcomes

Sample

The ***CIS-2003*** captured information about children and their families as they came into contact with child welfare services over a three-month sampling period. Maltreated children who were not reported to child welfare services, screened-out reports, or new allegations on cases currently open at the time of case selection were not included in the ***CIS-2003***. A multi-stage sampling design was used, first to select a representative sample of child welfare offices across Canada, and then to sample cases within these offices. Information was collected directly from the investigating child welfare workers. The core sample of 11,562 child investigations was used to derive estimates of the annual rates and characteristics of investigated child maltreatment in Canada, outside of Québec[1].

A stratified cluster design was used to select maltreatment investigations for the ***CIS-2003***. Because of variations in the organization of child welfare service systems across Canada, a four-stage sampling process was required to select a nationally representative sample of children investigated because of suspected maltreatment. Fifty-five sites were selected from a pool of 327 child welfare service areas in Canada, outside of Québec.[2] Five sites declined to be involved because of their particular circumstances, and five replacement sites were randomly selected from the remaining pool.

A total of eight Aboriginal agencies were involved in the ***CIS-2003***. Five Aboriginal agencies were contacted for recruitment but were unable to participate as a result of external demands on the organization, organizational change, or existing service demands. Multiple presentations were made to agencies in an effort to recruit them and to establish trust between the agency and members of the study team. Two agencies initially agreed to

participate in the study and then were unable to due to capacity issues. Although the intention was to have ten aboriginal agencies participate in the study, only eight aboriginal agencies are included in the final sample.

The second sampling stage involved selecting cases opened in each site over a three-month period between October 1, 2003 and December 31, 2003.[3] Three months was considered to be the optimum period to ensure high participation rates and good compliance with study procedures. Consultation with service providers indicated that case activity from October to December is considered to be typical of the whole year.

The third sampling stage involved screening opened cases to identify those cases that met ***CIS-2003*** definitions of suspected maltreatment. The Intake Face Sheet of the CIS Maltreatment Assessment Form was completed on all open cases. Investigating workers then evaluated each case to determine whether maltreatment was alleged by the referral source or suspected at any point in the investigation process. In cases where maltreatment was suspected, the remainder of the CIS Maltreatment Assessment form was completed.

The final case selection stage involved identification of the specific children who had been investigated. In many jurisdictions, cases are classified on the basis of family units, while in others each investigated child is counted as a case. In jurisdictions using family-based case counts, children who had been specifically investigated because of suspected maltreatment were identified, yielding a final sample of 11,562 investigated children.

The sample includes 2,328 investigations involving Aboriginal: 304 First Nations children served by a First Nation's agency, 1,244 First Nations children served by mainstream agencies and 476 Métis, Inuit, and other Aboriginal children.

As with any sample survey, estimates must be understood within the constraints of the survey instruments, the sampling design, and the estimation procedures used. Please refer to the Canadian Incidence Study of Reported Child Abuse and Neglect Major Findings Report (***CIS-2003***) for a full discussion about the ***CIS-2003*** methodology and a discussion of the strengths, limitations, and impact on interpreting the ***CIS-2003*** estimates. [4]

Aboriginal Definition

The Aboriginal population figure was derived from Census 2001 data.[5] According to Census documents, the Aboriginal identity population figures refer to "North American Indian, Métis or Inuit (Eskimo), and/or those who reported being a Treaty Indian or a Registered Indian as defined by the Indian Act of Canada and/or who were members of an Indian Band or First Nation." The Census population figures may differ from those calculated by INAC because of methodological and conceptual differences.

Aboriginal Analyses

For the purposes of this comparative report, First Nation status children and First Nation non-status children were combined and then categorized as living on or off reserve[6a]. Other Aboriginal children included Métis, Inuit and other Aboriginal children. Non-Aboriginal children were those children for whom the worker did not categorize as Aboriginal.

Most tables are limited to estimated counts of the number children in each Aboriginal category because we were unable to obtain reliable population estimates for on and off reserve children. **Tables 1a and 2a** provide population based incidence estimates by collapsing the three Aboriginal categories. Caution should be used in comparing the investigation statistics in the other tables because counts of number of investigations and differences in the distribution of these cases do not reflect the significant base-rate difference in incidence rates between Aboriginal and non Aboriginal children. For example, in **Table 2a** 13% of substantiated cases of maltreatment involving Aboriginal children involved physical abuse, compared to 29% for non-Aboriginal children. However, since Aboriginal children

were nearly 2.5 times more likely to be reported and substantiated, the incidence of substantiated physical abuse was in fact higher for Aboriginal children: 6.4 per thousand compared to 5.7 per thousand for non-Aboriginal children.

Given that the purpose of the report was to explore differences in profiles of and service responses to Aboriginal children compared to non-Aboriginal children, the statistical analyses in this report examine the differences in distribution of key characteristics of both groups. In most cases this is done using a Chi-square analysis[6b] of these distributions. Thus the significant difference reported in **Table 2a** means that there is a significant difference in the distribution of categories of maltreatment (13% physical abuse vs. 29%). However, this statistical analysis does not examine the difference in incidence rates (6.4 vs. 5.7)

Child Maltreatment Investigations by Level of Substantiation

Tables 1a and 1b describe investigations of maltreatment in terms of the three levels of substantiation specified by child protection workers involved in the *CIS-2003*:

A case is considered substantiated if the balance of evidence indicates that abuse or neglect has occurred.

A case is suspected if you do not have enough evidence to substantiate maltreatment, but you also are not sure that maltreatment can be ruled out.

A case is unsubstantiated if the balance of evidence indicates that abuse or neglect has not occurred.

Table 1a describes incidence rates for Aboriginal and non-Aboriginal children. Nearly 10% of Aboriginal children in Canada (95.3 per thousand Aboriginal children) are estimated to have been investigated in 2003 because of alleged maltreatment, over double the rate for non-Aboriginal children (42.2 per thousand). The rate of substantiated maltreatment was 2.5 times higher: 49 substantiated victims per thousand Aboriginal children compared to 19.8 per thousand non-Aboriginal children.

Table 1b provides the breakdown in substantiation rates by Aboriginal group. A higher proportion of child maltreatment investigations were substantiated for First Nations on reserve (51%), First Nations off reserve (51%), and other Aboriginal (55%) compared to non-Aboriginal (47%). In addition, a higher percentage of child investigations for First Nations off reserve and other Aboriginal were determined to be suspected following the completion of the initial investigation period.

Table 1a: Incidence of Child Maltreatment Investigations by Level of Substantiation in Canada in 2003, (Quebec Excluded)

	Aboriginal			Non-Aboriginal			Total
	%	# of Child Investigations	Rate per 1000	%	# of Child Investigations	Rate per 1000	
Substantiated	52	15,273	49.0	47	88,025	19.8	103,098
Suspected	15	4,506	14.6	12	23,574	5.3	28,053
Unsubstantiated	33	9,715	31.4	41	76,254	17.1	85,969
Total Maltreatment Investigations		29,494	95.3		187,826	42.2	217,320
Estimates- abor registered pop=309, 388; non-abor pop =4,757,845-309,388=4,448,457							
Analysis is based upon a sample of 11, 562 child maltreatment investigations with information about substantiation							

Table 1b: Child Maltreatment Investigations by Level of Substantiation in Canda in 2003 (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Substantiated	51	3,473	51	8,496	55	3,299	47	88,025	103,298
Suspected	12	822	15	2,506	20	1,178	12	23,574	28,053
Unsubstantiated	37	2,480	34	5,696	25	1,539	41	76,254	85,969
Total Maltreatment Investigations	100	6,780	100	16,698	100	6,016	100	187,826	217,320
Canadian Study of Reported Child Abuse and Neglect 2003						$X^2=50.16$ $p<0.001$			

Analysis is based upon a sample of 11, 562 child maltreatment investigations with information about substantiation

Categories of Substantiated Maltreatment

Investigating child protection workers could identify up to three types of maltreatment for each investigation. Workers could choose from a list of twenty-five forms of maltreatment, under five categories of maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence). Note that because a case could include more than one form of maltreatment the columns in **Tables 2a to 3f** add up to more than the total number of substantiated cases. Estimates are not presented when there are insufficient cases sampled to provide a reliable estimate. In such cases, two dashes (--) appear in the table cell.

Incidence Rates: **Table 2a** shows that rates of substantiated maltreatment were similar or higher for Aboriginal children for all categories of maltreatment compared to non-Aboriginal children.

Physical Abuse: Significant differences were seen in the proportion of investigations that identified substantiated physical abuse for the four groups (First Nations on reserve, First Nations off reserve, other Aboriginal and non-Aboriginal). Twenty-nine percent of non-Aboriginal investigations indicated that physical abuse had been substantiated compared to 10% for First Nations off reserve and 11% for other Aboriginal.

Sexual Abuse: A higher proportion of non-Aboriginal investigations involved substantiated sexual abuse than for First Nations and other aboriginal categories.

Neglect: A much higher proportion of First Nations and Aboriginal investigations involved substantiated neglect compared to non-Aboriginal investigations. This ranged from 51% for First Nations on reserve to 65% for other Aboriginal.

Emotional Maltreatment: Seventeen percent of substantiated maltreatment investigations for First Nations off reserve noted emotional maltreatment. This proportion was higher for First Nation on reserve (27%), other Aboriginal (26%) and non-Aboriginal (24%).

Exposure to Domestic Violence: The proportion of substantiated child maltreatment investigations involving exposure to domestic violence ranged from 28% for other Aboriginal to 38% for First Nations on reserve.

Forms of Substantiated Physical Abuse

For the purposes of the *CIS-2003*, cases of investigated maltreatment were classified as physical abuse if the investigated child was suspected to have suffered or to be at substantial risk of suffering physical harm at the hands of his or her caregiver. The physical abuse category

Table 2a: Incidence of Categories of Substantiated Maltreatment in 2003 in Canada (Quebec Excluded)

	Aboriginal			Non-aboriginal			Total
	%	# of Child Investigations	Rate per 1,000 children	%	# of Child Investigations	Rate per 1,000 children	
Physical Abuse	13	1,982	6.4	29	25,454	5.7	27,436
Sexual Abuse	2	259	0.8	3	2,944	0.7	3,203
Neglect	60	9,211	29.5	30	26,631	6.0	35,842
Emotional Maltreatment	21	3,227	10.4	24	20,808	4.7	24,035
Exposure to Domestic Violence	31	4,656	15.0	35	30,461	6.8	35,117
Total investigations involving substantiated maltreatment	100	15,273	49	100	88,025	19.8	103,298

Estimates- abor registered pop=309, 388; non-abor pop =4,757,845-309,388=4,448,457

Analyses are based upon a sample of 5,660 child maltreatment investigations with information about substantiation

Table 2b: Category of Substantiated Maltreatment in Canada in 2003 (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Physical Abuse	21	720	10	894	11	368	29	25,454	27,436
Sexual Abuse	(--)	(--)	2	178	(--)	(--)	3	2,944	3,202
Neglect	51	1,787	62	5,275	65	2,149	30	26,631	35,842
Emotional Maltreatment	27	944	17	1,423	26	860	24	20,808	24,035
Exposure to Domestic Violence	38	1,329	29	2,415	28	912	35	30,461	35,117
Total investigations involving substantiated maltreatment	51	3,478	51	8,496	55	3,299	47	88,025	103,298

Canadian Study of Reported Child Abuse and Neglect 2003 *X^2, $p<.05$

Analysis is based upon a sample of 5,660 child maltreatment investigations with information about substantiation

includes five forms of abuse:

Shake, Push, Grab Or Throw: include pulling or dragging a child as well as shaking an infant.

Hit With Hand: include slapping and spanking but not punching.

Punch, Kick, Or Bite: include as well any other hitting with other parts of the body (e.g.: elbow or head).

Hit With Object: includes hitting with a stick, a belt or other object, throwing an object at a child, but does not include stabbing with a knife.

Other Physical Abuse: Any other form of physical abuse including choking, strangling, stabbing, burning, shooting, poisoning, and the abusive use of restraints.

Table 3a describes the proportion of substantiated physical abuse cases indicating each of the five forms of physical abuse by Aboriginal status. As noted in the previous section, investigating workers could identify up to three types of maltreatment for each investigation from a list of twenty-five forms of maltreatment. Note that because a case could include more than one form of maltreatment the columns in **Tables 2a to 3f** add up to more than the total number of substantiated cases. Estimates are not presented when there are insufficient cases sampled to provide a reliable estimate. In such cases, two dashes (--) appear in the table cell.

Table 3a indicates that the proportion of substantiated investigations involving at least one form of physical abuse was highest for non-Aboriginal investigations (29%). The proportion of substantiated physical abuse cases that involved shaking, pushing, grabbing or throwing was highest for other Aboriginal (48%), compared to non-Aboriginal physical abuse investigations (23%). A higher percentage of substantiated physical abuse investigations for First Nations off reserve (57%) involved hitting with a hand compared to other Aboriginal and non-Aboriginal (47%), and First Nations on reserve (30%). First Nations off reserve indicated the highest proportion of substantiated physical abuse cases involving a punch, kick or bite, while non-Aboriginal substantiated physical abuse investigations involved a higher percentage involving hitting with an object. Other forms of physical abuse were noted most frequently in

Table 3a: Forms of Substantiated Physical Abuse (% of substantiated PA), (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Shake, Push, Grab Or Throw	44	314	33	296	48	175	23	5,947	6,732
Hit With Hand	30	218	57	506	47	173	47	11,878	12,775
Punch, Kick, Or Bite:	(--)	(--)	15	133	(--)	(--)	9	2,207	2,419
Hit With Object	(--)	(--)	16	143	(--)	(--)	22	5,615	5,930
Other Physical Abuse	21	152	18	161	(--)	(--)	13	3,305	3,631
At least One Form of Substantiated Physical Abuse*	21	720	10	894	11	368	29	25,454	27,436

Canadian Study of Reported Child Abuse and Neglect 2003 *X^2, $p<.001$

Analyses are based upon a sample of 1, 410 child maltreatment investigations with substantiated physical abuse

substantiated physical abuse investigations for First Nations on reserve.

Forms of Substantiated Sexual Abuse

It should be noted that the *CIS-2003* identified only cases reported to child welfare services; many cases of child sexual abuse that do not involve parents or relatives in the home are investigated only by the police, and child welfare services usually become involved in extra-familial sexual abuse cases only if there are concerns about the parents' ability to protect the child. The *CIS-2003* used eight forms to classify cases of sexual abuse:

Penetration: penile, digital or object penetration of vagina or anus.

Attempted Penetration: attempted penile, digital or object penetration of vagina or anus.

Oral Sex: oral contact with genitals by either perpetrator or by the child.

Fondling: touching or fondling of genitals for sexual purpose.

Sex Talk: verbal or written proposition, encouragement, or suggestion of a sexual nature (include face to face, phone, written and internet contact, as well as exposing the child to pornographic material).

Voyeurism: Included activities where the alleged perpetrator observes the child for the perpetrator's sexual gratification.

Exhibitionism: Included activities where the perpetrator is alleged to have exhibited himself/herself for his/her own sexual gratification.

Exploitation: Included situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.

Table 3b describes the proportion of substantiated sexual abuse cases that involved each of the eight forms of sexual abuse by Aboriginal status. It is important to remember that estimates are not presented when there are insufficient cases sampled to provide a reliable estimate. In such cases, two dashes (--) appear in the table cell. The proportion of substantiated investigations involving at least

Table 3b: Forms of Substantiated Sexual Abuse (% of substantiated sexual abuse), (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Penetration	(--)	(--)	(--)	(--)	(--)	(--)	11	314	355
Attempted Penetration			(--)	(--)	(--)	(--)	4	130	144
Oral Sex			(--)	(--)			14	406	436
Fondling	(--)	(--)	86	153	(--)	(--)	66	1,958	2,177
Sex Talk			(--)	(--)	(--)	(--)	9	271	281
Voyeurism							(--)	(--)	24
Exhibitionism							8	251	251
Exploitation			(--)	(--)			8	236	269
At least One Form of Substantiated Sexual Abuse*	(--)	(--)	2	178	(--)	(--)	29	2,944	3,202

Canadian Study of Reported Child Abuse and Neglect 2003 *X^2, $p<0.0$

Analyses are based upon a sample of 170 child maltreatment investigations with substantiated sexual abuse

one form of sexual abuse was highest for non-Aboriginal child investigations. Fondling was the form of sexual abuse indicated most frequently in substantiated sexual abuse investigations for all categories.

Forms of Substantiated Neglect

Child neglect includes situations in which children have suffered harm, or their safety or development has been endangered as a result of the caregiver's failure to provide for or protect them. Unlike abuse, which is usually incident-specific, neglect often involves chronic situations that are not as easily identified as specific incidents. Nevertheless, all provincial and territorial statutes include neglect or some type of reference to acts of omission, such as failure to supervise or protect, as grounds for investigating maltreatment. The *CIS-2003* examines eight forms of neglect:

Failure To Supervise - Physical Harm: The child suffered or was at substantial risk of suffering physical harm because of the caregiver's failure to supervise and protect the child adequately. Failure to supervise included situations in which a child was harmed or endangered as a result of a caregiver's actions (e.g. drunk driving with a child, or engaging in dangerous criminal activities with a child).

Failure To Supervise - Sexual Abuse: The child has been or was at substantial risk of being sexually molested or sexually exploited, and the caregiver knew or should have known of the possibility of sexual molestation and failed to protect the child adequately.

Permitting Criminal Behaviour: A child has committed a criminal offence (e.g. theft, vandalism or assault) with the encouragement of the child's caregiver, or because of the caregiver's failure or inability to supervise the child adequately.

Physical Neglect: The child has suffered or was at substantial risk of suffering physical harm caused by the caregiver(s)' failure to care and provide for the child adequately. This includes inadequate nutrition/clothing, and unhygienic dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.

Medical Neglect: The child required medical treatment to cure, prevent, or alleviate physical harm or suffering, and the child's caregiver did not provide, refused, or was unavailable or unable to consent to the treatment. This included dental services where funding was available.

Failure To Provide Psych. Treatment: The child was at substantial risk of suffering from emotional harm as demonstrated by severe anxiety, depression, withdrawal, self-destructive or aggressive behaviour, or a mental, emotional, or developmental condition that could seriously impair the child's development. The child's caregiver did not provide, or refused, or was unavailable or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school-related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. Parents awaiting service were not included in this category.

Abandonment: The child's parent has died or was unable to exercise custodial rights and did not make adequate provisions for care and custody, or the child was in a placement and the caregiver refused or was unable to take custody.

Educational Neglect: Caregivers knowingly allowed chronic truancy (five or more days a month), or failed to enroll the child, or repeatedly kept the child at home. If the child had been experiencing mental, emotional, or developmental problems associated with school, and treatment had been offered but caregivers did not cooperate with treatment, the case was classified under failure to provide treatment as well.

Table 3c describes the proportion of substantiated neglect investigations that involved each of the eight forms of neglect by Aboriginal status. The proportion of substantiated investigations involving at least one form of neglect was higher for each of the three First Nations or other Aboriginal groups compared to non-Aboriginal. This ranged from 51% for First Nations on reserve, 62% for First Nations off reserve to 65% for other Aboriginal. Thirty percent of Non Aboriginal substantiated investigations involved at least one type of substantiated neglect.

Table 3c: Forms of Substantiated Neglect (% of substantiated neglect), (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Physical*	38	673	31	1,637	38	805	43	11,428	14,543
Sexual*	(--)	(--)	2	122	(--)	(--)	5	1,447	1,642
Physical Neglect*	45	811	36	1,882	53	1,142	35	9,263	13,098
Medical Neglect*	(--)	(--)	6	337	11	237	7	1,750	2,346
Failure to Provide Psych. Treatment			(--)	(--)	(--)	(--)	3	795	854
Behaviour*	(--)	(--)	6	303	(--)	(--)	2	574	1,000
Abandonment*	13	235	18	975	9	192	12	3,306	4,708
Educational Neglect*	8	139	11	585	30	636	7	1,829	3,189
At least One Form of Substantiated Neglect*	51	1,788	62	5,275	65	2,149	30	26,631	35,842

Canadian Study of Reported Child Abuse and Neglect 2003 *X^2, $p<0.05$

Analyses are based upon a sample of 2,077 child maltreatment investigations with substantiated neglect

A higher proportion of non-Aboriginal investigations involving substantiated neglect indicated failure to supervise leading to physical harm or failure to supervise leading to sexual harm, compared to First Nations (on or off reserve) or other Aboriginal. In contrast, a higher proportion of substantiated neglect cases for First Nations (on or off reserve) and other Aboriginal indicated physical neglect or educational neglect.

Forms of Substantiated Emotional Maltreatment

Three forms of emotional maltreatment were designed to be tracked by the *CIS-2003*. A fourth form, exposure to non-intimate partner violence, was added after the start of the study to deal with the relatively large number of such investigations.

Emotional Abuse: The child has suffered or was at substantial risk of suffering from mental, emotional, or developmental problems caused by overtly hostile, punitive treatment, or habitual or extreme verbal abuse (threatening, belittling, etc.).[8]

Non-organic Failure To Thrive: A child under 3 has suffered a marked retardation or cessation of growth for which no organic reasons can be identified. Failure to thrive cases where inadequate nutrition was the identified cause were classified as physical neglect. Non-organic failure to thrive is generally considered to be a form of psychological maltreatment; it has been classified as a separate category because of its particular characteristics.

Emotional Neglect: The child has suffered or is at substantial risk of suffering from mental, emotional, or developmental problems caused by inadequate nurturance/affection. If treatment was offered but caregivers were not cooperation, cases were classified under failure to provide treatment as well.

Exposure To Violence Between Adults Other Than Caregivers: A child has been a witness to violence occurring between adults in the child's home environment (for example the child's father and an acquaintance), excluding exposure to domestic violence.

Table 3d presents the proportion of substantiated emotional maltreatment cases that involved each of the four forms of emotional maltreatment by Aboriginal status. The proportion of substantiated investigations involving at least one form of emotional maltreatment was fairly

similar for First Nations on reserve (27%), First Nations off reserve (17%), other Aboriginal (26%), and non-Aboriginal groups (24%). A higher percentage of substantiated emotional maltreatment investigations for non-Aboriginal children (74%) noted emotional abuse, while First Nations on reserve (60%) noted a higher proportion of emotional neglect.

Substantiated Exposure to Domestic Violence

Although exposure to domestic violence is often categorized as a form of emotional maltreatment, most Canadian jurisdictions have developed policies and practices specific to exposure to domestic violence. To facilitate the analysis of this rapidly expanding form of maltreatment it is described in this report as its own category.

Exposed To Domestic Violence: A child has been a witness to violence occurring between the caregivers (or a caregiver and his/her partner). This would include situations where the child indirectly witnessed the violence (e.g. saw the physical injuries on his/her caregiver the next day or overheard the violence).

Table 3e describes the proportion of all substantiated investigations that indicated exposure to domestic violence. The proportion of substantiated investigations involving at exposure to domestic violence was highest for First Nations on reserve (38%), followed by non-Aboriginal (35%), First Nations off reserve (29%) and other Aboriginal (28%).

Single and Multiple Forms of Substantiated Child Maltreatment

Table 3f presents the number of substantiated investigations involving single and multiple forms of maltreatment. Because most jurisdictions currently track single forms of maltreatment, it is likely that the investigating workers who completed *CIS-2003* forms were unaccustomed to classifying cases under more than one form, and that the *CIS-2003* may therefore underestimate the actual incidence of multiple maltreatment.

The proportion of substantiated maltreatment investigations indicating a single substantiated form was highest for First Nations off reserve (82%) followed by non-Aboriginal (81%), other

Table 3d: Forms of Substantiated Emotional Maltreatment (% of substantiated emotional maltreatment), (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Emotional Abuse	63	597	64	909	65	558	74	15,457	17,521
Non-organic Failure to Thrive							<1	124	124
Emotional Neglect*	60	567	42	594	32	273	22	4,660	6,094
Exposure to Non-intimate Violence*	(--)	(--)	(--)	(--)	(--)	(--)	7	1,542	1,617
At least One Form of Substantiated Emotional Maltreatment*	27	944	17	1,423	26	860	24	20,808	24,035

Canadian Study of Reported Child Abuse and Neglect 2003 *X^2, $p<0.001$

Analyses are based upon a sample of 1, 385 child maltreatment investigations with substantiated neglect

Table 3e: Substantiated Exposure to Domestic Violence (% of substantiated maltreatment), (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Exposure to Domestic Violence*	38	1,329	29	2,415	28	912	35	30,461	35,117

Canadian Study of Reported Child Abuse and Neglect 2003 * X^2, p<.05

Analysis is based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatment

Table 3f: Single and Multiple Forms of Substantiated Child Maltreatment, (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Single Forms of Substantiated Maltreatment									
Physical Abuse Only*	8	263	7	606	7	234	19	17,114	18,217
Sexual Abuse Only	(--)	(--)	2	153	(--)	(--)	3	2,298	2,517
Neglect Only*	29	1,001	48	4,088	44	1,468	22	18,977	25,554
Emotional Maltreatment Only*	6	205	7	555	5	167	12	10,568	11,495
Exposure to Domestic Violence Only*	24	825	19	1,597	19	616	26	22,617	25,655
One Substantiated Form*	67	2,335	82	6,998	76	2,510	81	71,594	83,437
Multiple Forms of Substantiated Maltreatment [1]									
Physical Abuse & Neglect	6	198	2	184	(--)	(--)	2	1,398	1,828
Physical Abuse & Emotional Abuse*	(--)	(--)	(--)	(--)	(--)	(--)	4	3,182	3,278
Physical Abuse & Exposure to Domestic Violence*	(--)	(--)			(--)	(--)	3	2,249	2,274
Neglect & Emotional Maltreatment*	10	366	5	421	12	382	3	2,774	3,943
Neglect & Exposure to Domestic Violence*	4	128	5	402	(--)	(--)	2	1,933	2,484
Emotional Maltreatment & Exposure to Domestic Violence	5	189	3	234	(--)	(--)	3	2,483	2,978
More than One Substantiated Form of Maltreatment*	33	1,143	18	1,497	24	789	19	16,432	19,861

Canadian Study of Reported Child Abuse and Neglect 2003 *X^2, p<.01

Analysis is based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatment

[1] *forms combined with sexual abuse not included since Ns very small*

Aboriginal (76%), and First Nations on reserve (67%). The percentage of substantiated child investigations involving substantiated physical abuse only, sexual abuse only and emotional maltreatment only was higher for non-Aboriginal child investigations than for First Nations or other Aboriginal child investigations. The proportion of substantiated cases involving neglect only was consistently higher for the three First Nations (on or off reserve) and other Aboriginal groups.

Multiple forms of substantiated maltreatment was noted in 33% of substantiated investigations for First Nations on reserve, 24% of other Aboriginal, 19% of non-Aboriginal, and 18% of First Nations off reserve. The percentage of substantiated cases involving multiple forms of maltreatment was fairly low for all groups.

Child Age in Substantiated Maltreatment Investigations

Table 4 presents child age categories in substantiated child maltreatment investigations by Aboriginal status. The proportion of substantiated investigations involving children less than one year of age was highest for other Aboriginal (18%). In contrast, only seven percent of substantiated investigations for the First Nations on reserve category involved children less than one year of age. Fifteen percent of substantiated investigations involving First Nations on reserve children concerned children 2-3 years of age, while 10 percent of substantiated investigations involving non-Aboriginal children concerned children 2-3 years of age.

Child Risk Factors For Substantiated Child Maltreatment Investigations

Child functioning was documented on the basis of a checklist of problems that child welfare workers were likely to be aware of as a result of their investigation. The child functioning checklist (see Maltreatment Assessment Form) was developed in consultation with child welfare workers and researchers to reflect the types of concerns that may be identified during an investigation. The checklist is not a validated measurement instrument for which population norms have been established.[9] The checklist documents only problems that child welfare

Table 4: Child Age in Substantiated Maltreatment Investigations, (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
0-1 Years	7	229	16	1,335	18	584	11	9,479	11,627
2-3 Years	15	529	14	1,193	12	388	10	9,072	11,182
4-7 Years	21	739	25	2,118	24	802	24	21,392	25,052
8-11 Years	32	1,099	25	2,171	25	827	29	25,423	29,520
12-15 Years	25	882	20	1,679	21	698	26	22,659	25,918
Total Substantiated Maltreatment Investigations	100	3,478	100	8,496	100	3,299	100	88,025	103,298

Canadian Study of Reported Child Abuse and Neglect 2003 $X^2=39.13$, $p<0.001$

Analysis is based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatment

workers became aware of during their investigation and therefore undercounts the occurrence of child functioning problems.[10] Nevertheless, it provides an important estimate of the types of concerns that are identified during child maltreatment investigations.

Investigating workers were asked to indicate problems that had been confirmed by a formal diagnosis and/or directly observed, as well as issues that they suspected were problems but could not fully verify at the time of the investigation.[11] The six-month period before the investigation was used as a reference point where applicable. Child functioning classifications that reflect physical, emotional, cognitive, and behavioural issues were documented with a checklist that included the following categories:

Depression Or Anxiety: Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.

ADD/ADHD: Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder included: distractibility; impulsivity; hyperactivity. These behaviours are very noticeable, occur over a long period of time in many situations, and are troublesome to others.

Negative Peer Involvement: Child has been involved in high-risk peer activities, such as gang activities, graffiti or vandalism.

Alcohol Abuse: problematic consumption of alcohol (consider age, frequency and severity).

Drug/solvent Abuse: included prescription drugs, illegal drugs and solvents.

Self-harming Behaviour: Child has engaged in high-risk or life-threatening behaviour such as suicide attempts, physical mutilation or cutting.

Violence Towards Others: Child has displayed aggression and violence toward other children or adults.

Running (One Incident): Child has run away from home (or other residence) on one occasion, for at least one overnight period.

Running (Multiple Incidents): Child has run away from home (or other residence) on more than one occasion for at least one overnight period.

Inappropriate Sexual Behaviour: Child has been involved in inappropriate sexual behaviour.

Other Emotional Or Behvaioural Problem: The child has significant emotional or behavioural problems other than those describes above.

Learning Disability: A child has identified learning deficits in one or more areas of mental functioning (e.g. language usage, numbers, speech, reading, word comprehension).

Specialized Education Services: Child has been involved in special education program for learning disability, special needs, or behaviour problems.

Irregular School Attendance: Child has shown irregular attendance and truancy (more than 5 days/month).

Developmental Delay: Child has delayed intellectual development. Typically it is diagnosed when a child does not reach his/her developmental milestones at expected times. It includes speech and language development, fine and gross motor skills and or personal and social skills.

Physical Disability: The child has a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting or carrying. This includes sensory disability conditions such as blindness, deafness or a severe vision or hearing impairment that noticeably affects activities of daily living.

Substance Abuse Related Birth Defect: Child has a diagnosis or indication of birth defect(s) related to substance abuse by the biological parent (e.g. Fetal Alcohol Syndrome (FAS)/Fetal Alcohol Effect (FAE), cocaine addiction or solvent abuse).

Positive Toxicology At Birth: The child, at birth, tests positive for the presence of drugs or alcohol.

Other Health Condition: Child has ongoing physical health condition (e.g. chronic disease, and frequent hospitalization).

Psychiatric Disorder: Child has diagnosis of psychiatric disorder by a psychiatrist (e.g. conduct disorder, anxiety disorder).

Youth Criminal Justice Act Involvement: Child has been involved in charges, incarceration, or alternative measures with the youth justice system.

Other: Any other child or family focused referral

Table 5: Child Risk Factors for Substantiated Child Maltreatment Investigations, (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal	
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations
Depression/Anxiety*	24	834	13	1,116	16	545	18	15,473
ADD/ADHD*	8	263	14	1,156	8	260	13	11,448
Negative Peer Involvement*	26	904	16	1,387	12	403	12	11,021
Alcohol Abuse*	11	376	8	656	6	189	3	2,811
Drug/Solvent Abuse*	11	378	11	919	6	208	3	3,116
Self-Harm Behaviour	5	170	4	332	6	185	4	3,852
Violence Toward Others	11	397	12	1,011	8	254	11	10,058
Running Away Once	(--)	(--)	2	173	(--)	(--)	4	3,403
Running Away Multiple Times*	7	244	5	426	6	213	3	2,748
Inappropriate Sexual Behaviour	4	149	6	491	4	126	5	4,235
Other Beh/Emot Problems*	42	1,461	26	2,181	18	582	27	23,538
Learning Disability	20	696	18	1,510	15	486	15	12,969
Special Education	13	436	10	853	11	378	12	10,415
Irregular School Attendance*	31	1,069	23	1,949	28	916	11	9,719
Developmental Delay*	17	584	13	1,120	12	408	9	8,290
Physical Disability	(--)	(--)	1	123	(--)	(--)	2	1,824
Substance Abuse Birth Defects*	9	312	8	696	6	197	2	1,671
Positive Toxicology at Birth*	(--)	(--)	2	189	5	163	1	743
Other Health Conditions	(--)	(--)	5	432	4	117	4	3,871
Psychiatric Disorder	4	140	3	263	(--)	(--)	4	3,464
YOA Involvement*	(--)	(--)	4	315	6	200	2	1,695

Canadian Study of Reported Child Abuse and Neglect 2003 *X^2, $p<0.05$

Analysis is based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatment

Table 5 presents child functioning characteristics that affect the physical, emotional, and cognitive health of children for substantiated child maltreatment investigations. Overall, for substantiated maltreatment investigations, First Nations on reserve children, First Nations off reserve children and other Aboriginal children had higher rates of child functioning issues than substantiated investigations involving non-Aboriginal children.

Twenty-four percent of substantiated investigations involving First Nations on reserve children noted depression or anxiety, 18% of substantiated investigations involving non-Aboriginal children noted depression or anxiety, 16% of substantiated investigations of other Aboriginal children noted depression or anxiety and 13% of substantiated investigations involving First Nation off reserve children noted depression or anxiety.

Forty-two percent of substantiated investigations involving First Nations on reserve children noted other behavioural or emotional problems. In comparison, 18% of substantiated investigations for other Aboriginal children noted other behavioural or emotional problems. Irregular school attendance was noted in 31 % of substantiated investigations involving First Nations on reserve children, 28 % involving other Aboriginal children and 23 % involving First Nations off reserve children. In comparison, 11 % of substantiated investigations involving non-Aboriginal children noted irregular school attendance. Thirty-one percent of substantiated investigations involving First Nations on reserve children noted a developmental delay. Eleven percent of substantiated investigations involving non-Aboriginal children noted a developmental delay.

Nine percent of substantiated investigations involving First Nations on reserve children, 8 percent of First Nations off reserve children and 6 percent of other Aboriginal noted substance abuse related birth defects. In comparison, 2 percent of substantiated investigations involving non-aboriginal children noted substance abuse related birth defects. Five percent of substantiated investigations involving other Aboriginal children noted positive toxicology at birth compared to 2% First Nations off reserve children, and 1% non-Aboriginal children).

Physical and Emotional Harm in Substantiated Child Maltreatment Investigations

The *CIS-2003* tracked physical harm suspected or known to be caused by the investigated maltreatment. Information on physical harm was collected using two scales, one describing severity of harm as measured by medical treatment need and one describing the nature of harm.

Information on emotional harm was collected using a series of questions asking child welfare workers to describe emotional harm that had occurred after the maltreatment incidents. Workers were asked to include changes in the child's development (regression, withdrawal), self-regulation (sleep patterns, elimination), or emotions (child crying, clinging, or anxious) that they had observed or that had been described to them. These maltreatment-specific descriptions of emotional harm are not to be confused with the general child functioning ratings noted in **Table 5**.

Table 6 presents physical and emotional harm in substantiated child maltreatment investigations by Aboriginal group. At least one type of physical harm was noted in 10% of substantiated investigations involving non-Aboriginal children. For Aboriginal children, physical harm was note in 9 % of substantiated investigations involving First Nations off reserve children, 6 % involving First Nations on Reserve children and 5% involving other Aboriginal children.

First Nations on reserve children had the highest rates of noted emotional harm. Thirty-three percent of substantiated investigations involving First Nations on reserve children noted emotional harm during the course of the maltreatment investigations. Rates of emotional harm were lower for other groups. Twenty-one percent of substantiated investigations involving First Nations off reserve children noted emotional harm

Table 6: Physical and Emotional Harm in Substantiated Child Maltreatment Investigations, (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
At least one physical harm*	6	222	9	794	5	151	10	9,056	10,223
Any emotional harm*	33	1,141	21	1,797	14	447	20	17,574	20,959

Canadian Study of Reported Child Abuse and Neglect 2003 * X^2, $p<.05$

Analysis is based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatment

and 14% of substantiated investigations involving other Aboriginal children noted emotional harm. In 20% of substantiated investigations involving non-Aboriginal children emotional harm was noted.

Family Risk Factors for Substantiated Child Maltreatment Investigations

Table 7 presents information on a number of family risk factors in substantiated child maltreatment investigations, including single parent status, housing accommodation, housing safety and overcrowding, source of income and recent family moves.

The *CIS-2003* gathered information on up to two of the child's parents or caregivers.[12] For each listed caregiver, investigating workers were asked to choose the category that best described the relationship between the caregiver and the children in the home. If a caregiver was a biological parent to one child and a step-parent to another child in the family, workers were asked to use "step-parent" to describe that caregiver.[13] If recent household changes had occurred, investigating workers were asked to describe the situation at the time the referral was made.

Investigating workers were asked to select the housing accommodation category that best described the investigated child's household living situation. The types of housing included:

Own Home: A purchased house, condominium, or townhouse.

Rental Accommodation: A private rental house, townhouse or apartment.

Public Housing: A rental unit in a public housing complex (i.e. rent-subsidized, government-owned housing), a house, townhouse or apartment on a military base, or band housing.

Shelter/Hotel: A homeless or family shelter, SRO hotel (single room occupancy), or motel accommodation.

Unknown: Housing accommodation was unknown.

Other: Any other form of shelter.

In addition to housing type, investigating workers were asked to indicate whether the investigated child lived in unsafe housing conditions where children were at risk of injury or impairment from their living situation (e.g. broken windows, insufficient heat, parents and children sharing single room). Workers also noted if the family had moves within the past year.

Investigating workers were requested to choose the income source that best described the primary source of the household income. Income source was designated by investigating workers in terms of five possible classifications:

Full Time Employment: A caregiver is employed in a permanent, full-time position.

Employment Insurance (EI)/Social Assistance/ Other Benefit: Family income is derived primarily from employment insurance, social assistance or other benefits (e.g. long-term disability, pension, or child support).

Table 7 indicates that substantiated investigations involving First Nations off reserve children noted the highest proportion of single parents (53%). Substantiated investigations involving First Nations on reserve children noted the lowest proportion of single parents (38%).

Aboriginal families had the lowest rates of home ownership. In 14% of substantiated investigations involving First Nations on reserve children workers indicated that the family owned their own home. Nine percent of substantiated investigations involving First Nations off reserve children noted home ownership and 7% of investigations involving other Aboriginal children noted home ownership. In comparison, 36% of substantiated investigations involving non-Aboriginal children noted home ownership.

Thirty-two percent of substantiated investigations involving other Aboriginal children noted unsafe housing conditions, compared to 20% of investigations involving First Nations on reserve children and 21% involving First Nations off reserve children. In comparison, 7% of substantiated investigations involving non-Aboriginal children noted unsafe housing conditions.

Overcrowding was noted as an issue in 24% of substantiated investigations involving First Nations on reserve children, in 25% of substantiated investigations involving other Aboriginal children and in 14% of substantiated investigations involving First Nations off reserve children. In comparison, 7% of substantiated investigations involving non-Aboriginal children noted overcrowding.

Aboriginal caregivers were less likely to have full time employment than non-Aboriginal caregivers.

Table 7: Family Risk Factors for Substantiated Child Maltreatment Investigations, (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Single Parent Status*	38	1,331	53	4,517	45	1,501	43	37,820	45,169
Housing Accomodations*									
Own Home	14	496	9	746	7	241	36	31,532	33,015
Public Housing	54	1,859	24	2,018	24	790	9	8,338	13,005
Unsafe Housing *	20	697	21	1,797	32	1,089	7	5,915	9,498
Over crowding *	24	843	14	1,176	25	825	7	5,907	8,751
Primary Source of Income *									
Full-time employment	26	914	27	2,315	22	720	62	54,789	58,738
Unemployment/ other benefits	30	1,043	53	4,534	48	1,596	20	17,731	24,904
> 1 move in prior year* (if known)	14	390	31	1,885	44	965	12	8,245	11,485

Canadian Study of Reported Child Abuse and Neglect 2003 *X^2, $p<0.001$

Analysis is based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatment

Twenty-six percent of substantiated investigations involving First Nations on reserve children noted full time employment, 27 percent of substantiated investigations involving First Nations off reserve children noted full time employment and 22 % of substantiated investigations involving other Aboriginal children noted full time-employment. In comparison, 62% of substantiated investigations involving non-Aboriginal caregiver noted full time employment.

Substantiated investigations involving other Aboriginal children had the highest proportion of moves within the past year (45%), followed by investigations involving First Nations off reserve children (31%).

Caregiver Risk Factors for Substantiated Child Maltreatment Investigations

Concerns related to caregiver functioning and family stressors were examined by investigating workers using a checklist of 10 items that were asked about each caregiver. Where applicable, the reference point for identifying concerns about caregiver functioning was the previous six months.[14] The checklist included

Alcohol Abuse: the use of alcohol poses a problem for the household.

Drug/solvent Abuse: at least one caregiver abuses prescription drugs, illegal drugs or solvents.

Criminal Activity: At least one caregiver is absent due to incarceration, or is involved in criminal activity (drug dealing, theft or prostitution). This did not include a criminal history for domestic violence.

Cognitive Impairment: The cognitive ability of at least one caregiver is known to or suspected to have an impact on the quality of care giving provided in the household.

Mental Health Issues: At least one caregiver is known or suspected to have mental health problems.

Physical Health Issues: At least one caregiver is known or suspected to have a chronic illness, frequent hospitalizations, or a physical disability.

Few Social Supports: At least one caregiver is known or suspected to be socially isolated or lacking in social supports.

Maltreated As A Child: Either caregiver is known or suspected to have suffered maltreatment as a child.

Victim Of Domestic Violence: during the past six months the caregiver was a victim of domestic violence including physical, sexual or verbal assault.

Other: Any other issue/concern describing caregiver functioning.

Table 8a and b represent the caregiver risk factors that the worker noted for the female and male caregiver respectively. The average number of female caregiver risk factors was highest for substantiated investigations involving First Nations off reserve children (3.4 average risk factors) and First Nations on and off reserve children for male caregivers (2.1 average risk factors). Substantiated investigations involving non- Aboriginal children were lowest for both female (1.8 average risk factors) and male caregivers (0.9 risk factors).

High rates of alcohol abuse for female caregivers were noted in substantiated investigations involving First Nations off reserve children (58%), First Nations on reserve (44%) and other Aboriginals (43%). High rates of alcohol abuse in male caregivers were noted in investigations involving First Nations children on reserve (42%), other Aboriginal (33%) and First Nations off reserve (31%).

Few social supports were noted as significant risk factors in both female and male caregivers. Sixty- one percent of female caregivers involving other Aboriginal children noted few social supports followed by First Nations off reserve (50%) and First Nations on reserve (49%). For male caregivers, few social supports were noted in investigations of First Nations children on reserve (23%), other Aboriginal (22%) and First Nations off reserve (19%).

Table 8a also indicates 64% of investigations involving female caregivers of First Nations children on reserve were victims of domestic violence, 59% of First Nations off reserve, 49%

other Aboriginal and 47% for non- Aboriginal child investigations.

Recurrence and Duration of Maltreatment in Substantiated Child Maltreatment Investigations

Table 9 presents information on the recurrence and duration of maltreatment in substantiated child maltreatment investigations by Aboriginal group. Eighty percent of substantiated investigations involving First Nations on reserve children noted that the family had been previously identified to child welfare services. Eight-four percent of substantiated investigations involving First Nations off reserve children noted a previous family opening and 75% of investigations involving other Aboriginal children noted a previous family opening. Fifty-nine percent of substantiated investigations involving non-Aboriginal children noted a previous child welfare opening.

Substantiated investigations involving First Nations on reserve children had the highest proportion of cases involving the duration of the maltreatment lasting more than 6 months (56%). Forty-one percent of substantiated investigations involving non-Aboriginal children noted maltreatment lasting more than 6 months.

Investigation Outcomes for Substantiated Child Maltreatment Investigations

Table 10 presents the short-term investigation

Table 8a: Female Caregiver Risk Factors for Substantiated Child Maltreatment Investigations (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Alcohol Abuse *	44	1,529	58	4,948	43	1,406	11	9,849	17,732
Drug/Solvent Abuse *	27	931	35	2,954	40	1,310	10	8,377	13,572
Criminal Activity *	10	338	19	1,642	21	691	6	4,904	7,575
Cognitive Impairment *	20	714	15	1,283	36	1,194	8	6,806	9,997
Mental Health Issues	34	1,181	25	2,124	34	1,056	25	21,882	26,243
Physical Health Issues	10	332	15	1,264	8	263	10	8,440	10,299
Few Social Supports *	49	1,710	50	4,265	61	2,016	36	31,623	39,614
Maltreated as Child *	40	1,391	37	3,179	51	1,673	21	18,155	24,398
Victim of Domestic Violence*	64	2,233	59	5,005	49	1,626	47	41,622	50,486
Average # of Caregiver Risk Factors**		3.0		3.4		3.3		1.8	
Total Substantiated Investigations		3,478		8,496		3,299		88,025	103,298

Canadian Study of Reported Child Abuse and Neglect 2003 *X2, p<0.01 ** ANOVA: (3, 5656)=193.1, p<.001

Analyses are based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatme

Table 8b: Male Caregiver Risk Factors for Substantiated Child Maltreatment Investigations (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Alcohol Abuse *	42	1, 448	31	2,657	33	1,078	14	12,115	17,298
Drug/Solvent Abuse *	34	1,165	20	1,696	24	789	7	6,389	10,039
Criminal Activity *	21	745	17	1,445	23	759	7	6,460	9,409
Cognitive Impairment *	12	428	9	790	3	97	3	2,967	4,282
Mental Health Issues	13	441	9	784	14	461	10	8,844	10,530
Physical Health Issues	2	67	4	340	5	154	5	4,138	4,699
Few Social Supports *	23	790	19	1,609	22	721	18	16,163	19,283
Maltreated as Child *	17	602	14	1,185	13	430	9	8,086	10,303
Victim of Domestic Violence*	11	392	8	715	14	462	7	6,287	7,856
Average # of Caregiver Risk Factors**		2.1		2.1		2.0		0.9	
Total Substantiated Investigations		3,478		8,496		3,299		88,025	103,298

Canadian Study of Reported Child Abuse and Neglect 2003 *X2, p≤0.01 ** ANOVA: F(3, 5656)=128.3, p<.001

Analyses are based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatme

Table 9: Recurrence and Duration of Maltreatment in Substantiated Child Malreatment Investigations, (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Previous Family Opening* (if known)	80	2,676	84	6,872	75	2,419	59	51,622	63,629
Previous Subst Child Invest (if known)	47	1,564	40	3,290	33	746	29	24,629	30,229
Duration of Maltreatment* (if known)									
Single Incident	29	790	37	2,614	22	531	39	28,738	32,673
Multiple Incident < 6 months	15	412	19	1,356	45	1,075	20	14,950	17,793
Multiple Incident > 6 months	56	1,551	44	3,173	33	783	41	30,820	36,327

Canadian Study of Reported Child Abuse and Neglect 2003 $X^{2,}$ p<0.001

Analysis is based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatment

outcomes related to whether the case remains open for ongoing services, an application is made to child welfare court, there was a police investigation and charges laid. Investigating workers were asked whether the investigated case would remain open for ongoing child welfare services after the initial investigation. Workers completed these questions on the basis of the information available at that time or upon completion of the intake investigation.

Application to child welfare court can be made for an order of supervision (child remaining in the home), temporary wardship (for a set time period), or permanent wardship. The *CIS-2003* tracked the number of applications made or being considered during the initial investigation, but did not track the types of applications. Workers were also asked to report on whether or not they had made a referral to a mediation or alternative response. Because applications may have been made at a point following the *CIS-2003* study period, the *CIS-2003* court involvement figures should be treated as underestimates of the true rate of court involvement. Court status was tracked in terms of three possible worker responses:

Application Made: An application to child welfare court was submitted.

Application Considered: The child welfare worker was considering whether or not to submit an application to child welfare court.

No Application Considered: Court involvement was not considered.

In many jurisdictions in Canada there are detailed protocols between child welfare and police services, resulting in rising levels of co-operation. This co-operation includes cases of physical and sexual abuse as well as cases of domestic violence. Most jurisdictions require police to report adult domestic violence cases to the child welfare authorities if children are living in the family. The CIS–2003 captured information about police involvement in adult domestic violence cases as well as in all other child maltreatment investigations.

As with the other interventions during investigations described in this chapter, the *CIS-2003* tracked only events that occurred during the initial child welfare investigation; it is therefore possible that police decided to lay charges or became involved in some cases after the *CIS-2003* information forms had been completed. It should be noted further that the police also investigate many non-familial child maltreatment cases that do not involve child welfare services.15

As illustrated in **Table 10**, 68% of substantiated investigations involving First Nations on reserve children received ongoing services at the conclusion of the child maltreatment investigation. In comparison, 41 percent of substantiated investigations involving non-Aboriginal children received ongoing services.

Substantiated investigations involving aboriginal families had the highest rates of child welfare court application. In thirteen percent of substantiated investigations involving both First Nations off reserve children and other Aboriginal children an application to child welfare court was made. In ten percent of substantiated investigations involving First Nations on reserve children an application to child welfare court was made and in 6 percent of investigations involving non-Aboriginal children an application to child welfare court was made.

Placement for Substantiated Child Maltreatment Investigations

Admissions to out-of-home care at any time during the investigation were tracked. If there were multiple placements, workers were asked to indicate the setting where the child had spent the most time. The following placement classifications were used:

No Placement Required: No placement was required following the investigation.

Placement Is Being Considered: At this point of the investigation, an out-of home placement is still being considered.

Informal Kinship Care: An informal placement has been arranged within the family support network (kinship care, extended family, traditional care), the child welfare authority does not have temporary custody.

Table 10: Physical and Emotional Harm in Substantiated Child Maltreatment Investigations, (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Case to stay open for ongoing services*	68	2,378	59	5,014	69	2,284	41	36,208	45,884
Child welfare court application*	10	333	13	1,068	13	429	6	5,430	7,260
Police Investigation	17	604	18	1,567	17	543	19	16,710	19,424
Charges Laid	4	125	4	356	(--)	(--)	5	4,448	4,963

Canadian Study of Reported Child Abuse and Neglect 2003 *X^2, $p<0.001$

Analysis is based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatment

Kinship Foster Care: A formal placement has been arranged within the family support network (kinship care, extended family, customary care), the child welfare authority has temporary or full custody and is paying for the placement.

Other Family Foster Care: Includes any family based care, including foster homes, specialized treatment foster homes, and assessment homes.

Group Home Placement: An out-of-home placement required in a structured group living setting.

Residential/Secure Treatment: Placement required in a therapeutic residential treatment centre to address the needs of the child.

Table 11 presents information on the placement decisions that occurred at the end of the child protection investigation. Placement was considered in 8% of substantiated investigations involving First Nations on reserve children, compared to 3% of investigations involving First nations off reserve children, 3% of investigations involving other Aboriginal children and 4% of investigations involving non-Aboriginal children. Informal kinship care was noted in 17% of substantiated investigations involving First Nations on reserve children. Other Aboriginal children had the highest rate of informal kinship care (22% of substantiated investigations). In comparison, for substantiated investigations involving non-Aboriginal children, 4% resulted in informal kinship care. Seven percent of substantiated investigations involving First Nations on reserve children resulted in kinship care, compared to 4% involving First Nations off reserve children, 3% other Aboriginal children and 1% non-Aboriginal Children. Sixteen percent of substantiated investigations involving other Aboriginal children resulted in other family foster care compared to 4% for First Nations on reserve children, 7 percent First Nations off reserve children and 4% non-Aboriginal children.

Referral Sources for Substantiated Child Maltreatment Investigations

Each independent contact with the child welfare agency or office regarding a child/children or family was counted as a separate referral. The person who actually contacted the child welfare agency/office was identified as the referral source. For example, if a child disclosed an incident of abuse to a schoolteacher, who made a report to child welfare services, the school was counted as a referral source. However, if both the schoolteacher and the child's parent called, both would be counted as referral sources.

The Maltreatment Assessment Form included 18 pre-coded referral source categories and an open "other" category. Referral categories were collapsed into professionals, family, relatives or acquaintances and other sources of referral.

Table 11: Placement for Substantiated Child Maltreatment Investigations, (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Out-of-home Placement*									
No Placement Required	60	2,082	76	6,423	54	1,761	86	75,466	85,731
Placement Considered	8	295	3	272	(--)	(--)	4	3,323	3,983
Informal Kinship Care	17	587	5	432	22	732	4	3,498	5,249
Kinship Foster Care	7	248	4	345	(--)	(--)	1	593	1,275
Other Family Foster Care	4	152	7	586	16	529	4	3,709	4,976
Group Home	(--)	(--)	5	403	(--)	(--)	1	866	1,410
Residential/ Secure Treatment	(--)	(--)	(--)	(--)	(--)	(--)	1	497	602
Any Child Welfare Placement*	15	514	16	1,368		713	6	5,668	8,263

Canadian Study of Reported Child Abuse and Neglect 2003 *X^2, $p<0.001$

Analysis is based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatment

Non-Professional Referral Sources:

Parent: This includes parents involved as a caregiver to the reported child, as well as non-custodial parents.

Child: A self-referral by any child listed on the Intake Face Sheet of the ***CIS-2003*** Maltreatment Assessment Form.

Relative: Any relative of the child in question. Workers were asked to code "other" for situations in which a child was living with a foster parent and a relative of the foster parent reported maltreatment.

Neighbour/Friend: This category includes any neighbour or friend of the children or his/her family.

Anonymous: A caller who is not identified.

Other Referral Source: Any other source of referral.

Professional Referral Sources:

Community Agencies: This includes social assistance worker (involved with the household), crisis service/shelter worker (includes any shelter or crisis services worker) for domestic violence or homelessness, community recreation centre staff (refers to any person from a recreation or community activity programs), day care centre staff (refers to a childcare or day care provider), and community agency staff.

Health Professional: This includes hospital referrals that originate from a hospital made by either a doctor, nurse or social worker rather than a family physician's office, public health nurse (nurses involved in services such as family support, family visitation programs and community medical outreach), and physician (any family physician with a single or ongoing contact with the child and/or family).

School: Any school personnel (teacher, principal, teacher's aide etc.)

Table 12: Referral Sources for Substantiated Child Maltreatment Investigations, (Quebec Excluded)

	First Nations On Reserve		First Nations Off Reserve		Other Aboriginal		Non-Aboriginal		Total
	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	%	# of Child Investigations	
Professionals	54	1,879	59	4,978	75	2,474	73	64,542	73,873
Family, Relatives or Acquaintances	38	1,305	23	1,989	23	764	19	16,851	20,909
Other Referral	8	294	18	1,528	(--)	(--)	8	6,633	8,516
Total Substantiated Investigations	100	3,478	100	8,495	100	3,299	100	88,025	103,298
Canadian Study of Reported Child Abuse and Neglect 2003						$X^2=115.2$, $p<0.001$			
Analysis is based upon a sample of 5,660 child maltreatment investigations with substantiated maltreatment									

Mental Health Professional/agency: Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside of a school/hospital/child welfare/Youth Justice Act setting.

Other Child Welfare Services: Includes referrals from mandated Child Welfare service providers from other jurisdictions or provinces.

Police: Any member of a Police Force, including municipal, provincial/territorial or RCMP.

Table 12 presents information on the referral sources for substantiated child maltreatment investigations by Aboriginal group. Substantiated investigations for First Nations on reserve children had the lowest rate of referral by professionals (54%), compared to 59% for First Nations off reserve children, 75% for other Aboriginal children and 73% for non-Aboriginal children. Conversely, substantiated investigations for First Nations on reserve children had the highest rates of referrals from family, relatives or acquaintances, 38%, compared to 23% for First Nations off reserve children, 23% for other Aboriginal children and 19% for non-Aboriginal children.

Conclusions

A number of striking differences emerge from this preliminary comparative analysis of child welfare investigations of Aboriginal and non-Aboriginal children. From the very outset, Aboriginal children are more than twice as likely to be investigated compared to non-aboriginal children. Once investigated, cases involving Aboriginal children are more likely to be substantiated, more likely to require on-going child welfare services, more than twice as likely to be placed in out of home care, and more likely to be brought to child welfare court. The profiles of Aboriginal families differ dramatically from the profile of non-Aboriginal families. Aboriginal cases predominantly involve situations of neglect where poverty, inadequate housing and parent substance abuse are a toxic combination of risk factors. Surprisingly, fewer differences were noted at the level of the children themselves.

The most systematic pattern to emerge from this first analysis highlights the differences between Aboriginal and non-Aboriginal children. It would be helpful to discuss with Aboriginal service providers any on/off-reserve differences that have not been highlighted by this statistical analysis.

Multivariate analyses controlling for some of the differences between Aboriginal and non-Aboriginal families should be undertaken to better understand the factors underlying the differences

in service response. Regardless of these possible explanations, it is apparent that one should expect the cost of providing services to Aboriginal children to be significantly higher given that these cases involve a significantly higher rate of intervention at every point of contact.

(Footnotes)

1 Québec is excluded from the estimates in this report because of differences in the way data were collected in Québec.

2 A list of 327 provincial and territorial child welfare service areas (CWSAs) was drawn up on the basis of information received from each province and territory. A similar search developed a list of Aboriginal agencies providing child protection services. Eight Aboriginal sites participated in the study. CWSAs varied greatly in size. For example, three agencies made up one CWSA for the City of Toronto, with a total of 11 offices.

3 Due to later recruitment 5 sites collected data from November 1, 2003 – January 31, 2004. Quebec used two different data collection periods to create the sample of three months.

4 Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Joanne Daciuk, Caroline Felstiner, Tara Black, Cindy Blackstock, Ken Barter, Daniel Turcotte, Richard Cloutier, Canadian incidence study of reported child abuse and neglect, CIS-2003: Major Findings Report. Ottawa: Public Health Agency of Canada, Government of Canada, 2005.

5 Canada. Statistics Canada. Census of Canada, 2001: Aboriginal Identity Population, Registered Indian Status, Age Groups, Sex and Area of Resident for Population, for Canada, Provinces and Territories, 2001 Census – 20% Sample Data [computer file]. Ottawa: Ont.: Statistics Canada [producer and distributor], October 22, 2002 (97F0011XCB01005).

6a. Information was not collected on whether Aboriginal children resided on or off reserve. This information was collected for Aboriginal caregivers and thus, categories were derived from caregiver variables.

6b To avoid having weights inflate the Chi-squares, the weighted estimates were weighted down to the original sample size.

7 Some CIS reports only use the primary category, in this report primary and secondary categories are counted.

8 Instances in which children were displaying severe emotional problems requiring treatment and parents refused or did not cooperate with offered treatment were classified as neglect cases under failure to provide treatment.

9A Number of child functioning measures with established norms exist; however, these are not consistently used in child welfare settings and could not be feasibly used in the context of the CIS.

10 Although child welfare workers assess the safety of children, they do not routinely conduct a detailed assessment of child functioning. Items on the checklist included only issues that workers happened to become aware of during their investigation. A more systematic assessment would therefore likely lead to the identification of more issues than noted by workers during the CIS.

11 This report refers to both confirmed and suspected problems as "indicated".

12 The two-caregiver limit was required to accommodate the form length restrictions set for the Household Information Sheet. The caregiver information usually corresponded to the parents and/or step-parent living in the home; if there was only one caregiver living in the home and a second living outside the home, information was gathered on both of these, but is not reported here.

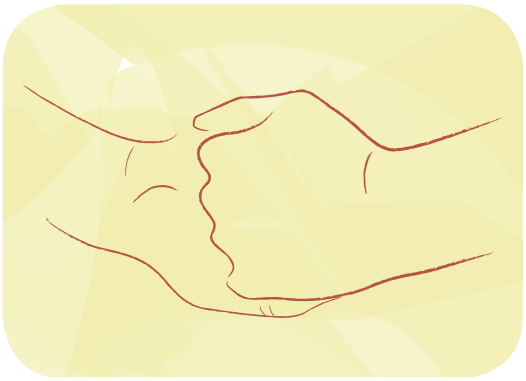
13 This compromise was needed because the Household Information Sheet served as a common information source for all the children in the family. A much more extensive set of questions would have been required had the CIS-2003 gathered child-specific caregiver information, leading to a significantly longer form. Child-specific information on the caregiver-child relationship is available for caregivers who were investigated as alleged

perpetrators (see chapter 4).

14 Most items were rated on a 4-point scale differentiating "confirmed", "suspected", "no" and "unknown" caregiver functioning issues. A caregiver functioning or family stressor was classified as confirmed if a problem had been diagnosed, observed by the investigating worker or another worker, or disclosed by the caregiver. An issue was classified as suspected if investigating workers` suspicions were sufficient to include the concern in their written assessment of the family or in transfer summary to a colleague. For the purposes of the present report, the categories of confirmed and suspected have been collapsed. A comparison of the ratings will be completed in subsequent analyses.

15 See for example Trocmé N, Brison R. Homicide and injuries due to assault and to abuse and neglect. In: Beaulne G (ed) For the safety of Canadian children and youth: from data to prevention measures. Ottawa: Public Health Agency of Canada, 1998.

Jordan's Principle: A Child First Approach to Jurisdictional Issues



CHAPTER 3

Prepared on behalf of:
First Nations Child & Family Caring Society Canada

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I. INTRODUCTION

As the federal and provincial/territorial governments sort out their respective jurisdictional and funding responsibilities, the urgent needs of children and families are falling through government jurisdictional cracks. This is particularly the case for families that move on and off reserve, who and [sic] experience dramatic changes in the range and access to culturally based services. Funding formulas and jurisdictional arrangements must put the needs of children and families first. [1]

This research paper was contracted by the First Nations Child and Family Caring Society of Canada, to examine:

a) The implications of laws pertinent to child welfare and law relevant to jurisdictional disputes between federal government departments and between provinces and the federal government for the development of policy/procedure to manage jurisdictional disputes in First Nations Child Welfare.

b) The legal considerations in developing processes to resolve jurisdictional disputes (with a particular focus on whether or not the current approach of having no uniform process for resolving such disputes is acceptable).

A comprehensive review of literature and case law was completed. As well, approximately 20 key informants were interviewed, in order to assess the current state of First Nations child and family service delivery with regards to jurisdiction. Please note that the names of key informants are not noted in order to ensure confidentiality.

This paper is organised beginning with an overview of jurisdictional issues – including (Section II) an examination of federal/provincial/territorial and inter-ministerial (federal) jurisdictional issues. A case law review and analysis is provided, with a synopsis of the international rights of children. In addition, a discussion of the Social Union Framework Agreement is included.

Section III provides a discussion of dispute mechanisms and Section IV sets out recommendations culled from the literature and developed for the purposes of this paper.

The issues surrounding jurisdictional responsibilities and funding for First Nations Child and Family Services have been long-standing. This paper contributes to the work of the First Nations Child and Family Caring Society of Canada (FNCFCS) in seeking some positive resolution to these issues. The FNCFCS is committed to working with other stakeholder groups in order to ensure that First Nations children receive the care that they require and that they are entitled to. Developing mechanisms to resolve the "adult"/government issues that affect First Nations children, and in many cases disadvantage them, are of an urgent and pressing concern. Our children are our future.

II. JURISDICTIONAL OVERVIEW

…special status of Indian people has been used as a justification for providing them with services inferior to those available to Whites who established residence in this country, which was once theirs.[2]

As identified by Hawthorne (above) almost 40 years ago, the "jurisdictional dispute" between the federal and provincial/territorial governments, regarding who has the ultimate legislative, constitutional, fiscal, and moral responsibility for First Nations people (children) has had an impact on the availability of services and programs for First Nations children.

Despite the breadth of research and literature concerning the impact of this "dispute" on services for Aboriginal children and despite the federal government's own expressions of commitment to this issue, the jurisdictional debate continues. The literature canvassed highlights the impact of this dispute, not only on child and family services but also on the delivery of other social services such as health. Moreover, the discussion has expanded to include concerns and problems/issues with inter-ministerial jurisdictional disputes.

An *ad hoc* coalition comprised of: the Atlantic Policy Congress of First Nations Chiefs, the Commission on Peace and Justice (Canadian Council of Churches), First Nations Child and Family Caring Society of Canada, KAIROS (Canadian Ecumenical Justice Initiative) and the Southern Chiefs Organisation (Manitoba) – expressed concern, in their NGO submission to the United Nations, in relation to the impact of jurisdictional disputes:

> …Canada is not, based on its second report to the UN sufficiently aware of the deficiencies inherent in existing initiatives and funding practices. Too often, current programs targeted at Aboriginal peoples respond to immediate needs, without focusing on the undercurrents that shaped them. Child maltreatment is one example.[3]

This continual jurisdictional wrangling results in program fragmentation, problems with co-ordinating programs and reporting mechanisms, gaps in service delivery - thereby leaving First Nations children to fall through the cracks. In short, neither the federal or provincial/territorial governments have effectively addressed the community needs of First Nations despite awareness of the impact of "policies of avoidance". Proper consultation with First Nations and co-operation on initiatives such as the National Policy Review and this project will hopefully assist in alleviating some of these problems.

Clearly something needs to be done to resolve this situation and to bring the standards of care for First Nations children up to internationally acceptable levels. The reality is that:

> The average Canadian gets services from federal, provincial and municipal governments at an amount that is almost two-and-a-half times greater than that received by First Nations citizens. [4]

> Adding additional resources and providing flexibility in funding to ensure our most vulnerable are provided with the services they require should not be barred due to fiscal concerns. As pointed out by British Columbia's former Children's Commissioner:

> The federal and provincial governments and bands do not yet share a clear vision of how best to meet the needs of Aboriginal children on and off reserve…. in the meantime funding formulas and lack of clarity about roles and responsibilities, continue to place Aboriginal children at risk on reserves. **Only when communities are given adequate resources for health, education and child welfare supports will we see healthier and safer Aboriginal children… This must be top priority of all governments and child serving agencies in the years to come.** [5] [*emphasis added*]

1. Federal/Provincial Jurisdiction

Compared with other jurisdictions, services and infrastructure provided on reserve are substandard by almost every measurable outcome. No government appears to want to be accountable for this. At present, reserves are so under-financed that virtually every dollar received must be used to meet pressing social needs.[6]

The federal/provincial/territorial "dispute" can be summarised as follows. The federal government's position is that the provincial government has constitutional authority, pursuant to section 92 of the *Constitution Act, 1867*[7] for the delivery of child and family services under the headings "property and civil rights" and "all matters of a local or private nature". The federal government funds on-reserve child and family service agencies pursuant to a policy directive (20.1) – not, according to them, as a result of a fiduciary obligation but as a matter of administration. Steadfast in their claims, the federal Government asserts that their provision of programs and services to First Nations, whether on or off reserve, is discretionary.[8] Specifically the Department of Indian and Northern Affairs (DIAND) has stated that:

> DIAND's perspective is that provinces delegate authority to agencies and are thus responsible to ensure that the agency operates pursuant to the established standards. Where deficiencies are observed it is the role of the province, as the substantive legislative

> authority for Child and Family Services, to work with the agency to address the needed improvements. The department's role is limited to funding the provision of services delivered by agencies authorised by the province. [9]

The provincial government contends that the federal government is responsible for "Indians" on reserve pursuant to section 91(24) of the *Constitution Act*, which they argue includes the delivery of child welfare services to ""Indians"". The provincial and territorial governments have expressed concern regarding the federal off-loading of responsibility for Aboriginal peoples and argue:

> …that the federal government has a constitutional, historical, fiduciary and Treaty responsibility for/and to Aboriginal peoples, both on reserve and off. [10]

The lack of services, opportunities and deplorable living conditions characterizing many of Canada's reserves has led to mass urbanization of Aboriginal peoples. The provinces claim that federally imposed limitations on the provision of services on reserve has led to urbanization and has transferred the "economic and social costs of inadequate on-reserve conditions to other levels of government".[11] Some provincial governments point out that as far back as the *Penner Report*[12] it was recognized that the federal government remains responsible for Aboriginal peoples living off-reserve and rights to special federal programs must be accorded to those living both on and off reserve. However, 22 years later there continues to be a lack of clarity and, as articulated in a Provincial/Territorial options paper:

- Aboriginal peoples and the provincial and territorial governments regard the federal government as responsible.
- Aboriginal peoples suffer from the lack of clear and consistent federal responsibility and accountability.
- The federal government's practice of withdrawing funding has meant reductions in services for Aboriginal peoples and increasing costs for provincial and territorial governments.[13]

The position of First Nations is set out clearly in the following guiding principle, endorsed by resolution, by the Chiefs in Assembly:

> The federal government must maintain its trust responsibility and fiduciary obligation to First Nations including, child, family and community services.[14]

Chiefs have drawn a link between the federal government's fiduciary responsibility to ""Indians"" and their financial responsibility:

> An issue clearly linked to funding is the fiduciary responsibilities of the federal government toward the First Nations.[15]

The responsibility of the Federal government has been argued at various times from a constitutional, treaty and fiduciary standpoint. [16] Similar to the argument put forth by the provinces, First Nations have asserted that the federal government's obligation to provide adequate funding for child welfare arises from ss. 91(24) and 35 of the *Constitution*; and that the federal government's fiduciary responsibility extends to child welfare and obliges the federal government to ensure the well-being and health of First Nations children.

With regard to s.35, the federal government argues that the right to funding for child welfare services is not an aboriginal right protected under s.35 and therefore the fiduciary relationship is not engaged. The possibility of a fiduciary obligation will be discussed further in relation to case law. Treaty arguments have likewise been rejected by the federal government. Unfortunately treaties have not been clear as to specific obligations in the area of social programs and services and therefore the dispute is left to differences of interpretation.[17] Although First Nations maintain that child welfare is a treaty right this ambiguity would make litigation, on this basis, difficult.

a) Funding

First Nations have made a direct connection between the state of children's health and the colonization and attempted assimilation of Aboriginal peoples:

- The legacy of dependency, cultural and language impotence, dispossession and helplessness created by residential schools and **poorly thought out federal policies** continue to have a lasting effect.
- Substandard infrastructure and **services have been made worse by federal-provincial disagreements over responsibility.**[18] [*emphasis added*]

The most profound impact of the lack of clarity relating to jurisdiction results in what many commentators have suggested are gaps in services and funding –resulting in the suffering of First Nations children. As articulated by McDonald and Ladd in their comprehensive Joint Policy Review (prepared for the Assembly of First Nations and DIAND):

> First Nations agencies are expected through their delegation of authority from the provinces, the expectation of their communities, and by DIAND, to provide a comparable range of services on reserve with the funding they receive through Directive 20.1. The formula, however, provides the same level of funding to agencies regardless of how broad, intense or costly, the range of services is. [19]

This is further underscored in the recent Manitoba Aboriginal Justice Implementation Commission, which summarised a number of problems inherent with the delivery of First Nations child and family service delivery, notably [from the relevant literature]:

> Aboriginal agencies have had to operate with inadequate financial resources even when compared to non-Aboriginal agencies. They have had to do more with less money. This has meant that essential services have consumed the bulk of available resources and that other areas such as prevention and public education have received a low priority. In addition some Aboriginal agencies have experienced serious backlogs in key program areas such as foster and adoption placements.[20]

The federal funding formula provides for two categories of funding; operations and maintenance. Agencies receive operations funds based on the number of children within the agency's jurisdiction. Alternatively, maintenance funds are intended to cover the cost of maintenance for each child. These funds, however, are only provided for **children in care**. Small agencies, therefore, have difficulty finding funding for family assistance or prevention services. The result is that children have been placed in care simply to receive funding. [21]

A comment that was consistently repeated by First Nations Child and Family Service [FNCFS] providers and highlighted by the National Policy Review is the lack of focus, within the current funding formula, on the diverse needs of FNCFS agencies. An example of where this creates great difficulty is with FNCFS agencies located in rural locations. Service providers in these agencies are required to do a great deal of travelling, however, travel costs are only provided for **children in care**. Therefore, small agencies receiving minimal operational funds are hard pressed to cover travel costs needed to visit families who require assistance to ensure the continued health and safety of their children.

These comments are directly related to the most common issue that has been raised in regard to the funding of FNCFS agencies, the lack of funding for preventative services. Despite the fact that preventative services are provided for in most provincial child and family statutes, under which mandated FNCFS agencies operate, they are not funded adequately by Indian and Northern Affairs Canada [INAC]. For example, a FN agency key informant, noted that ss.5 and 14 of the *Child and Family Services Act* [22] provide for family services to enable agencies to assist families and keep children with their parents. However, FNCFS agencies in Saskatchewan are unable to provide these legislatively mandated services due to the removal of funding for preventative care.

These difficulties are felt in most provinces, however, the unfortunate result of having to place children in care in order to receive funding is further complicated in some provinces where the funded care options are limited. For example, B.C.'s *Child, Family and Community Services Act*[23] provides for numerous out of care options such as kith and kin agreements, assisted adoption and transfer of custody. These options, however, are not funded under directive 20-1 and therefore Aboriginal children may be denied options which are provided to other non-Aboriginal children or off-reserve. As pointed out by a First Nations agency director:

> Flexible funding does provide for agencies to meet the criteria to fund children in these types of placements [out of care]. However, the formula is still based on numbers of children in care and the fear is that at the end of the 5 year block there could be significant cuts to funding if children have been placed through an out of care option. [24]

The result is that agencies are forced to effectively ignore the best interests of the child in order to ensure continued funding.

A similar situation exists in Saskatchewan where recent amendments to *The Child and Family Services Act* [25] have been introduced to ensure that the first placement option is with the child's extended family or friends. The funding formula, however, does not allow FNCFS to fully implement these options in First Nations communities. [26] Therefore, children under the care of a FNCFS agency are not given the same level of service as children under provincial jurisdiction.

The difficult decisions made by agencies in order to ensure continued funding are further exacerbated by the fact that agencies must maintain both provincial and their own Nation's standards. An informant commented on the absurdity of criteria put in place by INAC.[27] For instance, one Aboriginal child and family service agency reports that INAC advised them that they would only be funded for one hour of service per child. The agency currently employs two social workers, each of whom carry approximately 65 files, more than doubling the provincial standard of 24. These social workers frequently travel long distances to visit clients, making it impossible to maintain a one hour per child standard.

Moreover, the informant pointed out that the agencies not only have to meet provincial standards to ensure continued operation, but also the standards of their own communities. She stated that often these community standards are far stricter than those of the provinces or the federal government and require a level of attention to the best interests of the child physically, spiritually and culturally that is often not possible due to the funding limitations. This issue was also raised by a review panel, established to inquire into services provided to an Aboriginal infant in Saskatchewan.[28] In their report, the panel noted that:

> …FNCFS agencies are expected to provide services according to Provincial legislation and program standards with funding criteria that does not recognize all of the provisions in the *The Child and Family Services Act* or its accompanying program standards. [29]

In addition, in her report on the funding of FNCFS agencies, Elsie Flette notes that:

> The requirement to use provincial/territorial child welfare statutes poses a significant challenge for First Nation agencies which must try to adapt to expectations of First Nation governments whose services reflect the holistic, interdependent and communal rights framework of the cultural communities they serve with the individual rights based child welfare statutes. [30]

A final issue that was repeated by service providers is the lack of funding for legal services. Approximately two years ago the federal government halted payment of legal fees under maintenance funding.[31] Therefore, small agencies with limited operational funds are again forced to either deny service or transfer cases to other jurisdictions. In either scenario, costs are likely to be offloaded to the province and children are moved from agency to agency and social worker to social worker with their best interests lost in fiscal conservatism.

The issues raised by FNCFS providers demonstrate the tangible effects of funding limitations on the ability of agencies to address the needs of children. Without funding for provision of preventative services many children are not given the service they require or are unnecessarily removed from their homes and families. In some provinces the option of removal is even more drastic as children are not funded if placed in the care of family members. The limitations placed on agencies quite clearly jeopardize the well-being of their clients, Aboriginal children and families. As a society we have become increasingly aware of the social devastation of First Nations communities and have discussed at length the importance of healing and cultural revitalization. Despite this knowledge, however, we maintain policies which perpetuate the suffering of First Nations communities and greatly disadvantage the ability of the next generation to effect the necessary change.

2. Case Law Review

There is a paucity of case law specifically on the issue of jurisdiction and child and family services, and very little on jurisdiction generally, *vis-a-vis* social service delivery. No case law was found challenging various inter-ministerial (federal departments) jurisdictional responsibilities.

A review of the case law is set out below beginning with a discussion of federal/provincial jurisdictional issues and fiduciary responsibility. In addition a review of section 35 of the *Constitution*, section 15 and 7 of the *Charter* and international law is provided.

In summary the state of the law is uncertain. Although there are strong arguments to be made, no decisions have yet been rendered on the obligations of the Crown to provide adequate and equal funding for child welfare, as either a constitutional or fiduciary obligation.

a) Federal/Provincial

In a 1997 decision the Manitoba Queens Bench cast doubt on the argument that Canada's decision to unilaterally discontinue discretionary funding for preventative services was a breach of their fiduciary obligation. In his judgement, MacInnes J. stated that:

> In my view, there is nothing that obligates Canada to provide services to family funding. There is no aboriginal or treaty right which so provides. While clearly there is a fiduciary relationship between Canada and aboriginal people which creates certain obligations upon Canada with respect to Indian children and families, this fiduciary relationship does not obligate Canada to pay any specific amount of funding for any specific purposes. [32]

MacInnes J.'s decision in *Southeast* suggests that although there is a general fiduciary relationship between the federal government and Aboriginal peoples [children] it is unlikely that this relationship equates to a fiduciary duty to provide funding for child welfare services. The scope of the Crown's fiduciary obligation in relation to its dealings with First Nations is a relatively new area of law and therefore it is difficult to assess the probability of success with this type of argument. However, the following provides a brief discussion of recent case law with regard to the Crown's fiduciary duty.

In *Wewaykum Indian Band v. Canada*[33], Binnie J., for the court, held that the fiduciary duty is not a general concept and doesn't cover all aspects of the fiduciary relationship[34]. Therefore, not all dealings between parties to a fiduciary relationship will give rise to a fiduciary obligation.

> It is necessary then to focus on the particular obligation or interest that is the subject matter of the particular dispute and whether or not the Crown had assumed discretionary control in relation thereto, sufficient to ground a fiduciary obligation. [35]

The courts have repeatedly stated that a fiduciary duty will not generally attach to a public law duty. In *Squamish Indian Band v. Canada* [36] the court held that in matters of public law the Crown is not acting with the benefit of one party in mind, therefore, Crown discretion and vulnerability of those to whom the Crown maintains a fiduciary relationship can exist "without triggering a

fiduciary standard"[37]. Similarly in *Guerin v. Canada*[38] Dickson C.J. stated that:

> Public law duties, the performance of which requires the exercise of discretion, do not typically give rise to a fiduciary relationship. The Crown is not normally viewed as a fiduciary in the exercise of its legislative or administrative function.[39]

However, it was further noted by Binnie J. in *Wewaykum* that a public law duty does not necessarily negate the possibility of a fiduciary relationship.

> The latter depends on identification of a cognizable Indian interest and the Crown's undertaking of discretionary control in relation thereto in a way that invokes responsibility "in the nature of a private law duty." [40]

Moreover, Binnie J. held that the fiduciary duty:

> …where it exists, is called into existence to facilitate supervision of the high degree of discretionary control gradually assumed by the Crown over the lives of Aboriginal peoples. [41]

Finally, in *R. v. Adams*[42], Lamer C.J. for the majority, warned against the implementation of "unstructured discretionary administrative regimes" [43] and stated:

> In light of the Crown's fiduciary obligations towards Aboriginal peoples Parliament may not simply adopt an unstructured discretionary administrative regime which risks infringing aboriginal rights in a substantial number of applications in the absence of some explicit guidance.[44]

Therefore, the existence of a fiduciary duty seems to hinge on the type of interest in question and whether due to the sui generis nature of the relationship between the Crown and Aboriginal peoples, a traditional public law duty will be subject to a fiduciary duty. An example of where a fiduciary obligation was found to exist in what would generally be deemed a public law area is provided by the Ontario Court of Appeal in *Bonaparte v. Canada (Attorney General)*.[45] The court held that the federal government, in implementing residential school policy, "assumed a duty to act in a fiduciary capacity with respect to the education of Aboriginal peoples." [46]

The appellants in *Bonaparte* were the descendants of residential school survivors and claimed that they had been denied transmission of their culture and "the opportunity to achieve a full and normal family, social and economic life" [47] due to the imposition of the residential school system. Unfortunately, the issue of whether the fiduciary duty had been breached was not decided at either the trial or appeal level. The claim was struck out at the trial level on the grounds that descendants of victims are not owed a fiduciary duty and although the court of appeal ruled that this was an error, the primary issue of breach was not decided.

Nonetheless, the fact that a fiduciary obligation was found to exist in relation to the administration of education significantly strengthens the argument that the same obligation should be extended to other social services, such as child welfare.

With regard to the obligation of the provincial government to step in and provide services, where federal funding is lacking, a Manitoba Provincial Court Judge held that the province has a legal obligation to ensure that First Nations have comparable services to those off-reserve:

> … irrespective of any views, that the provincial government may have as to the historical, political, financial or moral responsibility of the federal government to provincial health and social care, it is now absolutely clear that it is the legal responsibility and duty of the province to supply child welfare services in accordance with the *Child Welfare Act* [48]

In some cases provinces have provided piece-meal funding. For instance in B.C. the Squamish First Nation was provided with funding for a cultural worker. This was done after the Nation brought a complaint to the former Children's Tribunal alleging that Squamish children were being denied their right to receive guidance and encouragement to maintain their cultural heritage pursuant to section 70 of the *British Columbia Child, Family and*

Community Services Act. They argued, successfully, that the federal funding, pursuant to Directive 20.1, was inadequate to comply with the changes to the provincial legislation (specifically s. 70 – rights of children in care).

Unfortunately, the law remains unclear. The *Director of Manitoba v. B* was decided by a lower court, never appealed, and is now almost 25 years old. Much has changed since then (and much has stayed the same). Moreover, there has yet to be a clear decision on whether the Crown could be held to a fiduciary obligation to provide child welfare services. *Southeast* was unsuccessful on appeal and the primary issue, regarding the existence of a fiduciary obligation to provide funding for preventative services, has yet to be argued. Therefore in the absence of any further judicial inquiries, the state of the law is as set out in *Southeast* – in short, the jurisdictional conundrum continues.

b) Section 35

Aboriginal peoples have been recognised in *Constitution Act, 1982,*[49] pursuant to section 35, which reads as follows:

> *s. 35 (1) The existing aboriginal and treaty rights of the aboriginal peoples of Canada are hereby recognised and affirmed.*

Case law to date has not recognised the governance of child and family services as an Aboriginal right. For example, a lower court in British Columbia found that section 35 did not include the right to govern child and family services, in *Re Child and Family Services Act of B.C.*:

> Within any society there can be only one source of ultimate power or authority. Within modern democracies that is the properly constituted government. The right to determine if children are abandoned, or neglected or abused to the extent of being in need of protection, and the power to implement the appropriate remedies is an authority vested in every viable society. It is not something exclusive to aboriginal in general or to aboriginal of Canada in particular. Being a feature common to all

> viable societies, I am satisfied it is not an aboriginal right as referred to in section 35 of *Constitution Act*, 1982[50]

In contrast, the B.C. Court of Appeal held in *Casimel*,[51] that customary adoption is a right protected by section 35 of the *Constitution*. Thus embracing the notion that the traditional practices of caring for children by extended family and other community members is an inherent right. By analogy, and logical extension, section 35 should apply to First Nations child and family services. If accepted as a right under s.35, the case law would suggest that a fiduciary duty argument would be significantly strengthened and it could be argued that the federal government has a fiduciary responsibility to ensure that the right is not extinguished by provincial laws of general application.

c) Charter

The Canadian *Charter of Rights and Freedoms* outlines, in section 15, that:

> *Every individual is equal before and under the law and has the right to the equal protection and benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.*

The provincial and federal government's jurisdictional debate could be characterised as a shirking of responsibilities that amounts to inequitable treatment of First Nations and is therefore in violation of section 15 of the *Charter*. Arguably child protection laws are applied differently on reserve (due to lack of adequate

funding) than off which constitutes inequitable treatment based on race and residence. On its face, this amounts to a denial of equality before the law (equality of application) and equal benefit (unequal provision of generally available services). The Supreme Court of Canada held in *Eldridge v. British Columbia* [52] that once a state provides a benefit, it must do so in a non-discriminatory manner, and must take special measures to ensure that disadvantaged groups are able to benefit equally from government services.

In *Corbiere*[53], the Supreme Court of Canada unanimously held that "Aboriginality-residence" is an analogous ground of discrimination under s.15[54]. McLachlin and Bastarache JJ., for the majority, held that distinctions based on reserve residency touch on personal, immutable characteristics and are therefore automatically suspect of being discriminatory. The reasoning of the court was based on the fact that living on or off reserve may not involve choice for many, and for others is a very personal decision.

> The ordinary "residence" decisions faced by the average Canadians should not be confused with the profound decisions Aboriginal band members make to live on or off their reserves, assuming choice is possible. The reality of their situation is unique and complex.

An alternative argument is that the inequalities in child welfare funding are based on race. This argument is bolstered by the fact that services are not only unavailable on reserve but may also be denied off reserve due to jurisdictional disputes. Therefore, a government argument based on the proposition that the inequality arises out of the difficulty of providing and funding services in remote communities [on-reserve] would be unconvincing. The lack of services off-reserve or the unwillingness of the federal government to provide for services off-reserve, lends credibility to the argument that the inequality is based on race (as well as residence).

It may also be argued that the lack of adequate funding and resources on reserve constitutes a breach of s.7 of the *Charter*. s. 7 provides that:

> *Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.*

The lack of adequate funding and resources on-reserve has led to the placement of children in care and removal of children from reserves. It could be asserted that this is a clear infringement of children's right to liberty in relation to the ability to remain in their homes and communities. In *Godbout v. Longueuil*, La Forest J. held that:

> …the autonomy protected by the s. 7 right to liberty encompasses only those matters that can properly be characterized as fundamentally or inherently personal such that, by their very nature, they implicate basic choices going to the core of what it means to enjoy individual dignity and independence… choosing where to establish one's home is, likewise, a quintessentially private decision going to the very heart of personal or individual autonomy. [57]

Although the liberty to choose where one resides is clearly not an inalienable right, it may be considered a strong argument that children should only be forced to leave their family homes in the most extreme circumstances. This is not the case here as Aboriginal children are removed from their homes in far greater numbers than non-Aboriginal children for the purposes of receiving services.

Alternatively, it may be argued that placement of children in care, due to lack of services, amounts to an infringement of the parent's right to security of the person, under s.7. According to the Supreme Court of Canada in *New Brunswick v. G.(J.)* [58] the right to security of the person encompasses psychological integrity and may be infringed by state action which causes significant emotional distress. Moreover, it was held that the loss of a child constitutes the kind of psychological harm which may found a claim for breach of s.7. Lamer J., for the majority, held:

> I have little doubt that state removal of a child from parental custody pursuant to the state's parens patriae jurisdiction constitutes a serious interference with the psychological

> integrity of the parent…As an individual's status as a parent is often fundamental to personal identity, the stigma and distress resulting from a loss of parental status is a particularly serious consequence of the state's conduct.[59]

The court went on to state that there are circumstances where loss of a child will not found a prima facie breach of s.7, including when a child is sent to prison or conscripted into the army. [60] Clearly, these circumstances can be distinguished from the removal of a child from his/her home due to the government's failure to provide adequate funding and services.

The federal funding formula, directive 20-1, impacts a very vulnerable segment of our society, Aboriginal children. The protection of these children from state action, infringing on their most fundamental rights and freedoms, is clearly in line with the spirit of ss.7 and 15 of the Charter. Research conducted on the issue of child welfare plainly shows differentiation in the quality of services provided on and off reserve and to aboriginal and non-aboriginal children. This type of differentiation is unacceptable in a society that prides itself on protection of the vulnerable.

d) International

In 1990, Canada signed on, as a signatory, to the United Nations *Convention on the Rights of the Child* [61]. The Convention sets out the rights of children and the corresponding responsibilities of state governments. In particular, the *Convention* includes:

> Article 23 – Right of a child with a disability to special care and assistance – ***which may be violated due to lack of funding as a result of jurisdictional issues.***
>
> Article 24 – Right to highest attainable standard of health – ***which may be violated due to lack of funding as a result of jurisdictional issues.***

As a means to honour the *Convention*, Canada has set out an "Action Plan" in response to the 2002 United Nations Special Session on Children. Canada's Action Plan commits to the following:

> No. 44: The Government of Canada is working together with Aboriginal communities, leaders and Elders, as well as provincial and territorial governments **to improve the health and well-being of Aboriginal children and their families**.
>
> No. 83: **Canadians believe that children with disabilities should have equality of access to programs and services** that allow them to reach their full potential and participate as they wish in society… [*emphasis added*]

Arguably, in light of the continued "jurisdictional disputes" Canada is in breach of their international obligations, pursuant to the *Covenant*, in particular Articles 23 and 24. Canada's commitments in their Action Plan (especially 44 and 83) are compromised by the continued failure of all governments to effect adequate dispute mechanisms that would place First Nations children at the centre of the 'dispute', as opposed to "falling through the cracks" because of gaps in services created by the continuing lack of clarity. Although the Convention does not contain any specific remedies for a breach of the Convention – International attention regarding continued violation of the convention would not be looked favourably upon by the international community.

3. Inter-Jurisdictional

> *Despite persistent pleas from Aboriginal people that their interdependent needs be served by holistic services, the service environment continues to be fragmented between federal and provincial levels of government, between departments and ministries, and among service agencies in community.* [63]

The vision document *A National Children's Agenda: Developing a Shared Vision* sets out four goals for a National Children's Agenda:

- Healthy physically and emotionally,
- Safe and secure,
- Successful at learning, and
- Socially engaged and responsible.[64]

Aboriginal children fair poorly in meeting any of the goals presented in the National Children's Agenda (or Canada's Action Plan). As discussed previously (above) and reiterated in a report on *The National Child Benefit*[65] many Aboriginal children live in poverty and suffer because of the lack of clarity around jurisdictional roles and responsibilities not only of the of the Federal/Provincial/Territorial governments, but also between ministries/departments (inter-jurisdictional):

> Another barrier to the provision of holistic services is the lack of integration between government departments, programs and agencies. Communities that are trying to develop new strategies are overwhelmed and frustrated by having to deal with far too many different government departments. Others indicated that there was more rhetoric than reality about partnership building. [66]

The Aboriginal Nurses Association of Canada poignantly illustrate how this impacts on their work with Aboriginal people:

> Aboriginal nurses see the jurisdictional problems between the federal, provincial/territorial, and First Nations governments and agencies from a clients perspective. They spend many hours attempting to explain the complexity and the relevant policies and procedures to clients and their family members that require access to the wide array of programs and services offered at the various levels of government and non-government agencies.

Following is a specific example of problems that arise for children with special needs/disabilities.

a) Children with Disabilities/Special Needs

> Aboriginal people receive health services through a unique combination of federal, provincial and Aboriginal-run services, as well as other programs and services. Responsibility for delivery of health care to Aboriginal people in Canada has been the subject of considerable debate regarding jurisdictional responsibility. For many years, the lack of co-ordination between various levels of government and Aboriginal community agencies has resulted in fragmented services or a lack of services for Aboriginal people… Historically the federal government of Canada has recognised that a special relationship exists between it and Status "Indians" with respect to the provision of health care. However this responsibility is largely defined as a matter of policy and goodwill and is not considered by the courts to be a legal obligation.[68]

The Assembly of First Nations, in a recent newsletter, highlighted the circumstances of the case of four year old Jordan, a First Nations boy in Winnipeg as a poignant and sad example of how First Nations children fall through the cracks as a result of federal/provincial/territorial and inter-ministerial jurisdictional squabbles.[69] Jordan was removed from his home at birth and placed in hospital under the care of a FNCFS agency. The agency developed a plan to place the child in a foster home with the necessary support for his medical condition. However, implementation of the plan has been impossible, as INAC, Health Canada and the provincial government are not willing to take responsibility for the costs involved in moving the child from hospital. The newsletter states:

> *This is unnecessary. This situation is unacceptable and it is a violation of this child's basic human rights. Every child has the right to be raised in a family, to have their needs met and to receive quality care. And sadly, this young boy is only one example.*[70]

As the article points out, Jordan's experience is but one example. According to statistics:

> Almost one-third of Aboriginal Canadians age 15 and over reported having a disability in 1991 – more than double the national rate (15%). The difference was particularly pronounced among younger age groups, where Aboriginal people were three times as likely to have a disability. [71]

A key informant offered numerous examples of children with complex medical needs, suffering on-reserve due to the lack of resources. However, she/he quickly noted that those who are transferred

off reserve, for provision of services, do not have a much brighter future. Children who are removed from their homes are primarily transferred to hospitals and institutions where it is cheaper to meet their needs. Therefore, due to jurisdictional disputes, Aboriginal children with special medical needs are not only taken out of their own homes but are rarely ever offered the chance to once again live in a family environment.[72]

She/he also noted that INAC recently discontinued the funding of travel costs for parents to visit their children in hospital. Although INAC still covers the cost of travel for a child to return home for a visit, due their unique medical needs, these children are generally not able to travel. [73] Therefore, in light of the poverty suffered by many of the families involved with child welfare system, INAC's policy essentially keeps these families from maintaining contact.

Inadequate funding and poor inter-jurisdictional cooperation has resulted in a situation where children with complex medical needs are either left to suffer on reserve, without the proper resources, or alternatively are institutionalized with little likelihood of ever having the opportunity to live in a home environment. Surely neither of these options can be seen to be in the best interests of the child.

Great concern has also arisen in relation to children who have special medical and emotional needs but do not require the type of equipment and resources as those who are institutionalized, for example, children with FAS/FAE. Unfortunately, these concerns have largely been brought to public attention through extensive inquests into the circumstances of the deaths of children in care.

Two recent inquests out of Manitoba underscore the impact of inadequate funding and the lack of cooperation and communication between the different levels of government and agencies.[74] Both children, Patrick Norman Redhead and Susan Redhead (unrelated), committed suicide by hanging after being bounced from home to home and institution to institution. Both children had emotional and behavioural issues that were left unaddressed and likely suffered from FAS/FAE although neither was ever officially diagnosed.

The inquest into the death of Patrick Norman Redhead was held by Provincial Court Justice Geisbrecht and lasted over thirty days. A number of recommendations were produced in regard to the care of children with special needs. Giesbrecht J. particularly noted that jurisdictional issues have resulted in children being "moved or pushed from one agency to another for purely economic reasons"[75] resulting in a disconnect between the needs of the child and what occurs due to fiscal restraints. Moreover, Geisbrecht J. focused a great deal on the impact of the virtual absence of funding for preventative programming:

> It is self-evident in my view that at this time existing resources cannot be diverted from the high-needs children who are currently in the system. . . At the same time if funding at the front end of the system is not increased, if we do not become proactive rather than reactive than we are simply creating greater and ultimately much more expensive problems down the road.[76]

In her testimony before the Inquest, Janet Mirwaldt, Manitoba Child Advocate, discussed the possibility of a multi-disciplinary approach to provide adequate services for high-needs children. In commenting on the policies of avoidance, practiced by both the federal and provincial governments, she stated:

> Even in a world of limited resources the narrow approach should be avoided…More resources might be found, not by creating new resources but by sharing existing resources…Resources can be developed interdepartmentally within those limited resources.[77]

The recommendations set out by Geisbrecht J. in relation to resource and funding issues are reproduced in Section IV, of this report.

The inquests of both Patrick Redhead and Susan Redhead paid additional attention to the lack of training for service and foster care providers regarding the needs of children with FAS/FAE. Again this was linked to a lack of funding for preventative services and programs.

Recommendations for improvement in training are also reproduced later in this report.

This, therefore, raises a systemic issue that arguably has not, but must be, addressed:

> Lack of disability-related services available on-reserve often forces Aboriginal peoples to abandon their communities in search of supports. Once off-reserve, Aboriginal peoples face jurisdictional barriers in accessing these supports and services. This sub-committee also heard that many Aboriginal children with disabilities are placed in child welfare services in order to access supports which are not available to their biological families.[78]

A similar refrain was articulated, on March 30, 2001, by the Social Services Ministers, who released *In Unison 2000: Persons with Disabilities in Canada*[79]. This paper included input from Aboriginal peoples and provided a profile of Aboriginal Canadians with disabilities. One of the main concerns raised regarding Aboriginal peoples, was the jurisdictional debate/conundrum that enters almost any discussion about Aboriginal peoples (children) and social policy:

> The lack of disability-related services available on reserve often forces Aboriginal peoples to abandon their communities in search of these supports; however, once off-reserve, Aboriginal peoples with disabilities face jurisdictional barriers in accessing these supports and services. [80]

The report outlined actions to be taken which included the establishment of an Aboriginal Technical Committee on Social Policy.

Finally, Commissioner Roy Romanow, in his *Interim Report* on health care in Canada, underscored that the responsibility for Aboriginal health and health care programs demands resolution.

> … is an area surrounded by uncertainties that have had serious consequences to the health and health care of Aboriginal peoples. [read children] [81]

This issue is currently under review by both Health Canada and INAC. According to an informant from the First Nations and Inuit Health Branch, the two federal departments are in discussions regarding who will fund the necessary services for Aboriginal children with complex medical needs. She/he acknowledged that there was significant concern in regard to the gaps in service for these children and the consequences of ongoing jurisdictional disputes.

Another informant agreed that the present situation is intolerable. However, she/he stated that the current situation is due primarily to Health Canada's refusal to cover the medical costs of children in care under non-insured health benefits. She/he stated that Health Canada has signed numerous agreements with various FNCFS agencies promising to provide funding for children with special medical needs. She/he stated that these agreements have rarely been upheld and Health Canada has cited interpretational misunderstandings as the reason to pull out of agreements. The existence of these agreements was not confirmed by Health Canada.

While the discussions are ongoing between federal departments some provinces are taking independent action. For example, Alberta has recently enacted new legislation, *The Family Support for Children With Disabilities Act*[82], which extends services to children with disabilities on reserve. Unfortunately, it seems that most First Nations children will be unable to take advantage of this program. As pointed out by an informant, the new legislation consists of a reimbursement program and the majority of First Nations families on reserve will be unable to pay for services upfront[83]. Therefore, the same situation arises where families are forced to put their children into care in order to ensure funding.

4. SUFA

The Social Union Framework Agreement (SUFA) was entered into, in 1999, between the Federal/Provincial/Territorial governments. SUFA sets out some broad principles for a new era of social policy and co-operation in the areas of health, children, post-secondary education and other social programs. In particular the agreement

is aimed at enabling the Federal/Provincial/Territorial governments to work together:

> … and with Canadians, to strengthen our health care system, eliminate barriers to mobility for Canadians, involve Canadians in the development of social programs, and strengthen partnership among governments.[84]

The general principles outlined in the agreement, to guide social programs for Canadians, were identified as:

- Equality of opportunity;
- Access to all Canadians to comparable programs;
- Medicare principles;
- Help for those in need.[85]

The government of Quebec did not sign the agreement, nor were Aboriginal peoples included as signatories to the agreement. National Chief of the Assembly of First Nations, Chief Phil Fontaine, prior to the signing of SUFA, recommended the inclusion of First Nations as full and equal partners in the Social Union process and urged the Prime Minister to "enfold the First Peoples of Canada in this historic process of nation-building" [86]. Yet leaders from National Aboriginal Organisations (NAO's) were not direct parties to the negotiations.[87] Fontaine underscored the importance of Aboriginal involvement in light of the unique relationship of First Nations with the federal government and the fact that:

> Social Union reform directly affects the **jurisdictions** of First Nations' governments, the current and future relationships between First Nations and the federal and provincial/territorial governments **and the nature and quality of social programs** available to First Nations citizens. [88] *[emphasis added]*

SUFA does, however, include a provision which states that:

> Governments will work with the Aboriginal peoples of Canada to find practical solutions to address their pressing needs.[89]

Although the SUFA agreement acknowledges Aboriginal peoples it does not, by implication, recognise them as contemporaries to the other signatories. One commentator has suggested that the exclusion of Aboriginal peoples as signatories would suggest:

> … that they are analogous to municipal governments, which are also bystanders to the SUFA process. This could be seen as a further retreat from the 1992 high-water mark of Aboriginal influence, when the text of the Charlottetown Accord wove a significant Aboriginal presence into virtually every institutional warp and woof of the Canadian federal state.[90]

Unfortunately, the rationale provided to justify Aboriginal exclusion was, as identified by Prince, a Professor at the University of Victoria, because the agreement dealt with "administrative matters":

> The reasons given for the exclusion of Aboriginal national leaders were that the talks involved administrative arrangements, not constitutional proposals, and that the delivery of social programs continues to be a provincial responsibility.[91]

First Nations are, unfortunately, all too aware of the fact that because of jurisdictional issues, and other matters of pressing urgency, SUFA represented not merely the negotiation of "administrative arrangements" but enfolded discussions regarding matters that relate to their very survival – access to social programs i.e. especially with regards children and youth.

Furthermore, Professor Margot Young argues that the text of SUFA seems to support a notion of formal rather than substantive equality. [92]As illustrated by Young, substantive equality takes into account individual or group differences in recognition of the fact that "same treatment is not always equal treatment"[93]. This is of special concern for Aboriginal people [read children] who are historically disadvantaged because of their race and often times due to their place of residence. As Young points out, the difference between models of substantive and formal equality can be very important:

> Without consideration of individual's real social and economic conditions and absent program design that addresses systemic

> inequalities, state action will do little to effect substantive amelioration of the pre-existing conditions of deprivation and disadvantage that currently deny social citizenship to large groups of Canadians.[94]

One of the areas highlighted in the SUFA agreement is "Funding Predictability". This section is meant to provide direction for the funding relationship between the Federal/Provincial/Territorial governments - but has obvious far-reaching implications for Aboriginal peoples. Jurisdictional "issues", have yet to be reconciled and clearly affects "funding predictability". Aboriginal peoples survive, in many cases, on piece-meal or inadequate funding for necessary social services. SUFA does nothing to address this far-reaching problem in particular with Aboriginal peoples. One of the goals of SUFA should be funding predictability for Aboriginal peoples, Aboriginal Nations, governments, and National Aboriginal representative groups.

In a Treasury Board, SUFA analysis of the First Nations Child and Family Services programs they note that there are no "residency-based barriers in this program"[95]. Furthermore, the Social Union web-site notes that:

> There was a broad consensus between the signatory governments that the first priorities should be children in poverty and persons with disabilities[96].

Clearly there are residence-based barriers and clearly if the first priority of the SUFA signatories is children living in poverty and people with disabilities – issues affecting access to services for First Nations children with special needs/disabilities must be given the greatest priority.

5. Summary

Jurisdictional issues remain the subject of lively debate. Case law does not provide much guidance in clarifying the issue. Complicating the "debate" are the jurisdictional issues that manifest inter-ministerially, in addition to the federal/provincial/territorial conundrum.

One avenue that could have ameliorated and potentially have assisted stakeholders would have been the inclusion of First Nations as full and equal partners in the negotiation, signing, and discussions of SUFA.

In the interim, as a result of the lack of clarity in the law and policy it is important that dispute mechanisms be designed to ensure that First Nations children are provided with the services that best meet their needs and that Canada has committed to providing in order to meet their international obligations pursuant to the *Convention on the Rights of the Child*.

Following is an examination of dispute mechanisms.

III. DISPUTE MECHANISMS

> *No. 18: Under Canada's Constitution, federal, provincial and territorial governments are responsible for many areas that touch on the lives of children. It is clear that if children are to benefit co-operation among jurisdictions is essential. Federal, provincial and territorial co-operation with respect to children has been significantly enhanced over the past decade…*[97]

McDonald and Ladd, in their comprehensive policy review of First Nations Child and Family Services provide an overview of Dispute Mechanisms as of March 31, 2000, which set out arrangements to resolve differences in interpretation and legislation and standards between provinces, DIAND, and First Nations Child and Family Services (FNCFS). As McDonald and Ladd point out, in nearly all cases there are no formal mechanisms in place resulting in informal methods being deployed to address various contentious issues. This was identified in 1995 by INAC, despite the fact that Directive 20.1 requires the establishment of tri-partite panels/committees:

All regions have created tripartite mechanisms, though not always a formal panel or committee. These mechanisms have been useful, but their effectiveness tends to depend on the relationship developed between the parties and their intended purpose.

McDonald and Ladd proposed the following recommendation:

> Recommendation 5: **A national framework is needed** that includes fundamental principles of supporting FNCFS agencies, that is sensitive to provincial/territorial variances, and has mechanisms to ensure communications, accountability and dispute resolution mechanisms. This will include evaluation of the roles and capacities of all parties. [100] *[emphasis added]*

As well they recommended:

> **A regional table process** is needed to discuss this issue and come up with an action plan. [101] *[emphasis added]*

It seems clear, from the previous discussion in this paper that the development of dispute mechanisms are of paramount importance to ensure that everyone keeps their commitments to protect and provide services to the most vulnerable of our population – First Nations children and youth.

The inability of FNCFS agencies to utilize the processes put in place was noted by the Saskatchewan review panel in the *Baby Andy Report*. According to the panel, agreements between FNCFS agencies and INAC provide for a forum to discuss and analyse mutual program and policy concerns. However, the capacity of agencies to further this agenda is/limited by experience, financial resources and systematic supports. [102]

The panel suggested a starting point for cooperation:

> In order to proceed to the next level of FNCFS agency development, a focused and systematic framework for joint service improvement and accountability is required. This level of development requires a comprehensive plan that includes FNCFS agencies, the Department and INAC.[103]

The Nova Scotia government provides one example of a "dispute resolution" mechanism designed to enhance services to children, however, it is not clear whether First Nations are involved in this process. The province has set up a Child and Youth Action Committee that works as an inter-departmental working group of senior officials for co-ordination of cross-jurisdictional initiatives affecting children and youth.[104]

The Provincial/Territorial governments put forward a number of options to attempt to address this problem. One of the approaches enunciated in a 1997 paper, was described as the "comprehensive approach" which would be a cross-sector action plan to identify strategic ways of improving the social, economic and environmental conditions for Aboriginal peoples. [105] That was 7 years ago?

In the 2001 *Progress Report to Premiers No. 6* a number of recommendations are set out, including:

- Premiers called on the federal government to recognise its treaty, fiduciary, and constitutional responsibilities for the health, education, and well-being of Aboriginal Canadians and to work with provinces, territories and Aboriginal peoples on more effective delivery and financing of health, education and social services for Aboriginal peoples;
- Premiers stressed the importance of continued Aboriginal involvement to ensure that the needs of Aboriginal children are a priority as work on the National Children's Agenda proceeds.
- Premiers encouraged continued co-operation between governments and Aboriginal organisations toward addressing the education, skills development and labour market needs of Aboriginal people. [106]

Where dispute resolution processes are unavailable or ineffective decisions are being made without any recourse or involvement - negative feelings and backlash can occur between the parties involved. Arguably, this is the current situation between First Nations agencies and INAC. Service providers stressed the difficulty in achieving direct communication with INAC. Communication between the two parties generally occurs through letters; a number of agencies reported having made numerous attempts to set up meetings, with no success. [107] Anecdotally, it could be argued that agencies generally feel that INAC is

in a defensive position and that communication is strained.

Current communications between the provincial and federal governments, inter-departmentally and with the agencies seem to be grounded in a power or rights-based approach as opposed to an interests-based approach. In their study of dispute resolution systems, the Institute on Governance notes that:

> Benefits for reducing the reliance on power and rights based approaches include reduced costs; better quality decisions; greater satisfaction levels among disputants and the preservation of long-term relationships. There appears to be considerable convergence in the literature on Aboriginal justice to move in a similar direction, that is, to place greater reliance on interest-based approaches, often referred to as alternative dispute resolution (ADR).[108]

The federal and provincial governments' present approach of jurisdictional finger-pointing and avoidance has cost a great deal for all involved – especially children. The current state of First Nations Child and Family services is creating a myriad of related problems in the health and well-being of Aboriginal peoples [read children] which clearly affects all areas of social policy. Therefore, it is obviously in the interest of both the federal and provincial governments to work together with First Nations agencies to create an effective funding arrangement.

In their report, the Institute on Governance discussed possible models for a successful dispute resolution process as a component of a new inter-governmental fiscal relationship between the Federation of Saskatchewan Indian Nations, the Government of Canada and the Government of Saskatchewan. The report notes that the central issue facing First Nations, in fiscal negotiations with government, is how to avoid a sovereignty based approach on the part of government. The report notes that governments are reluctant to allow a third party to act in the role of mediator, as this negates their ability to determine budget allocation. Although a third party mediator may not be necessary, it is crucial that the government is aware of the fiscal consequences of inaction and the importance of cooperation between the levels of government, the agencies and inter-departmentally.

FNCFS providers expressed great frustration at the lack of processes in place for the resolution of issues. Suggestions made by providers as to effective processes for the future, were as diverse as the issues they face. However, a common thread throughout the responses was the concept of putting a small cross-sectional group in place to deal with the issues of FNCFS agencies. A key informant suggested that a standing committee be established, comprised of representatives of the province, INAC, FNCFS agencies and AFN. She/he noted that "in B.C. with the number of agencies and their varied size it is difficult to meet effectively as a larger group to conduct business. This was reiterated by another informant, who further stated that the process undertaken by any specified body should reflect cultural values. She noted that:

> The process may be a circle as it embodies the cyclical nature of life and has become an acceptable means of resolving disputes in this province. Regardless of the actual resolution process chosen, the critical elements of the process are respect for treaty, respect for differences and inclusiveness. [109]

This sentiment was reiterated by MacDonald and Sayers:

> The understanding of culture in the development of dispute resolution process is key to successful outcomes. Any examination of First Nations issues in Canada has to respect the cultural diversity that exists within First Nations.[110]

Moreover, a standing committee, apprised of the current issues facing FNCFS agencies and comprised of representatives from the various Stakeholders, may circumvent the government's reluctance regarding the use of a third party mediation process and yet achieve the same results. Any process, however, must be grounded in the idea that:

> …no one jurisdiction – let alone one federal department – can control decisions, resources and activities. Success depends on developing and sustaining a common vision of outcomes, objectives and lines of accountability.[111]

IV. RECOMMENDATIONS

A myriad of recommendations can be found in the literature. The 17 recommendations found in the Joint Policy Review are the most contemporary and provide a call for clarifying the jurisdictional issues:

> Recommendation 4: DIAND, Health Canada, the provinces/territories and First Nation agencies must give priority to clarifying jurisdiction and resourcing issues related to responsibility for programming and funding for children with complex needs, such as handicapped children and children with emotional and/or medical needs. Services provided to these children must incorporate the importance of cultural heritage and identity.[112]

The Ad Hoc Coalition in their submission to the United Nations recommended that:

> Recommendation 10: In the short term, implement recommendations of the Joint Policy Review on First Nations Child and Family Services, and launch a review of off-reserve funding methodologies, to ensure equitable access to sustained and culturally –based targeted prevention services.113

In order to achieve Canada's commitment, as articulated in their *Action Plan*, to honour the international rights of children – jurisdictional issues need to be remedied and/or dispute mechanisms need to be developed in order to make the following a reality:

> No. 82: Together we will strive to build supportive environments to improve the healthy development of Aboriginal children through safe, affordable housing, access to quality and culturally specific health services, child care and schools, as well as improved supports for parents, families and communities… Continued efforts should be directed at toward the development of partnerships and co-ordination among all sectors to promote and support indigenous, holistic responses. [114]

Geisbrecht J., in the inquiry into the death of Patrick Norman Redhead, provided the following recommendations in relation to funding and resource provision:

- **It is recommended that the parties** to the AJI-CWI [Aboriginal Justice Inquiry-Child Welfare Initiative] ensure that adequate funding and resources are provided in the restructured child and family services system for early intervention and preventive programming.
- It is recommended that in providing funding to child and family services agencies the provincial and federal governments specifically allocate separate funds for prevention programs and initiatives.
- It is recommended that adequate funding for professional training and development be built into the funding formulas of family services agencies.
- It is recommended that funding formulas for family services agencies not be based on population but on a model that reflects the needs and capacities of particular communities.
- It is recommended that additional specialized group homes and foster homes be developed in the province to ensure that all children who require such level 4 and level 5 resources need not wait for months for an appropriate placement.
- It is recommended that agencies be encouraged to develop specialized foster placements and residential care facilities in communities in northern Manitoba

> so that children from those areas need not be removed from their home communities in order to have their needs addressed.[115]

Further recommendations were provided in the inquest into the death of Susan Redhead, in relation to the lack of funding for adequate training of service and foster care providers:

- Based on the above recommendations, it is of critical importance that adequate funding for professional training and development be built into the funding provided to a child care agency.
- There should not only be funding provided to the Agency for training itself, but there should be provision to access provincial programs which have the expertise and are already in place to provide the kind of training required.
- There must be a rationalization of the method of funding to the Agency in order to allow for services to families and prevention programs.[116]

In summary, it is of the utmost importance that all stakeholders, provincial, federal, and First Nations governments/departments/ministries must find some way to resolve the long-standing jurisdictional disputes that have caused and continue to cause such unnecessary harm to First Nations children and youth.

V. CONCLUSION

> *It seems inconsistent with a modern Western industrial democracy that the welfare of hundreds of thousands of people is a matter of intergovernmental avoidance.* [117]

The impact of ongoing jurisdictional disputes on Aboriginal children has been well documented. Both the federal and provincial governments are aware of the effects of policies of avoidance and yet cooperation has yet to occur, and the current situation persists.

The federal government persistently contends that the provision of social services is within provincial jurisdiction and therefore any federal services and programmes are merely provided on a humanitarian basis.

> The federal approach is a defensive one, predicated on the notion that Parliament cannot be compelled to legislatively take responsibility, even if not doing so causes Indians harm. [118]

Alternatively, the provincial government and First Nations assert that the federal government has a constitutional, treaty and fiduciary obligation to provide adequate social services, including child welfare, to Aboriginal peoples in Canada.

Clarification of jurisdictional authority may be attempted through litigation. This, however, would be a long and costly process during which the pressing needs of Aboriginal children would continue to be unmet. The needs of these children cannot be placed on a shelf while the various levels of government and departments argue over budgetary constraints and differences in the interpretation of existing agreements.

There are no legal jurisdictional issues that bar governments from working together to improve the services and programs provided to First Nations children. The only bar appears to be that governments are more willing to dig in their heels, as a means of protecting their budgets, than to recognize and move forward in finding a solution to the appalling state of First Nations children.

Lack of will to find solutions is exacerbated by the lack of processes to discuss, analyze and resolve the issues. FNCFS agencies are faced daily with the effects of inadequate funding and resources and are deprived of a forum for expressing their frustrations. Effective and accessible dispute resolution processes are critical to the resolution of issues in First Nations child welfare. Any changes to the current funding formula will undoubtedly raise new issues and concerns for FNCFS agencies and the ability to express these concerns and find solutions will be crucial to the success of a new fiscal relationship.

The success of any dispute resolution process hinges on the recognition, by all parties involved, of the commonality of interests. Governments, ministries and FNCFS agencies must realize that improving/enhancing the health and well-being of First Nations children is in the interest of every Canadian. Further, it must be recognized that neither the simple addition of funds nor a simple change of policy will resolve the issues faced by FNCFS agencies. What we do know to be true is that this debate has gone on for too long and as a result First Nations children have and continue to suffer. It is of paramount importance that dispute mechanisms be implemented as soon as possible. Our children are our future.

In keeping with the United Nations Convention on the Rights of the Child, we recommend that a child first principle be adopted in the resolution of inter-governmental jurisdictional disputes. Under this procedure the government (provincial or federal) that first receives a request to pay for services for a Status Indian child where that service is available to other children, the government will pay for the service without delay or disruption. The paying party then has the option to refer the matter to a jurisdictional dispute resolution table. In this way the rights of the child come first whilst still allowing for the resolution of jurisdictional issues. In honor and memory of Jordan we recommend the child first principle to resolving jurisdictional disputes be termed Jordan's principle and be implemented without delay.

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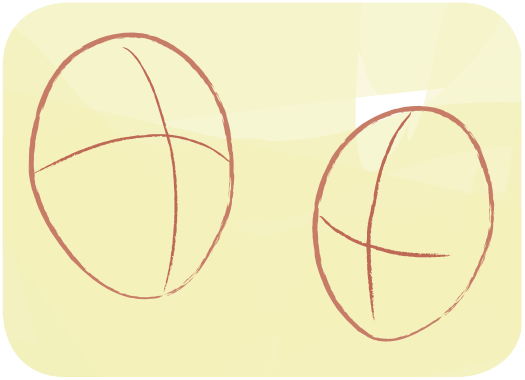
Promoting Community & Family Wellness

Least Disruptive Measures and Prevention



CHAPTER 4

Prepared on behalf of:
First Nations Child & Family Caring Society Canada

Written by:
Dr. John Loxley and Linda Deriviere

July 2005

THE COST OF DOING NOTHING

Recent economic analyses on the costs of child abuse offer much evidence that the fiscal and societal outcomes of child maltreatment are staggering. Bowlus et al. (2002) calculate that $15.7 billion in societal costs can be avoided by preventing abuse and by allowing children to reach their full potential as contributors to society (p.104). The relationship between child abuse and later involvement with the justice system has also been captured by Hepworth (2001) in ***Jack's Troubled Career: The Costs to Society of a Young Person in Trouble***. The analyst has estimated the intergenerational effects of child abuse on the criminal justice system and other social services at roughly $511,500 per child. Other analysis has been conducted in the area of the health outcomes related to child abuse. A Saskatoon study found that adult female survivors of sexual abuse used 4.1 times more costly health services than the average population (Burgess et al. 2003). These are only a few of the fiscal and social consequences that make the rationale for prevention evident.

Analysts argue that the solution to mediating the incidence of child maltreatment lies partly in tackling the dire economic state of First Nations communities. Socio-economic factors, such as poverty, create many stressors in daily life that lead to family violence, addictions and youth detachments from formal schooling. The Royal Commission on Aboriginal Peoples (RCAP 1996) estimated that the lost productivity to aboriginal people in terms of unemployment and forgone earnings, in part from lack of education, as well as lower wages relative to other Canadians, totaled $2.9 billion in 1996 dollars. Another $4.6 billion was lost to the government from forgone tax revenues and other direct fiscal expenditures[1] above the average for the general population. Analysts calculated that "the cost of the status quo will rise from $7.5 billion in 1996 to $11.0 billion in 2016" (cited in McCallum 1999:124), a 47% increase.

These studies illustrate that the case for setting priorities in prevention is convincing, as it is not only fiscally prudent, but it is a humanitarian approach to averting child maltreatment. There is plenty of evidence that the fiscal commitment towards direct child protection will continue to rise in future if policymakers and society in general choose not to address these issues. In this chapter we present further compelling evidence, which illustrates that the costs of preventive interventions are minimal in comparison with the limitless costs of the alternative – doing nothing.

To begin with, the present funding formula provides more incentives for taking children into care than it provides support for preventive, early intervention and least intrusive measures. The 1998 Canadian Incidence Study of Reported Child Maltreatment (CIS-98) has documented an overrepresentation of Aboriginal children in foster care placements and other institutional settings compared to non-Aboriginal children. Socio-economic hardships, such as poverty and substandard housing, intergenerational child maltreatment, as well as addictions are key contributors to this phenomenon (Trocme, Knoke and Blackstock 2004). However, funding arrangements may also create perverse incentive effects that work against family-based approaches, which may be in the best interests of a child's well-being. Flette (2004) argues:

> "Current funding of FNCFS provides money for children only when they are in foster care or group care. No money is available for services to neglected and/or abused children in their own home. Services/funding to work with families to return children home have come under attack and are no longer available. In the mid 90's, DIAND eliminated completely the funding to agencies in Manitoba for Services to Families. This remains a service that agencies are required to provide in legislation, and the Province provides funding for this service to its agencies, separate and apart from Operations. DIAND policies result in on reserve children who are suffering from abuse and neglect not having access to comparable services in their own homes" (p.3).

In addition, though Aboriginal youth represent

a high proportion of Canadian children in care, the funding that is committed to this group is disproportionately lower than what is allocated to non-Aboriginal children (Flette 2004). It is estimated that, of the Canadian children living in out-of-home placements, 30-40% is Aboriginal children (Blackstock et al. 2004), while only 5.6% of children in the Canadian population are Aboriginal (Statistics Canada: Census 2001) [2]. Over the period 1995-2001, out-of-home placements for registered Indian children on reserve increased by 71.5% at a national level (McKenzie 2002), yet the latter's population (below age 15 and between 1996-2001) fell by 1% (Statistics Canada 2001, cited in Blackstock et al. 2004: 157). It is also known that welfare costs are rising at a rate of 6% per annum, while additional funding directed to Aboriginal children is not forthcoming[3]. Moreover, DIAND's financial support to First Nations child and family services agencies is roughly 22% lower than the average provincial funding (based on 1999 dollars) (National Policy Review June 2000, cited in Blackstock et al. 2004; Flette 2004).

The purpose of this chapter is to identify what is best practice in this area, for the information of agencies, but also in order to document the case for a change in the national funding formula. We also want to determine how a more preventive family well-being model should be included in the funding formula, as well as what the net cost implications would be. The latter involves not only estimating the costs of preventive measures, but also the savings that might accrue through limiting or reducing the number of out-of-home placements, as a result of alternative measures being undertaken. An estimate can be derived by examining the experience of agencies that have made the transition to emphasizing more preventive measures, such as the West Region Child and Family Services agency.

This chapter summarizes how a strengthened prevention agenda can be used to generate social and economic change in First Nations communities. The structure of information gathering for this project involved addressing three key components, including:

1. A review of the relevant literature and participants' feedback from a workshop on prevention informed the question of what is best practice as it pertains to preventive and least disruptive measures in primary, secondary and tertiary prevention.
2. An economic cost-benefit analysis addressed the question of what are the realistic fiscal savings that could be expected by reducing the numbers of children in care.
3. Gaps in the current national funding formula are identified. Recommendations are put forth on new areas of required programming and different possible approaches to funding them. We address the question of how a funding formula might incorporate this range of services, but at this stage, cost implications are dealt with only in a very preliminary fashion.

LITERATURE REVIEW

To begin with, the review of a significant child welfare literature informed the process by identifying what is deemed to be the best practices in primary, secondary and tertiary prevention work, including least disruptive measures (see Appendix 1). There is general consensus that the traditional practice of placing greater emphasis on child protection through the removal of children from their home or the cultural environment of a kinship system is immobilizing, in terms of building healthy First Nations communities. Many authors point out that such practices often result in a revolving door between foster care placements and returning home. Not only does this process endanger the child's sense of well-being, but it is more costly from a fiscal viewpoint, as the child's needs become even more complex. Indeed, the risks of child maltreatment are not necessarily reduced from a placement strategy outside the child's cultural setting[4]. The traditional approach to custodial care often defeats the intended purpose of a child well-being model of service delivery.

In contrast, a family-centered and family-preserving approach within a community-building framework and with much cultural content is perceived as a high-need area in the efforts related

to child protection. Many analysts propose that a prevention agenda, which keeps children in their home or, in more complex cases, within the kinship system is seen as integral to the child protection function. Family functioning itself needs mending with cultural healing strategies, in contrast to a heavy reliance on external custodial care. There is general consensus that incorporating a more proactive family-centered component to a child well-being model requires more appropriate levels of financial resources to carry out this work. But the current measures lean heavily toward a reactive level of tertiary intervention only. The major work that needs to be done in First Nations communities is in the area of primary and secondary level strategies in order to reduce the enormity of crisis-related interventions that emerge from a lack of services to begin with.

From this viewpoint, analysts in the field suggest that the solution is partly in a diversity of primary and secondary prevention services, which would redress some of the systemic or socio-economic issues in these communities. A comprehensive inventory of such services is listed in the appended literature review. The current situation is that these services, if offered at all, are often fragmented and poorly funded. They do not always serve the complexities of a family's dynamics very well. Thus, a general lack of proactive and multi-faceted preventive programs can be endangering to child and family outcomes.

Though the analysis in the literature review conceptualizes prevention in terms of primary, secondary and tertiary classifications, to some extent, this is incongruent with the notion of holism in Aboriginal terms. Program strategies often entail a continuum of overlapping and interlocking child welfare services that comprise all three levels of prevention. As described in the literature, preventive actions are often effective on several levels. The demarcation into separate levels of prevention stems from a public health model of prevention, in which such categorizations are distinguished by the level of risk exposure for the child or family. In some ways, this is in contrast to the meaning of prevention within a social work context.

Nevertheless, a regimented distinction between the different categorizations of preventive activities does permit the conduct of a review of the multi-level range of potential preventive services compared to the current services under the existing funding arrangements. It also allows us to identify the new financial commitments, which would appropriately serve families in First Nations communities. In other words, through such distinctions, the financial needs can be tied to specific preventive services. Consequently, the demarcation into various levels of prevention is not intended to create fragmented and inflexible services where it concerns program development and delivery.

To sum, the current reality is that many First Nations Child and Family Services agencies deal with high-risk families in which services typically fall into the category of tertiary intervention or, at a minimum, secondary prevention in terms of risk intensity. But current funding levels need to be reworked in order to make funding resources available so that agencies can address the issues of family dysfunction long before high-risk conflict situations surface. Funding is also needed to begin the process of strengthening social capital in these communities, which has potential for improving the chances of fostering First Nations independence. An appropriate response requires a multi-faceted approach in contrast to the current situation in which programs often deal with a narrow range of child protection issues only.

CONSULTATIONS WITH SERVICE PROVIDERS

The range of preventive programs identified in the literature review were also confirmed via a consultation process with analysts and service providers in the area of child welfare who were brought together in a one-day workshop on April 29 2005, at the Fort Garry Hotel in Winnipeg. Participants came to share their thoughts and experiences on child welfare issues and outcomes. Presentations by the workshop participants illuminated a variety of perspectives on the meaning of prevention in child and family

services. From the discussions, we assembled a list of challenges and program needs that were identified during the workshop. The meeting also drew on notes on an earlier consultation with representatives of the West Region Child and Family Services agency and a consultant with extensive experience in this area.

There was general consensus that the current funding arrangement works against having a comprehensive preventive agenda in First Nations Child and Family Services agencies. Heavy emphasis must be directed at a traditional or cultural component to family healing. More sustained funding is required in order to maintain the few existing preventive programs, in contrast to the current practice of relying heavily on grant dollars. Presenters spoke about the fact that there is room to do alternative programming given the current child welfare legislation, but the problem is with freeing up the funding in order to do this programming appropriately.

During the workshop, seven major highlights were identified by the presenters:

1. **Prevention is an investment in people upfront.** Legislation and the consequent funding arrangements must be prevention-oriented. There is critical need in the area of prevention, as only this type of approach permits the incorporation of Aboriginal values of holism. How much the government invests in families upfront, via primary and secondary prevention, is a good indicator of how many families and children will end up at a tertiary or reactive intervention level. The damaging effects from many children's past negative experiences in foster care placements provides evidence that agencies must be involved with families long before crisis ensues.

The current problem is one of access to a 'seamless continuum of care' in preventive services in order to decrease the number of children from entering formal care situations. Prevention involves plenty of focus on parenting capacity and other services that are likely to lead to purposive changes, but a key theme is that agencies can not always fit people into preventive models. Conversely, programming models have to fit to people's needs. Therefore, multifaceted and flexible interventions are needed in First Nations communities.

2. **A multidisciplinary and collaborating model of intervention is needed.** Service provision to children and their families should reflect a coordinated approach to better deal with many co-existing risk factors. For instance, the child and family services team must have the ability to collaborate with schools and other organizations, such as Child Find, on personal safety issues. Agencies need to partner with employers in the area and the leadership in the community via community task forces. For example, task forces could deal with issues of violence, sports and recreation for young people, as well as parental involvement in behavioral issues. Agencies need to work collaboratively with the health sector, other community-based organizations, and the kinship system.

A multidisciplinary service approach is critically important to prevention in child welfare outcomes, since there is evidence that the physical and mental health issues of Aboriginal children can be very complex. Child welfare agencies can not be self-sustaining, and they must use the human resource base of the community.

3. **Environmental issues – poverty, substandard housing and sanitation, and low educational and employment status –** matters very much where it concerns addictions, abuse and intergenerational family dysfunction. Current strategies are equally lacking the necessary preventive work from a community economic development approach. Indeed, the experience of daily living with these socio-economic issues and all of their consequent problems has left a legacy of developmental disarray in First Nations communities. For example, the literature review indicated that First Nations communities are beset by high suicide rates among youth, as well as disturbing levels of drug and alcohol misuse. Such phenomena are symptomatic of the multitude of stressors that young people encounter on a daily basis, and which are rooted in a very alarming rate of developmental erosion. There are enormous risks associated with the

expansion of child welfare services without allocating financial resources to some of the bigger developmental issues.

4. **Flexibility in funding to do multi-dimensional or multi-faceted programming** is viewed as being a best practice in preventive work. Curriculum-based programming has proven effective in many initiatives (e.g. Vision Seekers in the Skownan First Nation), but this is not necessarily the experience of all participants. Not all individuals can fit into a particular curriculum. For instance, two people may be affected differently by the same parental training program, with one individual needing a more intense intervention. Programs must bend in many directions to serve the needs of particular individuals and family healing strategies. Home visitation programs may involve lower caseloads for social workers and other agency service providers. Indeed, the challenge is for funding levels to adequately meet the enormity of this task.

A human development perspective to meeting the needs of children means that specific community problems are approached with a customized service delivery model from a variety of overlapping perspectives. Multi-generational family dysfunction means that multifaceted interventions are needed. These issues are not solvable with single dimensional program provision. It requires a different way of thinking around programming, such as restoring the relationship between child and community. The workshop participants pointed out that programming can always be done differently, that is, with flexibility as a key component. One size fits all types of services are not always proven effective.

5. **Service infrastructures are lacking in remote communities.** There is a need to secure adequate levels of funding, which will allow remote communities to build up their physical infrastructures, as well as the capacity of human expertise internally. This would permit more services to be offered within isolated communities as opposed to sending people outside the community, in particular, as it relates to youth with disabilities or special needs. There is a lack of physical resources and respite services needed to keep special needs children at home in such communities. This is a big issue in the North. Agencies can not continue to rely on outside expertise brought into the community, as it creates discontinuity in service provision from the comings and goings of professional staff. There needs to be a base of case workers with internal obligations or connections to these communities so that they can establish trusting relationships and continuity with families.

Funders also have to recognize that it may be less expensive to pay a psychiatric nurse to go into the home and to spend time there than to take the family out of the community to receive services in a larger center. Developing the human resource base of professionally trained people is important in terms of staff understanding the internal dynamics of a community, that is, how the community perceives and internalizes the healing process, as opposed to imposing it from the outside.

6. **Building a human resource base and community volunteer capacity** in First Nations communities must be a priority. Agency staff must be trained to take a broader community development perspective. The issues extend well beyond simply training professionals via a university degree. A trait of flexibility in prevention workers is an essential component of the work. Approaches that help to build social capital include:

   - A holistic outlook to community roles and responsibilities by building a volunteer base of peer support. Community volunteerism must be the new way of thinking. For example, a community mentoring program could place individuals who have successes as parents in a mentoring role to other families with parenting challenges;
   - Intensive training for foster parents; - A supervisor training program within agencies in order to foster a preventive mindset;
   - Training specialized staff to work in rural areas through the Bachelor of Social Work (BSW) training program;
   - Developing agency staff's skill set in order

to expand their comfort level with adult education, teaching and group facilitation.

7. **Capital investments are lacking in First Nations communities.** In most First Nations communities, there is also a need for a comprehensive plan relating to the capital requirements that would build up the physical infrastructure. Funding needs to address the ability of agencies to secure buildings and facilities and to have control over them. For example, internally-managed therapeutic foster care treatment units are crucial capital investments that will ensure stability and consistency for long-term placements, such as high needs/high medical needs children in foster care. Maintaining residential programs is essential to ensuring an Aboriginal content to programming.

From the presentations and the literature review, we devise specific recommendations for a revised funding formula. But first, we summarize the results of our investigation into the potential cost savings from a variety of alternative preventive strategies.

COST-BENEFIT ANALYSIS

In the current analysis, we were also asked to focus on answering a further question, as follows: **What are the realistic savings that can be expected by reducing the numbers of children in care?**

A brief economic cost-benefit study of a handful of the West Region Child and Family Services agency's programs, in the Province of Manitoba, informs the analysis with plenty of tangible evidence that the monetary cost savings and cost avoidance from prevention are substantial. Though this agency could rely on a substantive human resource base and an operational infrastructure in place, which allowed the staff to implement such programs, most agencies do not have the capacity to carry out such preventive initiatives within their existing funding levels. Nevertheless, the calculations demonstrate a critical need to re-direct policy costs in favor of primary and secondary

preventive services as a principal component of the casework model, while still adequately reacting to more complex cases of high-risk family conflicts. The highlights of the cost-benefit calculations for only a few programs offered by one community-based child and family services agency are summarized in the following:

- The fiscal savings from the Vision Seekers program, which has been operating in the Skownan First Nation Community in Manitoba for around five years, totals in excess **$25 million**. The program takes a human development approach to its residents' needs on the matter of education and employment. It offers life skills workshops, adult education, a community-centered therapy program, a career-trek program for young adolescents and their parents, all from a holistic Aboriginal family and community healing perspective. This is a fine example of preventive work that fully engages a community at all levels – children, adolescents, youth, parents and Elders. It appears to return $6.2 in savings in present value terms to the WRCFS for every $1 spent. When savings to other agencies are include, notably social assistance savings, a benefit to cost ratio of 16.5 appears to be returned, which is huge.
- The Gaa Gii Kweng (GGK) therapeutic foster care program has also demonstrated substantial economic cost savings for twenty-five special needs children in the federal children in care program. The net present value of the cost savings in custodial care for these 25 children

(in 2005 dollars) from internally-managing a therapeutic foster care service totals **$2.0 million**. At times, for more complex and high-needs child welfare cases, out-of-home 24-hour care is absolutely required. However, this comparative review with other residential care facilities located within the mainstream system has illustrated that First Nations Child and Family Services agencies need to ensure that therapeutic support services are provided within their own communities so that they can guarantee an appropriate cultural component.

- The Reclaiming Our Voices Project involves a three-day retreat for individuals who have significant issues with addictions and maintaining sobriety. Roughly 900 participants over a six-year period have received services from this initiative. Over this period of time, the savings in foster care from preventing children from entering formal care, as well as returning some children home, have exceeded **$14 million**. Furthermore, another **$63 million** in savings is expected to materialize in future from the prevention of FAS/E afflicted children, due to their mothers' maintaining sobriety during a pregnancy. The intergenerational outcomes and costs savings, though difficult to measure, are expected to be substantial. In short, this program appears to return $60 in present value terms to WRCFS for every dollar spent by the agency.
- The Treatment Support Unit, which involves intensive family preservation and reunification services, has prevented roughly 212 medium-to-high risk children from entering formal care. The net savings in foster care over a nine-month period exceed **$2.9 million or $3.9 million over a full year.** Keeping children in their homes, or at the very least within their kinship system in the community, is not only a preferred alternative which is best practice from a least disruptive approach, but the cost avoidance effects prove it to be cost efficient and effective, as well. Theis project appears to yield $12.8 in benefits to WRCFS (in present value terms) for every dollar expended.

While one should be cautious in using these ratios of benefit to cost, the bottom line is that returns to spending on prevention are huge and hence spending more on prevention makes sound fiscal sense.

Another way of approaching the issue is to take an aggregate view of the dollars saved by WRCFS by investing in prevention, in terms of NOT putting children into care. Estimates are over $1.5 million per annum after allowing for the cost of prevention programs. The case for paying more attention to prevention is, therefore, an extremely strong one, not just in human terms (which, after all, is really what counts), but also in fiscal terms.

No one questions that there is a need to sustain the existing reactive or tertiary system, which addresses high-risk family environments in which children face a high probability of abusive situations. The cost-benefit analysis illustrates, however, that a shift in focus must be directed to family preservation and reunification whenever possible. A key component in this is that agencies may be able to better provide their own therapeutic foster care residential facilities. Further, community capacity building efforts, such as the Vision Seekers and Reclaiming Our Voices projects, demonstrate that there are substantial fiscal benefits to providing First Nations agencies the adequate resources so that they can offer a continuum of high-quality primary and secondary preventive services. There is a high probability that such services will consistently meet the challenge of optimizing the government's investment dollars in fiscally sound ways.

THE UNDERFUNDING OF PREVENTION AND MAINTENANCE IN THE CURRENT FEDERAL FUNDING FORMULA

The final question is posed: **How should a funding formula incorporate this range of services and at what cost?** Put differently, what amount of funding would adequately equip First Nations communities with the vital financial resources needed to carry out the prevention task in order to respond to their needs of their residents? The starting point is that the current INAC funding formula for Operations makes inadequate provision for prevention services.

Since the early 1990s, the INAC formula has been based on child population figures (0-18 years). Analysts and service providers in the field generally agree that most First Nations Child and Family Services agencies are precluded from implementing prevention programs due to a lack of funding within the current formula. More dollars would reduce the current heavy workload situation, and it would release some staff time so that they can focus on a preventive agenda. In this section, we identify gaps in the current federal formula based on the general philosophy of care in First Nations communities, which involves an ecological or holistic approach. In this general overview, we also include a discussion of the treatment of prevention in the current funding formula.

The existing Operations Funding Formula of INAC is discussed at length elsewhere in this report. In essence, operations funding is driven by two main variables and a few other less important variables. The main variables are the number of children in the 0-18 age group and a fixed amount per child, $727. These account for by far the greatest proportion of funding. In addition, there is a fixed amount per agency, which also depends upon number of children in the population being served, and which can reach a maximum of $143,000 and a fixed amount per band of $10,700. The three fixed amounts (per child, per agency and per band) are then adjusted by the INAC remoteness factor. These are the only variables determining funding.

In notes accompanying the formula, INAC explains that the fixed amount per agency is intended to cover the cost of a Director's salary, benefits and travel; a secretary, a financial officer, audit, evaluation, legal costs, ongoing organizational development and training of placement resources.

The fixed amount per band is intended to cover the costs of boards of directors, and of local and elders' committees, including travel and training.

The amount per child is intended to cover the costs of direct protection, resource development and prevention services, professional supervision, special services purchases, off-hours services, staff salaries, benefits and travel and overheads (rent, telephone, office supplies and utilities).

The formula is said to be based on the following assumptions: 20% of families need services; 6% of children are in care; the need for core positions in all agencies; supervisors at a rate of 1 to 5 staff; child care workers and family support workers at a ratio of 1:20 children: support staff workers at a ratio of 1:5 workers: wages based on average salary scales in Manitoba and Ontario.

The basic problem with the formula is that there is no periodic reconciliation between the amount of money calculated under the formula and the cost of the services those funds are supposed to purchase. It is not clear, therefore, that agencies can actually purchase the services they are supposed to. In fact, there is very good reason to suppose that in many cases, they cannot. Thus, there has been no adjustment for salary increases or other increases in the cost of purchasing services since the formula was introduced some 15 years ago. Any increase in funding has come, therefore, from increases in the number of children. In the circumstances, **either** the quality of services must have declined if child and family needs grew proportionately with population **or,** increases in costs of services can have been covered, if at all, only from a reduction in the proportion of children or families receiving services.

The consensus among First Nation agencies is that the funding formula makes inadequate provision not only for inflation but also for travel, legal costs, insurance, front-line workers, staff benefits, program evaluation, accounting and janitorial staff, staff meetings, Health and Safety Committee meetings, security systems, human resource staff for large agencies, quality assurance specialists and management information systems. Funding has not reflected the significant technology changes in computer hardware and software. Liability insurance premiums have increased substancially over the past decade. Agencies are expected to allocate these costs to the operational funding category ($143,000), which has not kept pace with inflation since the mid 1990s. Regional Tables were formed across Canada in response to the National Policy Review in 2002. The Manitoba Regional Table (MRST 2002) participants have argued, "If agencies are unable to purchase liability insurance, they are in breach of their legislative responsibility" (p.6). And if they do find the money for the liability insurance, from which other operating item will it come?

There are also a number of expenditures currently charged to the Operating Budget which might be better charged to the Maintenance Budget. The Manitoba Regional Table (MRST 2002) has identified a number of concerns relating to expenditure categories, which INAC considers as falling within the operating budget, when in fact these costs are directed associated with child protection activities [5]. These include:

- The operational budget base of $143,000 is inadequate to cover the high legal costs for bringing children into care, such as attending court proceedings and preparing case plans for the courts. These and other extraordinary or unavoidable expenditures, such as the costs of inquests and medical examiner's recommendations, can easily consume a large portion of the operational budget in any given year. Frequently, these items are directly associated with having the child in care.
- Psychological assessments, subsidized adoptions, repatriation and unification costs (in-home support services when a child has been reunited with their family), and homemaker services are all related to providing for the needs of a child. There is also government funding disputes with respect to mental health therapies for children, which can be disruptive to a child's emotional well-being. Operational funds should not have to accommodate these costs.
- Some travel costs should also be billable under the maintenance budget, for example, if a worker has to escort a child to a major centre to receive services. From a service perspective, it is less traumatizing to a child if a worker who is familiar with the child accompanies him/her to a major centre in the situation where psychological or treatment services are not accessible in a community. However, travel costs that are not recoverable through FNIHB should be billable under maintenance, since they are directly associated with having the child in care.

These are only some of the purchased services that are directly related to the child care function. But agencies are mandated to offer such services under provincial legislative statutes. Hence, all these costs should be billable under maintenance budgets. They do not belong in an operations formula, since the expenditures are directly associated with child protection activities.

Often the issue is one of disallowed expenditures, which surfaces during the periodic compliance reviews. Consequently, maintenance billings are disqualified due to mismatched policy interpretations. For example, INAC is known to disqualify emergency services on reserve (INAC 2003). Flette (2004) argues "DIAND maintains that money for services to abused and neglected children in their own homes is found in agency operations budgets while at the same time they acknowledge that these are unfunded items in the operations budget" (p.3). Thus, there are plenty of inconsistencies in approved funding, which do not reflect the agencies' legal obligations under provincial legislative statutes. At other times, expenditures are disqualified due to jurisdictional payment disputes, as INAC argues that it is not the "first payer" for certain costs. An example involves government jurisdictional disputes with respect to providing services to children with complex medical needs.

More importantly, for the purposes of the issue under discussion, the formula provides insufficiently for prevention services. This shortfall has a number of dimensions. Firstly, if overall funding is inadequate, direct front-line services to children and families will receive priority and preventive services will be neglected, simply because of the urgency factor. Secondly, while the $727 per child notionally includes funding for two prevention workers per agency, provision for one prevention worker per band might be more reasonable. Moreover, remote communities may need more prevention workers. West Region Child and Family Services agency in Manitoba would argue that the number of child care workers and the number of Family Support/Protection workers should both be increased from 1 to every 20 children in care to 1 to every 15. The $727 also provides for one resource worker per agency, but again, WRCFS argues this should be increased to 1 for every 20 foster homes. If all these adjustments were to be made, WRCFS would need an additional 17 staff to undertake prevention work appropriately, at a cost of approximately $1 million, or of about 45% of its existing INAC budget. The main drivers here are the additional prevention staff per band and the additional Resource Workers.

Access to prevention funding is also undermined by jurisdictional payment disputes. For instance, INAC does not pay for day care services to foster children on reserve, which is known to promote healthy child development in the early formative years (MRST 2002). The CFS Act requires First Nations child welfare agencies to provide such services. To date, HRDC has been providing minimal funding for day cares on reserve and, consequently, there are a limited number of spaces available.

Much of what WRCFS has achieved in the area of prevention has been funded not through the Operations Budget, but through the Maintenance Budget, via the block funding or Flexible Funding Option for Maintenance (FFOM) approach (previously known as block funding). Though FFOM does provide a solution that has achieved some successes in various agencies, the workshop participants pointed out that there are many reservations associated with block funding, including:

- Such a funding arrangement may not be suitable for all agencies, since it requires a level of management maturity and sophistication.
- The West Region Child and Family Services agency currently runs a deficit under the flexible funding option for the reasons that were discussed earlier (funding levels not keeping pace with inflation, etc.). While there is much emphasis on WRCFS as a model of flexibility in the use of funded dollars, this detracts from the key problem that there are too few dollars being allocated to agencies. It is imperative that the initial funding level for a FFOM be appropriate and that cost of living increases for prevention programs be included in the adjustment factors.
- Furthermore, a flexible funding option must be truly flexible on the programming side if services are to be tailored to specific community needs. Agencies should not have restrictions placed on the type of child welfare delivery model that they can offer in their respective communities.
- A flexible funding agreement must allow for unforeseen circumstances since certain crises or emergencies may cause maintenance costs to increase substantially. This would force an agency to reallocate basic maintenance dollars that were initially targeted to prevention initiatives. There is an exceptional circumstance review process within the existing policy; however, it has many gaps.

The consensus was that too much uncertainty is generated when an agency has to rely on their block maintenance budget to do preventive work. The effects can be devastating if things go wrong. Cash flow problems are immediate if an agency has one high medical needs child that comes into care unexpectedly. So there is a need to investigate other solutions to the funding of prevention programs.

Finally, it is also noted that the issue of compulsory services under provincial statutes versus discretionary programming needs to be addressed further. Although direct child

protection expenditures are mandated under provincial legislation, there are several other categories of discretionary costs that should be provided by law in order to maintain consistency with Aboriginal values. For example, many preventive community development expenditures do not fall under the statutory legislative standards, even though these items contribute to family healing strategies, which should be funded.

As a further example, in all provinces, child welfare agencies are required to remove children from the home only after initial attempts are made toward family preservation with least disruptive measures (i.e. keeping the child at home) [6]. But according to the Joint National Policy Review, this legislative standard is not funded consistently from one province to the next (Blackstock et al. 2004: 167-8). The fact that the groups of services which constitute the different levels of prevention/ least disruptive measures are not always clearly defined in the CFS legislation, and thus they are not necessarily funded, also undermines the ability of FNCFS agencies to provide appropriate programming (Shangreaux 2004). There needs to be more discussion about the levels of prevention – primary, secondary and tertiary – that could be legislated consistently across jurisdictions, as well as funded universally, in order to ensure that programs are based on a more holistic community development social planning process.

Blackstock et al. (2004) have argued a "disconnect between the funding and the jurisdiction as resulting in inequity of services to Status Indian children in Canada" (p.160). The Auditor General of Canada (1998) has stated:

> "14.76 Arrangements [funding arrangements] vary by province, and in some provinces Indians are not entitled to a whole range of services that may be available to Indians in another province. In Saskatchewan, for example, no preventive services, which Indians view as the most valuable, are available to Indians because they are not part of that province's service package. This is a direct result of federal recognition of provincial jurisdiction and of adhering to provincial standards for child welfare. In addition, because child welfare agreements with individual bands within a province vary, all bands in that province may not be entitled to the same range of services or the same level of funding" (Auditor General of Canada, 1998: Section 14.76 cited in Blackstock et al. 2004).

To conclude this discussion, there is little uniformity between the federal policies versus provincial standards around child maintenance funds, which is discriminatory. For instance, the Manitoba provincial legislation provides for three additional years of extended care to permanent wards beyond their 18th birthday, particularly, if the youth is participating in an education and training program. The same policy is not applied to federal children in care, as it is assumed that they will be covered under adult services. However, adult services are generally absent on reserve. Flette (2004) argues that the current practice of the treasury board authorities is to flag these funding disputes as "anomalies" to "bring agencies in line with Dir 20-1, rather than moving ahead to implement the NPR [National Policy Review] recommendations" (p.4) [7]. It has the effect of "creating a discriminatory two tier system for First Nation children and families, when compared to provincial systems" (ibid, p.4). Funding gaps lead to a lower standard of service in First Nations communities.

FUNDING RECOMMENDATIONS

This final section presents broad funding recommendations, which characterize a shift of emphasis to preventive and intensive family work. The workshop participants identified three broad funding options. Ongoing cost of living adjustment would be incorporated into all three approaches. In addition, as an interim measure, funding formulas could be adjusted to the current levels in terms of salary and benefits adjustments. This option would suffice as a temporary solution.

The goal of all three options is to eventually have a lower proportion of funding allocated to

maintenance costs for children in care, and a much higher percentage of the funding formula being given to preventive programs and community development or family healing initiatives. In other words, the shift in emphasis is from out-of-home child protection to intensive family services, as well as primary and secondary prevention.

Option #1 A Multidisciplinary Team Approach to Funding.

For instance, for every 'X' number of statutory workers, the team must include 'X' funded prevention or community development worker positions. Staffing can be broken down into various groupings. This is a multidisciplinary team approach. The prevention worker must be offered a similar salary scale to other professional staff on the team. Finally, a funding formula has to consider that a multidisciplinary team approach takes up more staff time to get the job done, due to ongoing collaboration.

This approach would include the following budget categories:

(1) **A maintenance line.** This would not differ substantially from the current practice, though its funding levels should recognize provincial legislative differences in programming, as opposed to trying create national uniformity in its funding practices. The problems identified above with respect to billable direct child protection expenditures should be addressed (legal, travel, homemakers, psychological, counseling, etc.). Presumably, as a shift takes place towards fewer out-of-home placements from the traditional child protection function, the required funding in this budget category should decline over time.

(2) **An operating line,** which could depend on the number of staff, as opposed to a population formula. Nevertheless, this line should include the appropriate adjustments for salaries (with inflation adjustments) and benefits (an increase to 15%), adjustments for high insurance costs and other identified gaps and inequities in the earlier discussion. The resource worker who recruits and support placement resources (foster care component) is included under this budget line.

(3) **A prevention line** tied into the number of staff or some notion of children in care/ family files opened. These would be specific positions, such as prevention and community development workers (1 per band suggested earlier to focus on primary and secondary level strategies), child care workers at the rate of one for every 15 children in care in order to provide intensive family support (tertiary level intervention), family support/protection workers (i.e. in home visitation) also at the rate of one for every 15 multi-problem families (tertiary level intervention). In addition, there also has to be specific positions to do outreach, advocacy and funding proposals (1 position for each agency).

Operating costs and staffing must also increase as the maintenance and prevention budget lines increase (i.e. accounting staff, administrative support). Moreover, for every five supervisors or administrative office staff, there should be one additional manager added to oversee their activities.

Teams would have to work with communities to design prevention programs appropriate to the ability of the agency to implement them and according to the absorptive capacity of the community being served.

Option #2 – Link Prevention Funding to Children in Care and/or Families Receiving Services.

The idea is that funding for prevention should be based explicitly on in-care days, families receiving services or some notion of the caseload. Prevention would be built into the caseload formula. This would borrow some of the features of those Provincial Funding Formulae which are driven by service rather than by number of children in the community. There would be a separate budget line for prevention, arrived at by applying a formula,

perhaps along the lines suggested earlier; viz, 1 prevention worker per band above a certain size, depending also on remoteness; 1 Family Support/ Protection worker and 1 child care worker to every 15 children in care; and 1 resource worker for every 20 foster homes. This budget would be separate from and in addition to the Operating Budget.

A variation on this would be would be to base the provision for prevention only on the number of families receiving services, on the grounds that working with families is the way to prevent having to take children into care.

In either case, the proposal deals only with a way of determining funding. Staff and the communities concerned would need to determine how that funding is used, although the successful practical experiences outlined earlier might act as a guide..

Option #3 – Link Prevention to an Accreditation System

This funding arrangement is based on an incentive system. It also integrates a system of accountability and transparency at different stages of capacity or levels of funding. Concerning the base funding to agencies, INAC's current funding formula would be applied in principle at all levels of capacity, but it would be enhanced (or replaced) to account for some of the concerns expressed in the earlier section and elsewhere on existing gaps in current financing. However, the government would also invest developmental dollars for preventive programming, but they would only be required to sustain the funding if tangible (and intangible) outcomes were achieved. The formula is expected to be more complex, but it permits the development of an array of diversified and flexible services that are tailored to the specific needs of child and family services agencies across Canada.. Funding would be tied to four levels in terms of "capacity to implement". There would be national overview of the program, but it would be managed by existing local authorities that set their own standards.

Under this program, First Nations Child and Welfare Services agencies are given funding options, as follows:

Level One: Agencies have the opportunity to apply for special developmental funds in order to complete a needs assessment in their communities, and to prepare a strategic plan and budget around the different levels of preventive programming. Staff at the local managing authority would assist in giving advice during the planning process, as well as providing some training of the workforce in order to implement a preventive agenda. Non-participating agencies remain at Level One, but they would be encouraged to raise their capacity level. Scale of operations is also a significant concern. Even with the financial incentive of developmental funds, some agencies with smaller scale operations will have difficulty in moving forward to the next capacity level of implementing preventive programs. These agencies will likely require extra funding, which is specifically dedicated to improving their scale capacity.

Level Two: Following the use of a developmental grant, the agency receives additional pilot funding, which makes possible the implementation of the preventive services and programs that were outlined in the strategic plan. Agencies would not be required to implement programs all at once. Pilot funding could be allocated incrementally based on a priority list of service needs, as outlined in the strategic plan. This recognizes that agencies have diverse needs in terms of programming, as well as priorities in execution. Implementation would have to be successfully achieved before receiving sustained program funding. For instance, is the agency doing what it said it would do? A quick evaluation by staff at the managing authority could determine whether the agency has earned the next stage of sustained funding for the implemented programs. Subsequently, formal evaluations would take place every 3-5 years, as is the current practice.

Level Three: The agency receives a sustained increase in their funding level based on preventive programming initiatives that were implemented in Level Two and as proposed in the strategic plan. The preventive services are funded over and above the minimum statutory services in the funding formula. Presumably, the maintenance

budget should be declining for agencies that operate at Level Three. In addition, there is an option to access further developmental funding for any innovative projects that the agency wishes to explore. This would be done through a similar proposal process and pilot funding.

Level Four: An exceptional amount of programs/services are provided in First Nations communities, based on a five-year plan. A type of award system, with financial compensation or non-pecuniary rewards to management and staff would be implemented for those agencies who achieve a Level Four capacity to implement.

While this option is less easily translated into a dollar figure for prevention, the idea is that different bundles of prevention programs would be accessed by agencies at different development levels. If there were interest in this approach, the bundles could be more clearly specified and dollar amounts attached.

CONCLUDING REMARKS

Drawing on the above, we can make the following statements;

1. There is a strong case for putting resources into prevention
2. There is a significant literature on the types of preventive measures that have been attempted and there is knowledge of what might or might not work in different circumstances.
3. The returns to successful prevention programs are huge, both in terms of savings in agency costs but also in terms of broader societal savings.
4. The current INAC approach to funding does not adequately provide for prevention and, may even systematically discourage it by underfunding basic operational activities.
5. Some First Nations agencies have, nonetheless, managed to implement a variety of preventive programs with remarkable success. Sometimes this has been accomplished through the diversion of Maintenance dollars under a block funding arrangement.
6. The use of maintenance dollars for this purpose is subject to uncertainty, and block funding is, as well, not for all agencies.
7. Separate provision should be made for prevention funding.
8. This could be based on a team building approach, linked to children in care and/or families receiving treatment, or it could be based on a progressive accreditation process using the services of the First Nations Child and Family Caring Society or some other First Nation central agency set up for this purpose.
9. Whatever the funding approach, prevention activities must be encouraged and there is much successful First Nation experience to draw upon.

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(Footnotes)

[1] The determinants of these expenditures include social assistance, the justice system, health and other social services, such as family services and substance abuse programs (RCAP1996).

[2] Available online at: www12.statcan.ca/English/census01/products/analytic/companion/abor/Canada.cfm.

[3] Flette (2004) has reported that, in Manitoba, 2004-5 funding cuts to FNCFS are roughly 8%, which amounts to a loss of one month's worth of funding, even though the number of children entering formal care is on the rise. The analyst proposes that the occurrence of reduced funding to First Nations agencies is a countrywide phenomenon (p.4).

[4] Placements are generally made based on mainstream rules and requirements as determined by provincial legislation.

[5] Many of these issues were also raised in the minutes of the meeting (entitled "Parking Lot Issues") of Executive Directors at First Nations Child and Family Services agencies in Manitoba, in September 2002. Flette (2004) also identified several of these funding challenges, which are often based on narrow interpretations of the treasury board authorities, as to which costs are considered "anomalies" from the approved expenditures in the policy manual. A further source is the "Overview of Social Anomalies", which is prepared by the treasury board authorities of Indian and Northern Affairs Canada (INAC 2003).

[6] See Shangreaux (2004) for a comprehensive discussion of least disruptive measures statements that are found in Provincial and Territorial Legislation. The analyst states, "The concept of "least disruptive measures" not only reflects best practice in social work it is also embedded in provincial and territorial child welfare legislation". However, the types of services constituting least disruptive measures are not always clearly identified in the various provincial legislations.

[7] The treasury board authorities keep track of expenditure variances between the national policy manual and actual agency practices, but to date such anomalies have not been funded.

APPENDIX A: DEFINITIONS OF COST-BENEFIT TERMS

Cost-benefit analysis (CBA) has been a widely utilized evaluative tool for a variety of public projects. In Canada, the first cost-benefit guide was developed for the government in 1961[1]. Later, a revised Treasury Board publication outlined the principles of CBA in the following:

"Benefit-cost analysis is a method of evaluating the relative merits of alternative public investment projects in order to achieve efficient allocation of resources. It is a way of identifying, portraying and assessing the factors which need to be considered in making rational economic choices. It is not a new technique. In principle, it entails little more than adjusting conventional business profit-and-loss calculations to reflect social instead of private objectives, criteria and constraints in evaluating investment projects" (Canada, Treasury Board, Benefit-Cost Analysis Guide, March 1976).

There have been several approaches to CBA in recent decades, from both program evaluation and countrywide societal perspectives. One of the major differences in the many published cost-benefit studies is how they vary in their points of view for placing money values on society's resources. Some studies estimate exclusively the fiscal impact to the government or, alternatively, the private costs to individuals. Other studies examine costs to the whole of society, including those costs that are imposed on the community. The current analysis considers the impact of a variety of program alternatives on fiscal expenditures. Therefore, it takes a program evaluation perspective.

The underlying principle in cost-benefit analysis is the notion of economic costs as opportunity costs. All of society's resources may be used in other most highly valued alternative ways. When society makes a choice about the uses of its scarce resources or its delivery of services, it also sacrifices the positive benefits or opportunities obtained by using the resources in some other way. For example, society's expenditures on police investigations and law enforcement, including human efforts in these activities, pulls resources away from preventive activities, such public education about drinking and driving or speeding. The latter alternatives may have resulted in other valuable and gainful societal outcomes. This notion of giving up one thing to get something else underlies economic cost analysis and, in economic terms, it is defined as an 'opportunity cost' (Levin and McEwan 2001).

Inflation, Net Present Value and the Discount Rate

Inflation factor: this is an adjusting factor to economic cost analysis because the value of money fluctuates over time due to increases (and sometimes decreases) in the general price level of goods and services in the economy, as well as wages in the labour force. These periodic adjustments to the value of money are referred to as nominal dollar changes (i.e. costs unadjusted for inflation). An inflation adjustment removes the price level effects by converting economic values into real dollar units, in other words, constant purchasing power over time. The costs of all future years are adjusted to the price level of a specific base year. The most widely used measure of inflation is the Consumer Price Index (CPI) (Levin and McEwan 2001).

Net Present Value (NPV): when comparing costs versus benefits over a period of time, a dollar's worth of expenditures today is worth more than the value of a dollar at some future date. This is because an invested dollar today will earn interest income. Put differently, any deferred program costs to future years involves lower real resource costs to society. If the costs and benefits extend over a number of years, the time value of money is adjusted together with the inflation factor (constant purchasing power). A present value calculation accomplishes this task by using a discount rate. It converts the value of program benefits and costs in the future to a present value, in order to compare them to the current or present costs (Levin and McEwan 2001; Nas 1996).

Discount rate: this is a type of interest rate that is used for the net present value calculation, and its value depends on the viewpoint under examination. For private outcomes, a standard approach is to use the market interest rate because it reflects a return to private savings or a bank loan, in other words, the consumer's opportunity costs of consumption versus

savings. From the state's narrow viewpoint, the cost of government borrowing is an appropriate discount rate. Broader societal effects are adjusted using a social discount rate which, in Canada, has been specified by the government's Treasury Board to be approximately 10%, a rate that reflects private firms' opportunity costs of investment (Levin and McEwan 2001; Canada: Treasury Board of Canada 1998).

(Footnotes)

[1] Published in 1965 as Sewell, W.R.D, John Davis, A.D. Scott, and D.W.Ross, Guide to Benefit-Cost Analysis, Queen's Printer, Ottawa.

APPENDIX 1

Best Practices In Primary, Secondary And Tertiary Prevention Work (Including Least Disruptive Measures)

Introduction

This paper reviews the literature on best practices in primary, secondary and tertiary prevention work, including least disruptive measures in preventing a child from coming into formal care. Much of the existing body of Canadian research in the area of child welfare proposes that First Nations Child and Family Services agencies are increasingly aware of a need for alternative ways of conceptualizing the delivery of services to families in their communities. For instance, more holistic, family-centered and family-preserving approaches within a community-building framework and which protect the integrity of cultural traditions are seen as integral to the provision of child welfare services (McKenzie and Flette 2003; Blackstock 2003).

Despite these common understandings, First Nations communities encounter significant challenges in supporting family-centered approaches, as well as targeting proactive preventive initiatives, in the face of substantial inequities in access to the critical financial resources which would redress a multitude of issues in service delivery needs (Blackstock 2003; Shangreaux 2004). The relevance of inadequate funding is that programming practices in child welfare are often informed by reactive policy responses to an enormity of crises-related interventions and, thus, reflect incongruency with the key goals of redressing some of the systemic issues. This includes the need for early intervention and preventive measures, the lack of which thwarts capacity building and family wellness in First Nations communities (Kufeldt 2003; McKenzie 2002; Shangreaux 2004). Consequently, most of the research included in this review identifies glaring gaps in proactive preventive service provision within the majority of First Nations communities.

Primary, Secondary and Tertiary Prevention

Analysts generally concede that the notion of prevention implies a continuum of child welfare services that promote healthy community living and, ultimately, fewer children from coming into formal care. However, the continuum of care is formally defined as falling into the three broad classifications of prevention: primary, secondary and tertiary. Preventive measures can include participation from the community (Elders), institutional (medical or educational systems) or social strategies involving family and individual, or any blend of these approaches. For example, a program aimed at decreasing the risk of FAS/E for the children of pregnant adolescents who smoke, drink or engage in substance misuse might combine medical services, health education in a school program, elder counseling, and participation in a support group (Health Canada 1997).

Prevention actions are often effective on several levels. For instance, consider the case of family training in behavioural management techniques for a special needs child in the home. The tools acquired by parents will likely apply to other children in the family. There may be intergenerational effects, as older adolescent children learn how to deal with the behavioural and learning issues of younger siblings, thus providing them general parenting tools to deal with their own children in future. In this way, a secondary prevention effort that is dealing with a specific risk factor overlaps with a primary prevention effort aimed at future generations.

Though there is interplay of the various types of prevention and the members of the population who benefit from such strategies, the current review is framed in terms of delineating into separate classifications the primary, secondary and tertiary prevention initiatives that are given attention in the literature.

There is also much discussion in the research regarding a "resource gap" in the area of prevention (McKenzie 2002). However, it is also proposed that none of the three levels of prevention can achieve maximum effectiveness unless key social issues are addressed through development-enhancing programming and funding directed at strengthening the physical and social infrastructures of the First Nations Child and Family Services agencies and their communities (Shangreaux 2004). Only through adequate financial resources and a community-building approach can general developmental strategies dealing with poverty, inadequate housing, addictions and violence be redressed.

The current literature review is structured to provide discussion of the range of prevention services that are considered necessary by service providers and other analysts in the social work field, in terms of best practices from a least disruptive measures approach. Tables 1-4 summarize an array of program categories that are aspired to in the current research within four broad classifications – primary, secondary and tertiary prevention initiatives, as well as general developmental strategies. Several of the programs listed in these tables, which range from an emphasis on wellness at one end to intervention measures for existing child maltreatment at the other end, have been proven effective in some First Nations communities and, thus, constitute best practices in child welfare service delivery (McKenzie and Flette 2003; MacLeod and Nelson 2003).

Primary Prevention

Primary prevention, sometimes referred to as "universal prevention", is delivered to the general population as opposed to an identified high risk group. As a proactive measure, it is focused on lessening the incidence of child abuse in a society by preventing risk factors which bring about family violence to begin with (MacLeod and Nelson 2003; Shangreaux 2004). Progress in primary prevention initiatives would include the substantial reduction or the eradication of the significant factors that lead to child maltreatment.

A program that is directed at preventing prenatal alcohol consumption is an example of primary prevention and it substantially reduces or eliminates any risk of birth effects, such as FAS/E. As further example of primary prevention from a culturally-based perspective, previous research has observed that what is considered necessary in

family wellness initiatives is a focus on teaching traditional parenting styles within a culturally-appropriate framework (which may also vary by band/tribe) (Cross 1986; Coleman et al 2001), in particular, as it pertains to the engagement of Elders in the process, the oral tradition and the use of the medicine wheel. Parents who are offered such services would learn what their culture tells them about how to be an effective parent. Examples may include a non-coercive styles and little emphasis on developmental timing. Traditional practices often avoid physical punishment and domineering or "take charge" parenting styles, which are superceded by hugging, praising and being emotionally available to the children (Coleman et al. 2001; Cross 1986).

Table 1 lists a review of various literature sources in the child welfare research, which identify recurring themes in what are best practices in primary prevention, as well as some of the existing innovative initiatives in community-based strategies.

**All of the literature emphasizes that such programming, which supplements the child welfare system, must integrate cultural practices and collaborative working relationships with the communities.*

Table 1: Literature Review of Best Practices in Primary Prevention

Type of Primary Prevention Program* *(proactive support, education and resources directed at the general population)*	**Literature Sources or Existing Programs** *(which are considered effective as best practices)*
Building parenting capacity: Public education campaigns that promote effective parenting, healthy pregnancies (avoiding alcohol, etc.); use media interventions, speaking engagements; **Resource materials development related to parenting:** Newsletters promoting Aboriginal spirituality and an oral tradition in child-rearing practices;	Blackstock (2003); Cross (1986); Kufeldt (2003); MacLeod and Nelson (2003); McKenzie and Flette (2003): medicine wheel framework; Resource example: *Parents* magazine; Shangreaux (2004);
Outreach and prevention services related to parenting capacity: Parent education programs and support groups; family planning programs; referral services; prenatal classes and home visits; Developing parenting training methods on the basis of traditional practices and using Elders in these processes of "self-conscious traditionalism";	Blackstock (2003); Brown et al. (2002); Cross (1986); Fairholm (1997): Canadian Red Cross workshop -- "Walking the Prevention Circle"; McKenzie (2002); MacLeod and Nelson (2003) – emphasis on multi-component programming; Shangreaux (2004); WRCFS 2005-6 Service Plan: Welcome Baby Programs;
Males and parenting: Programs that engage males in the parenting process e.g. group therapy interventions that incorporate traditional Aboriginal practices, ceremonies and, in particular, child-rearing values; Elder involvement;	Dion Stout (1997); Dion Stout and Kipling (1999); McTimoney (1993);
Public awareness campaigns – FAS prevention: Fetal Alcohol Effects/Syndrome (FAE/FAS) prevention using an integrated approach which also addresses some of the social issues in the communities;	Bennett (2002); Dion Stout (1997); Health Canada (1997); McKenzie (2002); WRCFS 2005-6 Service Plan: Addictions Education Workshops;

Table 1: Literature Review of Best Practices in Primary Prevention

Public awareness campaigns – How to report suspected child abuse/neglect; Public awareness re: domestic violence; Awareness around risk factors re: child offending behaviors; Child abuse and neglect awareness;	Dion (1999); Health Canada and Assembly of First Nations (2003); Longclaws et al. (1994); Shangreaux (2004); WRCFS 2005-6 Service Plan: Family Violence Education Workshops; Child Abuse and Neglect Awareness Week activities;
Public awareness: Community meetings; workshops on community needs (this overlaps with a developmental strategy);	McKenzie (2002);
Resource materials development: Relating to suicide prevention; Culturally sensitive resources re: FAS/E	Royal Commission on Aboriginal Peoples (1995); Health Canada and Assembly of First Nations (2003): suicide prevention; Health Canada (1997) – FAS/E;
Family Support Initiatives: Family resource centers intended to strengthen the ability of families to access existing supports and resources; life skills (budgeting, taking care of a home, self-care, etc.); marriage preparation workshops; family activity nights; family camps;	Shangreaux (2004); WRCFS: 2005-6 Service Plan;
Family Support Initiatives - **Education:** School-based prevention efforts around child maltreatment; Availability of pre-school programs and resources; **Parents:** Engaging parents in the education system and prevention issues early in the formative years (e.g. parent volunteer initiatives) re: substance/alcohol use; **Children:** Prevention/intervention in the primary school years (the formative years) re: substance abuse, sexual abuse, self-esteem/confidence building, etc.; Babysitting training courses for adolescents;	Budgell and Robertson (2003): Aboriginal Head Start Program; First Nations Education Steering Committee (2001): "A Handbook for Parents" resource; Gfellner (1991); MacLeod and Nelson (2003); Pancer et al. (2003): Highfield Community Enrichment Program in Ontario (includes a home visiting program) – annual per child cost $1,300; Resolve and CS/Resors (2004): Ndaawin coloring and activity book as a resource for the prevention of sexual abuse;
Nutrition programs in which traditional foods are included; **Smoking Cessation** programs;	Wright et al (2005)
Building youth capacity through prevention efforts targeting children and adolescents (healthy activities): Recreation programs, summer programs, sports, camps, etc. for children, including those with special needs; "Back to the Land" outings; Culture and language programs; life skills;	First Nations Center (2004); Durst et al.(1995); Trocme et al. (1998); Shangreaux (2004); Wright et al. (2005); WRCFS: 2005-6 Service Plan: Summer Program for Youth (workshop and activity-based);
Culture: programs related to the development of cultural identity, also taking account of the diversity in Aboriginal culture; youth awareness of traditional values;	Wright et al. (2005);

Secondary Prevention

Secondary prevention, often referred to as "selective prevention", is also a proactive strategy which more selectively targets an existing risk factor or high-risk families, and it takes measures to lessen the threats of child maltreatment with early intervention. Such initiatives are focused on bringing under control any harm or distress that may have been done before the secondary intervention started, thus, the onset of any negative effects may be reduced rather than being completely prevented (MacLeod and Nelson 2003; Shangreaux 2004).

For instance, a child who at risk for neglect or abuse can go to a neighborhood drop-in center and have access to an individualized support network of youth workers, in particular, given her dysfunctional home circumstances. Aside from being a safe place to go, the idea behind the prevention agenda (i.e. the drop-in center) is to change the youth's reference group, to provide positive role modeling and to deal with the social circumstances that make the youth more apt to eventually engage in drug and alcohol misuse or to become an offender (Resolve and CS/Resors 2004).

Other proactive secondary level strategies that have been proven effective include home visitation, which begins in the prenatal period or at birth. In their study, McLeod and Nelson (2003) found encouraging results from this type of early intervention, the positive effects of which superseded other crisis-focused intensive home-based programs that intervene in existing child

Table 2: Literature Review of Best Practices in Secondary Prevention

Type of Secondary Prevention Program* (resources, support and education directed at high-risk families and youth*)	Literature Sources or Existing Programs (which are considered effective as best practices)
Building parenting capacity: parent education programs/ workshops and support groups for at-risk groups: e.g. adolescent lone-parent mothers in high schools or in addictions treatment programs; **Programs for parents with special needs children;** **Smoking cessation programs;** **Family strengthening** programs that deal with challenges of parenting: parent education workshops to develop skills around the needs of their children; **Household management** workshops;	Bopp (1985); Public Health Agency of Canada -- Nobody's Perfect Program & Resource Kit; Shangreaux (2004); Wright et al. (2005); WRCFS 2005-6 Service Plan: Teen Parenting courses; Early Identification, intervention and support for pregnant women who are affected by alcohol or family violence; Parenting Training programs (Positive Indian Parenting; How to Talk So Kids Will Listen); Child Development Training Workshops; Household Management Skills Training;
Family support: Day Care, Parent aide, respite services to families at risk (lone-parents, multiple children, etc.); Support groups for men and women (co-ed adult groups);	WRCFS 2005-6 Service Plan: Healing and Sharing Circles; Women's Circles: Survivors of Sexual Abuse;
Family support: Resource centers where information is disseminated: families can access books, pamphlets, videos on family issues, etc.; **Community drop-in centers** for families where they can engage in healthy family activities; **Ongoing seminars/workshops** on issues, such as child abuse, sexual abuse, historical grief; colonization and residential schools, family violence;	Shangreaux (2004); WRCFS: 2005-6 Service Plan: 12-week healing program for women who were child victims;

* *All of the literature emphasizes that such programming, which supplements the child welfare system, must integrate cultural practices and collaborative working relationships with the communities.*

Table 2: Literature Review of Best Practices in Secondary Prevention

Type of Secondary Prevention Program* (resources, support and education directed at high-risk families and youth*)	Literature Sources or Existing Programs (which are considered effective as best practices)
Home visiting programs for families with children at risk: Support and assistance to women in the pre-and-postnatal periods; prenatal nutrition; in-home support for children and other family members;	MacLeod and Nelson (2003); Shangreaux (2004); WRCFS: 2005-6 Service Plan;
FASD prevention for at risk women/teens	Health Canada (1997); WRCFS: 2005-6 Service Plan: Reclaiming our Voices Project and Annual Conference (Health Canada);
FASD intervention: Early diagnosis and intervention services as it pertains to child developmental issues (special needs; FAE, etc.)	Bennett (2002); Health Canada (1997); Wright et al. (2005); WRCFS: 2005-6 Service Plan;
Support for children with special needs (FASD intervention): **Respite and other child care services**, as well as better financial support for families, including foster families with special needs children (recreation, lessons); (E.g. behavioral and learning disabilities; FAS); **Community-based therapeutic services** (child development counselors, etc.) **Specialized resources for youth with greater needs;** training sessions for teachers and other community helpers;	Dion Stout (1997); Health Canada (1997); McKenzie (2002); Shangreaux (2004); WRCFS: 2005-6 Service Plan: Training sessions for teachers with FAS/E children in the classroom; training for community helpers; Wright et al. (2005);
Intervention services for youth with disabilities (special needs) or complex needs when they reach adulthood;	Health Canada (1997); Wright et al. (2005);
Building youth capacity: Neighborhood drop-in centers where children can go when home circumstances are difficult; children's groups; **Pre-school programs** for at risk children; training teachers in schools;	Budgell and Robertson (2003): Aboriginal Head Start Initiative; Second Step Program (training for teachers and parents); Resolve and CS/Resors (2004) – Ndaawin Program, Winnipeg; WRCFS: 2005-6 Service Plan: Children's Group;
Support to girls who have been sexually abused; Suicide prevention;	Health Canada and Assembly of First Nations (2003); Royal Commission on Aboriginal Peoples (1995); WRCFS: 2005-6 Service Plan: 13-week adolescent girls – survivors of sexual abuse group; Suicide Prevention Workshops for Teens;
Youth employment and life skills programs	WRCFS: 2005-6 Service Plan: Vision Seekers (for youth – ages 19-25);
Anger management workshops for youth	WRCFS: 2005-6 Service Plan: Anger Management Training for Teens;
Risk assessment tools development re: suicide prevention for youth;	Health Canada and Assembly of First Nations (2003); Royal Commission on Aboriginal Peoples (1995);

* *All of the literature emphasizes that such programming, which supplements the child welfare system, must integrate cultural practices and collaborative working relationships with the communities.*

maltreatment cases (i.e. tertiary prevention). Their results suggested that, while tertiary prevention is a crucial service, "the earlier the intervention the better" as it pertains to positive child outcomes (p.141).

A further secondary prevention example of family support and parenting education measures for at-risk families is the Nobody's Perfect Program, a Health Canada developed and funded parenting program (usually 5-6 weeks long) and resource series for parents of children from birth to five years of age. The program is also offered on an individualized basis. The resource kit of five user friendly books -- Safety, Parents, Behavior, Body, Mind -- covers family violence and abuse related topics, such as children's behavioral issues, parent's self-care and injury prevention. This resource is distributed through an array of other community-based programs, such as the Aboriginal Head Start Programs. This strategy's effectiveness as a best practice in prevention is evident in evaluation and impact studies, as well as the continuing high demand for the program and its resources since its inception in 1987 (Public Health Agency of Canada: Online. Available at: www.phac-aspc.gc.ca).

Tertiary Prevention

Tertiary services in a least disruptive framework, often referred to as "indicated prevention", encompass family support and family preservation or rehabilitative services that enable at risk children to remain at home (Trocme et al. 1998; Shangreaux 2004). Tertiary prevention is implemented when the conditions of child maltreatment already exist (i.e. there is demonstrated evidence), therefore, such interventions are viewed as reactive measures (MacLeod and Nelson 2003; Shangreaux 2004). The idea is to minimize the adverse conditions of serious harm to the child while stressing the preservation of the family. Heavy emphasis is placed on tertiary prevention services in most of the literature. For example, tertiary intervention in the case of a maltreated special needs child

Table 3: Literature Review of Best Practices in Tertiary Prevention –

In the context of family-centered preservation and stabilizing services, such as the Homebuilders (HB) and Wrap-Around Models (WA)

Type of Tertiary Prevention Program* *(this often involves rehabilitative services directed at families where maltreatment has occurred: case management, counseling, education, etc.)*	**Literature Sources or Existing Programs** *(which are considered effective as best practices)*
HB: Home-based intensive support services: Shorter term intensive family preservation and stabilization protective services with 24-hour availability of trained mental health staff; crisis counseling services; Multidisciplinary case planning/assessments with the family, including regular visitation programs; **A coordinated team approach** to service provision through integrated services, including after hour services, in more complex cases when the removal of a child is possible – a network of services: social workers, foster parents, health professionals, teachers, kinship system, etc.;	Blackstock (2003); MacLeod and Nelson (2003); McKenzie (2002); Shangreaux (2004); Trocme et al. (1998); WRCFS: 2005-6 Service Plan: Homemaker and Parent Aide Services; case planning with families; McKenzie and Flette (2003); Kufeldt (2003): the idea of "corporate parenting" – *Looking After Children* was designed in this way.
HB: Rehabilitative services that build parenting capacity: More highly intensive parental support – in-home, groups and training that focuses on alternative techniques from current negative practices for effective parenting; child management skills, etc.	Blackstock (2003); Coleman et al. (2001); MacLeod and Nelson (2003); Shangreaux (2004); Trocme et al. (1998);
HB: Rehabilitative services: Parent mentor programs, e.g. non-abusive families could act as role models and provide support (community helpers social support system); family violence treatment programs;	Flette (1999); Green (1996); MacLeod and Nelson (2003); McTimoney (1993); Shangreaux (2004);

Table 3: Literature Review of Best Practices in Tertiary Prevention –

In the context of family-centered preservation and stabilizing services, such as the Homebuilders (HB) and Wrap-Around Models (WA)

HB: Rehabilitative services: Family supervision services; mental health intervention services for children who have been abused, instilling cultural and spiritual practices;	Blackstock (2003); Shangreaux (2004); Trocme et al. (1998); Wright et al. (2005); New Directions, Winnipeg: Families Affected by Sexual Assault Program (FASA);
Respite services (child care) to reduce family stress; emergency care; recreational support;	Shangreaux (2004); Wright et al. (2005); WRCFS: 2005-6 Service Plan;
WA: Family reunification services: Strengthen the wider family network (grandparents, non-relative community helpers, etc.); keep children in their own communities and culture approach; support to children who are reuniting with extended family; Preventing discontinuity in placements and workers assigned to cases; Intensive and long-term support to families/children that are reuniting after children have been placed in care;	Blackstock (2003); Brown et al. (2002); Fox-Decent (1993); Jones (2003); Kufeldt (2003) – notion of a "seamless continuum and continuity of care"; McKenzie (1999); Shangreaux (2004); Trocme et al. (1998); WRCFS: 2005-6 Service Plan: comprehensive transition case planning (team approach), in-home family/individual counseling; one-to-one parental skill development, etc. Elder services to youth returning to their kinship systems;
Family Support: Services that help remove an abusing parent from the home (and support them in other ways, e.g. addictions services), not the child, in particular, if there is a non-abusing parent in the home; Drug and alcohol treatment referral; Treatment Support Services: individual, family, group counseling and family conferencing; life skills training; (wo)men's/co-ed groups dealing with family stressors; post-treatment support; Programs in dealing with sexual abuse (holistic healing models); women's support groups;	Blackstock (2003): Hollow Water First Nation; McKenzie (2002): Miikanaa Centre for male sexual offenders; Daily (1987): Awareness Wheel approach for victims and perpetrators of sexual abuse; Green (1996) ; McKenzie and Flette (2003); WRCFS: 2005-6 Service Plan: Men's Group to deal with issues of family violence (26-week program for men who batter); Anger Management workshops; Men's Healing Circle; Women's Sharing Circle; Survivors of Sexual Abuse/Domestic Violence groups;
Culturally specific addictions recovery programs for parents, including residential treatment and post treatment support (e.g. treatment for men who batter);	Wright et al. (2005); WRCFS: 2005-6 Service Plan: Women and Addictions recovery circles; Mandatory treatment for men who batter;
Youth Services	
Treatment centers or special schooling programs for children with behavioural issues, also located in the local communities;	Health Canada (1997); Wright et al. (2005);
School partnerships: in-school counseling support for at risk children; Programs dealing with child sexual abuse; anger management; treatment for adolescent boys who are at risk for sexually offending;	WRCFS: 2005-6 Service Plan: 13-week adolescent girls – survivors of sexual abuse group; Anger Management Training for Teens; Miikaana program (sexually offenders);
Services relating to out-of-home placements: wrap around perspective involving extended family, elders, leaders and other community members; loss and grief counseling; access to trained counselors for child and foster families;	Brown et al. (2002); Carrier-Laboucan (1997); Cross (1986); McKenzie (2002); WRCFS: 2005-6 Service Plan;

Table 3: Literature Review of Best Practices in Tertiary Prevention –

In the context of family-centered preservation and stabilizing services, such as the Homebuilders (HB) and Wrap-Around Models (WA)

Therapeutic Foster Home Program	WRCFS: 2005-6 Service Plan: GGK program;
Residential prenatal and postnatal programs for adolescent mothers; adolescent pregnancy supports; short-term emergency receiving services on reserve (placement beds, etc);	Ma Mawi Wi Chi Itata Centre (Winnipeg): residential program for teens; McKenzie (2002) & WRCFS: 2005-6 Service Plan: Oshki-ikwe facility; Piikaanijii home;
Independent living programs for youth leaving care (> age 18), i.e. transition services related to life skills; employment counseling; training; support to prevent youth from becoming offenders; healthy recreation opportunities;	Biehal et al. (1995) study in England of treatment and control groups showed mixed results in terms of differences in the outcomes for the youth (cited in Davies 2003); Kufeldt (2003); McKenzie (1999);
Programs dealing with youth addictions	WRCFS: 2005-6 Service Plan: Youth Addictions – Co-ed Gym nights;

* *All of the literature emphasizes that such programming must integrate cultural practices and collaborative working relationships with the communities and kinship systems.*

would entail a range of overlapping services to help minimize the adverse effects of these circumstances. Programs may include medical procedures, social supports for the child and guardians, as well as educational efforts.

The most cited example of family-centered tertiary services is the Homebuilders' Model, which is the main family preservation approach, as it pertains to mainstream approaches. Such a model targets families in which the children are at risk of being placed in formal care arrangements, and it tailors home-based services to their specific needs. Traditionally, in this model, social workers and family support workers have smaller but more intensive caseloads (Shangreaux 2004; MacLeod and Nelson 2003). However, this model is not without criticisms in the literature (Kufeldt 2003: 276-7), and Coleman et al. (2001) propose that Aboriginal ways of helping can remedy several of the issues that result in the diminished effectiveness of these programs as it pertains to evaluative outcomes.

For instance, the concept of a normal and healthy family in Aboriginal culture, which includes a support network of extended family and community members, is inherently incompatible with the mainstream paradigm of the nuclear family structure (Blackstock 2003; Cross 1986). Coleman et al. (2001) argue that, in Aboriginal culture, the notion of an in-law may be nonexistent and elders or neighbors might be considered a part of one's family (p.55). Likewise, a child whose biological parents die is not perceived as an orphan (Cross 1986). Thus, family-centered services when seeking options in child placements entail working with relatives who have had successes as parents (i.e. aunties or grandparents) and who parent from a cultural appropriate perspective (Coleman et al. 2001).

There are also many tensions resulting from the fast-moving pace of Homebuilders programming as it pertains to expectations of results from the intervention. Brown et al. (2002) refers to this as a "drive-through" approach (p.143). One suggested remedy is that funding has to be adapted to looser time constraints, in other words, slowed down and focused on building relationships from a client-directed perspective. In their meta-analysis of child welfare programs, MacLeod and Nelson (2003) argue that "program intensity and longer program duration" are key success factors in home visitation programs (p.141).

Hence, from this viewpoint, agency workers should not be expected to enter a home and

resolve the family's issues in any meaningful way within one month's time. Services must be slower-paced, client-directed and flexible to building relationships, as well as not interfering in a huge way in order to ensure congruency with the family's culture and belief system (MacLeod and Nelson 2003). One cited example of family empowerment in the literature is that culture may determine how a family resolves its disagreements; hence, respect must be given to these traditions (Coleman et al. 2001).

Since children are viewed as a gift to the community, as opposed to individuals or couples, the literature emphasizes the notion of forming a circle around the family in case planning, which includes relatives in foster care placements, Elders and other community members (Blackstock 2003; Coleman et al. 2001; Cross 1986). One example of a natural helping system which must be reflected in programming initiatives is the Wrap Around model, in which a multidisciplinary team approach to problem-solving combines formal and informal services, including collaborative "community-based services; individualized services; cultural respect; families are partners; flexibility in funding…" (Shangreaux 2004: 18). Coleman et al. (2001) argues that the "helping process involves multiple layers" of working relationships (p.65), with a key objective being to enhance the capacity of a natural helping mechanism or network. There is much emphasis in the community-based research that a continuum of services, as opposed to a single-worker approach, is considered necessary to carry out a family centered services approach with a least disruptive measures perspective (Coleman et al. 2001; Shangreaux 2004), Coleman et al. (2001) also propose that programs offered must involve spirituality interventions, such as sweats, smudges and pipe ceremonies, as a few examples.

In sum, there is general consensus in the research that family preservation services can only really work effectively as a collaborative effort between formal services and community partners: Aboriginal healers, Elders, other community-based services and extended family. The single-worker approach within rigid time frames simply does not work (Brown et al. 2002).

Table 4: Developmental programming directed at strengthening the infrastructure of the First Nations Child and Family Services agencies and their communities (i.e. a community-building approach)	**Literature Sources or Existing Programs**
Socio-economic issues around income and employment and the future of the youth: Community economic development projects to combat poverty; Life-skills training for at-risk children; vocational assessments; Create part-time jobs and job placement training for at-risk adolescents in order to nurture connections to the labour market/schooling; Work towards a long-term goal of training youth in various professions, such as psychology, speech therapy, family violence support workers, social work, etc.	Chapman (1991): family violence worker training program at the Vancouver Native Education Centre; Early labour market connections programming, such as the Urban Green Team, in Winnipeg (which is a culturally-based strategy); Charter et al. (1994): Career counseling for Aboriginal youth pilot program; Durst et al.(1995); McKenzie and Flette (2003): Vision Seekers Program; the Mino-Bimaadizi Project; McLeod and Nelson (2003); Wright et al. (2005);
An ecological approach, which considers other socio-economic issues that create stressors in family functioning – lack of housing and overcrowding in existing housing; lack of food banks; addictions; Unsafe drinking water and sewage treatment; Lack of women's shelters, culturally-based domestic violence counseling and victim/perpetrator support programs; need for better policies re: domestic violence that acknowledge the issues and integrate men in proactive initiatives;	Aboriginal Justice Implementation Commission (2001); Chapman (1991); Dion Stout and Kipling (1999); Dion Stout (1997); Health Canada (1997); Durst et al.(1995); Kufeldt (2003); Longclaws et al. (1994); McTimoney (1993); Canadian Incidence Study on Reported Child Abuse and Neglect (Trocme et al. 1998, p.41); Wright et al. (2005);
Cost-of-living recovery on expenditures which targets the problem that some goods and services may be more expensive to transport into remote communities	Blackstock (2003); Wright et al. (2005);
Developmental approach/resources to address the need for better service infrastructures and relevant programming in First Nations communities/remote areas: Create advisory committees, which would form community-based linkages in terms of the voluntary sector; emphasizing a collaborative service provision focus that builds local capacity and support networks – working with health services, band controlled programs, local schools, etc. (idea is to keep youth in the community); Special focus on the problems of isolation of reserve communities from outside community-based services and coordinating/networking of service provision;	Blackstock (2003); Coleman et al. (2001); Irvine (2004); McKenzie and Flette (2003); McKenzie (2002); Nadjiwan and Blackstock (2003); Wright et al. (2005);
Developmental approach/resources for youth capacity building: Create advisory committees of Elders and young members of the community, which would develop strategies to involve youth in working on solutions to broader social issues in their communities – adolescent drug and alcohol misuse, community-driven approaches to suicide prevention; ways of implementing traditional teachings, healing, ceremonies, drumming, etc.; mentoring programs; healthy recreation activities; Coordinated community responses to child maltreatment issues;	Bennett (2002); Bopp (1985); Coleman et al. (2001); Durst (2000); Durst et al.(1995); Health Canada and the Assembly of First Nations (2003): suicide prevention; Royal Commission on Aboriginal Peoples (1995): suicide prevention; Shangreaux (2004); WRCFS: 2005-6 Service Plan;

Developmental approach/resources to build volunteer capacity in communities: Ongoing work on expanding a community-based volunteer sector within reserve communities, perhaps even promoting youth and parents' participation in local capacity building, community helpers volunteer initiatives, etc., also taking account of geographic isolation;	McKenzie (2002);
Developmental approach/resources for internal agency infrastructure: User-friendly training manuals; ongoing funds for staff training and professional development so that an adequate human resource base of culturally-sensitive staff can be realized/maintained; Ongoing re-evaluation of casework techniques and case loads, i.e. planning/assessments/consultation; Training of more specialized social workers (emphasizing a collaborative approach) and focused training for families/foster families in childhood cognitive learning disabilities and behavioral issues (FAS/E issues);	Caring for First Nations Children Society (2002); Cross (1986); Green (1996); McKenzie (2002, 1999); McKenzie and Flette (2003): Children with Special Needs Coordinator position developed a parent support network, educational resources, etc.; WRCFS: 2005-6 Service Plan; Wright et al. (2005);
Adequate resources allocated to the supervision and ongoing support of front-line staff: Parent aides, child support workers, community helpers, teaching homemakers, etc. **Bureaucratic systems:** findings ways to reduce the front-line staff's paperwork needed to fulfill the obligations under the Child and Family Services Act, which create times pressures with regards to casework;	Coleman et al. (2001); WRCFS: 2005-6 Service Plan: sharing circles for community helpers; specialized training for caregivers; Caring for Caregiver Training; Training community helpers to facilitate groups; Training support and respite workers; volunteer recognition activities; McKenzie (1999);
Physical infrastructure issues: wheelchair accessibility; Equipment and supplies for children with disabilities;	Wright et al. (2005); WRCFS: 2005-6 Service Plan;
Targeted funds for the management and administrative structures to support primary, secondary and tertiary prevention initiatives, e.g. MIS systems to reduce staff workloads and expedite information sharing; agency governance issues, such as strategic planning of priorities and regular service plans that involve the community;	Bennett (2002); Durst (2000): Kahnawake Shakotiia'takehnhas (PQ) & Nog-Da-Win-Da-Min Family (Ont.) and Community Services: community consultation projects for social service delivery; Flette (1995); McKenzie and Flette (2003); McKenzie (2002, 1999); WRCFS: 2005-6 Service Plan;
Developing **clear definitions of disability**, for example to include behavioral issues and cognitive learning disabilities; Develop a culturally sensitive resource base and public awareness around issues of disabilities (FAS/E, etc.).	Health Canada (1997); Wright et al. (2005);
Funding research advisory groups and ongoing research, which helps to inform evidence-based policy and practices around prevention (e.g. with a child outcomes focus); Policy development: e.g. take measures to create consistency/coordination in the practices of FNCFS agencies (within reasonable parameters since activities/teams are decentralized); Standardized data collection (comparative statistics) and reporting for research and evaluation purposes;	Davies (2003) – research that is linked into the policy process (p.384); Fox-Decent (1993); Jones (2003) – Looking After Children Model in England – policy rooted in evidence drives and supports the required changes in practices (p.374); McKenzie (1999); Nutter et al. (1995);

Developmental Programming

Best practices in developmental programming would support the design and service delivery (and evaluation) of community-based healing strategies, also tailored to the specific needs and cultural heterogeneity or identity of each community (McKenzie and Flette 2003; Shangreaux 2004; Durst et al. 1995). The basis for this model of practice is the notion that residents in the communities are in the best position to actively participate in dialogue on which solutions are in the best interests of their own communities (Brown et al. 2002; Fox-Decent 1993: 72).

Moreover, analysts argue that many underlying social issues in Aboriginal communities must be addressed on several levels if any type of prevention initiative relating children coming into care is expected to be effective (Shangreaux 2004; Kufeldt 2003; MacLeod and Nelson 2003). The underlying principle in developmental programming is to reinstate natural systems by developing culturally relevant practices in seeking to protect children with a further goal of strengthening the infrastructure of First Nations communities (Blackstock 2003; Cross 1986). Cross (1986) argues that formal child welfare services, including tertiary prevention services, have become the primary model of practice only because "natural systems became less able to protect children" over time (p.286). Development strategies would also improve income and social status by taking account of the wider systemic issues in the community at large.

The types of developmental strategies listed Table 4 are fuelled by deeper and more complex social issues – poverty, unemployment, racism, violence, sexual abuse, addictions and the growing prevalence of fetal alcohol birth effects. Combating many of these systemic issues which impact the entire community is apt to have a more positive impact on prevention strategies, but the enormity of the task is costly to implement and vulnerable to unsustainable financing from government sources.

Conclusion

This paper reviewed the literature on best practices in prevention work, from a standpoint of least disruptive measures in preventing a child from coming into formal care. At the risk of oversimplifying the multifaceted continuum of care in child welfare service delivery, in this analysis, prevention initiatives are distinguished separately into four classifications: Primary, Secondary and Tertiary prevention, as well as Developmental Strategies. Though there has been action on a variety of preventive initiatives within several First Nations Child and Family Services agencies, the glaring obstacle is that financial resources are rarely made available to develop an appropriate inventory of services. Such strategies would better match the philosophy of service delivery which puts the responsibility back on the community by emphasizing intensive family support and cultural connections.

Furthermore, this literature review investigates a range of critical developmental issues in First Nations communities, which are at the core of much child maltreatment – poverty, unemployment, racism, violence, sexual abuse, addictions and the growing prevalence of fetal alcohol birth effects. It highlights the issue that families in distress, as well as the consequent intergenerational outcomes and costs to society, ought to make prevention measures a concern for all Canadians, and not just the responsibility of the First Nations Child and Family Services agencies acting in isolation. In light of these issues, a recurring theme in the literature is that, while reactive or tertiary prevention programs are absolutely needed for families who are presently in distress, it is of paramount importance that the question of sustained financial support be addressed so that proactive primary and second preventive activities, as well as community development initiatives are undertaken in First Nations communities.

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Management Information Systems

CHAPTER 5

Prepared on behalf of:
First Nations Child & Family Caring Society Canada

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Background

This review of information systems used by FNCFSAs (First Nations Child and Family Service Agencies) is part of the funding formula development project. Costs related to acquiring and maintaining information systems can be substantial and are important data needed for testing the three funding formula options identified in Phase One of the project. It should also be recognized that since information systems cannot be implemented without a viable technological infrastructure in place, accurate cost estimates must be based on all aspects of technology deployed, not just those specific to information systems or databases.

Although FNCFAs vary in their present levels of use of computer technology and information systems, they, like all other organizations across Canada mandated to deliver child protection services, must ultimately have a uniform capability, by means of appropriate computer technology, to operate efficiently, manage and monitor delivery of child protection services, report on service or program outcomes, facilitate service planning, and meet various accountability expectations and standards.[1] Specifically, they must strive to use technology to achieve the following core functions of child welfare agencies:

1. Managing day-to-day office operation, e.g., word processing, accounting, payrolls, newsletters, etc.
2. Managing caseloads, service delivery, and resources.
3. Meeting performance expectations and legislated requirements for accountability management, i.e., ability to quickly generate accurate and current financial reports, caseload reports, and other types of status or ad hoc statistical reports for government departments or regional authorities.
4. Producing performance feedback information for management, and contributing child protection outcomes data to the national project currently underway.[2]
5. Exchanging electronic datasets with external

organizations, such as university research centers, government agencies, and the proposed First Nations Statistical Institute.

The Auditor General of Canada usefully pointed out in their December 2002 report[3] that deploying appropriate computer technology is the only way for First Nations organizations to meet the demanding reporting requirements imposed by federal government departments and to ensure that the data is accurate. Authors of the report were "concerned about the burden associated with the federal reporting requirements." In reviewing the experiences of four First Nations and two tribal councils in Saskatchewan, the report authors estimated that the total number of financial and non-financial reports that a community was required to compile annually for INAC, Health Canada, HRDC and CMHC was between 168 and 202. The federal government acknowledged that the current reporting requirements must be made less cumbersome and less excessive. Among the strategies proposed to streamline reporting requirements were:

- "…make full and efficient use of available technology".
- Building on the positive results of the Government on Line (GOL) initiative, "promote electronic data exchange as a way of doing business with First Nations".

Purpose of Review

This review aims to answer the four questions pertaining to information systems listed in the project proposal, and they are:

1. "What kinds of MIS systems are currently in use by FNCFSA and how do they compare with provincial systems?"
2. "What kind of MIS system is required to meet agency requirements and ensure adequate interfaces with provincial and national data systems?"
3. "What are the costs of developing and maintaining such a system?"
4. "What are the implications for funding formula budget?"

In order to identify practicable computer technology options that would allow FNCFSAs to build the kinds of operational and data capability described above, and to estimate costs, we need to know the present situations, efforts, and technology deployment plans in the agencies. In addition, since FNCFSAs are accountable to their respective provincial governments for service delivery as per provincial child welfare legislation, policies and standards, and, as part of this legislative arrangement, are required to use or contribute case data to provincial information systems, it is equally important to understand the kinds of provincial-agency arrangement in place and the extent to which such arrangements help FNCFSAs to meet their day-to-day operational and management needs. Recommendations regarding suitable information systems must be made on the basis of a balanced understanding of specific situations, needs, issues, and the larger context in which agencies operate.

Methodology

Scope of the Review

Currently there are 119 FNCFSAs in nine Canadian provinces[4], according to FNCCSC (First Nations Child and Caring Society of Canada). Since the 11 Ontario agencies are not included in this project due to a different funding arrangement the Ontario government has with First Nations agencies in that province, a total of 108 FNCFSAs constituted the population for this review. However, we knew that time and budget limitations would not allow us to interview too many agencies. It was therefore concluded that, given the specific purpose and focus of this review, our data collection priority should be to include those agencies that have their own information system. Should resources allow, we would also interview agencies that use provincial systems exclusively as well as those that wanted to contribute information or discuss operational or funding issues related to office automation or information systems. We also decided that, to the extent possible, information should be collected from all nine target provinces so that we would have a more complete picture of issues across Canada.

Data Collection

The following data gathering approach was adopted for this review:

1. FNCCSC identified agencies that used a uniform computerized information system and invited them to participate in the review.[5]
2. The researcher called the designated contact, explained the purpose of the interview, named the types of information to be collected,[6] and set up a time for the interview. Email confirmations were sent out.
3. The researcher conducted phone interviews with the designated persons(s)[7] at the pre-arranged time.
4. At the end of the interview, the researcher asked, where warranted, for the name of the system developer and/or the name of a provincial contact for information on the provincial system.
5. Where more information needed to be collected from the system developer or the provincial contact, steps 2 and 3 were followed. On a number of occasions, additional provincial officials had to be identified and interviewed because the original contact did not have full answers to our questions, and steps 2 and 3 were repeated. HRDC also gave us with the names of provincial officials who were members of the National Child Protection Outcomes Working Group, and encouraged us to contact them where needed.

Information was collected from agencies, government officials, and/or system developers in all eight target provinces. Specifically, eleven agency officials representing eight FNCFSAs were interviewed. Detailed technical information was gathered from three external consultants or technology suppliers related to systems installed in three of the agencies. We also interviewed ten provincial officials having direct knowledge of or responsibility for implementing provincial systems. The following table provides the breakdown.

Number of People Interviewed

Province	Agency Officials (FNCFSAs)	Provincial Government Officials	Developers /System Suppliers
British Columbia	2+ (2 agencies)	0	0
Alberta	0	3	0
Saskatchewan	2 (2 agencies)	1	2
Manitoba ++	3 (1 agency)	3	0
Quebec	1 (1 agency)	0	0
New Brunswick +++	2 (1 agency)	1	1++++
Nova Scotia	1 (1 agency)	1	0
Newfoundland and Labrador	0	1	0
Total	11 (8 agencies)	10	3

\+ 1 was an in-house developer

++ 1 manager in a First Nations regional authority became unavailable at the prearranged interview time, and did not return phone message.

+++ 1 technical manager became unavailable at the prearranged interview time, and did not return phone message.

++++ Same person who supplied the same system to the Quebec agency interviewed.

The researcher received very good cooperation from all respondents, and successfully completed all interviews, despite their lengths. The interviews, guided by a set of standard questions, were conversational in style and exhaustive in nature, involving frequent probing for details. All respondents provided frank, factual and useful information. The average time to complete a phone interview was 1 hour and 30 minutes. Two agencies also shared materials or reports with the researcher as supplementary information. A number of respondents were re-contacted for additional information.

Types Of Information Collected

Depending on the role of the respondent, the kinds of questions varied.

The main emphasis in interviewing government officials was on understanding the current features of the provincial information system, including specific technical changes made to the system since the nationwide review conducted in 2001-2002, availability of child protection outcomes data in the current system, and arrangement between the government and FNCFSAs regarding use of the provincial system.

Interviews with FNCFSA officials and their technology suppliers focused on the following areas:

- Types of technology deployed
- Technical features of agency information system or database
- Data sharing capacity
- Interface with provincial system
- Ability to generate reports for INAC and government departments
- Availability of child protection outcomes data
- Arrangement with province regarding using the provincial system
- Technical support
- Technology costs
- Technology funding
- Future plans

The timeframe and budget of this project did not allow site visits or hands-on verification of the information provided. For example, we did not have an opportunity to extract data from agency databases for testing.[8] Probing for technical details during the interviews was the only way to allow us to assess the technical capability of an information system.

Findings

This review of office automation and information systems used in FNCFSAs employs a case study approach, arguably the most appropriate one given the purpose of the review and the complex issues involved. The nationwide scope, inclusion of all major types of organizations, collection of detailed information from the most knowledgeable respondents,[9] and vigorous efforts to gather frank and accurate information from both agency and government sources allow us to form a good and balanced understanding of specific situations, needs, issues, and the larger context in which agencies operate. The findings of the review, issues identified, suggested solutions, and costs are presented in the following sections.

Using Provincial Child Protection Information Systems

In the majority of provinces, most, but not all, FNCFAs have some sort of computer technology, and many of them are connected to the respective provincial information systems in one way or another.[10] As provincially mandated child welfare organizations, all FNCFSAs are required to contribute to the provincial system information or data pertaining to all off-reserve cases (on-reserve cases as well in some provinces) they serve. Agencies do so by means of an online system, paper reports, or document/spreadsheet files. Other than this requirement, the government does not stipulate the kinds of systems agencies must use to manage their day-to-day operation, including service delivery.

Although very few FNCFSAs outside Ontario[11] have their own child protection information system, it appears that the majority do use computers for basic office functions. Those agencies without their own information system use either the provincial system or a paper file system to manage service delivery. It also seems that all provinces prefer FNCFSAs to use some aspects of the government system, and some have rolled out a deliberate plan to sign up agencies. Provincial recruitment strategies typically involve offer of free ISP service. One province also gives out free computer hardware and installation service if the agency does not have and cannot afford suitable computer equipment. Building a province-wide broadband infrastructure of fiber optic lines to allow remote agencies to have high speed connection to the provincial system is a

project underway in one province. At least two are considering using satellite ISP service to speed up data transfer for remote locations where dialup connection is currently the only option. At the same time, it is interesting to note that, according to one agency, they have to pay the government $4,000 a month for using the provincial system. All other provinces offer free access to the government information system.

Provinces seem to vary not only in terms of level of enthusiasm and strategies with respect to signing up FNCFSAs for the provincial information system; how an agency accesses the government system is also different. Depending on the provincial plan, there are generally two different ways. One setup involves installing thin client remote access and security software on the computer of each worker mandated by the province to provide child protection service. [12] (Note: non-mandated workers are not allowed to use the provincial system.) The other arrangement is for the province to install in the agency a "provincial" computer and a printer dedicated to the government information system. Only the provincial worker on location or a government-authorized agency employee is allowed to operate the equipment. It should also be noted that access by agency staff to the provincial system is restricted to certain service delivery and management modules only. Financial modules are, without exception, not available to agency users. Security concern is the reason cited for restricted access.[13]

Private Information Systems Installed

Outside Ontario, there are at least four different private systems in use by a handful of FNCFSAs in Canada. The following paragraphs summarize their features and capacity, as per information provided by their respective respondents.[14]

What appears to be the most advanced system of the four is a Sybase client/server application produced with PowerBuilder. It was first developed in 1995. The main modules include Basic Case Management, Payment, Support, Prevention, and Outside Service. A noteworthy feature of this particular system is a case audit module developed to meet government audit standards. According to the respondent, this system is properly designed, incorporating adequate data integrity enforcement features, and has the ability to store various types of historical data and to output electronic data files. However, only a limited set of data needed for the national child protection outcomes measurement project is currently available. Enhancement plan includes incorporating a case tracking capability among agencies. Six or seven agencies in the province are also using this system under a lease agreement.

The second private system is a SQL Server client/server application being written in Visual Basic. Mainly for reasons of lack of sustainable funding, this system is still under development after 10 years.[15] According to agency respondents, this system, when completed, will allow them to easily manipulate data to meet various statistical reporting requirements, to exchange data with other agencies, to interface with government systems, to contribute to internal and external planning and evaluation processes, to efficiently manage service delivery and human resources, and to achieve a high level of operational and financial accountability. This system will also have program performance indicators for inputs, outputs and outcomes, a recommendation or requirement under INAC's new Results-Based Management and Accountability Framework. The types of information available will include: core information on child-in-care and protection cases, information on foster parents, homemakers and parent aides workers/supervisors, financial information to facilitate payments to foster parents and service providers, and police and Abuse Registry Information. A cursory review of the work produced to-date suggests that this project has the potential to evolve into a comprehensive and capable system, if the database structure is properly designed and the application competently written to take care of complex data linking, among other technical challenges. The agency producing the system has been using Excel to manage service delivery. Because of incongruence in structure between their Excel spreadsheets and the SQL Server database under development, most of the existing data cannot be salvaged. However,

being a system under development, opportunities to include historical outcomes data should be reasonably good.

The third private system, installed in two agencies in two different provinces, is supplied by a firm in Toronto, Ontario. It is a 4th Dimension client/server database application probably written in Visual Basic. The modules available are Agency Resources, Clients (demographics, education, employment, etc.), Cases (intake, placements, and services provided), and Payment. According to the company's technical salesperson, the database design, including data integrity enforcement, is adequate and the database has all sorts of historical data that can be unloaded for external use. We were also told that all the data needed to measure child protection outcomes are available. Each module can be customized for or by the client. Features customizable include pick lists, reports, data extraction, and other things. This application seems to rely extensively on templates to achieve customization. Service planning is a main feature: it allows the worker to pick service objectives and associated outcome indicators, identify service providers (workers/agencies), set target dates, review results, etc. Built into this system are the standard assessment tools used in the agency's province. The two agencies that have this system also use AccPac for accounting functions, but software interface between this system and AccPac is not available, according to one of the respondents.

The fourth private information system, reported by one FNCFSA included in this review, is actually an off-the-shelf contact management software package customized for that agency. This package is a Pervasive SQL database application, but it is unclear which language is used to develop it. Although this system is not a specially developed database application in the traditional sense, its usefulness might still be appreciated by the user because the supplier is able to customize, within limits of the database structure, to suit existing, new or changed requirements. According to the supplier of this system, producing reports for INAC is not a problem. Most of the data needed for child protection outcomes measurement is not in the system, likely due to the particular original purpose and database structure of this software package.

Computer Equipment Deployed

FNCFSAs that have computers use various versions of Microsoft operating systems, enabling system software, and office suites. Microsoft Publisher, Project and Visio are also used by at least one agency. PCAnywhere and NetSupport Manager are the most popular remote support tools, which, along with Citrix, are also used for remote access to database servers. In addition, many of the agencies, whether they use a private information system or the provincial system, also use an off-the-shelf accounting software package, and AccPac is the dominant choice in this category. However, in all situations, because of absence of software to connect the accounting package to either the provincial or the private information system, staff needs to enter data twice. A common practice is to enter data into one system first, print out a hard copy of the information, and manually key the copy data into the second system.

In terms of computer hardware in use, there is an even greater variety, perhaps a reflection of different affordability levels and history. Computers range from Pentium I or II workstations with 64MB RAM running Windows 95 to dual-Xeon class server computers powered by Microsoft Server 2003. While all the agencies interviewed have a Windows local area network in place (some also implement messaging function), we are certain that workstations in many of the small agencies not interviewed are mostly older standalone computers.[16] Depending on the operating system of the provincial information system, the workstations of mandated workers permitted to access the government system may or may not have 3270 emulation software installed.

Remote access is mainly via broadband or dialup connection. However, satellite is being considered by a large agency as a substitute for the much slower dialup option. Thin client remote access software and firewall software are often used. VPNs are also deployed to achieve secure communications for remote users who

directly connect to agency networks or servers. Generally, both governments and agencies have a similar setup for remote access, although it is most likely that government systems deploy more functionality servers, enforce stronger firewalls, and implement tightly coded secure services portals.

Technical support in the largest agencies is provided onsite typically by agency staff along with offsite consultants. Small agencies rely on offsite support personnel. Government technical support is available only to agencies that have a direct connection to the provincial system.

Mainly because of lack of money, many agencies are still using computer equipment that should have been retired years ago. For example, two provincial sources mentioned that they had come across agencies still using very old and slow computers running Windows 95. We assume they were referring to Pentium I, 486 or even 386 computers. Using obsolete hardware and operating systems usually gives rise to the following problems:

- Efficiency is compromised due to inability to deploy newer software that is not only easier to use but also has better features. In addition, older equipment takes more time to process commands, and cannot use new hardware devices due to lack of software drivers.
- Networking older computers running obsolete versions of Windows or DOS is always technically difficult. The operation is slow, and unstable or failed performance is a common complaint.
- It is expensive to maintain old equipment because it has a higher than normal rate of hardware failure. Certain replacement parts are sometimes hard to find and costly.
- Downtime due to hardware problems further reduces worker efficiency. Need to redo things because of lost or damaged work also directly wastes staff time and causes frustration.
- Information systems cannot be deployed using obsolete or inadequate hardware and software. (Details are presented in later sections of this report.)

In the case of one agency, old technology has already created problem for them to work or liaise with the government. They have had difficulty exchanging electronic files with the province since the time the government upgraded their operating system and office software. According to the respondents, they need to upgrade their office automation software from Microsoft Office 97 to Office 2003 and the operating system to Windows XP Professional in order to comply with the current software standards of the province. Software upgrades often entail hardware upgrades too which, in this case, mainly involve, fortunately, installing more main memory in the computers.

Provincial Child Protection Information Systems[17]

Since the time the characteristics and capacity[18] of provincial/territorial child protection information systems were assessed in 2001-2002, improvements have been made to a number of these systems. Although reviewing government systems is not a focus for this review, it is useful to briefly mention the main characteristics of these systems, especially with respect to technology deployment and availability of data for the measurement of child protection outcomes. Both aspects have implications for technology planning on the part of FNCFSAs.

The 2001-2002 review showed that enterprise-scale client/server computing had been very widely implemented to add flexibility and power to mainframe computing. Using industrial-strength RDBMSs (Relational Database Management Systems) to develop child protection information systems across the nation was another distinct development. A number of the provinces, including a number of mainframe-centric operations, were hoping that enterprise-level applications developed with RDBMSs and deployed on a client/server computing architecture would allow them to have a unified information system for sharing data across departmental programs and services. We also noted that, although client/server computing has been very popular since early 1990s and true RDBMSs were first introduced in early 1980s, mainframe-

centric government organizations had been slow in adopting such new technology.

Four years later, both trends continue to dominate. Availability of 64-bit computing will expectedly solidify these trends and give rise to more and better design options. In addition, there is a significant emerging development: web applications. Both Nova Scotia and Manitoba have produced viable applications deployed on the Internet. The Manitoba system may also the first Linus-based child protection system in Canada. It is very likely that other provinces are also pursuing the web option, which particularly suits users with high bandwidth communication lines and equipment. Security should not be an issue with the deployment of VPN or tightly coded secure internet services portals. Despite what appears to be a rapid adoption of cutting edge technology by the majority of provinces, a small number of them are still mainframe-centric, working in a predominately UNIX environment where terminals or workstations running 3270 emulation are in widespread use.

Other than using better technology to improve performance, facilitate users anywhere to access the information system, and reduce costs, a number of provinces have also been working to enhance their data ability to support national efforts to measure child protection outcomes. Among the eight provinces included in this review, British Columbia, Alberta, Manitoba, Newfoundland and Labrador, and New Brunswick are taking a lead role in this area. In at least three provinces, data not previously available is being added to their databases. The following table summarizes progress made to-date by the eight provinces included in this review, regarding availability of data needed for outcomes measurement in their information systems.

Data Needed for Outcomes Measurement	Alberta	British Columbia +	Manitoba	New Brunswick +	Newfoundland and Labrador	Nova Scotia	Quebec /CJLPJ +	Saskatchewan +
Child's DOB	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Child's sex	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Child's Ethno-cultural background	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Date case closes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Number of minor children in family when case opens	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Number of minor children in family when case closes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Date case opens	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
New opening/reopening marker	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
Reason for opening/reopening	Yes	Yes	Yes	Yes	Yes?	Yes	Yes	Yes?
Maltreatment								
· Date	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
· Type of maltreatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
· Level of substantiation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Address change								
· Date	Yes	No	No	Yes	Yes	Yes	No	Yes
· Address or postal code	Yes	No	No	No	Yes	Yes	No	Yes
Injuries/deaths								
· Date	No	No	Yes	Yes	No	No	No	No
· Type	Yes?	No	Yes	Yes	No	No	No	No
· Severity	No	No	Yes	No	No	No	No	No
· Intentionality	No	No	Yes	No	No	No	No	No
School grade/graduation								
· Date	No	No	Yes	Yes	No	No	No	Yes?
· Grade	No	No	Yes	Yes	No	No	No	Yes?
· Graduation (Diploma)	No	No	Yes	No	No	No	No	No
Child's behaviour								
· Date	No	No	Yes	No	No	No	No	No
· Rating	No	No	Yes	No	No	No	No	No
Placement								
· Date	Yes	Yes	Yes	Yes	Yes	Yes	Part[19]	Yes
· Type	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
· Reason for placement/move	Yes	Yes	Yes	Yes	Yes	No	No	No
Parenting capacity								
· Date	No	No	No	No	No	No	No	No
· Rating	No	No	No	No	No	No	No	No
Ethno-cultural matching								
· Date	Yes	Yes	Yes	Yes	Yes	No	No	Yes
· Placement inclusiveness	No	No	No	No	No	No	No	No
· Match	Yes	Yes	Yes	Yes	Yes	No	No	Yes
Legal authority								
· Date	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
· Type	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

+ Current information not collected. Most likely no change since 2002.

Information System Costs to Agencies

Office automation and information system technology can be costly to acquire, maintain, upgrade and support. This review discovered that many of the computer-using agencies have not upgraded their systems for a long time and are finding themselves having problem using newer releases of software, operating their private information systems, or even exchanging electronic files with the government. A few managed to find money in their budgets to upgrade or replace some of their computer equipment to avoid failed operation.

This review uncovered a wide range of cost figures related to technology deployment, and some of these figures, representing either an agency's current year estimates, or expenditures actually incurred in the agency's current or last fiscal year, are presented below.

The primary reason for the big variance has a lot to do with the specific needs and size of the respective agencies. A larger agency has more computers to upgrade and/or replace, and the cost is naturally much higher than that of a small agency. How much something costs also greatly depends on what is acquired or gets replaced. For example, the cost to replace a functionality

Agency	Computer Hardware (LAN included)	Computer Software	Information System	Others (Tech support, training)	Total[20]	Notes
A	$251,220	$69,375	$85,000 (System development work)		$405,595	Of this total, cost to upgrade hardware and software to allow for compliance with provincial requirements = $220,040
B	$25,000	$5,000	$48,000 (Fee paid to province for use of system)		$78,000	User of government system exclusively
C	$26,000	$3,200	$5,000 (RDBMS license fee)	$2,350	$36,550	
D	$52,500	$1,200			$53,700	User of government system exclusively
E			$41,500		$41,500	Recently acquired own information system
F	$45,000		$4,430		$49,430	¨ Need $45,000 annually to replace 25 of the 125 computers each year, but this allocation has not happened. (Expected life span of a computer is 5 years) ¨ Budget for software upgrades also does not exist
G		Will soon have to install Windows XP Professional on all 17 computers			?	No budget information was received
H	$49,000	$1,000			$50,000	¨ User of government system exclusively ¨ Agency tries to allocate $30,000 each year for office automation

server is many times more than that to replace a desktop computer. Another example: buying Microsoft Exchange Server CALs (Client Access Licenses) alone for 125 workers costs $14,000[21], whereas buying a copy of PCAnywhere only costs $200. Similarly, an agency having to replace all its 30 obsolete computers for the first time in 12 years has to pay significantly more than another same size agency just needing to add 256 MB memory in each of its 30 computers acquired, say, only three years ago. Furthermore, developing information systems is always expensive, and the costs to develop and maintain the application and to acquire the necessary hardware and system software to support the information system must be included in technology deployment planning and budgets.

Although the wide range of these cost figures is the direct result of situational and needs factors unique to the individual agencies, these figures together do give us a glimpse of certain key aspects of the reality, and they are as follows.

- Office automation and information systems can be expensive to acquire, maintain, and support.
- Computers, especially servers, in an organization need to be upgraded (where possible) or replaced every four to seven years.
- Whether an agency uses the government system or its own system, it still has to find money to buy all the hardware and software, to maintain and upgrade them, and to pay for support and training.
- A viable technological infrastructure must exist in the agency first for an information system to operate. Therefore, in estimating costs of an information system, all aspects of technology deployment in the agency, not just those specific to the information system.
- A uniform method to plan office automation and information system work is needed.

A subsequent section of this report suggests one common and equitable framework for estimating costs related to deploying office automation and information systems.

Issues Regarding Agency Use of Provincial Information Systems

As mandated provincial child protection organizations, all FNCFSAs are required to supply data concerning cases they serve to their respective provincial governments. As a result, all agencies do interface, in one way or another, with the provincial system, but it seems that a large percentage of them are reluctant to use the government system unless they feel they do not have a choice. In addition, despite invitations extended by a number of provinces to FNCFSAs to use the government system, many agencies are still using a paper file system. There are a number of reasons for this phenomenon.

Technology Funding

Although provincial governments, with the exception of one, do not require agencies to pay an access fee, using the provincial system is not really for free. Agencies must have a viable technological setup (adequate computers, current operating systems, networks, and, in many situations, useful communication links) before they can connect to the government system. Most agencies do not have the necessary technology simply because they cannot afford it. Provinces do want agencies to contribute data to and use the government system, but do not seem to want to give out or pay for the needed equipment. Since FNCFSAs are federally funded agencies performing provincially mandated reimbursable child protection services, provinces see that INAC, not them, have that direct responsibility although they all know INAC does not provide technology funding. The only kind of offer provinces are willing to consider is paying for external communication links, i.e., Internet Service Provider service charges. This combined government position has also hampered the efforts of provincial officials in charge of rolling out a provincial system.

We also know that only a handful of FNCFSAs across Canada use a private information system -- either their own creation or one leased from an external source. According to the respondents, the main reason for the paucity of FNCFSA-specific information systems is lack of funding, definitely not lack of needs. All agencies realize the importance to have a viable information system

to allow them to efficiently manage day-to-day service delivery and generate reports or information for INAC and other government departments, among other things. They also very much like to have a system that allows agencies to exchange data electronically with government departments, a direction advocated by the Attorney General of Canada. Achieving these objectives requires computer technology, but both levels of government are silent on who would pay for what.

The story of one large agency is worth noting because this is a good example of how the current funding system can directly prevent agencies from getting things done right, a real dilemma especially for accountability- and efficiency-conscious organizations. Since there was and still is no information system that can meet the needs of First Nation agencies having to satisfy the dual reporting requirements of both federal and provincial governments, this agency began to develop a database application in 1994 that would eliminate double data entries, thus resulting in saving tremendous amount of staff time and producing more accurate reports. Their goal was to have a cost-effective, user-friendly and unified data system that could interface with the provincial system and INAC for better communication and timely sharing of information, based on consistent and standardized data collection and reporting. To-date, 10 years later, work is still incomplete due to absence of INAC funding and government support. Struggling to find money outside the agency to complete the project has apparently consumed a great deal of staff time and caused much frustration over the years. Recent refusal by the province to pay for hardware and software upgrades to allow them to continue exchanging files with the provincial government has added another layer of frustration.

Absence of INAC and provincial funding for technology is a main concern among agencies across the nation. However, it appears that not all provinces are equally firm on their position with regard to paying for certain computer equipment. For example, if a province is very anxious to get agencies use a newly rolled out provincial system, it might consider exception.

However, the problem remains that there is no government policy or even a consistent and clear understanding regarding who pays for what.

Perceptions of Usefulness of Provincial Systems

Most respondents believe that the reason why the province is anxious in getting them to use the government system is because the province needs their data. A number of ways are used by agencies to supply data: facsimile reports, spreadsheet files, document files, or direct remote data entry (for agencies that have suitable equipment). Stationing a provincial worker in the agency to collect data concerning specific types of cases using dedicated provincial computer equipment is not an unusual arrangement. Some provinces collect off-reserve cases only, but others want both off- and on-reserve cases.

Most agencies on the government system are dissatisfied. A general perception is that the province wants agencies to contribute data, but in return is not interested in giving them the tools they need. Their complaints are quite consistent and some respondents said they were certain that other agencies would have shared the same views. The common reasons cited for their unhappiness are as follows:

- Use of the provincial system is presented as a condition for service agreement. Agencies are not given a choice.
- Agencies are not permitted to access the financial module of the government system, for stated security reasons. As a result, they use a separate accounting package to manage financial data. Lack of software connectivity between the accounting package and the government system requires double data entry. In addition, computing child-based or service-based cost statistics is not possible or is very difficult.
- Provincial information systems are designed for government users exclusively. There is no special version for FNCFSAs with interface features and the kinds of information they need. Another consistent main complaint is that the reports available do not meet INAC requirements, and the province has no plan

to customize any features of the government system for FNCFSAs. Agencies must compile INAC in a labour intensive way.

- A few provinces, as mentioned above, still use a UNIX system. For people familiar with the Windows environment, using a text-based information system developed long time ago is counterproductive. Finding simple information often requires extensive and tedious navigation, a difficult, time-consuming and frustrating process. The kinds of reports available are difficult to read and some span rows or screen pages.

INAC Reporting

The Auditor General of Canada report[22] identified the following financial and non-financial reports (reformatted for inclusion here) that First Nations child and family services authorities are required to submit.

Financial Reports

Indian Child and Family Services Child Specific Invoice Summary (10th day of the month for CFA)	This report is submitted to INAC by the agency providing the service to request reimbursement. It includes a summary for the month containing the following: - Child information (such as name, member number, and date of birth). - Date of admission into care, type of care, and most recent placement date. - Start and end pay date, basic maintenance total, skill fee or fee for service, special needs description, and total, and total amount invoiced.

Non-Financial Reports

Child Care Notification Form (Monthly on the 10th day for services funded by the Comprehensive Funding Arrangement)	This form is completed when a child is removed from its home and placed under child protection in alternative care facilities. It includes the following: - Child information (name, gender, birth date, address, health insurance number). - Where child was apprehended from, reason that a Notification is being completed. - Type of care being provided, type of action taken under the Child and Family Services (CFS) Act, date action was taken. - Information on both parents indicating who is the care-giving parent with Indian Status and who is the custodial parent. - Information on person providing care if the birth parent is no longer doing so, and entity that is financially responsible for the child (for example, INAC, Provincial Social Services, or provincial Justice Department).
Special Needs Greater Than $2,000 Report (Monthly on the 10th day for CFA fund)	Special Needs Greater Than $2,000 requests need approval annually by INAC and state the special need requirement for each child including estimated yearly cost over $2,000.
CFS Operational Report (Twice yearly on Oct 15 and April 15)	This report for INAC operations funding is to reflect services to residents who are normally resident on the agencies' member reserves and includes the following: - Information on Prevention Services (list of specific services provided; number of families and children served by each; number of local CFS committees active; number of elder committees; number of Public Information and Education workshops) - Information on Protection Services (list of specific services provided; numbers of families served with/without placement; number of trained/approved foster care homes and parent aides contracts; number of children placed in off-reserve resources; number of children having status under the CFS Act; and number of adoption homes)

Although the number of reports is not large, compiling the kinds of information needed for these reports can be a difficult recurrent task for agencies without an information system, and the degree of hardship is proportionate to caseload size or agency size. In addition, it is easy to introduce errors into manual reports. Since no provincial system includes INAC reports, it is not difficult to understand why all agencies want to have their own automated information system to allow them to not only handle reporting with ease, but also manage day-to-day service delivery in a way directly relevant to their particular needs, and assess performance, among many other benefits.

Performance Measurements

As mentioned before, a national child protection outcomes measurement project is underway under the auspices of HRDC. Given the significance of this concerted effort, we have included a summary of the Outcome Indicator Matrix in the appendix. For the purpose of this review, it is useful to know what data is needed to measure what outcomes as per the conceptual framework of the matrix. The following table identifies this data requirement.

Historical or time-series data is needed. All required data is deemed to be basic and should exist in provincial child protection information systems.[23]

The section on provincial child protection information systems above includes information on current availability of outcomes data in the eight provinces of interest to this review. It appears that, currently, measuring Recurrence of Maltreatment, Placement Rates, Moves in Care, Time to Achieving Permanent Placement appear to be possible. Provinces leading the national project are working hard to modify their databases to include data for as many indicators as possible. One provincial contact informed that he was confident that his province would have, within the near future, data for 8 of the 10 outcome measures. However, there is no known timeline set by the provinces for achieving this data objective.

The Ontario Incidence Study[24] and the Canadian Incidence Study[25] reveal that disproportionately large numbers of First Nations children are served in the home or in care across Canada.

Domain	Indicator	Variable
Safety	Recurrence of maltreatment (rate & incidence)	· Reopening date · Reopening closing date · Reason case reopened · Type of maltreatment · Type of substantiation
	Serious injuries/deaths (rate & incidence)	· Date of injury · Injury severity · Injury type · Injury intentionality
Well-being	Grade level/Graduation	· Date of grade level/graduation report · Grade level/graduation
	Child behaviour	· Date of child behaviour rating · Child behaviour rating
Permanence	Placement rate	· Placement date · Placement type · Discharge date · Discharge type
	Moves in care [Placement changes] (rate & incidence)	· Placement date · Placement type · Reason for move/placement
	Time to achieving permanent placement	· Placement date · Placement type · Reason for move/placement
Family & Community Support	Family moves (rate & incidence)	· Date of address · Address or Postal Code
	Parenting capacity	· Date of parenting capacity assessment · Parenting capacity assessment
	Ethno-cultural placement matching	· Date of placement · Ethno-cultural matching · Placement inclusiveness

For First Nations child protection authorities, ability to measure the complete spectrum of outcomes of child protection services and to report on outcomes periodically should be of particular importance. Unfortunately, the current provincial information systems, main sources of First Nations child protection case data in Canada, are short of this capability, and it is unclear how long it will take before we see real improvement.

According to information shared by an agency, INAC recently introduced a "Results-Based Management and Accountability Framework". One requirement under this initiative concerns program performance measurement. Indicators for resource inputs (what was spent), activities (what was done), outputs (what was produced), and outcomes (what benefits or impacts resulted) will need to be developed for each program as per its goals and objectives. A very important prerequisite for successful measurement is availability of data needed to support the various indicators. Because the measures are specific to First Nations programs, the kinds of data required mostly likely do not exist in provincial information systems. This means that First Nations agencies will have to have their own data systems to allow them to meet such emerging accountability requirements.

Implementing Information Systems in FNCFSAs

The Attorney General of Canada, focusing on the issue of federal reporting requirements, decried the situation two years ago, and concluded that First Nations agencies must have capable computerized information systems to deal with cumbersome and excessive reporting requirements. Unfortunately, due to lack of technology funding, the majority of FNCFSAs still does not have any or are not given a suitable information system. Not only do they have to continue to endure hardship in connection with reporting, they also cannot, among other things, efficiently manage service delivery, meet their accountability requirements, work collaboratively with each other and with government departments by means of data exchange, or participate in important national or regional performance measurement endeavours. In order not to remain in a helpless state, a couple of large agencies decided to develop their own systems a few years ago. We have also seen medium size agencies beginning to use a leased system, although they can barely afford it. It appears that most agencies across Canada are anxious to have a suitable information system.

Selecting an Information System

Basic Considerations

The purpose of any information system, regardless of type of organization and nature of business, is to support efficient and effective operation[26] of the organization as per its mandate, vision, mission, goals, and objectives. For an information system to be and remain useful, it must be properly designed and managed. Meeting the following design principles is very important:

- The kind of RDBMS deployed must be an industrial-strength system[27] with a robust engine designed to handle very large data volume. Multi-CPU support is an advantage.
- The database and applications must be designed to exactly mimic the operational model or processes of the organization, and comply with provincial legislation, policies and standards.
- The database structure must have the ability to allow quick modification to accommodate sudden changes in the organization's operational processes, or new requirements externally introduced[28].
- The data in the database must be valid and complete to support the agency's needs, via tight data integrity enforcement at the structure level, form level, and code level.
- The applications must be designed with the user in mind, including features like logical and user-friendly graphical interface, familiar terminology, flexible searching for information using user-defined criteria, easy navigation, and attractive graphics.
- The data in the database must be available for SQL manipulation behind the scenes to facilitate managers to perform quick queries, computations or other reports, above and beyond what the standard menus provide,

and to allow live connection to external data sources.

- The database system must support local as well as remote access.

Specific to FNCFSAs, the following additional features are important, and each has implications for the database and application design:

- Financial data related to the child and/or the child's family must be captured and stored in the same database. This is the best way to facilitate accurate and convenient computations of costs, especially unit costs using child, family, or service event as the unit. Cost comparisons across categories, e.g., type of abuse, type of placement resource, etc., are possible only with cost data totally integrated and linked to the child or the family.
- All standard detail and summary reports required by INAC must be efficiently designed, exploiting the power of SQL, and temporary views and tables, for example. Using any of the report should be a one-button operation. The same design approach should be applied to all other reports.
- The application must include a "one-button" feature to automatically upload or supply selected data to external organizations, e.g., daily case data to the province, daily case data to a regional or national tracking system, monthly summary data or statistics to the national outcomes data pool, monthly report data to INAC, etc. Design specifications must be worked out with the parties or dataset recipients involved. This is the level of data exchange advocated by the Auditor General of Canada.
- The data in the database must be selectively retrievable for sharing with external groups on an as-required basis, like INAC, First Nations Statistical Institute, and university research institutes.
- The database must incorporate all the data and measurement scales needed to support the national outcomes measurement project.
- All data, especially events data, in the database must be historical and date-specific to permit meaningful statistical analysis, case audits, child protection outcome measurements, and other types of performance measurements.

Costs of Information Systems

Ten years ago, when very few relevant child protection information systems were commercially available, agencies in need of one usually ended up developing their own. They hired external consultants to do that if they did not have qualified developers on staff. For example, in late 1960s, the Children's Aid Society of Metropolitan Toronto used internal staff to produce the very first child protection information system in Canada. The Catholic Children's Aid Society of Metropolitan Toronto did the same a few years later, followed by the Ottawa Children's Aid Society and one or two others. These were and still are among the largest child protection agencies in Canada and could afford developing their own information systems. However, since early 1980s, leasing a commercial system has been the trend. Currently, all the remaining 48 children's aid societies and close to 10 First Nations child protection agencies in Ontario use a leased system.

In the field of First Nations child welfare in Canada, a similar trend took place. West Region Child & Family Services, Inc. in Manitoba, one of the largest FNCFSAs in Canada, decided to develop its own system in 1994. Lalum'utul'smun'eem Child & Family Services in British Columbia did the same a year later. However, the current trend is to lease, although the number of agencies which can afford their own system, leased or otherwise, are still far few and in between, as described above.

To lease or to develop is always a difficult decision, and there are no specific rules. However, the following factors should be taken into consideration in making such a decision:

- Which way is less expensive in the next 5 years? (Initial cost, license and software costs, support cost, modification cost, etc. Warning : it is not uncommon to see cost overrun in application development projects.)
- Who (vendor or developer in mind) is more familiar with the child welfare service delivery system, operational and reporting requirements,

legislation, etc.? (Content knowledge impacts relevance, quality, delivery timeframe, cost, time of agency liaison, etc.)

- Who (vendor or developer in mind) is more technically competent? (Knowing the person's track record, clients' satisfaction, similar work completed, etc., is very important. Can this person deliver the expectations listed under "Basic Considerations" above?).
- How long does it take to have the system installed and staff trained? (Leased systems are by definition in a far more favorable position on this count.)
- Who (vendor or developer in mind) can provide better support?
- How long is the person (vendor or developer in mind) going to be in business? (How long has this person been in business?)

Assuming the decision is to lease, deciding which vendor to use is also not easy. Given wide variations between vendors in price, features, product quality, and technical support ability, it is extremely important that the agency sees a live demonstration, asks in-depth questions before, during and after a demonstration, and talks to current users of the system under consideration. The agency must also assess the real technical ability of the vendor, among other things. Making promises is totally different from getting things done or successfully resolving problems. In addition to the expectations list under "Basic Considerations" above, the questions included in the table below should be useful to agencies choosing a commercial information system.

Technological Infrastructure Required to support an Information System and Costs

Information systems cannot be implemented without a viable technological infrastructure in place. It is equally important to realize that computer technology in the office deemed adequate for office automation is not necessarily capable to support the operation of an information system. The technology required for implementing information systems is far more demanding. However, a technological infrastructure good enough for supporting an information system is always able to host office automation, including demanding features like imaging, voice-over-Internet, collaboration, remote computing, etc. The paragraphs below identify the types of technology needed to operate a typical information system in voluntary child protection agencies, and suggest a common framework for estimating the costs of such technology.

Minimum Computer Hardware Needed

What kinds of computer hardware and software agencies need to build an adequate technological infrastructure to support an information system, leased or otherwise, is quite a complex matter. Our observation is that, in the case of FNCFSAs, organization size, whether or not an organization has one or more locations/branches, and adequacy of current computer equipment in use are together key determinants of the kinds of technology an agency needs to allow them to set up an information system. For example, the types of system software and hardware and support structure needed by a small self-contained agency with, say, only 5 workers are quite different from those required for an agency that has a head office and two branches and whose workers, regardless of where they are located, have to access the agency information system in head office. Variations in technological requirements directly affect costs as well.

Other than size and geographical spread of an agency, adequacy of computer technology in use creates another level of complexity. Information systems require fast servers, desktop computers and communication links on a functioning network. In addition, suitable operating system software for the servers and desktop computers must be properly installed and configured. For this reason, agencies currently using 386 or 486 standalone computers or slow servers will need to replace what they have.

Generally speaking, the following types of computer hardware are considered as minimum for operating a typical agency-level child protection system:

- Workstation: Pentium-class computer with 1 GHz processor, 512 MB main memory, 8 GB

Subject	Questions to ask
Cost (Initial)	Leasing a commercial system costs between $30,000 and $45,000 in the outset. This fee generally includes customization to suit agency needs and onsite training time. In addition, there is a monthly or annual charge for phone support, software upgrades, and in some cases, user group membership. However, there is no standard for this type of charge. If the system is the client/server or web version, then number of locations in the organization should not affect the price. It is useful to remember that familiarity with operation and needs of child protection agencies, work quality, technical ability, relevance of the system, and professionalism are far more important considerations than price. A wrong decision in the beginning can cause very serious problems for the agency and will cost a lot to fix the problems. Examples are plenty. Ask the following questions: ¨ What modules are included in the price? What are their specific features? ¨ How many users are included in the license? How much extra does it cost to add users? ¨ What additional modules are available? What are their specific features? What are their prices? ¨ How much does it cost to transfer existing data to the system? ¨ Is onsite training included in the price? ¨ Can you provide references (current First Nations agency users)?
Cost (Annual)	Vendors charge between $2,000 and $15,000 a year for support and software upgrades. Ask the following questions: ¨ How much is the annual or monthly charge? ¨ What is covered by this fee? ¨ Are there additional charges?
Support	Technical support is usually included in the annual or monthly fee. Ask the following questions: ¨ Is there a limit on the number of support calls? ¨ How is remote support (remote connection to the system by vendor to solve problems) managed?
Features modification	Enhancement work is usually billable. Ask the following questions: ¨ What does it cost to add or change features in the application? ¨ How is the cost determined? What is the fee structure? (Ask for examples and details.)
Data extraction or exchange	It may be treated as enhancement work or one-time service. Usually billable. Ask the following questions: ¨ What does it cost to extract data from the database? ¨ What does it cost to add to the application ability to periodic exchange (upload and download) data with external organizations? ¨ How is the cost determined? What is the rate? (Ask for examples and details.)
Others	Ask the following questions: ¨ Can agency staff go into the actual database to use the data directly? Are there restrictions? ¨ Does the vendor have a web version for deployment on the Internet? ¨ How long has the information system been on the market? What is the current install base? How many First Nations child protection agencies are using the system? (Ask for references.) ¨ Does the vendor have a users group? What is the purpose of the users group? How does it work together with the vendor?

hard drive, 100 mbps network adapter, CD ROM drive, and 1024x768 video resolution operating under Windows XP Professional.

- Application/Database Server: Single Xeon server computer with 2.8 GHz processor, 4 GB main memory, two 40 GB SCSI hard drives (RAID-1), 100 mbps network adapter, CD ROM drive, and 40 GB tape drive.
- Network Server: Pentium 4 class server computer with 2.8 GHz processor, 1 GB main memory, 20 GB SCSI hard drives, 100 mbps network adapter, and CD ROM drive.
- Terminal Services Server: Pentium 4 class server computer with 2.8 GHz processor, 2 GB main memory, 20 GB SCSI hard drives, 100 mbps network adapter, and CD ROM drive.
- Local Area Network: Category-5 cables, and 100 mbps switch.

If an agency's computer equipment falls short of these minimum features, then, for the purpose of hosting a typical agency-level information system, their equipment may be considered as inadequate and needs to be upgraded or replaced.

Recommended Hardware, Software and Related Requirements, and Costs

This section contains detailed information on recommended hardware, software and related requirements and cost estimates for agencies categorized by size and geographical spread. The technical information is produced to the best of our knowledge based on what is available and feasible to do today regarding implementing a technological infrastructure in voluntary child protections agencies.[30] All cost figures are close estimates, reflecting current market pricing, which can vary somewhat between regions. In addition, we expect to see the prices of certain types of computer hardware products come down in the near future as their quality, reliability and features increase at the same time: something to keep in mind when planning to refresh technology a few years later.[31] Given the high degree of complexity of the subject, it is important to treat our suggestions as educated guidelines, which may require adjustment when an agency applies them. Situational, needs and other factors hitherto unknown or that may surface later make it extremely difficult to have just one set of recommendations for all agencies across Canada. In addition, technological advances necessitate periodic adjustment to this set of information to ensure currency and applicability.

The information involved is complex and detailed. The full package of this information and associated costs can be found in the appendix. The table on the next page presents information for three main categories of agencies. To avoid tedious repetition, only references to the applicable details are included in the table. The reader can easily locate the referenced details (equipment, costs, and related information) in the appendix. The reader will also be interested in knowing that charitable organizations, i.e., holders of a Charitable Organization Number issued by the federal government, are eligible for drastic discounts on all Microsoft[32] software products. Discounted prices under this arrangement are also included to allow us to form a more complete picture of costs and to do more accurate cost projections.

As we can see, the final cost strictly depends on the types and amount of hardware, software and service required, which in turn are determined by number of locations, preferred features and number of computers in the entire organization. If an agency already has some of the recommended items, then they will not need to include them in the calculation. However, if some or all existing equipment is of marginal performance, then the agency will need to decide to replace or to keep them. In making decisions of this nature, it is always important to seek input from technical experts who are in a position to make objective informed assessments. Using these guidelines, any agency should be able to estimate in a standard way the cost to build a viable technological infrastructure not only for operating an information system, but also for hosting office automation. Finally, it must be realized that technology budgets must be based on actual hardware and software required, not caseload size. For this reason, INAC's traditional formula based on number of on-reserve children cannot be used to fund technology.

Hardware and Software Required by Agencies to Operate a Typical Agency-level Information System

Agency Type		Recommended Hardware, Software, and Related items[33]	Notes
Type A	¨ One location only ¨ Less than 75 computers ¨	Option 1 - Software: A1; (A2); (A3); (A5); (A7); A8; A9; A10 Computers: C1; (C2); C4; C5 Others: B; D1-D3; E1-E4; F1-F3; G1-G2.	¨ Bracketed items are optional for small agencies (less than 10 computers) ¨ Software and hardware installation and configuration expenses do not apply to agencies having required expertise on staff. ¨ Only one A10 is needed
		Option 2 - Software: A1; A4; (A5); (A7); A8; A9; A10 Computers: C1; (C2); C4; C5 Others: B; D1-D3; E1-E4; F1-F3; G1-G2.	¨ Small Business Server 2003 can support up to 75 devices or users, as per the number of CALs purchased. ¨ Bracketed items are optional ¨ Software and hardware installation and configuration expenses do not apply to agencies having required expertise on staff. ¨ Only one A10 is needed
Type B	¨ One location only ¨ 75 or more computers	Software: A1; A2; A3; (A5); (A7); A8; A9; A10 Computers: C1; C2; C4; C5 Others: B; D1-D3; E1-E4; F1-F3; G1-G2.	¨ Bracketed items are optional ¨ Software and hardware installation and configuration expenses do not apply to agencies having required expertise on staff. ¨ Only one A10 is needed
Type C	Multiple locations (head office plus one or more branches)	Software: A1; A2; A3; (A5); (A6); (A7); A8; A9; A10 Computers: C1; C2; C3; C4; C5 Others: B; D1-D3; E1-E4; F1-F3; G1-G2.	¨ Bracketed items are optional ¨ Software and hardware installation and configuration expenses do not apply to agencies having required expertise on staff. ¨ Item A10 is needed for head office and each branch ¨ Item B is needed for head office and each branch ¨ Items C1, C2 and C3 are needed for head office only ¨ Item C2 may also be needed in certain large branches

please see pages 169 to 174 for component (A#) explanations

APPENDIX A

The following section is adapted from the original Outcome Indicator Matrix document[34]

Recurrence of Maltreatment

Child protection is the core function and primary focus of the child welfare system with the ultimate goal of preventing future maltreatment. Recurrence of maltreatment includes all confirmed cases of child abuse or neglect known to a child protection system in which a subsequent confirmed incident of maltreatment occurs and becomes known to child protective services. Reported rates of recurrence range from under 10% to over 60%. The best study to date reported 24% of families experienced at least one repeat incident of confirmed maltreatment within 12 months of the first incident, 43% repeated within 5 years.[35] Recurrence is measured over a set interval. For example the 12 month recurrence rate is the proportion of children identified by child welfare services as maltreated who are maltreated again within 12 months.

Serious Injuries and Deaths

Protection from serious harm is a key priority for all child protection services and such cases require priority intervention and tacking. While the majority of investigated maltreatment cases do not involve serious injuries or fatalities, every effort must be made to prevent such tragic outcomes. The Canadian Incidence Study of Reported Child Abuse and Neglect found that 4% of substantiated investigations documented physical harm severe enough to require medical attention[36]. While injuries associated with suspected maltreatment and all serious injuries (intentional and non-intentional) to children in child welfare placements (e.g., foster care, group care, & residential care) are documented in child welfare case notes, most Child Welfare Information Systems (CWISs) do not track injury information.

Grade level/graduation

Maltreatment is a significant risk factor for developmental, cognitive, and academic delays. Enhancing child well-being is a paramount objective of the child welfare system. Improvements in cognitive functioning is a key outcome indicator. This is not the exclusive domain of the child welfare system, but it represents a service priority that should be well documented. Research consistently shows that children receiving child welfare services are behind their peers in all aspects of cognitive development and school performance. A community survey in upper New York State found that maltreated children were 2.5 times more likely to repeat a grade than were a matched group of non-maltreated children[37]. Performance can be measured as age to grade ratio, achievement on standardized tests (e.g. Math & English), placement in special education classes, school attendance, and assessed risk of failure. While test scores may more accurately measure specific skills, age to grade ratio is the most feasible indicator for child welfare services to collect, especially for children receiving home based services. For out of school older youth, graduation rates are a simple and appropriate measure. Outcome monitoring for pre-school children depends on the extent to which child welfare authorities use developmental assessments.

Child Behaviour

Maltreated children are higher risk for behavioural problems at home and in school, delinquency, and criminal activity. Preliminary findings from the Looking After Children in Canada Project were that 39% of maltreated youth reported having difficulties with anger, and 32% reported often getting into trouble for defiance[38]. Similarly, a recent American study using the Teacher report from the Child Behaviour Checklist found that over 40% of children in the child welfare system were rated as having problem behaviours compared to 20% in a matched sample[39]. Standardized measures of child behaviour are not generally used in child welfare settings. However, some jurisdictions have started to use instruments that include some behavioural information, either in risk assessment tools or in assessment records for children in long-term care.

Placement Rate

Placement of children in out-of-home care is a consistently documented indicator for child welfare services. Placement in care is necessary for children who cannot be adequately protected

at home or whose needs cannot be met at home. The Canadian Incidence Study of Reported Child Abuse and Neglect found that 8% investigations lead to a placement in care within the first two-months of the investigations[40]. An Illinois study of over 10,000 child welfare investigations found that placement rates increase as a function of the time a case is kept open. At one month after referral 7% of children had been placed in care compared to 21% within one year of the initial referral[41]. Interpretation of placement statistics is complex. An increase in placement rates is not necessarily a negative outcome; it could mean that child welfare authorities are doing a better job at identifying and protecting children who would have been severely harmed if left at home. This is further complicated by the fact that placement decisions are affected by the availability of placement resources. In some jurisdictions official placement rates may significantly under represent children who are placed in non-traditional child welfare settings, such as customary care or informal community placements. Runaway youth should also be carefully tracked in placement statistics.

Moves in Care

Social stability is essential for children to develop a sense of belonging and identity as they cope with separation from their families. Some placement changes can be beneficial, but multiple unplanned moves can have seriously negative short and long-term consequences for children. Moves in care tracks admissions, re-admissions, and significant placement changes. A four year longitudinal study of 717 children who entered foster care in Saskatchewan found that 71% of children experienced only one out-of-home placement. The average number of moves for children who experienced more than one out-of-home placement was 2.3, and only 10% of these had more than 4[42]. The simplest way to measure moves in care is to count the number of moves experienced by children when they are discharged from care. This method measures moves during a specific spell in care. The moves in care indicator should only track significant placement changes, not respite placements or home visits.

Time to Achieving Permanent Placement

Most children brought into care return home after relatively short periods of time. Rosenbluth (1995) found that children entering care in Saskatchewan spent an average of one year in foster care, although the majority of children returned home in less than six months. Placement drift is a concern for children who remain in care. The challenge in measuring time to achieving permanence is deciding which placements can appropriately be categorized as permanent. The simplest definition of permanent placement is one that is intended to be permanent, such as returning a child home (reunification), placement in an adoptive home, or a permanent foster home placement. Using time to achieving permanence as an outcome measure is complicated by the fact that hasty placements may be more likely to break down. Reunification breakdown rates have been as high as 30%. Courtney (1995) found that foster children reunified within three months were more likely to be taken into care again than children reunified between three and six months.

Family Moves

Frequent moves lead to loss of peer and social support networks for children and parents. For children, frequent moves and multiple school changes may prevent the formation of constructive social support networks. Housing instability is caused by many factors including lack of affordable good quality housing, employment changes, lifestyle, and other family crises. While child welfare services are not responsible for providing housing, many child welfare social workers advocate for better affordable housing for their clients and also work with families to adopt lifestyles that will increase their likelihood of enjoying housing stability. The Canadian

Incidence Study of Reported Child Abuse and Neglect found that more than 23% of investigated families had experienced at least one address in change in the previous six months (Trocmé, MacLaurin , Fallon, et al. 2001). A recent survey conducted a the Children's Aid Society of Toronto found that 21% of respondents noted that housing was a factor in the decision to place children in out of home care (Chau, Fitzpatrick, Hulchanski, Leslie & Schatia, 2001)

Parenting Capacity

Parenting capacity is a major concern in many cases of child maltreatment. Most home based child welfare services target parents' ability to meet the emotional, cognitive, physical, and behavioural needs of their children. Improved parenting is a good outcome for children. Better parenting translates into better long-term child outcomes. Parenting is targeted by many child welfare interventions and tools have been developed to assess parenting and family functioning. However, standardized parenting measures are not commonly used to assess families or track outcomes in child welfare. Most risk assessment tools also include a number of potentially useful parenting measures, although their interpretation as outcome measures has yet to be tested.

Ethno-Cultural Placement Matching

When children and youth must be removed from their homes, efforts should be made to place them within their geographic community with extended family, a family with similar ethno-cultural background, or in foster care that is very inclusive of their family and friends. There is well-founded concern that many minority children (e.g. Aboriginal, Black, Muslim, etc.) are not placed in matched foster homes or homes easily accessible to their family and friends. For example, although 64% of children in care in Saskatchewan in March 1990 were of Aboriginal ancestry, and these children spent on average more time in foster care than did non-Native children, less than 10% of these Native children were in matched foster homes. Placement matching data must be interpreted with caution in individual cases because ethno-cultural matching is only one of the factors to be considered in finding the most appropriate placement for a child. Nonetheless, ethno-cultural matching provides a strong indicator of community engagement in recruiting foster homes and finding the most appropriate out-of-home placements for children in their communities.

Interpretation Issues

Many of the indicators selected for the Child Welfare Outcome Indicator Matrix are proxy measures that will need to be interpreted with caution. A narrow focus on any one indicator could have unintended effects on delivery of services. Reducing placements, for example, without ensuring safety and supporting child well-being, could simply result is a loss of services leaving more children at risk of further maltreatment. Proxy indicators that reflect system events can nevertheless provide a meaningful measurement framework if the selection of indicators covers a broad set of domains, as proposed in the Child Welfare Outcome Indicator Matrix.

APPENDIX B

Recommended computer hardware, software and other requirements for building a viable technological infrastructure to support a typical agency-level information system:

GROUP A = Software				
	System Software	**Price**	**Special Price for Charitable Organizations**	**Notes**
A1	**Microsoft Windows XP Professional** (Upgrade version) Each workstation computer Main uses in a self-contained office, branch office or headoffice: ¨ Networking ¨ Messaging ¨ Accessing database remotely located in head office	$260	$100	¨ Upgrade version is for upgrading any version of Windows since Windows 98 ¨ OEM version (preinstalled full version) is supplied by computer manufacturer, and is not usually available for retail sale. ¨ Windows XP Home, lacking important security and communication features, is not suitable ¨ Should include Windows XP Professional when ordering new computers
A2	**Microsoft Server 2003** (Standard edition) Main uses: ¨ Domain networking ¨ Setting up application/database server ¨ Setting up Terminal Services Server (Both Application and Administration modes of Terminal Services are available in Server 2003)	$1,000	$190	¨ Only 1 package is needed for setting up in head office: • Network server • Application server • Terminal Services server ¨ Certain offices with less than 75 computers may find this version more cost-effective than Small Business Server 2003 with additional CALs, depending on agency size and features needed.
	Each Server 2003 CAL (device or user)	$40	$10	
	Each Terminal Services CAL (device or user)	$112	$60	
A3	**Microsoft Exchange Server 2003** (Standard edition) Main uses: ¨ Emailing (using Outlook)	$980	$600	¨ Can be installed in Network Server, if preferred.
A4	**Microsoft Small Business Server 2003** (Standard edition) Main uses: ¨ Setting up application/database server ¨ Networking	$733	$314	¨ Suitable for self-contained office. License for up to 5 users/devices is included. ¨ Additional licenses can be purchased to increase the number of users/devices up to a maximum of 75 ¨ Only 1 package is needed for setting up: • Domain network • Application/database server ¨ Only 1 server computer is needed to host the application and database and to control network
	Each Exchange Services CAL	$94	$6	

GROUP A = Software				
	System Software	**Price**	**Special Price for Charitable Organizations**	**Notes**
A5	System software and network configurations (Small job)	$1,350	$1,350	¨ Up to 3 hours @ $450 – each location ¨ Rate varies between $200 and $450 an hour, depending on region and qualifications
A6	System software and network configurations (Big job)	$7,200	$7,200	¨ 12-16 hours @ $450 – main location ¨ Work includes setting up: • Domain network • Exchange Server • Application server • Terminal Services Server • VPN ¨ Rate varies between $200 and $450 an hour, depending on region and qualifications
	Software Upgrades			
A7	Microsoft's Software Assurance Program subscription	Add 50% to each system software price	Add 50% to each system software price	¨ Optional ¨ Subscribers receive free upgrades for two years of all insured server software
	Office Suite			
A8	Microsoft Office 2003 (Standard edition) – Each workstation computer	$518	$77	¨ Includes Word, Excel, and PowerPoint ¨ Should include Office 2003 (Standard edition) when ordering new computers
	Utility Software			
A9	Norton SystemWorks 2005	$100	$100	¨ Protects against virus and intrusion, keeps files in good working order, manages bad sectors, etc. ¨ One per computer
A10	PCAnywhere version 11 (Host and Client)	$200 (one per location)	$200 (one per location)	¨ For remote support ¨ GoToMyPC or NetSupport Manager is equally appropriate

GROUP B = Internet Service Provider				
	One of the following options:	Cost (One-time)	Monthly Cost	Notes
				¨ Prices vary between regions. All prices are approximate only. ¨ Add to monthly cost extra charges for static IP addresses needed for remote computers connecting to head office Terminal Services Servers to access central databases. Charges can vary greatly between carrier types and vendors. ¨ Add to monthly cost extra charges for additional email addresses, where needed.
	Cable ISP (Best option)		$50	¨ Modem always included ¨ Usually free installation
	DSL ISP (Second best option)		$40	¨ Modem extra ¨ Self installation
	DSL Modem	$150		
	Dedicated phone line		$28	If all the phones in the small office and the DSL modem have to share one phone line, then telephone filters (one per phone) are needed. One time cost is $5 per filter.
	Satellite ISP (Third best option)		$400	¨ Charges can vary greatly between vendors. ¨ Upload and download speeds greatly affected by number of concurrent users. Practical maximum is 2-3 concurrent users. ¨ Signal problems in bad weather condition
	Dish, materials, and installation	$7,000		¨ Prices vary greatly between vendors. ¨ Installation cost also depends on location.
	Dialup ISP (Last option)		$30	Should use thin client software to help offset speed problem.
	Dedicated phone line		$28	

GROUP C = Computer Hardware (Very important to use high quality equipment)			
		Price	Notes
C1	Computer for managing application and database (Application Tower Server) ¨ Intel server grade motherboard ¨ Dual Xeon, 3.2 GHz ¨ 4 GB RAM ¨ Redundant power supply ¨ 2 SCSI 73 GB Seagate hard drives (RAID-1 implementation) ¨ CD ROM drive ¨ 72 GB DAT Seagate tape drive ¨ Onboard video, 100 mbps NIC ¨ Keyboard ¨ Optical mouse ¨ 17" LCD monitor (16ms) ¨ No OS, but Microsoft ready ¨ 3 years onsite next business day service	$5,700	Needed for each agency regardless of number of branches ¨ One dual processor server per 40-50 concurrent users. ¨ Small self-contained agencies with 10 or fewer users may use a single processor server instead ¨ Size of main memory depends on specific application. Upgrade memory if performance is slow. ¨ Price estimate based on Dell's PowerEdge line ¨ Price will change

GROUP C = Computer Hardware (Very important to use high quality equipment)			
		Price	**Notes**
C2	Computer for managing large network in head office (Network Tower Server) ¨ Intel server grade motherboard ¨ Pentium 4, 3.2 GHz ¨ 1 GB RAM ¨ 80 GB, 7200 rpm SATA Seagate hard drive ¨ CD ROM drive ¨ Onboard video, 10/100/1 GB mbps NIC ¨ Keyboard ¨ Optical mouse ¨ 17" LCD monitor (16ms) ¨ No OS, but Microsoft ready ¨ 3 years onsite next business day service	$1,850	¨ Not needed for a small self-contained office running Microsoft Small Business Server 2003 ¨ Not needed for a small branch office running Windows XP Professional workgroup network. ¨ Price estimate based on Dell's PowerEdge line ¨ Price will change
C3	Computer for managing Terminal Services (Terminal Services Tower Server) ¨ Intel server grade motherboard ¨ Pentium 4, 3.2 GHz ¨ 2 GB RAM ¨ 80 GB, 7200 rpm SATA Seagate hard drive ¨ CD ROM drive ¨ Onboard video, 10/100/1 GB mbps NIC ¨ Keyboard ¨ Optical mouse ¨ 17" LCD monitor (16ms) ¨ No OS, but Microsoft ready ¨ 3 years onsite next business day service	$2,430	¨ Install in head office for remote computers to access head office databases. ¨ Key consideration is RAM size. Calculated as 100 Megabyte per user. 4 Gigabyte is needed for 40-50 concurrent users. Adjust RAM size accordingly. ¨ Elaborate VPN setup may require Xeon-class server. ¨ Price estimate based on Dell's PowerEdge line ¨ Price will change
C4	Mini-tower Workstation – Each staff person ¨ Intel motherboard ¨ Pentium 4, 3GHz ¨ 512 MB RAM ¨ IDE 80 GB, 7200 rpm hard drive ¨ CD ROM ¨ Onboard video, 100 mbps NIC ¨ Keyboard ¨ Optical mouse ¨ 17" LCD monitor (16ms) ¨ Windows XP Professional ¨ Office 2003 (Standard edition: Word, Excel, PowerPoint) ¨ 3 years onsite next business day service	$1,270	¨ One for each staff person in agency. ¨ Price estimate based on Dell's Dimension line
C5	Laser printer – Each location ¨ Monochrome ¨ 1200 x 1200 dpi ¨ Networked ¨ 25 pages per minute ¨ 15,000 pages per month duty cycle ¨ 3 years onsite next business day service	$500	¨ Offices with less than 20 workers may need a printer with a higher duty cycle rating ¨ Price estimate based on Dell's 1700n model ¨ Price will change

GROUP D = Technology Refresh Planning (Every 4 to 7 years, depending on equipment) Also applies to technology currently in use in agencies			
		Price	**Notes**
D1	Server replacement	80-85% of original price for servers with similar features	The average useful service life span of servers is between 4 and 5 years. However, replacing or upgrading components may extend the life span for another 3 to 4 years. Decisions to retire or upgrade should be made within the context of performance too vis a vis the current system software, not just economy.
D2	Workstation replacement	60-75% of original price for desktop computers with similar features	The average useful service life span of desktop computers is between 5 to 7 years. Although replacing or upgrading components may extend the life span for another 3 to 4 years, the usually small cost differential might make better sense to replace the whole computer.
D3	Laser printer replacement	70-75% of original price for laser printers with similar features	Laser printers are normally not worth fixing. In addition, the cost to replace the drum could be as high as the cost of a new printer.

GROUP E = Local Area Networks (Very important to use high quality equipment) (One-time cost for each location currently without a viable LAN setup)			
		Price	**Notes**
E1	16-port switch	$80	For locations with more than 16 devices, purchase either a switch with more ports OR multiple units.
E2	Firewall and VPN router	$400	Must be compatible with the broadband service. Important to ask service provider to recommend suitable brands and models. Price is approximate for a good quality router.
E3	Regular Category 5 cable	$30 (For each workstation located within 30 feet of switch)	¨ Assuming 30 feet of cable for each computer. ¨ Fire retardant grade cables cost many times more.
E4	Installation labor	$75 an hour	Rate varies between regions.

GROUP F = Computer Accessories and Other Office Equipment			
		Price	Notes
F1	Uninterrupted Power Supply (980 Watts, 25 minutes) – Each server computer	$800	One for each server
F2	Replacement battery of Uninterrupted Power Supply	$600	Approximately every 3 years
F3	Laser printer toner	$120 per cartridge	Should belong to the supplies budget

GROUP G = Annual Computer Hardware Maintenance and Support			
		Price	Notes
G1	External computer hardware services (on-site)	Approximately 5% of first time total equipment cost	¨ Some vendors may charge as high as 10% ¨ Best is to include onsite service plan in all computer purchases to cover labor and parts. 3-year protection is probably most cost-sensible.
G2	Replacement parts	$1,000	"Quesstimate"

(Footnotes)

[1] See Nico Trocme, Stanley Loo, Butch Nutter and Barbara Fallon, *Client Outcomes in Child Welfare: Phase II*, Centre of Excellence for Child Welfare, University of Toronto, April 5, 2002. (This report focused on measuring child protection service outcomes, and recommended steps for removing data problems in provincial/territorial government information systems found to hinder national outcomes measurement efforts.)

2 Subsequent to the release of the University of Toronto report, HRDC set up a national child protection outcomes working group to launch a pilot project. Five provinces (British Columbia, Alberta, Manitoba, Prince Edward Island, and Newfoundland and Labrador) will be contributing test data, in accordance with the definitional intent and requirements of the University of Toronto's *Child Welfare Outcome Indicator Matrix*.

3 *Streamlining First Nations Reporting to Federal Organizations*, Report of the Auditor General of Canada, December 2002 (Internet version at: http://www.oag-bvg.gc.ca/domino/reports.nsf/html/20021201ce.html)

4 18 in Alberta, 25 in British Columbia, 15 in Manitoba, 9 in New Brunswick, 1 in Newfoundland and Labrador, 1 in Nova Scotia, 11 in Ontario, 24 in Quebec, and 15 in Saskatchewan. Northwest Territories, Yukon, Nunavut and Prince Edward Island have none.

5 Since a list of agencies that have their own information system did not exist, the only way to identify them was asking FNCCSC's regional contacts to find these agencies. The names of those agencies willing to be interviewed were given to the researcher, along with contact information. The same approach was used to recruit agencies that used a provincial system exclusively.

6 If the respondent wanted to be more prepared, the researcher would email a list of questions to him/her well ahead of time.

7 On four occasions, the contact invited one or more colleagues to sit in at the interview, in order to be able to readily provide more accurate or technically complete answers. This arrangement helped to produce better responses and save time.

8 The reader might be interested in knowing that running tests on database data, a strong and technically involved design feature of the recent nationwide review of provincial/territorial child protection information systems, allowed us to uncover many technical shortcomings in a number of government systems.

9 They were key agency officials, government officials directly responsible for implementing or managing provincial child protection information systems, and suppliers of technology to FNCFSAs.

10 Compared to other provinces, New Brunswick may have the highest number and proportion (9 out of 11, or about 80%, according to a government contact) of agencies that still use a paper file system and are not connected to the provincial system at all. The actual situation in Quebec is difficult to determine, and usage figures for that province are not available.

11 Ontario does not have a provincial child protection information system, although this situation will change when the government introduces an integrated system, perhaps a few years later. This data system project is in the planning stage, and a request for proposals will be issued shortly, according to a government source. Absence of a government information system has given rise to a proliferation of private systems in the province. Currently, most of the 53 CASs (Children's Aid Societies) use a system supplied by one of two consulting firms. Eight First Nations agencies in Ontario use *Frontline*, a dedicated child welfare information system also installed in 60% of the CASs. The other system is *CWIS (Child Welfare Information System)*. The four largest CASs in the province use a private system developed in-house years ago.

12 Criteria used by the government for worker certification varies somewhat between provinces, but level of former social work education and training is an important one.

13 It is likely that access to certain non-financial modules is also denied.

14 The real capacity of these systems cannot be ascertained because we did not have an opportunity to analyze the database structures, the applications, and the database data, among other things.

15 Development work started in 1994.

16 It is also possible that some agencies still use 486 computers or Microsoft DOS.

17 See the University of Toronto final report for details. Advantages of client/server computing and RDBMSs were described in an interim report of that project.

18 Characteristics of the information system: Information gathered included details about the database management system used to build the database and drive the application; types of computer technology deployed; languages used to develop the application; history of application development; main functions of the application; user training; and plans for further development. Capacity of the information system: Information gathered included types and amount of data stored in the database; availability of data needed to measure outcomes; database structure; data integrity enforcement; and coding scheme. An important part of that review involved extracting large datasets from each information system and running extensive usability tests on the data to uncover problems and pinpoint errors.

19 Child in care is noted, but not number of placements nor placement change dates.

20 Salaries and benefits of agency technical support staff are extra.

21 According to Microsoft's current price. Federally registered charitable organizations are eligible for drastic discounts.

22 See footnote #3.

23 An earlier study of Ontario information systems revealed that only one commercial information system had all the data needed, which could be retrieved easily.

24 Trocme, Nico, McPhee, D, et al., *Ontario Incidence Study of Reported Child Abuse and Neglect*. Toronto: Institute for the Prevention of Child Abuse, 1944.

25 Trocme, Nico, et al., *Canadian Incidence Study of Reported Child Abuse and Neglect*. Ottawa: Health Canada, 2001.

26 It is difficult to specify what features should be included in an information system. The usefulness of a system must be decided by the user. However, we should advise that, although inclusion of enterprise level features like human resource management, payrolls, and fleet management is important from the point of view of a comprehensive information management system, these additional features should be managed separately given their specific nature and purposes. As a general design principle, a good database should include only modules intrinsically related to each other and whose data need to be linked to each other. Since a child protection information system is child-based and family-based, only those modules directly or indirectly linkable to a child or a family should be included.

27 If the application is for web or local deployment, it does not matter whether the RDBMS is a client/server system or a file server system. 32-bit engines should be adequate for FNCFSAs.

28 Such flexibility would also take care of what the Auditor General of Canada called "report creep", where the introduction of a new program invariably adds to reporting requirements.

29 The amount of memory is a function of the number of concurrent Terminal Services clients. 2 GB should be able to handle up to 20 clients.

30 The same idea applies to complex organizations and governments as well, although enterprise versions of system software are needed and elaborate security measures are usually involved. In addition, mainframe computers and high-end servers may be deployed, especially in a government computing environment.

31 Items D1, D2 and D3 in the table below and in Appendix B concern technology refresh planning.

32 Most, if not all agencies use Microsoft software products. Therefore, the hardware and software we recommend support this strong tendency.

33 See Appendix B for details and costs.

34 Trocmé, N, Nutter, B, MacLaurin B, Fallon, Barbara (1999), *Child Welfare Outcome Indicator Ma*trix Toronto, Bell Canada Child Welfare Research Unit, Faculty of Social Work, University of Toronto.

35 DePanfilis, D., & Zuravin, S. J. (1999). Epidemiology of Child Maltreatment Recurrences. *Social Services Review*, 73(2), 218-239.

36 Trocmé, MacLaurin, Fallon, et.al. (2001) *The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS): Final Report*, Ottawa, Ontario: Minister of Public Works and Government Services Canada.

37 Eckenrode, J., Laird, M., & Doris, J. (1993). The Effect of Neglect on Academic Achievement and Disciplinary Problem: A Developmental Perspective. *Developmental Psychology*, 29, 53-62

38 Kufeldt, K., Baker, J., Bennett, L., & Tite, R. (1998). Looking After Children in Canada: Interim Report . Fredericton, New Brunswick: University of New Brunswick.

39 Howing, P. T., Wodarski, J. S., Kurtz, P. D., & Gaudin, J. M. (1993). Maltreatment of the school-age child: Developmental outcomes and system issues. New York, NY: Haworth Press.

40 see footnote 36.

41 Schuerman, J. R., Rzepnicki, T. L., & Littell, J. H. (1994). *Putting Families First: An Experiment in Family Preservation*. New York, NY: Aldine De Gruyter

42 Rosenbluth, D. (1995). Moving In and Out of Foster Care. In J. H. a. B. Galaway (Ed.), *Child Welfare in Canada: Research and Policy Implications* (pp. 233-244). Toronto: Thompson Educational Publishing, Inc

Extraordinary Costs and Jurisdictional Disputes

CHAPTER 6

Prepared on behalf of:
First Nations Child & Family Caring Society Canada

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Executive Summary

Jurisdictional disputes and extraordinary costs are endemic to all bureaucratic apparatuses. However, it is not always clear where the boundary between the two terms lies. For the purposes of this analysis, a distinction is made between extraordinary events that are unanticipated, unforeseen, or outside normal risks, from events that appear extraordinary because they lie outside or between established jurisdictions.

Since Directive 20-1 is a national formula, it is not surprising events classified as extraordinary for many First Nations agencies are in fact quite ordinary for some agencies. This is particularly true where agencies are responsible for remote communities with their high incidence of community dysfunction and high travel costs.

Distinguishing between extraordinary and ordinary local events can only be done through the application of community capacity studies, which will provide a guide to the particular needs of the communities serviced by agencies.

The data from this study suggest there are two primary types of jurisdictional disputes plaguing First Nations agencies. First, persistent disputation between INAC and Health Canada over funding for non-insurable medical costs leads to denial or unnecessary delay in the provision of services to children in the care of agencies. In particular, children with complex developmental, mental health, and physical health issues suffer from these delays. Second, some agencies report disputes between themselves and provincial counterparts due to insufficient funding to cover provincially mandated services, demands by provincial actors for agencies to take responsibility for children not recognized by INAC, and disputes over appropriate case practice.

The effect of jurisdictional disputes is to divert staff effort and agency funding from targeted activities and toward dispute resolution. Moreover, the incidence of jurisdictional disputes is highly variable across agencies suggesting some agencies find themselves in a disputing environment in which there appears to be a minimum of cross-agency cooperation. Further, data shows a rough correlation between frequency of disputes and the degree to which agencies service remote communities.

Suggested mechanisms for preventing or resolving jurisdictional disputes include; conducting community capacity studies, establishing interagency committees at local, regional, and provincial levels (with adequate funding for necessary travel), funding for mediation between disputing parties as necessary, and establishing an officer responsible for advocating on behalf of on reserve children.

Data on extraordinary costs does not reflect events that are unanticipated, unforeseen, or outside normal risks. Rather, the data is very similar to that considered under jurisdictional disputes and suggests that much of what is considered 'extraordinary' is, in fact, a body of predictable and repetitive events for which no established jurisdiction can or will take responsibility. For example, complex medical needs are mentioned both as jurisdictional disputes and as extraordinary costs. Yet, the incidence of complex medical needs is calculable and therefore not unexpected.

That said, some agencies report the periodic outbreak of community crises related to sudden high rates of suicide, substance abuse, or other socially destructive behavior. These crises are sudden in the sense they depart from community norms and therefore constitute a major drain for agencies already overstretched by their ordinary commitments. It is important to recognize that these kinds of crises cannot be managed by casework insofar as the dysfunctional unit appears to be the community as a whole, rather than its individual members.

Further, while not noted by agencies surveyed, there are a range of possible extraordinary costs that have been experienced by other child welfare jurisdictions. These include exposure to legal liability, required involvement in public inquiries, and social consequences of natural disasters. The two former types of extraordinary costs are in the nature of moral hazards insofar as while their occurrence is random they are nevertheless

intrinsic to the child welfare enterprise.

It is also evident that little attention has been paid to the cost implications of making reserve communities accessible for disabled children. These costs are not restricted to individual residences, although that is an issue, but also to general civic improvements.

From the perspective of jurisdictional disputes and extraordinary costs a major requirement is a better relationship between Health Canada and INAC. Cooperation between these two federal agencies would save considerable effort and expenditure currently falling to agencies. Some of the cost issues can be addressed by re-jigging Directive 20-1 to more accurately reflect the actual costs of delivering child welfare services. In particular, recognition of the enormous costs of travel for agencies servicing remote communities and a graduated maintenance schedule recognizing the existence of complex needs and the guardianship responsibilities they entail. Similarly, the formula must provide for recognition of the differing responsibilities created by varied provincial legislative regimes.

Finally, it is significant that the on reserve population of children do not have a designated minister or officer dedicated to advancing their interests. This is unique in Canada. In particular, the lack of an ombudsman or advocate for First Nations children places them out of step with the U.N. Declaration of the Rights of the Child and many provincial jurisdictions. It is the position of the author that jurisdictional disputes and the extraordinary costs they generate are likely to persist so long as there is no government supported independent voice dedicated to solely to advancing First Nations children's interests.

Introduction:

The following paper is organized into four parts. First, I provide an overall discussion of how we might think about extraordinary costs and their relationship to jurisdictional disputes. In the second section I turn to surveyed agencies' responses and consider the types of jurisdictional

disputes which are so common as to not meet the test of 'extraordinary' since these disputes are not unanticipated, unforeseen, or outside normal risks. However, I also underline that that which is ordinary for some jurisdictions is abnormal for others – and this is particularly true of travel costs to remote communities and the kind of services which, at present, are legally mandated yet practically impossible to deliver. I follow this with a section concerned with extraordinary costs as described by agencies. Again, I try to distinguish costs which are truly extraordinary from those that ordinary but not addressed by current funding and staffing arrangements. Each of the second and third sections includes a summation of the issues raised and observations about how to address them.

I conclude the paper with a distillation of the paper's findings into recommendations with respect to improving funding under Directive 20-1 and a call for budget lines not contemplated by the Directive. I recognize it is a preferred strategy to improve rather than eliminate the conditions of Directive 20-1 but the reader will realize that the subjects of extraordinary costs and jurisdictional disputes presuppose failings or gaps in the present formula. While some of these problems can be addressed by tinkering with present budgetary procedures, there are issues which have arisen for First Nations agencies which clearly were not contemplated by the authors of the Directive and cannot be addressed by an adjustment to current structural arrangements. However, I hope the reader will appreciate that where possible I have suggested changes which could be addressed under the current structural regime; the rest is perhaps a longer-term project but, I hope, worth the effort.

Locating the Extraordinary:

The past several decades have seen an explosion of "assessment" tools and an accompanying theoretical literature on what should be assessed, how assessments should be constructed, and what purposes assessments should serve. In general, assessments are constructed around one or more of three concepts: risk, needs, and capacity (sometimes called strengths). However, no matter which concept is predominant, all assessment tools work from a normative base. Sometimes this normative base is constructed from expert opinion, other times it is constructed from specific and local research designed to create a baseline of present conditions. Participatory Action Research seeks to combine baseline research with a political agenda of change.

The majority of tools utilized by child protection systems use as their object either parents, children, or some combination of the two. This is true whether the central concept utilized by the assessment is risk or needs. Where community appears in these types of assessments, it is not, in and of itself, subject to assessment. Rather, community appears as a given and what is measured is not community functioning but the child's or parents' involvement in this assumed community. Effectively, this approach conceives of parents and children as more or less defective liberal citizens situated within interchangeable healthy communities.[1]

INAC recognizes at least one distinction between reserve communities – degrees of isolation. Its basic departmental data utilizes four categories (urban, rural, remote, and special access) based upon geographic distance from a 'service center' (INAC 2003, 94). While not overtly stated, this classification system appears to assume quality of life is related to accessing services contained within a service center. However, there is no reason to assume this single dimension is an adequate measure of quality of life or that it is capable of distinguishing between healthy and toxic communities.[2]

The significance of this observation is central to the conception of extraordinary costs. An assessment scale designed to assess only parents, or only children, without taking account of community functioning will necessarily create distortions. It is reasonable to suggest that a child presenting objective extraordinary challenges (for example, autism, F.A.S.) will be much more likely to become a child in care if the challenges occur within a community with low child welfare capacity. On the other hand, if the community contains high capacity the child's objective challenges may present less difficulty and, hence, not be extraordinary.

Further, the conception 'child welfare capacity' is not limited to professional assistance or intervention. In theory, a healthy community would not require professional assistance or intervention because it would have its own internal capacity to address problems and issues as they arose. Within the First Nations context, the frequently cited importance of extended family indicates Nations composed of healthy extended families would not require professional intervention – or at least not an alternate care system – since healthy extended families would tend to care for their own.

In contrast to child welfare literature, a significant body of community assessment tools has emerged in the population health area (Granner and Sharpe 2004). As well, a variety of needs assessment tools have emerged in the U.K. in response to various central government initiatives designed to ensure local authorities are responsive to the needs of local jurisdictions (for example, see Browne 1996). The examples provided by Percy-Smith (1996) include assessments of community care, community needs, housing needs, access to legal services, and labor market and training needs. Others, such as Oetting et al (2001) have attempted to create a theoretical and methodological base for needs assessment. Meanwhile, Family Support America (Samuels et al 1998) has developed a step-by-step guide for assessing community needs and Christakopoulou et al (2001) have reported an initial international test of reliability and validity for a community well-being questionnaire.

Of urban Europe, Christopoulou et al write:

> *The need for a comprehensive profile of community wellbeing arises from the multiple nature of the problems themselves that many urban neighbourhoods face. Although disadvantaged neighbourhoods are often classified as low income areas, it is a mixture of environmental, social and economic problems that undermine investments and residents' commitment to these areas often encourage social exclusion.* (ibid, 322)

The significance of this understanding of multiple causes of lack of community wellbeing is reflected in the data collected by Trocme et al (n.d.). Here, substantiated child protection investigations on reserve reflect the presence of an average of 4.1 risk factors as opposed to an average of 2.5 risk factors for non-aboriginal children (ibid, 23). Moreover, amongst these risk factors mental health issues occur in 40% of all cases yet the Joint National Policy Review notes that of fifty First Nations child welfare agencies surveyed only eight had contact with mental health agencies (McDonald et al 69). In other words, given the prevalence of mental health concerns in child protection matters it astonishes that in five of nine provinces First Nations agencies had no contact with mental health services at all.

From the point-of-view of extraordinary costs the presence of mental health risk factors for on-reserve child abuse investigations is not extraordinary at all. It is, like alcohol abuse (73% occurrence) and solvent abuse (54% occurrence), virtually normative despite being far in excess of normal occurrence rates in non-aboriginal communities. Given these facts it is unreasonable to assume that on-reserve child welfare services should simply match usual provincial service levels because by this standard all aboriginal communities have extraordinary needs in comparison to non-aboriginal needs. Further, despite the usefulness of national figures, the reported Trocme et al (n.d.) data is not fine grained enough to suggest the distribution of risk factors across the on-reserve population. It is reasonable to suppose that risk factors are, in fact, unevenly distributed across nations and localities.

A funding formula for child welfare agencies must take into account not only the demonstrably greater needs of on-reserve populations, but must also discern differences between First Nations since the determination of what constitutes an extraordinary event or problem cannot be uniform across localities. More precisely, it is not possible to determine which individual cases are extraordinary without reference to local and particular norms.

Risks and Strengths:

Returning to the need for a calculus of risks and strengths within communities, and the question of what appropriate level of funding is required. We might put this graphically in this way:

Statutory Requirements

Risks ----------		---------- funding
	Capacity	
Strengths --------		----available resources

Fig. 1

Higher levels of risk indicate an increased necessity for funding. However, funding does not, in itself, create healthy communities. Therefore, while strengths would presumably positively correlate with available resources this is not a simple equation of more resources equal more strengths. For the present, 'available resources' is meant to reflect expertise and wisdom, the presence of appropriate jurisdictions to address issues impinging upon child welfare, and, perhaps most importantly, adequate networking of available resources distributed across jurisdictional boundaries. In short, available resources are not simply additive; resources become strengths when they knowledgeable and sufficiently networked to create meaningful responses to social challenges.

Required or Preferred?

Despite much effort, there is, as yet, no generally accepted agreement as to what constitutes the minimum number or type of satisfiers of human needs upon which citizens have a universal claim

within a welfare state (Percy-Smith 1996, 143). As outlined in the National Policy Review, there are at least three conceptions of required services under which First Nations agencies must operate: statutory, contractual, and audit formats. In other words, First Nations agencies must comply with applicable statutes, with the conditions of their bipartite and tripartite contractual arrangements, and the financial, record-keeping, and case practices formally reviewed through audit systems. While these requirements vary in their details, the National Policy Review indicates they exist across provincial jurisdictions. In particular, statutes generally agree on broad definitions of child abuse. We make take these requirements as providing for the minimum number of satisfiers required to meet human needs.

The large number of on-reserve children in care indicates a discrepancy between reserve capacity and reserve needs. Clearly, in the judgment of child welfare agencies a high proportion of on-reserve children face an unacceptable level of risk of child abuse. The vast majority of funding directed at alleviating these risk conditions is predicated upon child removal. However, it is not immediately clear whether this strategy is based upon any given reserve's lack of strengths (in which case it is not individual parents who are the source of risk but the community as a whole), a lack of resources (understood as networked expertise and practice), or a lack of funding to operationalize latent strengths and resources already extant. Alternatively, even if sufficient funding for a specific function (say psychiatric care) were available it is not immediately obvious that there would be anywhere to spend it. One can easily imagine a perversity of funding arrangements in which adequate funding for psychiatric care was available but accompanied by insufficient travel funding to get the client to the psychiatrist (or the psychiatrist to the client).

There seems little point in rehearsing the reasons why on-reserve children are taken into care more often than non-aboriginal children. The question that needs to be addressed is what to do about the problem. I suggest that any policy which seeks equivalency between on-reserve services and non-aboriginal services misses the point. It is not the equivalency of services that is required but an equivalency of community capacity to create the minimum number of satisfiers to meet human needs. However, the distinction between required and preferred satisfiers is blurred by what Ian Hacking calls a "looping effect" (Hacking 1995). As an example, it was not so long ago that high school graduation was preferred but not required for the purposes of employment. As more people become aware that high school graduation is possible (and as employment standards come to recognize the possibility) more people come to define themselves as either graduates or drop-outs[3] and this self-definition is colored by the generally held belief that high school graduation is not preferred but necessary.

Consider also something as simple as indoor plumbing. Even in Canada's urban areas indoor plumbing is a relatively recent adaptation. Nevertheless, indoor plumbing has rapidly become a necessity where before it was only preferred. Now consider requirements for foster parents to possess "adequate housing". Presumably, "adequate" in this context would take as its normative referent the provision of indoor plumbing because this is a national norm even though it may not be a local norm. Yet, this national norm is a relatively recent occurrence. This means that an architectural innovation rapidly became a norm beyond the realm of architecture and into the realm of (amongst other things) child neglect. A child raised without indoor plumbing falls below the national norm and, more importantly, comes to be viewed both by him/herself and others as living in inadequate housing.

From this perspective, a major difficulty for reserve populations is the impossibility of "catching up" to ever-evolving national norms. Put another way, reserve populations can never achieve normative community capacity if the resources available to them are predicated upon an assumption of an already achieved normative state. As the colloquialism goes, "it's hard to soar with eagles when you're swimming with alligators".

To the extent that on-reserve populations have failed to realize a normative level of community capacity they are exceptional. Yet, if the entire

on-reserve population has exceptional needs it follows that no on-reserve person has exceptional needs. I suggest this is a major reason why INAC has shown a remarkable reluctance to fund exceptional costs. It may be useful here to acknowledge that this is not a problem restricted to reserve populations. The Windsor-Essex County Children's Aid Society ran into a similar problem when they classified all children in their care as "special needs" (personal communication, April 2005).

Extraordinary Review

The National Policy Review (McDonald et al 2000) noted that there is no uniformity across provincial jurisdictions with respect to reporting and audit functions. This is a problem in itself, but it is also the case that no child welfare jurisdictions are immune to child fatalities or critical incidents. While many of these fatalities and incidents follow a routine form of review (either internal or external to child welfare agencies), it is also the case that occasionally such incidents are brought into the public view (typically through press coverage) and become objects of public inquiries[4]. For present purposes, the importance of these events are a) the impossibility of predicting when and where they will happen, and b) whether the event will remain within normative review processes or will create a public inquiry requiring large amounts of agency time and effort.

First Nations child welfare agencies have not been immune to these sorts of inquiries. The "Baby Andy" case involved both a review panel and a "fact finding" project conducted by the Children's Advocate of Saskatchewan. While not as massive as some inquiries, this review demanded considerable agency time and resources.

The Children's Advocate Office completed independent fact finding by holding interviews with 23 persons from 11 agencies and reviewing documentation from all relevant files and records. This information was compiled and provided to the review panel in February 2003 for thorough analysis. (Saskatchewan 2003, 7)

An inquiry into the 1998 deaths of Constance Jacobs and Tyundanaikah Jacobs at the Tsuu T'ina Nation, Alberta does not give an account of how many people were consulted, however some twenty legal counsel representing various parties participated in the inquiry's activities (Goodson 2000).

Some jurisdictions – notably British Columbia – have experimented with mandatory reviews of child fatalities and critical incidents by independent or quasi-independent bodies[5]. These policies tend to depend for their longevity on the vagaries of press coverage and provincial government's political problems. In any case, for present purposes the main point is that inquiry involvement is largely unpredictable, outside First Nations control and, most importantly, expensive in terms of both funding and time. Social workers and administrators who participate in inquiries are taken away from their normal tasks in order to service the requirements of inquiries. Additionally, such inquiries typically occur within very public and highly charged emotional situations. Staff moral is almost always adversely affected resulting in loss of productivity.

Concluding Remarks

The foregoing section has attempted to highlight the difficulty in conceptualizing what the category 'extraordinary' contains in the context of child welfare. A principle difficulty is the high level of need demonstrated by many First Nations communities. Many events that might be described as extraordinary in the overall Canadian context are, in fact, quite ordinary in First Nations' experience. That said, it remains to be seen how uniformly such events are distributed across the universe of First Nations. In any case, the argument has been made that it is impossible to identify extraordinary events without an assessment of the overall capacity of communities using available tools.

This analysis has been necessary in order to distinguish the projected greater needs of First Nations' communities from their off reserve counterparts. If, as is indicated by available

research, First Nations communities are generally high needs then the prospect of simply matching services available off reserve will always leave First Nations resource poor. In turn, the discrepancy will generate extraordinary costs due to predictable jurisdictional (service) gaps. What is needed is a philosophy of matching services to particular needs, rather than matching services to a presumed provincial average. In any case, matching service provision to provincial equivalents must result in varied service provision across provincial boundaries where those services are subject to differing legislative, policy, and audit regimes.

Moreover, as discussed in the final section, extraordinary events such as child fatalities can rapidly lead to expenditures of time and funds for activities demanded by inquiries. These inquiries are impossible to predict because they tend to be struck in response to the passing interests of parties normally outside the child welfare universe. This is particular true of the press whose interest in any particular case is dependent upon a variety of commercial pressures (i.e. competing stories) but nevertheless can exercise considerable public pressure. This point will be further argued below, but for the moment it is important to recall that it is not child mortality per se that is extraordinary – rather it is the public reaction to specific children's deaths that is extraordinary.

Anyone familiar with public inquiries into child welfare recognizes the repetitive plea for better communication and better coordination across jurisdictions. Conceivably, most extraordinary events are, in fact, not extraordinary at all. Rather, they are events for which bureaucratic and service responses are lacking. The following section takes up this theme in greater detail. It will argue that many events characterized as extraordinary are quite common occurrences. What makes them extraordinary is the degree to which jurisdictional disputes hamper, delay, or prevent appropriate service delivery.

If we can locate persistent jurisdictional disputes in the same terrain as persistent extraordinary costs then it ought to be possible to identify service gaps. Such service gaps are distinguished from extraordinary events because they meet none of the criteria defining extraordinary. That is, they are not unanticipated, unforeseen, nor outside normal risks.

Jurisdictional Disputes

Frequency

Aggregate data indicates all but one of the study agencies experienced jurisdictional disputes. The frequency of these disputes varied from 1 to as many as 165. Over a year, resolution of each dispute took anywhere up to 200 hours of staff time with half the reporting agencies dedicating 10 to 150 hours as usual.

Frequency of jurisdictional disputes is not reflected in the amount of staff time required. For example, one agency reported only one jurisdictional dispute but this engaged four staff members for an estimated total of 150 hours. The lowest estimate of staff time per dispute is two hours. By far the largest estimate of staff time dedicated to jurisdictional disputes was 200 hours per dispute of a total of 32 disputes, necessitating a total staff commitment of 6,400 person hours. The highest estimated total number of disputes per year was 165 at an estimated 20 hours per dispute totaling 3,300 hours.

Data from the studied agencies did not specify time per occupational classification. Therefore, it is not possible to give an overall dollar cost for staff time although it is possible to calculate costs for reporting agencies in terms of Full Time Equivalents (FTEs). Based on a 35 hour week, agencies reported a low of 0 FTEs to a high of 3.5 FTEs required for resolving jurisdictional disputes.

Types of Disputes:

One agency reported only disputes between the federal and provincial governments. These disputes are reported to be over "kinship care". It is not clear what the exact nature of this dispute was, but it may be that there is no provincial equivalent to the federal Guardianship for Aid (GFA) program or possibly traditional adoption. Insofar as the GFA does not require child protection authorities to take custody of children this may be better phrased

as a dispute over preventative services rather than funding for children in care's residential or clinical requirements.

Six of nine studied agencies reported jurisdictional disputes between federal ministries/departments primarily due to disputes between the Ministry of Health and INAC over Non-Insured Health Benefits. By contrast, only one agency reported disputes internal to provincial governments (5 disputes).

Four of nine agencies report disputes between the agencies and provincial programs. Significantly, two of these agencies report from the same province (British Columbia). Further, where jurisdictional disputes between agencies and provincial governments occur, they comprise the largest proportion of disputes (although in two instances, frequencies of disputes between federal agencies/ministries and disputes between agencies and provincial governments are reported as identical.)

Three agencies report internal jurisdictional disputes i.e. between different First Nation programs, but the total number of disputes is minor in comparison to disputes between federal agencies and agency disputes with provincial governments.

Four agencies report disputes between themselves and the federal government. Again, in general these disputes are relatively minor in terms of the proportion of total jurisdictional disputes.

Overall Observations

Where jurisdictional disputes occur, the overwhelming incidence is concentrated in two areas. First, disputes between (a) federal agencies and second (b) disputes between First Nations' agencies and provincial governments.

a) For disputes between federal agencies, examples provided by reporting agencies show disputes are largely concerned with funding disputes between Health Canada's First Nations and Inuit Health Branch (FNIHB) and the Indian Affairs Department of INAC. The general impression is that First Nations agencies find these disputes particularly frustrating since while they are not party to the dispute, they are responsible for the health and care of the children in question. One can easily infer that because neither FNIHB nor INAC have direct responsibilities for children they do not experience the sense of urgency felt by First Nations agencies.

The problem of disputes between federal ministries may also be related to location. Problems of jurisdictional disputes between federal ministries are more likely to occur for agencies responsible for remote communities. One might infer, therefore, that problems of transportation and communication play a part in creating and extending jurisdictional disputes. For example, where there is a pressing need for diagnostic services in remote communities, and where this need is associated with lack of local resources, the dispute is likely to revolve around both large transportation costs and the scale of the demand. In other words, remote communities tend to have large numbers of undiagnosed disabilities (particularly FAS) which, at the very least, must create an enormous backlog of referrals.

b) Jurisdictional disputes between First Nations agencies and provincial governments are not widespread – occurring in only three of nine provinces. However, where they do occur, they consume a considerable amount agency time. Comments accompanying the survey suggest several sources of conflict. First, inadequate funding for First Nations' agencies to absorb the influx of responsibility associated with agencies receiving delegation. Second, disputes over the limits of First Nations' agencies capacity – what one agency described as provincial governments' "dumping cases". Provinces seem to expect First Nations' agencies to take responsibility for all band members irrespective of whether the members are recognized by INAC as reserve residents and therefore eligible for federal funding.

That said, a major source of jurisdictional disputation does not involve money, but practice. That is, First Nations' agencies report their provincial counterparts either do not keep them informed as to members' involvement with

provincial systems (and if they do, they assume First Nations' consent for provincial protective action) or do not employ 'least intrusive' strategies and tactics such as variations of kinship care.

Of course, while these latter types of dispute do not entail direct maintenance costs to First Nations' agencies, they do absorb a considerable amount of staff time (from a low of 10 hours per case to a high of 200 hours). Funding for staff time is presumably drawn from maintenance budgets for children in care of agencies and therefore the cost of these disputes is effectively transferred from children in the care of agencies and to provincial social work and judicial apparatuses.

Disputing Cultures?

It is remarkable that some First Nations' agencies report an enormous resource drain due to jurisdictional disputes while one reports no disputes whatsoever. Moreover, of the nine agencies surveyed, four identify only one type of dispute and three of those concern disputes between federal ministries, not disputes between the agency and some other entity. Further, of these latter agencies the number of disputes is significantly lower (to a maximum of 5 per year). By contrast, agencies reporting multiple sites of jurisdictional disputes report between 17 and 30 disputes per year except for one agency reporting a staggering 165 disputes[6].

The frequency and distribution of jurisdictional disputes has no correlation with either the number of children in care or the educational attainment of social workers. Instead, the best predictors of high rates of jurisdictional disputes are a) disputes between FNIHB and INAC and b) agencies and provincial jurisdictions where provincial policy and/or statute requires agencies to undertake tasks not funded by INAC. Related to the latter are disputes over best practices. On the one hand, agencies are not funded to perform tasks mandated by provincial legislation, while on the other hand agencies view provincial authorities as failing to encourage least intrusive strategies or to utilize traditional forms of alternate care.

In short, First Nations agencies reporting multiple jurisdictional disputes seem to be engaged with a wide range of disputes leading one to suspect either a) a general breakdown between all levels of government – including to some extent internal band government, or b) some agencies have not been able to create a non-disputing persona. This is not to suggest such agencies engage in disputes without substance, but rather certain characteristics of their particular situation either induce disputes or prevent dispute resolution[7].

It is possible that variation in reported jurisdictional disputes is not so much a measure of actual disputes but a measure of whether agencies create either a trust relationship or a bureaucratic routine with federal departments. For example, an agency reporting no jurisdictional disputes makes the following comment:

INAC and Health Canada fight, but agency sends bill to INAC and gets reimbursed. INAC then sorts it out with Health Canada. Almost anything with a medical component triggers a dispute. Agency is protected by a clause in its agreement.

Whatever the clause in the agreement is, it is clearly not a national clause because this is the only agency which considers disputes between INAC and Health Canada to be of no consequence to the agency itself. Hence, because the dispute is contained within federal departments no agency effort is directed at resolving the dispute.

The principle disputes at issue then are as follows.

1) Disputes between FNIHB and INAC which delay or withhold necessary non-insured health benefits to children.
2) Disputes between agencies and provincial authorities over the provision of services demanded by provincial legislation and/or policy but which is not reimbursed or contemplated by INAC policy.
3) Boundary disputes over which authority is responsible for particular children. Frequently these disputes are rooted in whether children or their parents are 'resident' on reserve

and the funding issues that flow from that determination. One agency reported these disputes can include the question of whether a child's parent died on or off reserve. These disputes include provincial authorities 'dumping' cases.

4) Disputes over appropriate practice. This is related to above insofar as agencies may view the range of provincial legislative or policy requirements as too limiting of culturally appropriate solutions. On the other hand, these disputes may also be based upon differing conceptions of safety thresholds and family strengths – that is to say, case management practice.

Structures for Resolving Jurisdictional Disputes:

Jurisdictional disputes may be solved through a continuum of strategies ranging from the informal to the formal. The best strategy depends upon the interests of the disputing parties, the relationship between the parties, the nature of the dispute, and whether the solution to any particular dispute ought to be general and binding on all similar disputes. The Province of Quebec identified a section of the responsible ministry (MSSSQ) whose task was negotiating intergovernmental issues. However, the Quebec based First Nation agency did not identify this division as resolving jurisdictional disputes. It seems the division is less a forum for resolving disputes than an arm of the provincial government specializing in negotiating with other governments on behalf of the Province of Quebec. While it is certainly useful to identify a specific part of government responsible for resolving disputes, this should not be confused with the actual resolution process itself[8]. Below I outline several possible processes and suggest the kinds of disputes they are best suited for.

Avoiding Disputes: Community Assessments:

The best way to resolve disputes is to try to prevent them from arising in the first place. There are several ways in which jurisdictional disputes might be avoided.

No policy initiative or shift in governmental responsibilities can anticipate all possible jurisdictional difficulties; however disputes often arise because of poor planning[9]. Above I alluded to the importance of conducting community capacity assessments. Indeed, it is striking that of the agencies surveyed, a community assessment was completed by only one agency apparently due to its block funding arrangement. By contrast, FNIHB insists that the first task of local delivery of health services is to conduct a needs assessment study and has created a handbook to guide local actors. The handbook's first paragraph makes the following point:

> Identifying home and community care priorities and needs through a community needs assessment is an important activity that needs to be conducted at the beginning of program development. Whereas word-of-mouth can be helpful for getting the idea for the program going, a needs assessment study provides a comprehensive and unbiased documentation of the needs in the whole community. (emph. in original) (Health Canada, [3])

The importance attached to community needs assessments by Health Canada is not surprising given the entrenchment of the population health paradigm within public health programs. However, it is also striking that children are almost entirely absent from FNIHB program strategies and goals. Indeed, with the exception of the Aboriginal Head Start program, and a brief flurry of training around FAS, children are entirely absent from FNIHB's literature. More precisely, the particular health needs of children are subsumed within general categories such as dental, vision; medical supplies and equipment, and so forth.

The absence of children as a category from FNIHB's literature is significant because it blinds medical practitioners to the physical and emotional consequences of child abuse and neglect. More precisely, it suggests abuse and its consequences are not FNIHB's responsibility. Since disputes between FNIHB and INAC over health funding for children in care are a major problem, it may be

that the genesis of these disputes is to be found in the lack of attention paid to child abuse and children in care by community needs assessments conducted within the population health paradigm.

The value of community assessments does not solely lie in their identification of community needs. Literature concerned with community assessments suggests that community assessments are themselves a mechanism for building community strength because they rely on the identification, mobilization and networking of key community members (Kelly et al 2003; Oetting et al 2001). Thus, community assessments not only collect objective information but they also play a part in establishing a shared mission and philosophy which is then widely distributed throughout the community. A community assessment that takes into account the social sphere as well as the medical sphere ought to result in both a clearer understanding of the health needs of parents and their children, but should also assist in developing cooperation between health care and social service providers. In turn, this ought to result in fewer jurisdictional disputes and therefore less time required for servicing disputes.

For all its emphasis on competition, business literature recognizes the central place of trust in economic relationships. This is because it would clearly be too expensive and too time consuming to litigate every dispute. Further, many business disputes arising from professional activities are too difficult to specify in terms of end product and therefore are virtually non-justiciable. The variable rates of jurisdictional disputes reported by agencies may well be a reflection of the presence or absence of trust. The comment by one agency (referred to above) that it trusts FNIHB and INAC to work out their funding arrangements – albeit with contractual support – indicates the importance of inter-agency trust. Note also this trust works both ways; presumably in this instance INAC trusts the agency not to bill for frivolous or unnecessary medical services. A major benefit of community assessments then is the opportunities they create for building trust relationships.

Managing Disputes: Committees:

Bureaucracies are ever faced with the task of imposing rational order upon the disorderly nature of lived experience. Bureaucratic rationalism requires the bounding of human experience within specified categories of action and under the domain of specified areas of expertise. It is perhaps the great irony of bureaucracies that in order for them to function at all they must divide experience into manageable parts. As Nikolas Rose (1999) has remarked, this results in rational bureaucracies resembling Tinguely's fantastic machines filled with independent and often borrowed parts that while seemingly randomly connected nevertheless get things done.

Bureaucratic classifications of experience and expertise tend to create departmental isolates. For one department a client is a set of teeth, for another a problem to be transported, and for a third a risk of child abuse. As each department attempts to sustain its own isolated rationality it may find itself at cross-purposes with other departments where the overall result is either nullification of action or the misuse of extant programs in order to address a service vacuum created by another department's policies.[10]

The usual response of bureaucracies to identifying, preventing, or resolving bureaucratic jurisdictional disputes is the committee. In theory, a committee is capable of reassembling the bureaucratic whole through representatives of departments and expert domains. A standing committee recognizes that some jurisdictional disputes are likely never entirely resolved at least in part because every bureaucratic system must cope with anomalies and exceptions on a case-by-case basis.

Committees are successful when they are a) fully attended by their members and b) based upon high trust between their members. Both of these factors have costs associated with them. Full attendance requires adequate funding for time and travel costs. Where time commitments are large this will have a 'knock-on' effect in terms of back-fill. Travel costs require a recognition that funding is directed at abstract goals – that is to

say, it is unlikely that 'trust' can be conceived as a measurable good and therefore would be opaque to value-for-money audits. Further, these costs will be higher for agencies servicing remote communities since travel will be both more extensive and more difficult. However, the reader will recall that frequency of disputes seems to be positively correlated with degree of isolation. If we can accept that trust relationships are more likely to occur in face-to-face relation than through communication technologies located in isolated areas, then a standing committee structure is likely to enhance trust relations and therefore reduce jurisdictional disputes. [11]

As we have seen, the bulk of jurisdictional disputes concern either disputes between INAC and FNIHB (in which agencies are caught in the middle) or disputes between provincial governments and agencies often due to lack of INAC funding for provincial legislative and policy requirements and exacerbated by a lack of understanding of these limitations on the part of provincial officials. Hence, a standing committee structured to require attendance by these three bureaucratic spheres ought to lessen at least some jurisdictional disputes. I have in mind an hierarchical structure composed of local, regional, provincial, and possibly national committees in which disputes that cannot be resolved at one level may be raised to a higher table.[12]

It is possible to build in an incentive to standing committee's effectiveness by attaching a budget line. That is, a separate discretionary budget for family and children's services accessible solely through the committee and requiring some form of quorum or consensus. I will address this further under the heading of 'Extraordinary Costs' since as I have argued above many extraordinary costs are not in and of themselves extraordinary but, rather, costs outside established jurisdictions and budget lines. That is to say, they are often boundary cases because they partially fit many budget lines but wholly fit within none.

Resolving Disputes: Alternative Dispute Mechanisms

In the movie "Cool Hand Luke" the prison warden explains his brutalization of a prisoner with the phrase: "What we have here is a failure to communicate." Alternate Dispute Resolution mechanisms (ADR) are predicated upon the belief that most disputes are rooted in failures to communicate resulting in a perception by at least one of the disputing parties that they have not been heard – if not brutalized. ADR can take several different forms with arbitration, mediation, and their several sub-forms being predominate. There are two main advantages of ADR over litigation. First, ADR tends to be informal and therefore has more discretion as to what factors (particularly emotional factors) are important and tends to be less expensive than litigation. Second, ADR seeks to create win-win situations through creative solutions where litigation creates win-lose solutions defined within legal parameters and procedures.

However, there are some important negative characteristics of ADR that ought to be kept in mind. First, ADR works best when it is voluntary. Parties who engage in coerced ADR have no stake in the process and therefore the whole philosophy of ADR is undermined. Second, informal procedures provide little protection where the parties enter ADR from unequal power positions. The formality of judicial procedures does provide a hedge against bullying or extortive behavior. As well, ADR can lead to solutions that are less advantageous than legal precedent expects. Third, ADR is often time limited, meaning there can be unreasonable time pressure on parties to reach an agreement irrespective of whether or not it is fair. Fourth, ADR tends to lead to "split-the-difference" solutions on the theory that half a loaf is better than no loaf. However, for the sorts of disputes under consideration here, half a prosthetic device or half a counseling regime (for example) is no solution at all.

Finally, mediators and arbitrators are typically selected by consent of both parties. Since some parties (i.e. insurance companies) frequently find themselves in ADR they tend to hire many more mediators and arbitrators than the other disputant.

In turn, mediators and arbitrators operate within an economy of ADR and it is only natural for them to either consciously or unconsciously attempt to please their primary customers.

Nevertheless, ADR can be a useful mechanism for resolving persistent jurisdictional disputes because of its emphasis on win-win solutions. And, the cost savings over litigation or the persistent drain of staff time due to unresolved disputes may make ADR an attractive alternative to both disputing parties. Nevertheless, while ADR may be cheaper it is not free. Nor does it necessarily save on legal fees insofar as many parties engaging in ADR are wise to engage the services of a solicitor to ensure both the process and settlement are fair. The extent to which agencies can expect to engage in ADR is dependent upon their current dispute frequency and their anticipation of further disputes arising due to government policy changes[13].

From a budgetary perspective, it is unlikely that ADR could be planned for on a global basis since, as we have seen, the frequency of jurisdictional disputes are highly variable. It seems more reasonable that agencies with a history of disputes would need to create a separate budget line (or claim against INAC) based upon their particular situation. From the perspective given here, what is important is that such a budget line be created for those agencies able to demonstrate the need.

Some may argue that to create such a budget line would be to encourage disputes rather than the smooth operation of jurisdictional cooperation. While I certainly allow for the possibility, I find this concern unfounded because it fails to take account of a secondary byproduct of ADR. Pavlich (1996) points out that a major goal of ADR is to teach participants how to resolve their own conflicts – what he calls the creation of non-disputing selves. The reader will recall that I have speculated above that the extraordinarily high number of disputes reported by a minority of agencies seems to suggest a culture of dispute. If Pavlich is right, then a major reason for this culture may not be the objective conditions under dispute but the lack of skills and trust available to the disputing parties. In theory, ADR provides a forum for disputing organizations to acquire a non-disputing persona by gaining skills and enhancing future trust relations based upon the increased likelihood of win-win solutions. At the very least, a skilled mediator ought to be able to increase the level of trust due to their practice goal of having each party hear and understand the position of the other party.

Formal Advocates and (Child) Rights Approaches

The United Nations Convention on the Rights of the Child, ratified by Canada in 1991, is generally accepted as a watershed moment in defining the relationship between the state and children. In its wake, the Convention has created a number of reporting requirements and advocacy apparatuses designed to monitor and report on states' compliance with the Convention's requirements. According to Canada's Second Report on the Convention of the Rights of the Child (Canadian Heritage 2003) there were five Canadian provinces with some form of advocate, commission, or ombudsman dedicated to insuring governments act in accordance with the Convention[14]. Other provinces identified a specific minister designated to act on behalf of children's rights.

The federal government does not have a single ombudsman although a number of ministries and departments have their own internal ombudsman. (Interestingly, the staff of INAC has recourse to an internal ombudsman.) Since Canada's constitution assigns governmental responsibility for social services and children to the provinces, the federal government does not ordinarily have any requirement for a child advocate to monitor its own policies and procedures. However, the situation of First Nations children is different since the federal government retains a fiduciary duty toward them. This anomaly means that First Nations children on reserve are the only children in Canada for whom no authority is designated as responsible for them, and they are among that proportion of children who cannot call upon an independent body dedicated to speaking on their behalf. Given that a significant number of jurisdictional disputes concern disputes within the

federal government the absence of an independent voice effectively means there is no way to leverage policy and procedural change for the benefit of aboriginal children.

By contrast, the recent example of children in care of Ontario Children's Aid Societies due to the government's decision not to fund Special Care Agreements and its subsequent reversal of that policy was largely due to the activities and report of the Ombudsman of Ontario (2005). Similarly, in British Columbia, pressure to change child protection legislation in the early 1990s came in no small part from the release of two provincial Ombudsman's reports (1990; 1991)[15]. Hence, while Ombudsman and other Advocates have no authority to make governments change their policies, the ability of these officers to embarrass government through their public reports can provide an important and effective incentive for change.

The importance of independent voices speaking on behalf of children has been noted by UNICEF:

> …without independent institutions focusing entirely on the rights of children, these rights will rarely receive the priority they deserve. While children are among the heaviest users of public services, they remain the people who are least able to influence the actions of governments. The main task of such institutions is to close the gap between the rights rhetoric and the realities of children's lives, ensuring that rights are translated into law, *policy and practice*. *(emph. added.) (UNICEF 2001, 1)*

Thus, while the Convention explicitly requires states to "strive to ensure that no child is deprived of his or her right of access to such health care services" (Article 24) the reported jurisdictional disputes between INAC and FNIHB seem to amount to such a deprivation. Further, Article 12 requires states to take into account the views of children but in the absence of a designated voice representing the interests of First Nations children this right is more rhetorical than substantive.

The federal government has introduced Bill C-257 titled "An Act to establish a First Nations

Ombudsman and a First Nations Auditor to assist with administrative and financial problems"[16]. However, while Section 2 (a) (iii) contemplates this Ombudsman investigating problems arising "between one or more First Nations communities and the Government of Canada", it is clear the Bill's principle concern is with financial irregularities within First Nations' governments. The Ombudsman's task will not be, as law professor Larry Chartrand has noted, to "monitor non-aboriginal governments' accountability to aboriginal peoples". Further, the First Nations Ombudsman does not have responsibility for investigating difficulties involving individuals – its concern is between First Nations governments and INAC – unless that difficulty is between a band member and his or her First Nation government.

Disputes within the federal bureaucracy are unquestionably the responsibility of the federal government. However, as we have noted, jurisdictional disputes are as likely to occur with provincial authorities. Would a federally constituted ombudsman or child advocate have the authority to intervene in these kinds of disputes? In principle, there seems to be no objection. As has been frequently noted, just because the federal government has not legislated on behalf of First Nations children on reserve does not mean it cannot. This is a choice of the federal government. A federally constituted child advocate would not be inherently restricted to federal government programs since the office's task would be to represent First Nations children – no matter where their concerns lie.

Moreover, as noted above, ombudsmen and child advocates normally do not have authority to make government – in this case either federal or

provincial – change law or policy. Rather, their role is to investigate, report, and, if need be, embarrass governments into action. Further, provincial ombudsmen and child advocates share certain general characteristics. There is no reason to suppose a federally appointed advocate could not participate in a cooperative network of advocates composed of both provincial and federal officers charged with resolving jurisdictional disputes of mutual interest.

Linking Mediation and Advocacy:

In the previous section I argued for a separate budget line that agencies could call on for the purpose of engaging a mediator for jurisdictional disputes. If a federal child advocate were appointed it is possible this advocate could either a) fulfill this role directly, or b) hold the mediation budget line, thus ensuring independence from INAC and provincial governments in the distribution of funding.

Such an arrangement would, of course, be outside the current activities funded by Directive 20-1. However, as I hope to have demonstrated, the present arrangement does little or nothing with respect to providing resources for the resolution of jurisdictional disputes. Instead, if the agency sample is at all representative of general conditions facing agencies, it is clear a substantial amount of funding supposed to used for the maintenance of First Nations children is in fact being directed at resolving jurisdictional disputes.

Furthermore, the repetition within reported disputes (as noted above) indicates one-off resolution of disputes is inefficient if the real issue is a policy gap. That is, if the jurisdictional dispute is general – and the disputes between INAC and FNIHB certainly appear so – then it is clearly a policy problem. What First Nations need, then, is a way into the policy-making domain; a way to influence internal government organization and policy. An ombudsman or child advocate ought to be able to perform precisely this function.

In Conclusion:

The most effective way of dealing with jurisdictional disputes is to prevent them. For this reason, I strongly believe that a change to current federal funding of First Nations child welfare agencies must include a provision for community assessment. The precedent has already been set by Health Canada due to their reliance on the population health paradigm. There is every reason to suppose a similar approach toward the incidence of child abuse and neglect is equally necessary. As noted, a significant byproduct of community assessments is the creation of networks of cooperation and trust. In turn, this ought to lessen the incidence of jurisdictional disputes.

Cooperation between staff and government departments is not a given. If community assessments begin the process of networking and cooperation then it is standing committees that sustain them. A committee structure presents significant difficulties for agencies in remote areas. Ideally, then, travel budgets of remote and rural agencies must recognize the importance of face-to-face contact amongst agents because it is only in this way the trust necessary for cooperative action can be initiated and sustained. Furthermore, a committee structure with access to its own budget line may provide a mechanism for dealing with disbursement of funds for extraordinary costs. I will pursue this recommendation in the following section.

Despite the best efforts of individuals, jurisdictional disputes are unlikely to be eliminated. They are simply a fact of life in complex bureaucracies. At present, there is no formal mechanism for outside mediation of disputes. Thus, it appears that in some instances disputes multiply due to an increasing mistrust and a belief by one or more parties that their position is neither heard nor understood. A funding mechanism is required to provide mediation services where they are appropriate. Mediation is not without its problems; however it can be a very useful resource under the right circumstances. Certainly, mediation services would be cheaper, less time-consuming, and more efficient than the current situation in which staff time is drained

out of direct service and into dispute engagement. Moreover, one supposes that persistent jurisdictional disputes might eventually lead to expensive and drawn out litigation.

Finally, the lack of an independent voice representing First Nations children's voices suggests the honoring of the Convention on the Rights of the Child is more rhetorical than actual; if INAC staff have the opportunity to call upon an ombudsman, why not children? Ideally, a First Nations child advocate would be entirely independent of government structures through its institution as an Officer of Parliament. In any case, any sort of quasi-independent voice would be better than the current situation.

Again, the logic of an independent advocate is based upon the observation that, at present, many resources supposedly destined for the maintenance of First Nations children are currently being directed towards the resolution of jurisdictional disputes which are all too predictable and repetitive. If, for example, an advocate was able to convince FNIBH and INAC to mesh their policies almost half of all serious jurisdictional disputes would be resolved. That Health Canada and INAC have been able to do this in one province suggests it can be done in all provinces. Of course, for First Nations the frustrating part of this problem is that without an advocate with access to federal government decision-making processes, it cannot be known why the problem persists. An advocate with an investigatory mandate could fulfill this function.

Extraordinary Costs

Six agencies reported incidences of extraordinary costs. Of the agencies reporting no incidences, two were from the same province (Alberta), while the third had a block funding agreement. In the latter case, it may be that the agency did not consider any expense 'extraordinary' insofar as block funding implies funding for everything – including extraordinary costs. Thus, this agency may experience extraordinary costs but does not perceive them as extraordinary because of the nature of their funding arrangement.

Agencies reporting extraordinary costs tend to mirror the concerns expressed with jurisdictional disputes. That is to say, extraordinary costs are associated with isolated and high needs communities due in the main to the travel costs incurred for providing service; costs associated with a lack of specialized care/resources such as psychiatric care for suicide, homicide, substance abuse, and so forth; and costs incurred due to delays caused by jurisdictional disputes.

Agencies servicing remote communities note the high cost of staff travel as well as travel for clients for diagnostic or remedial services. Two agencies noted the high costs of travel associated with calling a staff meeting (up to $50,000), but also the inherent danger of winter travel in sparsely populated districts. This danger is to be understood as twofold; a) danger associated with seasonal weather conditions and b) danger associated with child protection workers (and foster parents) co-resident with dangerous and potentially life-threatening clients in isolated and non-policed communities.

Children with complex health issues are a major feature of agencies' reports because these problems are widespread yet random in occurrence. That said, agencies servicing isolated communities report it is impossible to know the incidence of complex medical needs because travel costs preclude diagnostic services[17]. Related to the problem of complex medical needs are those children with complex developmental disabilities. The average cost of developmental disabilities of the four agencies reporting is $115,000. However, developmental disabilities often require extensive capital investment in accessibility technology but these costs do not appear to be part of agencies' calculations.

Like complex medical and developmental issues, complex mental health needs present extraordinary management challenges. Assuming they have been diagnosed, and there is little reason to believe the incidence of mental health difficulties amongst First Nations children has been adequately surveyed through appropriate diagnostic tools, then the average cost per agency of servicing such children is $500,000. It is unclear from the

data whether this includes special residential arrangements such as Special Needs homes. If it does not, an agency's reporting special needs foster care requires $12,500 per day is in addition to this initial $500,000. On the other hand, both agencies and provincial governments report specialized (and out-of-province) institutional placement as a major budgetary problem. Presumably this is because such institutions are inherently expensive but also because of the difficulty of predicting both the number of children requiring such care and the length of time the children would require intensive institutionalization.

One agency reported as an extraordinary cost the expenses involved with terminating an agency employee. A second agency reported as an extraordinary cost provision of post-majority care provided for by provincial statute.

The employment example is the only example of extraordinary costs if 'extraordinary' is understood to mean random, unforeseen, and unique. The vast majority of costs identified are not extraordinary by local standards. In other words, one agency reports the costs of helicopter transportation; a cost unique amongst surveyed agencies. However, there is nothing extraordinary about this form of transportation in the local area. Hence, what makes this cost extraordinary in the mind of the agency is a lack of adequate transportation funds covered by Directive 20-1[18].

In addition to the problem of medically fragile children and out-of-province institutional care, the Nova Scotia case study mentions "legal and settlement costs" in which "[settlements] can cost hundreds of thousands, while legal costs can be around millions". It is unclear from the response what sorts of settlements or legal procedures are referenced however it seems likely to include historical abuse settlements, class action lawsuits pertaining to institutional care, or serious abuse within other forms of care. This would be consistent with other jurisdictions; For example, British Columbia has been to the Supreme Court of Canada to appeal liability judgments in all these categories. According to the Nova Scotia case study there is no settled formula for dealing with such cases. Instead the government:

> Tend[s] to absorb it centrally after a review of all other alternatives and justification of the expense. Sometimes an agency can handle the cost, especially if their normal case load has dropped. The central office doesn't have a contingency budget for this either – the request needs to go to the Deputy Minister and sometimes to Cabinet. (N.S. case study)

In this description one detects a hierarchy of claims. First, local agencies are expected to cover costs through internal budgetary adjustments. Where this is not possible, the problem rises to provincial ministry which presumably pays for settlements though cost savings in other areas. If the cost is not only extraordinary in terms of type, but also in the amount of monies required then a Deputy Ministerial decision is required, which would presumably involve informing the responsible Minister and possibly making a special request to Treasury Board. Finally, where the cost is very large (millions) then Cabinet becomes involved as the cost may well involve reallocation of government budgetary resources involving other ministries.[19]

It should also be noted that the case study implies extraordinary expenses only involve one-time settlements and litigation. This would be consistent with the general legal practice of calculating "future care costs" as a lump sum transferred to the victim. However, it is possible that costs such as future counseling could be rendered "in kind" rather than as a lump sum settlement. In isolated communities where counseling services are sparse such an arrangement may be the only practical alternative. In any case, this may be a situation where an extraordinary cost is not as simple as a one-time payment consequent to a judicial decision. [20]

Since First Nations agencies are relatively new, legal and settlement costs associated with historical abuse may appear relatively remote. However, it should be kept in mind that, to my knowledge, no child welfare system has eliminated moral hazards from their activities. Unfortunate as it may be, no fostering system can prevent the problem of foster parents abusing children in their care. Moreover, given the progressive expansion

of behaviors considered abusive no child welfare system can be sure that its current practices will always be approved at a later date – although the Supreme Court of Canada has indicated the standard for such determinations depends on the usual practices and state of knowledge at the time of the any infractions (K.L.B.). On the other hand, the U.K. experience of the Cleveland Affair indicates that where child welfare personnel utilize novel technologies to determine the occurrence of abuse considerable legal and political effort can be engaged to both attack and defend child protection decisions.

Furthermore, children-in-care are almost by definition a challenging population. For example, in June of 2005 a child pled guilty to murdering a group home worker at his residential resource in Alberta. According to news reports the worker's parents are planning to sue the Alberta government for $75,000 (Harding 2005, A8). Rare as it may be, children-in-care do commit crimes – sometimes violent crimes – both against those that care for them and members of the public. Under such circumstances, agencies and governments may be liable for the crimes of the children. Many of these liabilities are settled out of court and therefore it is difficult to predict potential settlement costs. However, as an example, in 1987 the British Columbia government negotiated a $40,000 out of court settlement to a woman sexually assaulted by a child in a government psychiatric facility for adolescents (Vancouver Sun 1987, G.8).

Of particular concern for agencies serving isolated communities is the gap between the agencies legal responsibility to protect children and the actual resources available to do the job. One agency describes child protection workers in isolated communities taking children into their own homes but without any local police protection. In a worst case scenario, if the person posing a danger to the child were to enter the worker's home and assault its inhabitants one can imagine a resulting plethora of lawsuits. First, the child(ren) may sue the agency for failing to protect them. Second, employees may sue the agency for failing to ensure their safety 'in the workplace'. Third, others present in the employees' home – whether family, friends, or acquaintances – may sue the agency for any harms they or their family members' experience as a consequence of the agency's enterprise. Of course, not taking the child into custody would also present its own potential liabilities.

Calculating extraordinary costs is, then, not a simple or straightforward matter. For agencies servicing isolated communities or challenging clients, lack of sufficient funding for travel or adequate residential resources may transform ordinary travel costs into extraordinary legal costs. That is to say, the inability to monitor resources for potential moral hazards, travel and diagnostic barriers preventing agencies from fulfilling their statutory mandates, the dangers associated with potentially volatile clients, and reliance on ad hoc travel technologies may save money in the short run but extraordinary expenses in the form of agency liability seem inevitable.

Forms of Extraordinary Costs:

In general, the most significant costs reported by agencies can be divided into three types; a) those that are extraordinary due to jurisdictional disputes or obviously insufficient funding; b) costs associated with the unexpected and random distribution of moral hazards found in any child welfare system; and c) costs experienced by other jurisdictions but not mentioned in the agency survey.

Type (a):

1) Agencies servicing isolated communities face extraordinary staff travel costs, communities with widespread and largely undiagnosed problems associated with community-wide dysfunctions, and an inability to transport clients to needed services. In addition, child and staff safety is compromised due to a lack of adequate police protection and safe forms of transportation. These costs are only extraordinary insofar as they are costs not ordinarily faced by most child welfare agencies. They are not however extraordinary for these particular agencies. Rather, they are simply costs associated with providing child welfare to

isolated and often dysfunctional communities. These problems are not amenable to 'one off' solutions but instead demonstrate an ongoing need for adequate funding if child welfare responsibility is to be practiced in isolated communities. Reported under-funding is difficult to judge since agencies responsible for isolated communities are, in a sense, "bottomless pits" of problems and therefore funding requirements are potentially without end. I suggest that establishing the necessary budgetary commitment can only be calculated in the context of an adequate community capacity assessment. As it stands, funding estimates are at best guesses and at worst wildly divergent from actual needs.

2) Children with complex medical needs create extraordinary costs. It should be kept in mind that this issue is also significant for jurisdictional disputes. These kinds of extraordinary costs may be considerably alleviated if funding and responsibility disputes between FNIHB and INAC are resolved. Put another way, funding for complex medical needs is not necessarily an agency problem; it becomes an agency problem when federal departments dispute responsibility amongst themselves. That said, there remain additional travel costs agencies can expect to absorb. In-person case management and consultation, costs associated with accompanying children to medical services, and family visitation for children unable to live in their home communities are not, strictly speaking, medical costs. Such visitation is, of course, necessary for best practice reasons. Therefore, staff and family travel costs are rightly an agency responsibility. However, they are not, in and of themselves, extraordinary costs insofar as the population of children with complex medical needs is calculable. For that matter, if FNIHB's recommended community needs surveys have been completed then the demand ought to be largely known.

3) From both agency data, and the FNIHB policies available to me, it is difficult to judge the boundary between FNIHB responsibility and agency responsibility for children with complex developmental disabilities. Judging by the information available it seems likely FNIHB would limit its responsibility to direct medical care and provision of prosthetic devices. However, the general movement toward de-institutionalizing the physically and mentally disabled has revealed considerable cost considerations with respect to the provision and/or monitoring of daily care as well as the need to retrofit public buildings, roadways, vehicles, and housing. In the absence of other sources of funding, it seems likely many of these costs will fall to agencies. Again, it is useful to remember these issues are not unique to First Nations except that many First Nations have considerably further to catch up to standards still developing within the non-aboriginal world. Research is clearly required to establish the incidence of children with complex developmental delays resident on reserve. Furthermore, as de-institutionalization becomes entrenched, such a determination will need to take into account both the possibility of disabled persons returning to their home reserves and the difficulty of establishing a baseline when past practice was to remove disabled children from their homes and place them in institutions.

4) As with (3) above, the jurisdictional boundaries and incidence of complex mental health needs are difficult to determine. As mentioned above, addressing mental health issues on reserve is something of a novel initiative since historically it seems to have been ignored. The knowledge vacuum is exacerbated by the lack of diagnostic services available to remote communities. It is worth noting however that where complex mental health needs are mentioned by the survey they are far and away the most expensive needs to service – likely due to the extraordinary supervision and residential requirements associated with mental health needs.

Type (b)

1) The only purely random extraordinary cost reported by agencies concerned costs involved with terminating an employee. The cost was estimated at $25,000.

2) As alluded to in Type (a) (1), widespread community dysfunction is reported by agencies concerned with isolated communities. However, one agency drew attention to "communities in crisis". Examples of such crises include sudden jumps in suicide rates (referred to in suicide literature as "clustering") and periodic outbreaks of substance or solvent abuse. Responding to such crises places an enormous drain on both ordinary travel budgets (already overstretched) and staff time with the usual problems of back-fill this creates. Additionally, such crises and the sudden demands they generate, tend to make great demands on whatever counseling services are available. [21]

Type (c)

1) No agencies reported extraordinary legal costs for liability exposure. However, while this may be a function of First Nations agencies effectiveness, I would suggest it is more likely due to agencies' relative novelty. It is also worth noting that lawsuits directed at government child welfare policies and practices are still in their relative infancy, which suggests jurisprudence in the area is still unsettled. For example, The Critchley judgment of the British Columbia Court of Appeal that established important principles of government liability was rendered in 1998. The next year, the Supreme Court of Canada rendered its decision in Bazely where it was found the Children's Foundation was vicariously liable for the torts of a group home parent. Significantly, the Children's Foundation had no insurance coverage for this type of liability. Had the British Columbia government not underwritten the damages accrued, the Foundation (a non-profit organization) would likely have gone bankrupt.

   Given the potential for large damage quanta, it is unlikely First Nations agencies could afford insurance for global liability – especially since according to H.L.A. Hart (1994, 132) liability can only be determined after-the-fact. Exposure to liability may not constitute the most common form of extraordinary expense experienced by agencies, but in light of the comments of the Nova Scotia official it may turn out to be the most expensive. Clearly, protection from liability exposure, and a means of ensuring damages do not bankrupt First Nations agencies are crucial to the First Nations child welfare project. First Nations agencies do not share the economies of scale enjoyed by government nor do they have the kind of deep pockets self-insurance requires.

2) As with the example from Alberta given above, agency liability is not limited to the actions of its staff or contracted representatives toward clientele. Liability exposure must also take into account agency exposure to liability for the conduct of its clientele toward its staff. Given the safety and policing concerns expressed by agencies responsible for isolated communities this form of liability exposure deserves further attention.

3) Type (b) 2 concerns the effects of periodic crises on service delivery to communities – these are understood as located within the community as a whole rather than crises located within individual behavior. However, communities are also subject, from time to time, to crises consequent to natural disasters. The precise boundary between natural and human causation can be fuzzy with respect to natural disasters (i.e. is a dam bursting, or an oil tanker sinking a natural disaster?). Moreover, disasters can be sudden (i.e. an earthquake) or cumulative over extended periods of time. The Minimata effect at Grassy Narrows and Whitedog reserves is an example of a cumulative health and social disaster.

There are three aspects to disasters that need to be kept in mind. First, disasters need a coordinating body. Second, disasters require immediate response. Third, disaster response is usually followed by a period of reconstruction. In off-reserve Canada, governments have established a number of emergency plans and protocols to clarify what body is responsible for declaring an event a disaster and to ensure coordination and quick response. Whether these plans and protocols are binding on reserve is a legal question, however it seems reasonable to assume that First Nations might choose to develop their own emergency

response either because the community is of a sufficient size to warrant independent plans, the community is sufficiently isolated that it is effectively self-responsible, or the community makes a political decision to take care of its own.

In the case of a disaster in the form of an epidemic, it is now well appreciated from the African AIDS experience that a large number of orphans can be created by age opportunistic diseases. Were such an epidemic to break out on reserve it would be up to agencies to try to cope with the social consequences of a lethal epidemic. Moreover, Canada's experience with SARS suggests that it is not just the objective dangers of a given disease, but subjective risk perceptions that define whether or not an event is classified as a disaster.[22]

The implication of natural disasters is the need for a disaster planning body. The federal government provides for a source of funding for such planning through its Public Safety and Emergency Preparedness program. Of First Nations, the programs website states:

> Under the legislation of Alberta, Prince Edward Island and the Northwest Territories, the band council of an Indian band or a settlement council, as the case may be, is given the same power and responsibility as a local authority with regards to preventing, responding to, and recovering from an emergency. In British Columbia, the Minister of Indian Affairs is the local authority for a reserve. Alberta allows reserves to be considered municipalities under the Disaster Services Act. Manitoba supports First Nations initiatives such as an Assembly of Manitoba Chiefs for emergency preparedness activities and the Manitoba Association of Native Fire Fighters.

The Department of Indian and Northern Affairs is required, under the federal Emergency Preparedness Act, to co-ordinate emergency response measures on all reserves. The INAC works to ensure "contingency plans are in place in First Nation communities on reserve lands and in communities on federal lands north of 60 degrees." It attempts to provide "prompt, coordinated responses…that are community based and supported by the local population." (INAC, Administration Manual, Foreward, 1994.)

It is beyond the purview of the present work to examine this arrangement in detail however it is clear that responsibilities vary from province to province and the likelihood of INAC creating a comprehensive, nation-wide, emergency preparedness plan for all First Nations' reserves is highly unlikely. It seems reasonable then to suppose First Nations governments, child welfare agencies, and health organizations have an interest in establishing their own disaster responses and that INAC should be the conduit for funding that activity. [23]

Finally, the Public Safety and Emergency Preparedness program has a role to play in post-disaster reconstruction. First Nations child welfare agencies need to feel confident the interests of their clients are reflected within any reconstruction effort. This may be accomplished through on-reserve consortiums of interests (government, child welfare, health, education, etc.) and, in the case of children, underwritten by the either the committee system and/or the children's ombudsman/advocate as proposed in the jurisdictional disputes section of this paper.

4) No agency specifically reported involvement with public inquiries as an extraordinary cost. However, as discussed in the introductory section of this paper, public inquiries into child welfare are the quintessential extraordinary cost. This is so because a) such inquiries are impossible to predict when so often they are a consequence of press interest and transient political pressures; and b) because the kinds of events leading to public inquiries are usually not, in themselves, extraordinary. Rather, attention is attracted to such events due to their unusual and unforeseen consequences. This is particularly true for child homicides where the belief that a child died as a consequence of child abuse, and that the consequence of that child abuse was obvious, is widespread but erroneous.[24]

I will not belabor the obvious problems inquiries

present with respect to drains on staff time, the need for back-fill of positions, impact on staff morale, requirements for travel and the problem of attending inquiries of uncertain duration. I will simply reiterate that I have discovered no budget line specifically set aside as a contingency fund for such activities. Rather, governments tend to absorb these costs through economies of scale, specific requests to cabinet and Treasury Board, or through an entirely separate inquiry budget. Clearly, Directive 20-1 did not anticipate the possibility of extensive resource commitment to such inquiries despite the fact First Nations have no control over their establishment or the degree of participation required of First Nations.

Budget Strategies:

Funding provision under Directive 20-1 is primarily divided into two forms; operational costs and maintenance costs for children in care. Operational costs are adjusted according to on reserve child populations and degree of remoteness. So far as I've been able to ascertain, if there was an initial logic to the division of funding and the amount of funding, that logic has been lost over the intervening years. As a general observation, it seems clear that agencies' subsequent experience has demonstrated Directive 20-1 severely underestimated both the types of agency activities and the funding required for supporting those activities. Hence, a theme of agencies surveyed is the universal practice of 'robbing Peter to pay Paul'. In particular, a general problem is the diversion of maintenance funding away from children in care and towards subsidizing large travel or administrative costs.

This paper has argued that a good deal of what is considered under the general rubric of jurisdictional disputes and extraordinary costs is, in fact, neither. Rather, for approximately half the cases, jurisdictional disputes and extraordinary costs are actually problems associated with under-funding. More precisely, lack of funding for the particular circumstances of particular agencies. The theme to which this paper has consistently returned – the need for the kind of community assessment already entrenched in FNIHB policy – attempts to suggest that funding quantum needs to be tailored to each agency's particular circumstances.

Operational funding:

Operational costs are clearly inadequate to cover travel expenses conceived as 'extraordinary' from a national perspective but 'ordinary' from the perspective of agencies faced with delivering statutory services to remote locations. As well, a national funding formula cannot take account of the differing operational costs associated with provincial legislative and policy demands. These demands range from the purely bureaucratic (i.e. audit and reporting policies) resulting from administrative requirements built into contracting arrangements required by provincial governments, to legal responsibilities pursuant to the delegation process. For example, responsibility for mediation, repatriation and post-majority services varies with each province's legislative regime. Hence, one operational formula cannot be sensitive to each of these varied demands.

With respect to contracting, it is significant that one agency reporting no jurisdictional disputes mentions disputes between FNIHB and INAC over medical funding; but not as a problem for the agency. This is due to the contractual relationship the agency has with the federal government. By inference, if this contractual relationship were replicated across the country a significant number of jurisdictional disputes would be eliminated. Of course, it would be simpler if the two branches of the federal government could resolve this problem in Ottawa, but a clause within agency contracts could protect agencies from the periodic reallocation of funding responsibilities between federal departments.

Travel costs ought not to be limited simply to the costs associated with adequate transportation technologies. As noted above, transportation problems have significant knock-on effects for both the safety of children and staff. Thus, savings realized from inadequate travel budgets may well reappear as extraordinary costs in the form of legal liability.

Assuming the distinction presently made by Directive 20-1 between operational and maintenance funding remains in place, the most crucial improvement needed for operational funding is the inclusion of a requirement and funding support for community capacity assessments. As discussed above, this is a requirement for health funding and it seems curious child welfare has not hitherto been subject to a similar requirement. Much of the difficulties coded as jurisdictional disputes and extraordinary funding could be alleviated with this relatively inexpensive investment.

In addition, increased funding for travel is required, particularly where this is directed at agencies responsible for remote communities. Similarly, the formula for operational funding must reflect the actual demands placed on agencies by various provincial legislative requirements. Hence, the formula probably needs to be tweaked by provincial jurisdiction. Further, given that agencies have no control over shifts in provincial legislative and policy regimes, the operational funding formula will require regularly scheduled reviews (say, every 3 to 5 years) of changes in provincial requirements.

Maintenance funding:

In one form or another, all surveyed agencies report a significant proportion of children in care, or children likely to enter care, as possessing significant special needs. The actual demand is unknown largely due to the difficulty of accessing appropriate diagnostic resources. Again, this problem grows more acute the more remote the community served. While an adequate community assessment would help to reveal the extent of the problem for any particular community, the problem of diagnostic, treatment, and supervision costs remains to be calculated. As noted above, by far the most expensive type of client are those with complex mental health concerns, however costs associated with complex developmental delay and complex acute medical needs are equally urgent.

By and large, provincial jurisdictions solve the problem of varied special needs by creating graduated care regimes. That is to say, the cost of maintaining a child in care varies according to the degree of care the child requires. This approach would seem to be self-evident; however the approach seems to have no application within Directive 20-1. Of course, recognition of the principle of special needs does not necessarily imply agreement upon where the boundary between 'special' and 'regular' lies, nor how much funding should be attached to 'special care'. Some argue all children in care have special needs, but this seems unhelpful given the broad range of potential disabilities, their relative severity, and variable access to support services.

As well, while special needs children require attentive and professional care, their needs are also understood to include specialized support (i.e. psychiatry, counseling, etc. with their associated travel requirements) and capital costs associated with renovating modest housing to accommodate children with special needs (i.e. wheelchair ramps, accessible vehicles, additional staff associated with twenty-four hour care of the medically fragile, etc.)

From the perspective of the federal government, the difficulty with recognizing children's special needs is that, at present, it is almost impossible to predict the global costs associated with a graduated maintenance regime. Largely, this is because there is, as yet, no reliable mechanism to calculate the actual incidence of children with special needs on reserve. The best source of such information may be FNIHB but it seems likely to be incomplete. Nevertheless, a survey of community needs assessments undertaken under the auspices of FNIHB policy may give a rough approximation of the number of children with complex special needs.

It is further worth noting that special institutional care is noted as a large expense by the Nova Scotia case study. All child welfare jurisdictions are faced with such costs and recognize they are sufficiently beyond the means of the usual formula for maintenance that they are often paid out of centralized budgets. Here, provincial authorities rely on their economies of scale to absorb extra costs which are extraordinary in the sense of being outside the usual requirements of residential care but ordinary

in the sense of being regular and predictable in their incidence. It seems likely, then, that a central budget – either managed by INAC itself or managed by the committee system proposed above – will be a requisite to ensure adequate funding on an as-needed basis.

The funding formula for maintenance must be adjusted to create a tiered system of payments capable of recognizing the real incidence of complex special needs amongst on reserve children in care. The hierarchy must not be limited solely to residential costs but must be inclusive of the purchase of necessary professional support. The system needs to be augmented by a central budget line capable of releasing funds on an as-needed basis for institutional care or unexpected demands for exceptional costs.

Directive 20-1 seems not to have contemplated the need for capital costs associated with accessibility and the disabled. These costs are of two types; housing and vehicle renovation targeted at particular children and community based renovation such as installation of sidewalks, access to public buildings, traffic control, and the like. I raise this issue of public accessibility here because there seems little point in ensuring disabled children in care are located in accessible housing if they are unable to leave the residence due to lack of public amenities.

Funding External to Directive 20-1

Within the limitations of Directive 20-1 significant improvements can be made with a more nuanced and expansive use of the categories of operational and maintenance costs. However, the problem of extraordinary costs – that is, costs which come, as it were, 'out of the blue' remains. Similarly, the drain on agency resources caused by jurisdictional disputes which are often replicated across the country needs to be addressed through alternative funding structures. What follows, then, constitutes something of a wish list for a comprehensive on reserve child welfare system.

As noted above, at present First Nations children are the only children without a designated independent officer responsible for representing their interests. I regard it as crucial such an officer be appointed under the title of advocate or ombudsman. This officer would be a federal functionary (but ideally appointed through a consensus of the Assembly of First Nations or its designate, and Parliament) but independent of government and particularly INAC. Attached to this office may be either in-house mediators or a budget line for engaging mediators on an as-needed basis for jurisdictional disputes. As noted above, the frequency of jurisdictional disputes, and the costs associated with those disputes, varies wildly between agencies. Hence, it seems reasonable to centralize this aspect of advocacy work so that it is available to those jurisdictions where it is most needed as opposed to including small amounts of funding for each agency.

A similar economy of scale applies to the proposal for multi-jurisdictional committees. A separate budget line is required both to ensure adequate travel funds for their membership but also to allow for committee control of a budget line designated to address extraordinary costs as they arise[25]. Funds controlled by these committees would constitute a kind of insurance against extraordinary costs (such as inquiry participation or sudden community crises) requiring deeper pockets than any single agency could afford. They may also be able to coordinate back-fill for sudden events resulting from sudden drains on agency personnel resources. It is possible the committee controlled budget line could be established through a surcharge on funding for each agency (which would make it an insurance function), or funds could be disbursed from INAC to provincial committees which, in turn, would disburse a portion of those funds to regional and local committees. In any case, it is clear that no child welfare jurisdiction is immune to unexpected costs sometimes counted "in the millions". What is needed is a replication of the economies of scale the federal and provincial governments are able to call on.

Also outside the purview of Directive 20-1 are funds necessary to address the possibility of natural disasters and capital costs associated with community accessibility for the disabled.

As alluded to above, it is probable these costs are not likely to be seen as child welfare costs per se. However, an advantage of a children's advocate or ombudsman would be the ability to put these issues 'on the table' as children's issues. Whether agencies become the lead agencies responsible for addressing these shortcomings is, I suspect, for individual First Nations to determine. However, disaster response and accessibility is not the exclusive domain of the adult world. Therefore, funding for operational costs must reflect demands on agency resources for addressing these issues. Again, this may be incorporated directly into operational costs, or constitute a surcharge on contracted funding. In either case, recognition of children as full citizens also means recognition within all policies that affect them.

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Footnotes

[1] See (HRDSC n.d.) for a list by province of risk assessments in use in Canada.

[2] But see O'Sullivan and McHardy (2004) for a

national measurement using a Community Well-Being Index. The analysis provided gives regional comparisons, but not comparisons by type of community.

[3] And, of course, this self-categorization has implications for self-esteem and all the possible social problems low self-esteem is associated with.

[4] I have written on this elsewhere. See Cradock (2003) for a fuller account. In the U.K. similar inquiries have been sparked largely due to press coverage (see Nava 1995 for a media analysis of the Cleveland Affair and Franklin and Parton (1991) for a more general account of the relationship between social work and the press).

[5] British Columbia established the Children's Commission to conduct such inquiries in the wake of the Gove Inquiry. The Commission was disbanded in 2001 with the election of a new government.

[6] This number cannot be explained solely by the size of population served. Similar populations served by other agencies do not produce anywhere close to this number of disputes. It is possible the data was skewed insofar as the survey describes disputes between two parties. Perhaps this particular agency is double reporting tripartite disputes and therefore the survey double counts. Even so, the minimum number of disputes would still be on the order of 80, significantly higher than any other agency.

[7] See below for the construction of the 'non-disputing' self in the context of mediation. As an aside, variations between numbers of disputes may also indicate cultural differences towards disputes across First Nations in general. Further, see Cruise (1986) for rumination on contemporary aboriginal socialization and its relation to assertiveness. Briefly, Cruise argues part of aboriginal subjectivity depends upon creating an oppositional stance toward dominant social values. Lemert (1954) made a similar observation about 'outlaw' social groups within the nascent Catholic Indian State of late 19th century British Columbia.

[8] The Province of British Columbia has also experimented with specialist First Nations negotiators. When B.C. had a Ministry of Aboriginal Affairs it was supposed to liaise with designated persons within all other ministries within government to ensure First Nations issues were incorporated into all government initiatives. The Ministry was disbanded in 2001 and has recently (June) been resuscitated. The B.C. experience is a reminder that the priority given to negotiations between First Nations and other governments can radically change and therefore is always, to some extent, at the pleasure of sitting governments.

[9] Poorly planned social initiatives are not limited to aboriginal issues. See the withering critique of the Ombudsman of Ontario (2004) with respect to insufficient research, poor administrative planning, lack of funding and the consequent inflation of public expectations created by the Ontario government's attempt to establish services for autistic children.

[10] For example, previous research has identified aboriginal children entering care because of medical needs which parents cannot afford to meet. The recent scandal in Ontario over just this issue demonstrates this not unique to aboriginal children. (Windsor-Essex C.A.S. personal communication; Ombudsman of Ontario 2005)

[11] What I have in mind here is drawn from my own experience servicing remote communities in British Columbia. For example, to contact one band meant radio-telephoning (through an exchange) a luxury fishing camp who would then have an employee get into a boat, round the point to the band's location, and bring back a band member to the telephone. Needless to say, any telephone conversation was a very public communication. Similarly, in that area, cel phones were useless because there were no relay stations. It is possible face-to-face meetings might be replaced with new video conferencing and satellite communication (which might also have the benefit of being relatively independent of prevailing weather conditions) but if this medium is preferred it will obviously have capital cost implications.

[12] This model is loosely based upon the old Inter-

Ministerial Children's Committees (IMCC) utilized in British Columbia during the 1980s. These committees ranged from local committees of what amounted to interested persons, through regional committees, and up to a committee composed of Deputy Ministers.

[13] I have in mind here unexpected consequences for First Nations of policy changes directed at more global issues. As in the above example from Ontario re: special needs children in care. Of course, it is possible agencies may change their own policies and spark a dispute with provincial and federal agencies.

[14] Since the report was issued, British Columbia has abolished its Child and Youth Advocate.

[15] At the time, British Columbia had no independent body designated to advocate on behalf of children. However, these reports were authored by a deputy ombudsman who fulfilled that role within the larger mandate of the Ombudsman.

[16] The Act seems to have died on the order paper at least three times. In any case, it has never got past first reading.

[17] Presumably, many undiagnosed complex medical needs would eventually be counted as child mortality.

[18] Unusual forms of transportation (i.e. snowmobiles and other local forms of transportation from pick-ups to herring skiffs) are not solely used by protection workers but also by children if removal from isolated communities is the only way to ensure children's safety. If, as one agency reported, "no normal person would do it" then one might speculate that transportation risks are perceived as 'ordinary' if undertaken by workers but 'extraordinary' if undertaken by children. One can imagine a child taken into care to protect their safety but subsequently drowning if the snowmobile transporting them falls through the ice. The cause of death would, no doubt, be extraordinary while still not unexpected. The cost of dealing with the liability issues would however be both unusual and extraordinary.

[19] I have examined the line budgets of several provinces and INAC. I have not been able to identify any targeted contingency budget addressing such extraordinary costs.

[20] Historical institutional abuse arbitrated through an ADR process is another such situation. In this case, economies of scale and expertise might suggest a dedicated budget line for counseling services directed at a class of persons over a period of years; perhaps decades.

[21] My own experience as a child protection worker provides an example. An on-reserve school introduced the C.A.R.E kit for sexual abuse prevention. For a number of weeks nothing happened and then on a Friday afternoon my office received 17 allegations of sexual abuse all requiring immediate investigation. Of a total staff of six social workers, two were pulled off their usual duties to deal with the crisis. These workers' usual duties were taken on by auxiliary staff brought in for the occasion. However, costs were not limited to investigations. Prior to the introduction of the kit, and in the certain knowledge it would generate numerous investigations, the Province of British Columbia provided funding for the training and employing of four support workers. Even then, a professional counselor was also provided through Victims Compensation funding for personal counseling of the children. It is difficult to estimate the total cost because of the varied budget lines concerned. Suffice to say, dealing with that crisis was not cheap.

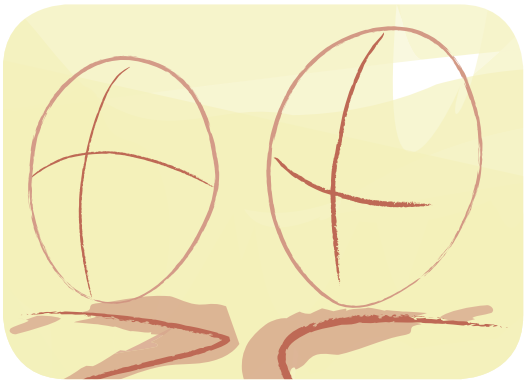
[22] Risk assessment theorists are well aware of the role of subjectivity. A favorite example is the varying perceptions of the dangers of nuclear power. Subjectively, nuclear power becomes more dangerous the closer one lives to a nuclear power plant.

[23] The preparedness program is comprehensive in its scope. It includes, for instance, privately owned dams, computing failure, storage of important documents, and anti-terrorism responses. A First Nations presence within the program may add issues of particular interest to First Nations to the program's rather eclectic list of concerns.

[24] I have written on this subject before so I will not belabor the subject here. See Cradock (2003; 2004) for a more detailed account.

[25] This is not to imply that the federal government would also be responsible for the participation of provincial representative, or that these provincial representatives would 'control' the disbursal of funds. What I have in mind is more the possibility of the committees accessing funds that could be used for such arrangements as matched funding or the purchase of, for example, institutional care in provincial resources.

Small Agencies



CHAPTER 7

Prepared on behalf of:
First Nations Child & Family Caring Society Canada

Prepared by:
Valerie Lannon & Associates Inc.

May 10, 2005

Introduction

1.0 - Background

The First Nations Child and Family Caring Society of Canada (FNCFCS) has been engaged to work with the National Advisory Committee (on the National Policy Review) to provide research which can be used to develop alternative funding formulae for First Nations child and family service agencies.

A multidisciplinary team is using a number of approaches to accomplish this research task, and part of the project entails a review of small agencies, those who serve child populations of less than 1,000. There are 51 small agencies out of a total of 93 agencies in Canada, excluding Ontario. (source: Summary report by FNCFCS presented February 2005 to a meeting of the Operational Funding Formula Design Team, Vancouver BC)

The three areas of inquiry are:

- What are the core administrative staffing and related requirements of small agencies?
- How should the funding formula be adjusted to meet these requirements?
- What is the minimum size of agency and related population that is consistent with good social work practice and economies of scale?

1.1 - Methodology

The FNCFCS engaged the services of Valerie Lannon & Associates Inc. to complete the research and prepare a report on small agencies. Ms. Lannon completed the research on agencies in British Columbia, and Ms. Judy Levi, an agency director in New Brunswick, completed the research on agencies in that province.

A structured interview was conducted with fourteen agency directors either on site or by telephone, using the questionnaire included as Appendix A.

1.2 - Agency information

The description of these fourteen agencies by child population is as follows:

Region	Less than 250*	Less than 500	Less than 800
B.C.	0	5	2
New Brunswick	4	3	0

** Note: these New Brunswick agencies came into existence prior to the establishment of Directive 20-1.*

The only other region with a significant number of small agencies is Quebec (12 out of 15 agencies); however, due to resource limitations, the Quebec agencies were not included in this aspect of the research project.

1.3 - Range of services provided

In addition to child protection services (by fully delegated agencies), the fourteen small agencies who took part in this research project also provide the following services:

Type of service	
Family preservation (child out of care)	11
Child support services (child out of care)	13
Respite care	11
Family reunification (child in care)	12
Support services for temporary or voluntary care	12
Adoption services	6 (in NB only)
Reunification (adults)	4
Prevention services	13
Community development	9
Foster home services	13

Other services provided by individual agencies included:

- Head Start
- Pilot Program For Youth At Risk
- Counselling
- Supervised Visits
- Recreation
- Early Childhood Development
- "Healthy Food" Programs
- Youth Advocacy
- Family Relations Act Advocacy
- Family Resource Centre
- Court Counselling And Intervention.

1.4 - Additional services required

When asked to identify services the agencies would like to provide but are unable to do so because of the limits of current funding, the respondents named the following services (costs noted where provided by respondents):

- Family Enhancement (In-home Parenting)
- Youth Enhancement
- Family Nights
- More Family Support Services
- Support For Two-spirited Youth
- Child And Youth Care - $80,000
- In-service Training - $50,000
- Foster Parent Facilitation $30,000
- Youth Activities (Share Costs With Other Service Providers)
- Services Off-reserve
- Family Counselling
- Services For Children With Special Needs
- On-call Services
- Adoption (Bc)
- Courtworker - $50,000
- Family Treatment Centre - $120,000
- Early Childhood Intervention - $60,000
- Mentors, Youth Summer Camp, Social Worker In Schools, Family Support - $205,000.

Characteristics of Small Agencies – some Regional Differences

2.0 - Regional differences

While agencies in both BC and New Brunswick are funded through Directive 20-1, and offer a somewhat comparable range of services, there are differences between the agencies in these two regions. There were also some regional differences in the responses to the questionnaire.

Delegation

BC is the only region in Canada where agencies assume delegated authority in a three-stage process, namely:

- Voluntary services – voluntary care agreements, special needs agreements, approval and support of residential resources, plus prevention and community development
- Guardianship – legal guardianship of children in care on temporary or continuing basis
- Child protection (or "full" delegation) – receipt and assessment of reports of child abuse and neglect, investigations, decisions regarding safety of child and, if necessary, removal of child.

Typically, it takes an agency 5-6 years to reach full delegation.

The composition of the agencies in BC is as follows:

	Voluntary Services	Guardian-ship	Full Delegation
Total # agencies*	2	10	7
# research partici-pants**	1	2	3

*Note: There are two additional agencies in BC; however they do not receive their funding through 20-1. These include the Nisga'a, which is funded under its treaty, and the Spallumcheen Band funded separately and created through a by-law, pre-dating Directive 20-1.

** Note: One of the research participants is an agency in the Start-up stage, not yet delivering delegated services.

Child population size

The Atlantic region is unique in Canada for having agencies whose child population count is less than the 250 required under 20-1. This is because all the agencies in New Brunswick existed prior to 20-1, except one, which received an exemption on size.

Treaties

BC is largely unceded land, and most First Nations in BC are involved in treaty discussions with the federal and provincial governments. These First Nations consider delegation enabling agreements as a preliminary, government-to-government step, prior to the execution of a treaty.

Agency age

Two of the Atlantic Region's thirteen agencies began operating after Directive 20-1 was established, whereas only one of BC's eighteen agencies began operating prior to 1989.

Almost all of the Atlantic Region's agencies began operating in the 1983-85 period and are, therefore, over twenty years old. In BC, most agencies have been in operation for twelve years or less.

Agency surplus

The BC Region of INAC has arranged for BC agencies to receive maintenance payments on a per diem basis, as opposed to payment based on actual expenditures. This arrangement is unique in Canada and provides a sort of "mini-block funding" to agencies.

The current per diem rate is $52.44. It was developed through bilateral negotiations with the provincial government, excluding First Nations. The figure is meant to reflect the average rate of payments for all family-type residential resources, from "restricted" (extended family member) to "level three" homes for children with special needs.

This arrangement can and does result in agencies accruing savings, as long as their actual care costs are less than the per diem rates. Such savings are used for other child and family service program costs.

Regional size and population diversity

BC is much larger in size than New Brunswick. BC has 199 First Nations communities made up of 30-40 major ethnic groups (shared territory, language and culture) and at least eight language families. New Brunswick has far fewer differences among its First Nations groupings.

Key differences in findings:

Respondents from New Brunswick were more likely than their BC counterparts to:

- want to have maintenance payments based on actual costs, rather than on a per diem basis;
- be open to centralizing some functions of their operations;
- identify a need for increased capital expenditures for office buildings and for information technology (hardware and software).

Core Requirements of Small Agencies

3.0 - Introduction

The first area of inquiry for this report is:

What are the core administrative staffing and related requirements of small agencies?

To explore the issues related to this question, agencies were asked to describe, among other

things:

- Current staffing levels
- Current costs for salaries and benefits
- Ideal staffing compliment
- Comparability with other child welfare organizations
- Types and amounts of non-staffing costs, and current funding gaps.

3.1 - Current Staffing Levels, Costs, And Comparability

All respondents indicated that current staffing levels include:

- A full-time program director (in three cases, this position is combined with a social work position)
- Social workers, full-time, varying in number from one to six (presumably depending on funding availability), with the average number being 2.5
- Administrative staff, varying in number from one (the most common number) to five full-time positions.

Annual costs for salaries and benefits range from a low of $64,000 to a high of $608,638. The average agency cost is approximately $250,000.00.

Nine of the twelve agencies that responded to this question indicated that their salary and benefit levels are not comparable to other child welfare organizations. It would take approximately $10,000 - $15,000 more per position annually to be more competitive.

To provide the full range of services needed by the community, virtually all respondents indicated that they would need additional full time staff. Typically this involved one to two more social workers, for an additional cost of up to $170,000 per year per agency. The other most commonly identified need was for prevention workers, at an average annual cost of $35,000 per agency.

Other required staffing, identified by individual respondents, included:

- Early home visitor (new mothers) – requiring a diploma, at a cost of $40,000
- Reconnection worker – requiring a diploma, at a cost of $40,000
- Policy analysts – requiring a BSW, for a total cost for two FTEs $140,000
- Child and youth counsellor/general counsellor – average cost of $78,000.

One agency stated it would need a home economist, a psychologist, an additional social worker, and a courtworker, for a total cost of $340,000 annually.

In an earlier report prepared by the New Brunswick agencies, it was noted that additional funding is needed to ensure adequate levels of training for staff. No dollar amount was specified.

3.2 - Non-staffing costs

The most frequently cited non-staffing cost that would be incurred if agencies were providing their preferred range of services is that associated with capital costs, for either a new office building or space, or office renovations. Estimated funding requirements were in the range of $15,000 to $250,000, with an average of $102,500.00.

In New Brunswick, there was an equal priority placed on costs for information technology software and hardware, at an average cost per agency of approximately $45,000.00

The gap between what is required to run an agency with the preferred full range of services and what the agencies currently receive runs from $119,000 to $524,000, with an average differential of $320,000.

Funding Formula Adjustments

4.0 - Introduction

The second area of inquiry for the research into small agencies was:

How should the funding formula be adjusted to meet these requirements?

Agencies were asked to discuss:

- aspects of the Directive 20-1
- the use of surplus funds

· preference for various forms of maintenance funding.

1.1 - Directive 20-1

While some agencies were satisfied with the separation of 20-1 funding between operational and maintenance funding (because it clarified accounting), there were no agencies that believe the population threshold policy is effective.

The overwhelming sentiment is that these thresholds do not meet the core needs of small agencies, and that funding should be based on community needs, not population size. A couple of New Brunswick respondents added that the entire community population should be taken into account, not just that of children, since it is the entire family that needs support when a child is at risk or is unsafe.

4.2 - Surplus funds

Not surprisingly, it was only BC agencies that advised that they had surpluses and, in almost all cases, the surplus came from the maintenance per diem arrangement.

The policy for use of surplus funds varied by region. In New Brunswick, the agencies noted that the policy is to return any unspent funds to INAC. In BC, however, agencies are to use surplus funds on child and family services.

4.3 - Maintenance funding alternatives

As mentioned in Chapter Two, the BC region is unique for using a per diem arrangement to pay for maintenance costs. In New Brunswick, as in the rest of Canada, maintenance costs are paid by INAC based on actual costs. The agencies were asked which of the two funding arrangements they preferred.

All of the New Brunswick agencies indicated a preference for the current payments, based on actuals. Most feared that a per diem arrangement might result in either a budget deficit or in reduced service delivery.

While two BC agencies stated that payment based on actual expenses would have the advantage of better covering the costs of children with special needs, most BC agencies feared that removing the per diem arrangement, and the removal of associated surpluses would mean less funds for staff and prevention programs.

There appears to be a trade-off, therefore, between being able to fully fund children with special needs, and having discretionary (surplus) funds for prevention and other programs.

How Small Agencies Can Ensure Good Practice and Economies of Scale

5.0 - Introduction

The third area of inquiry for this research was:
What is the minimum size of agency and related population that is consistent with good social work practice and economies of scale?

Agencies were asked about:

- The particular challenges faced by small agencies in delivering services
- The volume of cases required for social workers to maintain their skills
- The allied services needed to optimize the impact of agencies' services
- Measures to achieve economies of scale
- Centralization of functions.

5.1 - Challenges facing small agencies

One of the challenges facing small agencies is the pressure to deliver comparable services to larger agencies, whether these larger agencies are First Nations or the provincial government child welfare organizations.

When asked how they thought their agencies' costs for services compared to what the provinces' costs would be for providing services in the community, the agencies were unanimous that agencies' services were more extensive and, therefore, INAC "gets more bang for the buck" from First Nations agencies. Respondents pointed out that provincial government organizations tend to focus primarily on child protection cases, whereas First Nations agencies, even small ones, provide prevention and community development programs, which act to reduce the incidence of child abuse over time.

In a sense, the question tended to combine "apples and oranges" given the differences in approaches to service delivery between provincial organizations and those of First Nations. The provinces tend to use a tertiary prevention vs. a primary prevention approach, to use the parlance of health promotion.

Some agency directors also pointed out that their costs are lower because they have lower maintenance costs (at least in BC) for foster parents, as agencies are less inclined to place children in more expensive "levelled" homes. As well, agencies are non-unionized and, therefore, are not bound to pay the higher salaries and benefits contained in collective agreements.

Virtually all respondents agreed that their staff members perform duties that would not be expected by employees in similar positions in large First Nations agencies. Examples of some of these duties include:

- community work, such as community clean-up, Christmas and children's parties, helping to furnish houses
- administrative duties
- handling non-child and family service requests (e.g. for transportation to town), mainly as a way of building up trust so that people are encouraged to use the child and family services on a voluntary basis.

In order to support the staff who are faced with carrying out extra duties, agencies have devised a number of methods, including:

- peer support
- support from the Board of Directors
- training on stress management
- use of traditional teachings.

In one case, staff members are given time off to compensate for overtime incurred due to performing "over and above" normal job requirements.

There is little in the way of support, however, when it comes to covering for staff when there are temporary absences, due to illness, vacation, training or other leave, vacations, or staff turnover. The most common response was "someone picks it (the workload) up". But in almost half the cases, directors said the routine, non-emergency work is left undone until the person gets back or the position is filled. In one case, the agency supervisor fills in, and in another case, the agency occasionally will hire a temporary worker. While there are no financial costs associated with these arrangements (because there is no funding available), the human cost can be high in terms of burn-out. The cost of temporary workers runs around $36,000 per year for the agency that uses this approach.

When asked how clinical supervision was carried out where social workers work outside the central office, the vast majority of agencies indicated this does not apply to their situation because all staff work from the same location. In one case, however, the agency responded that the supervisor visits the satellite office, and is also available by phone.

5.2 - Minimum volume of cases

The respondents were asked what volume of cases is necessary to ensure that a social worker's skills do not decrease due to lack of use. Two respondents were unsure, and two others stated that there is no minimum size, as there is always work to be done, and social workers are continually improving their skills depending on the situations they face.

Most respondents, however, believe that a minimum caseload is indeed necessary to maintain skill levels. Opinions varied as to size of the minimum caseload, as follows:

- A range of 10-15 cases for a generalized caseload
- 12-15 child protection cases
- 14 child protection cases and 6 children in care.

Another director stated that the minimum would be five to six cases a year involving a child at risk.

5.3 - Necessary allied services

When asked to identify the allied community services needed to optimize the impact of the agency's services, the majority of respondents named:

- addictions counselling;
- counselling (general);

- housing; and
- health services.

Some agencies also listed: educational supports; recreation; psychological assessment; social development/income assistance; native policing; occupational therapy/speech therapy/ physiotherapy; and employment advice and support.

In addition, the following services were identified by individual respondents:

- parental assessment
- art therapy
- Head Start
- safe house for women
- day care
- family resource centre for women
- cultural strengthening programs
- courtworker program
- transportation.

5.4 - Economies of scale

When asked whether they thought there is a minimum size of agency, and minimum size of population needed to ensure good social work and economies of scale, none of the respondents stated that there should be a minimum size of population. This is because of the high level of needs in their communities. Most respondents would not venture a minimum size of staff; however the two that did suggested a minimum of two social workers to ensure safety, back-up, and the opportunity for consultation and de-briefing.

Most respondents have taken measures to achieve some economies of scale, usually through sharing resources with other programs. Examples include:

- Sharing administrative staff, financial management, building space, and office supplies with another program (e.g. a health program)
- Shared training with other programs
- Joint organization of community events
- Sharing costs to bring specialists to the community
- Using multidisciplinary committees to assess families.

Because of the challenges small agencies face in trying to deliver a full range of services, there has been a suggestion that some agency functions be centralized, for example after hours services, clinical supervision, and administration. All of the New Brunswick agencies favoured this approach, as did the majority of BC respondents. Three BC respondents rejected this approach, however, due to the geographic isolation and/or high travel costs associated with their communities.

Conclusions

6.0 - Introduction

To conclude the investigation into small agencies, respondents were asked to:

- suggest alternative ways of funding small agencies;
- identify whether these alternatives would mean revising or rejecting the Directive 20-1; and
- provide advice to small First Nations to ensure the successful delivery of child and family services.

6.1 - Alternative funding approaches and implications for 20-1

Almost half of the respondents stated that funding should be based on community needs, not child population counts. Another quarter of the respondents (all from New Brunswick) stated that the population count should be of the total population, not just children, since it is the entire family that needs support when a child is at risk or is unsafe with her or his family.

And another quarter of the respondents indicated that a funding formula should include at least one of the following:

- funding for prevention and out of care options
- an increased rate for remoteness
- a mechanism for block funding
- consideration of the total population, whether status or non-status.

Most respondents believe that an entirely new funding formula is required, one that is based on community needs. But two of the respondents believe that adjusting Directive 20-1, by adding funds for prevention and community development, would meet their needs.

6.2 - Advice to small First Nations

All of the respondents encourage small First Nations to think positively about providing child and family services to their members. The most common messages of advice include:

- ensure funding is available for prevention services and make those the priority
- hire good staff
- set priorities
- network and share resources with other programs
- promote community involvement in service planning and reinforce the idea that the whole community is responsible for the well-being of children.

A couple of directors also advised that small First Nations consider the use of block funding although it was acknowledged that small agencies may not benefit from the economies of scale that make block funding work well.

And on an interesting philosophical note, one agency director advised, "What seems inconsequential can have huge implications. For example, just driving someone somewhere helps build trust and can mean there is a greater use of your organization's services." The message here is that agencies should have the goal of being the place that families want to come to when they need help.

APPENDIX A
QUESTIONNAIRE

A. General Background Information

A1 What is the size of the 0-18 status Indian child population served by your agency?

A2 What is the size of the non-status Indian population living on reserve?

A3 Does your agency serve non-status Indian children?
[ ] yes
[ ] no

A4 If so, how many per year?

A5 What are your arrangements for reimbursement?

A6 What is the size of the status Indian children from other First Nations living on reserve?

A7 Does your agency serve these children?

A8 If so, how many per year?

A9 What are your arrangements for reimbursement?

A10 Does your agency serve status Indian children off reserve for whom you receive no reimbursement from the Province or Federal Government (i.e. non-billable children in care?)
[ ] yes
[ ] no

A11 If so, how many?

A12 What is the average cost to your agency on an annual basis?

A13 Does your agency serve non-native children?
[ ] yes
[ ] no

A14 If so, how many?

A15 What are your arrangements for reimbursement?

A16 How many communities does your agency serve?

A17 Are there any that are not accessible by roads year-round?
[ ] yes
[ ] no

A18 If so, are the funds provided under the remoteness factor in the current formula adequate to cover the extra costs associated with remoteness?
[ ] yes
[ ] no

A19 If not, why not?

A20 What is the geographic area you serve?

A21 Do you have

[ ] full; or

[ ] partial delegation?

A22 If partial, which level?

A23 What is the governance structure of your agency?

A24 How many children are typically in care at one time?

A25 What percentage of Aboriginal children in care are placed with Aboriginal caregivers?

A26 How does this compare with when the province was providing services (pre-delegation)

A27 What services does your agency provide among the following:

[ ] Family Preservation (Child Out Of Care)

[ ] Child Support Services (Child Out Of Care)

[ ] Respite Care

[ ] Family Reunification (Child In Care)

[ ] Support Services For Temporary Or Voluntary Care

[ ] Adoption Services

[ ] Reunification Services (Adults)

[ ] Prevention Services

[ ] Community Development

[ ] Foster Home Services

[ ] Other (Specify)

A28 What services would your agency like to provide but is unable to fund under the current funding arrangement, and what are the costs of each service identified?

A29 What do you think the impacts, if any, would be on children and families if preferred range of services could be provided?
Over one year?
A30 Over three years?
A31 Over five years?
A32 Over ten years?

A33 What child welfare services, if any, are provided by another service provider (e.g. provincial social workers do child protection, use provincial after hours screening?)

A34 What is the annual estimated value of these services?

A35 What is the primary reason why the agency does not provide these services?

B What are the core administrative staffing and related requirements of small agencies?

B1 Please describe your agency's current staffing compliment :
Number and qualifications of staff in each full and part-time position
B2 Annual costs of salaries and benefits

B3 Are your agency's salary and benefits levels competitive with other child welfare organizations?
[ ] yes
[ ] no

B4 If not, please identify the amount of funding (per year) for each affected position that would be required to match other child welfare organizations

B5 Are there any situations where you are unable to meet labour standards related to staff compensation (i.e. overtime payment) and workplace safety due to the current level of funding provided under the operations formula?
[ ] yes
[ ] no

B6 If so, please describe each incident and the estimated amount of funds required per year to comply with each standard

B7 Does your agency have adequately trained staff in order to ensure quality, culturally-based services in accordance with your level of delegation?
[ ] yes
[ ] no

B8 If not, please identify the amount of funding (per year) that would be required to fill the gap

B9 Please describe the staffing compliment (including qualifications) your agency would require to provide the full range of services needed in your community(ies). Please indicate whether they are full time or part time

B10 What funding would be required to cover staffing costs each year? _____

B11 What are the types of non-staffing costs that need to be covered in order to operate a FULL service agency, and what would be required funding to cover each of these costs per year?
[ ] capital
[ ] remoteness
[ ] other

B12 What is the gap (if any) between required costs and what you currently receive under 20-1?

B13 Is the current level of funding provided to your agency adequate to develop and maintain culturally based child welfare standards?
[ ] yes
[ ] no

B12 If not, what would be the initial development cost and the annual cost for maintaining such standards?

B13 Is the current level of funding provided to your agency adequate to develop and maintain culturally based service evaluations?
[ ] yes
[ ] no

B14 If not, what would be the initial development cost of an evaluation framework?

B15 And for conducting evaluations?

B16 Has your agency developed financial policies and procedures that comply with Generally Accepted Accounting Principles (GAAAP) and reporting requirements of both the First Nation/Tribal Council/Agency Board and INAC?
[ ] yes
[ ] no

B17 If so, what were the costs associated with this? ____

B18 Were the funds provided under the operations formula adequate to cover these costs?
[ ] yes
[ ] no

B19 If not, what would be the cost of developing such standards? ____

C How should the funding formula be adjusted to meet these requirements?

C1 What are your thoughts on the current separation in 20-1 between operational and maintenance funding?

C2 The Directive currently provides operational funding pursuant to the Status Indian child population on reserve exceeding certain population thresholds (i.e. 251, 501, and 801). Do you think this policy is effective in meeting the needs of children and families on reserve?
[ ] yes
[ ] no

C3 If not, why not?

C4 Does the fact that the Directive does not have a policy to cover deficits impact the case practice in your agency?
[ ] yes
[ ] no

C5 If so, please describe

C6 Does your agency run a surplus?
[ ] yes
[ ] no

C7 If so, how was the surplus accrued?

C8 What policies are in place regarding the use of surplus funds?

C9 In many other areas of the country, maintenance costs are funded through reimbursement of actual expenses related to children in care (running surpluses under maintenance is theoretically impossible under this regime); whereas in BC, maintenance funding under the MOU is reimbursed under an average actual cost based on provincial expenditures. What impacts, if any, do you think that setting aside the MOU in favour of the reimbursement of actual expenses would have on the annual budget of your agency?

D. What is the minimum size of agency and related population that is consistent with good social work practice and economies of scale?

D1 Please describe the differences in service approaches between the Province and your agency

D2 Please describe what the impacts for children and families have been since your agency began providing services?

D3 How do you know what these impact are (i.e. independent evaluation, testimonials, personal opinion, etc.)?

D4 How do you think your costs for service compare to what the province would incur if it were providing services in your community (ies)?

D5 Do your staff perform duties that would not be expected by employees in similar positions in large First Nations agencies?
[ ] yes
[ ] no

D6 If so, what training and support are provided to help them manage this expanded range of responsibilities?

D7 How do you cover for staff when there are temporary absences (e.g. illness, vacaion, training other lave, staff turnover/vacancies)?

D8 What costs are involved?

D9 (if applicable) How do you provide clinical supervision in those cases where staff work outside the central office of the agency?

D10 What volume of cases is necessary to ensure that social work skills do not decrease due to lack of use? (e.g. investigation skills)

D11 What allied services in your community (ies) are needed to optimize services to children and families/ (e.g. counselling, substance misuse, better housing, etc…)

D12 Do you think there is a minimum size of agency and population that is needed to ensure good social work practice and some economies of scale? What size would that be and why?

D13 Please describe any measures your agency takes to achieve economies of scale? (e.g. sharing resources with another program)

D14 As small agencies face special challenges in delivering a full range of services, there has been discussion in some areas of the country of centralizing some child welfare functions (i.e. after hours, clinical supervision, administration) in a First Nations run organization that provides support to several agencies.
Do you think this approach would work in your agency?
[ ] yes
[ ] no

D15 If not, why not?

E. General

E1 Do you have any suggestions for alternative ways of funding agencies whose child populations are less than 1,000?

E2 Would this require adjusting the current 20-1 design, or creating a different funding model altogether? Please describe

E3 What advice would you give to First Nations with small child populations, in order to ensure that successful, viable child and family services can be delivered?

THANK YOU!!

WEN:DE
Appendices

Recommendations of the Joint National Policy Review on First Nations Child and Family Services

(MacDonald & Ladd, 2000)

1. The Joint Steering Committee of the National Policy Review recognizes that Directive 20-1 is based on a philosophy of delegated authority. The new policy or Directive must be supportive of the goal of First Nations to assume full jurisdiction over child welfare. The principles and goals of the new policy must enable self-governance and support First Nations leadership to that end, consistent with the policy of the Government of Canada as articulated in Gathering Strength.

The new policy or directive must support the governance mechanisms of First Nations and local agencies. Primary accountability back to community and First Nations leadership must be recognized and supported by the policy.

2. The Joint Steering Committee recognizes a need for a national process to support First Nations agencies and practitioners in delivery of services through various measures, including best practices.

3. A national framework is required that will be sensitive to the variations that exist regionally in relation to legislation and standards. Tripartite tables consisting of representatives from First Nations, [Department of Indian and Northern Affairs] DIAND, and the province/territory are required to identify issues and solutions that fit the needs of each province/territory. Some of the issues that will need to be addressed by these regional tables consist of (but are not limited to) the following:

   a. Definitions of maintenance

   b. Identification of essential statutory services and mechanisms for funding these services

   c. Definitions of target populations (as well as the roles of federal/provincial/territorial governments related to the provision of services)

   d. Adjustment factors for new provincial programs and services- processes for FNCFS agencies to adjust and accommodate the impacts of changes in programs and services.

   e. Definition of a special needs child

   f. Dispute mechanisms to address non-billable children in care

   g. Definition of range of services

   h. Definition of financial audit and compliance comparability/reciprocity between provincial and First Nations accreditation, training and qualifications requirements of staff (e.g. licensing criteria.)

4. DIAND, Health Canada [Public Health Agency of Canada] the provinces/territories and First Nations agencies must give priority to clarifying jurisdiction and resoursing issues related to responsibility for programming and funding for children with complex needs, such as handicapped children and children with emotional and/or medical needs. Services provided to these children must incorporate the importance of cultural heritage and identity.

5. A national framework is needed that includes fundamental principles of supporting FNCFS agencies, that is sensitive to provincial/territorial variances, and has mechanisms to ensure communication, accountability and dispute resolutions mechanisms. This will include evaluation of roles and capacity of all parties.

6. The funding formula in Directive 20-1 is not flexible and is outdated. The methodology for funding operations must be investigated. The new methodology should consider factors such as workload/case analysis, national demographics and the impact on large and small agencies, and economies of scale. Some of the other issues the new formula must address but not be limited to are:

a. Gaps in the operations formula. A clear definition is required.

b. Adjustment for remoteness

c. Establishment of national standards

d. Establishment of an average cost per caseload

e. Establishment of caseload/workload measurement models

f. Ways of funding a full service model of FNCFS

g. The issue of liability

h. Exploration of start up developmental costs

i. Develop and maintain information systems and technological capacity.

7. The Joint Steering Committee found that the funding formula does not provide adequate resources to allow FNCFS agencies to do legislated/targeted prevention, alternative programs, and least disruptive/intrusive measures for children at risk. It is recommended that DIAND seeks funding to support such programming as part of agency funding.

8. DIAND must pursue the necessary authorities to enable FNCFS agencies to enter into multi-year agreements and/or block funding as an option to contribution funding, in order to further enhance the ability of First Nations to deliver programs that are geared to maintaining children within their families, communities, and reuniting those children in care with their families. This requires the development of a methodology for establishing funding levels for block funding arrangements that encompass:

a. A methodology for new and second generation agreements

b. Multi-year authorities for these programs with a criteria for measurement of success [DIAND may need to go to Cabinet to get authority for these]

9. An exceptional circumstances funding methodology is required to respond to First Nations communities where large numbers of children are at risk. Best practices shall inform the development of this methodology.

10. A management information system must be developed and funded for First Nations in order to ensrue the establishment of consistent, reliable data collection, analysis and reporting procedures for all parties (First Nations, regions, provinces/territories and headquarters.)

11. Funding is required to assist First Nations CFS Agencies in the development of their computerization ability in terms of capacity, hardware and software.

12. Funding is required for all agencies for ongoing evaluation based on a national framework and guidelines to be developed.

13. DIAND and First Nations need to identify capital requirements of FNCFS agencies with a goal to develop a creative approach to finance First Nations child and family service facilities that will enhance holistic service delivery at the community level.

14. Funding is required for ongoing standards development that will allow FNCFS agencies to address change over time.

15. Priority consideration should be given to reinstating annual cost of living adjustments as soon as possible. Consideration should also be given to address the fact that there has not been an increase in cost of living since 1995-96.

16. Phased in funding is a problem in the formula and should be based on the level of delegation from the province.

17. An immediate tripartite review (Canada, Ontario and Ontario First Nations) be undertaken in Ontario due to the implications of the 1965 Indian Welfare Agreement, current changes to the funding formula, and the Ontario Child Welfare Reform.

Losses on INAC Operations Funding Due to Lack of Inflation Adjustment

Dr. John Loxley

BY REGION 1999-2005

	CPI	CPI	Manitoba			Alberta		
		set at 100						
			Formula Funding	Adjusted For Inlflation	Difference	Formula Funding	Adjusted For Inlflation	Difference
1995	104.2	100.0						
1996	105.9	101.6						
1997	107.6	103.3						
1998	108.6	104.2						
1999	110.5	106.1	$26,003,331	$27,575,509	$1,572,178	$18,696,982	$19,827,414	$1,130,432
2000	112.5	108.0	$26,894,433	$29,036,696	$2,142,263	$19,466,719	$21,017,331	$1,550,612
2001	116.4	111.7	$27,358,770	$30,562,004	$3,203,234	$20,010,414	$22,353,284	$2,342,870
2002	119.0	114.2	$27,021,542	$30,859,535	$3,837,993	$21,182,392	$24,191,023	$3,008,631
2003	122.3	117.4	$27,791,261	$32,618,726	$4,827,465	$21,220,056	$24,906,074	$3,686,017
2004	124.6	119.6	$28,074,251	$33,570,554	$5,496,303	$21,567,405	$25,789,814	$4,222,409
2005	126.3	121.2	$28,447,452	$34,480,933	$6,033,481	$21,917,142	$26,565,595	$4,648,453
	TOTAL		$191,591,040	$218,703,956	$27,112,916	$144,061,110	$164,650,535	$20,589,425

	Saskatchewan			British Columbia		
	Formula Funding	Adjusted For Inlflation	Difference	Formula Funding	Adjusted For Inlflation	Difference
1999	$19,300,739	$20,467,674	$1,166,935	$10,685,179	$11,331,212	$646,033
2000	$20,426,850	$22,053,941	$1,627,091	$11,054,960	$11,935,538	$880,577
2001	$20,933,921	$23,384,917	$2,450,997	$11,497,284	$12,843,415	$1,346,131
2002	$22,279,871	$25,444,383	$3,164,512	$11,841,517	$13,523,421	$1,681,905
2003	$22,708,946	$26,653,590	$3,944,644	$11,892,673	$13,958,482	$2,065,810
2004	$22,953,949	$27,447,812	$4,493,863	$12,143,635	$14,521,083	$2,377,449
2005	$22,841,362	$27,685,835	$4,844,473	$11,876,905	$14,395,903	$2,518,998
TOTAL	$151,445,637	$173,138,152	$21,692,515	$80,992,151	$92,509,053	$11,516,902

	Ontario		
	Formula Funding	Adjusted For Inlflation	Difference
1999	$17,357,220	$18,406,649	$1,049,429
2000	$17,510,634	$18,905,435	$1,394,801
2001	$17,884,992	$19,979,012	$2,094,020
2002	$17,947,944	$20,497,172	$2,549,228
2003	$17,790,723	$20,881,050	$3,090,327
2004	$17,587,494	$21,030,727	$3,443,233
2005	$17,348,992	$21,028,576	$3,679,585
TOTAL	$123,427,998	$140,728,620	$17,300,623

ATLANTIC			
	Formula Funding	Adjusted For Inlflation	Difference
1999	$5,442,936	$5,772,020	$329,084
2000	$5,563,863	$6,007,050	$443,187
2001	$5,614,533	$6,271,897	$657,364
2002	$5,747,217	$6,563,521	$816,303
2003	$5,745,230	$6,743,202	$997,972
2004	$5,801,238	$6,936,990	$1,135,751
2005	$5,790,049	$7,018,073	$1,228,024
TOTAL	$39,705,067	$45,312,751	$5,607,684

This is Exhibit "I" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

DEFERRED RECORDED DIVISIONS

PRIVATE MEMBERS' BUSINESS

Pursuant to Standing Order 93(1), the House proceeded to the taking of the deferred recorded division on the motion of Ms. Crowder (Nanaimo—Cowichan), seconded by Ms. Wasylycia-Leis (Winnipeg North), — That, in the opinion of the House, the government should immediately adopt a child first principle, based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children. (*Private Members' Business M-296*)

The question was put on the motion and it was agreed to on the following division:

(Division No. 27 -- Vote nº 27)

YEAS: 262, NAYS: 0

YEAS -- POUR

Abbott
Ablonczy
Albrecht
Alghabra
Allen
Allison
Ambrose
Anders
Anderson
André
Angus
Arthur
Asselin
Atamanenko
Bachand
Bagnell
Bains
Barbot
Barnes
Batters
Beaumier
Bélanger
Bell (Vancouver Island North)
Bell (North Vancouver)
Bellavance
Bennett
Benoit
Bevilacqua
Bevington
Bezan
Blackburn
Blaikie
Blais
Blaney
Bonin
Bonsant
Bouchard
Boucher
Bourgeois
Breitkreuz
Brison
Brown (Oakville)
Brown (Leeds—Grenville)
Brown (Barrie)
Bruinooge
Calkins
Cannan (Kelowna—Lake Country)
Cannis
Cannon (Pontiac)
Cardin
Carrie
Carrier
Casey
Casson

Chan
Charlton
Chong
Chow
Christopherson
Clement
Comuzzi
Cotler
Crête
Crowder
Cullen (Etobicoke North)
Cummins
Cuzner
Davidson
Davies
Day
Del Mastro
Demers
Deschamps
Devolin
Dewar
Dhaliwal
Dhalla
Doyle
Dryden
Duceppe
Dykstra
Easter
Emerson
Epp
Eyking
Faille
Fast
Finley
Fitzpatrick
Fletcher
Freeman
Gagnon
Galipeau
Gallant
Gaudet
Godfrey
Godin
Goldring
Goodale
Goodyear
Gourde
Gravel
Grewal
Guay
Guergis
Guimond
Hanger
Harris
Harvey
Hawn
Hearn
Hiebert
Hill
Holland
Hubbard
Ignatieff
Jaffer
Jean
Kadis
Kamp (Pitt Meadows—Maple Ridge—Mission)
Karetak-Lindell
Karygiannis
Keddy (South Shore—St. Margaret's)
Keeper
Kenney (Calgary Southeast)
Komarnicki
Kotto
Kramp (Prince Edward—Hastings)
Laforest
Laframboise
Lake
Lauzon

Lavallée
Layton
Lebel
Lee
Lemieux
Lessard
Lévesque
Lukiwski
Lunn
Lunney
Lussier
MacAulay
MacKenzie
Malhi
Malo
Maloney
Manning
Marleau
Marston
Martin (Esquimalt—Juan de Fuca)
Martin (Winnipeg Centre)
Mathyssen
Matthews
Mayes
McCallum
McDonough
McGuinty
McGuire
McKay (Scarborough—Guildwood)
McTeague
Ménard (Hochelaga)
Ménard (Marc-Aurèle-Fortin)
Menzies
Merrifield
Mills
Minna
Moore (Port Moody—Westwood—Port Coquitlam)
Moore (Fundy Royal)
Mulcair
Murphy (Charlottetown)
Nadeau
Nash
Neville
Nicholson
Norlock
O'Connor
Obhrai
Oda
Ouellet
Pacetti
Pallister
Paquette
Paradis
Patry
Pearson
Perron
Petit
Picard
Plamondon
Poilievre
Prentice
Preston
Priddy
Proulx
Rajotte
Ratansi

Redman
Regan
Reid
Richardson
Ritz
Rodriguez
Roy
Russell
Savage
Savoie
Scarpaleggia
Scheer
Schellenberger
Scott

Sgro
Shipley
Siksay
Simard
Simms
Skelton
Smith
Solberg
Sorenson
St-Cyr
St-Hilaire
St. Amand
St. Denis
Stanton
Steckle
Stoffer
Storseth
Strahl
Sweet
Szabo
Telegdi
Temelkovski
Thi Lac
Thibault (Rimouski-Neigette—Témiscouata—Les Basques)
Thibault (West Nova)
Thompson (New Brunswick Southwest)
Thompson (Wild Rose)
Tilson
Toews
Tonks
Trost
Turner
Tweed
Valley
Van Kesteren
Van Loan
Vellacott
Verner
Vincent
Wallace
Wappel
Warawa
Warkentin
Wasylycia-Leis
Watson
Wilfert
Williams
Wrzesnewskyj
Yelich
Zed

Total: -- 262

NAYS -- CONTRE

Nil--Aucun

This is Exhibit "J" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Review of Data and Process Considerations for Compensation Under 2019 CHRT 39

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Review of Data and Process Considerations for Compensation Under 2019 CHRT 39

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Glossary of Terms

Administrative data. Information that is collected for either the purpose of case management or financial record keeping. It is typically stored in an information system and can be contained in a data field or in open text.

Annual Incidence. The number of child maltreatment-related investigations per 1,000 children in a given year.

Apprehension/Removal. Apprehension is a situation where a child is removed from the care of their parent or caregiver **and is typically done** by obtaining a warrant from a child welfare court after convincing the court the child is in need of protection, and a less restrictive course of action is not available or will not protect the child adequately.

Band. An Indian band is defined as "a body of Indians for whose collective use and benefit lands have been set apart or money is held by the Crown, or who have been declared to be a band for the purpose of the *Indian Act*. Many Indian bands have elected to call themselves a First Nation and have changed their band name to reflect this. With the 1985 amendment to the *Indian Act* of Canada (Bill C-31), many Indian bands exercised the right to establish their own membership code, whereby it was not always necessary for a band member to be a Registered Indian according to the *Indian Act*."[1]

Care (in) / Child in care. Denotes a child for whom the child welfare authority takes responsibility for the child as if it were a parent.

Caregiver. Caregiver(s) is used to describe a person who is providing care to the indexed child.

Caseworker/Child protection worker/Child welfare worker. Typically defined in provincial territorial child welfare legislation and refers to an authorized person to conduct child protection proceedings. This person is responsible for inputting information about a child and family into a case management system.

Child maintenance. Child maintenance is financial support provided by Indigenous Services Canada to reimburse the child welfare authority for everyday living costs of bringing up a child when the child is in care.

Child welfare/ Child protection. Child welfare and child protection are used synonymously to describe a range of services typically under the purview of child welfare legislation. Services includes intervention and prevention services.

Child welfare authority. Child welfare authority is an administrative body that is mandated to protect children under provincial / territorial child welfare legislation or *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families*.

Delegated. As provinces and territories have jurisdiction over child and family services, all child and family service providers must be delegated or in the process of delegation by the province or territory and must comply, at minimum, with provincial or territorial legislation and standards.

Disparity. Disparity means *lack of similarity*. Disparity indices compare the proportion of the population of children from one ethno-racial group who experienced a specific child welfare outcome to the proportion of the child population of another ethno-racial group (usually White) that experiences the same outcome.

Disproportionality. Disproportionality means *not in proportion*. Disproportionality indices compare the proportion of children who experienced a specific child welfare outcome (e.g., investigation or placement in care) that are in a specific ethno-racial group to the proportion of children in a broader population (e.g., the general child population) in that ethno-racial group. Disproportionality does not compare ethno-racial groups to one another.

Final compensation framework. The Final Compensation Framework is a document "intended to facilitate and expedite the payment of compensation to the beneficiaries described in the Compensation Entitlement Order, as amended by subsequent Tribunal decisions" (Final Compensation Framework, s.1.3). It was prepared following discussions between the respondent (Attorney General of Canada) and the complainants (Assembly of First Nations, First Nations Child and Family Society) with input from the Canadian Human Rights Commission, Chiefs of Ontario, and Nishnawbe Aski Nation.

1 Statistics Canada. (n.d.). *Membership in a First Nation or Indian band.* https://www12.statcan.gc.ca/nhs-enm/2011/ref/dict/pop070-eng.cfm

First Nations. "First Nations people" refers to Status and non-status "Indian" peoples in Canada. Many communities also use the term "First Nation" in the name of their community. Currently, there are more than 630 First Nation communities, which represent more than 50 nations or cultural groups and 50 Indigenous languages.[2]

First Nations Status. An individual recognized by the federal government as being registered under the Indian Act is referred to as having First Nations Status

Foster care. Foster care (also known as out-of-home care) is a temporary service provided by a child welfare authority for children who cannot live with their families. Children in foster care may live with relatives or with unrelated foster parents.

Indigenous. In Canada, the term Indigenous peoples (or Aboriginal peoples) refers to First Nations, Métis, and Inuit peoples.[3]

Indigenous data governance. Indigenous data governance includes both the stewardship and the processes necessary to implement Indigenous control over Indigenous data (collection, storage, analysis, use, reuse).

Inuit. Inuit are the Indigenous people of Arctic Canada. About 64,235 Inuit live in 53 communities in: Nunatsiavut (Labrador); Nunavik (Quebec); Nunavut; and Inuvialuit (Northwest Territories and Yukon). Crown-Indigenous Relations and Northern Affairs Canada (2019). Indigenous peoples and communities.[4]

Kinship care. Kinship care refers to the care of children by relatives or, in some jurisdictions, close family friends.

Legacy system. Legacy systems are information systems that were previously used by a child welfare authority.

Level of identification and substantiation. There are four key levels in the case identification process: detection, reporting, investigation, and substantiation. Detection is the first stage in the case identification process. This refers to the process of a professional or community member detecting a maltreatment-related concern for a child. Little is known about the relationship between detected and undetected cases. Investigated cases are subject to various screening practices, which vary across jurisdictions. *Substantiation* distinguishes between cases where maltreatment is confirmed following an investigation, and cases where maltreatment is not confirmed. Typically, there is three-tiered classification system, in which a suspected level provides an important clinical distinction for cases where maltreatment is suspected to have occurred by the investigating worker but cannot be substantiated.

Notice plan. The Notice Plan allows members of the class to determine whether they wish to apply for or opt out of a compensation process.

Maltreatment. The term maltreatment includes acts of commission (abuse) or omission (neglect) that are interpreted as being detrimental to children and requiring intervention.

Métis. Métis are "a distinctive peoples who, in addition to their mixed ancestry, developed their own customs and recognizable group identity separate from their Indian or Inuit and European forbearers."[5]

Ongoing child welfare services. Ongoing child welfare services are typically those that are provided to a child or family after an investigation about the concern has been completed. The caseworker decides whether the situation requires ongoing child welfare involvement.

Permanency. Child welfare authorities use a variety of strategies to achieve permanency for children. Permanency planning involves time-limited, and goal-oriented activities to maintain children within their families of origin or place them with other permanent families. Permanency plans include the goal for permanency, the tasks required to achieve the goal, and the roles and responsibilities of all involved.

2 Government of Canada. (2021). First Nations. https://www.rcaanc-cirnac.gc.ca/eng/1100100013791/1535470872302
3 Government of Canada. (2021). *Indigenous peoples and communities.* https://www.rcaanc-cirnac.gc.ca/eng/1100100013785/1529102490303
4 Government of Canada. (2021). *Inuit*. https://www.rcaanc-cirnac.gc.ca/eng/1100100014187/1534785248701
5 Government of Canada. (2021). *Métis Rights*. https://www.rcaanc-cirnac.gc.ca/eng/1100100014413/1535468629182

Prevalence. Prevalence refers to the proportion of a population that has experienced a phenomenon.

Prevention. Typically, prevention is a type of child welfare service that is intended to prevent the occurrence of an outcome such as placement or further child welfare involvement.

Placement. Out-of-home placement includes voluntary care agreements and placements in residential, foster, and community or kinship care.

Residential care. Residential/secure treatment: A 24-hour residential treatment program for several children that provides room and board, intensive awake night supervision, and treatment services.

Risk. No specific form of maltreatment alleged or suspected. However, based on the circumstances, a child is at risk for maltreatment in the future due to a milieu of risk factors. For example, a child living with a caregiver who abuses substances may be deemed at risk of future maltreatment even if no form of maltreatment has been alleged.

Spell in care. A spell in care is a continuous period of care denoted by a start and end date. A child can have multiple placements within one spell in care.

Abbreviations

AFN	Assembly of First Nations
AGC	Attorney General of Canada
AIP	agreement-in-principle
BCFNDGI	BC First Nations' Data Governance Initiative
CARS	Computer Assisted Research System (IRSSA)
CAS	Children's Aid Society
CEP	Common Experience Payment (IRSSA)
CIC	Children in Care
CHRA	Canadian Human Rights Act
CHRC	Canadian Human Rights Commission
CHRT	Canadian Human Rights Tribunal
COHI	Children's Oral Health Initiative
COO	Chiefs of Ontario
FNCFCS	First Nations Child & Family Caring Society ("Caring Society")
FNCFS	First Nations Child & Family Services
FNDGS	First Nations Data Governance Strategy
FNIGC	First Nations Information Governance Centre
FNIHB	First Nations and Inuit Health Branch
FNQLHSSC	First Nations of Quebec & Labrador Health & Social Services Commission
FY	Fiscal Year
HICPS	Health Information and Claims Processing Services
ISC	Indigenous Services Canada
IMS	Information Management System (FNCFS)
INAC	Indigenous and Northern Affairs Canada
IAP	Individual Assessment Process (IRSSA)
IFSD	Institute of Fiscal Studies and Democracy
IRSSA	Indian Residential Schools Settlement Agreement
IT	Information Technology
JICP	Jericho Individual Compensation Program
NAC	National Advisory Committee on First Nations Child and Family Services
NAN	Nishnawbe Aski Nation
NCTR	National Center for Truth & Reconciliation
NIHB	Non-Insured Health Benefits
OCAP®	Principles of Ownership, Control, Access, & Possession
OHRC	Ontario Human Rights Commission
OIRSC	Office of Indian and Residential Schools Canada
PTSD	Post-Traumatic Stress Disorder
RCPSC	Royal College of Physicians and Surgeons of Canada
SADRE	Single Access Dispute Resolution Enterprise (IRSSA-CEP)
South African TRC	South African Truth & Reconciliation Commission
TRC	Truth & Reconciliation Commission of Canada
UNDRIP	United Nations Declaration on the Rights of Indigenous Peoples

Foreword

This report is the product of a year-long effort to compile and consolidate information that may support the implementation of the *2019 CHRT 39* decision to compensate First Nations children who were removed from their families and communities through child welfare intervention or experienced denials or delays in receiving essential public services. Specifically, by request of the First Nations Child and Family Caring Society and with funding from Indigenous Services Canada, the project was initiated to minimize the burden on individual claimants to prove their eligibility through two main tasks: 1) to review the availability and gaps in data that could help identify potentially eligible claimants under the *2019 CHRT 39* decision, and 2) to provide certain considerations for the compensation process related to the CHRT decision.

The need for compensation follows decades of discriminatory funding and policy toward First Nations children and their families and communities, found by the Canadian Human Rights Tribunal (CHRT) to be "wilful and reckless" on the part of the Government of Canada. The *2019 CHRT 39* decision attempted to provide redress for this discrimination through compensation to First Nations children and some of their caregivers for experiences dating back to 2006. In parallel, two class action lawsuits have formed to redress discrimination against First Nations children and their caregivers, covering a longer timeframe from 1991. In December 2021, agreements-in-principle were reached to seek a settlement agreement for compensation related to *2019 CHRT 39* and the two class action lawsuits. While this report was primarily designed to support the compensation process for the *2019 CHRT 39* decision, where feasible, we also address compensation issues that might relate to the broader settlement agreement. However, the timing of the report relative to the settlement agreement process meant that we were limited in our ability to comment on emerging eligibility requirements.

The findings contained in this report highlight significant gaps in available data to help identify claimants due in part to the decentralized nature of health and social services in Canada and the lack of data management infrastructure for historical data at a federal level. The limitations of available data described in this report do not illustrate a clear and systematic path forward for compensation. This should not be seen as a deterrent to the implementation of a fair and equitable compensation process, but rather as an opportunity for a less burdensome, legalistic, and traumatizing process than has been done in past efforts to rectify injustices against First Nations children and communities.

As a team of independent researchers, our role was not to provide a framework for compensation. Rather, the report is designed as a reference document to support stakeholders as they develop and implement a compensation process. These decisions must be driven by First Nations representatives. We hope that by providing information about the availability of data and experiences from previous compensation processes, this report can help support the timely development of a compensation process that reduces the likelihood of burden and retraumatization for both individuals and communities.

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The Project Co-Coordinators Marie Saint-Girons and Johanna Caldwell led this project with integrity, intelligence, and a vision for the work that started and ended with accountability to First Nations children, their families, and their communities.

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This project would not have been possible without the time, knowledge, and reflections of key informants in child welfare authorities across Canada as well as staff at Indigenous Services Canada. We would like to extend our sincere gratitude for their patience and dedication in clarifying the availability and applicability of data to the compensation process.

Finally, we would like to thank the members of the National Advisory Committee (NAC) working group for their valuable insight and advice throughout each stage of the project.

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Executive Summary

This report presents the findings of a project designed to provide background information to support the implementation of the *2019 Canadian Human Rights Tribunal* (*CHRT) 39* order to compensate First Nations children who have been denied the right to stay safely with their families and to receive adequate medical care or social services because of discriminatory policies and practices put in place by the federal government. Many of the findings from this report may also help inform the agreements-in-principle (AIP) reached on December 31, 2021, that could help settle the *2019 CHRT 39* along with two parallel class action lawsuits, which have sought compensation for overlapping classes of individuals. The project was completed by a team of independent researchers led by Barbara Fallon (University of Toronto) and Nico Trocmé (McGill University), funded by Indigenous Services Canada (ISC) at the request of the First Nations Child and Family Caring Society (FNCFCS; "Caring Society"). The report builds on the *Taxonomy of Compensation Categories for First Nations Children, Youth and Families related to 2019 CHRT 39* (Sistovaris et al., 2019), prepared by the University of Toronto research team.

This project was initiated in an effort to minimize the burden on individual claimants to prove their eligibility, one of clear intentions of the CHRT decision. The project team was asked to support the future implementation of the decision through two main tasks:

1. Review the availability and gaps in data that could help identify potentially eligible claimants under the *2019 CHRT 39* order, and
2. Provide certain considerations for the compensation process, including the notice plan, for applicants to receive compensation under this decision.

Differences were noted between the *2019 CHRT 39* order and the AIP. These differences, as well as remaining ambiguities, are listed below:

Timeframe of eligibility. The information currently available on the AIP reached by the parties suggests that the timeframe for eligibility for the Removed Child class goes from April 1, 1991, to March 31, 2022, whilst the timeframe of eligibility for the Jordan's Principle class goes from April 1, 1991, to November 2, 2017.[1] This extends the timeframe of eligibility originally granted under *2019 CHRT 39*. Given that the project mandate was tied to the CHRT order, the outreach conducted by the team focused on data available from January 2006 to present for the child welfare compensation categories and from December 2007 to November 2017 for the Jordan's Principle compensation categories.

Eligibility under the Removed Child class. The current information available on the negotiated settlement suggests that the Removed Child class includes children who "were taken in out-of-home care".[2] At the date of writing the report in January 2022, it is unclear whether out-of-home care only includes formal out-of-home care arrangements (i.e., excludes informal kinship services) and whether out-of-home care includes placement with extended family and placement within the community. The Sotos website also specifies that "length of time in care; number of out-of-home placements, and [placement] in care on or off reserve" could be used to determine the final compensation amount. These factors were not included in the *2019 CHRT 39* order. As a result, the project team did not specifically ask about these concepts when reaching out to respondents, but information on certain proxies is included, which could be helpful in understanding the availability of this information.

Eligibility under the Jordan's Principle class. The current information available on the negotiated settlement states that the Jordan's Principle class includes children who "experienced delays or denials of a public service or product contrary to Jordan's Principle."[3] This does not specify whether this class would also include denied or delayed group requests for public services or products. It also suggests that the Jordan's Principle class does not include children who experienced service gaps, but made no requests for services. As a result of this, the review of Jordan's Principle data availability in this report focuses primarily on denials and delays.

Primary caregivers. As of yet, publicly available information does not specify which primary caregivers would be compensated. As such, it is not yet possible to confirm whether primary caregivers who physically, sexually, or emotionally abused their children are excluded.

1 Sotos Class Actions. (n.d.). *Overview – First Nations Youth*. https://www.sotosclassactions.com/cases/first-nations-youth/
2 Ibid.
3 Ibid.

The report includes (**I**) an overview of service delivery and challenges related to the use of administrative data to document access to health and social services for First Nations children and their families; (**II**) an analysis of the availability of administrative data to inform a compensation process; and (**III**) documentation of process-related concerns from respondents, a review of lessons learned from past Canadian and international settlement processes, and literature on retraumatization.

The Delivery and Documentation of Services to First Nations Children

The structure of health and social services to First Nations children in Canada

Child welfare services for First Nations children are administered in Canada at the federal, provincial, territorial, and band level, resulting in a complex web of policies, structures, and services that vary across these jurisdictions. First Nations children involved with child welfare are subject to different mandates and funding based on their place of residence. First Nations children ordinarily resident on-reserve may interact with a locally run First Nations child welfare agency or one run by the province, while First Nations children living off-reserve who come in contact with child welfare are likely to interact with the provincial authority that serves the area where they live. A small number of urban Indigenous child and family services agencies serve First Nations children off-reserve in urban settings.

Ongoing patterns of First Nations overrepresentation in child welfare systems are consistently documented in both national and provincial data (Fallon et al., 2021; Sinha et al., 2011). According to the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (FN/CIS-2019), investigations involving First Nations children were 17.2 times as likely to result in placement in formal out-of-home care compared to investigations involving non-Indigenous children (Fallon et al., 2021). Child welfare involvement is consistently shown to be overwhelmingly related to neglect cases which often intersect with poverty, inadequate housing, and other inequities disproportionately experienced by First Nations families in Canada (First Nations Child and Family Caring Society, 2013; Trocmé, Knoke, & Blackstock, 2004).

The allocation of **healthcare responsibility** for Indigenous peoples—which includes First Nations, Inuit, and Métis—is often referred to as a "jurisdictional patchwork" (Gouldhawke, 2021, n.p.) of policies, legislation and relationships (Government of Canada, 2021a, n.p.; Behrend, Forsyth & Mohamed, 2021, p. 4). Responsibility is "divided between the provinces, territories, the federally-funded Non-Insured Health Benefits (NIHB) program for First Nations and Inuit, and finally, limited Métis programs via Indigenous Services Canada [ISC]" (Gouldhawke, 2021, n.p.). **Jordan's Principle** is a "child-first" principle adopted by unanimous support of the House of Commons in 2007 designed to ensure that in situations where there is a funding dispute between federal and provincial governments, or between federal departments with regards to the provision of essential services,[4] First Nations children do not experience delays, disruptions, or denials of services typically available to other Canadian children (Government of Canada, 2019). Under provisions of Jordan's Principle, the government department of first contact is required to pay for the service(s) provided to a First Nations child and resolve any funding issues after services are provided (Government of Canada, 2019). Jordan's Principle is named in honour of Jordan River Anderson, a First Nations child from Norway House, Manitoba, requiring complex care who died in hospital far from his community while the federal and provincial governments battled over funding responsibilities for Jordan's at-home care needs (Government of Canada, 2019).

The use of administrative data to document the delivery of services

The decentralized nature of child welfare and health and social services delivery in Canada poses a fundamental challenge to the collection, management, storage, and use of administrative data (Laferrière & Deshaies-Moreault, 2018). **Administrative data has specific advantages** over competing sources of data for decision makers (Administrative Data Research UK, n.d.; Powered by Data, 2018a, 2018b). The advantages of administrative data include but are not limited to cost efficiencies; a high level of data detail; flexibility to utilize data for longitudinal research; the ability to minimize the burden on respondents; and the ability to share or link data.

4 This includes, but is not limited to, services such as mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy.

Indigenous data is information that reflects and impacts the collective and individual lives of Indigenous peoples, and includes lands, resources, cultural information, traditional knowledge, and information about individuals, families, and communities (Carroll et al., 2020; Rainie et al., 2019). The collection and management of information and data related to Indigenous peoples by non-Indigenous researchers or institutions raises ethical issues and concerns. These concerns stem from colonial and assimilationist practices and policies within Canada – such as the *Indian Act* of 1876, the White Paper of 1969, residential schools, and the Sixties Scoop – that have forcefully suppressed and marginalized Indigenous identities and cultures over generations. Research and evaluation efforts related to Indigenous peoples have historically been conducted from a Euro-centric perspective that does not respect or understand Indigenous values and traditions and systematically excludes them from decision-making that affects their communities (Ormiston, 2010).

The feasibility of using administrative data to support the identification of claimants seeking compensation was the primary task for this year long project. We found that the limitations of administrative data which include variation in data collection methods and data quality; accessibility issues arising from ethical, privacy and confidentiality concerns; and impact of infrastructure and funding on the quality of administrative data systems were amplified due to the fragmented service delivery systems to First Nations children (see Section 1).

Data Availability

In order to assess the availability and quality of administrative data that could assist in identifying eligible claimants under the *2019 CHRT 39* compensation categories, a framework detailing the types of information needed to determine eligibility under each compensation category was developed. The framework includes a list of data fields that, **if available and of high quality**, could assist with the process of assessing claim eligibility under the CHRT child welfare (Table 2.1) and Jordan's Principle (Table 2.8) compensation categories. Potential administrative data sources were identified at a national and jurisdictional level and respondents who had knowledge about these data sources were asked about data availability, completeness, and accuracy. Finally, we analyzed the applicability of these data to child welfare and Jordan's Principle compensation categories.

Child Welfare Data

The **First Nations Child and Family Services (FNCFS) program** funds child prevention and protection services for First Nations children and families on-reserve or ordinarily resident on-reserve. The data holdings pertain to information on child maintenance costs for First Nations children on-reserve that are provided on a monthly basis to ISC either by FNCFS agencies or by provincial/territorial governments. The FNCFS program is administered at a regional level in the following regions: Alberta, Atlantic (New Brunswick, Nova Scotia, Newfoundland and Labrador, and PEI), British Columbia, Manitoba, Ontario, Quebec, Saskatchewan, and the Yukon. In fiscal year 2013-2014, the FNCFS program implemented a national information system to store child maintenance data funded by ISC. Prior to that fiscal year, FNCFS child maintenance data was decentralized and region-specific. The report describes both the data available through the national Information Management System (IMS) from FY 2013-2014 onwards, and the data held at a regional level for FYs prior to 2013-2014.

The project team also reviewed information systems from **sampled child welfare authorities** in provinces and territories across Canada. We gathered information about data in 1) mainstream or child welfare authorities not specifically delegated to serve First Nations communities by surveying information system(s) used in each province and territory, and 2) First Nations agencies, where possible and applicable. The non-random sample of approximately 150 key informants was designed to provide information on the range of information systems being used across Canada but was not designed to be representative of specific provinces (unless otherwise specified in the report). We were not able to independently verify the level of detail regarding the availability, completeness, and accuracy of data collected.[5]

A summary of our findings regarding child welfare data availability from the FNCFS program and from sampled child welfare agencies across Canada is available in the following table. For more details on the availability and quality of data, please refer to Appendix J for an overview of FNCFS data collected by ISC regions between FY 2005-2006 and FY 2013-2014, Appendix I for information on data in the IMS used by the FNCFS program between FY 2013-2014 and present; and Appendix P for the results of our outreach to sampled child welfare authorities across Canada.

5 To protect confidentiality and minimize response burden the project team did not have direct access to the data sources.

Table 1. Summary of findings regarding data availability in the FNCFS program and sampled child welfare agencies

Information of interest	Availability in FNCFS data		Availability in sampled child welfare authorities
	FY 2005-2006 to 2013-2014	FY 2013-2014 to present (IMS)	
Can the child be identified?	*Child name* and *date of birth* was systematically collected across regions, except for ATL Region (in that region, child's date of birth was not available in forms provided from FY 2005-2006 to 2008-2009 and FY 2010-2011 to 2012-2013). Variability noted across regions in the collection of the child's *Indian Registration Number*: • Field collected in QC, ON, SK, and BC for all FYs examined (FY 2005-2006 to 2012-2013). • In AB and MB regions, only the Treaty or Band number was collected from FY 2007-2008 2009-2010 and from FY 2005-2006 to FY 2007-2008 respectively. • The field is not collected in the YK region until FY 2012-2013 and unavailable in forms from the ATL region for FYs 2006-2007, 2008-2009, 2010-2011, and 2012-2013.	*Child name*, *date of birth* and *Indian Registration Number* are all collected by the IMS, with high levels of completeness. Some minor typos were noted for the child's name and date of birth when the child was not registered for status.	All sampled child welfare agencies in each jurisdiction collected the *Child Name*, *Date of Birth*, and *Indian Registration Number*. • Despite occasional typos noted with the *Child Name* and *Date of Birth*, the completeness of the data for these two data fields was generally high. • The child's *Indian Registration Number*, is often missing or unknown to workers in child welfare agencies in AB, BC, NWT, ON, PEI, QC, and YK, even for children with status, and there were rarely any validation procedures in place to ensure that the information was accurate. There would be significant data quality issues to address if these data are used to help identify eligible children.
Is the child First Nations and does he or she live on-reserve?	Child maintenance forms are used to document maintenance costs for *First Nations children* ordinarily *resident on-reserve*. Some of the child maintenance forms reviewed specifically asked about the *child (or parent's) residence on or off reserve* (available in forms from Alberta region from FY 2010-2011 to 2012-2013; and forms from BC, ON, and SK regions from FY 2005-2006 to 2012-2013)	While data regarding child's *First Nations identity* or *residence on-reserve* is not listed as a data field in the IMS, FNCFS child maintenance data only concerns First Nations children ordinarily resident on-reserve who are placed in out-of-home care. **Issues with applicability to compensation categories:** • Small differences in practices for determining residence on or off-reserve across regions (e.g. in MB, it is where the child is taken into care that determines who funds services). • The definition of First Nations children used by the FNCFS program does not include "individuals who have been recognized as citizens by their First Nations" but are not eligible for status.	There is considerable variability in the quality of the information regarding the child's *First Nations identity*: • NWT, Nova Scotia, Ontario, PEI, and Quebec highlighted medium or high issues with missing or unknown data for this field. • In delegated FNCFS agencies sampled, the child needed to be from the First Nations band associated with the agency to receive services from the CFS agency. As such, even though these sampled agencies did not have a specific data field for this, it is reasonable to assume that the child placed by these specific agencies is First Nations. • **Issues with applicability to compensation categories:** In NS, although some information on race is collected, this does not include whether a child is First Nations. Ministries in AB, BC, MB, N&L, ON, and QC were the only systems that specifically collected information on *child residence on/off reserve*. • Completeness issue noted in BC, MB, N&L, and QC • Accuracy issues noted in AB, N&L, ON, and QC. • In other sampled agencies (i.e., NB, NWT, NS, PEI, SK, and a First Nations agency in ON) it is the *child's address of residence* that is documented. Some accuracy issues (including typos in addresses or addresses not being up-to-date) have been noted across jurisdictions.

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Table 1. Summary of findings regarding data availability in the FNCFS program and sampled child welfare agencies *(continued)*

Information of interest	Availability in FNCFS data		Availability in sampled child welfare authorities
	FY 2005-2006 to 2013-2014	FY 2013-2014 to present (IMS)	
Can the caregiver at the time of removal be identified and are they First Nations?	The parent or guardian name is available in some child maintenance forms • Specifically: in ATL region in FY 2011-2012, in MB region from FY 2006-2007 to 2012-2013, as well as in BC, ON, and Saskatchewan for FY 2005-2006 to 2012-2013.	No information on the caregiver is included in the national IMS. • This information may be available from child maintenance forms accessible through ISC regions.	The *caregiver's name* was collected in all sampled agencies. • Completeness issues identified in AB, BC, N&L, and QC. • **Issues with applicability to compensation categories:** Respondents from AB, BC, MB, and NB all indicated that caregiver's name is identified when a case is open, but it is difficult to determine with certainty if this was the child's caregiver at the time of removal. The *caregiver's Indian Registration Number* was available in agencies sampled in AB, BC, MB, NB, N&L, NWT, NS, ON, SK, and the YK. • Issues with missing or unknown information were noted in AB, BC, N&L, NWT, NS, QC, ON, and the YK. • There were often no validation procedures in place to ensure that the information was accurate. All sampled agencies collected some information on the *caregiver's First Nations identity*, except for the First Nations agency sampled in Quebec. • Missing or unknown information noted in AB, BC, NWT, NS, ON, PEI, and QC. • Accuracy issues noted in QC and the YK and applicability issues identified in NS.
When was the child placed?	*Dates of placement* were usually available. • Regions that did not have this information were the YK (all FYs examined), SK (FYs 2005-2006 and 2006-2007), and the ATL (although it is available in FY 2009-2010). • **Issues with applicability to compensation categories:** This does not provide enough information to determine if a child *moved* between different placements during a spell in care. Placement start and end date could provide an indication of *length of time in care*, but information would need to be reliably collected and stored across all FYs for it to be usable.	The days during which a child had a child maintenance expense (*Start Pay Date* and *End Pay Date*), are mandatory fields in the IMS and have a high level of accuracy. • **Issues with applicability to compensation categories:** These data fields are attached to the *payment of a placement* and do not provide enough specificity to determine if a child moved between different placements during a spell in care. They do provide an estimate of the length of time in care starting in FY 2013-2014. If a child was in care prior to that date, this information would need to be linked across databases.	All agencies sampled collected data on the *start and end date of each placement* • The quality of this information was high across all child welfare agencies sampled. • The information was usually considered as accurate because it is tied to child maintenance costs reimbursed by the provincial or federal government. • Some provinces noted minor errors (i.e., differences of a few days) • If recorded consistently across different years, this information could potentially serve as a proxy for moves in care.

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Table 1. Summary of findings regarding data availability in the FNCFS program and sampled child welfare agencies *(continued)*

Information of interest	Availability in FNCFS data		Availability in sampled child welfare authorities
	FY 2005-2006 to 2013-2014	FY 2013-2014 to present (IMS)	
Was the child placed outside of their community?	The child or parent's *address of residence* at the time of removal and the *address of placement* can be compared to determine if a child was placed outside of their community. • The parent's address was only collected by BC and ON regions. • However, no information on address of placement was found. • **Issues with applicability to compensation categories:** Given that address of residence cannot be compared to address of placement, this information cannot be used to determine placement outside of a community.	Information on the address of residence and the address of placement is not available in the IMS.	*Residence at the time of removal:* • Issues with missing or unknown data were noted in AB, MB, N&L, and ON. • The address can also be subject to small accuracy errors (including typos in addresses or addresses not being updated at the time of removal). • Key informants in NS and PEI indicated that a child (or caregiver's) address is automatically updated in a live field (meaning the previous information is not retained) once a family changes residence. This means that retrieving information on previous addresses and the dates of that residence would be difficult. *Address of placement* is more consistently collected • Accuracy issues have been noted, especially for placements on reserve (e.g., in the NWT). • Minor issues with missing or unknown information regarding placement address were noted in AB, NWT, BC, and QC, with key informants in ON and NB noting more substantive issues with completeness.
Was the child placed outside of their family?	If collected, *placement type* could provide an indication as to whether the child was placed in kinship care (i.e., with extended family) or not. • Placement type was available in AB (FY 2007-2008 onward), the ATL (FYs 2009-2010 and 2011-2012), BC (FY 2006-2007 onward), MB (FY 2005-2006 and FY 2012-2013), and for from FY 2005-2006 to 2012-2013 in ON, QC, and SK.	Placement type information, including whether the child was placed in kinship care, is available for all ISC regions except MB. • **Issues with applicability to compensation categories:** It is important to note that the types of placement and definition of kinship care vary considerably across provinces.	*Placement type* was documented across all jurisdictions. • BC, MB, ON, PEI, and YK all identified issues with the accuracy of responses provided by workers. • **Issues with applicability to compensation categories**: Kinship care was not documented in MB. In the agencies that provided a definition of kinship care (i.e., AB, BC, and SK) the definition includes close friends or neighbours as possible kinship care arrangements. This term could not be used as a direct estimate of placement outside of the family, if family is defined as not including extended community members.

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Table 1. Summary of findings regarding data availability in the FNCFS program and sampled child welfare agencies *(continued)*

Information of interest	Availability in FNCFS data		Availability in sampled child welfare authorities
	FY 2005-2006 to 2013-2014	FY 2013-2014 to present (IMS)	
Why was the child placed?	Information on *reason for placement* is unavailable, except for in one form used by Manitoba ISC region.	Information on reason for placement is unavailable in the IMS.	The *type of maltreatment investigated* was collected by nearly all sampled agencies. • Respondents in AB, YK, NS, and ON highlighted issues with missing data. • In some cases, the maltreatment type includes information on who perpetrated the abuse. If not, most provinces include information on the name of the *alleged perpetrator of maltreatment*. However, this information is sometimes difficult to retrieve because it is not available in one data field. The *substantiation* of the maltreatment or risk of maltreatment is generally collected. • However, some provinces like ON or BC do not measure substantiation directly (e.g., in ON, a concern is verified – rather than substantiated). • Furthermore, the evidentiary threshold used to determine level of substantiation varies across provinces. In some provinces/territories, following the investigation, the worker is asked about the *reason for placement*. In other provinces, such as Alberta, information beyond substantiation of an initial investigation is not collected. **Issues with applicability to compensation categories:** • Administrative systems generally include different types of physical abuse, sexual abuse, emotional/psychological abuse, and neglect. In some provinces – like ON - it is difficult to map investigation reasons directly unto these 5 categories because there are more than a hundred possible reasons for investigation, which are not always tied to maltreatment. • Definitions used to describe different types of abuse and neglect vary between jurisdictions (e.g., inadequate nurturing or affection is recorded as psychological abuse *or* neglect, depending on the jurisdiction). • Investigated maltreatment at the time of an investigation does not always reflect the reason why a child was placed. • Nearly all respondents indicated that it would be difficult to determine whether a child was *placed in order to receive essential services* because this was not formally considered as a reason for placement in their jurisdiction.

Jordan's Principle Data

In order to identify information related to the potential eligibility for compensation under Jordan's Principle categories of *2019 CHRT 39*, we assessed multiple sources of information across jurisdictional levels. As defined in the Jordan's Principle compensation category decision tree (see Figure 2 in main report), we considered **delays and denials** as situations where a request for a service had been made and there was either a delay or a denial. **Service gaps** were defined as either 1) a request had been made but there was a difference in the requested and accepted amount, or 2) no request had been made, but a child's identified needs were not met. However, since the current AIP does not include gaps in services as an eligibility requirement for the Jordan's Principle class, our analysis focused primarily on situations where a request *has* been made.

Jordan's Principle. We began by investigating what information was collected centrally at Indigenous Services Canada by the Jordan's Principle team. Documentation of Jordan's Principle requests reflects the evolving trajectory of Jordan's Principle implementation since 2007. Prior to 2017, there was no systematic data collection and most requests were redirected to other existing programs at ISC. Due to a high level of turnover in Jordan's Principle staff, there is also a substantial loss of institutional memory. The most reliable and accessible data pertaining to Jordan's Principle requests are found in more recent years. Beginning in Fiscal Year 2017-2018, a more systematic approach to data collection was implemented to collect detailed information regarding requests, approvals, denials, as well as the date of a request and the date of a response, which can be used as a proxy for delay. For FY 2017-2018, there is significantly more information available on individual Jordan's Principle requests, compared to group Jordan's Principle requests. More detailed information on the gaps and availability of data regarding Jordan's Principle requests in FY 2017-2018 is available in Appendix S.

NIHB. Claims submitted to the NIHB for medical benefits, including prescriptions, equipment, and supplies are documented in multiple information systems according to the benefit type. These systems, and the availability and limitations of these data holdings, are documented in Table 2.12. NIHB data is limited to claims adjudicated under its purview, and includes information related to claimant name, date of claim, date of approval/denial, and reason for denial. Like Jordan's Principle information, this data is structured according to requests along with information about how the request was processed which may aid in assessing compensation eligibility. However, communication with NIHB staff indicated several important limitations of using this data for the purposes of supporting compensation. These limitations relate to: lack of detail on certain individual services due to NIHB contribution agreements and transfer arrangements with communities and contracts with service providers; underrepresentation of service utilization; lack of information on residency due to data tied to Indian Registration Number rather than residence; and the administrative nature of the system which does not accurately demonstrate approval rates. Despite these limitations, NIHB may be an important source of data to determine claimant eligibility.

Other ISC Programs. We requested detailed information regarding data collected related to Home and Community Care, the Children's Oral Health Initiative, Mental Wellness, and certain programs from the Education department and the Social services, policies, and planning department. For programs that responded, no information exists on the dates of a request for services, the date of a decision, the reason for a decision, or the difference between approved and requested amounts. Only information about the client, the type of service provided and on what date that service was provided was available. This limits the capacity to use the information provided from these programs to identify children eligible for compensation under Jordan's Principle compensation categories.

Community level data. We identified two sources of community-level information that could be of use to the compensation process. First, the Community-Based Reporting Template is used to collect information regarding service delivery at the community level. Service delivery information collected using the CBRT could be cross-referenced with all communities to determine where this service delivery was not reported. Second, the Community Profiles Database, held by the Synergy in Action team at ISC, documents socioeconomic and demographic information about First Nations communities, including multiple indicators of remoteness and isolation. These data could be used to provide important contextual information regarding individual access to needed services.

Additional administrative data. Additional administrative data from provincial and territorial health and social services could be useful to identify First Nations children who experienced a delay or denial of services. Given the focus of the current project, the project team did not meet with key respondents with information about these data holdings. However, this could be an avenue to explore when implementing the compensation process.

Considerations for the Compensation Process

The second part of our project mandate was to comment on considerations for the compensation process. We approached this objective in three ways. First, in our discussions with respondents regarding availability of data for child welfare and Jordan's Principle compensation categories, we documented concerns regarding the compensation process itself. Second, we conducted an extensive review of Canadian and international settlement processes and summarized lessons learned from these past processes. This involved a review of academic and 'grey' literature along with publicly available information, and interviews with multiple individuals with experience related to past Canadian settlements. Third, we conducted a review of social science literature regarding retraumatization, a concern that was repeatedly expressed in our review of past settlements. Findings from each of these activities are summarized below.

Stakeholder consultations

Stakeholder concerns are summarized under four main considerations.

Data confidentiality and ownership: Some child welfare agencies expressed concern about sharing their data to help identify children given past misuse of data and current concerns about the confidentiality of the children and families. Questions from key respondents included how the central administrator will be given the mandate to obtain identifying information about children in families in order to create a "pool of eligible applicants" as per the Compensation Framework.

Agency responsibility. While the CHRT decision holds the federal government accountable, removal decisions are made locally. Especially in small communities, the *ongoing* nature of the child welfare eligibility under the CHRT creates a challenging situation for these agencies. Specifically, we heard concerns regarding possible blame on CFS agencies who removed a child, but who are also helping claimants access compensation.

Agency capacity. While the compensation decision aims to alleviate the burden on individual claimants, a standard of proof that requires documentation to access compensation will inevitably involve agency participation. Key respondents indicated that they are already overworked and are concerned about the time and resources needed to help identify claimants. Several recommendations were made to hire more staff to account for this increase in workload.

Access to compensation and support after receipt of compensation. Respondents have expressed the need to ensure that vulnerable and isolated individuals will receive compensation, and that they will receive adequate support after receiving compensation.

Review of national and international settlement processes

The process of compensating marginalized groups for past persecution is complex and requires thoughtful planning. Canada, Australia, New Zealand, Germany, and other jurisdictions have settled lawsuits and created compensation schemes that aim to repair, to the extent possible, harms they perpetuated. Although each compensation scheme is procedurally different, common themes emerge: 1) effectively communicating with the eligible claimants, 2) creating claimant-friendly application processes, and 3) leveraging technology to execute these processes efficiently and cost-effectively. Key lessons-learned from past settlements, as they relate to different phases of a compensation process are summarized below.

Notifying claimants

Simplify notice plan. Ensuring applicants are aware of the existence of a compensation scheme is essential to its success. However, notice plans have created confusion in affected communities. A notice plan should clearly explain the eligibility criteria where possible and describe how to troubleshoot intake issues. All explanations of the eligibility criteria should be explained using plain, widely spoken languages, and be explained in an accessible manner for claimants. Consulting key stakeholders (including eligible claimants) about the design of the notice plan will improve accessibility and clarity of communications regarding the compensation process.

Tailor communication to different audiences. Notice plans have typically called for applications in Canada's official languages, ignoring Indigenous communities' preferred language and modes of communication. Considering the varying needs and resources of communities is essential to reaching eligible applicants and ensuring compensation schemes promote reconciliation

and healing. Developing communications plans that are tailored to age, geography, band, agency, etc. can increase applications, reduce costs by limiting difficulties processing incomplete applications, and promote reconciliation by reducing application processing times.

The application process

Participatory, Indigenous-led design of application processes. Centring Indigenous legal paradigms and community supports can more faithfully advance reparative justice initiatives. Western legal systems should not be all-encompassing. Indigenous legal traditions should be incorporated explicitly, or entirely, in providing legal remedies. Spatial and temporal restrictions on eligibility that comport with exclusively Western legal ideas should be minimized wherever possible.

Simplify forms. Every compensation process requires a claimant to complete an application. Claimants have criticized these processes because applications are lengthy, deploy legalistic language, and overemphasize the burden of producing documentation on claimants to support their claims. This process is intrinsically retraumatizing and costly. Forms must be more user-friendly by becoming shorter, produced in multiple (Indigenous) languages and include visualizations to simplify instructions. Both paper and online options for application completion should be available to accommodate diverse First Nations communities.

Progressive disclosure. Progressive disclosure – the process by which a claimant reveals more about their abuse or trauma as they build trust with others – has largely been absent from determinations about the length of the compensation period. Allowing for application extensions and broadening the window of eligibility for compensation could help application processing procedures become more accommodating of claimants needs and aware of the pressures of retraumatization.

Legal support. Many past processes have not had free legal advice or appropriate application supports available for claimants. Some applicants experienced fraud, were retraumatized by overly jargonistic language, and did not feel as though they had the inclusive supports they needed. Providing legal support free-of-charge, understanding literacy rates in the community, conferring with community leaders to determine the types of supports preferred, and having a flexible review process will improve compensation processes.

Mental health supports. A toll-free helpline is a start but may not be sufficient to support the mental health needs of many individuals and communities affected by the compensation process – especially if it is understaffed. Indigenous healing supports, in addition to in-person mental health resources and counselling, are crucial.

Administrative supports. Hiring an adequate number of trained staff to assist claimants in a community-centric manner is essential to an effective implementation of a compensation regime. A well-staffed, culturally- and trauma-informed team of attendants would improve compensation processes. In addition, having support staff working directly with communities, such as community liaisons, can render compensation schemes more efficient and help tailor implementation to community needs.

Processing claims

Implement reasonable processing capacity. Multiple compensation processes have been more popular than anticipated, meaning high application volumes and overwhelmed staff, resulting in reduced capacity for claims administrators to process applicants in a timely manner. Claimants feel that this is tantamount to a broken promise, as they wait for months, and sometimes years, to receive a decision. For administrators, it means they begin processing applications at a disadvantage – there are too many applications and too few reviewers. Planning for the worst is important – meaning hiring more staff than needed, especially at the beginning of the notice plan, and leaving time to prepare between the compensation decision or agreement and the beginning of the notice plan.

Clearly communicate to manage internal and external expectations. Given repeated examples of long delays in processing applications, it is essential to set expectations with claimants on the length of time it will take to process applications. Further, government contractors and internal stakeholders must set reasonable timelines and have a clear-cut understanding of how the application process will function to ensure consistency in communication with claimants and administrative staff.

Build and test technological capacity. Technological processes have been inconsistently deployed. Claims administrators and users have failed to use the tools in the same way – even within the same organization. Higher-than-anticipated application volumes have slowed the efficacy of largely untested,

algorithmic tools. Claims administrators should test application processing tools prior to implementation and train users on ways to consistently adopt the software. Ultimately, technology is a useful tool, and it can lead to more efficacious and efficient processing of compensation.

Review of social science literature on retraumatization

Our review of social science literature on retraumatization expands on the findings of the review of past settlements by providing a deeper understanding of the psychological processes that need to be understood in designing compensation procedures that minimize the potential for additional harm. The following summarizes the key risk and protective factors for retraumatization in settlement, compensation and justice-seeking processes:

Factors that contribute to the risk of retraumatization:

- Requiring disclosure of traumatic experiences on multiple occasions
- Scaling compensation based on the established severity of abuses
- Adversarial approaches
- Procedural formalism and restrictions on the way in which a survivor tells their story
- Lengthy waiting periods
- Existing vulnerability related to racialization, marginalization, and lack of resources

Factors that protect against retraumatization:

- Adopting culturally relevant approaches to compensation and justice that may differ from Western legalistic traditions
- Availability of trauma-informed, culturally-sensitive support services before, during, and after, for participants and their families and communities
- Preparation for participation including explanation of procedures, timeline, requirements of participation, and possible costs/benefits of taking part
- Training all personnel involved in administration and adjudication in trauma- and cultural-sensitivity
- Considering compensation and justice at the individual, family, and community levels, and attending to cultural and structural factors that created conditions for abuse

Conclusions

A fair, transparent, equitable, and decolonized compensation process that is designed for claimants who have been systematically discriminated against by the Government of Canada is no doubt challenging given the limitations and lack of availability of administrative data. **Claimants are not responsible for missing and incomplete information about the discrimination that they suffered, and it is this fundamental acknowledgment that must guide the continued development of the compensation process.** The administrative body responsible for assessing eligibility should be comprised of experts in First Nations data governance, trauma, community relations, data, and most importantly the connection among all these principles. Elders will be integral to the compensation process as they hold crucial roles in supporting communities by teaching, advising, and counselling. Quality assurance processes must be documented and transparent to ensure that there is accountability for children, families, and communities whose trauma is ongoing. Jurisdictional disputes; racism and discrimination; a westernized approach which excludes Indigenous knowledge, culture, and practices; and the legacy of colonialism are the common foundation for the findings detailed in this report. For decades, the government of Canada has made decisions about the lives of First Nations children that it has failed to adequately document. This cannot be a deterrent to compensation.

Introduction

INTRODUCTION

Across Canada, generations of First Nations children have been denied the right to stay safely with their families and to receive adequate medical care or social services because of discriminatory policies and practices put in place by the federal government. While some past harms have been acknowledged through previous reconciliation efforts and compensation schemes,[1] these did not extend to the hundreds of thousands of First Nations children who have suffered from the inequitable provision of child welfare and essential health and social services over the past three decades.

The landmark compensation decision at the Canadian Human Rights Tribunal (CHRT) in September 2019 (*First Nations Child and Family Caring Society and Assembly of First Nations v. Attorney General of Canada*, 2019 [*2019 CHRT 39*]) attempts to redress these harms through compensation of claimants and reform of services. In parallel, two class action lawsuits (*Moushoom, Meawasige, Meawasige v. The Attorney General of Canada*, 2019; *Assembly of First Nations, Trout v. The Attorney General of Canada,* 2020) have sought compensation for an overlapping class of individuals. During the months of November and December 2021, interested parties related to the CHRT compensation decision (Attorney General of Canada, First Nations Child and Family Caring Society, Assembly of First Nations, Chiefs of Ontario, Nishnawbe Aski Nation, and Canadian Human Rights Commission) as well as associated class actions have engaged in confidential negotiations to determine the scope of eligibility and mechanisms for compensation. After over 14 years of legal battles, two **agreements-in-principle** (AIP) were reached among the parties on December 31, 2021. On January 4, 2022, basic details of the AIP were announced, indicating that the scope of eligibility will differ from the CHRT decision in certain important ways.

This report presents the findings of a project designed to provide background information to support the implementation of the *2019 CHRT 39* decision related to the availability and gaps in data that could help identify eligible individuals, and certain considerations related to the compensation process. The report is intended to serve as a technical document to support the implementation of a compensation process. Given the overlap between the CHRT order and the class actions, this report may also be helpful in supporting the implementation of the broader compensation process.

Project Scope

In 2020, a team of independent researchers from the University of Toronto and McGill University led by Professor Barbara Fallon and Professor Nico Trocmé was approached by Indigenous Services Canada (ISC), at the request of the First Nations Child and Family Caring Society (FNCFCS; "Caring Society"), to support the future operationalization of the *2019 CHRT 39* order. This request followed completion of the *Taxonomy of Compensation Categories for First Nations Children, Youth and Families related to 2019 CHRT 39* (Sistovaris et al., 2019), which was written in 2019 under the leadership of Professor Barbara Fallon at the University of Toronto. The present project began in **October 2020** and concludes with the submission of this report in **January 2022**.

This project was initiated in an effort to minimize the burden on individual claimants to prove their eligibility, as was initially intended by the CHRT decision. The project team was asked to support the future implementation of the decision through two main tasks:

1. Review the **availability and gaps in data** that could help identify potentially eligible claimants under the *2019 CHRT 39* decision, and
2. Provide certain **considerations for the compensation process**, including the **notice plan**, for applicants to receive compensation under this decision.

To review **availability of data**, we: 1) identified information of interest that may help prove claimant eligibility under the CHRT compensation categories; 2) identified administrative data sources that collected this information; and 3) asked key respondents with in-depth knowledge of these data systems to provide information on the quality of the data. We started with data from administrative systems at ISC (First Nations Child and Family Services [FNCFS]; Jordan's Principle; Non-Insured Health Benefits [NIHB] programs; and First Nations and Inuit Health Branch [FNIHB] programs). For additional child welfare data, we reached out to a sample of First Nations and non-First Nations child welfare agencies in jurisdictions across Canada. For additional Jordan's Principle information, we spoke with Jordan's Principle service coordination organizations, and explored potentially relevant administrative and survey data sources. We highlighted potential gaps in available data along with

1 Including: Indian Residential Schools Settlement Agreement (IRSSA), Federal (Day) School Settlement, and Sixties Scoop Settlement

concerns raised by the people we spoke to. At no point in the process did we review actual datasets, whether anonymized or not. We relied upon secondary descriptive information, such as respondents' statements and data dictionaries, to complete our review of available data. Given that our review of child welfare agency information systems and Jordan's Principle information was limited to only a few selected agencies, the findings included in this report cannot be generalized to all of Canada but provide a sense of a range of data collection and storage practices. The research process was also limited by each agency or organization's ability to provide the information requested.

To provide **considerations for the compensation process**, including the notice plan, we conducted research on prior compensation processes to highlight lessons learned that may inform the upcoming compensation implementation. To complement our research on past settlement processes, we conducted a review of literature related to the notion of retraumatization with a focus on reconciliation and justice-seeking processes. We also consolidated process-related concerns from respondents we spoke to throughout the project. It is important to note that our documentation of respondent concerns reflects an ad hoc process emerging from our discussions with key contacts regarding data availability. The respondents contacted for this process were individuals either in leadership or management positions, or were familiar with collection, documentation, and storage of data related to child welfare services, Jordan's Principle, or other ISC programs. Our mandate did not include a systematic review of existing concerns among other individuals who will be implicated in the compensation process – namely, individual claimants themselves. Therefore, the concerns noted in this report in no way reflect the extent of concerns that may be held regarding the compensation process.

Contextual research throughout the project helped ground tasks related to our dual mandate. We conducted research related to child welfare data quality, data expungement practices, First Nations child health and social services, and First Nations data governance. We also monitored legal developments related to the *2019 CHRT 39* decision during the project, most notably the week of hearings during the judicial review of the decision at the federal court (held June 14–18, 2021), and followed the class action settlement processes taking place in tandem with the CHRT decision, up until the agreements in principle were reached.

At different stages of the project, the team engaged in discussions with various **stakeholders**, including: the First Nations Child and Family Caring Society, the Assembly of First Nations, the National Advisory Committee on First Nations Child and Family Services (NAC), Indigenous Services Canada, and First Nations experts in child welfare and Jordan's Principle in each province/territory. A small working group emerged from our discussions with NAC, with whom we held in-depth consultations at each project phase.

Legal Context: Timeline

The project took place within a rapidly shifting context, following a series of developments that have led to efforts to seek justice based on the *2016 CHRT 2* Merit Decision, such as *2019 CHRT 39*. The following timeline provides information on key moments that relate to *2019 CHRT 39:*

February 23, 2007	Complaint of discrimination filed at the Canadian Human Rights Commission (CHRC) by the First Nations Child and Family Caring Society (FNCFCS) and the Assembly of First Nations (AFN) alleging discriminatory funding of child welfare and children's services on-reserve.
January 26, 2016	***2016 CHRT 2* (the "Merit Decision"):** The Canadian Human Rights Tribunal (CHRT; "the Tribunal") substantiates the 2007 complaint, finding systemic discrimination on the part of the government of Canada against First Nations children and their families in the provision of First Nations Child and Family Services and in its "narrow and inadequate" (paragraph 107) implementation of Jordan's Principle. This was followed by a series of non-compliance orders related to findings of ongoing discrimination.
May 26, 2017	***2017 CHRT 14*:** The Tribunal finds that Canada's implementation of Jordan's Principle was overly narrow in only including children on reserve or ordinarily resident on reserve (paragraphs 50, 52–54, 67). The Panel confirms that Jordan's Principle "applies equally to all First Nations children, whether resident on or off reserve" (paragraph 135, 1.B.i.).
November 2, 2017	***2017 CHRT 35*:** The federal government is found to be in compliance with Jordan's Principle.

March 4, 2019

Moushoom, Meawasige, Meawasige v. The Attorney General of Canada class action lawsuit filed to seek relief from damages related to the removal of children under the FNCFS program which incentivized these removals and poor implementation of Jordan's Principle. The class period for this lawsuit was April 1, 1991, to March 1, 2019.

September 6, 2019

***2019 CHRT 39* (the "Compensation Decision"):** The Tribunal releases the eighth non-compliance motion, which ordered Canada to compensate First Nations children and their caregivers who have been discriminated against through the inequitable provision of child welfare (between 2006 to present) and Jordan's Principle services (between 2007 and 2017).

Autumn 2019

An iteration of the current project team is asked by the First Nations Child and Family Caring Society ("Caring Society") to create a detailed *Taxonomy of Compensation Categories for First Nations Children, Youth and Families related to 2019 CHRT 39* (Sistovaris et al., 2019; "the Taxonomy").

October 7, 2019

The government of Canada files for judicial review of ***2019 CHRT 39*** at the Federal Court.

January 28, 2020

Assembly of First Nations, Trout v. The Attorney General of Canada class action lawsuit filed to seek relief from damages related to funding gaps resulting in denials, delays, disruptions, and gaps in health and social services to First Nations children. The class period for this lawsuit was April 1, 1991, to December 11, 2017.

April 16, 2020

***2020 CHRT 7*:** The tribunal determines that eligible claimants should obtain access to compensation funds at the age of majority of the province/territory. Tribunal ruled that children apprehended prior to January 1, 2006, who are still in care past that date are eligible for compensation and that compensation should be paid to the estates of deceased individuals who would otherwise be eligible.

May 28, 2020

***2020 CHRT 15*:** Tribunal provides additional information on the terms essential service, service gap, and unreasonable delay for the purposes of compensation, which have since been reflected in the *Compensation Framework*.

November 25, 2020

***2020 CHRT 36*:** Tribunal adopts a definition of First Nations children for the purposes of Jordan's Principle that includes children who had one parent/guardian who is registered or eligible to be registered under the *Indian Act*, were recognized by their Nation/community, or were ordinarily resident on reserve, which were subsequently incorporated in the *Compensation Framework*.

February 12, 2021

2021 CHRT 7*:** The Tribunal approves a final ***Framework for the Payment of Compensation under 2019 CHRT 39, a document based on discussions among the parties to the Compensation Decision. The Framework outlines in more granular detail than the Compensation Decision some principles and practicalities to inform the implementation of compensation through *2019 CHRT 39*. It includes the *Taxonomy* as a guide to help identify eligible claimants.[2]

June 14–18, 2021

Hearings for the judicial review of *2019 CHRT 39* are held at the federal court between June 14 and June 18, 2021.

September 29, 2021

The federal court dismisses the judicial review and upholds the *2019 CHRT 39* order.

October 29, 2021

The government of Canada files an appeal of the judicial review decision.

December 31, 2021

After confidential mediation among the government, parties to the *Compensation Decision*, and the class action counsel, AIPs were reached, which would result in approximately $20 billion being directed towards the compensation of First Nations children and families and $20 billion being directed towards the reform of the FNCFS program.

2 The definitions from the final version of the Framework are used in this report.

The following sections outline the understanding of eligibility for compensation that informed our research from October 2020 to December 2021, based on the *2019 CHRT 39* decision. Given that the recent AIPs indicate that compensation mechanisms will differ from the scope of eligibility on *2019 CHRT 39* in important ways, where possible we have attempted to include information gleaned from our research that could remain relevant for the eventual settlement agreement, which will be decided after this report is finalized and submitted.

Compensation Categories

This section provides an overview of the understanding of the *2019 CHRT 39* compensation categories upon which we based our approach, before highlighting certain differences between the CHRT compensation categories and the settlement agreement currently being negotiated.

2019 CHRT 39 compensation categories

Pursuant to the *2019 CHRT 39* compensation order, maximum allowable compensation ($40,000) was due to First Nations children and their caregivers who were eligible for compensation. Four main compensation categories could be extrapolated from the *2019 CHRT 39* ruling in paragraphs 245–257. Each compensation category is described in Table 2.[3]

Table 2. Description of compensation categories under *2019 CHRT 39*

Child welfare	**First Nations children** living on reserve or in the Yukon who were removed by the child welfare system and *placed* outside of their home, family, and community.	From January 1, 2006[4] until further notice[5]
	First Nations parents or grandparents who were the **primary caregiver** of a child removed **unnecessarily** from their home, family, and community; unless the parent or grandparent *physically*, *sexually*, or *psychologically abused* the child.	
Child welfare/ Jordan's Principle	**First Nations children** living on or off-reserve and their parents or grandparents in cases of the removal of a child to obtain **essential services** covered under Jordan's Principle as defined in 2017 CHRT 14 and 35.	From December 12, 2007[6] to November 2, 2017[7]
Jordan's Principle	First Nations children living on or off-reserve and their parents or grandparents who experienced a **gap**, **denial** or **delay** of **essential services** covered under Jordan's Principle as defined in 2017 CHRT 14 and 35.	

** Concepts in bold are defined further in the Final Compensation Framework (see Table 3) and those in italics are defined by province/territory in the Taxonomy (see Appendix A).*

3 Given subsequent orders regarding definitions used in the Compensation Decision, there have been changes in the interpretation of the CHRT compensation categories since the release of the Taxonomy report. The current report provides a more up-to-date understanding of these categories.
4 Date following the last WEN DE report
5 Earliest of – either (1) Panel decides that unnecessary removal of FN children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.
6 Date of adoption in the House of Commons of the Jordan's Principle motion (see: Canada. Parliament, House of Commons, Journals, 39th Parliament, 2nd sess., 2007 December 12, Number 036).
7 Date of Tribunal's 2017 CHRT 35 ruling on Jordan's Principle (see: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada* (Representing the Minister of Indigenous and Northern Affairs Canada), 2017 CHRT 35).

Definitions provided in the Final Compensation Framework

On February 12 2021, the Tribunal approved the final ***Framework for the Payment of Compensation under 2019 CHRT 39*** ("the *Final Compensation Framework*"), which was "intended to facilitate and expedite the payment of compensation to the beneficiaries described in the *Compensation Entitlement Order*, as amended by subsequent Tribunal decisions" (*Final Compensation Framework*, s.1.3). It was prepared following discussions between the respondent (Attorney General of Canada) and the complainants (Assembly of First Nations, First Nations Child and Family Society) with input from the Canadian Human Rights Commission, Chiefs of Ontario, and Nishnawbe Aski Nation.

The document includes definitions of certain terms used in the compensation order following discussions between the Attorney General of Canada, the First Nations Child and Family Caring Society (FNCFS), the Assembly of First Nations (AFN) and the interested parties Chiefs of Ontario (COO) and Nishnawbe Aski Nation (NAN). These definitions are listed in Table 3 below.

In addition to the definitions described above, the *Final Compensation Framework* provides guiding principles as well as specific considerations for the compensation process related to: the location of beneficiaries, support to beneficiaries, validation of compensation claims, processing of compensation claims, supports for beneficiaries relating to the payment of compensation, and monitoring of the framework. These process-related components of the *Final Compensation Framework* are summarized in Appendix B.

Table 3. Definitions provided in the *Final Compensation Framework*

Term	Definition provided in the *Final Compensation Framework*
Beneficiary	"a person, living or deceased, described at paragraphs 245–257 of the Compensation Entitlement Order,2 as expanded by the Tribunal's decision in 2020 CHRT 7" (*Final Compensation Framework*, s. 4.1).[8]
First Nations child	"a child who: a) was registered or eligible to be registered under the Indian Act; b) had one parent/guardian who is registered or eligible to be registered under the Indian Act; c) was recognized by their Nation for the purposes of Jordan's Principle; or d) was ordinarily resident on reserve, or in a community with a self-government agreement" "if they had a **meaningful** *connection* to the First Nations community. The factors to be considered and carefully balanced include (without any single factor being determinative): a) Whether the child was born in a First Nations community or whose parents were residing in a First Nations community at the time of birth; b) How long the child has lived in a First Nations community; c) Whether the child's residence in a First Nations community was continuous; d) Whether the child was eligible to receive services and supports from the First Nation community while residing there (e.g. school, health services, social housing, bearing in mind that there may have been inadequate or non-existent services in the First Nations community at the time); and e) The extent of the connection of the child's parents and/or other caregivers to the First Nation community, excluding those non-status individuals working on a reserve (i.e., RCMP, teachers, medical professionals, and social workers)" (*Final Compensation Framework*, s. 4.2.5, emphasis added) First Nations children who were not registered or eligible to be registered under the Indian Act (i.e., categories b to d) "are eligible for compensation in relation to denials, gaps and unreasonable delays with respect to essential services [from] **January 26, 2016 to November 2, 2017**." (*Final Compensation Framework*, p. s. 4.2.5.2, emphasis added). They are only "eligible for compensation in the amount of $20,000 for pain and suffering […] but are not eligible for compensation under s. 53(3) of the Canadian Human Rights Act for wilful and reckless discrimination" (*Final Compensation Framework*, s. 4.2.5.3)

(continued on following page)

8 In this report, we typically use the term "claimant" to refer to individuals who may apply for compensation. Particularly given the remaining ambiguities and uncertainties regarding eligibility and implementation, the term "claimant" refers more generally to any individual who may be eligible or may apply for compensation.

Table 3. Definitions provided in the *Final Compensation Framework (continued)*

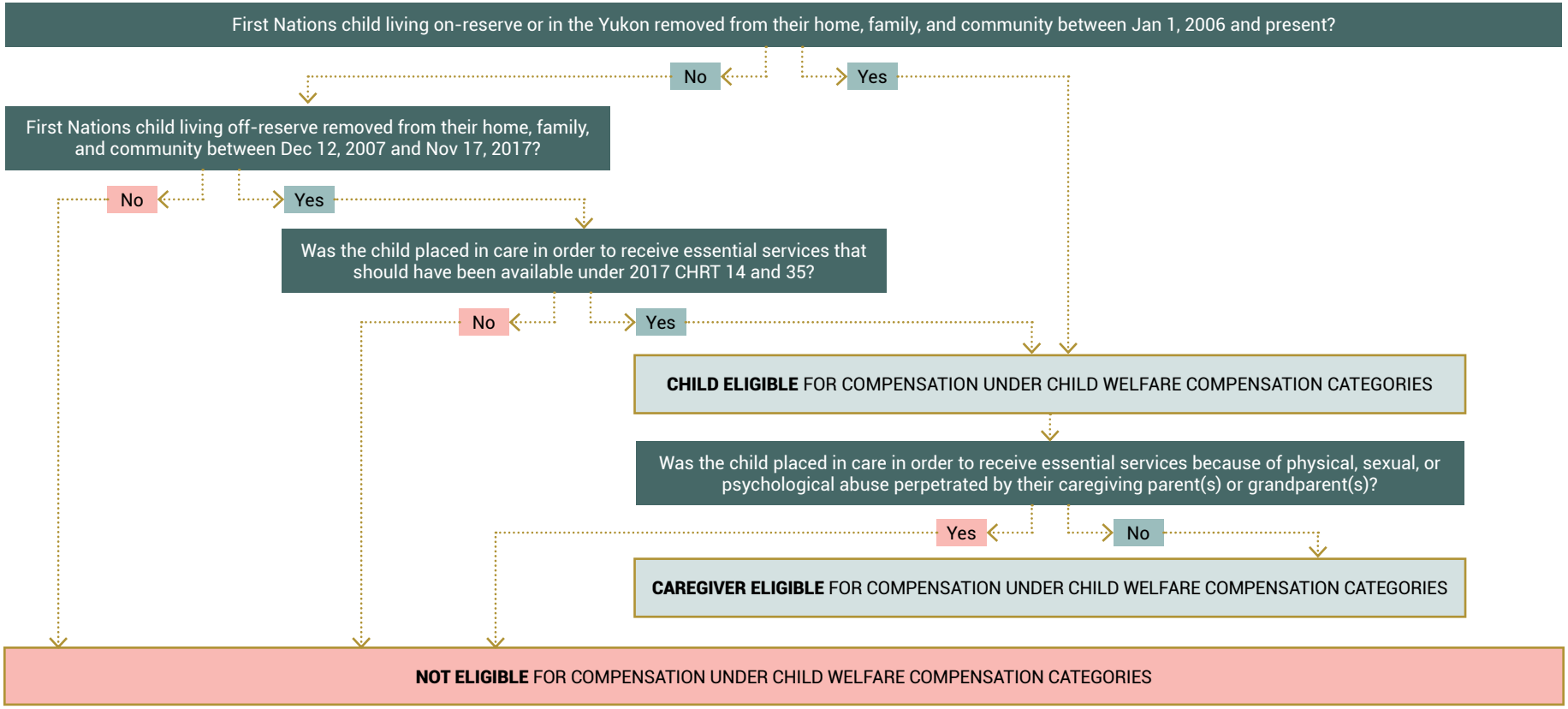
Term	Definition provided in the *Final Compensation Framework*
Necessary/ unnecessary removal	"includes: a) children removed from their families and placed in alternative care pursuant to provincial/territorial child and family services legislation, including, but not limited to, kinship and various custody agreements entered into between authorized child and family services officials and the parent(s) or caregiving grandparent(s); b) children removed due to substantiated maltreatment and substantiated risks for maltreatment; and c) children removed prior to January 1, 2006, but who were in care as of that date." (*Final Compensation Framework*, s. 4.2.1)
Essential service	"a support, product and/or service **recommended by a professional** that was **reasonably necessary** to ensure: a) substantive equality in the provision of services, products and/or supports to the child (accounting for historical disadvantage, geographic circumstances, and the need for culturally appropriate services, products and/or supports); and b) the best interests and safety of the child" (*Final Compensation Framework*, s. 4.2.2) **Recommended by a professional:** "must be interpreted in a manner such that a claimant's inability to provide proof of assessment, referral or recommendation contemporaneous with the necessity of support, product and/or service will not automatically disentitle the individual from eligibility for compensation. For example, particularly in remote communities there may not have been timely access to specialists, but there may have been access to community health nurses, social support workers, mental health workers. However, these individuals may not have designations in a specific profession related to the service being recommended. In these situations, flexibility is necessary to ensure that First Nations children who were unable to access an assessment, referral or recommendation in a timely manner due to systemic barriers (e.g. lack of approval to travel, long wait time prior to physician, therapist or specialist visits in community) are not unfairly excluded from compensation eligibility. Further guidance on this matter will be included in the Guide referenced at s. 2.5." (*Final Compensation Framework*, s. 4.2.2.2) **Reasonably necessary:** "the failure to provide the support, product or service could have: a) caused the child to experience mental or physical pain or suffering; or b) widened the gap in health outcomes between the First Nations child and children in the rest of Canadian society." (*Final Compensation Framework*, s. 4.2.2.1)
Service gap	"a situation where there was a service, and/or product and/or support based on the child's confirmed need that: a) was necessary to ensure substantive equality in the provision of services, products and/or supports to the child; b) 1. was recommended by a professional with expertise directly related to the child's need(s). Documentation provided by a medical professional or other registered professional is conclusive, unless Canada can demonstrate to the satisfaction of the Central Administrator that, based on clinical evidence available at the time, the potential risk to the child of the service, product and/or support outweighed the potential benefit; or 2. an Elder or Knowledge Keeper, who is recognized by the child's specific First Nations community, recommends a linguistic or cultural product, support and/or service; and c) the child's needs were not met." (*Final Compensation Framework*, s. 4.2.3)
Unreasonable delay	"where a request was not determined within 12 hours for an urgent case, or 48 hours for other cases. In exceptional cases and subject to a high threshold, Canada may rebut the presumption of unreasonable delay in any given case with reference to the following list of contextual factors, none of which is exclusively determinative: a) the nature of the product, support and/or service sought; b) the reason for the delay; c) the potential for the delay to adversely impact the child's needs, as informed by the principle of substantive equality; d) whether the child's need was addressed by a different service, product and/or support of equal or greater quality, duration and quantity, otherwise provided in a reasonable time; e) the normative standards for providing the support, product and/or services in force in the province or territory in which the child resided, or received the service, at the time of the child's need." (*Final Compensation Framework*, s. 4.2.4)

Operationalization of the *2019 CHRT 39* compensation categories

The following decision trees reflect our understanding of how eligibility under *2019 CHRT 39* could be operationalized.[9] They are based on paragraphs 245–257 of the Compensation order and the definitions provided in the *Final Compensation Framework*, which were listed above.

Child welfare compensation categories

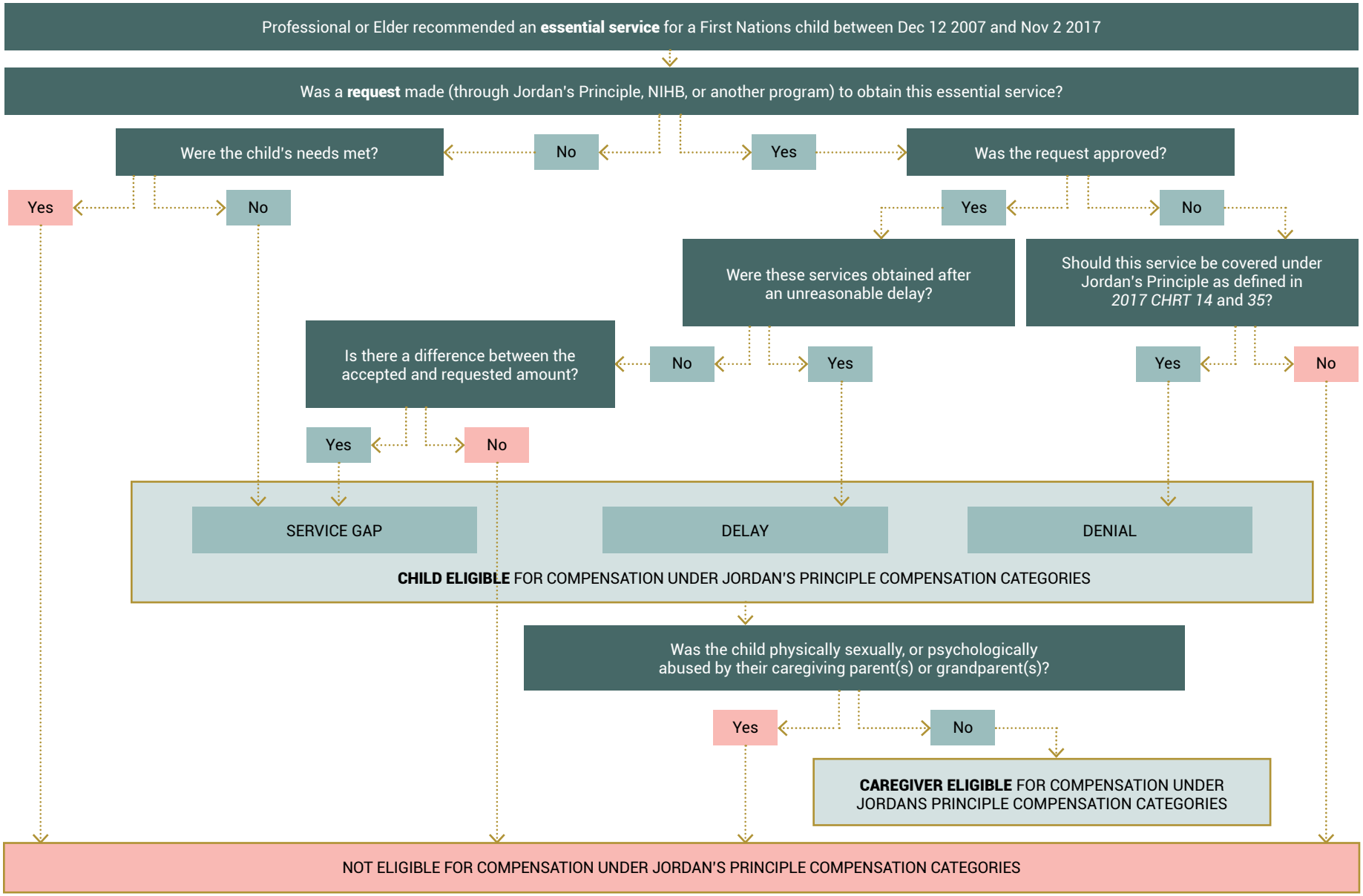
Figure 1. Decision tree presenting project team understanding of the *2019 CHRT 39* child welfare compensation categories



9 Given the expected shift in the timeframe of eligibility to extend to 1991, dates herein would need to be adjusted, but we opted to include this diagram as the structure of a similar decision tree may still be useful for the settlement agreement.

Jordan's Principle compensation categories

Figure 2. Decision tree presenting project team understanding of the *2019 CHRT 39* Jordan's Principle compensation categories



Potential differences between the negotiated settlement and the CHRT order

The section below highlights potential differences between the December 31, 2021, AIP and the CHRT order, as well as remaining ambiguities.

Timeframe of eligibility. The information currently available on the AIP reached by the parties suggests that the timeframe for eligibility for the Removed Child class goes from April 1, 1991, to March 31, 2022, whilst the timeframe of eligibility for the Jordan's Principle class goes from April 1, 1991, to November 2, 2017.[10] This extends the timeframe of eligibility originally granted under *2019 CHRT 39*. Given that the project mandate was tied to the CHRT order, the outreach conducted by the team focused on data available from January 2006 to present for the child welfare compensation categories and from December 2007 to November 2017 for the Jordan's Principle compensation categories.

Eligibility under the Removed Child class. The current information available on the negotiated settlement suggests that the Removed Child class includes children who "were taken in out-of-home care."[11] At the date of writing the report (January 2022), it is unclear whether out-of-home care only includes formal out-of-home care arrangements (i.e., excludes informal kinship services) and whether out-of-home care includes placement with extended family and placement within the community. The Sotos website also suggests that "length of time in care; number of out-of-home placements, and [placement] in care on or off reserve" could be used to determine the final compensation amount. These factors were not included in the *2019 CHRT 39* order. As a result, the project team did not specifically ask about these concepts when reaching out to respondents. We have information on certain proxies, however, which could be helpful in understanding the availability of this information.

Eligibility under the Jordan's Principle class. The current information available on the negotiated settlement states that the Jordan's Principle class includes children who "experienced delays or denials of a public service or product contrary to Jordan's Principle."[12] This does not specify whether this class would also include denied or delayed group requests for public services or products and would suggest that the Jordan's Principle class does not include children who experienced service gaps, but made no requests for services. As a result of this, the review of Jordan's Principle data availability below focuses primarily on denials and delays.

Primary caregivers. As of yet, publicly available information does not specify which primary caregivers would be compensated. As such, it is not yet possible to confirm whether primary caregivers who physically, sexually, or emotionally abused their children are excluded.

Structure of the Report

This report comprises detailed descriptive findings regarding the availability of data related to the *2019 CHRT 39* order and considerations for the notice plan. The report is structured in three sections: **(I)** an overview of the structure of health and social services and child welfare services for First Nations children in Canada, and a review of the opportunities and limitations of relying on administrative data to inform decisions; **(II)** an overview of our approach and findings related to the availability of data following our review; and **(III)** documentation of process-related concerns from respondents, a review of lessons learned from past Canadian and international settlement processes, and literature on retraumatization

10 Sotos Class Actions. (n.d.). *Overview – First Nations Youth*. https://www.sotosclassactions.com/cases/first-nations-youth/
11 Ibid.
12 Ibid.

I. The Delivery and Documentation of Services to First Nations Children

Growing recognition of the discrimination faced by First Nations children in Canada has elicited numerous calls for action to address the trauma inflicted on generations of First Nations families by a system firmly rooted in colonialism and government policies of assimilation. Recent public processes have highlighted inequities in child welfare and public services for First Nations children. These developments in the public sphere have taken place in numerous realms, the Canadian Human Rights Commission being just one of many. In 2015, the Truth and Reconciliation Commission (TRC) process produced a list of 94 "Calls to Action," the first of which related to addressing the high level of involvement of First Nations children in child welfare systems (TRC, 2015a). The TRC report also called for full implementation of Jordan's Principle[1] and increased access to health, educational, and culturally relevant services (TRC, 2015a). Related to these developments, there have been many calls for better documentation and data to monitor these inequitable patterns in service delivery (e.g., Sinha et al., 2021). This section provides an overview of service delivery and challenges related to the use of *administrative data to document access to services*.

The Delivery of Services to First Nations Children in Canada

Marina Sistovaris & CHRT Compensation Project Team

Current structure of First Nations child welfare in Canada

Legal framework for the provision of child welfare services across Canada

Child welfare in Canada is administered at the federal, provincial, territorial, and band level, resulting in a complex web of policies, structures and services that vary across these jurisdictions. First Nations children involved with child welfare are subject to different child welfare mandates and funding based on their place of residence. First Nations children ordinarily resident on-reserve may interact with a locally run First Nations child welfare agency or one run by the province, while First Nations children living off-reserve who come in contact with child welfare are likely to interact with the provincial designate that serves the area where they live. A small number of urban Indigenous child and family services agencies serve First Nations children off-reserve in urban settings.

Canada's child welfare system consists of over 400 child welfare agencies, operating both federally and under the jurisdiction of 13 provinces and territories (Trocmé et al., 2010). In 2016, the First Nations Child and Family Caring Society of Canada estimated that there were over 140 First Nations agencies delivering services to First Nations peoples and eight Métis agencies delivering culturally relevant services to Métis families (National Collaborating Centre for Aboriginal Health, 2017; Sinha & Kozlowski, 2013). Indigenous child welfare agencies typically sign agreements with either the federal or provincial governments – or both governments – authorizing them to provide a range of child protection services to Indigenous children (Canadian Child Welfare Research Portal, 2019; Bennett, n.d.; Sinha & Kozlowski, 2013). In addition to the complex web of child welfare policies, structures, and services that vary across jurisdictions, variations in child welfare practice are also found within jurisdictions.

Until recently, both First Nations and mainstream agencies had to apply the **child welfare legislation** of their province or territory when providing services to families. In Canada, most provinces and territories have incorporated provisions within their child welfare legislation for Indigenous children, families and communities, such as: band notification of court or placement; Indigenous involvement in case management; Indigenous involvement in service planning or delivery; prioritization of kinship care; submission of cultural connection plan; and connection to Indigenous culture in the best interest of the child (Sinha & Kozlowski, 2013). On January 1, 2020, *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families* came into force, allowing Indigenous communities to have control over child and family services.[2] Although the *Act* is the first to recognize Indigenous jurisdiction over child welfare, the law has been critiqued because of its lack of commitment to core funding and the limits

1 Jordan's Principle is a "child-first" principle, adopted in 2007, designed to ensure that First Nations children do not experience delays, disruptions, or denials of services typically available to other Canadian children, including, but not limited to services such as mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy (Canadian Pediatric Society, 2019; Government of Canada, 2019).

2 For a detailed discussion of the *2020 Act*, see Indigenous Services Canada (2020a).

it imposes on Indigenous jurisdiction (e.g., Metallic, Friedland, & Morales, 2019). In July 2020, the first coordination agreement under the *Act* was signed by the Cowessess First Nation with Government of Canada and the Government of Saskatchewan, focusing on prevention, and ensuring that families are provided with the necessary resources to heal from intergenerational trauma (Indigenous Services Canada, 2022, n.p.).

While the legislative mandate for child welfare has rested with provinces and territories, **funding** for child welfare services for First Nations families living on-reserve lies with the federal government, through the First Nations Child and Family Services (FNCFS) program at Indigenous Services Canada.

Funding for children living off-reserve lies with the province/territory. In fiscal year 2018-2019, there were 153 FNCFS-funded bodies in Canada, including both delegated First Nations agencies (105 agencies) and provincial ministries serving First Nations communities (see Appendix D and Appendix E for a list of agencies funded by the FNCFS program and the First Nations bands associated with them since 2013-2014). Table 1.1 below outlines the administrative responsibility and the number of First Nations delegated child welfare agencies in Canadian provinces and territories.

Table 1.1 Administrative responsibility and child welfare service delivery in Canadian provinces and territories (FY 2018-2019)

Jurisdiction	Child Welfare Legislation	Ministry responsible for child welfare	No. of delegated agencies receiving FNCFS-funding*
Alberta	*Child, Youth and Family Enhancement Act*	Ministry of Children's Services	17
British Columbia	*Child, Family and Community Service Act; The Adoption Act; The Infants Act; Representative for Children and Youth Act*	**Ministry of Children & Family Development** Director of Child Protection	18
Manitoba	*The Child and Family Services Act; The Child and Family Services Authorities Act*	**Department of Families** Child and Family Services	15
New Brunswick	*Family Services Act; Intercountry Adoption Act*	Ministry of Social Development	7
Newfoundland & Labrador	*Children, Youth and Families Act; An Act Respecting Adoptions*	**Department of Health & Community Services** Department of Children, Seniors and Social Development	1
Northwest Territories	*Child and Family Services Act*	**Department of Health & Social Services** Child and Family Services	0
Nova Scotia	*Children and Family Services Act*	**Department of Community Services** Division of Child, Youth and Family Supports	1
Ontario	*Child, Youth and Family Services Act*	Ministry of Children, Community and Social Services	13
Prince Edward Island	*Child Protection Act; Adoption Act*	**Ministry of Family and Human Services** Department of Child and Family Services	1
Quebec	*Youth Protection Act; An Act Respecting Health and Social Services*	**Ministry of Health and Social Services** Directors of Youth Protection	15
Saskatchewan	*Child and Family Services Act; The Child and Family Services Amendment Act*	Ministry of Social Services	17
Yukon	*Child and Family Services Act; Children's Law Act*	**Department of Health and Social Services** Family and Children's Services	0

** Number of FNCFS-funded delegated agencies as of as of March 31, 2019, according to information provided by ISC (Appendix D)*

Evidence of ongoing patterns of overrepresentation in the child welfare system

Ongoing patterns of First Nations overrepresentation in child welfare systems are consistently documented in both national and provincial data (Fallon et al., 2021; Sinha et al., 2011). According to the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (FN/CIS-2019), in 2019, investigations involving First Nations children were 17.2 times as likely to result in placement in formal out-of-home care compared to investigations involving non-Indigenous children (Fallon et al., 2021).[3] Child welfare involvement is consistently shown to be overwhelmingly related to neglect cases which are often driven by poverty, inadequate housing, and other inequities disproportionately experienced by First Nations families in Canada (First Nations Child and Family Caring Society, 2013; Trocmé, Knoke, & Blackstock, 2004).

Census data estimate that a total of 28,030 children aged 0 to 14 were placed in foster care across Canada on a given day in 2016 (Saint-Girons, Trocmé, Esposito, & Fallon, 2020, p. 1).[4] Considered to be among Canada's most vulnerable populations, children in care either have no parents or for complex and interrelated reasons – socioeconomic circumstances, behavioural issues, abuse, family conflict, neglect or a lack of parental abilities – are removed from their parents by the child welfare system or courts (Sherlock & Culbert, 2015; Esposito et al., 2013). Once children enter care, they are often confronted with numerous challenges as they navigate child welfare and other systems. According to child welfare advocates, most children in care are "resilient and determined to survive on their own. But while some find varying degrees of success, others fall down" (Sherlock & Culbert, 2015).

A closer examination of child welfare in Canada reveals the systemic disadvantages faced by First Nations, Inuit, and Métis children in care. First, relative to Canada's population, a disproportionate number of Indigenous[5] children experience removal from their home under child welfare systems (Fallon et al., 2021; Mosher & Hewitt, 2018; Ontario Human Rights Commission, 2018; Fallon et al., 2016; Residential Services Review Panel, 2016; Turner, 2016; Contenta, Monsebraaten & Rankin, 2015, 2014; Peel Children's Aid Society's Annual Report, 2013; United Nations Committee on the Rights of the Child, 2012; McMurtry & Curling, 2008). The results of the 2016 Census show that Indigenous children under the age of 15 represent only eight percent of Canada's total child population, but account for 52 percent of the total foster child population (Statistics Canada, 2016). The percentage of Indigenous children in out-of-home care in some provinces and territories has been shown to be much higher. In Manitoba, for example, almost 90 percent of children in care were Indigenous in October 2017 (Government of Manitoba, 2018).

The situation is exacerbated by the fact that, in many cases, once in foster care, Indigenous children remain in care longer (often remaining in permanent care) and are less likely to be returned to their families compared to their non-Indigenous counterparts (Office of the Child and Youth Advocate Alberta, 2016; McKenzie et al., 2009). Although there has been some success in placing Indigenous children within their own community with extended family, a family with shared ethno-cultural background or foster care that is connected to the family unit, the majority of Indigenous children continue to be placed in non-Indigenous care settings (McKenzie et al., 2009). Second, the rate of Indigenous overrepresentation in foster care continues to grow each year as First Nations, Métis, and Inuit children are brought into care of the welfare system at an increasing rate (Mosher & Hewitt, 2018; Fallon et al., 2016; Statistics Canada, 2016). Third, the over-representation of Indigenous children occurs at every phase of child welfare intervention from reports, investigation, substantiation, entry into care, and placement in permanent child welfare care (das McMurtry, 2015; Blackstock, 2007; Fallon et al., 2021; Sinha et al., 2011; Trocmé et al., 2005).

3 Please refer to Appendix C for an overview of the FN/CIS-2019 study and an analysis of investigations involving First Nations children living on-reserve.

4 There are several important caveats to keep in mind with Census data: 1) Children living in kinship foster homes could be undercounted, since they could be categorized as a "Grandchild" or as an "Other relationship" (such a niece or nephew), rather than as a "Foster child"; 2) Children and youth living in congregate settings (e.g. group homes or other residential settings) are not included in the Census; 3) The Census count is a cross-sectional (point-in-time) count that does not provide information about the total number of children placed in foster care during the year.

5 Indigenous peoples of Canada include those who identify as First Nations (North American Indian), Métis and/or Inuk (Inuit), and/or those who report being Registered or Treaty Indians (that is, registered under the Indian Act of Canada), and/or those who have membership in a First Nation or Indian band (Statistics Canada, 2021a). Although the term Indigenous is used as a collective term for all Indigenous peoples and identities, it is important to note that Indigenous peoples are not a homogeneous group. Indigenous peoples of Canada are a diverse population with distinct histories, languages, cultural practices and spiritual beliefs (Crown-Indigenous Relations and Northern Affairs Canada, 2021; Voyageur & Calliou, 2000; Charron, 2019).

The staggering number of Indigenous children in care has been identified as a growing humanitarian crisis (Hyslop, 2018; Truth and Reconciliation Commission of Canada, 2015a, 2015b, 2015c; Ontario Human Rights Commission, 2018; Johnston, 2016, 1983, 1981). According to child welfare advocates, the overrepresentation of First Nations children in Canada's child welfare system "has increased to the point that the number of First Nations children placed in state care today is three times that at the height of residential school operations" (National Collaborating Centre For Aboriginal Health, 2013, n.p.; Blackstock, 2016, 2007, 2003; Ontario Human Rights Commission, 2018). In recent years, the utilization of data as a decision-making tool in the field of child welfare has taken on greater urgency in Canada considering the alarming number of children that continue to enter child welfare systems (Fallon et. al, 2021; Statistics Canada, 2016; Brownell et al., 2015, p. ix; das McMurtry, 2015).

Numerous calls to address inequities in child welfare services

Evidence of the disproportionate rate of Indigenous children in foster care and continued underfunding of services on reserves has fuelled arguments that Canada's child welfare system has become the modern-day residential school system (Somos, 2021; Wright, 2021).

Patterns of forcible removal of children and damaging dynamics between the federal government and First Nations communities have been documented over three centuries. At every point, Canada was called to make changes, but these demands were not implemented in time, leading to growing crisis that is being seen today.

In **1895**, Duncan Campbell Scott – one of Canada's leading bureaucrats responsible for the residential school file and often identified as the architect of Canada's residential school system (Wattam, 2016, p. 3; Blackstock, 2016, n.p.) – began allowing for the forced removal of "Indian" children from their families and communities for "education" or because they were "not properly cared for" (Blackstock, 2016, n.p.).

By **1953**, there was a growing body of evidence proving that Canada's residential schools had become child welfare institutions (Blackstock, 2016, n.p.).[6]

In **1967**, George Caldwell submitted the results of his investigation of children attending residential schools in Saskatchewan to the Department of Indian Affairs (Blackstock, 2016, n.p.) confirming that the majority of children – 80 percent – in these schools were placed there for child welfare reasons (Blackstock, 2016, n.p; Caldwell, 1967) providing further evidence that residential schools were primarily child welfare institutions. Caldwell's (1967) report and recommendations for the federal government to increase funding of family support services were ignored by the Government of Canada (Blackstock, 2016, n.p.; Caldwell, 1967).

In **1983**, Patrick Johnston released the findings of his research examining why there were so many Indigenous children in care in his report, *Native Children and the Child Welfare System*. Johnston's 1983 report not only provided strong evidence of the involvement of child welfare agencies in the removal of children from their families and communities,[7] but it also brought attention to the term "Sixties-Scoop" (Hanson, 2009, n.p.; Johnston, 2016, 1983, 1981). Coined by Johnston, the term "Sixties-Scoop" refers to the "mass removal of Aboriginal children from their families into the child welfare system, in most cases without the consent of their families or bands" that prevailed during the 1960s (Hanson, 2009, n.p.; Johnston, 2016, 1983, 1981).

In **1991**, the Government of Canada established the Royal Commission on Aboriginal Peoples (the Commission) to "investigate the evolution of the relationship between Indigenous peoples, the Canadian government, and Canadian society as a whole, propose specific solutions to the problems that have hindered those relationships, and examine all issues it deemed relevant to Indigenous peoples in Canada" (Prime Minister of Canada Justin Trudeau, 2021, n.p.; Royal Commission on Aboriginal Peoples, 1996a, 1996b, 1996c, 1996d, 1996e). Five years later, the Commission released the results of its inquiry

6 This was captured in detail by historian John Milloy (1999) in his book *A National Crime: The Canadian Government and the Residential School System, 1879 to 1986.*

7 In looking at the percentage of Indigenous children in care in the province of British Columbia (B.C.), Johnston (1983) found that "[i]n 1955 there were 3,433 children in the care of B.C.'s child welfare branch. Of that number, it was estimated that 29 children, or less than 1 per cent of the total, were of Indian ancestry. By 1964, however, 1,446 children in care in B.C. were of Indian extraction. That number represented 34.2 per cent of all children in care. Within ten years, in other words, the representation of Native children in B.C.'s child welfare system had jumped from almost nil to a third. It was a pattern being repeated in other parts of Canada as well" (Royal Commission on Aboriginal Peoples, 1996c, p. 22; Johnston, 1983; 23).

calling for "a complete restructuring of the relationship between Indigenous and non-Indigenous peoples in Canada…This new relationship would acknowledge and respect Indigenous cultures and values, the historical origins of Indigenous nationhood and the inherent right to Indigenous self-determination" (Doerr, 2021, n.p.; Government of Canada, 2010, n.p.; Royal Commission on Aboriginal Peoples, 1996a, 1996b, 1996c, 1996d, 1996e). The five-volume document outlined 440 recommendations involving: Indigenous governance, nation rebuilding, lands and resources, treaties, economic development, and social policy, including child welfare (Prime Minister of Canada Justin Trudeau, 2021, n.p.; Royal Commission on Aboriginal Peoples, 1996a, 1996b, 1996c, 1996d, 1996e). Throughout the inquiry, presentations along with evidence submitted to the Commission found Canada's residential schooling was a "persistent and destructive force" on relations between Indigenous peoples, the Canadian government, and Canadian society, as were Canada's child welfare policies:

> The effect of these policies, as applied to Aboriginal children, was to tear more holes in the family web and detach more Aboriginal people from their roots. Authorities had only one remedy for children thought to be in need of protection – removal from their families. Authorities were not able to alleviate family poverty, fix crumbling houses, or support young parents who had themselves been raised in institutions, without parents as models. They made little or no attempt to place children at risk with members of their kin network or with other Aboriginal families who could help them hold on to their culture and identity (Government of Canada, 2010, n.p.; Royal Commission on Aboriginal Peoples, 1996a, 1996b, 1996c, 1996d, 1996e).

Evidence submitted to the Commission showed that Canada's child welfare system was based on colonial polices specifically designed to assimilate Indigenous children, and an extension of the country's residential school system (First Nations Child and Family Caring Society of Canada, 2022, n.p.; Royal Commission on Aboriginal Peoples, 1996e, p. 24). The Government of Canada's willingness to fund child-in-care costs yet reject financial responsibility for preventative services was also found to be the basis for decisions that made the apprehension and permanent removal of children the preferred solution in child removal cases (First Nations Child and Family Caring Society of Canada, 2022, n.p.; Royal Commission on Aboriginal Peoples, 1996e, p. 24). Included in the Commission's recommendations were calls for action by the Government of Canada to: reform existing child welfare services; shift government funding towards family supports as opposed to child-in-care costs; and transfer control of child welfare services to the Indigenous people (First Nations Child and Family Caring Society of Canada, 2022, n.p.; Royal Commission on Aboriginal Peoples, 1996e, pp. 48–49; Government of Canada, 2010, n.p.). According to the Commission, "[c]hild welfare is one of the services that Indigenous people want most to control for themselves" (Government of Canada, 2010, n.p.) and enhanced data collection and information exchange (McBride, n.d., p. 3).

In **2015**, The Truth and Reconciliation Commission (TRC, 2015a) released 94 "Calls to Action" to redress the legacy of Canada's system of residential schools and advance the process of reconciliation, which included changes to Canada's Indigenous system of child welfare. Included in the TRC's (2015a, p. 1) Calls to Action were: the adoption and implementation of initiatives designed to reduce the number of Indigenous children in care; the collection and storage of data regarding the number of Indigenous children in care, the reasons for the displacement of Indigenous children, the costs of preventative care and effectiveness of interventions; the implementation of Jordan's Principle; the enactment of Indigenous focused child-welfare legislation that establishes national standards for Indigenous child apprehension and custody cases; and the development of culturally appropriate programs for Indigenous families.

In **2018**, the Ontario Human Rights Commission (OHRC) released its report, *Interrupted Childhoods: Over-Representation of Indigenous and Black Children in Child Welfare*. The OHRC's (2018, p. 2) inquiry found that the overrepresentation of Indigenous children in Canada's foster care system can be attributed to a number of "complex and multi-faceted" issues stemming largely from the intergenerational effects of colonialism and associated child welfare practices. Services provided under Canada's system of child welfare were found to be racially biased against Indigenous peoples (Choate, 2018, p. 5; McKay, 2018). Racial biases linked to child welfare have a spillover effect by influencing policy, decision making about placement in out-out of home care, and ultimately, contributing to the overrepresentation of Indigenous children in care (Choate, 2018: pp. 5, 32; McKay, 2018; Drake et al., 2011). The OHRC traced chronic family concerns such as poverty, poor and unsafe housing, substance use, mental health issues and social isolation to decades of oppressive and discriminatory policies such as Canada's Indian Residential Schools and Sixties Scoop which led to the removal of children from their family structures (McKay,

2018). Many of the structural biases that contributed to the Indian Residential Schools and Sixties Scoop are still being incorporated, and to some extent enhanced with child welfare decision making (Choate, 2018, p.33). The OHRC (2018) further noted the critical importance of ensuring open dialogue with Indigenous and racialized communities, as well as the utility of data collection and analysis, in providing context to the issue of over-representation.

In **2019**, The National Inquiry into Missing and Murdered Indigenous Women and Girls (MMIWG) (2019a, 2019b) released its report, *Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls*. The National Inquiry's Final Report revealed "that persistent and deliberate human and Indigenous rights violations and abuses are the root cause behind Canada's staggering rates of violence against Indigenous women, girls and 2SLGBTQQIA people" (National Inquiry into Missing and Murdered Indigenous Women and Girls, n.d.). The Final Report provided 231 individual Calls for Justice requiring "for transformative legal and social changes to resolve the crisis that has devastated Indigenous communities across the country" (National Inquiry into Missing and Murdered Indigenous Women and Girls, n.d.; CBC News, 2019). For many child welfare advocates, the Final Report solidified the "causal relationship between the plight of missing and murdered Indigenous women and [Canada's] child welfare system," (Taylor, 2018, n.p.) a sentiment that was echoed in the testimonies of witnesses throughout the inquiry (Morgan, 2008; Taylor, 2018).[8] The Final Report also highlighted the need for comprehensive data collection by federal and provincial Governments in order to address the crises as well as the involvement of Indigenous peoples in the process (CBC News, 2019).

Current structure of health and social services for First Nations children

Legal framework for the delivery of health and social services across Canada

The organization and structure of Canada's healthcare system is largely determined by Canada's Constitution Act, of 1982, in which jurisdictional roles and responsibilities over healthcare are divided between federal, provincial and territorial governments (Government of Canada, 2021a, n.p.; Behrend, Forsyth, & Mohamed, 2021, p. 4). In general, primary jurisdiction over the administration and delivery of health care services – including setting healthcare priorities, administering healthcare budgets and managing healthcare resources – is delegated to provinces and territories (Government of Canada, 2021b, n.p.; Behrend, Forsyth, & Mohamed, 2021, p. 4). The federal government has spending power over healthcare primarily through the use of transfer payments to support provincial and territorial delivery of health services to residents (Government of Canada, 2021b, n.p.; Behrend, Forsyth, & Mohamed, 2021, p. 4).

The allocation of healthcare responsibility for Indigenous peoples – which includes First Nations, Inuit and Métis – is shaped by an intricate web or what is often referred to as a "jurisdictional patchwork" (Gouldhawke, 2021, n.p.) of policies, legislation and relationships (Government of Canada, 2021a, n.p.; Behrend, Forsyth, & Mohamed, 2021, p. 4). Responsibility is "divided between the provinces, territories, the federally-funded Non-Insured Health Benefits (NIHB)[9] program for First Nations and Inuit, and finally, limited Métis programs via

8 According to Qajaq Robinson, former Commissioner for the MMIWG "I'd say probably a third to a half of all the testimonies [I heard] in each area [spoke] to child welfare or child and family services – from limitations in terms of the supports that they receive; the eligibility; the lack of services available, particularly in remote locations…where the agencies are either not staffed enough or just don't have the resources available to assist with the needs that families have. In a number of the cases involving disappearances or murders, often we [heard] about it as a factor for women who, for example, have either struggled with addiction or struggled with trauma, and their struggles have resulted in their children being either apprehended or, you know, [placed] under some form of care and supervision. And then the removal of the children having a really, really devastating impact on [their] will to go on – I don't know how else to describe it. It has a real devastating impact of loss and of grief … that heartbreak of being separated from one's child, whether it was through residential school – because we [heard] a lot about that – or through the child-welfare system" (Morgan, 2018, n.p.).

9 The NIHB program "supports the health needs of First Nations and Inuit by: ensuring availability of, and access to, quality health services; supporting greater control of the health system by First Nations and Inuit; and, supporting the improvement of First Nations health programs and services through improved integration, harmonization, and alignment with provincial/territorial health systems. [It] also provides eligible First Nations and Inuit, regardless of where they live, with supplementary health benefits not covered by provincial or territorial health insurance or private programs such as prescription drugs, medical supplies and equipment, dental and vision care, short term mental health crisis counselling and medical transportation" (Behrend, Forsyth, & Mohamed, 2021, p. 4). For a detailed overview of the NIHB program, see Government of Canada (2021c). For information regarding other healthcare services and supports, including: coronavirus; nursing careers; access to community care programs, health services and nursing care; mental health; substance use; family health; diseases that may affect First Nations and Inuit communities; and environmental issues and health, see Government of Canada (2021b).

Indigenous Services Canada [ISC][10]" (Gouldhawke, 2021, n.p.). The complexity of Canada's healthcare system, according to Mike Gouldhawke (2021), a Métis and Cree writer and community organizer, means that in Canada, there are effectively 15 different healthcare systems (n.p.). Adding to this complexity is the division of healthcare responsibility and funding for First Nations and Inuit communities on reserve:

> [p]rovincial/territorial governments provide hospitals, physicians, and public health programs, but rarely operate direct health services on-reserve. The federal government, via the FNIHB of ISC, funds and, in some cases, delivers health programs and services for the First Nations and Inuit populations living on-reserve or traditional territory. These federally funded programs and services are intended to be complementary to health services provided by provincial/territorial governments, First Nations organizations and communities and third-party services providers (Behrend, Forsyth & Mohamed, 2021, p. 3).

For Métis, off-reserve First Nations and non-status First Nations, services and benefits are primarily provided for by provinces and territories (Government of Canada, 2021b, n.p.). According to Indigenous Services Canada, "[a] coordinated approach to address the health needs of First Nations, Inuit and Métis, and health care delivery among all levels of government including Indigenous governments, remains an ongoing challenge. Improved clarity and a shared understanding of the role of various levels of government is needed, including for Métis, off-reserve First Nations and urban Inuit populations" (Government of Canada, 2021b, n.p.).

Jordan's Principle is a "child-first" principle adopted in 2007, that is designed to ensure that in situations where there is a funding dispute between federal and provincial governments, or between federal departments with regard to the provision of essential services[11], First Nations children do not experience delays, disruptions or denials of services typically available to other Canadian children (Government of Canada, 2019). Under provisions of Jordan's principle, the government department of first contact is required to pay for the service(s) provided to a First Nations child, and that funding issues be resolved after services are provided (Government of Canada, 2019). Jordan's Principle is named in honour of Jordan River Anderson, a First Nations child from Norway House, Manitoba, requiring complex care who died in hospital while the federal and provincial governments battled over funding responsibilities for Jordan's at-home care needs (Canadian Pediatric Society, 2019; Government of Canada, 2019; First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada, 2017).

Since Jordan's Principle implementation, which began in earnest in 2017, there has been funding to support Jordan's Principle requests for essential services. An overview of the number and types of service coordination organizations across Canada is included in Table 1.2 on p. 30.

Evidence on disparities in health outcomes between Indigenous and non-Indigenous populations

A review of chronic health conditions of Indigenous Peoples by the Royal College of Physicians and Surgeons of Canada (RCPSC) found that in comparison to non-Indigenous populations, First Nations, Métis and Inuit populations experience "a disproportionately high burden of chronic diseases and associated risk factors" (King, Smith, & Gracey, 2009; Royal College of Physicians and Surgeons of Canada, 2019, p. 66):

- "[In 2016] 59.8 per cent of First Nations adults reported having one or more chronic health conditions. Diabetes, arthritis, high blood pressure, allergies and chronic back pain remain the most commonly reported conditions" (First Nations Information Governance Centre, 2018a; Royal College of Physicians and Surgeons of Canada, 2019, pp. 66–67).

10 Key social programs ISC funds in First Nation communities, as well as other supports for Inuit families include: First Nations Child and Family Services (funds prevention and protection services to support the safety and well-being of First Nation children and families on reserve); Family Violence Prevention Program (supports shelters, as well as funding for community-driven proposals for family violence prevention projects); On-reserve Income Assistance Program (supports greater labour market participation in First Nation communities); Assisted Living Program (provides funds to identified service providers to help provide non-medical, social support services to people living on-reserve with chronic illness or disability); Urban Programming for Indigenous Peoples (funding for organizations and projects that support urban Indigenous peoples); Jordan's Principle (supports for First Nations children); The Child First Initiative (ensures Inuit children have access to the essential products, services and supports they need); and the Community Well-Being and Jurisdiction Initiatives Program (funding to provide prevention and well-being services for First Nations children and families on reserves and in Yukon). For an overview of these, as well as other programs, see Government of Canada (2021d).

11 This includes, but is not limited to, services such as mental health, special education, dental, physical therapy, speech therapy, medical equipment, and physiotherapy.

Table 1.2 Overview of the number and type of Jordan's Principle service coordination organizations by jurisdiction

Province or Territory	Number and type of Service Coordination organizations FY 2020-2021
Alberta	1 (First Nations Health Consortium)
British Columbia	1 (First Nations Health Authority)
Manitoba	7 Tribal Councils, 1 Eagle Urban Transition Centre, and 5 specialized service providers (rehab and mental health services)
Newfoundland & Labrador	3 First Nations communities
New Brunswick	2 Tribal Councils
Northwest Territories	1 (FNIHB)
Nova Scotia	2 Tribal Councils
Ontario	5 Provincial/Territorial organizations
Prince Edward Island	1 Tribal Council (Confederacy of Mainland Mi'kmaq)
Quebec	31, including communities and First Nations organizations
Saskatchewan	10 Early Childhood Intervention Program (ECIP) agencies, 3 Tribal Councils, 1 First Nations community
Yukon	1 Tribal Council (Council of Yukon First Nations)

- "The prevalence of diabetes among First Nations adults living off-reserve and Métis adults is 1.9 and 1.5 times higher than the rate among non-Indigenous adults (Pan-Canadian Health Inequities Reporting Initiative, 2018 Royal College of Physicians and Surgeons of Canada, 2019, p. 67). Rates of Type 2 diabetes among Indigenous children and youth have also been identified as an area of concern (Earle, 2011; Royal College of Physicians and Surgeons of Canada, 2019, p. 67).
- "The prevalence of obesity among First Nations living off-reserve and Inuit is 1.6 times that of non-Indigenous people (Pan-Canadian Health Inequities Reporting Initiative, 2018; Royal College of Physicians and Surgeons of Canada, 2019, p. 67)
- "According to 2014 national estimates, Indigenous populations had HIV incidence rates 2.7 times higher than people of other ethnicities" (Yang et al., 2016; Royal College of Physicians and Surgeons of Canada, 2019, p. 67).
- "[A]reas where many people identify as First Nations, Inuit and Métis have suicide rates that are 3.7, 6.5 and 2.7 times higher than in areas with a low concentration of people who identify as Indigenous. This translates respectively to 29.2, 61.0, and 18.6 more deaths by suicide per 100,000 people, than among the non-Indigenous population" (Pan-Canadian Health Inequalities Reporting Initiative, 2018; Royal College of Physicians and Surgeons of Canada, 2019, p. 67).

The current COVID-19 pandemic provides further evidence of the disparities in health outcomes between Indigenous and non-Indigenous populations. Data have shown that COVID-19 is impacting Indigenous people at higher rates than the general population (Habib, n.d.; Froese, 2021). For example, in Manitoba in February of 2021, while only 10 percent of the population was First Nations, they accounted for 70 percent of the province's COVID-19 cases (Habib, n.d.; Froese, 2021). The disproportionality was also reflected in the ages of individuals dying as a result of COVID – 83 years old for the general population compared to 66 for First Nations people – and admissions to intensive care units (Habib, n.d.; Froese, 2021). Although there is some variation between provinces and territories, the disproportional impact of COVID-19 on the health and well-being of Indigenous populations has occurred across Canada (Hawthorn, 2021; Patterson, 2021).

Numerous calls to address inequities in health and social services

In **1991**, the Royal Commission on Aboriginal Peoples (the Commission), described in more detail above, acknowledged the troubling health disparities between Indigenous and non-Indigenous populations, what it referred to as "both a tragedy and a crisis" (Government of Canada, 2010, n.p.). The recommendations outlined by the Commission included health and social policy measures focused on "solving urgent health and social problems, promoting human capacity building in Aboriginal nations, and alerting mainstream institutions to their responsibilities to Aboriginal people" (Government of Canada, 2010, n.p.).

In **2002**, Commissioner Roy J. Romanow, Q.C. released his final report, outlining the future of healthcare in Canada. The 2002 Report noted that "the mismanagement of health care funding and a poorly designed system of care had left Indigenous peoples facing serious health inequities" (Palmer, Tepper, &

Nolan, 2017, n.p.; Romanow, 2002, pp. 211–23). Forty-seven recommendations were proposed that included recommendations for "all levels of government to come together to restructure Aboriginal health care" (Palmer, Tepper, & Nolan, 2017, n.p.; Romanow, 2002, pp. 211–23; 247–253).

In **2015**, the Truth and Reconciliation Commission Report (2015b, pp. 6–7, 139–183) acknowledges that the troubling disparities in the health outcomes between Indigenous and non-Indigenous Canadians which are deeply rooted in Canadian society continue to exist (TRC, 2015b, pp. 6–7, 139–183). The Commission found that compared to non-Indigenous populations, Indigenous populations have higher rates of suicide, infant mortality, maternal mortality and morbidity, infectious disease burdens; and dramatically shortened life expectancies (HealthCareCan, 2016, p. 2; TRC, 2015b, pp. 6–7, 139–183). In its 94 Calls to Action, recommendations 18 through 24 and 55 pertain directly to health (2015a, pp. 2–3, 6).

At a global level, recognition of the troubling disparities in the health outcomes between Indigenous and non-Indigenous populations and the dire need to address them has also come from the World Health Organization (Pulver, Haswell, Ring et al., 2010) and the United Nations (2018, 2007).

Barriers to equitable health and social services for Indigenous populations

Barriers to equitable health and social services for Indigenous populations are complex and interconnected and include: jurisdictional disputes; non-Indigenous determinants of health; racism and discrimination; exclusion of Indigenous cultural norms and practices; and the legacy of colonialism and associated government policies.

Jurisdictional disputes

Problems First Nations, Inuit, and Métis populations experience while navigating their health-care systems are "compounded by having to continuously cross jurisdictional boundaries to access the care they need. They are faced with additional challenges because federal and provincial authorities often disagree on which system should pay for which services" (Lavoie, 2017, n.p.). As discussed earlier, the allocation of healthcare responsibility for Indigenous peoples is shaped by an intricate and complex web or what is often referred to as a "jurisdictional patchwork" of policies, legislation and relationships divided between the provinces, territories, the federal government, First Nations organizations and communities, and third-party services providers. Historically, the lack of clarity resulting from this jurisdictional patchwork has been utilized by governments – both federal and provincial – to narrowly define their respective roles and responsibilities in the delivery and funding of health and social services to Indigenous populations (Palmer, Tepper, & Nolan, 2017, n.p.). Research has shown that this has led to "bureaucratic delays that leave Indigenous peoples waiting for care or medications readily available to non-Indigenous Canadians. And it's created gaps in care between Indigenous and non-status and First Nations people living off-reserve" (Palmer, Tepper, & Nolan, 2017, n.p.; Lavoie, Kaufert, Browne et al., 2015).

Looking beyond traditional social determinants of health

The World Health Organization identifies seven social determinants of health, these being: social gradient; social exclusion; work; unemployment; social support; and early life (Postl, Cook, & Moffatt, 2010, p. 45). Canadian determinants of health typically include: education; income and social status; social support networks; employment and working conditions; social and physical environments; personal health practices and coping skills; healthy child development; culture; gender; health services; biology; and genetic endowment (Postl, Cook, & Moffatt, 2010, p. 45). Although these traditional determinants are relevant to Indigenous populations, Indigenous specific determinants of health that are critical to the health and well-being of Indigenous populations are often overlooked or ignored (Postl, Cook, & Moffatt, 2010, p. 45). Moreover, because the "burden of health disparities facing all Indigenous populations is great, but not homogeneous [they] must be understood within the diverse and sometimes disparate contexts within which First Nations, Inuit and Métis people live" (Postl, Cook, & Moffatt, 2010, p. 25).

Indigenous-specific determinants of health can be organized according to three broad categories: distal (this includes historic, political, social and economic contexts); intermediate (this includes community infrastructure, resources, systems and capacities); and proximal (this includes health behaviours and physical and social environments) (Postl, Cook, & Moffatt, 2010, p. 46; Reading & Wen, 2009). Research suggests that "distal determinants have the most profound influence on the health of populations because they represent contexts that construct both intermediate and proximal determinants" (Postl, Cook, & Moffatt, 2010, p. 46; Reading & Wen, 2009). "The individual and cumulative

effects of inequitable social determinants of health are evident in diminished physical, mental, and emotional health experience by many [Indigenous] peoples. Unfavourable distal, intermediate and proximal determinants of health are associated with increased stress through lack of control, diminished immunity and resiliency to disease and social problems, as well as decreased capacity to address ill health" (Postl, Cook, & Moffatt, 2010, p. 25).

Racism and discrimination

"Racism and discrimination adversely affect health on multiple individual, interpersonal, societal, and community levels. The lived experience of discrimination is itself a strong risk factor for morbidity and mortality, while hate crimes and violence against racial minorities pose direct harm to people's bodies. These problems are compounded by the inequities of access and quality that still plague [Canada's] health system" (Canadian Nurses Association, 2021, n.p.). For Indigenous populations, the widespread reach of racism and discrimination act as barriers to accessing health and social services, even in circumstances when access to care is possible (Abma, 2018, n.p.). According to Dr. Karline Wilson-Mitchell, Director of midwifery at Canada's Ryerson University, "health equity is a significant problem in Canada, and it is largely attributed to unequal access to care, structure racism and systemic discrimination" (Abma, 2018, n.p.). Racism and discrimination within the healthcare system helps to fuel distrust of both the healthcare system and healthcare providers; and typically have unfavourable impacts on health outcomes that include emotional, physical and social harm (Canadian Nurses Association, 2021, n.p.; Abma, 2018, n.p.; United Nations Inter-Agency Support Group on Indigenous Issues, 2014, p. 9). Ultimately this results in a loss of trust in health systems which in turn results in reduced utilization of healthcare services, and ultimately to poorer health outcomes for Indigenous populations (Canadian Nurses Association, 2021, n.p.). In 2015, the RCPSC developed CanMEDS – a framework for improving patient care by enhancing the training of physicians (Royal College of Physicians and Surgeons of Canada, 2022, n.p.). CanMEDS incorporates a cultural safety approach to the use of power in the delivery of healthcare. It is "based on understanding power differentials in the health care system and serves as a concept for guiding an analysis of power in every relationship of difference" (Royal College of Physicians and Surgeons of Canada, 2019, p. 29; Hart-Wasekeesikaw, 2009; Ramsden, 2002). According to researchers, "[t]he political commitment to equity in health care that is inherent in cultural safety is required to address health inequities between Indigenous and non-Indigenous people (Royal College of Physicians and Surgeons of Canada, 2019, p. 30; Darroch et al., 2016).

Exclusion of Indigenous cultural norms and practices

The United Nations Inter-Agency Support Group on Indigenous Issues (2014) found that "of all the barriers faced by Indigenous peoples, it is perhaps the cultural barriers that present the most complicated challenge because there is little understanding of the social and cultural factors deriving from the knowledge, attitudes, and practices in health of the [I]ndigenous peoples" (p. 9). In many cases, the emphasis or bias towards westernized medicine and practices can be considered highly insensitive or inappropriate for Indigenous practitioners of traditional medicine leading to: poor communication between healthcare providers and clients; and inadequate care (United Nations Inter-Agency Support Group on Indigenous Issues, 2014, p. 9; Li, 2017; Coast, Jones, Lattof et al., 2016; Reibel and Walker, 2010; Heaman, Blanchard, Gupton et al., 2005, p. 188). Stout (1996) found that the insensitivity to Indigenous cultural values in the provision of health care is a contributing factor to Indigenous women's reluctance to seek medical attention and diagnoses for antenatal complications (Heaman et al., 2005, p. 188).

The legacy of colonialism and associated government policies and practices have resulted in intergenerational trauma that has and continues to affect the physical and mental health of Indigenous peoples (Sheppard, Shapiro, Bushnik et al., 2017: 11). The findings of the 2015 TRC (2015a, 2015b, 2015c) illustrate how destructive Canada's colonial history and policies have been to generations of Indigenous peoples (Lindstrom & Choate, 2016, p. 47). The Indian Act, 1985 Canada's Indian Residential Schools, forced sterilization, the Sixties Scoop, the millennium scoop and colonization have victimized generations of First Nations children, as well as the lives of their descendants (Riggs, 2012, p. 60). Pain, rage, and grief of unresolved trauma from these tragic events contribute to toxic stress for Indigenous peoples that can further influence the development of diseases and compromise their immunity (Iwasaki et al., 2004).

Opportunities for ending discriminatory health and social services for First Nations children

Canada's universal healthcare system is internationally celebrated for its relatively equitable access and healthcare outcomes, yet disparities in health outcomes between Indigenous and non-Indigenous populations remain; largely fuelled by jurisdictional disputes, a reliance on non-Indigenous determinants of health, racism, and discrimination, a westernized approach to the provision of health and social services which excludes Indigenous knowledge, culture, and practices, and the legacy of colonialism and the associated government policies. Growing voices within Canada and abroad calling for the transformation of Canada's system of delivering health and social services to marginalized populations provides both policy makers and healthcare providers with a unique opportunity to address longstanding health inequities and disparities faced by Indigenous populations. Through their efforts, policy makers can end discriminatory policies and practices that have fuelled health inequities for generations by formulating policies – in partnership with Indigenous populations – that support innovative and unconventional methods of delivering health and social services that speak to the unique needs of Indigenous peoples of Canada. Policies that provide the necessary resources for the development, implementation and sustainability of new and innovative models of service delivery will help broaden the supply of available services as well as the capacity of healthcare professionals to provide them.

Providers of healthcare share an equally important responsibility to reduce if not eliminate disparities in healthcare through the design, adoption, delivery and monitoring of programs that acknowledge and address barriers to the provision of health and social services to Canada's Indigenous peoples. Healthcare providers need to work with Indigenous populations to reclaim their traditional roles in their health care and ensure their well-being. This requires incorporating cultural considerations throughout all aspects of service delivery including but not limited to: the adoption of appropriate language for purposes of communication; providing safe and culturally appropriate environments free of fear and distrust often attributed to racism and other forms of discrimination that discourage Indigenous populations from seeking healthcare; and accommodating the special needs of those who have suffered generations of trauma attributed to Canada's colonial legacy and associated policies. These actions are not only critical to the health and well-being of Indigenous populations, but also an integral part of helping to shape a new direction in Canada's relations with Indigenous peoples, one built on equality, respect and dignity.

The Use of Administrative Data to Document the Delivery of Services

Marina Sistovaris, Leyco Wilson, Genevieve Sansone & CHRT Compensation Project team

The decentralized nature of child welfare and health and social services delivery in Canada presents an overarching challenge to the collection, management, storage, and use of administrative data (Laferrière & Deshaies-Moreault, 2018). However, the recent AIP to compensate thousands of individuals who have been involved in child welfare or experienced delays and denials of essential services are prompting a need to understand how administrative data can be used to assist with the identification of eligible individuals. In this section of the report, we discuss the use and governance of administrative data along with advantages and challenges of relying on this kind of information to document service delivery and identify claimants.

What is administrative data?

A search of the literature found multiple definitions of the term *administrative data* across different fields of study. For purposes of the review, the following operational definition was selected because it is effective in identifying key features and functions of administrative data as well as differentiating administrative data from other sources of data:

> "**Administrative data** refers to records that government and social services keep on the people they serve – information collected for operational purposes. Because this data is not collected for research purposes, administrative data is [not] survey data...[Because administrative] data often consists of person-level records that contain private and sensitive information, to protect confidentiality, it cannot be made openly available. [Hence,] administrative data isn't open data, either...Although administrative data cannot be released openly, these datasets can be "linked" between government ministries. This means that previously discrete personal records can be joined up, resulting in a richer dataset. Data-linking could look like matching an individual's health records with their education records; and then doing that for a whole set of people. Administrative data can also be shared in an anonymized, aggregated format between government, nonprofits, or academic researchers" (Powered By Data, 2018b, n.p.; 2018a).

It is important to highlight three salient features of administrative data in the definition above that can influence decisions regarding the utility of administrative data for decision making. First, administrative data is information generated from the daily operations of administrative systems, typically public sector agencies responsible for the provision of services to the public (Connelly et al., 2016, p. 3). Administrative data is collected by public sector bodies for specific operational purposes including: daily operations; monitoring and improving organizational performance; and effective service delivery, not for research (Administrative Data Research UK, 2022, n.p.). For this reason, "[u]nlike when dealing with well-designed and well-curated research data sets, no metadata, comparison groups, representative samples, or quality checks can be assumed" (Goroff, 2020, p. xii) with administrative data. Second, because administrative data is generated from the routine tasks of public agencies and the delivery of services to the public, administrative records contain private and sensitive person-level information which prevents it from being openly available to researchers (Powered By Data, 2018b, n.p.; 2018a, pp. 4–5). For this reason, administrative data is not open data (Powered By Data, 2018b, n.p.). Third, "[a]dministrative data from different ministries – or even different services within the same ministry – are often collected, stored, and accessed separately" (Powered By Data, 2018a, pp. 4; 2018b, n.p.).

In the field of child welfare, administrative data systems are maintained by public agencies and typically "populated and accessed by a range of users – including caseworkers, supervisors, managers, program administrators, and evaluators – and typically include demographic data, case records, and sensitive information such as maltreatment reports and entries into out-of-home placement" (James Bell Associates, 2018, p. 22).

Growing demand for better data

Quantitative fields such as financial services and pharmaceutical research have historically relied on the collection and analysis of data to help guide decision making (SAS, 2021, p.1). For many decision makers in these fields, data are considered to be an indispensable tool necessary to: identify and approach problems strategically; make informed decisions; identify what is working and what is not; manage time and resources efficiently; formulate theories and substantiate arguments (SAS, 2021). In contrast, in the field of human and social services there has been considerable hesitancy to embrace the use of data to help guide decision making (SAS, 2021, p. 1, 4). However, growing

evidence of the utility of data in decision making coupled with a shift towards evidence based practice and policy making, knowledge translation activities and building research capacity – particularly in the field of child welfare – have not only increased the acceptance of data as a decision making tool, but have also helped fuel the demand for data by child welfare practitioners, researchers, academics and government institutions (Chikwava et al., 2021; Pearson, 2021; Cole et al., 2020, p. 1; Ji & Marshall, 2020; UNICEF, 2020; Trocmé et al., 2019; Collosi-Bath, 2018; Donnelly et al., 2018; Fallon, Filippelli et al., 2017; Vandivere & DeVooght, 2014; McBride, n.d.). As outlined in the previous section, recognition of the discrimination experienced by First Nations children and families has come with calls for better documentation and data regarding these inequities (e.g., Government of Canada, 2010; McBride, n.d.; Morgan, 2008; OHRC, 2018; Taylor, 2018; TRC, 2015a)

Dr. Jerry Milner (SAS, 2021), child welfare advocate and former Commissioner of the U.S. Administration for Children and Families, acknowledges that acquiring the necessary data to make informed decisions involving children in care is not without its challenges; however, the extra effort can be justified when data can be used to minimize trauma children experience in care.

> It's simply a fact that often in our work, we unintentionally add to the trauma that children and their families experience when abuse or neglect occurs within the family context. When we move children, they experience a loss. We have data that helps us understand why children move and under what circumstances they're most likely to move. We can use that data to adapt our practice. […] Ultimately, broader use of data…should reduce the trauma that children and their families experience (SAS, 2021, p. 7).

At a global level, recognition of the pivotal role data can play in decision making – particularly decisions involving marginalized populations – has come from the United Nations Permanent Forum on Indigenous Issues (UNPFII). According to the UNPFII (n.d.) "[o]fficial data collection and disaggregation on [I]ndigenous peoples tends to be inadequate and sometimes non-existent. This in turn has had significant consequences on how the problems that [I]ndigenous peoples face are addressed" (n.p.). In 2007, the UN General Assembly passed the *United Nations Declaration on the Right of Indigenous People (UNDRIP)*. Considered to be the "most comprehensive international instrument on the rights of Indigenous peoples" (UN, 2007), the UNDRIP establishes a series of human rights standards and fundamental freedoms for the "survival, dignity and well-being of the indigenous peoples of the world" (UN, 2007). Article 19 of the UNDRIP is notable for its emphasis on the importance and necessity of data to the wellbeing of Indigenous populations "to obtain their free, prior and informed consent before adopting and implementing legislative or administrative measures that may affect them" (United Nations, 2007).

On June 21, 2021, Bill C-15, which seeks to align Canadian law with the UNDRIP, received royal assent. Although Bill C-15 does not incorporate the 2007 UNDRIP's various articles into Canadian law, what it does provide is a framework for the implementation of a plan that will assist the Government of Canada to achieve the objectives of the UNDRIP (Aiello, 2021, n.p.; McBride, n.d., p. 3). Both the UNPFII and framework of the 2007 UNDRIP are effective in bringing attention to the fact that data; and the collection, management and analysis of data is "critical for the empowerment of [Indigenous] communities and for identifying their needs" (McBride, n.d., p. 2).

Improving data quality and the process of data collection for Indigenous peoples provides a host of benefits for both decision makers, service providers, and the populations they serve:

- With better information, governments can focus their response on the best way to fund and assist First Nations Child and Family Services (FNCFS) agencies and help reduce the overrepresentation of Indigenous children in the child welfare system.
- New policies or programs can be piloted; policy makers can build support and capacity in FNCFS agencies.
- The act of improving data collection and analysis helps to fulfill the goals and targets that governments have agreed to, as well as enable governments to demonstrate they have met their obligations.
- [D]isaggregated data is essential for responding to issues of transparency, accessibility, fairness and equity in the child welfare system, and are particularly relevant for Indigenous peoples given their high level of overrepresentation in the child welfare system of Canada.
- The traditional approaches to studying FNCFS agencies (and Indigenous peoples generally) as a single entity tend to hide important intra- and interagency differences among FNCFS agencies and Indigenous populations across Canada. Indigenous peoples and FNCFS agencies as

a whole are not all the same, and there is a need to look at the outcomes for the children and families serviced by these agencies separately as well as comparatively (National Collaborating Centre for Aboriginal Health, 2009, n.p.).

Advantages of utilizing administrative data

Administrative data has specific advantages over competing sources of data for decision makers (Administrative Data Research UK, n.d.; Powered by Data, 2018a, 2018b). British researchers note that "wealth of data, the majority of which was not originally created for research but is a by-product of government services, has the potential to create important knowledge, providing powerful insights into our society and in turn pointing to areas where change is needed" (Administrative Data Research UK, n.d., n.p.). By using administrative data in innovative ways, governments and organizations responsible for the delivery of human and social services can have a much clearer and concise understanding of the communities they serve and their specific needs (Powered by Data, 2018a, p. 8).

The main advantages of administrative data include but are not limited to the following: cost efficiencies; a high level of data detail; flexibility to utilize data for longitudinal research; the ability to minimize the burden on respondents; and the sharing or linking of data. In the short-term, these advantages of administrative data may also be leveraged to support identification of claimants seeking compensation.

Cost efficiencies. Administrative data are typically collected by public sector agencies in the routine tasks associated with the delivery of services. Hence, in comparison to other data sources, (e.g., census and surveys), using administrative data is typically less expensive because there are no additional collection requirements (Statistics Canada, 2021b, n.p.).

Providing a better understanding of specific communities. Administrative data provides a higher degree of detail regarding small sub-groups of the population as long as the correct variables are present in the file (Statistics Canada, 2021b, n.p.).

Better understanding of trajectories. Because administrative data are collected on an ongoing basis, they allow for longitudinal examination of patterns, trends and projections of trajectories of specific population cohorts (Chikwava et al., 2021; Statistics Canada, 2021b, n.p.; Ji & Marshall, 2020; Collisi-Bath, 2018; Green et al., 2015). Research by Collosi-Bath (2018) found that administrative data are effective in "captur[ing] information about people across their life course while protecting confidentiality. Data collection starts with birth and is gathered through early development, schooling, socialization, transition to adulthood, and adulthood. For some populations of adults, additional information is gathered depending on their characteristics and social supports and systems they may have entered. This can include people who experience homelessness; participate in public benefit programs; people with certain disabilities; and those who have been incarcerated. As people age, additional information is recorded; the final piece of additional information is the death certificate" (p. 34).

Minimizing the burden on respondents. Again, since administrative data are already being collected, there is no additional burden on the respondents from additional data collection efforts (Statistics Canada, 2021b, n.p.; Chikwava et al., 2021, p.2; Laferrière & Deshaies-Moreault, 2018). Chikwava et al. (2021) note that utilizing child welfare administrative data "reduces the burden on individuals to disclose sensitive or traumatic experiences and also reduces the risk of recall bias, social desirability and stigma, which may occur, for instance, in retrospective self-reporting of child maltreatment" (p. 2).

Specific uses of administrative data sharing. As discussed earlier in this review, the collection of administrative data from different ministries or even from entities within the same ministry are typically collected, stored and accessed separately (Powered By Data, 2018a, p. 4). Data sharing involves the "practice of allowing more than one agency or organization to access and use administrative data for new purposes. Sharing could occur between ministries within government, as well as between government agencies and nonprofit partners" (Powered By Data, 2018a, p. 4). One of the key strengths of administrative data is that it lends itself to data sharing. Table 1.3 on p. 37 provides a snapshot of possible applications of administrative data sharing along with associated case studies illustrating its utility.

Table 1.3 Applications of administrative data sharing

Application	Contribution	Case Study
Evidence Based Policy	Administrative data can be leveraged to help inform public policy, guide decisions regarding service delivery, and provide a smarter approach to resource allocation.	The First Nations Child and Family Caring Society of Canada educates on the need for evidence-based policies to support First Nations youth. Their efforts have often been frustrated by the fragmentation of data on Indigenous children in care, and they have expressed a need for coordinated child welfare data sharing. This could provide a more comprehensive picture of Indigenous youth navigating the system, allowing the Caring Society to spend less time on Access to Information requests – and more time sharing evidence with policymakers.
Impact Evaluation	In order to understand the impact of their interventions, organizations require outcome data on their users. It can be a challenge for organizations to track the health, financial, or educational outcomes of their program recipients over time. Much of this information is already contained in administrative data held by government agencies. By accessing this data, organizations can better track outcomes and more effectively determine whether users have benefited from services.	Britain's Justice Data Lab provides an analysis of reoffending data with organizations that rehabilitate offenders in the United Kingdom (UK). This approach is generalizable across different areas: the UK government is currently establishing additional "data labs" that assess population outcomes in education, health, and employment. A similar infrastructure for leveraging administrative data in Canada could provide exciting ways for organizations to better understand the outcomes associated with their interventions.
Service Delivery	Linking administrative data across agencies would enable a more integrated approach to service delivery, which presents an enormous benefit to individuals who have complex needs.	Survivors of interpersonal violence often require access to housing, mental health, and social assistance services. Navigating these on an individual basis can be a confusing and exhausting process. Data sharing across agencies would allow for greater collaborative care, more streamlined referral processes, and increased consistency across services.
Social Research	By linking together client records on service-use, demographic information, and outcomes, researchers can address new and complex questions.	The Child and Youth Data Lab linked data across ministries to better understand the effects of fetal alcohol spectrum disorder on young Albertans. The group also researches questions such as how early childhood experiences affect later childhood, and whether repeat offending for youth in the criminal justice system is linked to mental health outcomes. These research findings can, in turn, drive advocacy efforts for evidence-based policy making.

Source: Powered By Data (2018a, pp. 8–9).

Limitations of utilizing administrative data

Variations in child welfare and health practices attributed to jurisdictional divisions are central to discussions concerning Canada's welfare system and in many cases, these divisions magnify the problems of using administrative data. There are additional challenges to using administrative data. This includes but is not limited to issues surrounding: data collection methods; data quality; the sharing and linking of data; accessibility issues arising from ethical, privacy and confidentiality concerns; and the impact of funding on the administrative data systems responsible for the collection, management, storage and use of administrative data.

Differences in data collection methods

The possibility of errors arising from data treatment and transmission processes at the source exist not only for administrative paper records that need to be coded and captured, but also for administrative data that is available in electronic form (Statistics Canada, 2019, n.p.; Laferrière & Deshaies-Moreault, 2018). With electronic forms, child welfare workers typically enter data from cases using combinations of drop-down menus, check boxes and text fields (Laferrière & Deshaies-Moreault, 2018, p. n.p.). In some cases, not all relevant variables may be captured by the various fields (Laferrière & Deshaies-Moreault, 2018). Text fields do not allow for the standardization in what is written, why it is written, or the level of detail provided (Broomfield & Higgins, 2004); thus, inconsistencies from worker-to-worker limit comparability of what is written as well as what can be retrieved from free text.

Different data collection methods and analyses make country-wide data comparisons difficult, an issue identified by the 1996 Royal Commission on Aboriginal Peoples in their analysis of admission statistics submitted by child welfare agencies. The Commission comments on several potential challenges in interpretation, "agencies may gather statistics on the basis of admissions. One family with several members admitted to care several times for short periods will inflate the numbers. Similarly, children in long-term care may not be distinguished from short-term placements in counting numbers of children in care at a particular point in time. Days of care provided may be a clearer quantitative measure, but the numbers do not shed light on patterns of care and duration of placements" (Royal Commission on Aboriginal Peoples, 1996c, pp. 89–90).

Variations and inconsistencies in the operationalization and coding of key variables such as type of abuse, perpetrator relationship to child and types of out-of-home placements across agency databases also make comparisons across populations difficult (Green et al., 2015; Royal Commission on Aboriginal Peoples, 1996c, p. 89) and can lead to issues with bias (Statistics Canada, 2019, n.p.). Because the operationalization of these key concepts and definitions are the responsibility of those who not only create the file, but also manage the file for their own purposes, concepts and definitions may not be applicable in other contexts, thus limiting the utility of the data (Statistics Canada, 2021b, n.p.; Green et al., 2015). Furthermore, key variables and definitions are created to serve specific purposes; they often change and evolve over time, limiting their comparability over time (Statistics Canada, 2021b, n.p.; Statistics Canada, 2019, n.p.).

Differences in data quality

To ensure data integrity and quality, it is necessary that each data item in the administrative record is vetted in terms of quality; and concepts, definitions and procedures underlying the collection and processing of the administrative organization are clearly articulated (Statistics Canada, 2019, n.p.). The quality of administrative data can vary significantly across data providers because of differences in how the various dimensions of quality are valued (Statistics Canada, 2021b, n.p.; Statistics Canada, 2019, n.p.; Green et al., 2015). When such processes are not vetted, this can lead to worker inconsistencies. Data can be inaccurate due to worker input error, as well as the value workers place on the purpose of data entered in administrative systems (Drake & Jonson-Reid, 1999; Lurie, 1990).

Because "[administrative data][are] limited to the population on whom administrative records are kept, [in many cases], this population is different from the target population which results in sources of under-and over-coverage (Statistics Canada, 2021b, n.p.; Statistics Canada, 2019, n.p.; Laferrière & Deshaies-Moreault, 2018). For example, data contained in child protection administrative systems do not reflect all children harmed and rather only reflect those that come to the attention of authorities (e.g., Gilbert et al., 2009; Davies & Ward, 2012). Furthermore, administrative files may be incomplete (i.e., missing items or records) due to partial and total non-response; the lack of timeliness in the collection of all administrative data which often results in greater non-response; and/or outdated administrative sources (Statistics Canada, 2019, n.p.; Green et al., 2015).

Access issues attributed to ethical, privacy and confidentiality concerns

Ethical, privacy and confidentiality concerns can impede access to data and in some cases, the legal frameworks governing these issues are used by government officials to "persuade potential users of administrative data from pursuing access" (Green et al., 2015, p. 47; Goerge & Lee, 2013, p. 435). Because administrative data often has detailed information about specific people, it is imperative that individuals and organizations that not only use, but also release administrative data take into consideration ethical issues throughout the process, and ensure that the data are used in ways that will benefit society (Statistics Canada, 2021b, n.p.; Statistics Canada, 2019). For example, respondents to censuses and surveys most often are aware of what data is being collected; and since the majority of surveys are voluntary, give their consent for the collection and use of data (Statistics Canada, 2019, n.p.). By contrast, with administrative data, it is difficult to not only inform, but also ask for consent from all units in the data set without the formulation of, and adherence to ethical, privacy and confidentiality provisions and guidelines (Statistics Canada, 2019, n.p.; Green et al., 2015).

Risks associated with linking or sharing administrative data

It is often valuable to combine (e.g., for tracing respondents, for supplementing data sources, or for data analysis) an administrative source with another source of information; however, linking data presents a number of risks to privacy requiring clear policies outlining protective measures, the record linkage plans

and the identity of parties to any agreements to share information (Statistics Canada, 2019, n.p.; James Bell Associates, 2018, pp. 23–25). Privacy concerns emerge when a single administrative record source is linked to another source. In such cases, the subjects may not be aware that information supplied on two separate occasions is being combined (Statistics Canada, 2019). As with data linking, the sharing of administrative data carries it share of risks, these being: informed consent; misinterpretation of data; restricting the autonomy of service providers; the amplification of inequities through data-driven decision making; and security, privacy and public trust (Powered By Data, 2018a, pp. 10–11; James Bell Associates, 2018, pp. 23–25). Table 1.4 provides a brief description of each of the risks associated with sharing of administrative data.

Table 1.4 Risks associated with sharing administrative data

Risk	Description
Consent	"Central to administrative data sharing is the idea that data originally collected for operational needs can be used in new ways. What could happen when data is used for purposes beyond what the user originally consented to? In the UK, frontline outreach workers collect nationality, mental health, and gender data of the homeless for the Greater London Authority in order to help policy makers identify the needs of the homeless population. In 2017, it was discovered that Home Office immigration officials were secretly using this nationality data to identify the location of illegal immigrants sleeping on the streets and deport EU nationals" (Powered By Data, 2018a, p. 10).
Misinterpretation of Data	"Without appropriate data literacy and expertise, good data can lead to bad conclusions. Policy makers and service providers must be careful to interpret findings properly before using data to inform decisions. For example, despite the strong link between mental health and the prison system, early iterations of [a study seeking to understand recidivism by accessing prison data] excluded offenders with identified mental health issues. Generalizing these findings across a typical range of service users would likely be a very inappropriate comparison, leading to faulty conclusions and potentially harmful decisions "(Powered By Data, 2018a, p. 10).
Restricting the Autonomy of Service Providers	"[Service providers] make many decisions based on knowledge they gain through relationships with the communities they serve. Innovative uses of administrative data may provide valuable insights, especially when used to complement the experiences and knowledge of service providers. On the other hand, top-down imposition of evidence-based decision making could prevent service providers from exercising their local discretion. This could result in programs that are less responsive to community context. Increased use of administrative data to drive decisions around resource allocation will need to be ***explored with*** [service providers], rather than ***done*** to them (Powered By Data, 2018a, p. 10).
Amplification of Inequalities Through Data-Driven Decision Making	"Administrative data poses exciting opportunities to make evidence-based decisions on pressing social issues. However, administrative datasets themselves may reflect biases of the systems they are collected in. For example, data on the overrepresentation of Black and Indigenous people in Canadian prisons reflects discrimination in the criminal justice system and the over-policing of racialized groups. Using this data to inform decision-making could pose a danger of amplifying (and providing faulty validation for) further discrimination….Marginalized groups face higher levels of data collection when they access public benefits, walk through highly policed neighbourhoods, enter the healthcare system, or cross-national borders. That data acts to reinforce their marginality when it is used to target them for suspicion and extra scrutiny" (Powered By Data, 2018a, p. 11).
Security, Privacy and Public Trust	"Detailed person-level data, when aggregated across sources can be considered an invasion of privacy. Linking data in a centralized way also poses greater consequences in the event of a data breach. Breaches are not unprecedented: in 2007, 25 million child database records went missing in the UK. Public concerns around privacy and surveillance have the potential to shut down large-scale administrative data-sharing projects. The Australia Card, which was intended to be a national card to centralize different government ID systems, was withdrawn in 1987 due to public mistrust" (Powered By Data, 2018a, p. 11).

Review of jurisdictional directions regarding data expungement and confidentiality

Conversely, policies intended to protect the confidentiality of individuals about whom data is collected can lead to data archiving or expungement. Table 1.5 on p. 40 highlights different data expungement practices under Child and Family Services legislation of each province/territory. There is no clear limit on the amount of time a record of personal information is to be retained by a Minister, director, or service provider before it is destroyed. There are, however, different factors to be considered for expungement procedures when it comes to retention; a summary of the differences is delineated in the table below. Please refer to Appendix K for a full review of child welfare data expungement policies and practices.

Table 1.5 Description of child welfare information and data expungement policies across Canada

Jurisdiction	Brief Description of Information Practices Under Provincial Child and Family Services Legislation
Alberta	The Child, Youth and Family Enhancement Act and its accompanying regulations sets out a director must keep records with respect to a child who is the subject of an investigation, agreement, or order under the Act.[12] Subsection 127(4) establishes that the records shall be kept until 100 years after the year to which the information contained in the records relates.[13] However, the Minister may order the destruction or consent to destruction prior to the 100-year ceiling.[14]
British Columbia	All personal information must be retained for at least one year so affected individuals may access it.[15] Personal information that is related to youth justice, forensic psychiatric, and specialized intervention services must be disposed of in accordance with the Youth Justice, Forensic Psychiatric, and Specialized Intervention Services Operational Records Classification System.[16] Personal information under the CFCSA that is **not** related to youth justice, forensic psychiatric, and specialized intervention services must be retained until an information schedule is applied or the chief records officer approves its disposal.[17]
Manitoba	Agencies must close records upon completion of a service. Records are retained for a period of time suitable for the individual to access that information and for assisting the agency in providing services – which the director has the discretion to determine. At that point they are "closed."[18] The director also has the discretion to determine the process that dictates when records are destroyed with privacy in mind.[19]
New Brunswick	The Minister may request any civil servant, regional health authority, or person employed by a regional health authority to produce any document or record that relates to a child identified by the Minister or to that child's parents, siblings, or associates.[20] Subsection 11.1(3) suggests the purpose of the requirement is the provision of social services for the child and/or the child's family.[21] This, and other information gathered in relation to any person or matter under the Family Services Act, is confidential to the extent such information is identifiable.[22] The Family Services Act and the accompanying regulations are silent regarding the duration of retention.
Newfoundland and Labrador	The Children, Youth and Families Act sets out that the Access to Information and Protection of Privacy Act does not apply; information practices are solely governed under the Children, Youth and Families Act.[23] This framework is silent on the permissible duration personal information may be retained.

12 Alta. Reg. 160/2004, s 7.
13 *Child, Youth, and Family Enhancement Act*, RSA 2000, c. C-12, s 127(4).
14 Ibid., at 127(5).
15 *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c 165, s 31.
16 Please reference subsection V. b) of the attached memo for specific destruction schedules.
17 *Information Management* Act, SBC 2015, c 27, s 11.
18 Man Reg 16/99, s 10.
19 Man Reg 16/99, s 11(1).
20 *Family Services Act*, SNB 1980, c. F-2.2, s 11.1.
21 Ibid., 11.1(3).
22 Ibid., 11(1).
23 *Children, Youth and Families Act*, SN 2018, c. C-12.3, s 90.

Table 1.5 Description of child welfare information and data expungement policies across Canada *(continued)*

Jurisdiction	Brief Description of Information Practices Under Provincial Child and Family Services Legislation
Northwest Territories	The Access to Information and Protection of Privacy Act mandates that information may only be collected if, among other things, it relates directly and is necessary for an existing program or activity of the public body or a proposed program where collection has been authorized with the approval of the Executive Council.[24] A public body may only disclose personal information for research purposes if it is necessary; not harmful to the affected individual; the head of the public body has approved conditions relating to confidentiality, removal or destruction of identifiers at earliest reasonable time, and prohibitions on subsequent use; and the affected individual has provided consent to the public body's policies and procedures relating to confidentiality.[25] The Child and Family Services Act mandates that information disclosed shall be used only for the purpose for which it was disclosed and shall not be disclosed further.[26] Aside from information that is disclosed as between public bodies, the statutory framework is silent on the duration for which information can be retained by a public body.
Nova Scotia	The Children and Family Services Act references the retention of personal information in the context of its Child Abuse Register under section 63.[27] Likewise, section 53A entitles a person over the age of 19 who was subject to an order of permanent care and custody pursuant to clause 42(1)(f) and who was not adopted to apply seeking the disclosure of personal information and information relating to their birth family and the reason they were removed.[28] Clause 53A(1)(b) requires the Minister to disclose all such information except that which, in the Minister's opinion, poses a risk to the health, safety, or well-being of any person to whom the information relates. The framework is silent on the duration for which the Minister may retain personal information.[29]
Nunavut	Nunavut's statutory framework is identical to that found in the Northwest Territories, supra.
Ontario	The Minister has the discretion to collect personal information.[30] When it comes to research, the minister and service providers must justify the length of time the information is retained.[31] Service providers must set out a retention policy, which must contain a period of time during which information is retained.[32] The factors to be considered in determining duration of retention reflect an "as the case may be" justification process.[33]
Prince Edward Island	Section 7 of the Child Protection Act grants the Director discretion to keep records of information gathered during the Act's administration to monitor and evaluate service delivery.[34] The accompanying regulations set out that separate records shall be kept in respect of a person who is a child, youth or parent and those who receive protection services under the Act.[35] The framework is silent on the permissible duration for which information may be retained; it seems this is determined at the discretion of the Director.
Quebec	Section 72.9 of the Youth Protection Act grants the Government discretion to establish a register in which personal information is contained from child's record by regulation.[36] The regulation must indicate which personal information will be entered in the register and on what conditions, as well as who will oversee the register. Section 73 of the Act respecting Access to documents held by public bodies and the Protection of personal information mandates that personal information that is retained by a public body must be destroyed once the purposes for which it was collected or used have been achieved.[37]
Saskatchewan	The Child and Family Services Act is silent on the duration for which personal information may be retained. Service providers must preserve confidentiality in the course of retention.[38]

24 *Access to Information and Protection of Privacy Act*, SNWT 1994, c. 20, s 40.
25 Ibid., at s 49.
26 *Child and Family* Services Act, SNWT 1997, c. 13, s 72.
27 *Children and Family Services Act*, SNS 1990, c. 5, s 63.
28 Ibid., s 53A.
29 Ibid., s 53A(1)(b).
30 *Child, Youth and Family Services Act* ["*CYFSA*"], RSO 2017, c 14, s 283(1). See also s 291(1), which applies to service providers.
31 O Reg 191/18, s 5.
32 O Reg 191/18, s 10(6)(c).
33 O Reg 191/18, s 10(7).
34 *Child Protection Act*, SPEI 2000, c. 3, s 7(1).
35 P.E.I. Reg. EC2003-215, s 8.
36 *Youth Protection Act*, CQLR 1984, c. 4, s 72.9.
37 *Act respecting Access to documents held by public bodies and the Protection of personal* information, CQLR, c. A-2.1, s 73.
38 *The Child and Family Services* Act, RSS 1989-90, c C-7.2, s 74.

Table 1.5 Description of child welfare information and data expungement policies across Canada *(continued)*

Jurisdiction	Brief Description of Information Practices Under Provincial Child and Family Services Legislation
Yukon	The Child and Family Services Act only overrides the Access to Information and Protection of Privacy Act when it comes to the confidentiality of adoption files, which may not be open to inspection without leave of the court.[39] The Access to Information and Protection of Privacy Act mandates disposal[40] of personal information that is collected without request[41] or authorization,[42] used for a research purpose,[43] or no longer necessary to carry out the purpose for which it was collected.[44]

Impact of infrastructure and funding on administrative data systems

Inadequate infrastructure (including computer equipment, updated software and hardware, collaborative computerized database systems, IT expertise and researchers) and funding (Statistics Canada, 2019, n.p.; Laferrière & Deshaies-Moreault, 2018) impede the ability of child welfare service providers, particularly for remote FNCFS agencies to collect, record and produce quality and relevant information for provincial, territorial and federal governments (National Collaborating Centre for Aboriginal Health, 2009, n.p.; Bennett & Shangreaux, 2005; Loo, 2005). Reviewing administrative systems on a global stage, UNICEF (2020) found that child welfare and justice systems were underfunded, thus rendering the quality of administrative systems a lower priority, subsequently resulting in limited resources to attribute to statistical analysis. In Canada, administrative systems run by child welfare services on Indigenous reserves are underfunded, only covering one quarter of non-profit industry standards in information technology (IT) spending (IFSD, 2019).

A closer look at Indigenous data governance

Indigenous data is information that reflects and impacts the collective and individual lives of Indigenous peoples, which includes lands, resources, cultural information, traditional knowledge, and information about individuals, families, and communities (Carroll et al., 2020; Rainie et al., 2019). The collection and management of information and data related to Indigenous peoples by non-Indigenous researchers or institutions raises ethical issues and concerns that must be addressed. These concerns largely stem from colonial and assimilationist practices and policies within Canada – such as the *Indian Act* of 1876, the White Paper of 1969, residential schools, and the Sixties Scoop – that have forcefully suppressed and marginalized Indigenous identities and cultures over generations. Research and evaluation efforts related to Indigenous peoples have historically been conducted from a Euro-centric perspective that does not respect or understand Indigenous values and traditions and systematically excludes from decision-making that affects their communities (Ormiston, 2010).

Misuse of data

There is a plethora of examples of the unethical use of research with First Nations, Inuit, and Métis peoples in Canada. For instance, many children in residential schools were subjected to cruel nutritional and vaccine experiments without their consent or knowledge (Mosby, 2013). Certain children who were forcefully removed during the residential school period and Sixties' Scoop were identified for removal using governmental datasets and registries (e.g., Johnston, 1983). Research done without including the communities involved

39 *Child and Family Services Act*, RSY 2008, c. 1, s 132.
40 Yuk. Reg. O.I.C. 2021/25, s 6.
41 Ibid., at s 18(1)(c)(i).
42 *Access to Information and Protection of Privacy Act*, RSY 2018, c. 9, s 14(4)(b).
43 Ibid., at s 26(1)(b)(v).
44 Ibid., at s 12(b).

has often resulted in weaponizing the identities of Indigenous Peoples to push stereotyped narratives (e.g., Chaney, 2018; Cormack et al., 2019; Mosby, 2013; Pool, 2016), ultimately contributing to the harmful Five-D data narrative described as disparity, deprivation, disadvantage, dysfunction, and difference (Walter, 2016). Type 2 diabetes research studies only detailed the presence of the disease as part of a "racial" problem with Indigenous peoples, but when interpreted with an Indigenous worldview, the connection between colonization and diet were made, and the discourse shifted from a deficit-based community to one where cultural disruption had occurred (Jennings et al., 2018).

Furthermore, Western understandings of data and documentation have dismissed Indigenous ways of teaching and knowledge sharing, which have long been centred on oral traditions and storytelling (Ormiston, 2010). The Auditor General of Canada has questioned the relevance of data collected by the federal government on Indigenous peoples receiving services from Indigenous Services Canada, which has been found to prioritize financial outcomes at the detriment of information on results, priorities, and wellbeing of communities (Bruhn, 2014). As always, the paradigm seems to be one where "[c]ollection requirements are dictated to First Nations rather than based on discussion with them" (Bruhn, 2014, p. 9). As a result of these practices, feelings of apprehension and distrust have developed among Indigenous communities towards non-Indigenous researchers (Burnette & Sanders, 2014; Government of Canada, 2018).

> The lack of involvement of communities in the development and use of data, and the drive for data collection from outside authorities, has led to a situation where Indigenous communities do not trust the data collection process and are often resistant to sharing their information (McBride, n.d., p. 6).

According to analysts (National Collaborating Centre for Aboriginal Health, 2009, n.p.; Bennett & Shangreaux, 2005; McBride, n.d., pp. 9–10), this lack of oversight in the collection and analysis of the data involving Indigenous populations is problematic because in many cases, the wrong data is being collected:

> [T]he data that [FNCFS agencies] are required to forward to the [federal government] as required by their respective funding agreements are collected without any analysis by the federal government as to what this data may reveal locally, regionally and/or nationally about current trends in First Nations child welfare. In many cases, the data that is being collected is flawed or not being processed or analyzed in ways that can inform decision making (National Collaborating Centre for Aboriginal Health, 2009, n.p.; Bennett & Shangreaux, 2005). What the collected data doesn't say is how FNCFS agencies differ from one another or about their specific achievements, challenges, needs and/or service trends. In other cases, the complete or the right data is simply not being collected (National Collaborating Centre for Aboriginal Health, 2009).

Current efforts to enhance Indigenous data sovereignty and governance

While tensions regarding data have remained between Indigenous communities and the federal government in Canada (Bruhn, 2014), in recent years Indigenous peoples and organizations have worked to reclaim and restore their own culture and worldviews on the path towards decolonization and self-determination (Ormiston, 2010). Part of this involves reconceptualizing and redefining data governance processes to include and respect Indigenous perspectives, knowledge, and rights. Importantly, Indigenous people have a right to determine how data is collected within their communities, and how it is then interpreted, stored, managed, and shared. The concepts of Indigenous data sovereignty and governance have guided these shifts in reclaiming how information is obtained and used:

> **Indigenous data sovereignty** is a notion defined according to the rights of Indigenous peoples to determine how and why data is collected, how it is stored and managed, and how it is used and interpreted for research or other purposes (Carroll et al., 2019; Kukutai & Taylor, 2016; Walter, 2016; Raines et al., 2017). The sovereignty of Indigenous data is rooted in the sovereignty Indigenous peoples have as Nation states (e.g., Kukutai & Taylor, 2016; Mustimuhw Information Solutions Inc., 2016).
>
> **Indigenous data governance** accounts for the development of conceptual frameworks that inform the processes of control, standards, and metrics used for research and evaluation with Indigenous Peoples (Carroll et al., 2020; Wende, 2007). In other words, Indigenous data governance refers to the producer, receiver, and governor of Indigenous data, and the relationship amongst these actors (Kooper et al., 2011). Considering the various bodies collecting and holding data related to Indigenous people in Canada, such as child welfare administrative bodies, it is paramount

> and a right that Indigenous peoples have meaningful input and decision making in terms of what said data is used for when it impacts legislative and administrative programming for their communities (FNIGC, 2020; Schultz & Rainie, 2014; United Nations, 2008).

The aim of these efforts is to ensure not only that Indigenous communities are meaningfully involved throughout the entire research process, but also that the research will benefit the affected communities and minimize harm. Indigenous data sovereignty and governance are essential for upholding the rights of First Nations governments to achieve self-determination and self-governance and is also a key step in implementing the recommendations of the Truth and Reconciliation Commission of Canada (TRC) Calls to Action (TRC, 2015a) as well as the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP, 2008). The UNPFII (n.d.) notes that overcoming challenges concerning data collection requires a sustained and concerted effort by decision makers, governments and academics that includes Indigenous peoples as equal partners and active participants in the process:

> Indigenous peoples should fully participate as equal partners, in all stages of data collection, including planning, implementation, analysis and dissemination, access and return, with appropriate resourcing and capacity-building. Data collection must respond to the priorities and aims of the [I]ndigenous communities themselves. Participation of [I]ndigenous communities in the conceptualization, implementation, reporting, analysis and dissemination of data collected is crucial, at both the country and international levels. Indigenous peoples should be trained and employed by data-collection institutions at the national and international levels. Data collection exercises should be conducted in local [I]ndigenous languages to the extent possible and, where no written language exists, should employ local indigenous persons (as translators/interpreters as well as advisors) to assist in the collection process (UNPFII, n.p.).

In Canada, a series of guiding principles has emerged from these reflections in the form of the **First Nations Ownership, Control, Access and Possession (OCAP®) principles.** The OCAP®[45] principles provide a framework for promoting appropriate information governance related to data on First Nations communities. The principles were established in 1998 and have evolved under the First Nations Information Governance Centre (FNIGC) of Canada, which was formed in 2010. OCAP® respects the rights of First Nations to own, control, access, and possess information about their own peoples and stipulate that First Nations should be consulted by any researchers who work with or plan to work with First Nations data (FNIGC, n.d.). The FNIGC states that the OCAP® principles were developed in part to fill a gap in Western legal systems that doesn't account for "community rights and interests in their information" (FNIGC, n.d., p. 94).

The OCAP® principles are briefly described here:

Ownership. This principle refers to First Nations' collective ownership of "their cultural knowledge, data, and information" (FNIGC, n.d., p. 93).

Control. This principle asserts that First Nations have a right to control research, information management, data collection, and dissemination activities related to First Nations information.

Access. This principle asserts that First Nations have the right to access information about them, wherever it is held, and that they have the right to have say over how information about them is accessed by others.

Possession. This principle refers specifically to the physical control of data. The principle of possession facilitates First Nations ownership of data.

45 OCAP® is a registered trademark of the First Nations Information Governance Centre (FNIGC). Please refer to https://fnigc.ca/ocap-training/ for more information

Examples of First Nations data governance initiatives

Effective data governance plans and processes are essential tools for any data collection initiatives concerning Indigenous people, communities, and organizations. In addition to developing key data attributes such as accessibility, availability, quality, consistency, and security, the benefits of data governance for Indigenous data include:[46]

- Helping to rebuild Indigenous nations and communities, including governing institutions
- Promoting mutually beneficial and respectful Indigenous-government relationships
- Ensuring that any data and analyses that are produced benefit Indigenous communities

While there is no single correct or optimal model of Indigenous data governance, some promising initiatives involving Indigenous communities and governments have already been established in Canada.[45] As described below, these initiatives highlight the need for balancing Indigenous approaches and considerations (such as concerns about privacy and misuse of data) with the needs of government (such as the need to access and use high-quality, relevant data).

First Nations Data Governance Strategy (FNDGS). In 2020, the FNIGC released the First Nations Data Governance Strategy – Canada's first national strategy to ensure that First Nations people and communities will achieve data sovereignty. The strategy is First Nations-led and is based on community-driven and Nation-based collaborative approaches. The comprehensive report outlining the data governance framework and vision presents a phased implementation strategy along with eight main guiding principles (Community-driven and Nation-based; OCAP®; Relationships; Transparency and Accountability; Quality Community-Driven Standards and Indicators; Nation Building; Equity and Capacity; and Effective Technology and Policy) and nine key pillars for action.[47]

BC First Nations' Data Governance Initiative (BCFNDGI, BC, Canada). The BC First Nations' Data Governance Initiative (BCFNDGI) is a comprehensive, community-driven approach to data governance and sovereignty in British Columbia that seeks to enhance the capacity of First Nations Governments to control and own their data while also realigning provincial and federal systems to better promote and invest in First Nations' well-being.[48,49] The initiative is recognized as "leading edge" due to its collaborative approach that unites First Nations governments, organizations, and partners across the province along with dedicated political leadership from provincial and national governments – all working towards a shared goal of improved well-being for First Nations through effective data governance.[47,50]

Given the broad scope of the initiative and the range of partners involved as well as the long-term vision of transformative change, a phased approach was taken to develop and implement the BCFNDGI through several stages over five years (2012–2017) as set out in the strategic framework;48 and work to achieve their goals is still ongoing. For example, the BCFNDGI is currently working to establish a BC First Nations Data Centre to serve BC First Nations Governments. Other recent initiatives include a variety of pilot projects carried out across a selection of First Nations communities to test the various data governance tools and systems; a series of data governance forums in 2016; and a series of information and knowledge-sharing sessions in 2021 to assist BC First Nations in building capacity in data and information governance.[51,52]

The regional approach being developed in BC will also help to support broader provincial and national data governance goals, such as the national First Nations Data Governance Strategy (FNDGS), which includes the establishment of regional data governance centres across the country.[49] This work is overseen by the First Nations Information Governance Centre (FNIGC), a federally incorporated non-profit First Nations organization committed to providing data to improve the health and well-being of First Nations people across Canada and ensuring that every First Nation will achieve data sovereignty.[49]

Common Surveillance Plan Initiative: First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC, Quebec, Canada). The FNQLHSSC is a non-profit organization responsible for supporting Quebec First Nations and Inuit communities in developing and implementing culturally appropriate preventive health and social services programs and assisting

46 Bruhn, J. (2014). Identifying useful approaches to the governance of Indigenous data. *The International Indigenous Policy Journal,* 5(2).
47 FNIGC. (2020). *A First Nations Data Governance Strategy*. https://fnigc.ca/wp-content/uploads/2020/09/FNIGC_FNDGS_report_EN_FINAL.pdf.
48 BCFNDGI (n.d.). British Columbia First Nations' Data Governance Initiative (BCFNDGI): A collaboration of nations asserting data sovereignty. Retrieved from https://www.bcfndgi.com/
49 Tripartite Project Coordination Team (2016). BC First Nations' Data Governance Initiative: Strategic framework. Version 5. Retrieved from https://static1.squarespace.com/static/558c624de4b0574c94d62a61/t/578d385dff7c501707c3a328/1468872798427/-REPORT_-_BC_FN_DATA_GOVERNANCE_INITIATIVE_STRATEGIC_FRAMEWORK_-_EVERGREEN.pdf
50 First Nations Information Governance Centre (2020). *A First Nations data governance strategy: Strengthening First Nations institutions and community capacity*. FNIGC: Akwesasne, ON and Ottawa, ON. Retrieved from https://fnigc.ca/wp-content/uploads/2020/09/FNIGC_FNDGS_report_EN_FINAL.pdf
51 BCFNDGI (n.d.). *Initiative history*. Retrieved from https://www.bcfndgi.com/initiative-history
52 First Nations Public Service Secretariat (n.d.). *BC First Nations data governance strategy engagement sessions*. Retrieved from https://fnps.ca/bcfndgs-engagement-sessions/

them in gaining greater control over data and information concerning First Nations peoples.[53,54] In recognition of the unique characteristics and needs of Quebec First Nations and the significant variance in existing health surveillance systems in place across the country, in 2009 the FNQLHSSC began the process of creating a health surveillance plan specific to the First Nations of Quebec, called the Common Surveillance Plan.[53] The plan had two primary aims: 1) to allow Quebec First Nations to track the health of their population and obtain a picture of their overall health status, as well as trends and patterns; and 2) to develop health indicators specific to First Nations communities which will allow better surveillance of First Nations health determinants.[53] Importantly, these indicators are focused more on holistic quality of life and well-being, such as values, morale, and spirituality, rather than traditional Western approaches to the determinants of health.[53] However, selected indicators will also be tied to existing data reporting mechanisms to allow for comparisons with other jurisdictions and for reporting to federal, provincial, and territorial governments.

Data sources for the surveillance plan include the Canadian Census, information from administrative records, as well as regional surveys.[55] As most of this data is stored in Quebec government-owned and controlled databases, the Common Surveillance Plan identified the need to negotiate data agreements with governments and each community to govern access and the release of data in accordance with the principles of Ownership, Control, Access and Possession (OCAP®).[53,54] By creating a practical tool that can be utilized in a common way by all intended communities, the plan will ultimately enhance the capacity of individual First Nations to develop their own community health plans and activities by providing resources and access to reliable data.[53]

When considering data sources for decisions involving Indigenous populations, it is critical to keep in mind that "[d]ata is inherently political and can help identify priorities, set targets, and hold government accountable" (McBride, n.d., p. 2). As history has shown, [m]any First Nations people and communities have experienced data being used for political purposes, but not their own" (McBride, n.d., p. 2). Typically, "[t]he content and purposes of data have historically been determined outside of First Nations communities (Otim, 2015), and the misuse of data has led to situations of misappropriation and broken trust" (McBride, n.d., p.2). The solution to "irrelevant and pathologizing data" according to McBride (n.d.) is "oddly, more data...that is developed by and with and for communities, data that reflect Indigenous worldviews, and data that is both relevant to communities and agreeable to policy makers" (p. 2).

The growing support and shift towards evidence-based policy making is "a welcome change from the status quo, particularly for First Nations policy, as the use of meaningful data allows for decisions that are based on evidence rather than external value judgments (McBride, n.d., p. 2; Otim, 2015). When created, collected and used correctly, data has the power to provide First Nations with "a way to bring evidence to issues that could have otherwise been ignored. When communities become their own data stewards, they can take on a leading role in the direction of their community wellbeing and in the very definition of that well-being" (McBride, n.d., p. 2). Data should never create inequality in society, but rather "highlight inequality and bring an evidence-based lens to policy making. Data provides baselines and benchmarks which allow for measurements of change over time and can be used...to develop solid policies and programs effectively, to demonstrate accountability, and to be transparent to their citizens" (McBride n.d., p. 2; Steffler, 2016, p. 149).

53 Coaching Association of Canada (2022). *First Nations of Quebec and Labrador Health and Social Services Commission*. Retrieved from https://coach.ca/first-nations-quebec-and-labrador-health-and-social-services-commission

54 First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC). (2009). *The surveillance of health and its determinants in Quebec non-conventioned First Nations Communities: Framework*. Retrieved from https://files.cssspnql.com/s/NZjj4hGU3ep8rb7

55 First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC). (2009). *Surveillance plan for the state of health and its determinants for the non-agreement First Nations of Quebec*: Final report. Retrieved from https://files.cssspnql.com/index.php/s/TWrBiE4uBuOkR6G

Summary: Opportunities for overcoming the challenges of using administrative data

Overcoming the challenges of using child welfare administrative data involves "a great deal of communication, relationship building, tolerance for bureaucratic hurdles, persistence and patience" (Green et al., 2015, p. 48). A search of the literature revealed a series of specific strategies when used in concert can help to address issues with respect to data collection; data quality; the sharing and linking of data; access; and administrative data structures and systems.

Consideration of the use of administrative data for decision making requires acknowledging both advantages and limitations of using this particular data source. Administrative data, often referred to as a by-product of government services, is considered to be a largely untapped, but information rich resource for decision makers. It has the power to offer decision makers the necessary insight and information for evidence driven decisions and policies that address the challenges and struggles of vulnerable children and families involved in Canada's child welfare system. Administrative data is a cost-efficient source of data, provides a high level of detail, allows for longitudinal research, minimizes the burden on respondents, and allows for the sharing and linking of data with other data sources. Although promising, overemphasis on the benefits of using administrative data must be tempered with a degree of caution as this source of data is not without its share of challenges concerning data collection methods, data quality, the sharing and linking of data, accessibility due to ethical, privacy, and confidentiality concerns, and administrative data structures and systems, all of which are exacerbated by Canada's decentralized and highly fragmented child welfare system. Overcoming these limitations will require a great deal of communication and relationship building, a thorough and clear understanding of the administrative program and its constituent parts, addressing ethical, privacy and confidentiality issues early in the process to ensure access and minimize any potential risks to participants, and finally, keeping in mind the central reason for the existence of administrative programs and records.

Respect First Nations data sovereignty and governance. Beginning any data-seeking task related to First Nations people ought to prioritize First Nations data governance principles related to this data. Seeking guidance from communities regarding access to and use of data for decisions made about these communities is inherent to respecting principles of First Nations data governance (FNIGC, 2020; UNDRIP, 2008).

Establish and maintain relationships with providers of administrative records. Establishing and maintaining relationships with providers of administrative records at the beginning and throughout the process ensures: that users of administrative records are aware of any changes that may impact the data being collected (Statistics Canada, 2019, n.p.); constant feedback between the supplier and user of the administrative records regarding any weaknesses found in the data that can help suppliers of the data to improve the quality of the administrative source (Statistics Canada, 2019, n.p.); and an increased level of trust between parties involved (Green et al., 2015, pp. 42–43).

Understand the origins of the administrative program. Having a good understanding of the context under which the administrative organization established the administrative program (e.g., legislative framework, objectives, and needs) is critical because it impacts the coverage of administrative records along with the contents, key concepts and definitions, the frequency and timeliness, the quality of the recorded information, and stability over time (Statistics Canada, 2019, n.p.). In situations when each province manages its own administrative program, it is important for users of administrative records to pay extra attention to the consistency of key concepts and data quality when there are multiple sources of administrative data (Statistics Canada, 2019, n.p.).

Address ethical, privacy, and confidentiality issues. Ensuring access to administrative files requires that ethical, privacy and confidentiality issues are addressed very early in the process. This usually involves a thorough understanding of the legal framework governing the use and sharing of administrative data as well as securing of agreements that allow for the use and sharing of the data while minimizing any potential risks to participants (Green et al., 2015, p. 42).

Acknowledge the purpose of administrative records. It is critical to keep in mind the central reason for the existence of administrative records: they were put into place for administrative purposes, typically for the delivery of services to the public. It is unlikely that applications outside their original scope were taken under consideration (Statistics Canada, 2019, n.p.). For this reason, it is suggested that decisions to utilize administrative records must always be preceded by "an assessment of such records in terms of their coverage, content, concepts and definitions, the quality assurance and control procedures put in place by the administrative program to ensure their quality, the frequency of the data, the timeliness in receiving the data and the stability of the program over time" (Statistics Canada, 2019, n.p.).

II. Data Availability

Child Welfare Compensation Categories: Data Availability

Overview of approach

In order to assess the availability and quality of administrative data that could help in identifying eligible claimants under the *2019 CHRT 39* compensation categories, a framework detailing the types of information needed to determine eligibility under the child welfare compensation categories is presented.

The framework includes a list of data fields, that **if available and of high quality**, could assist in the process of assessing claim eligibility under the CHRT child welfare compensation categories (Table 2.1, see following page). It is important to note that the proposed data fields which are matched to the compensation categories in the tables below were based on the project team's understanding of the compensation categories as defined by *2019 CHRT 39*. Given that these compensation categories are currently under negotiation, the eligibility requirements (and related fields of interest) are expected to change.

Once we established the combination of data fields that was necessary to operationalize the compensation categories, we identified which **administrative data sources** (both at a national and jurisdictional level) collected this information during the relevant time periods. We then identified and contacted respondents who had knowledge about these data sources and asked them questions about the availability, completeness, and accuracy of the proposed data fields.

Data quality was assessed using three considerations:

- **Data availability** is an assessment of whether a data field is available and whether it can be retrieved.
- **Data completeness** is an assessment of the comprehensiveness and wholeness of data. Low completeness means that there is missing, or the "unknown" category is widely endorsed data.
- **Data accuracy** is an assessment of whether the data value is consistently interpreted as intended

In addition to an evaluation of data quality, we also determined the **applicability** of data – the ability of the variable to determine or assist with operationalizing the compensation classes.

The results of our outreach to key informants regarding the availability, completeness, accuracy and applicability of information available on the child welfare compensation categories is detailed on the following pages.

Table 2.1 Information of interest to help identify claimants under the CHRT child welfare compensation categories

Information of interest			CHRT child welfare compensation categories		
			First Nations children **living on reserve or in the Yukon placed** between 2006-present	**First Nations** children **living on or off reserve placed between 2007 and 2017** in order to receive essential services*	**First Nations** parents or grandparents **of children eligible for compensation**, unless they abused their child**
INFORMATION ON CHILD AND CAREGIVER	Can the child in out-of-home placement be identified?	Child Name (Family Name, Given Name)	X	X	
		Child Date of Birth	X	X	
		Child Indian Registration Number	X	X	
	Is the child First Nations?	Child's First Nations identity	X	X	
	Child lives on-reserve?	Child residence on/off reserve	X		
	Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)			X
		Caregiver Indian Registration Number			X
	Is the caregiver First Nations?	Caregiver's First Nations identity			X
INFORMATION ON PLACEMENT	When was the child placed?	Dates of Start/End placement	X	X	
	Child placed outside of their home and community?	Caregiver's address at time of removal	X	X	
		Address of placement	X	X	
	Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	X	X	
	Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment			X
		Substantiation or verification level (maltreatment and risk)			X
		Alleged perpetrator			X
		Reason for placement			X
	Child placed in order to receive essential services?	Child placed to receive essential services		X	

** This compensation category is both a child welfare and Jordan's Principle compensation category*
*** Identifying parents and caregivers is dependent on identifying the index child*

Data available at ISC: FNCFS Program

The FNCFS Program at ISC "provides funding to First Nations child and family services agencies, which are established, managed and controlled by First Nations and delegated by provincial authorities to provide prevention and protection services. In areas where these agencies do not exist, ISC funds services provided by the provinces and Yukon but does not deliver child and family services. These services are provided in accordance with the legislation and standards of the province or territory of residence."[1]

The FNCFS program funds child prevention and protection services for First Nations children and families that are on-reserve or ordinarily resident on-reserve. The data holdings pertain to information on child maintenance costs that are provided on a monthly basis to ISC by First Nations Child and Family Services (FNCFS) agencies or Provincial/Territorial governments when First Nations families on reserve are not serviced by an FNCFS agency. The FNCFS program is administered at a regional level in the following regions: Alberta, Atlantic (New Brunswick, Nova Scotia, Newfoundland and Labrador, and PEI), British Columbia, Manitoba, Ontario, Quebec, Saskatchewan, and the Yukon. Please see Appendix D for a list of FNCFS-funded agencies (FY 2013-2014 to present) and Appendix E for a list of FNCFS agency-band associations (FY 2013-2014 to present).

In fiscal year 2013-2014, the FNCFS program implemented a national information system to store child maintenance data funded by ISC. Prior to that date, FNCFS child maintenance data was decentralized and region-specific. This section starts by describing data available through the national information management system (from FY 2013-2014 onwards), before analyzing the data that is held at a regional level at ISC between FY 2005-2006 to 2013-2014.

Data from fiscal year 2013-2014 onwards

Information on child maintenance data from all regions starting in FY 2013-2014 (i.e., April 1st, 2013) is stored in data fields within a centralized database, called the **Information Management System** (IMS) at ISC. It is an in-house system that was developed for the FNCFS.

The data dictionary for the FNCFS IMS is available in Appendix F and the associated drop-down response options can be found in Appendix G. The project team created a template requesting information regarding the availability, completeness, and accuracy of the specified data fields. This template was shared with ISC staff familiar with the administrative data system currently in use (from fiscal year 2013-2014 onwards). Responses to this template are available in Appendix H. Using these documents, the project team has provided an overview of the availability of data held in the IMS as they relate to the CHRT compensation categories in a table available in **Appendix I**.

The utility of the information available from the **ISC FNCFS program in FY 2013-2014 onwards** to help identify claimants eligible for compensation under the child welfare compensation categories is summarized below:

Can the child be identified?

Child name, date of birth and *Indian Registration Number* are all collected by the IMS, with high levels of completeness. Some minor typos were noted for the child's name and date of birth when the child was not registered for status.

Is the child First Nations and does he or she live on-reserve?

While data regarding child's *First Nations identity* or *residence on-reserve* is not listed as a data field in the IMS, FNCFS child maintenance data only concerns First Nations children ordinarily resident on-reserve who are placed in out-of-home care.

Issues with applicability to compensation categories*:* Some small differences in practices for determining residence on or off-reserve were identified across regions. For example, in Manitoba it is where the child is taken into care that determines who funds services. Furthermore, the definition of First Nations children used by the FNCFS program does not include "individuals who have been recognized as citizens by their First Nations" but are not eligible for status.

1 Indigenous Services Canada. (n.d.). *First Nations Child and Family Services.* https://www.sac-isc.gc.ca/eng/1100100035204/1533307858805

Can the caregiver(s) at the time of removal be identified and are they First Nations?

No information on the caregiver (*name*, *date of birth*, *Indian Registration Number*, *First Nations identity*) is included in the national IMS. This information may be available from child maintenance forms accessible through ISC regions.

When was the child placed?

The days during which a child had a child maintenance expense (*Start Pay Date* and *End Pay Date*), are mandatory fields in the IMS and are considered as having a high level of accuracy.

Issues with applicability to compensation categories**:** Importantly, these data fields are attached to the *payment of a placement* and do not provide enough specificity to determine if a child moved between different placements during a spell in care. They do, however, provide an estimate of the length of time in care starting in FY 2013-2014. If a child was in care prior to that date, this information would need to be linked across databases.

Was the child placed outside of their community?

The child or parent's address of residence at the time of removal and the address of placement can be compared to determine if a child was placed outside of their community. Information on the address of residence and the address of placement is not available in the IMS.

Was the child placed outside of their family?

If collected, placement type could provide an indication as to whether the child was placed in kinship care (i.e., with extended family) or not. The type of placement information, including whether the child was placed in kinship care, is available for all ISC regions except Manitoba.

Issues with applicability to compensation categories: It is important to note that the types of placement and definition of kinship care vary considerably across provinces. In many cases, kinship care includes placement with close friends or neighbours. Additional details are provided in the section on data available from child welfare agencies later in the report.

Why was the child placed?

Information on reason for placement is unavailable in the IMS.

As such, the information collected by the FNCFS program starting in FY 2013-2014 through the IMS can help identify children eligible for compensation. However, the data fields collected by the IMS do not include certain types of information relevant to the more criteria specific identification of children and caregivers under the current understanding of the compensation categories, such as: **the reason for placement** to determine if a child was placed because of abuse, neglect, or other contextual factors; **caregiver address *and* placement address** to determine if a child was placed outside of their community; **caregiver name *and* Indian Registration Number** to identify the caregiver at the time of removal.

The project team has contacted a purposive sample of child welfare agencies across Canada to determine whether reason for placement, caregiver and placement address and caregiver name and IRS number (or related information) are available at an agency-level. The results of this information gathering exercise can be found below in Data available at child welfare agencies on p. 57).

Data prior to fiscal year 2013-2014

Prior to the implementation of the IMS system for use by the FNCFS program, information on FNCFS was collected at the regional level using reporting forms which varied across regions and across fiscal years. Data prior to fiscal year 2013-2014 is not centralized. We requested two types of information regarding historical regional FNCFS data holdings: 1) information on the availability and quality of data fields collected; and 2) information on the format (e.g., paper, electronic, searchable database) in which the data is currently stored. The information provided to us is detailed in the sections below.

Information on the data collected by child welfare maintenance forms across ISC regions

In order to determine the availability of data fields collected prior to FY 2013-2014, **sample child maintenance reporting forms** used by the different ISC regions' FNCFS staff between fiscal year 2005-2006 and fiscal year 2012-2013 were provided to the project team for their assessment and documentation.

We have summarized the data fields available in reporting forms that relate to the CHRT compensation categories in tables available in **Appendix J**. It is important to note that these tables only provide information on the *availability* of certain data fields. They do not provide any information on the *completeness*

(i.e., the percentage of missing child maintenance reports and missing data values), nor the *accuracy* of the information (i.e., the extent to which the information is correctly reports the information). The project team has asked for more details regarding the completeness and accuracy of data prior to fiscal year 2013-2014, which was not provided to us in time for this report. Furthermore, no information was provided to the project team regarding child maintenance forms prior to FY 2005-2006.

The utility of the information collected by **ISC FNCFS regions between FY 2005-2006 and FY 2013-2014** to help identify claimants eligible for compensation under the child welfare compensation categories is summarized below:

Can the child be identified?

Child name and *date of birth* was systematically collected across regions, except for Atlantic Region. Specifically, the child's date of birth was not available in the sample forms provided by the Atlantic region from FY 2005-2006 to 2008-2009 and FY 2010-2011 to 2012-2013. Furthermore, the 2008-2009 and 2010-2011 forms from the Atlantic Region collected information about the client number, rather than the client's name. For these fields to be used to identify children, a link between client number and name would need to be provided.

There was variability across regions in the collection of the child's *Indian Registration Number*. The regions of Quebec, Ontario, Saskatchewan, and BC collected the child's Indian Registration Number for all FYs examined (FY 2005-2006 to 2012-2013). In Alberta and Manitoba regions, only the Treaty or Band number was collected from FY 2007-2008 to 2009-2010 and from FY 2005-2006 to FY 2007-2008 respectively. The child's Indian Registration Number was not collected in the Yukon region until FY 2012-2013 and was unavailable in the forms provided by the Atlantic region for FYs 2006-2007, 2008-2009, 2010-2011, and 2012-2013.

Is the child First Nations and does he or she live on-reserve?

Child maintenance forms are used to document maintenance costs for *First Nations children* ordinarily *resident on-reserve*. Some of the child maintenance forms reviewed specifically asked about the *child (or parent's) residence on or off reserve*. Namely, this information is available in forms from Alberta region from FY 2010-2011 to 2012-2013; and forms from BC, Ontario, and Saskatchewan regions from FY 2005-2006 to 2012-2013.

Can the caregiver(s) at the time of removal be identified and are they First Nations?

The parent or guardian name is available in some child maintenance forms. Specifically, this information was available in child maintenance forms in Atlantic region in FY 2011-2012, in Manitoba region from FY 2006-2007 to 2012-2013, as well as in BC, Ontario, and Saskatchewan for FY 2005-2006 to 2012-2013.

When was the child placed?

Dates of placement were usually available. The regions that did not have this information were the Yukon (all FYs examined), Saskatchewan (FYs 2005-2006 and 2006-2007), and the Atlantic region (although it is available in FY 2009-2010).

Issues with applicability to compensation categories: As with the information from the IMS, the date of start and end of placement do not provide enough information to determine if a child moved between different placements during a spell in care. Placement start and end date could provide an indication of length of time in care, but information would need to be reliably collected and stored across all FYs for it to be usable.

Was the child placed outside of their community?

The child or parent's *address of residence* at the time of removal and the *address of placement* can be compared to determine if a child was placed outside of their community. The parent's address was only collected by BC and Ontario regions. However, no information on address of placement was found.

Issues with applicability to compensation categories: Given that address of residence cannot be compared to address of placement, this information cannot be used to determine placement outside of a community.

Was the child placed outside of their family?

If collected, *placement type* could provide an indication as to whether the child was placed in kinship care (i.e., with extended family) or not. Placement type was available in Alberta (FY 2007-2008 onward), the Atlantic (FYs 2009-2010 and 2011-2012), British Columbia (FY 2006-2007 onward), Manitoba (FY 2005-2006 and FY 2012-2013), and from FY 2005-2006 to 2012-2013 in Ontario, Quebec, and Saskatchewan.

Issues with applicability to compensation categories: As noted previously, differences in the definitions used by various provinces to categorize placement types minimizes the ability to use this data field across regions.

Why was the child placed?

Information on *reason for placement* is unavailable in the forms obtained, except for in one form used by Manitoba ISC region.

As such, according to the sample reporting templates we received, the variables collected within the ISC regions between FY 2005-2006 and 2012-2013 vary considerably across regions and across different years. This complicates the ability to use this data in a systematic way to identify claimants

Format in which historical FNCFS data is currently stored across ISC regions

Details provided on the current format of historical child maintenance data kept by FNCFS ISC regions prior to FY 2013-2014 is detailed in Table 2.2 **below**.

Table 2.2 shows that data prior to FY 2013-2014 is currently stored in many different formats (including paper records, electronic databases, and excel spreadsheets). It will be important to find a way to centralize this information to facilitate claimant identification.

Additionally, FNCFS staff underlined the following limits on information collected prior to the implementation of a national information management system that need to be taken into consideration when determining the usability of these data sources to identify claimants:

- "Legacy systems have been decommissioned and the data they stored may be difficult to retrieve.
- Precise information may not have been captured in early years, making it difficult to determine items such as the number of placements and time in care. Manual counts may be required.
- Reports have been archived and are now stored off-site.
- Older records or closed files would be subjected to Treasury Board and Departmental policies regarding physical records retention, and therefore may have been disposed of in accordance with those policies."[2]

Table 2.2 Format of historical child maintenance data kept by FNCFS ISC regions prior to FY 2013-2014

Region	Overall description	Data Source (e.g., existing data base, case file review, etc.)
Alberta Region	• Historical data is captured in paper records (including fax), MS Excel spreadsheets, TIFs and scanned PDFs. (Some reports are available in more than one format). • Electronic-retention was not available for a number of historical fiscal years. • Not all data was saved due to the sensitivity of the information (names and details of children).	• Archived paper records • GCDocs[3] • Grants and Contribution Information Management System (GCIMS)
Atlantic Region	• Historical child maintenance data is available between 2005 to 2013. • Limited data available between 1991 to 2004. • This includes paper copies for earlier years and electronic files (scanned PDF or MS Excel in GCIMS or GCDocs.	• Archived paper records (Library and Archive Canada) • Archived paper records (Regional Office) • Comprehensive Integrated Document Management (CIDM)[4] • Electronic files in GCDOCS

(continued on following page)

2 Document provided by FNCFS staff at ISC
3 GCDocs is the Government of Canada's solution for information management of electronic and paper documents and records.
4 Comprehensive Integrated Document Management (CIDM) system is the former document management system used by the Department

Table 2.2 Format of historical child maintenance data kept by FNCFS ISC regions prior to FY 2013-2014 *(continued)*

Region	Overall description	Data Source (e.g., existing data base, case file review, etc.)
British Columbia Region	• BC FNCFS data (from delegated agencies) is available from 2011-2012 in an electronic format. • BC data (from the Province - MCFD) is available from 2012-2013 in an electronic format. • BC FNCFS data (from delegated agencies) from 1996-1997 to 2010-2011 was collected in a regional dBase system. • BC data (from the Province - MCFD) from 2011-2012 was collected in a regional dBase system. • Records prior to 2010-2011 may not be accessible in an electronic format.	• BC regional system • BC regional dBase system (decommissioned)[5] • GCDocs (as scanned documents) • Archived paper records (TBD by Information Management (IM) team)
Manitoba Region	• Historical child maintenance data starting approximately in 07/08 may have records on an agency-by-agency basis identifying each child. • Prior to 07/08, would need to be retrieved from archived records (National Archives). • A large volume of paper records, scanned paper records and a limited number of electronic files (MS Excel spreadsheet) may exist.	• Archived paper records (National Archives) • Electronic files
Ontario Region	• Historical data are available from fiscal year 2000-2001 and forward. • Prior to 1998, the Ontario Region did not have a centralized approach to capturing and maintaining data.	• ON region database • MS Excel spreadsheets in GCDOCS • ON region database (Older electronic file format)
Quebec Region	• Historical child maintenance data is available from the early to mid-2000s in the QC regional decommissioned database. • Data from 1991 to 1995-1996 are available as hard copy files.	• QC region decommissioned database (accessible to NCR in an electronic format – MS Excel spreadsheets). • Regional consultation needed for details of the data • Archived paper records
Saskatchewan Region	• Historical child maintenance data is available from the decommissioned SK regional system. • Approximate start date of data is 1995. • Data is based on FNCFS agencies that were operational and delegated at that time. • The Province of Saskatchewan has access to data through their own database for FN children in care not serviced by a delegated agency.	• SK region decommissioned database (accessible to NCR in an electronic format – MS Excel spreadsheets). • Regional consultation needed for details of the data • Province of SK database • Archived reports offsite
Yukon Region	• Historical data are available in spreadsheets, scanned documents, hard copies and in various template formats. • A limited number of reports are available in an electronic format.	• Comprehensive Integrated Document Management (CIDM) • Offsite archived reports (hard copies)

Source: *Information provided directly by FNCFS staff at ISC*

5 DBase is a database management system (DBMS) that runs on a Windows platform.

Conclusion

The FNCFS program at ISC collects some data that could be used to help identify eligible claimants under the child welfare compensation categories. Specifically, identifying information (name, date of birth) of First Nations children ordinarily resident on-reserve who were placed in care is collected across regions for the years examined (FY 2005-2006 to present).[6] This could provide an efficient way to identify the group of children living on-reserve or in the Yukon who are eligible for compensation under the child welfare compensation categories. Identifying information regarding the caregiver at the time of removal is not available following FY 2013-2014 but may be available through child maintenance and/or eligibility forms collected by regions. More detailed information on the reason for placement, the number of moves in care, and placement outside of the community is not available at the FNCFS program across all years. If this information is deemed to be necessary to identify claimants, child welfare agencies will need to be contacted to provide this level of detail.

6 The completeness of this information cannot be ascertained for FYs prior to 2013-2014

Data available at sampled child welfare agencies and authorities

Methodology

In order to ensure that all potential data sources were documented we reviewed information systems from child welfare authorities in provinces and territories across Canada. Given the number of child welfare authorities in which child welfare information is documented, our goal was to *sample* agencies across Canadian jurisdictions using different information systems.

We captured information about data in:

1. Mainstream or child welfare authorities not specifically delegated to serve First Nations communities by surveying the information system(s) used in each province and territory, and
2. First Nations agencies, if they used a different information system than the province, where possible.

First, we contacted individuals known to the research team in each jurisdiction. These contacts typically shared information on the data systems used in the jurisdiction and guidance on a sampling approach, including agency contacts. In many cases, they connected us with First Nations child welfare directors' roundtables in the province or territory. In some jurisdictions, an informational presentation on the project was requested and facilitated further discussions with appropriate child welfare authorities. The one-page information sheet we developed to help facilitate our outreach is available in Appendix M.

Cumulatively, we interviewed approximately 150 people representing all provinces, the Yukon, and the Northwest Territories.[7] Using a template table we developed (see Appendix N), we held one or two meetings to ensure we connected with someone familiar with the data holdings in the jurisdiction to discuss the template. In some cases, respondents preferred to fill in the template themselves, or to finish it and send it back after an initial conversation with us. These meetings took place on Zoom from February through December 2021, with the bulk of information collected during the summer months. We have not included the names of First Nations agencies to protect their confidentiality and ownership of information about their data holdings.

Given that we reached out to *sampled* child welfare agencies, the information provided cannot be considered as being representative of the whole province, unless otherwise specified. Furthermore, the level of detail regarding the availability, completeness, and accuracy of variables collected is contingent upon the information available to respondents to answer our questions. In order to respect the confidentiality of the children and families identified in the data systems, the project team **did not have direct access** to the data sources and could therefore not verify the responses provided by the key respondents. This process allowed us to document important information without overburdening agencies who will likely be involved with supporting claimants to receive compensation upon implementation.

The following sections document the structure of child welfare and types of administrative data systems used by different jurisdictions before providing an overview of the results of discussions with sampled agencies regarding the availability and quality of their data. The full list of tables documenting the availability and quality of data in sampled child welfare authorities and agencies across Canada, as they relate to child welfare compensation categories is available in **Appendix P**.

7 Nunavut is not included in the CHRT compensation order and was therefore not included in our outreach.

Overview of structure of child welfare and data systems used by each jurisdiction

Alberta

Structure of child welfare in Alberta

The Ministry of Children's Services is responsible for child protection and related services (foster care homes, child benefit, supports) in Alberta. Child welfare is legislated by the *Child, Youth and Family Enhancement Act*.

There are 48 First Nations in Alberta. Of these, in fiscal year 2018-2019, 39 bands receive FNCFS services delivered by the 17 Delegated First Nations Agencies (DFNAs). The remaining 9 bands receive services through provincial offices. There are 86 provincial offices in total. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Alberta

Overview

In Alberta, the Performance Analysis and Improvement Unit under the Ministry of Children's Services is responsible for extracting and analyzing child welfare administrative data in the province. All mainstream and First Nations child and family services agencies use the same information system to document involvement with these agencies. The current case management system is called the **Child Intervention Case Information Online system (CICIO).** Prior to CICIO, the Child and Youth Intervention Module (CYIM) was used between 1996 and 2014. The information from CYIM was gradually migrated as the CICIO was implemented between 2011 and 2014. The Child Welfare Information System (CWIS) was used before CYIM.

Outreach

In Alberta, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to the Ministry of Children's Services to ask about the availability and quality of data as they relate to the CHRT compensation categories.

British Columbia

Structure of child welfare in British Columbia

The Ministry of Child and Family Development (MCFD)'s Director of Child Protection is responsible for child protection and related services (e.g., mental health, services or children with special needs, and adoption in British Columbia). Child protection is legislated by the provincial *Child, Family, and Community Service Act.*

There are 199 First Nation bands in British Columbia. Of these, in fiscal year 2018-2019, 112 bands received FNCFS services through 18 Delegated Aboriginal Agencies (DAAs) funded through the FNCFS program. The other 87 bands and children off reserve received child welfare services through 429 MCFD offices throughout the province. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in British Columbia

Overview

In British Columbia, the Modelling, Analysis, and Information Management (MAIM) department of the MCFD is responsible for extracting and analyzing child welfare data in the province. Child welfare data collected by Ministry agencies as well as many DAAs are stored in the **Integrated Case Management System (ICMS)**. The ICMS was implemented in 2012, prior to which the **Management Information System (MIS)** was used. All archival information from MIS was migrated into ICMS in 2014.

Some DAAs currently use **Best Practices**, another software tool. Some agencies using Best Practices also interface with ICMS. The list below provides information on which DAAs currently use Best Practices

Table 2.3 List of provincial and delegated agencies in BC that receive funding from FNCFS and the name of the administrative data system they use[8]

CFS agency name	Current information system
Ayas Men Men Child and Family Services	Best Practices
Carrier Sekani Family Services	ICMS
Denisiqi Services Society	ICMS
Fraser Valley Aboriginal Children And Family Services Society (VACFSS)	ICMS
Gitxsan Child and Family Services Society	ICMS
Heiltsuk Kaxla Society	ICMS
Knucwentwecw Society	ICMS
Ktunaxa/Kinbasket Child and Family Services Society	Best Practices
Kwumut Lelum Child and Family Services Society	ICMS
Lalum'utul'Smun'eem Child and Family Services	Best Practices
Nezul Be Hunuyeh Child and Family Services Society	ICMS
Nil/Tuo Child and Family Services Society	Best Practices
Nlha'7 Kapmx Child and Family Services Society	ICMS
Northwest Inter-Nation Family and Community Services Society	ICMS
Scw'Exmx Child and Family Services Society	ICMS
Secwepemc Child and Family Services Agency	Best Practices
Spallumcheen Child and Family Services	ICMS
Usma Nuu-chah-nulth Child and Family Services	Best Practices
Ministry of Child and Family Development[9]	ICMS

Outreach

In British Columbia, the province is responsible for the data collection related to non-First Nations agencies and many First Nations child welfare agencies. We contacted officials at the Ministry of Child & Family Development to ask about the availability and quality of data as it relates to the CHRT compensation categories. We also spoke with a First Nations agency in British Columbia who uses the ICMS.

Manitoba

Structure of child welfare in Manitoba

The Department of Families is responsible for child and youth services in Manitoba. The *Child and Family Services Act* and the *Child and Family Services Authorities Act* provide the legislative framework and mandate for child welfare services. Child welfare is administered through four Child and Family Services Authorities grouped by service population: First Nations (North and South division), Métis, and a General Authority (non-First Nations, non-Métis).

There are 63 First Nations bands in Manitoba. Of these, in fiscal year 2018-2019, all 63 bands received child protection services through 15 First Nations delegated agencies funded through the FNCFS program. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Manitoba

Overview

The information system used in the province by all four Child and Family Services Authorities is the **Child & Family Services Application system**. It is divided into the **Intake Module** (IM) and the **Child and Family Services Information System** (CFSIS). The Province of Manitoba maintains these databases and is responsible for housing and protecting the data.

Although IM and CFSIS are used by all child welfare agencies in Manitoba, usage varies across the province. Certain First Nations agencies in Northern Manitoba oppose the use of a provincial system to store information on children who are under federal responsibility and others cannot use the system because of limited access to internet. As a result, it is estimated that some agencies in Northern Manitoba have "between 40 and 85 per cent of the information missing on their caseloads."[10]

Outreach

In Manitoba, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to contacts at the Department of Families to ask about the availability and quality of data as they relate to the CHRT compensation categories.

8 Based on information provided following the BC Director's Forum in June 2021
9 Non-delegated (provincial) agency
10 Malone, K. (2016, July 27). "Manitoba seeks to close gaps in how children in care are tracked". *CBC Manitoba*. https://www.cbc.ca/news/canada/manitoba/cfs-computer-system-overhaul-1.3695800

New Brunswick

Structure of child welfare in New Brunswick

Child welfare in New Brunswick falls under the Child and Youth Services Branch of the Ministry of Social Development. The Division of Children, Families and Seniors oversees Child Welfare and Youth Services branch, which is further divided into two units: Child Welfare and Youth Services unit and Clinical Auditing and Child Welfare Training unit. The *Family Services Act* provides the legislative framework and mandate for child welfare services.

There are 15 First Nations bands in New Brunswick, most of which receive child welfare services from delegated First Nations agencies. In fiscal year 2018-2019, 7 First Nations agencies serve 13 First Nations bands. The remaining 2 bands (Tobique and Madawaska Maliseek First Nations) are served by the Ministry. There are 15 provincial child welfare offices in total. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in New Brunswick

Overview

Child welfare data in the province are extracted and analyzed through the Clinical Auditing & Training Unit. The main information system in the province is **New Brunswick Families**, which is a structured decision-making case management tool used by the Ministry of Social Development and many First Nations agencies since 2004. All First Nations agencies have access to NB Families, and some use it in tandem with other information systems. In addition to NB Families, **RedMane** is used by three First Nations agencies. An additional five agencies are either in training or preparation to implement RedMane. One agency uses **4D Case Manager** which has been customized for that agency. We are aware of one agency that does not use an electronic information system and documents information **using written case notes**.

Table 2.4 List of provincial/delegated agencies in New Brunswick and the name of the administrative data system they currently use

Agency Name	Current information system
Eel River Bar Child & Family Services	NB Families
Elsipogtog Child & Family Services	4D Case Manager
Esgenoopetitj Child & Family Services	NB Families & exploring RedMane
Kingsclear Child & Family Services	NB Families & training for RedMane
Mig'maq Child and Family Services of NB	RedMane & NB Families (& Paper files)
Oromocto Child & Family Services	RedMane & NB Families
St. Mary's Child & Family Services	RedMane & NB Families
Woodstock Child & Family Services	Written case notes
Province of New Brunswick – Social Development[11]	NB Families

Outreach

In New Brunswick, as the provincial information system, NB Families, is available to all agencies and First Nations agencies use additional systems, we held conversations with provincial contacts as well as a First Nations agency using RedMane to ask about the availability and quality of data as they relate to the CHRT compensation categories.

11 Non-delegated (provincial) agency

Newfoundland and Labrador

Structure of child welfare in Newfoundland and Labrador

The Department of Children, Seniors and Social Development (CSSD)'s Child Protection Services is responsible for child welfare in Newfoundland and Labrador. Child welfare in Newfoundland and Labrador is legislated by the *Children, Youth and Families Act* (SNL 2018, c.C-12.32).

Two of the three First Nations bands in the province (Mushuau Innu First Nations and Sheshatshiu Innu First Nation) receive child protection services through the province. Miawpukek First Nation has its own child welfare agency. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Newfoundland and Labrador

Overview

In Newfoundland and Labrador, all child protection data is held by the Child Protection and In-care section of the CSSD and stored in the **Integrated Service Management** (ISM) system, which was implemented in 2018. Prior to this, from 2000 to 2018, the **Client Referral Management System** (CRMS) was used.[12] Information from the CRMS was migrated to the ISM. Before 2000, information would be available in paper files.

Outreach

In Newfoundland and Labrador, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to provincial contacts to ask about the availability and quality of data as they relate to the CHRT compensation categories.

Northwest Territories

Structure of child welfare in the Northwest Territories

Child welfare in the Northwest Territories falls under the Department of Health and Social Services, Child and Family Services. The legislative framework for child welfare in the territories is the *Child and Family Services Act* (SNWT 1997, c 13). Child welfare services are delivered under three administrative bodies in the territories. In total, 34 agencies deliver child welfare services across the territory.

There are 26 First Nations bands in the Northwest territories. In contrast to other jurisdictions, funding for child welfare in the Northwest Territories comes through transfer payments from the federal Department of Finance directly to the provincial government, rather than through the FNCFS program directly to agencies.[13] Accordingly, there is no delegated agency status in the Northwest Territories and all services fall under the Department of Health and Social Services.

Child welfare data in the Northwest Territories

Overview

Responsibility for child welfare data in the Northwest Territories falls under the Department of Health and Social Services. The current information system used throughout the territory is called **Matrix-NT.** Matrix has been in place since October 2017. Prior to this, starting in 2000, the **CFIS** system was used. Information from CFIS has been migrated into the Matrix system and is available.

Outreach

Given the centralization of child welfare information in the Northwest Territories, we reached out to the Department of Health and Social Services, Child and Family Services to ask about the availability and quality of data as they relate to the CHRT compensation categories.

12 CRMS was implemented in Labrador in 2005.
13 Indigenous Services Canada. (2021). First Nations child and family services. Retrieved from https://www.sac-isc.gc.ca/eng/1100100035204/1533307858805

Nova Scotia

Structure of child welfare in Nova Scotia

The Department of Community Services is responsible for child and youth services in Nova Scotia. The Department of Community Services oversees Child, Youth and Family Supports which is responsible for adoption, foster care, child maltreatment intervention, prevention, early intervention, and residential care. The *Children and Family Services Act* provides the legislative framework and mandate for child protection services. These services are provided by four regional district offices and seventeen county and municipal Child Welfare Services offices.

There are 13 First Nations bands in Nova Scotia, that all receive child protection services from one delegated First Nations agency, Mi'kmaw Family & Children's Services of Nova Scotia. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Nova Scotia

Overview

Child welfare data in the province is analyzed by the Research & Statistics section, Department of Community Services. The information system used in the province by both the non-First Nations and First Nations agencies is the **Integrated Case Management** (ICM) system, which was put in place in 2009. Prior to 2009, agencies used an Access Database.

Outreach

In Nova Scotia, we contacted the Department of Families, who worked in concert with Mi'kmaw Family & Children's Services of Nova Scotia, to ask about the availability and quality of data as they relate to the CHRT compensation categories.

Ontario

Structure of child welfare in Ontario

The Ministry of Children, Community and Social Services is responsible for child welfare and protection, in Ontario. The *Child, Youth and Family Services Act* provides the legislative framework and mandate for child welfare services. 51 Children's Aid Societies, which are governed by Boards of Directors elected from local communities, provide child protection services throughout the province. Eleven of those agencies are mandated to provide services specifically to Indigenous communities (Indigenous Child and Family Well-Being Agencies).

ISC reimburses Ontario for the delivery of child and family services to First Nations children and families on reserve through the 1965 *Memorandum of Agreement Respecting Welfare Programs for Indians* (1965 Agreement). There are 136 First Nations bands in Ontario. In fiscal year 2018-2019, 13 delegated First Nations agencies served 105 First Nations bands and 38 mainstream Children's Aid Societies served the remaining 31 First Nations bands. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Ontario

Overview

The administrative data system currently used by provincial child welfare agencies in Ontario is the **Child Protection Information Network** (CPIN). Only one delegated First Nations agency currently uses CPIN. Nearly all other First Nations agencies use the legacy system **Penlieu**, except for Akwesasne Child and Family Services, which uses **Matrix**.

Table 2.5 List of provincial/delegated agencies in Ontario and the name of the administrative data system they use[12]

Agency Name[15]	Legacy Information System	Current Information System (as of March 2021)	CPIN Implementation Date
Akwesasne Child and Family Services	Matrix	Matrix	N/A
Anishinaabe Abinoojii Family Services	Penlieu	Penlieu	N/A
Dilico Anishinabek Family Care	Penlieu	Penlieu	N/A
Dnaagdawenmag Binnoojiiyag Child & Family Services	None	CPIN	2018
Kina Gbezhgomi Child & Family Services	Penlieu	Penlieu	N/A
Kunuwanimano Child & Family Services	Penlieu	Penlieu	N/A
Native Child and Family Services of Toronto	Penlieu	Penlieu	N/A
Nogdawindamin Family and Community Services	Penlieu	Penlieu	N/A
Ogwadeni:deo	Penlieu	Penlieu	N/A
Payukotayno James and Hudson Bay Family Services	Penlieu	Penlieu	N/A
Tikinagan Child and Family Services	Penlieu	Penlieu	N/A
Weechi-it-te-win Family Services	Penlieu	Penlieu	N/A
Brant Family and Children's Services*	Coyote	CPIN	2018
Bruce Grey Child and Family Services*	Coyote	CPIN	2016
Catholic Children's Aid Society of Hamilton*	Coyote	CPIN	2018
Catholic Children's Aid Society of Toronto*	AS/400	CPIN	2015
Chatham-Kent Children's Services*	Coyote	CPIN	2016
Children's Aid Society of Algoma*	Coyote	CPIN	2018
Children's Aid Society of Hamilton*	Coyote	CPIN	2018
Children's Aid Society of London and Middlesex*	Coyote	CPIN	2018
Children's Aid Society of Oxford County*	Coyote	CPIN	2017
Children's Aid Society of the District of Nipissing and Parry Sound*	Penlieu	CPIN	2019
Children's Aid Society of Toronto*	AS/400	CPIN	2015
Dufferin Child and Family Services*	Coyote	CPIN	2019
Durham Children's Aid Society*	AS/400	CPIN	2017
Family and Children's Services Niagara*	Penlieu	CPIN	2017
Family and Children's Services of Frontenac, Lennox and Addington*	Penlieu	CPIN	2016
Family and Children's Services of Guelph and Wellington County*	Coyote	CPIN	2019
Family and Children's Services of Lanark, Leeds and Grenville*	Coyote	CPIN	2017
Family and Children's Services of Renfrew County*	SIS	CPIN	2014

(continued on following page)

14 Based on information provided by OCANDS.
15 Agencies with an asterisk are non-delegated (provincial) agencies

Table 2.5 List of provincial/delegated agencies in Ontario and the name of the administrative data system they use *(continued)*

Agency Name[15]	Legacy Information System	Current Information System (as of March 2021)	CPIN Implementation Date
Family and Children's Services of St. Thomas and Elgin County*	Coyote	CPIN	2016
Family and Children's Services of the Waterloo Region*	Penlieu	CPIN	2017
Halton Children's Aid Society*	Coyote	CPIN	2014
Highland Shores Children's Aid*	Coyote	CPIN	2017
Huron-Perth Children's Aid Society*	Coyote	CPIN	2018
Jewish Family and Child*	Matrix	CPIN	2018
Kawartha-Haliburton Children's Aid Society*	Coyote	CPIN	2016
Kenora-Rainy River Districts Child and Family Services*	Penlieu	CPIN	2016
North Eastern Ontario Family and Children's Services *	Penlieu	CPIN	2018
Peel Children's Aid Society*	Coyote	CPIN	2018
Sarnia-Lambton Children's Aid Society*	Coyote	CPIN	2016
Simcoe Muskoka Family Connexions*	SIS	CPIN	2014
The Children's Aid Society of Haldimand and Norfolk*	Coyote	CPIN	2016
The Children's Aid Society of Ottawa*	AS/400	CPIN	2016
The Children's Aid Society of the District of Thunder Bay*	Penlieu	CPIN	2017
The Children's Aid Society of the Districts of Sudbury and Manitoulin*	Penlieu	CPIN	2018
The Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry*	Matrix	CPIN	2016
Valoris for Children and Adults of Prescott-Russell*	Matrix	CPIN	2018
Windsor-Essex Children's Aid Society*	Matrix	CPIN	2018
York Region Children's Aid Society*	Coyote	CPIN	2019

Outreach

We sampled two First Nations agencies to identify the availability of data in the information systems they use. We were provided with additional information regarding missing and unknown responses for Penlieu, CPIN, and Coyote through the Ontario Child Abuse and Neglect Data System (OCANDS) at the University of Toronto. OCANDS obtained data sharing agreements from three agencies to contribute non-identifying information about the availability of data through these information systems for the purpose of this project.

Prince Edward Island

Structure of child welfare in Prince Edward Island

The Ministry of Social Development and Housing is responsible for child protection services in PEI under the Department of Child and Family Services. The *Child Protection Act* provides the legislative framework and mandate for the provision of child protection services. These services are delivered via Child and Family Services offices.

There are two First Nations bands in PEI, Abegweit First Nation and Lennox Island First Nation, that both receive child protection services from one delegated First Nations agency, Mi'kmaq Confederacy of PEI. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Prince Edward Island

Overview

Child welfare data is managed by the Department of Family and Human Services. The **Integrated Services Management** (ISM) system, put in place in 2003, is used to store data collected by both provincial and First Nations agencies in PEI.

Outreach

In PEI, given that the province is responsible for maintaining child welfare data, we reached out to the Department of Family and Human Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories. It is important to note that, in PEI, there is a low number of Indigenous children in care (i.e., average of 5 Indigenous children entering care every fiscal year according to our contacts). Therefore, any manual search would likely be more manageable than in other provinces.

Quebec

Structure of child welfare in Quebec

The Directors of Youth Protection (DYP) under the Ministry of Health and Social Services (*Ministère de la santé et des services sociaux*) are responsible for child protection in Quebec, which is legislated under the *Youth Protection Act* (P-34.1) and *An Act Respecting Health and Social Services* (S-4.2). At present, there are 19 agencies in Quebec receiving funding through the FNCFS program.

In 2018-2019, of the total 28 First Nation bands in the province, 20 receive services from 15 First Nations agencies. The remaining eight bands receive child welfare services through *Centres intégrés de santé et de services sociaux* which operate under the Ministry but receive FNCFS funding. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Quebec

Overview

Child welfare data in Ministry agencies and most First Nations agencies are collected in the **Projet Intégration Jeunesse** (PIJ) system and are held in each of 18 socio-health regional levels within the province. Data specific to placements are held in the Système d'information sur les ressources intermédiaires et de type familiale (SIRTF) system which is linked to PIJ by a user ID. PIJ was developed in the early 2000s and was fully implemented in 2004. Select First Nations agencies have opted to use proprietary data systems. Kahnawake Shakotiia'takehnhas Community Services of the Mohawk Council of Kahnawá:ke has used **Penelope** (2012-present) and **Case Manager** (1998-2012). Akwesasne Child and Family Services (which is on the border with Ontario) uses a **Matrix** software system.

Table 2.6 List of provincial/delegated agencies in Quebec and the name of the administrative data system they use

Agency Name[16]	Current Information System
Akwesasne Child and Family Services - Quebec	Matrix
Bande des Atikamekw d'Opitciwan	PIJ
Centre Jeuneusse Abitibi-Témisgamingue*	PIJ
Centre Jeuneusse de l'Outaouais*	PIJ
Centre Jeuneusse des Laurentides*	PIJ
Conseil de la Nation Atikamekw (CNA)	PIJ (recently implemented)
Conseil de la Première Nation des Innus Essipit	PIJ
Conseil des Innus de Pessamit	PIJ
Conseil des Montagnais de Natashquan	PIJ
Conseil des Montagnais du Lac St-Jean	PIJ
Grand Conseil Nation Waban-Aki inc.	PIJ
Innu Takuaikan Uashat Mak Mani Utenam	PIJ
Kitigan Zibi Anishinabeg Nation	PIJ
Le Regroupement Mamit-Innuat inc.	PIJ
Listuguj Mi'gmaq Government	PIJ
Micmacs of Gesgapegiag	PIJ
Mino Obigiwasin Services Enfance & Famille	PIJ
Mohawk Council of Kahnawake	Penelope
Nation Huronne Wendat	PIJ
Nation Innue Matitimekush-Lac-John	PIJ

Outreach

In Quebec, given that the province is responsible for maintaining most of the data from both non-First Nations and First Nations child welfare agencies, we reached out to a contact familiar with the mainstream system under the Ministry of Health and Social Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories.

Saskatchewan

Structure of child welfare in Saskatchewan

The Ministry of Social Services is responsible for child and youth services, including child protection, in Saskatchewan. The *Child and Family Services Act* provides the legislative framework and mandate for child welfare services. Service area offices (Regina, Saskatoon, Prince Albert) administrate and direct local agency offices. Delegated First Nations (FNCFS) agencies are administered by band-level offices and organized by treaty/region.

There are 70 First Nations bands in Saskatchewan. Of these, in fiscal year 2018-2019, nine received services from the Ministry of Social Services and 61 received services from 17 First Nations delegated agencies. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in Saskatchewan

Overview

Child welfare data in the province is managed by the Ministry of Social Services (MSS) and individual First Nations agencies. The Ministry uses a Structured Decision Making tool provided by **Linkin Case Management** to collect data on children in the child welfare system. The Ministry uses the Multi-Informational Database Applications System (MIDAS) to record payments to out-of-home care providers.

Although no specific information was available regarding the administrative systems used by First Nations (FNCFS) agencies in Saskatchewan, most FNCFS agencies use **RedMane**, and others use an independent system that they have created. Many First Nations agencies are transitioning from paper to electronic systems and some continue to use paper files (personal communication, MSS contact). Agencies that do not use Linkin need to follow certain guidelines that are presented in the Ministry of Social Services' Child Protection Services Manual. It specifies the information that must be collected by all agencies. It includes parents' names, children information, reason for involvement (subsection(s) of Section 11 mandates), case contacts, as well as "when children come into care and when they are returned home" (p. 437).[17]

16 Agencies with an asterisk are non-delegated (provincial) agencies

17 Ministry of Social Services. (2021). *Child Protection Services Manual.* https://pubsaskdev.blob.core.windows.net/pubsask-prod/88038/Child%252BProtection%252BServices%252BManual%252BAugust%252B2021.pdf

Outreach

The project team contacted the Ministry of Social Services to obtain information on the child welfare data collected by provincial agencies in Saskatchewan. We also approached six First Nations agencies that were sampled for the project, but none responded to the request for information.

Yukon

Structure of child welfare in the Yukon

The Department of Health and Social Services is responsible for child and youth services in the Yukon. The Minister of Health and Social Services Child oversees Family and Children's Services, which manages the delivery of child welfare services. The *Child and Family Services Act* provides the legislative framework and mandate for child protection services in the territory.

The Yukon Government is the child welfare service provider for all children and families living in the Territory. ISC funds the provision of child and family services to all First Nation children and families living in the Territory. For more information, please refer to Appendix D and E, which provide a summary of provincial/delegated agencies that are funded by ISC under the FNCFS program and the First Nations bands associated with them since fiscal year 2013-2014.

Child welfare data in the Yukon

Overview

Child welfare data in the territory is managed by the Department of Health and Social Services. The **Client Index System** (CIS) had been in place since 1999, but is unreliable, inconsistently used, and inaccurate.[18] A 2014 federal government audit recommended that the system be replaced. Since 2020, the territory has been using **Matrix**, which has been implemented as part of the Pan-Northern Project synchronizing child welfare data collection across the Yukon, Northwest Territories, and Nunavut.

Outreach

In the Yukon, we reached out to the Department of Health and Social Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories.

Availability of data and usability for identifying claimants

The full list of tables documenting the availability and quality of data in sampled child welfare authorities and agencies across Canada, as they relate to child welfare compensation categories is available in **Appendix P**. The usability of information **available from child welfare agencies and authorities** to help identify claimants eligible for compensation under the *2019 CHRT 39* child welfare compensation categories is summarized below:

Can the child be identified?

All sampled child welfare agencies in each jurisdiction collected the following demographic information on the children and youth in their care: Child Name, Date of Birth, and Indian Registration Number. Despite occasional typos noted with the *Child Name* and *Date of Birth*, the completeness of the data for these two data fields was generally high.

By contrast, the child's *Indian Registration Number* (IRN), is often missing or unknown to workers in child welfare agencies in Alberta, BC, NWT, Ontario, PEI, QC, and Yukon, even for children with status, and there were rarely any validation procedures in place to ensure that the information was accurate. There would be significant data quality issues to address if these data are used to help identify eligible children.

Is the child First Nations?

There is considerable variability in the quality of the information regarding the *First Nations identity* across the country. The provinces of NWT, Nova Scotia, Ontario, PEI, and Quebec all highlighted medium or high issues with missing or unknown data for this variable. It is important to note that in all delegated First Nations agencies sampled, the child needed to be from the First Nations band associated with the agency to receive services from the CFS agency. As such, even though these sampled agencies often did not have a specific data field dedicated to determining the First Nations identity of the child, it is reasonable to assume that the child placed by these agencies is First Nations.[19]

18 Office of the Auditor General of Canada. (2014). *2014 February Report of the Auditor General of Canada. Yukon Family and Children's Services—Department of Health and Social Services*. https://www.oag-bvg.gc.ca/internet/English/yuk_201402_e_39081.html

19 Given the fact that these delegated agencies were sampled, we cannot determine whether this is the case for all delegated agencies.

Issues with applicability to compensation categories: In Nova Scotia, although information on race is collected, this does not include information on whether a child is First Nations.

Does the child live on-reserve?

Ministries in Alberta, BC, Manitoba, Newfoundland and Labrador, Ontario, and Quebec were the only agencies that specifically collected information on the *child's residence on or off reserve*. Medium levels of missing or unknown information were noted in BC and small completeness issues were noted in Manitoba, Newfoundland and Labrador, and Quebec. Accuracy issues for residence on/off reserve were noted by key respondents in Alberta, Newfoundland and Labrador, Ontario, and Quebec.

In other sampled agencies, specifically, in New Brunswick, Northwest Territories, Nova Scotia, PEI, Saskatchewan, and a First Nations agency in Ontario, it is the *child's address of residence* that is documented. The address of residence can be used to establish residence on or off reserve. Some accuracy issues (including typos in addresses or addresses not being up-to-date) have been noted across jurisdictions.

Can the caregiver at the time of removal be identified?

The *caregiver's name* was collected in all sampled agencies. Completeness issues were identified in Alberta, BC, Newfoundland and Labrador, and Quebec.

Issues with applicability to compensation categories: Respondents from Alberta, BC, Manitoba, and New Brunswick all indicated that – although the *caregiver's name* is nearly always identified when a case is open – it is difficult to determine with certainty if this was the child's caregiver at the time of removal.

The *caregiver's Indian Registration Number* was available in agencies sampled in Alberta, BC, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Ontario, Saskatchewan, and the Yukon. However, issues with missing or unknown information were noted in Alberta, BC, Newfoundland and Labrador, NWT, Nova Scotia, Ontario, Quebec, and the Yukon. There were often no validation procedures in place to ensure that the information was accurate.

Is the caregiver First Nations?

All sampled agencies collected some information on the *caregiver's First Nations identity*, except for the First Nations agency sampled in Quebec. The amount of missing or unknown information for this variable is high in Alberta, BC, NWT, and very high in Nova Scotia, Ontario, PEI, and Quebec. Accuracy issues were noted in Quebec and the Yukon.

When was the child placed?

The quality of the information on the *start and end date of each placement* was high across all child welfare agencies sampled. All provinces collect this data, and the information was usually considered as accurate because it is tied to child maintenance costs that are reimbursed by the provincial or federal government. Some provinces noted that minor errors (i.e., differences of a few days) regarding the start/end date of placement could occur because of delays in inputting information.

Issues with applicability to compensation categories: Usually, this information is available for each placement and, if recorded consistently across different years, it could potentially serve as a proxy for length of time in care and moves in care. However, this would need to be confirmed with agencies because we did not ask about these constructs. Furthermore, if a child was placed by different child welfare agencies, this information would need to be linked across agencies.

Was the child placed outside of their community?

In order to determine if a child is placed outside of their community, the address of residence of the child (or caregiver) at the time of removal can be compared to the address of placement. Issues with missing or unknown data for *residence at the time of removal* were noted in Alberta, Manitoba, Newfoundland and Labrador, and Ontario. The address of residence can also be subject to small accuracy errors (including typos in addresses or addresses not being updated at the time of removal).

Issues with applicability to compensation categories: Key informants in Nova Scotia and PEI indicated that a child (or caregiver's) address is automatically updated once a family changes residence. This means that retrieving information on previous addresses would be difficult and would have to be done manually by looking at individual files.

Address of placement, on the other hand, seems to be more consistently collected, although some accuracy issues have been noted, especially for placements on reserve (e.g., in the Northwest Territories). Small issues with missing or unknown information regarding placement address were noted in Alberta, BC, NWT, and Quebec, with key informants in Ontario and New Brunswick noting more substantive issues with the completeness of this data field.

Was the child placed outside of their family?

In order to determine if a child was placed outside of their family, information on the *type of placement* the child experienced and whether it corresponds to a kinship care arrangement[20] is pertinent.

Placement type was documented across all jurisdictions. BC, Manitoba, Ontario, PEI, and Yukon all identified issues with the accuracy of responses provided by workers. For example, in PEI, formal kinship care is a type of foster care. Because of this, key informants in PEI stressed that there could be inter-worker differences, as some might indicate that a kinship placement is a foster placement.

Issues with applicability to compensation categories: Each sampled agency that provided us with information on the response options available for placement type had an equivalent of kinship care, except for Manitoba. In the agencies that provided a definition of kinship care (i.e., Alberta, BC, and Saskatchewan) the definition includes close friends or neighbours (i.e., kith) as possible kinship care arrangements. As such, this term could not be used as a direct estimate of placement outside of the family, if family is defined as not including extended community members.

Why was the child placed?

The *type of maltreatment investigated* was collected by nearly all sampled agencies. Generally, few data issues were identified. However, respondents in Alberta, Yukon, Nova Scotia, and Ontario highlighted issues with missing data.

Issues with applicability to compensation categories: The level of detail in the response options provided to workers varied considerably across provinces. Generally, they include different types of physical abuse, sexual abuse, emotional/psychological abuse, and neglect and are attached to the sections of the child protection Act of the respective province or territory that describe situations where a child may need protection. In some provinces – like Ontario - it is difficult to map investigation reasons directly unto these 5 categories because there are more than a hundred possible reasons for investigation, which are not always tied to maltreatment (e.g., caregiver mental health concerns). Definitions used to describe different types of abuse and neglect vary between jurisdictions (see Appendix A for more details). For example, inadequate nurturing or affection is recorded as emotional/psychological abuse *or* neglect, depending on the jurisdiction. Finally, investigated maltreatment at the time of an investigation does not always reflect the exact reason why a child was eventually placed in care.

In some cases, the maltreatment type includes information on who perpetrated the abuse (e.g., caregiver, uncle, etc.). If not, most provinces include information on the name of the *alleged perpetrator of maltreatment*. However, this information is sometimes difficult to retrieve because it is not documented by one field; to retrieve it, multiple sources of data would need to be searched, cross-referenced, and linked to accurately document this information.

The *substantiation* of the investigated maltreatment or risk of maltreatment is generally collected across different jurisdictions. However, some provinces do not measure substantiation directly. For example, in Ontario, a concern is verified – rather than substantiated. Similarly, in BC, substantiation, in of itself is not collected, rather a worker indicates whether a child is "in need of protection". Furthermore, the evidentiary threshold used to determine level of substantiation varies across provinces.

In some provinces/territories, following the investigation, the worker is asked about the *reason for placement*. In Alberta, information beyond substantiation of an initial investigation is not collected.

Issues with applicability to compensation categories: According to the CHRT order, the reason for placement can determine eligibility for compensation in two cases: 1) if the child was placed because of abuse perpetrated by their caregivers, or 2) if the child was placed in order to receive essential services.

1. In Manitoba, the response options for reason for placement do not include information on whether a child was placed because of abuse or neglect, which means that this field could not be used to determine eligibility.

20 Kinship care refers to placements with a child's extended family.

2 Nearly all respondents indicated that it would be very difficult to determine whether or not a child was placed in order to receive essential services because this was not formally considered as a reason for placement in their jurisdiction. Some indicated that if there was a review of case notes, the information might be included. However, there would be significant variance between workers regarding the amount of information they would include and if they describe the situation at all. In general, these children might be more likely to be found in voluntary, rather than court-ordered placements.

Other contextual information that may be of interest

In addition to the data fields presented in Table 2.1, we asked if information was collected regarding whether the child had access to prevention services. For provinces/territories that provided information for this question, most indicated that – although *access to prevention services* was a data field that was sometimes collected, the applicability to the order was limited. Child welfare information systems cannot provide any information on whether the child accessed prevention services before an initial investigation. As such, services could have been offered by other departments and this information would not be available.

In our conversations with respondents, we also asked if they systematically documented information related to structural and contextual challenges that may have influenced the decision to remove a child. Specifically, we asked whether the information system documents if the child's family experienced poverty, substance use, or inadequate housing as a potential reason for why the child was placed. Although some jurisdictions had information on *substance use and inadequate housing* - if this was deemed as being relevant to the child's file – collection of this information was not mandatory. Information on *poverty* was rarely documented. Furthermore, these factors could not be directly considered as a *reason for placement* in any of the provincial/territorial legislations guiding child welfare provision. As such, this information was not extractable as a data field in any of the jurisdictions. This information may be in case notes, with low reliability.

Summary: Data availability related to child welfare compensation eligibility

The findings of our review of data availability related to First Nations child welfare involvement show that there are significant gaps in the data available to document eligibility under the child welfare compensation categories. Across systems we reviewed, basic information regarding identity of the child and dates of placement are typically documented, as dates are tied to payments for placements. More detailed information regarding circumstances of placement, such as why a child was placed, if they were placed outside of their community, the primary caregiver at the time of placement, however, are less consistently available. The availability and quality of information is greatly impacted by the decentralized nature of child welfare service provision in Canada. Data collected by agencies with whom we spoke are less available in earlier years because many agencies used paper files before transitioning to a computerized information system.[21]

Our findings regarding information available through the FNCFS program and in sampled child welfare agencies and authorities should not be taken as representative of all First Nations child welfare data in Canada. No data was analyzed by the project team and the findings reflect a summary of the information contained in administrative systems based on key informant reports. Despite the limitations described here, the descriptive findings presented in this report provide an overview of the available child welfare data holdings and can inform the compensation process in several meaningful ways. Importantly, this report documents that relying on certain kinds of data could risk exclusion of many eligible claimants. While using administrative data can help facilitate and expedite proof of eligibility for compensation, documentation almost certainly does not exist for all eligible children, especially those who were involved in child welfare in earlier years.[22] Looking for alternatives in cases of missing or untraceable information will therefore be important.

21 Dates electronic systems (rather than paper records) were implemented vary across jurisdictions. In our review of data back to 2006, we found some systems were in place before that year, and others were implemented more recently (please see Appendix P for details).

Summary of child welfare data availability and quality for information of interest in the current AIP

Below, we include a summary of data fields that may be of interest for the settlement being negotiated at the time this report was submitted, January 31, 2022. These are summarized in Table 2.7. Information in this table was not included in our formal data collection process but may be helpful to inform the compensation process.

Table 2.7 Overview of data availability for information of interest in the current settlement process

Information of interest	General comment on availability
Length of time in care	**Operationalization:** Information on the length of time in care may be calculated for known placements for which there are *start and end dates*. When there are spells with multiple placements, the dates would need to be documented and accurate for all placements to reliably calculate length of time in care. If a child has experienced multiple periods of involvement with child welfare, the assumption should not be made that they have always been involved with the same child welfare agency, or within the same province or territory. As such, this would sometimes require linking information from different agencies together to complete the child's record of placement spells. **Findings:** The results of our findings suggest that *placement start date* and *end date* are generally available, both through the FNCFS program and child welfare agencies, with a high level of accuracy. As such, if the child was placed by the same agency, length of time in care should be calculable. If the child moved between agencies, this would require an additional calculation.
Moves in care	**Operationalization:** Moves in care may be found when systems reliably document the address of placement for each move to a new placement. Linking each *placement address* with the *dates of placement* could be one way of documenting moves. If this is not possible, linking *placement type* with the *dates of placement* could also provide an indication of moves in care, although this would likely underestimate the total number of moves in care because a child could be placed with different foster parents during their time in care. **Findings:** *Placement dates* and *placement address* are not available through the FNCFS program at ISC but are usually documented by child welfare agencies. However, the capacity to accurately link this information across time is not known.
Placement outside of the community	**Operationalization:** Placement within or outside of community can be documented by comparing *address of child* with *address of placement*, where this information is available. **Findings:** *Address of child* and *address of placement* are not available through the FNCFS program at ISC but are usually documented by child welfare agencies. However, issues have been noted with some agency's capacity to retrieve a child's address at the time of removal, which could impact the ability to identify children.
Type of maltreatment perpetrated by the caregiver	**Operationalization:** The type of maltreatment investigated, the substantiation level, and the reason for placement are all information that could be used to determine the type of maltreatment perpetrated by the caregiver. **Findings:** Information on the type of maltreatment perpetrated by the caregiver is not available through the FNCFS program at ISC. Child welfare agencies usually collect this information but definitions of different types of maltreatment and practices in place to substantiate claims vary considerably between jurisdictions. Furthermore, the maltreatment type investigated is not always reflective of the reason a child is eventually placed.

Jordan's Principle Compensation Categories: Data Availability

Overview of approach

As with child welfare compensation categories, the framework on the next page includes a list of data fields, that **if available and of high quality**, could assist in the process of assessing claim eligibility under the CHRT Jordan's Principle compensation categories (Table 2.8 on the following page). It is important to note that the proposed data fields which are matched to the compensation categories in the tables below were based on the project team's understanding of the compensation categories at the time the project took place (January to December 2021). Given that these compensation categories are currently under negotiation, the eligibility requirements (and related fields of interest) are expected to change.

Once we established the combination of data fields that was necessary to operationalize the compensation categories, we identified which **administrative data sources** (both at a national and jurisdictional level) collected this information during the relevant time periods. We then identified and contacted respondents who had knowledge about these data sources and asked them questions about the availability and quality of data fields, when possible.

As defined in the Jordan's Principle compensation category decision tree (Figure 2 in the Introduction), we understood **delays and denials** as capturing situations where a request for a service had been made and there was either a delay or a denial, and **service gaps** as either 1) a request had been made but there was a difference in the requested and accepted amount, or 2) no request had been made, but a child's identified needs were not met. Since the current AIP does not include gaps in services as an eligibility requirement for the Jordan's Principle class, this chapter focuses primarily on situations where a request *has* been made.

The sections that follow are related to the following categories of information:

1. **Data available at Indigenous Services Canada** (including individual-level and community-level data); and
2. **Other possible sources of administrative and survey data** related both to service receipt and contextual information that may influence the verification of compensation claims.

Table 2.8 Information of interest to help identify claimants under the CHRT Jordan's Principle compensation categories

Information of interest			CHRT Jordan's Principle compensation categories	
			First Nations children **living on or off reserve** who experienced a **denial, delay, or gap** in receiving essential services **between 2007 and 2017**	**First Nations** parents or grandparents **of children eligible for compensation**, unless they abused their child**
INFORMATION ON CHILD AND CAREGIVER	Can the child be identified?	Child Name (Family Name, Given Name)	X	
		Child Date of Birth	X	
		Child Indian Registration Number	X	
	Is the child First Nations?	Child's First Nations identity	X	
	Can the caregiver be identified?	Caregiver Name (Family Name, Given Name)		X
		Caregiver Indian Registration Number		X
	Is the caregiver First Nations?	Caregiver's First Nations identity		X
INFORMATION ON SERVICES	Was the request approved?	Decision (Approved or Denied)	X	
		Product/service delivery	X	
	Did the child obtain the service after an unreasonable delay?	Date request received	X	
		Date of decision	X	
		Date of response	X	
		Date service was delivered	X	
	Is there a difference between the approved and requested amount?	Approved amount	X	
		Requested amount	X	
	Should the services be covered under Jordan's Principle as defined in *2017 CHRT 35* and *14*?	Reason for application/needs	X	
		Product/service/ support requested	X	
		Decision details (rationale)	X	
	Did the child have needs that were unmet?	Need for essential services	X	

*** Identifying parents and caregivers is dependent on identifying the index child*

Data available at ISC

We began by investigating what information was collected centrally at Indigenous Services Canada by the **Jordan's Principle** team. Overall, there is a significant lack of data on Jordan's Principle requests prior to FY 2017-2018. Further, Jordan's Principle requests prior to FY 2017-2018 were typically redirected to existing ISC programs. We therefore included interviews with representatives from with **other ISC programs** that offer services usually covered under Jordan's Principle.

Once the programs of interest were identified, we held meetings with key respondents from each program to obtain information regarding the data held by each program. If representatives were unable to meet with us, we sent a template to obtain the information requested. Table 2.9 provides an overview of the category of products, services, and supports that are approved under Jordan's Principle and the names of other ISC programs that may have data on access to these services prior to 2017.

Although data from individual ISC programs is stored internally, it is important to note that ISC has recently implemented **Synergy in Action** (SIA), which is a directorate that functions to support the use of digital data within ISC programming. SIA does not collect raw data itself; rather, it accesses data from certain ISC programs (primarily within the First Nations and Inuit Health Branch) to provide analytics regarding the data collected within these programs. Its main goal is to use "innovative approaches to make data available for decision-making."[22] Because SIA stores data from different ISC programs, it could eventually be an avenue to explore for the identification of prospective claimants.

Table 2.9 Services approved under Jordan's Principle and names of ISC programs that offer these services

Jordan's Principle service category name	Examples of products, services and supports approved Jordan's Principle	Other ISC programs that might have information on these services
Allied Health	• Assessments and screenings for allied health services • Services provided by allied health practitioners, includes occupational and speech therapy	• Home & Community Care (*FNIHB*[23])
Oral Health (excluding orthodontics)	• Diagnostic services, includes examinations and x-rays • Oral surgery services • Restorative services, includes caries and crowns • Endodontic services, includes root canals	• NIHB – Dental (*FNIHB*) • Children's Oral Health Initiative (*FNIHB*)
Education	• Assistive technologies and electronics • Psycho-educational assessments • Tutoring services • Education assistants	• High-Cost Special Education Program (*Education*) • Elementary and Secondary Education Program (*Education*)
Vision Care	• Examinations • Corrective eyewear (eyeglasses and contact lenses)	• NIHB – Vision (*FNIHB*)

(continued on following page)

22 Email communication with SIA staff.

23 The First Nations and Inuit Health Branch (FNIHB) at ISC aims to "provide effective, sustainable, and culturally appropriate health programs and services that contribute to the reduction of gaps in health status between First Nations and Inuit and other Canadians" (p. 4). The programs available through this department of ISC have shifted across the years. They currently include primary care services (e.g., Jordan's Principle, Home and Community Care), health promotion and disease prevention (e.g., the Children's Oral Health Initiative) and supplementary health benefits (i.e., the Non-Insured Health Benefits [NIHB]) (First Nations and Inuit Health Branch, 2011).

Table 2.9 Services approved under Jordan's Principle and names of ISC programs that offer these services *(continued)*

Jordan's Principle service category name	Examples of products, services and supports approved Jordan's Principle	Other ISC programs that might have information on these services
Healthy Child Development	• Car seats • Clothing, shoes, and accessories • Diapers and toilet training materials • Household items • Early Intervention Coordinators • Training (e.g., Child Development)	• Income Assistance and Assisted Living programs (*Social Policy & Programs*) • The Family Violence Prevention Program (*Social Policy & Programs*) • Urban Programming for Indigenous Peoples (*Social Policy & Programs*)
Infrastructure	• Adaptive furniture and minor modifications/renovations • Enhanced home security and safety equipment/systems • Accessible vehicles • Playground equipment	• NIHB – Medical Supplies and Equipment (*FNIHB*)
Medical Equipment and Supplies	• Environmental aids, includes lifting and transfer aids and bars • Mobility aids, including standing and positioning aids and wheelchairs • Sensory / therapeutic items	• NIHB – Medical Supplies and Equipment (*FNIHB*)
Medical Transportation	• Travel (air, ground and water) / Meals and accommodations • Emergency Transportation • Additional escorts	• NIHB – Medical Transport (*FNIHB*) • Mental Wellness (*FNIHB*)
Mental Wellness	• Assessments • Individual therapy • Treatment for mental health and substance use, including residential • Group programming • Choose Life Community Funding • Land-based activities	• NIHB – Mental Health (*FNIHB*) • Mental Wellness (*FNIHB*)
Orthodontic	• Orthodontic consultations / treatments	• NIHB – Dental (*FNIHB*) • Children's Oral Health Initiative (*FNIHB*)
Medications/ Nutritional Supplements	• Prescription / Over-the-counter medications • Infant formula / Nutritional supplements / Vitamins	• NIHB – Drugs (*FNIHB*)
Respite	• Respite care (individual or group) • Daycare / child care / day program / camp	• Home & Community Care (*FNIHB*) • Income Assistance and Assisted Living programs (*Social Policy & Programs*) • The Family Violence Prevention Program (*Social Policy & Programs*) • Urban Programming for Indigenous Peoples (*Social Policy & Programs*)
Social	• Recreational / cultural activities	• Mental Wellness (*FNIHB*) • Home & Community Care (*FNIHB*)
Travel	• Travel (air, ground and water)* / Meals and accommodations ** Non-medical travel to support best interest of child. For example, to maintain family unit if caregiver hospitalized*	None identified

Jordan's Principle (FNIHB)

The long road leading to the implementation of Jordan's Principle by ISC is illustrated below:

On **December 12, 2007**, the House of Commons voted with unanimous support to adopt Jordan's Principle. In 2007, the federal government approved a fund of $11 million over 4 years for the implementation of Jordan's Principle. The implementation focused on "jurisdictional disputes involving First Nation children living on reserve with multiple disabilities requiring services from multiple service providers."[24]

By **2016**, because the definition of Jordan's Principle used by the federal government was so narrow, no Jordan's Principle cases were identified and all requests were siloed through existing federal programs.[25]

In **January 2016**, the CHRT found that Canada had failed to implement the full meaning of Jordan's Principle, which resulted in service gaps, delays, and denials for First Nations children.

On **July 6, 2016**, Canada committed to provide $382 million in funding and to "broaden the scope of Jordan's Principle, and deliver service coordination services for First Nations families" (p. 7).[26] Between 2016 and 2018, Health Canada and INAC shared the responsibility for processing requests for health, and social/education services respectively.[27]

In **May 2017** (2017 CHRT 14) and **November 2017** (2017 CHRT 35), the CHRT ruled that the definition of Jordan's Principle be expanded to include First Nations children living on and off reserve. The rulings also ensured that the government department of first contact would incur the costs of the service requested, with case conferencing happening after the service had been provided.

This led to changes in Jordan's Principle **eligibility** over time, which were highlighted in the *Final Compensation Framework*, as follows:

"Between December 12, 2007, and July 4, 2016

- A child registered as an Indian per the Indian Act or eligible to be registered and resident on reserve;
- Child with multiple disabilities requiring multiple service providers;
- Limited to health and social services;
- A jurisdictional dispute existed involving different levels of government (disputes between federal government departments and agencies were excluded);
- The case must be confirmed to be a Jordan's Principle case by both the federal and provincial Deputy Ministers); and
- The service had to be consistent with normative standards" (*Final Compensation Framework*, p. 6)

"Between July 5, 2016, and November 2, 2017

- A child registered as an Indian per the Indian Act or eligible to be registered and resident on reserve (July 5, 2016 to September 14, 2016);
- The child had a disability or critical short- term illness (July 5, 2016 to May 26, 2017);
- The service was limited to health and social services (July 5, 2016 to May 26, 2017)." (*Final Compensation Framework*, pp. 6-7)

Given the shifts in Jordan's Principle eligibility and implementation, any data on Jordan's Principle requests that may be available at ISC prior to November 2, 2017, must be understood with these caveats in mind. Notably, data on requests prior to November 2017 does not include children living off reserve, it was limited to children with disabilities, and it did not include children who were recognized members of a First Nations community, but who were not eligible to be registered.

24 Indigenous Services Canada. (n.d.). *Timeline: Jordan's Principle and First Nations child and family services*. https://www.sac-isc.gc.ca/eng/1500661556435/1533316366163
25 Indigenous Services Canada. (n.d.). *Timeline: Jordan's Principle and First Nations child and family services*. https://www.sac-isc.gc.ca/eng/1500661556435/1533316366163
26 Sangster, M., Vives, L., Chadwick, K., Gerlach, A., & Sinha, V. (2019). *Advancing Jordan's Principle by realizing Enhanced Service Coordination in the Alberta Region.* Calgary/Edmonton, AB: First Nations Health Consortium.
27 Audit and Assurance Services Health Branch. (2019). *Audit of the Implementation of Jordan's Principle.* https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-AEV/STAGING/texte-text/au_ajrp_1594378496432_eng.pdf

Availability of data from Fiscal Year 2017-2018

Starting in July 2017, a standardized Excel spreadsheet was developed and implemented to track Jordan's Principle requests. These data were consolidated into a national database for reporting of monthly statistics. With certain exceptions, the data are reported and structured in a manner that enables some data analyses. Due to significant variation across regions, a team from ISC headquarters undertook a retroactive, manual categorization exercise in 2019, to ensure a level of consistency in category reporting across regions and over time.[28]

The data dictionary for individual and group Jordan's Principle requests in FY 2017-2018 is available in Appendix Q. Appendix R provides information on the completeness and validity of these variables in FY 2017-2018. Using these documents, the project team has summarized the availability and gaps in data held at ISC regarding Jordan's Principle requests in FY 2017-2018 as they relate to the CHRT Jordan's Principle compensation categories in a table, which can be found in **Appendix S**.

For FY 2017-2018, there is significantly more information available on individual Jordan's Principle requests, compared to group Jordan's Principle requests. A summary of the information available **in FY 2017-2018** and its usability to identify children eligible for compensation under Jordan's Principle compensation categories is included below:

Can the child be identified?

For individual requests, the *Child Unique Identifier* and *Date of Birth* is available with a high level of completeness. The Child's Unique Identifier needs to be linked to a Child Name for it to be usable. No information is collected on the *Child's Indian Registration Number*.

For group requests, there is no information on the name of children who are part of the group request.

Can the caregiver be identified?

No information is available on the caregiver identity for individual and group requests.

Was the request approved or denied?

For individual and group requests, the *decision taken (Approved/ Denied/ Escalated/Referred)* is available with a high level of completeness. Information on whether the *product/service was actually delivered* is only completed 10% of the time for individual requests and the data field is not available for group requests.

Should the service be covered under Jordan's Principle as defined in *2017 CHRT 14* and *35*?

The *product/service/support requested* and *decision details (rationale)* are available for both individual and group requests. However, decision details are missing 40% of the time for individual requests and 50% of the time for group requests. *Reason for application/needs* is collected for individual requests, but not group requests.

Did the child obtain the service after an unreasonable delay?

The following information is available for individual and group requests: *date request received*, *date of decision*, and *date of response*. The *date the service/ product was delivered* is only complete 10% of the time for individual requests and it is not available as a data field for group requests.

Was there a difference between the approved and requested amount?

The *approved* and *requested amount* is available for both individual and group requests.

Availability of data between December 2007 and March 2017

The narrow and inadequate implementation of Jordan's Principle by the Government of Canada prior to FY 2017-2018 is accompanied by minimal data and poor data quality regarding Jordan's Principle requests in those years. Table 2.10 provides an overview of the availability of data on Jordan's Principle requests prior to FY 2017-2018.

28 Information provided by Jordan's Principle staff.

Table 2.10 Availability of Jordan's Principle data prior to FY 2017-2018

Time period	Information on availability of Jordan's Principle data
Pre-January 2016	**Location/format of data:** Information located primarily from materials within the First Nations and Inuit Health Branch at Health Canada. Files were kept in different formats (e.g., paper, spreadsheet, etc.) with the information saved in personal file folders or email directories. **Information collected:** Available materials reviewed indicate that information was unstructured narrative text with no consistent procedure for describing the child's circumstances at the time of application (i.e., child's age, sex, location, condition/diagnosis, type of service). **Quality of data:** Data prior to January 2016 is scant, fragmented, and vague.
January–July 2016	The need for collecting structured data was identified and work was initiated to determine whether a new system would be developed, or an existing system could be viably modified to meet the need. During this time, information continued to be kept in personal files at the regional level. Data on products/services provided were manually collated from monthly email submissions.
August 2016–March 2017	**Location/format of data:** A number of regions independently produced Excel spreadsheets to help track information. Since the regional spreadsheets recorded the data in slightly different ways, national reporting of products/services was undertaken through manual consolidations of the regional spreadsheets. After December 2016, regions started using the *case management form*. **Information collected:** These spreadsheets provided data on the number of children and products and/or services requested, initially based on unstructured information held in regional files. In addition to obtaining data from individuals who request products/services directly from the federal government, Jordan's Principle funding was made available to communities and organizations through *Contribution Agreements*. The agreement holders were instructed to report a minimum set of data elements to the federal government as part of the Contribution Agreements (i.e. the service/support, number of children, and total cost). This information was submitted in a text based document by the recipient up to 120 days following the end of the agreement. **Quality of data:** Review of these data show that the quality and consistency of reporting varies significantly across agreement holders. Information is frequently difficult to interpret and challenging to extract and structure for data analytic processes because there is no mechanism to extract information from completed case management forms to an electronic database that can be structured for data analysis.

Source: *Information directly provided by Jordan's Principle staff at ISC*

In order to better understand the historical data available on Jordan's Principle for individual and group requests (prior to 2017), the project team prepared a template, which was distributed to all ISC regions, branches, and sectors.

Only four Jordan's Principle ISC regions (Alberta, Atlantic, Northern, and Quebec) and two Regional Operations regions (Ontario and Manitoba) indicated that they had information on individual Jordan's Principle requests prior to the implementation of a tracking system in 2017. Table 2.11 on the following page provides information on the type of information available. This table reflects the content of the interviews conducted with *current* ISC staff. High levels of staff turnover could mean that there is an underestimation of the types of data available.

Table 2.11 indicates that the format and type of information collected by different regions and departments for individual requests prior to 2017 vary. Some FNCFS ISC regions such as Alberta may have more complete information available. In contrast, only a few regions indicated they had usable information concerning Jordan's Principle group requests prior to October 2017: Manitoba (through the Jordan's Principle and Regional Operations departments) and Quebec (Jordan's Principle department).

Table 2.11 Data on individual Jordan's Principle requests available prior to July 2017 based on information provided by respondents

	Jordan's Principle				Regional Operations Branch	
Region	**Alberta**	**Quebec**	**Northern Region**	**Atlantic**	**Ontario**	**Manitoba**
In what format is it currently stored?	SIA Sharepoint	Excel	Excel	Excel	Electronic	Administrative data system (saved in CIDM under protected status)
Name of child	Yes	Yes	No	No	No	Yes
First Nations status of child (e.g., yes/no/pending)	Yes	Yes	No	No	Yes	Yes
Child's date of birth	Yes	Yes	No	No	No	Yes
Reason for request	Yes	Yes	No	Yes	Yes	Yes
Date of request	Yes	Yes	Yes	Yes	No	Yes
Urgency of initial assessment (e.g., urgent/not urgent)	Yes	Yes	No	No	No	No
Product/support/service requested	Yes	Yes	Yes	Yes	Yes	Yes
Funding requested	Yes	Yes	Yes	No	Yes	No
Decision following request (Approved/Denied/Referred)	Yes	Yes	Yes	Yes	No	Yes
Date of decision (approval, denial, referred)	Yes	Yes	No	Yes	No	Yes
Reason for decision (approval, denial, referred)	Yes	Yes	Yes	Yes	No	Yes
Funding approved	Yes	Yes	Yes	No	Yes	No
Product/support/service provided	Yes	Yes	Yes	No	No	Yes
Date of product/support/ service provision	Yes	Yes	Yes	No	No	Yes
Are you aware of any missing records? Please elaborate.	Unknown	No	No	No	No	No
Any major data accuracy issues within the information that does exist? Please elaborate.	Yes: data input was not yet consistent.	No issues noted	Yes: NIHB records and 'formal' requests only	No issues noted	No issues noted	No issues noted

NIHB (FNIHB)

Jordan's Principle claims prior to FY 2017-2018 were often redirected to NIHB. As such, the NIHB program at ISC may provide important information on whether First Nations children experienced a denial, delay, or gap in receiving essential health services covered under Jordan's Principle according to *2017 CHRT 14* and *2017 CHRT 35*.

The NIHB is a "national program that provides eligible First Nations and Inuit clients with coverage for a range of medically necessary health benefits when these benefits are not otherwise covered through private or provincial or territorial health insurance plans or social programs. NIHB program benefits include prescription drugs and over-the-counter medications, dental and vision care, medical supplies and equipment, mental health counselling, and transportation to access medically required health services that are not available on the reserve or in the community of residence."[29]

In order to be eligible for the NIHB program, an individual must be:

- a First Nations person who is registered under the *Indian Act* (commonly referred to as a "status Indian")
- an Inuk recognized by an Inuit land claim organization
- a child less than 18 months old whose parent is a registered First Nations person or a recognized Inuk[30]

The NIHB program provides services to *some* of the individuals eligible for compensation under the *2019 CHRT 39* compensation categories. It does not cover services to unregistered (or non-status) First Nations children, unless the child is eighteen months or younger and has a parent who is registered. It also does not provide benefits to individuals who are already have these benefits covered through a private or provincial or territorial health insurance plan or social programs.[31]

Overview of data available between 2007 and 2017

The NIHB team has indicated that there are two types of data collected by the program:

1. **Reference data** (e.g., population data, pricing lists, etc.) and
2. **Transactional data** (requests adjudicated by a claims processing system according to automated or pre-established business rules for the different services offered by the NIHB program).

a. Reference data: Population information

Population data is drawn from the Status Verification System. Population data on First Nations clients are based on information provided by Crown-Indigenous Relations and Northern Affairs Canada (CIRNA).[32]

The data dictionary for the Status Verification System is available in Appendix T. The data dictionary indicates that NIHB holds identifying information on the children and adults that make claims for NIHB benefits. This includes information on the first name and last name of the client, Indian Registration Number and Band.

b. Transactional Data

Transactional data are collected for all NIHB benefit categories. The information provided in Table 2.12 on the following page refers to the benefits currently offered. Changes in benefits offered by the NIHB over time from 2007 to 2017 can be found in annual reports from the program. The administrative process for a claim is described in Appendix U.

29 Indigenous Services Canada. (n.d.). *Non-Insured Health Benefits (NIHB) Medical Transportation Policy Framework (Interim)*. https://www.sac-isc.gc.ca/eng/1579891130443/1579891286837
30 Indigenous Services Canada. (n.d.). *Who is eligible for the Non-Insured Health Benefits program?* https://www.sac-isc.gc.ca/eng/1574187596083/1576511384063
31 Eligibility for NIHB coverage in British Columbia differs from that of other provinces and territories for recent years as administration of NIHB programs is now done at the provincial level. As of FY 2013-2014, the First Nations Health Authority (FNHA) was created in British Columbia. In July-October 2013, FNIHB programs, services, and responsibilities were shifted to the FNHA for First Nations individuals living in BC. As of this transition, most of the FNIHB clients in BC are Inuit or First Nations associated with a band in BC but living in another province who therefore do not fall under the provincial FNHA scope of clientele.
32 Email exchange with NIHB staff.

Table 2.12 Overview of availability of data from the NIHB program based on information provided by respondents

	NIHB Benefit Category			
	Dental, Pharmacy and Medical Supplies and Equipment (MS&E)	**Medical Transportation (MT)**	**Vision Care**	**Mental Health Care**
Types of benefits provided	MS & E benefits include: Equipment and Supplies for Audiology, Limb and body orthotics, Footwear, Oxygen, Pressure devices, Prosthetics, Respiratory care, Self-care, Low vision, Mobility, Communication, Medical care Pharmacy benefits include: Medications (prescription, non-prescription/over-the-counter, unspecified medication), Nutritional supplements Dental benefits include: Diagnostic services (examinations, radiographs, laboratory tests), Preventative services, Restorative services, Endodontic services, Periodontal and Prosthodontic services, Oral surgery services, Orthodontic services	MT benefits include: Emergency medical transportation, Non-emergency medical transportation, Meals, Accommodations, Escort travel, Medical provider travel	Vision Care benefits include: Vision care consultation/ examination, Corrective eyewear (glasses, contact lenses, other), Eye care treatments/therapy	Mental Health Care benefits include: Mental Health counselling
Administrative data systems used between 2007 and 2017	Claims for dental, pharmacy, and MS&E are stored within the Health Information and Claims Processing Services (HICPS) system. The HICPS system has been governed by three separate contracts: HICPS I (prior to 2009), HICPS II (between 2009 and 2020), and HICPS III (from 2020 onwards). No major differences are noted between the contracts related to data collected.	Data are collected through various electronic systems. Most data is collected through the Medical Transportation Record System (MTRS). No data for travel covered prior to 2009 is available in the MTRS. Historically, some regions tracked MT claims though their own administrative systems (see Appendix X for further details): • MB until 2014 via FoxPro • AB until 2019 via Medical Transportation Reporting Database (MTDR) and FoxPro • ON until December 2016 via the Ontario Medical Transportation System (OMTS) • NWT and Nunavut still have their own systems that are used to manage the MT Benefit	Prior to June 2020, data related to Vision Care was managed regionally through a system created by Omnisoft. After June 2020, this data is available through the HICPS III system.	Prior to 2017, regions managed the benefit in various ways: • ON and AB regions used a system called the Mental Health Management System (MHMS). • ATL region used the short term crisis intervention mental health counselling (STCIHMC) • MB used Microsoft Access Database • SK used Mental Health Database • Northern region used Lotus 123 Between 2017 and 2020, Mental Health claims were captured in a single system, built by the Indian Residential School Resolution Health Support Program. As of June 2020, Mental Health Care was incorporated into HICPS in the newest version of the system.

(continued on following page)

Table 2.12 Overview of availability of data from the NIHB program based on information provided by respondents *(continued)*

	NIHB Benefit Category			
	Dental, Pharmacy and Medical Supplies and Equipment (MS&E)	**Medical Transportation (MT)**	**Vision Care**	**Mental Health Care**
Data fields collected	The data dictionaries for these benefits are available in Appendix V and the error codes are available in Appendix W. The variables include information on the client (Name, ID, IRS), as well as when a case was opened, when it was filed, when it was reviewed, and when it was settled. The data also describes the benefit type (e.g., Dental, Pharmacy, etc.) and benefit sub-type and case type (e.g., approval, rejection, appeal). The results of annual integrity audits conducted by an independent auditor on the HICPS system have shown an error rate of less than 3 percent for the past years.	The data reporting template for the Medical Transportation data is available in Appendix Y. The document shows that MTRS primarily reports on Travel Authorizations, Vouchers, Invoices, Appointment and Patients, as well as the measures used to quantify it and the attributes that can be used to sort, summarize, or filter information. Many MT benefit management systems are used almost exclusively for tracking approved travel, with no information available for requests that may have been made to a regional office and denied. Other limitations of this data can be found in Appendix Y.	No data dictionaries exist for the legacy systems used by region. The NIHB team has shared the original system architecture for each region. An example of the architecture from Alberta region is available in Appendix Z. The original system architecture for the vision care data systems include information on the client, benefit type, the reason a benefit was discontinued or approved, the date an action was taken, as well as the difference between the requested and paid amount.	Documentation, including data dictionaries, was not created for most of the ad hoc systems built and utilized by the regional offices and most of these legacy systems have since been decommissioned. Data tables exist for the MHMS system used by ONT and AB prior to 2017 and are available in Appendix AA. The variables include information on the client (Name, DOB, address, etc.), the request date, the approval code, the mental health reason, the date an action was taken, the therapist type and therapist name.

Limitations of NIHB data

The main limitations of NIHB data[33] are detailed below:

- A significant proportion of NIHB benefits are delivered in community under **contribution agreements** or other **transfer arrangements**. Data on services delivered in this manner, which represent approximately 20% of NIHB expenditure, are not collected or maintained by NIHB.
- Some NIHB benefits are provided through **contracts with service providers** (e.g., dentists, mental health councillors, etc.). Service level data are not maintained for most for these arrangements.
- Data is **limited to claims paid by NIHB** only and cannot be used as an absolute value for benefit or treatment access or uptake. Utilization is underrepresented as claim expenditures are covered by P/T plans, provincially funded programs, public or private insurance or cash transactions and data for services provided in Nursing Homes and under contribution or transfer agreements not included.
- NIHB data **does not contain information on residency** (such as client addresses). Individuals are associated with the band to which they are registered or the land claim organization under which they are recognized, rather than where they ordinarily reside.
- Requests go through several stages of adjudication and can be stopped (or "denied") for various reasons, including incorrect or missing information.[34]

33 The information provided comes mostly from the presentation we received from the NIHB team, which is available in Appendix U.

34 The NIHB program makes use of the term "rejection" when a claim submitted is not linked to a payment as a result of system adjudication logic. The term "denial" is used when a request for a prior approval is denied, following a review of the client and physician submitted information. In this case, there is a single denial code entered in the system to indicate the reviewer's decision. The reasons for the denial are stored separately and cannot be queried though our reporting system (i.e., they need to be looked up one at a time in the claims adjudication system).

Other ISC Programs

As highlighted in Table 2.9 on p. 74, we identified other ISC programs that provide certain types of services that can be requested under Jordan's Principle. These include Home and Community Care, the Children's Oral Health Initiative, Mental Wellness, and relevant programs from the Education department and the Social services, policies, and planning department. Responses to our outreach to these programs are included in the tables below. Our results show that no information existed on the dates of a request for services, the date of a decision, the reason for a decision, or the difference between approved and requested amounts. Only information about the type of service provided and on what date that service was provided was available. This greatly limits the capacity to use any information provided from these programs to identify children eligible for compensation under Jordan's Principle compensation categories.

Home and Community Care (FNIHB)

Table 2.13 Overview of the Home and Community Care program at ISC and the availability and gaps in data it collects

Home and Community Care Program			
Purpose of program	The program provides a continuum of basic home and community care services that enable First Nations and Inuit of all ages, including vulnerable seniors and those living with disabilities, acute or chronic illness, to receive the care they need in their homes and communities.		
Services offered	Client services are delivered based on a needs assessment and follow a case management process. In general, services are delivered by health care professionals (nurses, personal care workers, etc…) are employed by the band or community. The program offers allied services that can include nursing, personal care such as help with bathing, dressing, and feeding, physiotherapy, occupational therapy, speech therapy, social work, dietitian services, homemaking, and respite services.		
Program eligibility requirements	First Nations and Inuit children of all ages are eligible for this program.		
Overview of datasets used between 2007 and 2017	Dataset name	Years in use	Format in which it is currently stored
	e-SDRT	2007 to present	Electronic
	Dataset name	Years in use	Format in which it is currently stored
	e-HRTT	2009	Electronic
Data fields available in dataset	Variables for which data is collected using e-SDRT and e-HRTT are different. **e-SDRT:** community or tribal council name; staff name; year and month; client identifier; birth date; gender; admission; primary reason for home care service; referral date; admission date; discharge date; client type; reason for discharge; home care services; services not provided; community space; date of service provided; category of service; hours of service provided; numbers of home visit; Services not provided with number of attempted home visits reasons for it and hours; **e-HRTT:** community or tribal council name; staff name; date of last update; employee name; start date; end date; leave type; position/role; licence/certification; full time equivalent (Full time/Part Time/Casual), education: highest formal level; source of fund		
Applicability to Jordan's Principle compensation categories	No information on dates of request, date of decision, reason for decision, or difference between approved and requested amounts. Only information about the client, the type of service provided and on what date that service was provided, as well as if a service was not provided.		
Data limitations	Some inconsistencies in reporting can be observed due to the large number of communities with different level and type of needs as well as reporting challenges.		

Children's Oral Health Initiative (FNIHB)

Table 2.14 Overview of the Children's Oral Health Initiative (COHI) program at ISC and the availability and gaps in data it collects

Children's Oral Health Initiative (COHI) (an initiative of the Community Oral Health Services)			
Purpose of program	The Children's Oral Health Initiative (COHI) was developed to address the disparity between the oral health of First Nations and Inuit and that of the general Canadian population. COHI was launched on a test basis in Fall 2004. COHI focuses on the prevention of dental disease and promotion of good oral health practices. The goal of COHI is to shift the emphasis from a primarily treatment-based approach to a more balanced prevention and treatment focus. Health Canada expects that the COHI, once fully implemented in subsequent years, will result in significant improvement of the oral health in First Nations and Inuit.		
Services offered	COHI is delivered in communities by a COHI provider (a dental professional) and a COHI aide. The COHI aide is a community member who acts as an essential link between the oral health professional and the community. They act as oral knowledge-keepers in the community and work collaboratively with the COHI provider to implement COHI services when the COHI provider is in a community. COHI services provided in communities include an annual dental screening by a COHI provider, fluoride varnish applications, sealants and temporary fillings and one-on-one or group oral-health education sessions.		
Program eligibility requirements	The program is available for children aged 0-7 years old, as well as pregnant women and primary caregivers, who are a member of a First Nations community. Oral health services are available to clients who present themselves at a COHS clinic/site. **COHS does not deny any services**. Services are unavailable only where COHS clinics do not exist. Clinics may not exist in the communities that are close to urban areas that provide dental services, and areas that have extremely low population.		
Overview of datasets used between 2007 and 2017	Dataset name	Years in use	Format in which it is currently stored
	Oral health services daily record (OHSDR): documents transactions data (screenings, procedures, etc)	2007-2020	Electronic
	Dataset name	Years in use	Format in which it is currently stored
	Oral screening record (OSR): documents outcomes, based on screenings only, allows them to see regions, communities, ages that have different outcomes (e.g, dental decay)	2007-2020	Electronic
Main data fields available in dataset	See below for list of main variables in each database. The OHSDR captures more information about a range of dental services, while the OSR is specifically looking at screening variables. List from national-level COHS staff: **OSR** variables: region, community name, community code (numeric), client number, client name (Last, First), gender, birthdate (YYYY-MM-DD), age at screening (1), age group (0-4 or 5-7), screening date (YYYY-MM-DD), Screening provider (Last, First), no teeth present, decal present, decayed, filled, missing tooth, number of sealant planned **OHSDR** variables: region, community name, community code (numeric), client number, client name (Last, First), gender, birthdate (YYYY-MM-DD), age (1), age group (0-4, 5-7), provider number (numeric), provider first name, provider last name, procedure code (numeric), procedure description (e.g., screening), number of people (unclear) * There is no data dictionary available for these data sources. There is one database holding all of these datasets: the **National Dental Database**. The National Dental Database feeds its data into Synergy In Action (SIA) which is a data warehousing platform from which other tools or methods of data extraction can be done (e.g., dashboards).		

(continued on following page)

Table 2.14 Overview of the Children's Oral Health Initiative (COHI) program at ISC and the availability and gaps in data it collects *(continued)*

	Children's Oral Health Initiative (COHI) (an initiative of the Community Oral Health Services)
Do fields contain information on gaps, denials, or delays of services?	No information on dates of request, date of decision, reason for decision, or difference between approved and requested amounts. Only information about the client, the type of service provided and on what date that service was provided, as well as the severity of dental issues for children who were examined.
Data limitations	The data doesn't currently allow for easy linkage of the individual client identifiers with outcomes data. There is an analysis underway aiming to link the transactional and outcomes data in an effort to understand unmet needs. This analysis includes examination of service utilization and accessibility. At the community level, the current analysis is examining which First Nations communities have access to COHS clinics. By process of elimination, a full list of communities could be used to cross-reference and determine the communities that do not have access. Staff has identified data entry issues. Staff notes that the data held at the national level doesn't reflect the data held at the regional level. The national COHS team is undertaking to identify data quality issues related to front end data input and back-end data extraction. It is unclear whether migration of data has happened as the database has changed multiple times. A report will be issued in 2022 showing the results of the national-level analysis.

Mental Wellness (FNIHB)

There are a number of different Mental Wellness programs at ISC, including Mental Health and Suicide Prevention, Mental Health – Victims of Family Violence Investments, Mental Wellness Teams (MWT) Program, Mental Health Crisis Intervention Teams (MHCIT), Substance Abuse Prevention and Treatment – National Native Alcohol and Drug Abuse Program (NNADAP) and National Youth Solvent Abuse Program (NYSAP) Treatment Centres, and the Indian Residential School (IRS) Resolution Health Support Program (RHSP).

Following our request for information on data collected by Mental Wellness programs, we received a response from the Indian Residential School (IRS) Resolution Health Support Program, summarized in Table 2.15 on the following page.

Table 2.15 Overview of the Indian Residential Schools Resolution Health Support program and the availability of data

Indian Residential Schools Resolution Health Support Program (IRS RSHP)			
Purpose of program	The Indian Residential Schools Resolution Health Support Program (IRS RHSP) was initially established as part of the 2006 Indian Residential Schools Settlement Agreement, and provides support services to former students of Indian Residential Schools and their families. Services are now expanded to students of Federal Indian Day Schools and their families, as well as those affected by the issue of Missing and Murdered Indigenous Women and Girls. These services include access to cultural and emotional support services; professional counselling services (individual and family); and assistance with the cost of transportation services (to access counselling services and/or Elders).		
Services offered	The Indian Residential Schools Resolution Health Support Program (IRS RHSP) provides the following services: **Cultural and Emotional Supports** • Cultural and emotional support workers are hired by community organizations to provide services. Cultural support services are provided by Elders or traditional healers and emotional support services are provided by trained and trauma-informed Indigenous health workers • The services of an RHSW or CSP can be accessed by walking into an organization that provides services, by calling an ISC regional office, or by being referred by the Hope for Wellness Helpline, a mental health counsellor, or a community-based service provider **Mental Health Counselling** • Mental health counselling services are provided by regulated service providers such as psychologists and social workers, registered in their province or territory, and enrolled with Indigenous Services Canada Funding for professional mental health counselling services is primarily provided on a 'fee for service' basis (service providers invoice Indigenous Services Canada) • In cases where professional mental health counselling is not available locally, ISC provides support for medical transportation, based on Non Insured Benefits Program (NIHB) policies and guidelines • Clients who wish to access professional mental health counselling contact their ISC regional office, who then help to coordinate appointments and travel • Clients do not have to be NIHB eligible (i.e. status First Nation or registered Inuit) in order to access professional mental health counselling through the IRS RHSP • Clients may choose to access the services of both professional mental health counsellors and cultural and emotional support providers		
Program eligibility requirements	Services are available to eligible individuals regardless of Indigenous status, place of residence and age. Eligibility is determined by self-identification tied to the connection of IRS, IDS or MMIWG.		
Overview of datasets used between 2007 and 2017	Dataset name	Years in use	Format in which it is currently stored
	Mental Health Services Tracking System (MHSTS)- used to capture Mental Health Counselling statistics only.	2009-Present	Electronic
Main data fields available in dataset	An "Unknown" category is available for Gender, Age and Indigenous identity Field used: Name, Date of Birth, Gender, Type of Client (i.e. former student, family member, IAP, CEP, MMIWG, IDS student) – added in 2020, Address, Status Number, Mental Health Service Provider Name, Mental Health Service provider Addresses, Mental Health Service Provider Professional Rates, Mental Health Service provider Vendor Number, Type of service (individual, family, telehealth), Date service provided		
Applicability to Jordan's Principle categories	No information on dates of request, date of decision, reason for decision, or difference between approved and requested amounts. Only information about the client, the type of service provided and on what date that service was provided.		
Data limitations	Indigenous identity is not a mandatory field. As such, many clients are marked as unknown. In turn, receiving a full picture of First Nation clients would be difficult. To note: Data input is completed at a regional level. The regions determine eligibility prior to entering into MHSTS; Everyone that is in the system is eligible for services.		

Table 2.16 Overview of the Education programs at ISC and the availability and gaps in data they collect

	High-Cost Special Education Program (HCSEP)			Elementary & Secondary Education Program		
Purpose of program	The High-Cost Special Education Program funds additional services for high-cost special education students assessed with moderate to profound learning disabilities. Funding is provided for direct service support in the form of personnel, adaptive materials and resource services.			The Elementary and Secondary Education Program funds special education services for First Nations students identified as having mild to profound learning disabilities. Funding is provided for programming, remedial instruction, clinical services and resource teacher staffing.		
Services offered[35]	The High-Cost Special Education Program consists of direct and indirect services. Direct services include a number of classroom and school-based services related to the education and support of students with high-cost special education needs, such as acquisition of professional assessments, completion of student assessments, educational psychological, speech and language services, counselling and social services, Elder, mentoring and cultural services, assistive technologies and equipment purchases. Direct services also include salaries and benefits for special education teachers and individual teacher aides and para-professional workers. Indirect services represent funding to eligible First Nations recipients for the development of special education programs and services on the understanding that each First Nations student with special education needs is unique.			Eligible expenditures directly related to student support services and may include the following: costs associated with guidance, counselling and school liaison services, financial assistance including the cost of purchase or rental of books, supplies, and equipment, etc. Eligible expenditures directly related to salaries and benefits, instructional and student support services, education program and delivery support services, school operating and maintenance costs, transportation and travel costs etc.		
Program eligibility requirements	To qualify as an eligible participant, a student must be: • aged from 4 to 21 years (or the age range eligible for elementary and secondary education support in the province of residence) on December 31 of the school year in which funding support is required • ordinarily resident on reserve • enrolled and participating in education programing in a First Nations, federal, provincial or a private or independent school recognized by the province • an Individualized Education Plan (IEP) must be in place or being created when a student has been identified by the school administration or a team of experts as having high-cost special education needs.			To be eligible for inclusion on the nominal roll, a student must be: • aged 4 to 21 years (or the age range for elementary and secondary education support in the province of residence) on December 31 of the school year in which funding support is required • ordinarily resident on reserve • enrolled and participating in education programming in a First Nations, federal, provincial or a private or independent school recognized by the province		
Overview of datasets used between 2007 and 2017	Dataset name	Years in use	Format in which it is currently stored	Dataset name	Years in use	Format in which it is currently stored
	Unknown	FY 2014-2015 through FY 2018-2019	Electronic	Unknown	2001 to present; however only data from FY 2012-2013 onward is reliable	Electronic
				Dataset name	Years in use	Format in which it is currently stored
				Unknown	2012 and prior	Possibly stored with regions

(continued on following page)

35 Services offered by HCSEP and Elementary & Secondary Education programs are updated annually. Please refer to program guidelines for different fiscal years to obtain the most accurate information on the services provided at the time.

Table 2.16 Overview of the Education programs at ISC and the availability and gaps in data they collect *(continued)*

	High-Cost Special Education Program (HCSEP)	Elementary & Secondary Education Program
Data fields available in dataset	The report data fields for the HCSEP for different fiscal years are available from the team.	The report data fields for the Elementary and Secondary Education Program for different fiscal years are available from the team.
Do fields contain information on gaps, denials, or delays of services?	Reporting is annual so specific dates are not available for needs related to individuals (i.e., date or request, date of decision, and date of service provision not available). The dataset does include information on the type of service offered. There also exists a variable to indicate why a drop-down data field for the reason a service was not fully provided. The data fields available are: Not Applicable, funding not available, service contract in progress, other, provider not available, actual costs higher than anticipated, student withdrew before end of school year. However, this field is sometimes used to provide information not related to the reasons services were not fully provided.	Reporting is annual so specific dates are not available for needs related to individuals (i.e., date or request, date of decision, and date of service provision not available). Respondents also indicated that details of request, reason for decision, type of service offered, date a service was offered, and difference between approved and requested amounts were not available in the dataset. Rather, a Yes/No indicator for students who receive services. Not deemed as reliable as the HCSEP report data.
Data limitations	The main caveat with these data is that regional interpretation of variables reported to ISC mean that comparison of data across regions is not reliable. Regional data will be helpful for analysis within regions but not across regions. In addition, as the data are reported annually, specific dates regarding individual service provision during the year are not meticulously documented. Block funding to regions is linked to services, but individuals receiving those services are not always clearly documented. Datasets combine local, regional, and historical data.	

Social services, policies, and planning department

The following programs within the Social services, policies, and planning development department at ISC may have data on certain services that are usually covered under Jordan's Principle: **Income Assistance**, **Assisted Living**, **Family Violence Prevention Program**, and **Urban Programming for Indigenous Peoples**.

Further exploration of the data holdings is warranted as the project team was only recently made aware of these holdings and was therefore not able to contact key respondents to obtain more detailed information.

First Nations Child and Family Services Program

For children involved in child welfare systems, some child welfare agencies sampled indicated that they collected information on certain children's health and social service needs during intake and assessment processes. Furthermore, the FNCFS program collects information on Special Costs (known as Additional Costs after FY 2013-2014), which refer to costs for children in care that are over and above the basic/regular maintenance rate and are not fundable through another source. This may be helpful in determining health and social service needs for some children. Please see Child Welfare Compensation Categories: Data Availability on p. 49 for some additional details on data related to child needs collected in child welfare systems.

Community-level data

Sources of community-level information provided by ISC include service provision, demographic and socioeconomic indicators. These may be helpful sources of data to support documentation related to individual requests for services, such as measures of remoteness or isolation.

The **Community-Based Reporting Template (CBRT)** is a national reporting template used to capture information related to programs in some First Nations communities. It was initially implemented in FY 2008-2009. It is used to support FNIHB program evaluation and planning. Accordingly, it collects information on what programs and services communities deliver, how communities implement certain programs, how community health systems operate, and select health status and health outcome data related to clients accessing FNIHB programs or services. Information regarding the data fields collected by the CBRT from FY 2013-2014 through FY 2017-2018 is found in the CBRT Data Dictionary in Appendix BB. Limitations of CBRT data identified by ISC contacts include the fact that it is not representative of all First Nations, the inconsistent interpretation and use across communities that do use it, and missing information. An expanded list of limitations is found in the CBRT Data Dictionary in Appendix BB. To determine availability and proximity to services, the information collected by the CBRT templates could be cross-referenced against a full list of communities to determine which communities do and do not have access to services.

The **Community Profiles Database** provides information on socioeconomic indicators and remoteness of First Nations Communities. This database is under the purview of Synergy in Action and collates demographic information by community, information regarding organizations within communities and agreements. Specifically, this includes band number and name, language, level of remoteness, and links with census profile from Statistics Canada. The guide to this system is available in Appendix CC.

While the CBRT and Community Profiles datasets do not provide information at the individual level, they do provide community-level information important for contextualizing individual challenges and proximity to services.

Additional data available outside of ISC

In the section below, we are including other sources of administrative and survey data that may be of use to help document denials, delays, and gaps in services for First Nations children. These are briefly listed for consideration.

Jordan's Principle coordination organizations

Early in the project, we met with several representatives of Jordan's Principle service coordination organizations who work with families to navigate Jordan's Principle requests across the country. Jordan's Principle data collection systems are varied not only by region but in some cases (e.g., Quebec) by community. A questionnaire to document the data systems used by Service Coordinators was developed and collected information about the scope and quality of data available. The questionnaire was sent to identified representatives, and/or individual Service Coordinators. Service coordination organizations only opened in 2017 (at the earliest) and therefore the information they held did not cover most of the eligibility period defined by the *2019 CHRT 39* compensation order, and the current AIP.

Census Data

Statistics Canada's Census tables and reports are a rich source of data which may provide information about socio-economic conditions that could help to explain greater needs for services and supports. The Census long-form (completed by a 25% random sample of respondents in 2016) includes several questions about "Aboriginal Identity", including whether the respondent is "First Nations (North American Indian)", whether they are a "a Status Indian (Registered or Treaty Indian as defined by the Indian Act of Canada)", and whether they are "member of a First Nation/Indian band." Using these categories, it is possible to compare First Nations people to any other population using the demographic and socio-economic data collected in the Census long-form. It should be noted that there are concerns about the completeness and accuracy of "Aboriginal status" in the Census. It also does not include information about use of social services, such as involvement with child welfare services, nor does it allow for the identification of children. Provincial and census tract information are also available, either in published reports or through special requests.[36]

Provincial and territorial health and social services systems

Not included in the scope of this project is administrative data from **provincial and territorial health and social services**. The data collected through administrative systems used by provincial and territorial health and social services settings may be valuable documenting that First Nations children experienced denials or delays in receiving essential services during the time period of interest. However, there are challenges regarding existing and accurate data related to race and ethnicity in Canadian health and social service settings. Use of these data may require identification of a child's connection to a First Nation through another mechanism.

Data documenting First Nation's children's needs when no request for services had been made

For situations where a First Nations child experienced a service gap *but no request for services was made*, we conducted additional research to explore what other available administrative and survey data sources may support documentation of children's needs. These are available in Appendix DD. This information may be useful if the current Jordan's Principle class is extended to include children who have experienced gaps in services, beyond those that have experienced denials and delays.

36 For example: Living arrangements of Aboriginal children aged 14 and under; Diverse family characteristics of Aboriginal changes aged 0 to 4; Data Tables, 2016 Census

Summary: Data availability related to Jordan's Principle compensation eligibility

Data related to Jordan's Principle compensation eligibility regarding delays, denials, and gaps in essential services will likely come from multiple sources at the federal, provincial, and local levels.

Jordan's Principle. Documentation of Jordan's Principle requests reflects the evolving trajectory of Jordan's Principle implementation since 2007. Prior to 2017, there was no *systematic* data collection although there may be ad hoc systems used in ISC regions that could some helpful information through a manual archival search. Due to a high level of turnover in Jordan's Principle staff, there is a loss of institutional memory. Table 2.10 on p. 78 summarizes the gaps and availability in Jordan's Principle data at ISC prior to fiscal year 2017-2018.

The most reliable and accessible data pertaining to Jordan's Principle requests is found in more recent years. Beginning in fiscal year 2017-2018, a more systematic approach to data collection was implemented to collect detailed information regarding requests, approvals, denials, as well as the date of a request and the date of a response, which can be used as a proxy for delay. A summary of information collected since fiscal year 2017-2018 is provided in Appendix S.

NIHB. Claims submitted to the NIHB for medical benefits, including prescriptions, equipment, and supplies are documented in multiple information systems according to the benefit type. These systems, and the availability and limitations of these data holdings, are documented in Table 2.12 on p. 81. NIHB data is limited to claims adjudicated under its purview, and includes information related to claimant name, date of claim, date of approval/denial, and reason for denial. Like Jordan's Principle information, this data is structured according to requests along with information about how the request was processed which may aid in assessing compensation eligibility. However, communication with NIHB staff indicated several important limitations of using this data for the purposes of supporting compensation. These limitations relate to: lack of detail on certain individual services due to NIHB contribution agreements and transfer arrangements with communities and contracts with service providers; underrepresentation of service utilization; lack of information on residency due to data tied to Indian Registration Number rather than residence; and the administrative nature of the system which does not accurately demonstrate approval rates. Despite these limitations, NIHB may be an important source of data to determine claimant eligibility.

Other ISC programs. We requested detailed information regarding data collected related to Home and Community Care, the Children's Oral Health Initiative, Mental Wellness, and certain programs from the Education department and the Social services, policies, and planning department. For programs that responded, no information exists on the dates of a request for services, the date of a decision, the reason for a decision, or the difference between approved and requested amounts. Only information about the client, the type of service provided and on what date that service was provided was available. This limits the capacity to use the information provided from these programs to identify children eligible for compensation under Jordan's Principle compensation categories.

Community level data. We identified two sources of community-level information that could be of use to the compensation process. First, the Community-Based Reporting Template is used to collect information regarding service delivery at the community level. Service delivery information collected using the CBRT could be cross-referenced with all communities to determine where this service delivery was not reported. Second, the Community Profiles Database, held by the Synergy in Action team at ISC, documents socioeconomic and demographic information about First Nations communities, including multiple indicators of remoteness and isolation. These data could be used to provide important contextual information regarding individual access to needed services.

Additional administrative and survey data. Additional administrative data from provincial and territorial health and social services could be useful to identify First Nations children who experienced a delay or denial of services. Given the focus of the current project, the project team did not meet with key respondents with information about these data holdings. However, this could be an avenue to explore when implementing the compensation process.

Concerns Expressed by Respondents Related to Availability of Data

In discussions with respondents regarding information related to the child welfare and Jordan's Principle compensation categories, there were substantive concerns related to the quality and availability of such information. These concerns related to data gaps, inaccessible data, lack of ability to document placement reasons, and diversity of definitions across jurisdictions. We have listed these concerns as a summary of the data availability section. Respondent concerns both mirror and highlight many of the issues that are documented in the sections above. In combination with the details included above, the issues raised by respondents may be of utility in the settlement agreement and compensation implementation processes.

Data gaps

Respondents were concerned that if the government relies solely on written documentation to support compensation, this could leave a substantial portion of eligible people claimants out of the process. Gaps related to pertinent information not consistently collected by agencies, and data that are not reliably completed in information systems could lead to anger on the part of claimants, which may be directed towards agency personnel impacting community relations.

There were some concerns expressed regarding inequitable receipt of compensation due to *bias* in availability of data. When gaps in data availability or accessibility is unevenly distributed across the eligibility period—with older data generally being less available, the requirement for claimants to provide documentation may create inequities in access to compensation. In many cases, this differential impact of data gaps reflects discriminatory funding that limited the ways in which a child's needs or welfare involvement were documented. Respondents were clear that if inequities in data availability translate to a lack of compensation for children who are eligible based on their experiences, this would itself be a manifestation of the discrimination the CHRT and class actions are aiming to redress.

Inaccessible data

Many respondents shared concerns regarding missing documentation of information related to service referrals or receipt (e.g., from a medical specialist) which could undermine access to compensation under the Jordan's Principle category. Access to documents that do exist may be compromised if professionals have died or retired, or a clinic has closed.

For child welfare data, particularly data documented in previous decades, much of the information is in a format that would need to be manually retrieved which is an onerous process for agencies.[37] Data may also have been archived, overwritten, or expunged due to jurisdictional or agency policy, or inadvertently due to IT problems or natural disasters such as fires or floods (as was the case in agencies in New Brunswick).

Placement reason

Several respondents identified challenges in linking the investigated or substantiated maltreatment type to the placement itself. For example, the reason a child came to the attention of a child welfare agency (e.g., substantiated physical abuse) would typically be documented early on in the service continuum, while a placement may happen later and is not always directly due to the initial maltreatment concern. We also heard concerns that many removals could have been avoided if other services had been available, leading to a suggestion that many removals, even those related to abuse, could be assumed to be "unnecessary" (according to the CHRT language) unless otherwise documented.

Concerns were raised regarding information that is not consistently documented but may relate directly to reasons for placement. A common example was information related to poverty and other socioeconomic challenges which are relevant for removals but may not be documented related to specific individuals in a community given that it may be a common occurrence in the community. Some respondents suggested that socioeconomic information known about communities (e.g., at SIA) be considered.

37 Dates electronic systems (rather than paper records) were implemented vary across jurisdictions. In our review of data back to 2006, we found some systems were in place before that year, and others were implemented more recently (please see Appendix P for details).

Diversity of definitions

Concerns related to variation in practices across Canada with respect to different child welfare concepts are defined and operationalized in child welfare practice and information systems. Given Canada's decentralized child welfare system, simple concepts, such as the exact definition of out-of-home placement are not understood in the same way across different provinces (or agencies). For example, kinship placements are defined and identified by workers in different ways (e.g., some may be documented as a foster placement). Further, kinship care often includes extended family and people close to the child such as friends or neighbours.

As a result of these concerns, respondents expressed the need for clear, easily operationalized explanations of constructs used to identify claimants. This included concepts such as removal from "home, family, and community" if this was used to determine individual eligibility.

III. Considerations for the Compensation Process

Description of Approach

Our approach to the second part of our mandate – to provide considerations for the compensation process – involved three main elements. First, in our discussions with respondents regarding availability of data for child welfare and Jordan's Principle compensation categories, we documented concerns that came up regarding the compensation process itself. Second, we conducted an extensive review of Canadian and international settlement processes and summarized lessons learned from these past processes that may be of use in the present context. This involved review of academic and "grey" literature along with publicly available information, and interviews with individuals with experience related to past Canadian settlements. Third, we conducted a review of social science literature regarding retraumatization, a notion which came up repeatedly in our review of past settlements. Finally, we reviewed considerations from respondents, past settlements, and retraumatization literature and compared them to the *Final Compensation Framework* to identify areas that may be useful in finalizing details of the settlement agreement. Considerations that emerged from these activities are provided in detail in the sections that follow.

Compensation Process Concerns and Considerations Expressed by Respondents

In our consultations with stakeholders, several process-related concerns have arisen regarding the eventual implementation of compensation. Broadly, these process concerns relate to data confidentiality and ownership, the burden on agencies participating in the process, and ensuring eligible individuals are able to access the compensation that is due to them and to receive support after they receive compensation.

Data confidentiality/ownership

Some FNCFS agencies have expressed concern about the possibility of sharing their data to help identify children given past misuse of data and current concerns about the confidentiality of the children and families with whom they are working. A key concern for FNCFS agencies is how central administrators will be given the mandate to obtain identifying information about children and families to create a "pool of eligible applicants" as per the Compensation Framework. Questions have arisen regarding who has the authority to disclose or access the information held at the agency level. This relates both to individual privacy concerns and broader questions of how the process will align with OCAP® principles (FNIGC, n.d.). First Nations agencies have expressed that even when they use the provincial administrative data system, the data on children in local communities is still locally owned. These questions relate to a broader lack of clarity: who ultimately says what data on eligible children and families can be used for and who will access it? One distinction that has been raised in our discussions is that agencies could go directly to individuals to let them know they may be eligible, but if an agency were to share confidential information directly with the government, this could pose challenges to both individual confidentiality and local ownership of data. Our discussions have raised the suggestion of ISC utilizing data they have already collected to initiate contact with individuals. This may include, for example, contacting individuals whose registration number is recorded at ISC and meet basic eligibility requirements.

Agency responsibility

While the CHRT decision holds the federal government accountable, child removal decisions are made at the agency level. Especially in small communities, the *ongoing* nature of child welfare eligibility creates a morally uncomfortable situation for these agencies. Specifically, we have heard concerns regarding possible blame on CFS agencies who removed a child, but who are also helping claimants access compensation. The moral stance of agencies, particularly locally governed, delegated FNCFS agencies in small communities, will be challenging because of this dual role that agencies may need to play in implementing the compensation order. The lack of anonymity in small communities could add to these challenges. Many agencies highlighted the fact that using the term **"unnecessary"** removals in the *2019 CHRT 39* order only exacerbates this issue, by suggesting that agencies themselves wrongfully removed children. Ultimately, this puts agencies in a difficult position: while the federal government has been found liable for reckless discrimination against First Nations children, by identifying children, agencies could be wrongfully subject to liability for these removals. Ultimately, it will be necessary to ensure that at each stage of the compensation process, the responsibility lies with the federal government.

Agency capacity

While the CHRT decision aims to alleviate the burden on individual claimants, a standard of proof requiring documentation to be eligible for compensation will inevitably involve agencies. Communities have indicated that they are already overworked and are concerned that they won't have the necessary time and resources to help identify claimants. Recommendations have been made to hire more staff to account for this anticipated increase in workload. Agencies have suggested that their participation would put them in a difficult situation for several reasons, including the logistical burden it could entail. Because of the broad scope of eligibility, agency contacts have proposed that putting the burden on the federal government to prove a child is *not* eligible would relieve this agency burden. Similar suggestions have been made regarding proof of First Nations identity. In addition, if agencies are required to support documentation of eligibility, resources would be required.

Access to compensation process

Concerns regarding individuals accessing the compensation process have been mentioned. Key stakeholders have mentioned that they are worried that eligible individuals who are especially vulnerable or isolated will be excluded from the process. For example, First Nations individuals who live in urban areas and don't have the same connection to an established First Nations community may be harder to reach. Multiple contacts have proposed that eligibility for Jordan's Principle compensation categories could be applied to all children in certain communities, given gaps in services available in those communities. Because this would be burdensome to prove at the individual level, contacts have suggested that discretion should be used in terms of what is considered "proof."

Support to compensation claimants

We have heard concerns regarding the need for support for those receiving compensation payments who may be particularly vulnerable. While this should not in any way deny or defer the right of individuals to receive the payment, there are concerns regarding an influx of cash having negative impacts in some cases. We have heard many suggestions for the compensation process to ensure adequate support is available to mitigate this risk.

Exploring Lessons Learned From Canadian and International Approaches to Compensation Agreements

Graham Rotenberg and CHRT Compensation Project Team

Summary of key lessons learned

The process of compensating marginalized groups for past persecution is complex and requires thoughtful planning. Canada, Australia, New Zealand, Germany, and many others have settled lawsuits and created compensation schemes that aim to repair, to the extent possible, harms they perpetuated. These schemes aim to compensate, mainly Indigenous, victims of child removal and cultural genocide. Although each scheme is procedurally different, they teach consistent lessons about: 1) effectively communicating with the target group, 2) creating claimant-friendly application processes, and 3) leveraging technology to execute these processes efficiently and cost-effectively. High level lessons-learned from past settlements, as they relate to different phases of the compensation process, are as follows:

Notifying claimants

Simplify notice plan. Ensuring applicants are aware of the existence of a compensation scheme is essential to its success. However, notice plans have created confusion in target communities. Calling for applicants should clearly explain the eligibility criteria where possible and describe how to troubleshoot intake issues. All explanations of the eligibility criteria should be explained using plain, widely spoken languages, and be explained in an easily legible, accessible manner for claimants. Consultative design of the notice plan that engages stakeholders who will be directly affected will improve accessibility and clarity of communications regarding the compensation process.

Tailor communication to different audiences. Notice plans have prioritized calling for applications in Canada's official languages, thereby ignoring Indigenous communities' preferred language and modes of communication. Reaching communities where they are located is essential to maximizing the number of applicants and ensuring compensation schemes promote reconciliation and healing. Developing communications plans by age, geography, band, agency, etc. can increase applications, reduce costs by limiting difficulties processing incomplete applications, and promote reconciliation by curbing application processing times and ensuring claimants receive compensation as quickly as possible.

The application process

Consider participatory, Indigenous-led design of application processes. Centring and being more attentive to Indigenous legal paradigms and community supports can more faithfully advance reparative justice initiatives. Western legal systems should not be all-encompassing. Indigenous legal traditions should be incorporated explicitly, or entirely, in providing legal remedies. Spatial and temporal restrictions on eligibility that comport with exclusively Western legal ideas should be minimized wherever possible.

Simplify forms. Every compensation process requires a claimant to complete an application. Claimants have criticized these processes because applications are lengthy, deploy legalistic language, and overemphasize the burden of producing documentation on claimants to support their claims; this process is intrinsically retraumatizing and costly. Forms must be more user-friendly by becoming shorter, being conveyed in multiple (Indigenous) languages, and including visualizations to simplify instructions. Both paper and online options for application completion should be available to accommodate diverse Indigenous communities.

Accommodate progressive disclosure. Progressive disclosure – the process by which a claimant reveals more about their abuse or trauma as they build trust with others – has largely been absent from determinations about the length of the compensation period. Allowing for application extensions and broadening the window of eligibility for compensation could help application processing procedures become more accommodating of claimants needs and aware of the pressures of retraumatization.

Provision of adequate legal support. Past processes have not had free legal advice or appropriate application supports available for claimants. Many applicants experienced fraud, were retraumatized by overly jargonistic language, and did not feel as though they had the inclusive supports they needed. Providing legal support free-of-charge, understanding literacy rates in the community, conferring with community leaders to determine the types of supports preferred, and having a flexible review process will improve compensation processes.

Provision of sufficient mental health supports. A toll-free helpline is necessary but may not be sufficient to support the mental health needs of many individuals and communities affected by the compensation process – especially if it is

understaffed. Indigenous healing supports, in addition to in-person mental health resources and counselling, are crucial.

Provision of sufficient administrative supports. Hiring an adequate number of trained staff to assist claimants in a community-centric manner is essential to an effective implementation of a compensation regime. A well-staffed, culturally- and trauma-informed team of attendants would improve compensation processes. In addition, having support staff working directly with communities, such as community liaisons, can render compensation schemes more efficient and help tailor implementation to community needs.

Processing of claims

Implement reasonable processing capacity. Multiple compensation processes have been more popular than anticipated; meaning high application volumes and overwhelmed staff, resulting in reduced capacity for claims administrators to process applicants in a timely manner. Claimants feel that this is tantamount to a broken promise, as they wait for months, and sometimes years, to receive a decision. For administrators, it means they begin processing applications at a disadvantage – there are too many applications and too few reviewers. Planning for the worst is important – meaning hiring more staff than needed, especially at the beginning of the notice plan, and leaving time to prepare between the compensation decision or agreement and the beginning of the call for applications.

Clearly communicate to manage internal and external expectations. Given repeated examples of long delays in processing applications, it is essential to set expectations with claimants on the length of time it will take to process applications. Further, government contractors and internal stakeholders must set reasonable timelines and have a clear-cut understanding of how the application process will function to ensure consistency in communication with claimants and administrative staff.

Build and test technological capacity. Inconsistencies in the application of technological processes across and within organizations by claims administrators and users have led to significant issues. Higher-than-anticipated application volumes have slowed the efficacy of largely untested, algorithmic tools. Claims administrators should test application processing tools prior to implementation and train users on ways to consistently adopt the software. Ultimately, technology is a useful tool, and it can lead to more efficacious and efficient processing of compensation. However, it is no panacea for ensuring quick processing of blanket compensation payments, especially in the face of inconsistently available data.

Introduction

In order to identify considerations related to the CHRT compensation process, we reviewed previous Canadian and international compensation and remediation frameworks with similarities in scale, issues, and breadth of implementation. Specifically, we researched what shape they have taken, how they were implemented, and what lessons have been learned that can be of use to the present compensation process. This section provides a summary of this review, with specific, actionable lessons learned fom previous compensation and remediation frameworks. Our search strategy included academic papers, grey literature, conversations with individuals involved in select processes, and publicly posted materials related to the settlements identified.

Compensation is a fundamental remediation feature of most of the settlement agreements explored in this report. Justification of compensation in settlement agreements is philosophically undergirded by a variety of principles including recognition of harm, recognition of individual human rights, and deterrence of future violations (Mahoney, 2018). However, the mechanisms that have been used to provide compensation vary considerably, both domestically and internationally. The lessons learned from these settlement agreements provide important cautionary tales. One conclusion is clear: centring claimants' needs is essential to developing a durable framework prioritizing intergenerational and cultural healing.

After providing an overview of the settlements reviewed, this paper is divided into three parts, exploring the lessons learned from three aspects of the life cycle of a reparative scheme: 1) the notification of claimants, 2) the application design and support processes in place, and 3) the processing of claims. **The first part** discusses how claimants have been identified via public notice plans, exploring how those plans can be more inclusive and accessible. **The second part** describes the necessity of support for claimants when navigating the application process and outlines how they can be better integrated into future schemes. **The third part** discusses how technology and claims administration can be harnessed to minimize exclusion from the compensation process.

Given that our review of past settlements has demonstrated that accessing restitution without proper support can re-trigger past trauma, the section following this one reviews in more detail the social science literature on retraumatization and the specific mechanism that can trigger it within justice-seeking processes (see p. 117 for A Closer Look at Retraumatization).

Brief overview of settlements reviewed

Before exploring lessons learned, we provide a brief overview of past Canadian and International reparative schemes that are referred to throughout the body of the report. A more detailed review of each settlement is provided in Appendix EE.

Canadian compensation schemes

Indian Residential Schools. In 2006, the Government of Canada, the Assembly of First Nations, churches, and other Indigenous organizations reached an agreement to compensate former victims of Canada's residential school system for Indigenous students (Government of Canada, 2021). It was, until now, the largest class action settlement agreement in Canadian history. Total compensation was estimated at $1.9 billion. However, the total amount awarded was over $4 billion (Government of Canada, 2019). The settlement agreement had three main vehicles of compensation. First, every former student of a residential school who was separated from their family to attend the residential school received a lump sum – the Common Experience Payment. Second, students who were sexually and/or physically abused were compensated using a point system called the Independent Assessment Process. Finally, and beyond the scope of our research, were ongoing general education programs (e.g., the Truth and Reconciliation Commission) and cultural and mental health supports (Indian Residential School Resolution of Canada, 2007).

Sixties Scoop settlement agreement. Between 1951 and 1991, Indigenous and Inuit children were apprehended from their families and communities by provincial child welfare authorities and placed with non-Indigenous foster parents (*Riddle, White, Charlie v. Her Majesty the Queen,* 2018). These children were not raised according to their cultural traditions and were not taught traditional languages. This tragic chapter in Canadian history is known as the "Sixties Scoop." The purpose of the settlement agreement is to bring a "comprehensive and lasting resolution" to the legacy of the Sixties Scoop by promoting healing, education, reconciliation, and commemoration (*Riddle, White, Charlie v. Her Majesty the Queen,* 2018, p. 40). Any "registered Indian" pursuant to the Federal Indian Act or Inuit individual who was taken away from their parents is eligible for compensation. The implementation of the agreement is ongoing.

Federal Indian Schools settlement agreement (Day Schools). On March 12, 2019, Canada settled in a nationwide class action for harms suffered attending federally operated Indian Day Schools (*Mclean, Augustine, Commanda, Sampson, Swan and Buckshot v. The Attorney General of Canada,* 2019). Between 1863 and 2000, the Government of Canada operated nearly 700 schools for Indigenous peoples in Indigenous communities. At these schools, students suffered psychological, physical, and sexual abuse – and were subject to the same curriculum as the one provided in residential schools (Federal Indian Day School Class Action, n.d.). The goal of the settlement agreement was to tell the truth about victims' experiences, promote reconciliation, and healing. The implementation of the settlement is ongoing, and the claims deadline is in July 2022 (Federal Indian Day School Class Action, n.d.). Any former day student who suffered abuse or harm while attending the school is eligible for compensation

Case example: Motherisk

From 1990 to 2005, the Motherisk Laboratory tested 24,000 samples for drugs and alcohol from over 16,000 individuals for child protection purposes. The testing was deemed inadequate and unreliable for use in child protection and criminal proceedings. In response to these findings, the Ontario Government created the Motherisk Commission to review cases and provide resources to assist people who have been affected by testing. The Commission reviewed 1,271 cases to determine whether the lab results had a substantial effect on the outcomes of cases involving parental rights (Ministry of the Attorney General, 2018). In 2017, Green argued that Sick Kids' Motherisk lab was "systemically negligent" by conducting unreliable tests that were relied on to cause a range of harms (e.g., loss of parental rights) to the test takers (*Green v. The Hospital for Sick Children*). Green failed to persuade the Court that a class action was a "preferable procedure" to other modes of litigating the dispute; namely, litigating the cases individually. Although financial compensation was not provided to the class, this case was analyzed because of its extensive use of administrative data to identify individuals affected by Motherisk's flawed testing methodology.

Australian compensation schemes

Australia – unlike Canada – has approached compensating its "Stolen Generation," Indigenous students taken from their families and placed in residential schools and with non-Indigenous parents, regionally and via statute. Rather than have separate compensatory frameworks for forced adoptions and residential schools, Stolen Generation compensation schemes have

aggregated these two harms. The Australian government's child removal policies are very similar to Canada's 20th century policies where Indigenous students were taken from parents and placed in non-Indigenous homes and forced to attend residential, segregated schools.

Compensation schemes for "Stolen Generation" students have been passed on a state-level in Tasmania, South Australia, and New South Wales. The Tasmanian model was generally adopted in the other states with *de minimis* alterations. Although this model suggests an alternative structural path to reconciliation and reparative justice, the narrow eligibility criteria and substantially smaller number of claimants limits the scalability of the approach. In fact, plaintiff-side counsel in Australia have cited Canada's approach as a more robust and inclusive compensation framework, notwithstanding the challenges of implementation here.

Tasmania. In 2006, the state of Tasmania's legislature established a $5 million fund to compensate members of the Stolen Generation. The Act became operational at the beginning of 2007, and in total there were 151 claims received, and 86 claimants were eligible. (Tasmania Department of Premier and Cabinet, 2008). A total of 84 members received slightly over $58,000 AUD each, while two deceased members of the Stolen Generation received individual amounts of $4,000 and $5,000 AUD respectively (Tasmania Department of Premier and Cabinet, 2008). The fund was the first of its kind in Australia. To be eligible, claimants needed to 1) self-identify as Aboriginal; 2) have Aboriginal ancestry; and 3) be communally recognized as being Aboriginal.[1]

New South Wales and South Australia. The New South Wales and South Australian processes began in 2017 and 2015, respectively. They had similar features to the Tasmanian agreement. They required applicants to be Aboriginal and to be removed from their family before 1969 in New South Wales and 1975 in South Australia (Government of South Australia, 2018; Aboriginal Affairs New South Wales, 2021).

New Zealand processes

Throughout 2020, the Waitangi Tribunal heard claims that a disproportionate number of Māori children (tamariki Māori) had been taken into State care. As of 2017, Māori children constituted more than 60 percent of the children in care, and recently, Māori children were five times more likely to be in state care than their non-Māori counterparts.

New Zealand's unique approach process claims involved the creation of a "permanent commission of inquiry" – or tribunal – designed to make recommendations of claims brought by Māori related to alleged breaches of the Treaty of Waitangi – a major treaty governing Crown-Māori relations in New Zealand (Waitangi Tribunal, 2021b). The Tribunal has three primary powers. First, it makes recommendations on the dispensation of violations of the Waitangi treaty. Although the Tribunal can make recommendations, those recommendations are not binding – a stark difference from compensation decisions in previous regimes. Second, and importantly, the Tribunal is a specialized body that has exclusive jurisdiction over the treaty and its legal effect. Finally, the Tribunal can make determinations on certain legal issues (e.g., land/water rights) between the Crown and Māori (Waitangi Tribunal, 2021c).

After hearing submissions by interested parties, claimants of treaty violations, and the Government of New Zealand, the Tribunal released its report in April 2021. The Tribunal's order broadly recognized the New Zealand Crown's perpetuation of harm on Māori children. The recommendations omit a strict, time-defined compensation process; instead, the Waitangi Tribunal proposed significant legislative and systemic policy changes to create a more equitable framework from safeguarding child welfare. (e.g., Waitangi Tribunal, 2021a).

Israel and Germany compensation schemes

The Holocaust is among the worst tragedies in human history, constituting a genocide of approximately six million Jews (men, women, and children) and millions of others, including political and religious dissidents, ethnic minorities, and LGBTQIA individuals (United States Holocaust Museum, 2020). In the early 1950s, the German government, Jewish organizations, the United States, and Israel, *inter alia*, provided funding for the formation of the Conference on Jewish Material Claims against Germany (the Claims Conference). The Claims Conference is a quasi-private organization responsible for negotiating reparative compensation for Holocaust survivors and memorialization of the Holocaust. The organization's function is two-fold: 1) to obtain funds for the relief, rehabilitation and resettlement of Jewish victims of Nazi persecution, and 2) to aid in rebuilding Jewish communities and institutions that were devastated by the Nazis (Claims Conference, n.d.).

1 Note: this is exceptionally similar to the criteria adopted by the Supreme Court of Canada for determining Métis heritage in Pajamewon.

Since the formation of the Claims Conference, its role has evolved and expanded – often to obtain compensation for a larger universe of Holocaust survivors. There are three general forms of compensation available to survivors, which include: 1) indemnification (compensation for specific persecution-related losses or damages, including harm to a victim's health or loss of professional opportunity); 2) reparations (payments in money or materials from one nation to another for damages inflicted during a conflict, and in this case, a genocide); and 3) restitution (return or recovery of identifiable assets, including machinery, real estate, business enterprises, and cultural properties that are restored to the original owners – nations, communities, institutions or individuals).

Our review of past settlements identified a number of lessons related to the three stages of the cycle of a compensation scheme: notification of claimants, application process, and claims processing. These are detailed in the sections below.

Notifying claimants

Overview

For effective implementation of a compensation framework, eligible participants must be aware of the agreement and the opportunity to receive payment. Thus, every compensation framework we investigated included a Notice Plan. Reaching prospective claimants can be difficult because different communities have different levels of need. Each framework, therefore, included digital and traditional media campaigns to raise awareness about the process. Unsurprisingly, some strategies were more effective than others. Ineffective strategies often resulted in claimants feeling ignored and retraumatized, because claimants were unaware that they could participate in the process despite being eligible. They felt left behind. Therefore, any successful communications strategy must put claimants first, and conduct outreach to claimants using media that the target community actually uses, rather than blindly adhering to a multi-channel approach. Targeting is necessary for successful implementation of a compensation framework.

Notice plans in the settlements reviewed in this report are summarized in the following table. More detailed information regarding the notice plans can be found in Appendix EE.

Table 3.1 Notice plans in Canadian and International compensation regimes

Compensation regime	Notice plan summary
IRSSA: Common Experience Payment (CEP) and Independent Assessment Process (IAP)	Notice plan implemented by Hilsoft Notifications. Multi-channel campaign targeting Indigenous peoples aged 25 and over using direct mailing to claimants and general advertising (newspaper advertisements, informational news releases, Indigenous publications, etc.). In parallel, IRSAS – the Government of Canada's oversight body of the compensation agreement – also developed its own National Outreach Strategy designed to make claimants aware of the IAP program.
Sixties Scoop	Notice plan implemented by Argyle PR. The campaign included: messaging around key milestones, media engagement, and social media, print and television publications to engage the public and raise awareness about the Sixties Scoop process, with advertising and direct communications in French and English.
Federal Day School	Gowlings WLG took responsibility for contacting a large group of class members directly, given the size of the registered class. Gowlings had contact information for approximately 80,000 members of the class. Like the Sixties Scoop Settlement agreement, Argyle PR was retained to develop and upload media services and create a communications strategy targeting Indigenous and mainstream earned and paid media, using English, French, and four other Indigenous languages.
Motherisk	N/A
Australia (Tasmania, New South Wales, South Australia)	Advertising campaign targeting Indigenous media, information sessions, and direct mail to Aboriginal organizations.
New Zealand Oranga Tamiriki (Waitangi Tribunal)	Claimant-driven. The tribunal receives complaints from organizations and affected parties to launch an inquiry.
Holocaust Reparations	Limited. Eligible claimants suggest they are largely unaware of the scheme.

Lessons learned

Lack of participatory communications strategy

In past settlements, a participatory communications strategy involving members of the eligible class or group of claimants may have alleviated confusion about the compensation process. For example, in the IRSSA, many claimants wished they had been invited to participate in the design and dissemination of messages about the settlement. Prior to implementation, a group of residential school survivors had convened to flag concerns about the process, including that there should be a "survivor-led, trauma-informed communications strategy" (p. 35, NCTR, 2020). However, these concerns were not implemented and resulted in a communications process that did not reflect the voices of survivors and an outreach to respondents that was often under-inclusive. For example, survivors in remote communities struggled to receive the information they needed and felt that they had little say in the process.

Inaccessibility of information: Language, format, and technology

Consideration of claimants' language, preferred format to receive information, and access and use of technology may have improved the dissemination of key details about compensation. In some past settlements, what information was available was not always available in **languages** spoken by survivors, meaning many survivors did not have the information they needed in languages they spoke in order to apply. Additionally, information was often conveyed in an inaccessible format that did not adopt **Indigenous communication modalities** – namely "building networks of family contacts" and "frontline workers who could share information orally" (p. 35) and in Indigenous languages (NCTR, 2020). Furthermore, some residential school survivors with hearing loss, which was often the result of the abuse they had suffered, were not provided with information in alternative formats (NCTR, 2020).

Accessibility is particularly important as it relates to **technology and internet access**. The lack of reliable internet access for Indigenous communities was a substantive barrier for effective technological use in implementing previous Canadian settlement agreements. For example, in the IRSSA many communities of survivors "were isolated" and "technology was not available for a lot of people," leaving no "accessibility to the compensation" at all for some eligible individuals (NCTR, 2020, p. 65). Communication cannot be "solely or even predominantly internet-based" (NCTR, 2020, p. 65). Other forms of technology that are available, like radio, newspapers, flyers, or faxes should also be used, and used more heavily, to reach the target community (NCTR, 2020).

If the notice plan includes in-person events, it is essential that they are targeted and well advertised so community members can participate.

Ultimately, a precondition for claimants to use internet or broadband to access information on settlements inherently disadvantages Indigenous communities that do not easily have access to the internet (Samuel Centre for Social Connectedness, n.d.). Indigenous communities in Canada have unequal access to high-speed internet. The digital divide between settler and Indigenous communities is, by some estimates, wide (Internet Society, 2020; Samuel Centre for Social Connectedness, n.d.). The diversity in internet connectivity must therefore inform how technology is used to inform eligible claimants, troubleshoot issues, and accept applications. Varying technological capacities is especially relevant for children and young people who, depending on their age, may use technology in very different ways than adults do.

Lack of clarity and intentionality in communications

The **clarity** of language used in communications is important for effective dissemination of a notice plan. Communications must explain in clear terms what claimants ought to do to succeed on applications. In the past, claimants have complained that the eligibility criterion were unclear. For example, the NCTR (2020) report highlights how both components of the IRSSA did not explain clearly the implications of signing waivers, or what key concepts like "physical abuse" or "loss of income" or "confinement" meant. Although these are legal concepts, at the heart of the settlement agreement, public-facing communications should use culturally appropriate and sensitive language that can easily be understood.

The Federal Day School settlement has had similar difficulties, where key concepts and resources have gone unexplained. For example, in March 2020 the Federal Ombudsman sent a letter stating that implementation of the Day School settlement agreement was "not fully serving the needs of survivors" because there was no plain language explanation of the settlement with links to resources available on the Government's website (Office of the Federal Ombudsman for Victims of Crime, 2020). The Federal Ombudsman implored the Federal government to advance funds to communities to enhance resources for face-to-face interaction with community members. Misunderstandings can result from poor initial communication about the process: in the IRSSA, some survivors believed that they would be unable to attend church if they applied for compensation. This led fewer claimants to apply and led some to miss the application deadline. This diminished the

efficacy of the compensation regime, fuelling distrust and limiting the number of applications (NCTR, 2020).

Although it is essential to use plain language to help inform applicants about the process, if that language is **inappropriate** to the target audience it can reduce the number of applications from eligible claimants. For example, during the Motherisk Commission's notice plan, a poster was used to reach out to claimants in schools. The contents of the poster "stirred controversy" because it asked if children were "taken" from their parents (Ministry of the Attorney General, 2018). The intention was to use language that was easy for high school students to understand, but instead the poster was inadvertently sent to elementary schools. Children's Aid Societies criticized the poster for its language, while others supported it. Ultimately, the Ministry responded by removing the poster from all schools given its inappropriate use of language (personal communication, member of the Motherisk Commission).

Key lessons learned – Notifying claimants

Challenges. Claimants have been critical about prior communications plans because they are not inclusive, unavailable in their spoken and written languages, and relied on technologies that some claimants did not use.

Opportunities. Harnessing the power of the provincial or federal government to notify claimants – in a privacy-focused way – is an effective tool for conducting outreach. Given the lessons outlined above, claimant notice plans should consider the following:

- **Participatory design of the notice plan.** Consultative design of the notice plan that engages stakeholders who will be directly affected will improve accessibility and clarity of communications regarding the compensation process.
- **Prioritizing accessibility of the notice plan.** A diverse variety of communication methods and events are needed to ensure eligible claimants receive pertinent information regarding the process. It is important to consider language, hearing/sight abilities, and access to technology and the internet.
- **Clear messaging regarding the process.** Ensuring that the content of the notice plan clearly states the scope of eligibility, requirements for applying, and the rights and responsibilities of applicants will help alleviate the burden and potential confusion for individual claimants.

Applying for compensation

Past compensatory regimes have illustrated some cautionary lessons regarding the process of applying for claims, both regarding the application design itself and the support provided for claimants. The design and structure of the application process must consider claimant experiences. At best, a well-designed compensation process can promote reconciliation by ameliorating trauma and recognizing past harms. At worst, implementation can frustrate that purpose by forcing claimants to relive their suffering. Consideration of the procedural complexity of applying, the burden of proof on applicants, and possibilities for supporting claimants in the application process (legally, administratively, and emotionally) should be part of the application process. These are explored in more detail in the subsections below.

Lessons learned: Designing the application process

The application design for compensation in the settlements reviewed in this report are summarized in Table 3.2 on p. 104 More information regarding the application processes can be found in Appendix EE.

Enforced Western legal processes

The formal, legalistic process inherent in many past compensation regimes reflects a Western legal paradigm that can be alienating for claimants. The IRSSA process (and in particular the IAP) is a particularly illustrative example in that it emphasized temporality rather than Indigenous-centric healing processes. Some survivors were unfamiliar with a complex legalistic process. Some even compared the IAP process to residential schools because they were "taken from their communities, brought to buildings that were like compounds, victimized by re-telling their stories in a culturally unsafe manner, and then returned to their communities" (NCTR, 2020, p. 32).

The timeline was dictated by adjudicators and the government, and healing and claimant-readiness was not adequately considered (Petoukhov, 2019). Survivors were compensated based on the "spatial and temporal arrangement imposed on them" (pp. 184–185) by the Canadian legal system (Petoukhov, 2019). For instance, one survivor's claim was denied because she was sexually abused "outside of school property" – even though the abuse was perpetuated by a school employee "mere feet […] on the wrong side of the property line" (Petoukhov, 2019, p. 115). Finally, many IAP adjudicators and CEP processors had never experienced working with survivors or Indigenous peoples and therefore did "not have the cultural competence" (p. 40) required to build a rapport with survivors (NCTR, 2020).

Table 3.2 Application design in Canadian and International compensation regimes

Compensation regime	Eligibility criteria	Remedy	Length of application window	Burden of proof
Common Experience Payment (IRSSA)	Former attendees of a recognized Indian residential school.	Lump sum payment, $10,000 initial sum for the first year of attendance, $3,000 for each subsequent year attended	5 years	Mixed. Claimants were required to complete an application that asked for basic biographical information, governmental identification, and information about the time, place, and duration of time spent at a residential school. Applications were required to be notarized and needed to be witnessed. Claims were verified via an automated system using governmental records.
Independent Assessment Process (IRSSA)	A victim of sexual and/or physical assault perpetuated by a teacher or student, or other wrongful conduct resulting in serious psychological consequences.	Victims received a lump sum payment between $5,000 and $430,000, that depended on the "level of abuse" through a point system.	4 years	Mostly claimants. Claimants were required to attend hearings, answer questions identifying their accuser, and describe the date, type, and frequency of abuse. If an applicant rated their abuse above a certain level, they were required to provide specific types of evidence (e.g., hospital, treatment, psych. records, income tax, etc.)
Sixties Scoop	Registered Indians who were removed from their homes between January 1, 1951 and December 31, 1991 and placed in the care of non-Indigenous foster parents.	Lump sum payment, expected to be between $25,000 and $50,000 per claimant	5 years	Claimant had the burden of providing biographical and identification information, records of adoption, and had the option of writing their personal story and experience.
Federal Day School	Individuals must have attended a) Federal Day Schools and b) suffered abuse or harm at the school. Harm and abuse included both physical and sexual abuse and was determined based on a sliding scale.	Lump sum payment, between $10,000 and $200,000.	5 years	Burden of proof is on the claimants. The amount of evidence depended on the seriousness of the claim. Claimants had to provide identification, evidence of a school attended, and write a written narrative of events. For more serious claims, claimants were required to produce family/friend narratives, other records, and medical, dental, and therapy records. No oral hearings were required.
Motherisk	Individual child protection cases between 1990 and 2015 where testing conducted by the Motherisk Laboratory had a "substantial impact" on the court's decision.	No compensation. Instead, the Commission provided referrals to counselling services (paid for by Government of Ontario), legal advice, and information collection.	2-year mandate, 5 years for counselling (see Remedy).	The Commission and Children's Aid Societies in Ontario bore the burden of reviewing claims and finding eligible claimants. The Minister of Children and Youth Services issued a policy directive to identify all cases where there was a Motherisk test.
Tasmania (Australia)	Legally recognized Aboriginals who were removed from their families before 1975.	$5 million AUD, dispersed depending on the category of harm.	1 year	Mixed. Applicants required to complete a form and supply various levels of proof. An independent assessor searched government records to corroborate the applicants claim.
New South Wales, South Australia	Legally recognized Aboriginals who were removed from their families before 1975 (South Australia) or 1969 (New South Wales).	New South Wales: $75,000 AUD and $7,000 AUD for funeral expenses South Australia: $20,000 AUD	New South Wales: 5 years South Australia: 1 year	Similar to Tasmania. Applicants provided biographical information and documents to prove their identity and assessor verified claim. However, less of a burden is placed on claimants compared to Tasmania, because claimants merely signed a release enabling the government to search documents to provide proof of the claim. Most also had an interview with an assessor.
New Zealand Oranga Tamiriki (Waitangi Tribunal)	Māori whose children were "taken under state care."	Report and recommendation that New Zealand's settler government delegate more responsibility over Māori children to Māori governmental agencies.	Ongoing	Inquisitorial model. After a claim is sent for review, the Tribunal sends a team of historians, lawyers, and ex-judges who constitute the tribunal to hold hearings and find facts.
Holocaust Reparations	Different compensation frameworks for people suffering hardship (e.g., escaping a Nazi-regime), incarcerated in a camp, child transportation, or was a spouse of a victim.	Some ongoing payments (580 EUR per month for the Article II Fund), and other lump sum payments.	Ongoing and evolving types of compensation	Mixed. Claimants had to produce "documentary proof of their dispossession."

Power dynamics between adjudicators and survivors also ran counter to the reparative and reconciliatory goals of the settlement agreement. By design, the IAP process required full disclosure to be eligible for compensation, irrespective of the claimant's preparedness. Compensation was only awarded if there was "sufficient evidence" based on "precise and in-depth disclosure" (NCTR, 2020, p. 29). These evidentiary sources emphasize certain life experiences as deserving of compensation, while discarding others because they do not conform to accepted discourses of victimization. IAP claimants were forced to fit their often non-linear, complicated experiences within Western standards of health, wellness, and body in order to receive compensation (National Centre for Research for Truth and Reconciliation, 2020).

The **definition** of who constitutes a member of an Indigenous community is another example of a legal concept that, when strictly interpreted, results in a harmful and exclusionary experience for claimants. Legal scholars, sociologists, First Nations, Métis, and other Indigenous communities debate about how this can be defined. In Tasmania, the Assessor often did not decide who was and was not Aboriginal but did decide that he was "not satisfied on all the material before him that a particular applicant was Aboriginal" (Tasmania Department of Premier and Cabinet, 2008). The Assessor then chose to rely on Australian jurisprudence and legal definition to determine Aboriginality. This was the most common means of rejecting an applicant.

Complex forms and legalistic language

As is the case with communication about compensation processes (described above), the language within the application itself must be consistent and clear. For example, many Indian Residential School survivors believed that the process was overly **complicated and burdensome** and that information was conveyed in an inaccessible manner. One recurring challenge was the use of legalistic – rather than simple, clear – language to describe concepts and allow claimants to produce evidence. According to NCTR (2020), key technical, legal concepts including – "serious physical abuse," "wrongful acts, and "loss of income" – were not explained well because no examples were provided to illustrate what these concepts meant.

In the Day School Settlement Process, Ken Hudson, former Fort Smith Métis Council local president, stated that "everyone he knows is filling out the form for the lowest amount of compensation" because they do not understand the terms (Desmarais, 2020a). Belt strappings, for example, were a common method of physical abuse. Yet, the forms do not, in Hudson's opinion, explicitly explain how much compensation individuals are eligible for that form of abuse. Survivors ask, "can't they simplify [the application] to say 'did you get strapped?'" (Desmarais, 2020a). Some claimants therefore felt traumatized because they are short-changed on the amount of compensation they receive. For children, this issue is especially difficult because if they are required to complete forms to submit claims, they might not understand exactly what they are completing.

Interviews with ISC staff highlighted that streamlining applications to be less intensive for claimants (e.g., omitting maiden names/previous names from the application) and shorter in length (a few pages), as well as receiving feedback from multiple stakeholders regarding forms being sent out (e.g., representative class plaintiffs, victims, class counsel, and intervening parties) can lead to superior design and implementation. It is also more cost-effective, because it is less time- and labour-intensive to implement (in-depth interview with ISC staff).

Onerous burden of proof

Providing documentation to prove past harm, and therefore eligibility for compensation, can be onerous and sometimes impossible for claimants who are indeed eligible. This often relates to the **lack of documentation** within institutions related to the reason for compensation, rather than individual oversight or lack of trying. Importantly, residential school survivors found producing supporting documentation difficult and oftentimes onerous. Where survivors were asked to produce documents supporting their attendance using archival or evidentiary proof-of-attendance, they found that sourcing those documents "involved another difficult-to-navigate process with colonial institutions and departments" (Anglican Church of Canada, 2019, p. 6).

One conversation with staff at ISC suggested that onerous verification of documentation may ultimately **cost** more than just paying applicants with imperfect evidence because of the important financial and human resources required. Although it is important to verify applications to ensure that the compensation process is fair, it can often cost more to verify every single document to support a claim (in-depth interview, Indigenous Services Canada staff). As such, trusting claimants is an important and overarching value to implementing a successful compensation process.

Our interview with Donna Cona[2] staff highlighted that trauma was most often triggered in the Sixties Scoop settlement process in cases where claimants were eligible, but the government had no documentation of their adoption. This re-awoke feelings of abandonment, frustration that they had to go through the process, and – for some – contributed to suicidal ideation (in-depth interview with Donna Cona staff). According to Kathe Legrange, the Director of 60s Scoop Legacy, many survivors believed that Collectiva would be responsible for finding supporting documents on behalf of claimants. She said: "law firms initially told claimants that Montreal-based Collectiva would obtain their records," but now the "**onus is put on survivors**" to obtain documents to substantiate their claims (Martens, 2020). Further, because claimants are now required to produce documents to support their claim, lost records are more difficult to find and prove, often in **tight timeframes**. For example, Vanessa Desmeules, an applicant, was told that there was no record of her presence at the school. Records were complicated for Desmeules to obtain because her foster parents changed her last name, and her birth parents did not have a birth certificate. Desmeules was ultimately able to obtain old report cards, and get a birth certificate, all within the 45-day deadline (Forrester, 2019).

Strict timeframes and application process

Application processes with strict timeframes have limited the efficacy of claims processing, reduced access to compensation, and ostracized claimants. In the IAP, which imposed a tight deadline, many survivors felt emotionally ill-equipped to comply with the application timeframe. When they did apply, IAP hearings were often held in one day – which made hearings more about the adjudication process rather than the claimant, because claimants were expected to be expressive "on command" (Petoukhov, 2019, p. 104). If adjudicators were not satisfied or required additional documentation or evidence to reach a compensation decision, they could ask claimants to produce more information, thereby re-igniting and inflaming their trauma again (NCTR, 2020). Timeframes that suited adjudicators rather than claimants reduced participation in the process and increased survivors' feelings of ostracization. Deadlines were too short – especially because some survivors delayed applying for CEP and/or IAP because they feared retraumatization, leading many survivors to be "unjustly excluded from receiving compensation" (NCTR, 2020, p. 33).

In the Day School settlement process, some claimants, and their families, similarly felt that the process was "unfair and rushed" (Deer, 2020). Like the IRSSA process, there were strict deadlines and a limited 5-year process of eligibility. One claimant's daughter stated she believes that the process was made to be "as unfair or as hard as possible" with the intention of cutting "as many people out as possible" (Deer, 2020). Individuals suffering from serious emotional or physical trauma often take differing amounts of time to process their trauma and wish to "reveal more as they feel comfortable." Instead, this process required claimants to complete multiple applications, bear the burden of sourcing many documents, and comply with specific external deadlines (Deer, 2020). The notion of **progressive disclosure** – in which individuals disclose information over time rather than all at once – can support individual agency during the process and reduce the potential for retraumatization. A progressive disclosure approach would allow survivors to "reveal more as they become more comfortable" (Deer, 2020). This is particularly important for children who may also be more capable of sharing information over a period of time. Australian timelines were even shorter than Canada's processes, thereby leading to retraumatization and running counter to principles of progressive disclosure.

Our interview with ISC staff highlighted that, beyond the need to account for progressive disclosure, the **size of the claimant pool** had to guide the determination of the length of the settlement agreement. If Canada underestimates the time needed to receive claims, this can seriously impede the compensation process and retraumatize claimants.

Deloitte has prohibited claimants from **modifying their claims**, leading some survivors to receive less compensation than they deserve. For example, a classmate of Dorothy Dell, a claimant, was sexually assaulted by a clergy member off school property, but because the assault occurred off-campus, she was only told to file a level one claim (the lowest level). Subsequently, she heard that one of her classmates was able to file a claim at a higher level for similar conduct. She sought to modify her claim but was told that the "check was already mailed" (Deer, 2020). This subverts the goals of recognizing harm and can lead survivors to relive and relitigate their abuse without full and fair compensation for the type of abuse suffered.

2 Donna Cona is an Indigenous-led, private consulting firm that provides mental wellness and support services. Among other services, they ran the Indian Residential Schools Settlement Agreement contact centre, and operate the ongoing IRS Crisis Line and the Hope for Wellness Helpline.

Narrow interpretation of eligibility

Eligibility for some settlements in the past has been seen as unfairly excluding individuals due to **narrow interpretation** of the reason for compensation. Claimants – and ineligible members of communities – believed that excluding day school attendees from the IRSSA was unfair. The settlement agreement also excluded boarding schools, Métis schools, and some residential schools in the far north and Labrador. Participants believed the mandate and implementation of the IRSSA would be flexible, and that the settlement would be expanded to "include many if not all of those excluded in the original mandate." That flexibility did not occur, leading to an exclusionary "shadow that hung over the process" (NCTR, 2020, p. 21).

According to the United Church of Canada, some focus group participants emphasized that the exclusion of certain groups, namely day scholars at residential schools, "taint[ed] healing" and was a source of "great pain" (Anglican Church of Canada, 2019, p. 6). Dissension in communities grew as recipients of CEP felt **guilt** for receiving compensation when many friends, family, and relatives did not. Imprecision in defining and including all of the relevant schools and groups in the CEP and IAP process ran counter to the purpose of the IRSSA by making many survivors feel excluded from a process intended to repair and heal.

In the Federal Day School settlement process, some survivors have criticized how schools were selected for inclusion in the Day School program: namely, the exclusion of religious and provincial schools, as well as those managed by First Nations. For some, this meant that even though they were forced to attend settler-operated institutions, they could not participate in compensation. While individual legal remedies are still available, they have burdensome costs without a settlement or class action process available (Banning, 2019). In the Sixties Scoop Settlement, the exclusion of Métis claimants from the eligibility requirements has also been criticized (The Canadian Press, 2018).

Inflexible and narrow eligibility criteria in the Australian settlement processes was similarly criticized for being exclusionary. For example, the eligibility criteria in South Australia included children who were pressured to put their children up for adoption but excluded those who were removed by "purely private arrangements" (p. 15) – where a parent placed their child with other family members or institutions voluntarily (Government of South Australia, 2018). According to the Independent Assessor, "in most adoption cases my recommendations were that offers not be made" (Government of South Australia, 2018, p. 15). This means that – by design – individuals who might have been functionally forced to put their children up for adoption, did not have any recourse or compensation. Originally, children who were removed with a court order because of reasons of abuse or neglect were also excluded from the compensation process in South Australia. This criterion was eventually removed by the Minister for Aboriginal Affairs and Reconciliation after the assessor recognized that this would amount to a "cruel denial of their identity as Stolen Generation and would be tantamount to another 'removal' by government" (Government of South Australia, 2018, p. 16).

In Israel, a benefit intended for Holocaust survivors excludes those who moved to Israel after 1953 because the agreement between Germany and Israel was signed in 1952 (Chernick, 2019). As a result, "[t]here have been situations where brothers and sisters moved to Israel, but one came before 1953 and another after 1953, and they were in the same place, the same camp or ghetto – but they cannot [all] receive the monthly stipend because they came at different times" (Chernick, 2019).

Opaque adjudication process

Adjudication of eligibility of submitted claims has been unclear in several compensation regimes. For example, the focus of IAP was to measure physical and sexual abuse to make compensation determinations. Sexual and physical abuse was heavily favoured as a legitimate narrative of victimization, whereas other forms of abuse were diminished (Anglican Church of Canada, 2019). One survivor explained how they were bullied because they no longer spoke their community's language after returning from the residential school. Yet, despite this trauma and ostracization, the IAP process was not designed to compensate victims of this type of abuse. Therefore, they received none (Anglican Church of Canada, 2019). Similarly, one claimant was limited to speaking only about their sexual abuse and felt that most of their other experiences were "brushed off," (p. 30) despite being bullied and emotionally abused. Some survivors believed that the loss of language and culture was "equally traumatic" to sexual and physical abuse. By focusing on physical and sexual abuse primarily, IAP's compensation framework was incomplete and needlessly formulaic (NCTR, 2020).

In all of Australia's reviewed compensation schemes, the independent assessor had broad **discretion**, and the only oversight mechanism was the Minister

responsible for implementing the agreement. Claimants had no ability to appeal or reconsider claims.[3] Through this broad discretion, South Australian assessor John Hill decided, in consultation with individuals and groups advocating for the Stolen Generation, that gauging the level of harm would "in itself be harmful to applicants" (Government of South Australia, 2018, p. 14). Therefore, rather than compensating claimants at variable levels, he decided to provide a singular, lump-sum payment of $20,000 AUD. Reactions to this decision were mixed. On the one hand, Hill clearly grappled with how to minimize retraumatizing applicants. On the other hand, some claimants felt that the total amount of money allocated was too small already, and this made many claims even smaller (Government of South Australia, 2018). However, the lack of transparency and clarity regarding how this would be decided muddled the process.

Supporting claimants throughout their application

Levels of support provided to claimants in the settlements reviewed in this report are summarized in Table 3.3 on p. 109 More information regarding the application processes can be found in Appendix EE.

Inadequate legal support

While the complexity of some compensation processes requires individuals to seek legal counsel, the prospect of compensation can create the risk for **poor legal advising** and financial exploitation. For example, to navigate the burdensome IAP process, most claimants were encouraged to hire lawyers. This created numerous problems. Many claimants felt that their legal representation was inadequate (NCTR, 2020). Preparation was sparse; many survivors highlighted how they received advice "the morning of a hearing" on how to testify (NCTR, 2020, p. 40). Lawyers lost their files, required clients to do research for them, and some lawyers suggested that the claimants lied. Given that survivors were generally unfamiliar with Western legal systems, felt overwhelmed by the use of legal jargon, and were already nervous to share a traumatic experience in a skeptical environment, lack of preparedness exacerbated their discomfort and likelihood of success. Furthermore, lawyers offered translation services that were not cognizant of dialects, making some survivors feel like their claims were not heard at all (NCTR, 2020).

Legal fees were not fully covered by the settlement agreement and widespread **fraud and misrepresentation** by lawyers occurred. Some examples of misconduct include the following:

- In Saskatchewan, some lawyers required claimants to sign "blank forms with their information, in order to authorize fees being charged unfairly" (NCTR, 2020, p. 40).
- Calgary lawyer David Blott, who represented close to 6,000 survivors through the IAP process, was disbarred after he made "high interest loans" against their settlement payment – a practice explicitly forbidden by the settlement agreement and federal law. Further, many of Blott's clients were denied compensation because their written statements and oral testimony were inconsistent (Grant, 2019).
- Stephen Bronstein employed Ivan Johnny, a convicted murderer, to sign up IAP clients. Johnny threatened claimants with threats of bodily harm and allegedly stole IAP compensation from survivors. Johnny's parole was ultimately revoked (Martens, 2013).
- Ken Carroll, a Winnipeg lawyer, allegedly accompanied survivors to the bank and then subsequently demanded excess payment for legal services that he was already compensated for from the settlement agreement (Global News, 2014).
- Kenora-based lawyer, Doug Keshen, was accused of exploiting survivors by failing to pay them their full settlements within a reasonable amount of time and transferring settlement funds for clients from his trust account to his general account. Keshen categorically denied wrongdoing, and a settlement was reached that led to increased oversight of his practice (Robinson, 2017). The Law Society received extensive criticism from Indigenous groups about how they interacted with Indigenous peoples (Prokopchuk, 2019).
- One Survivor discussed how she was "hounded by the same law firm" until she proceeded with her claim (NCTR, 2020, p. 41).

All of these challenges, and the confusing legal compensation structures, led survivors to feel as though nobody was advocating for them. Many felt alone.

3 By contrast, in Canada, all compensation schemes investigated incorporated an Exceptions Committee oversight mechanism and had a multi-step reconsideration process.

Table 3.3 Support provided to claimants in Canadian and International compensation regimes

Compensation regime	Access to free legal assistance for claimants	Availability of assistance for form completion	Healing supports
Common Experience Payment (IRSSA)	Provided free of charge.	Toll-free telephone number to answer application questions. Provided inconsistently.	Toll-free telephone number also provided mental health and emotional support services.
Independent Assessment Process (IRSSA)	Claimants were advised to hire lawyers, at their own cost, to navigate the complexity of the process.	Sometimes provided, but generally inadequate. Claimants regarded "form-fillers" as too young and withheld information about their abuse.	Available, but criticized by claimants for inaccessibility.
Sixties Scoop	Available and provided by class counsel.	Provided by claims administrator.	Available. Crisis line and trauma-informed training.
Federal Day School	Available and provided by class counsel.	Provided via claims administrator and legal counsel; regarded as inadequate.	Available. Crisis line and trauma-informed training.
Motherisk	Available. Included legal counsel case reviews and referrals to legal counsel.	Not relevant.	Available, and extended to include more applicants
Tasmania (Australia)	Not provided.	No; however, if the assessor believed that the application would not succeed, they were given the opportunity to informally meet with the assessor.	Yes – counselling was available.
New South Wales, South Australia	Applicants in NSW were directed to contact legal aid provider, but assistance was not provided explicitly. South Australian applicants received $1000 AUD for legal advice if they received an offer for compensation.	Yes.	New South Wales and South Australia compensation scheme included a healing fund.

Consequently, the recognition promised by compensating survivors through the IAP process was incomplete and fell short of the settlement agreement's goal of providing closure to claimants. The adequacy of some of the services provided to claimants has been questioned. For example, multiple survivors filed complaints against one class counsel for failing their clients and letting claims "languish for years" (Barrera, 2018).

In another example, in the early 2010s, a scheme was uncovered that embezzled over $57 million USD from the Holocaust survivors' Claims Conference. Federal prosecutors prosecuted and secured convictions for 31 individuals who recruited individuals who did not qualify for compensation, processed the claims, and disbursed funds to the recruiters (Federal Bureau of Investigation, 2010; United States Department of Justice, 2013). There were over 3,000 applications. Consequently, a 2014 internal review of the Claims Conference suggested shifting the emphasis of compensation from recompensating Holocaust survivors to honouring and remembering their losses to prevent future genocide (Heilman, 2014).

Lack of impartiality

The process of disclosure during hearings and appeals processes in past settlements has led to feelings of being **misunderstood and questioned**. Claimants bore the burden of telling and proving their story of physical, sexual, and emotional trauma during the IAP process. However, their retelling often fell on skeptical ears. Adjudicators, lawyers, and judges met disclosure with doubt. Questioning was "particularly intimidating" for survivors. Many felt that

hearings were "very intrusive," "unfair," and left feeling like their "integrity was being questioned" (Anglican Church of Canada, 2019, p. 7). The prospect of repeated explanations of stories created additional concerns for survivors. There were approximately 38,000 survivors who participated in IAP, whereas only 7,000 TRC statements were collected. Survivors who wished to participate in both had to tell their stories multiple times. Given the emotional and vicarious trauma suffered by communities, understandably, they did not want to relive their trauma repeatedly (NCTR, 2020).

Many survivors also believed there was an appearance of bias that reduced the impartiality of the process. The IAP process was designed to be independent of the CEP – which Canada was responsible for managing. Instead, the IAP process "functioned as a sector" (p. 33) within Indigenous and Northern Affairs Canada (now ISC), which provided security, procurement resources, and hired adjudicators (NCTR, 2020). This **appearance of bias** reduced survivors' trust in the process and distorted reconciliation and the recognition of harm.

Inadequate mental health support

Another problem has been the inadequate access and availability of mental health support for claimants. For example, during the IRSSA process, some claimants complained that despite lawyers' obligation to inform survivors of the availability of mental health supports, they often **did not inform claimants** until immediately before IAP hearings. IAP events were neither "advertised well in advance" nor advertised "in modalities that will reach even remote communities" (NCTR, 2020, p. 63).

After claimants returned from IAP hearings they – understandably – felt trauma, but the mental health supports were neither accessible nor trauma informed (NCTR, 2020). Rather than supplying access to consistent, in-person resources, the Agreement made mostly web-based or telephone-based supports more available (NCTR, 2020). Further, the supports that were available were often **Western-centric** instead of community-driven systems. Other issues with mental health provision during the IRSSA included the fact that Indigenous therapists were excluded from a list of approved therapy options for survivors, and that rotational therapist programs, especially in the North, required survivors to recount their stories repeatedly, and often these therapists were more concerned with payment than adequacy of service (NCTR, 2020).

Our interview with Donna Cona staff, who provide supports with the Sixties Scoop and Day School processes, highlighted that the use of **different modalities** for the provision of mental health and other supports was important when working with claimants of different ages. For instance, they noticed that children or younger adults sometimes preferred using the chat option when talking to staff because it meant that they could reach out from a computer or a phone, without people around them knowing what they were doing, which heightened their sense of privacy.

Inadequate administrative support

Inadequate support for the application itself, including responding to questions and providing updates on application status, has revealed ways in which this could be improved. For example, one conversation with ISC staff highlighted key points regarding support for claimants during the IRSSA process. Claimants care deeply about protecting their very **private information** – especially related to abuse. For example, Canada decided to hire "form fillers," typically younger individuals from the community hired to assist applicants with completing applications. This made many claimants uncomfortable. Because of their youth, form fillers tended to be younger adults from the same community, and claimants did not wish to share their intimate personal details (namely, their sexual and physical abuse) with these individuals. This impeded the process because it led to surprises at IAP hearings – since the claimants disclosed far more information than initially disclosed in the application. Consequently, more documentary evidence was required, and the categorization of compensation needed to evolve. Some solutions include negotiating clear text in the settlement agreement on how privacy will be protected and providing the implementing parties with greater flexibility to protect privacy (in-depth interview with ISC staff).

Hiring **community liaison officers** led to more successful application processing. Community Liaison Officers worked closely with claimants, and frequently contacted ISC to resolve ambiguities and issues. Although this program required a high upfront investment, applicants who worked with community liaison officers received high first-time approval rates of applications. This process also helped identify other forms of acceptable government-issued identification (namely, hunting licenses) that ensured more eligible claimants could apply and increased the efficiency of application processing (in-depth interview with ISC staff). Ultimately, it was very successful in saving time and money.

Table 3.4 Claims processing mechanisms in Canadian and International compensation regimes

Compensation regime	Claims Administrator	Algorithmic review	Hearings	Appeals
Common Experience Payment (IRSSA)	Office Indian Residential Schools Canada	Yes, Canada deployed an algorithmic search engine to review applications (CARS and SADRE).	Not available.	Yes
Independent Assessment Process (IRSSA)	Office of Indian Residential Schools Canada	No	Required. Extensive hearings process with an independent adjudicator, claimant, and counsel (although the claimant had to pay for counsel's legal fees).	Yes
Sixties Scoop	Collectiva	No	Not available.	Yes
Federal Day School	Deloitte	No	Not available.	Yes
Motherisk	N/A	N/A	N/A	N/A
Tasmania (Australia)	Single independent assessor	No	Claimants met with the independent assessor informally if he felt the criteria was not met.	Limited reconsideration was available by the Assessor via an interview with the claimant. However, there is no judicial/ independent review. The Minister overseeing the Assessor had the discretion to approve of applications.
New South Wales and South Australia	Single independent assessor	No	Required, but no formal legal processes.	Same as Tasmania.
New Zealand Oranga Tamiriki (Waitangi Tribunal)	Waitangi Tribunal	No	Required.	Not applicable – since the Tribunal mostly provides recommendations, appeals are not required.
Holocaust Reparations	Claims Conference	No	Not required.	Available.

Key lessons learned – Applying for compensation

Challenges. Applications can be confusing for claimants because of their legalistic language and application processes. Tight timelines, lacklustre (sometimes fraudulent) legal assistance, and untrained emotional support personnel can mean the process is cumbersome at best and retraumatizing at worst.

Opportunities. The application design must be inclusive, using culturally appropriate, easy-to-understand language. Some key takeaways regarding the application process include:

- **Consider participatory, Indigenous-led design of application processes.** Centring and being more attentive to Indigenous legal paradigms and community supports can more faithfully advance reparative justice initiatives. Western legal systems should not be all-encompassing. Indigenous legal traditions should be incorporated explicitly, or entirely, in providing legal remedies. Spatial and temporal restrictions on eligibility that comport with exclusively Western legal ideas should be minimized wherever possible.
- **Less complexity may alleviate the process and cost for both claimants and administrators.** The more arduous, legalistic, and complicated the process the more difficult it is to implement. Easier processes with straightforward forms and minimal burden of proof could reduce potential retraumatization through alleviation of the process and increasing access to compensation for eligible individuals. The application process should optimize flexibility and transparency to simplify and clarify the process for the administrator.

- **Provision of adequate legal support.** Understanding literacy rates in the community, conferring with community leaders to determine the types of supports preferred, and having a flexible review process will improve compensation processes. Legal counsel should be free-of-charge to claimants. If a process similar to IAP or CEP is chosen in which lawyers are recommended, the Court should appoint an overseer and provide a list of preferred vendors.
- **Sufficient mental health supports should be available and informed by the needs of the claimant population.** A toll-free helpline is a start but may not be sufficient to support the mental health needs of many individuals and communities affected by the compensation process. Indigenous community supports should be available, in addition to in-person mental health resources and counselling.
- **Provide sufficient resources to administer processes effectively.** Hiring an adequate number of trained staff to assist claimants in a community-centric manner is essential to an effective implementation of a compensation regime. Resources must be available in languages that claimants speak, not just in English and French. Different communities should receive different targeting and have different resources available to support the application process.

Processing of claims

Overview

The processing of applications in past compensation schemes demonstrate some logistical, managerial, and technical learning that can be applied to the design of future processes. Planning ahead to receive applications can alleviate a number of problems once the application period opens. Transparent communication about the process can help manage expectations of claimants related to the application and processing times. Consideration of resources needed to manage a high volume of applications and inquiries, what sources of information will contribute to claims processing, and which tools will be used are all relevant for application processing.

The process of receiving and managing applications for compensation in the compensatory regimes we reviewed are summarized in Table 3.4 on p. 111. More detailed information regarding processing of applications is found in Appendix EE.

Lessons learned

Insufficient preparation for application process

Past settlement processes clearly demonstrate that planning ahead for receiving applications could reduce potential problems once applications are received. For example, the volume of applications for the CEP and IAP was higher than the Government of Canada anticipated. The deluge of applications meant that Canada did not have the resources needed to process applications. One important lesson was that **providing a buffer between the implementation of the agreement and the court order** is required to ensure implementation is smooth. By creating a "buffer" the implementing party can hire the appropriate number of staff, identify and potentially resolve definitional ambiguities, set appropriate expectations with claimants, and train staff to deal with traumatized communities (in-depth interview with Indigenous Services Canada staff). The importance of putting a lot of effort into planning and structuring before centralizing out was also brought forth in our interviews with Donna Cona staff, who provide support with the Sixties Scoop and Day School settlement processes.

Lack of resources to successfully identify and assist claimants

The absence of **sufficient resources available to agencies** that are supporting the identification of claimants can significantly slow down the processing of applications. For example, our interview with a member of the Motherisk Commission highlighted that the lack of records at the Hospital for Sick Children slowed down the identification of claimants. This led to inconsistent processing as child welfare agencies needed to be involved in identifying claimants: agencies in large geographical areas had more resources and people to process cases, while smaller child welfare agencies had limited human and financial resources, which made it more challenging for them to review dense, often paper-based files, to source applicants and copy the files the Motherisk Commission needed. Often these were Indigenous agencies located in Northern Ontario. Consequently, the Ontario Government, according to a member of the Motherisk Commission, invested $500,000 CDN to source applications and provide provincial resources to hire more staff to assist in the review process. This enabled the Motherisk Commission to receive significantly higher response rates and review many more applications expeditiously (in-depth interview with a member of the Motherisk Commission). The Ministry of Child Services had also issued a directive asking all Children's Aid Societies to produce documentation supporting the claim, which

in concert with the resources allocated, led to a high volume of identification and ensured the Commission felt like they had access to many, if not all, of the documentation they needed (in-depth interview with a member of the Motherisk Commission). If appropriate resources are not deployed for staffing and responding to emails or other modes of technological communication, it can frustrate both claimants and the agencies trying to support them.

Delays in processing times

Delays in processing applications have arisen in past compensation schemes and muddled the process for both claimants and the government. The experiences of the Day School settlement are one example where inconsistent processing times caused conflict and confusion among claimants. For example, Norman Yakeleya, the Chief of the Northwest Territories Dene Nation, highlighted how he heard that siblings filed claims on the same day, yet one sibling received their claim and the other did not (Desmarais, 2020b). No explanation was offered by Deloitte for the difference in processing times. This led to tension between families and the community. Delays – according to the government – are born from the partial burden on the Federal Government Crown-Indigenous relations to provide documentation to prove the claim (Desmarais, 2020b). However, First Nations and Indigenous survivors paint a different picture. They argue that the Government and Deloitte were not communicating effectively with one another, leading to claimants who filed claims at approximately the same time to receive decisions at different times (Desmarais, 2020b).

In the Sixties Scoop settlement, survivors also experienced important delays. As of June 2020, not a single claimant had received any compensation, despite the settlement agreement being finalized in December, 2018, and a settlement agreement in principle being reached in October, 2017. The Court intervened in 2020, amid COVID-19, ordering that cheques be paid out to claimants (Collectiva Class Action Services, 2020). According to Argyle PR, the pandemic and the burden of proof led to slower claims processing for some applicants (Hyslop, 2021). For example, one claimant submitted her application in August 2018. By January 2021, she had still not received a decision on her application, despite countless emails and phone calls. No one has been able to tell her whether her application was accepted or rejected (Hyslop, 2021). She is not alone either – as thousands of applicants wait for years after initially filing, with their questions largely unanswered. The harm caused by delays has been compounded by a lack of communication. For example, Shannon Bernard, an applicant who lives in Toronto, emailed to ask for a status update on her claim. She received three calls back, all of which asked for basic information. At the time of a media interview, Bernard had heard nothing about her application despite providing them with the basic information multiple times (Deer, 2020). This lack of communication makes claimants feel unrecognized. Public outcry about the inability of the claims administrator – Collectiva – to respond to applicants led to judicial intervention in May 2020, appointing Donna Cona, Inc., to operate a call centre, maintain a database of eligible claimants, and provide personnel to perform these duties (*Brown v. The Attorney General of Canada*, 2020).

Unavailable records and data

It is important for claims administrators to be aware of jurisdiction-specific record destruction (or "expungement") policies and practices. In the interest of data confidentiality, many jurisdictions impose conditions or timeframes that dictate how long or why a record may be saved. (Please see section II of this report for a high-level summary of data expungement practices in Canadian jurisdictions.) While these practices nominally aim to protect information about individuals, historical destruction of records can have significant implications for individual claimants seeking compensation. In Saskatchewan, for example, the Government destroyed some of the records substantiating claims that Sixties Scoop claimants were adopted. Specifically, the Ministry of Social Services received approximately 2,000 claims requesting information proving their adoption and were able to satisfy 84 percent of those claims (James, 2020). However, it has led to asymmetrical outcomes between family members, where some siblings are able to prove their adoption and receive compensation while others are not.

Difficulty in paying individuals

Our interview with ISC staff highlighted unexpected payment issues during the IRSSA compensation process. Many claimants, especially youth, did not **have bank accounts** and electronic payments were not set up immediately. To improve the process, it was recommended to set up bank accounts early.

Another unexpected issue that arose during the IRSSA process was the presence of "**lost claimants**," i.e., individuals who had applied for CEP or IAP payment, then "disappeared" – meaning the claimant could not be located by the Government to receive their check or proceed with the next phase of the application process. The search for certain lost claimants who filed

applications in early 2010 still continues to this day. Locating lost claimants has been costly, requiring the services of private investigators. Further, communicating with claimants using their preferred mode of communication was important to resolving issues – some communities responded immediately to text messages while others were more comfortable using other modes of communication (e.g., phones, mail, etc.).

Issues with full automation of decision making

The use of technology has great potential to speed up the processing of applications but should be approached with caution. While the capacity to scale application processing is greatly increased with automated decision making, this is only possible, accurate, and fair when robust data are available and accessible. The IRSSA process using application processing software demonstrates tangible lessons regarding automated decision making for compensation. The CEP in IRSSA relied on multiple software programs (SADRE, CARS) to receive and process applications. These programs contributed to about 44 percent of the compensation decisions made – cases for which the data was clearly available and complete. However, these programs were subject to several challenges that caused delays and disruptions to the compensation process.

SADRE and CARS were launched quickly with the implementation of the settlement process, without the time to test for bugs. First, the programs were not designed to respond to the volume of applications that the CEP process generated in the first three months. Almost 80 percent of the 105,000 applications were submitted during the first three months. Consequently, the delivery of cheques was delayed because the IT systems lacked the capacity to "handle the vast amount of information that had to be collected and processed" (Aboriginal Affairs and Northern Development Canada, 2015, p. 38). Second, CARS had structural, design flaws. It could not identify gaps of time in student claims. The dataset also only consisted of a limited number of years, and therefore the algorithm could not accommodate the unanticipatedly high number of applicants early in the process (Aboriginal Affairs and Northern Development Canada, 2015). Third, to add to these volume-related issues, CARS was unintegrated with SADRE and other CEP Information Technology systems. This meant that information across systems and across the departments responsible for validating and assessing claims was unshareable. Consequently, CARS was "slower, less productive and effective" than suspected (Aboriginal Affairs and Northern Development Canada, 2015, p. 44). The Government of Canada believes these issues were not as costly because of the dedication of employees in meeting goals – meaning manual follow-up was ultimately needed in the end. Additional information on the CARS and SADRE system are available in Appendix EE. The following text box provides an overview of some of the main lessons learned from this process.

The example of IRSSA application processing software: SADRE and CARS – Key lessons learned

Although many years have passed since the SADRE and CARS systems were deployed, this experience provides multiple lessons for how effective implementation of a claims process can be implemented:

1. Test early, and test often: Test the algorithm early, often, and plan for contingencies.
2. Plan for the worst: Ensure the system can handle an early surge in applications and invest in appropriate IT infrastructure to handle a larger-than-expected number of applications.
3. Use consistent systems: Where possible, use a single IT platform created for and developed by a single governmental entity.
4. Develop consistent review policies and share best practices: Where two offices are deploying technological tools, with differing levels of trust, ensure consistency between offices in implementing the technology. This can diminish the asymmetry of retraumatization if there are delays.
5. Set reasonable expectations about the utility of technology for claimants and the government: Class action implementation in Canada has been imperfect and there have been repeated examples of long delays in processing applications. Technology is fallible. Therefore, it is essential to set expectations with claimants on the length of time it will take to process applications and explain that delays are, unfortunately, inevitable. However, it is also essential for practitioners – namely government contractors and internal stakeholders – to ensure they set reasonable timelines and have a clear-cut understanding of how the technological systems will function.
6. Training Matters: Training service providers to deal with intercultural issues, trauma, and language barriers can improve compensation processes.

Key lessons learned – Processing claims

Challenges. Application processing has suffered from capacity and technological issues. Underestimates of applications has led to governments becoming understaffed and overwhelmed – leading to unanswered calls, slow processing times, and inconsistency. Second, high application numbers have meant that the algorithmic tools designed to expedite processing have fallen short.

Opportunities. Some key takeaways regarding the processing of applications include:

- **Prepare to receive applications.** To optimize the efficacy of application processing, there should be time between the official legal compensation agreement being finalized and the actual launch of the application process.
- **Clearly communicate to manage internal and external expectations.** Given repeated examples of long delays in processing applications, it is essential to set expectations with claimants on the length of time it will take to process applications. Government contractors and internal stakeholders must also set reasonable timelines and have a clear-cut understanding of how the application process will function to ensure consistency in communication with claimants and administrative staff.
- **Be cognizant of availability and accessibility of data.** The extent to which information supportive to claims is available and accessible can be highly variable.
- **Use of technology.** If an algorithm is used to process claims, it should be tested early and often, and contingencies should be made to handle an early surge in applications once the application is live. Online application platforms should be developed consistently across the country, and training on these platforms should be uniform to ensure consistency in decision-making and to support trust and transparency in the process. Technology is a useful tool, and it can lead to more efficacious and efficient processing of compensation. However, it is no panacea for ensuring quick processing of blanket compensation payments, especially in the face of inconsistently available data.

Conclusion

Reflection on past Canadian and international compensation settlements and reparations schemes can provide useful considerations for future compensation processes. While settlement schemes can raise awareness about past harms to Indigenous communities, provide formal recognition of damages, and improve the material condition of claimants, past settlements have often fallen short of their ameliorative goals due to operational oversight. Repeatedly, individuals have been retraumatized by slow and burdensome processes that can have the opposite impact of the intended remediation they are designed to produce. The burden of proof is often too high – and placed mostly on claimants. Technological tools can assist claims but can marginalize and retraumatize those whose cases are more complex and less well documented than others. Inadequate resources and training to claims administrators can further subvert healing and undermine the intended reconciliatory aims of a settler colonial government providing compensation.

Some of the important takeaways related to the lessons we identified are as follows:

1. **Communicate with claimants on their terms.** Calls and public affairs campaigns to encourage applicants must be attentive to the target Indigenous population. Broad-based communications – while effective at reaching a large audience – are inadequate at reaching certain populations who live in communities that do not use that mode of communication.
2. **Centre inclusion – both in design and implementation.** The process of applying for compensation retraumatizes many victims – even if the system is designed perfectly. Retraumatization is repeated in virtually all compensatory frameworks. Longer timelines, more resources to support application processes, and reducing the burden of proof on claimants is necessary to create an inclusive process.
3. **Devote more (or sufficient) resources to claims processing.** Claims administrators – in Canada – have repeatedly disappointed claimants. Phones go unanswered, processes are confusing, and processing timelines take too long. Future payments schemes must deploy adequate resources to process claims, provide information in a manner that is attentive and designed to meet the needs of claimants, and processes claims in a consistent and timely manner.

Working with children in legal contexts

When children interact with the justice system – as witnesses, complainants, or offenders – it is essential that they are met by a system that understands their rights and unique vulnerabilities. (CRIN, n.d.). Unfortunately, Canada's justice system can be "mechanistic, "and is often governed by its own "agenda" – meaning that children's interactions with the justice system are imperfect, at best, or re-traumatizing, at worse. (Office of the Federal Ombudsman, 2017). Although numerous child-friendly legal frameworks exist, and have slightly different emphases, they ultimately share similar core principles. A child-friendly legal system ensures children are treated with dignity, respect, care and fairness. It provides access to justice, efficiently and equitably by empowering children to be heard and ensures that legal system account for their unique needs. (Council of Europe, 2010). Working with children in legal contexts ought to be less system-centric and more "person-centric." (Office of the Federal Ombudsman, 2017) Below, we outline some considerations for working with children in legal contexts:

Protect access to justice and inform children of their rights to ensure effective participation. Children and their parents must know and understand what their rights are in legal or quasi-legal proceedings. Specifically, children and their parents must be "promptly and adequately" informed about relevant procedures, rights, remedies, support mechanisms, and the time and place of judicial or quasi-judicial proceedings (CRIN, n.d.; Council of Europe, 2010). Legal professionals should provide information to ensure effective participation by children by not underestimating children, building trust, and understanding and advocating for a child's perspective on an issue after ensuring they have the information they need to formulate an opinion on a matter. (UNICEF ECARO, 2018).

Ensure legal agents act in the best interests of the child. All legal advice and services must be provided in a way that is for the best interests of the child. (UNICEF ECARO, 2018; CRIN, 2017). This means that legal professionals must have a robust understanding of children's rights, interacting with key members of the legal system (e.g., judges and police officers), and how to tailor strategies to most effectively meet the child's legal needs. (Council of Europe, 2010; UNICEF ECARO, 2018).

Provide legal information in an age and culturally appropriate manner. Any materials provided to children must be child friendly. Age, gender, language, maturity must be considered when providing materials about legal proceedings to children so that they can have an appropriate understanding of what is occurring and can make decisions, with appropriate adult consultation, regarding the means of reparation, defense, or other elements relevant to making decisions. (UNICEF ECARO,2018; Council of Europe, 2010).

Protect safety and mitigate harm for children in frightening situations. Children must be protected from harm (CRIN, n.d.). Harm includes physical or non-verbal intimidation, reprisal for participation in the justice system, and any other form of secondary victimization. Consequently, and to prevent stigmatization of the justice system, lawyers and legal actors must take efforts to ensure children's safety by reducing harm. Lawyers can demand that a child have a separate waiting room (especially if they are testifying or involved in proceedings against a parent or guardian) and should be allowed to participate remotely (where acceptable) (Council of Europe, 2010).

Ensure competence of the legal system to adequately protect children. Individuals who work with children must be competent. All professionals who work with children must be trained in how to communicate with children and receive "interdisciplinary" training (Council of Europe, 2018). This means that judges, lawyers, and other legal professionals receive ongoing training on how to interact with children, have a basic understanding of children's cognitive, physical, and emotional development (Council of Europe, 2018). These professionals must know that they can, and how to, receive specialized advice from psychologists, social workers and other trained professionals (UNICEF ECARO, 2018).

Protect Children's Privacy. Children can be victimized and experience extreme emotional and potentially physical harm if their privacy is not protected, and if they are accused of criminal offenses, they can be ostracized or discriminated against if their identity is disclosed (UNICEF ECARO, 2018). Children's proceedings should there be conducted privately (unless there is a compelling justification for it to be conducted in public) (UNICEF ECARO, 2018). Further, criminal records should not be disclosed until the child reaches the age of majority, and judges and the media should omit children's identities from their reasons for judgment and reporting (UNICEF ECARO, 2018). Explaining that different rules and procedures must be followed for cases where children are implicated is also essential to preserving confidentiality and child protection.

A Closer Look at Retraumatization

Eden Haber and the CHRT Compensation Project Research Team

Summary: Key risk and protective factors for retraumatization in settlement, compensation, and justice-seeking processes

Factors that contribute to the risk of retraumatization:

- Requiring disclosure of traumatic experiences on multiple occasions
- Scaling compensation based on the established severity of abuses
- Adversarial approaches
- Procedural formalism and restrictions on the way in which a survivor tells their story
- Lengthy waiting periods
- Existing vulnerability related to racialization, marginalization, and lack of resources

Factors that protect against retraumatization:

- Adopting culturally relevant approaches to compensation and justice that may differ from Western legalistic traditions
- Availability of trauma-informed, culturally-sensitive support services before, during, and after, for participants and their families and communities
- Preparation for participation including explanation of procedures, timeline, requirements of participation, and possible costs/benefits of taking part
- Training all personnel involved in administration and adjudication in trauma- and cultural-sensitivity
- Considering compensation and justice at the individual, family and community levels, and attending to cultural and structural factors that created conditions for abuse

Introduction

Experiencing harm or a violation of an individual's relational or physical safety can lead to a trauma response. Trauma can manifest as a variety of physical, emotional, psychological, and cognitive symptoms. Reminders of events or experiences that caused a traumatic response in the past may become a trigger, causing these or similar symptoms to re-emerge. Justice-seeking processes such as legal settlements and compensation can function as such a trigger, particularly when the source of potential remediation is also the source of the past harm. While individuals have unique past experiences and trauma responses, there are a number of ways in which the potential for retraumatization can be exacerbated or alleviated. This report, based on a review of social science literature, explores the notion of retraumatization through an experiential lens. It is meant to complement the findings of the review of past settlements (see **Exploring lessons learned from Canadian and International approaches to compensation agreements** on p. 97) that summarized operational lessons learned in previous compensation processes, by providing a deeper understanding of the psychological processes. It is our intention that this review – in tandem with the previous section – can serve as a reference document in designing compensation procedures that consider the experiences of individual claimants and minimize the potential for retraumatization.

Theoretical understanding of retraumatization

Defining trauma and traumatic stress

Trauma is the enduring physiological and psychological response to a distressing event (van der Kolk, 2018). **A traumatic response**[4] occurs when an individual's ability to comprehend and process certain events is overwhelmed (Psychotherapy, 2018). This induces a shift in worldview, such that the individual begins to experience the world as being fundamentally unsafe. The individual then enters a state of chronic hyperarousal and hypersensitivity to threats to their safety, and the threshold to enter a "danger response mode" decreases, which creates heightened stress. Although traumatic stress is often discussed in the context of Post-Traumatic Stress Disorder (PTSD), this diagnosis is just one of a variety of "clinically recognizable responses to trauma," which can include emotional, psychological and physical symptoms

4 Similar events may be experienced as traumatizing for some and not for others.

related to fear, anxiety, memory and more (Kirmayer, Lemelson, & Barad, 2007, p. 1). Furthermore, trauma may occur as the result of a **single event**, such as a sexual assault or natural disaster, or of **multiple or ongoing events** or chronic conditions that have a developmentally adverse impact, as is often the case in childhood trauma (van der Kolk, 2007).

Defining retraumatization

Trauma produces enduring changes in the way one interfaces with and experiences the world. Because of these changes, adverse events that follow a traumatic event do not have a simple additive effect. "Rather, each sequential event is understood as...another stone tossed into an already disturbed stream" (Kudler, 2012, p. 51). Once an individual or community has experienced a trauma, they may develop an increased vulnerability to reinjury. Like a physical trauma or "a wound that has not quite healed," subsequent stressors can exacerbate or reinitiate the pain of the initial injury, even if they do not parallel the initial event in nature or intensity (Substance Abuse and Mental Health Services Administration, 2017, p. 3). This reopening or aggravation of trauma symptoms is known as retraumatization (Dallam, 2010).

As described above, trauma can lead to a state of hyperarousal and hypersensitivity. When individuals encounter reminders of their original trauma or "triggers" (described in additional detail below), they may experience bodily and psychological sensations similar to those experienced at the time of the original trauma (Dallam, 2010). Individuals having a **retraumatization response** may not consciously connect their symptoms with an earlier trauma. Rather, when retraumatization occurs, "a current experience is subconsciously associated with the original trauma, reawakening memories and reactions" (SAMHSA, 2017, p. 1). Survivors who experience a traumatic stress reaction to a trigger that is similar to the reaction experienced in response to the original threat, can come to view the stimulus that caused the reaction as being dangerous, lowering the threshold for future retraumatization (Dallam, 2010). Retraumatization can therefore be **self-reinforcing**, as each instance increases the likelihood that another will occur.

Distinguishing retraumatization from revictimization

Retraumatization is also sometimes defined in the literature as the experience of **multiple successive traumatic events** of the same or different types (for example, an individual who is sexually assaulted and later experiences a natural disaster) (Follette & Duckworth, 2012). This is also referred to as "**revictimization**." However, for an event or situation to produce retraumatization, it does not necessarily need to have the potential to be traumatizing in and of itself (Alexander, 2012). Rather, it evokes a trauma response because of the way it interacts with the psychological and physiological state engendered by past injuries (Dallam, 2010). For the purposes of this review the term retraumatization is used to refer to the reaction a trauma survivor experiences to triggers, which includes but is not limited to revictimization.

Retraumatization triggers

Retraumatization occurs when a trauma survivor encounters a trigger. **Triggers** are "external cues that, based on past traumatic experiences, suggest to abuse survivors that their safety is at risk" (Dallam, 2010, p. 164). These cues can be experienced as threats to safety and reminders of potential harm for trauma survivors who exist in a state of hypersensitivity, as discussed above. It is the confluence of these individuals' hyperalert internal states and an external trigger that causes retraumatization to occur.

Three kinds of triggers can cause retraumatization. **Sensory triggers** directly recalling the original trauma through stimuli such as sounds, smells, physical sensations (Dallam, 2010). **Relational triggers**, can lead to retraumatization "because they replicate common power dynamics between victims and perpetrators" (Dallam, 2010, p. 82). For example, situations in which choice is taken away could be triggering for an individual who experienced control in the context of intimate partner violence. Relational triggers are particularly relevant in cases of interpersonal and developmental trauma. A third type of trigger involves a **combination of sensory and relational stimuli**. Reactions to sensory and relational triggers can include emotional symptoms such as "anxiety, panic, flashbacks, crying, guilt, shame, anger, grief, fear, sadness, despair, and/or hopelessness" (Dallam, 2010, p. 82). Physical reactions may include "dizziness, headaches, shaking, nausea, and/or vomiting" (Dallam, 2010, p. 82). Reactions may persist after exposure to the trigger has ended, and delayed onset reactions can include nightmares and insomnia (Dallam, 2010).

Childhood traumatization and retraumatization

Brain development and trauma exposure

The risk and impact of retraumatization is heightened for individuals for whom the initial trauma took place in childhood (Zayfert, 2012). Children who experience

trauma are at a heightened risk for retraumatization because of the particularly profound impact of traumatic stress on their developing and highly neuroplastic brains. When children are subjected to trauma, the form and functioning of stress-sensitive areas of their brains may be permanently altered (Cross et al., 2017; King & Liberzon, 2012). These **neurodevelopmental changes** can lead to "lifelong patterns of reactivity to stress and traumas" (King & Liberzon, 2012, p. 63). The nervous systems of individuals who experience traumatic stress during childhood may become hypersensitized by their frequent arousal, such that stress responses can be elicited by "decreasingly intense stimuli" (Dallam, 2010, p. 13). Furthermore, childhood trauma survivors may experience difficulty self-regulating, as the repeated activation of their physiological stress response system slows down the system's "off-switch," such that they remain in a fear state even in the absence of any real threats to their safety (Cross et al., 2019, p. 113). Their hypersensitivity to and difficulty managing stress predisposes these individuals to retraumatization when encountering even vague reminders of the original trauma.

Trauma and attachment

Even when exposed to extremely stressful events, not all individuals will become traumatized. This is in part because **individuals vary in their capacity to tolerate distress and to self-regulate**. One reason that many survivors of childhood trauma may struggle to self-regulate is because of their troubled attachment histories (van der Kolk, 2007). Attachment describes the connection a child has to their caregiver, whose role during the child's infancy is to support affective regulation by mirroring the child's emotions and helping to sooth them (Alexander, 2012). Children whose caregivers fulfill this role effectively and consistently develop organized and secure attachments. They eventually internalize the capacity to regulate their own affective states and manage stress. Conversely, children with disorganized and insecure attachments struggle to self-regulate, placing them at "a heightened risk for both initial trauma and retraumatization (Alexander, 2012). Therefore, **early attachment relationships** can act either as a protective factor, contributing to the individual's ability to cope with an initial trauma and buffering against retraumatization, or can exacerbate the impact of the initial event and aggravate the risk of being triggered. Additionally, children with disorganized attachments are likely to have experienced trauma at the hands of the very figures who are supposed to provide safety and comfort. This produces a shift in worldview such that "all persons [are viewed] as potential abusers," further exacerbating the hypersensitivity that contributes to retraumatization (Dallam, 2010, pp. 81-82).

Retraumatization in settlement, compensation, and justice-seeking processes

It is often assumed that legal or extralegal processes to seek justice or compensation are inherently healing or cathartic for survivors of interpersonal trauma (Doak, 2011; Broneus, 2008). However, research indicates that giving testimony following a traumatic experience can be retraumatizing (Lundy, 2020). As described in detail in the previous section on lessons learned in past settlements (**Exploring Lessons Learned From Canadian and International Approaches to Compensation Agreements** on p. 97), settlement and justice-seeking processes, such as compensation schemes, can be riddled with sensory and relational triggers. In the absence of sufficient safeguards, this can produce extreme distress in trauma survivors. The ensuing retraumatization can have adverse effects in the immediate and long term on these individuals, their families, and communities. This section examines common elements of settlement and compensation processes that contribute to the risk of retraumatization, drawing upon examples from past individual and collective settlement and justice-seeking processes in the Canadian and international context, including some reviewed in the previous section.

Sensory triggers in justice-seeking processes

Sensory triggers are conditions which can cause retraumatization because they directly recall stimuli present at the time when a trauma took place. Often, settlement and justice-seeking processes require the presentation of evidence including vivid descriptions and depictions of the traumatic events, which can act as sensory triggers. Survivors can also be triggered when they are required to present their traumatic histories. Furthermore, certain procedural and structural elements common to many of these processes, such as legal formalism and the requirement to disclose repeatedly, can exacerbate the impact of these sensory triggers, as explored below.

Disclosure and reawakening of traumatic memory

The most obvious trigger for retraumatization in settlement and justice-seeking processes is the discussion of an individual's traumatic history. Retelling past traumas can result in the **"unwilling [awakening]" of memories**, which are re-experienced or re-lived by the survivor as though they are occurring in the present (Colton, Vanstone, & Walby, 2002, p. 544). In a study of survivors of human rights violations who testified before the South African Truth and

Reconciliation Commission (South African TRC), one interviewee reported that when she recounted the traumatic events she experienced to the commission she "felt as if it was on the same day" that they originally occurred (Byrne, 2004, p. 247). Another described how images of the traumatic events kept returning to them involuntarily throughout the South African TRC process. This reawakening of traumatic memories may have a particularly significant impact on survivors who have not yet had the opportunity to process these memories in a supported and safe context (Crenshaw et al., 2019). Often, survivors of trauma suppress traumatic memories consciously or unconsciously in order to cope and function. As one residential school survivor stated "I had blanked out because it was too much to keep uppermost in my head. I repressed it… It's too emotional to bring this stuff up, to recall everything" (Dion Stout & Harp, 2007, p. 25). When describing traumatic history in the course of testifying or requesting compensation, survivors may be re-engaging with this history for the first time, increasing their vulnerability.

Exploring and reprocessing trauma can be an important part of **healing** from it. However, it is important that this reprocessing occurs in a **safe and controlled environment**, and in the context of an established and trusting relationship (Broneus, 2008), conditions rarely satisfied by settlement and justice-seeking processes. As Crenshaw, Stella, and Walsen (2019) state with reference to children testifying in court about experiences of abuse, "when the disclosure is forced by the pressures of the legal process, when there is no time to build a safe and trusting relationship, when sensitivity to timing and pacing is lacking, the risk of retraumatization increases" (p. 780).

Re-exposure to trauma poses a risk to survivors when it occurs in short and intensive bursts, rather than in a **slow and incremental process** directed and paced by the survivor. Exploring trauma in the latter manner **allows for integration, desensitization, and relearning** (Broneus, 2008). Over time, hypersensitivity lessens as the survivor has experiences that disconfirm the belief that triggers pose a real threat to their safety (Dallam, 2010). Their window of tolerance for stress therefore increases, and they safely re-examine trauma with less risk of retraumatization. However, few settlement and justice-seeking processes allocate the necessary time and resources for reprocessing to occur in this way. Often, trauma re-exposure takes place with little preparation or support, as discussed in further detail below. This kind of short and sudden exposure increases the risk for traumatic stress responses (Broneus, 2008).

For a proportion of survivors, the disclosure of traumatic experiences that takes place during settlement and justice-seeking processes represents **an opportunity for healing**. For example, in the aforementioned study of the South African TRC participants, a proportion of interviewees expressed the feeling they had benefited from the opportunity to share their stories publicly and openly (Byrne, 2004). Similarly, some residential school survivors spoke about the Indian Residential Schools Settlement Agreement (IRSSA) and associated compensation and truth telling processes as "having an impact on their ability to break the cycle of silence that has surrounded their experience of abuse" (NCTR, 2020, p. 6), and to "release the pain of dealing with their memories" alone (Reimer et al., 2010, p. 80). For these survivors, disclosure – while still emotionally challenging and intense – represented an important step in their healing journey.

Repetitive disclosures increase risk of retraumatization

In some settlement and justice-seeking processes, trauma survivors are not only required to recount their histories, but to do so multiple times for different audiences. For example, in the Independent Assessment Process (IAP) of the IRSSA (described in more detail in the previous section), survivors seeking compensation had to recount the details of the abuse they experienced as residential school students as many as four separate times: when completing an application form, speaking with an attorney, meeting with a support worker or therapist, and during the formal settlement hearing (Morrissette & Goodwill, 2013). They then had to repeat their stories again if they chose to participate in the Truth and Reconciliation Commission. On each of these occasions, survivors "[faced] the task of recalling, acknowledging, and describing traumatic events" which for some was distressing and triggered "painful memories and flashbacks" (Morrissette & Goodwill, 2013, p. 546). Dion Stout and Harp (2007) state that "requiring Survivors to not only prove their stories, but to tell them over and over again, was to be re-victimized" (p. 19). Child victims of sexual abuse who testify in court may also be required to repeat their stories numerous times throughout the investigation and trial process (Gavin, 2002). These children are most likely to be retraumatized when they are required to repeatedly disclose the details of their experiences (Gavin, 2002; Robinson, 2015). This is true not only when children have to repeat their stories before lawyers and judges, but also for psychologists, physicians, and social workers. In fact, **testifying more than once is "the factor most consistently associated with negative outcomes**" for child witnesses in trials (Robinson, 2015, p. 170).

Proving and measuring harm

Often in settlement processes the burden falls on those testifying to prove that they have been subjected to abuse and to what extent. Survivors are therefore required not only to recount their experiences but to do so in great detail and under the scrutiny of lawyers and adjudicators. Many settlement and justice-seeking processes test survivors' memories of the abuses they suffered, with a goal of proving or disproving their testimony, rather than one of healing (MacDonald, 2020). For example, the IAP processes of the IRSSA focused on establishing "provable abuses." To do so, survivors were **required to provide lengthy and specific descriptions of the abuses** they experienced as residential school students. This resulted in the retraumatization of up to one third of claimants (MacDonald, 2020). Furthermore, as described in the previous section, the IAP determined the awarded different amounts of compensation based on the "degree of victimization" that could be established by the claimant. Therefore, in order to maximize the amount of compensation they were eligible for, survivors not only had to prove that they had been abused but to detail specifically the worst parts of the abuse they experienced (Morrissette & Goodwill, 2013). One survivor stated that due to the "invasiveness, persistence and depth" of questions he was subjected to during the IAP process, "that day of my hearing, and the days that followed, were some of the worst days in my life second only to when my abuse actually occurred" (NCTR, 2020, n.p.). Claimants in the Jericho Individual Compensation Program (JICP), which compensated victims of sexual abuse at a British Columbia residential school for deaf and hard of hearing students, described the confusion and hurt caused by awarding different amounts of compensation based on the perceived severity of abuse (Batterbsy, Greaves, & Hunt, 2008). They spoke about the sadness and anger they experienced when they detailed the worst parts of their suffering, only to be told that their stories did not meet the threshold for the highest level of compensation, $60,000 CDN. In both the IRSSA and the JICP, requiring claimants to prove the severity of their abuse enhanced the possibility of **retraumatization by forcing disclosures of the worst parts of their trauma** in order to maximize the monetary benefits they were eligible for. This was something many participants needed to do, given their financial precarity which was often related to consequences of their trauma.

Formalism and restrictions on truth-telling

In several contexts, the formalistic nature of settlement and justice-seeking processes interfered with trauma survivors' ability to heal and contributed to retraumatization. Formalistic legal and bureaucratic systems insist on **procedural consistency, at the expense of creating a trauma-sensitive environment for survivors** (Katirai, 2020). This restricts survivors' ability to tell their stories on their own terms (for example, by choosing how long they take to tell their story, which details to include, if they wish to testify orally or in writing, etc.). Participants are only allowed to share parts of their experiences dictated by the conventions of the settlement or justice-seeking procedure. For example, claimants felt that the structure of the IAP process "[forced] them to re-interpret and express their experiences through a series of prearranged checkboxes and spatially-limited comment sections that [did] not entirely capture the violence that survivors have suffered" (Petoukhov, 2018 p. 185). This formalism reproduces a dynamic of abuse wherein survivors are silenced by an authority and denied control over their own lives and narratives (Katirai, 2020). As Katirai (2020) states, for survivors of intimate partner violence, the opportunity to tell one's own story in one's own way helps "to both reestablish control over their lives and to avoid exposure to specific reminders of the traumas they have faced" (p. 107). This ability to **re-establish control over one's narrative** may be particularly significant in terms of healing for child victims, whose "abuse-related experiences leave [them] unable to share the details of events due to the shame and secrecy and isolation that tends to come with childhood abuse (Crenshaw, O'Neill-Stephens, & Walsen, 2019, p. 780). When they are restricted in the way they formulate their narrative, these survivors are less likely to feel that their truth has been heard and acknowledged (Doak, 2011), which can increase the distress associated with participation and mitigate healing.

The requirement to provide a detailed account of the traumatic events they have experienced as a part of settlement and justice-seeking processes may create significant roadblocks for survivors and contribute to retraumatization. This is attributable in part to the fact that traumatic memory "is frequently encoded in areas of the brain not accessible to verbal expression" (Crenshaw, Stella, & Walsen, 2019, p. 780). The requirement that survivors precisely articulate the events that traumatized them is therefore unrealistic and unfair. Doing so is unlikely to elicit useful testimony and places survivors under stressful conditions that do not account for the neurological and cognitive impacts of trauma. Soueid, Willhoite, and Sovcik (2017) state that "because

trauma affects the memory in profound ways, often the emergence of emotional truth is equally as important as the facts" (p. 171). As settlement and justice-seeking are often focused on uncovering and proving facts, they tend to leave little room for other kinds of truth-telling that may be more conducive to survivors' effective participation and healing.

Relational triggers in settlement and legal processes

Relational triggers cause retraumatization because they replicate power dynamics experienced in the context of abuse or trauma. For many survivors, settlement processes may be retraumatizing because of the adversarial stance assumed by legal and bureaucratic personnel. The experience of being undermined, questioned, and disbelieved during their testimony may be all too familiar, particularly for survivors of childhood abuse. Reliving these sensations at the hands of a new authority may contribute to or cause retraumatization, as discussed below.

Trauma-insensitive personnel and administrators

The expectation that survivors prove the extent and nature of harms done to them through their testimony is one aspect of the adversarial legal model upon which many settlement and justice-seeking processes are based. Another aspect of this model is the **questioning and probing** to which survivors can be subjected to by administrators and adjudicators of these processes. One factor repeatedly cited as a cause of retraumatization is the attitudes and approaches of legal and bureaucratic personnel (Colton, Vanstone, & Walby, 2002; Katirai, 2020; MacDonald, 2020). These personnel very often lack the **training and experience** to handle the testimony of survivors **in a trauma-sensitive fashion**. For example, IRSSA participants found the government lawyers who questioned them to be "indifferent" and "hostile" (NCTR, 2020, p. 3) and lacking in the empathy and respect required to address their sensitive testimony (MacDonald, 2020). Survivors of historical institutional child abuse in the United Kingdom similarly reported feeling revictimized by police and social service providers when they participated in a large-scale abuse investigation (Colton, Vanstone, & Walby, 2002). Given the power dynamic inherent to the relationship between investigators and victims, it is critical that those involved in such proceedings thoughtfully approach the way they leverage their authority to avoid unwittingly reproducing abuse dynamics and retraumatizing survivors. When managed carefully, this relationship can play an important role in creating positive experiences for survivors who testify to their experiences.

The preparedness of personnel to interact with participants in a way that is trauma-sensitive is of particular importance in the case of children providing testimony. Studies of children who report sexual abuse and become involved in legal proceedings indicate that the most significant factor in mitigating harm and providing beneficial outcomes in these proceedings is the establishment of a trusting relationship with the investigator (Gavin, 2002). For such a relationship to develop, it is important for personnel to possess an understanding of child development, so that they can communicate with and involve children in a way that is developmentally appropriate and does not overwhelm their capacity for participation or understanding.

Adversarial structure

Many settlement and justice-seeking processes have been structured such that lawyers and bureaucrats occupied an adversarial position vis-a-vis survivors, wherein their role was to provide a counter to survivors claims and challenge their narrative of events. The approach to questioning and interacting with survivors taken up by these personnel can contribute to survivors **feeling as though their experiences are being dismissed and disbelieved** (NCTR, 2020; Katirai, 2020). For survivors of abuse, and childhood abuse in particular, being discredited and undermined by opposing counsel after recounting their traumatic history may mirror experiences they had at the time the trauma took place, and reinforce feelings of powerlessness and lack of safety. For residential school survivors, feeling that their testimony was disbelieved by lawyers, government officials, and judges throughout the CEP and IAP contributed to retraumatization and "compounded the hurt" of the initial injury (NCTR, 2020, p. 29). In the context of intimate partner violence, survivors who testified against their partners in court only to be met with "negative or unresponsive behaviours" by members of the court experienced these responses as "a further violation that [echoed and related] to the original [abuse] they experience" (Katirai, 2020, p. 89).

Some justice processes have employed **alternatives to the traditional Western adversarial legal model** in order to avoid reproducing this dynamic between survivors and administrators. For example, in the JICP, claimants gave their statements to a compensation consultant rather than directly to the three-person decision making panel (Battersby, Greaves, & Hunt, 2008). Compensation consultants were all trained counsellors who were knowledgeable in Deaf culture and childhood sexual abuse and spoke American Sign Language. Once claimants

had taken as long as they wished to tell their story, the consultant brought the claim to the panel. Claimants only had to go before the panel themselves if they appealed the decision in their case. Unlike the adversarial model, this approach prioritized the safety and mental health of the claimants, while still collecting the necessary information to render a decision in their cases.

Cultural insensitivity

Crucially, as highlighted in the previous section, for Indigenous claimants engaged in settlement processes with the Canadian government, the system of adjudication itself may act as a relational trigger because it is embedded within the same systems within which the original harm was done. Settlement processes may be retraumatizing because of the ways they **reproduce the colonial structures and dynamics that produced the initial trauma**. In her examination of the plan for the Canadian Truth and Reconciliation process, Hughes (2012) writes that participants would likely be retraumatized by lawyers who represent a legal system which is "deeply implicated in the story of oppression of indigenous peoples in Canada" (p. 119). In the context of the IRSSA, the NCTR (2020) states that "of the harm that was created, the source of much of this was doing things the "same old way" rather than adopting and implementing fully informed Indigenous practices and approaches" (n.p.). Furthermore, survivors felt that "[support] services based within the Western education or social work systems were ineffective in addressing [healing] needs, compared to culturally-based, community based healing services" (NCTR, 2020, p. 23). Throughout the IRSSA, "one of the greatest demands for support was cultural intervention provided by Elders in the community" (Reimer et al., 2010, p. 75). Nagy (2013) explains that Indigenous forms of healing go beyond compensation and truth-telling and include decolonization, cultural and language revitalization, and the adoption of Indigenous methodologies. These forms of healing take a more structural approach, as "healing without changing the social and political conditions that first caused the injuries would be ineffectual" (Episkenew, 2009, p. 17).

Some residential school survivors felt that the TRC was easier to navigate and more beneficial to them as individuals and to their communities because unlike the IAP and CEP it centred Indigenous culture, spirituality and healing (MacDonald, 2020). "**Ceremonies**, prayers, beliefs, and values played a central role," and **spiritual practices** including "prayers and smudging, water and fire ceremonies" were incorporated into the proceedings (MacDonald, p. 160).

Furthermore, while a common framework guided the organization of all TRC events, consultation with "local peoples and Elders" played an important part in ensuring the cultural sensitivity and relevance of each session (NCTR, 2020, p. 15). This allowed the Commission to respond to the healing needs of each community and to implement culturally and spiritually relevant supports **to mitigate the risk of retraumatization**. Similar efforts were made in the JICP to ensure the process was accessible and culturally sensitive and relevant to the Deaf community (Battersby, Greaves, & Hunt, 2008). For example, all compensation consultants were fluent in American Sign Language, and all personnel involved in administering the process were provided training on Deaf culture. However, as was the case with the TRC, participants still felt that the process fell short in terms of demonstrating a nuanced understanding of their culture and integrating it on a structural level into the construction of the compensation package and process.

Gaps in support services

As discussed above, the safe reprocessing of trauma can only occur within the context of safe and supportive relationships, which may look differently depending on the needs and background of each survivor. However, in many settlement and justice-seeking processes, the support offered to participants falls short at a number of critical junctions, including in the preparatory phase, the period following their testimony, and during lengthy waiting periods (see the previous section for more detail). These are points of heightened vulnerability during which there may be an additional risk for retraumatization when adequate support is not provided, as explored further in this section.

Preparatory support services

Claimants in a number of settlement and compensation processes expressed how a lack of support during the periods preceding and following their disclosure contributed to their retraumatization. Many claimants felt **emotionally underprepared** to testify. As discussed previously, for many, giving testimony represented the **first time they re-engaged with and recounted** their trauma since it occurred. Supportive counselling in the period leading up to their testimony could have equipped them with tools to cope with distress that arose when grappling with difficult memories. Furthermore, survivors in a number of cases felt ill equipped to comprehend procedural elements of the processes they were taking part in and did not have a clear understanding of how they would be expected to participate (Lundy, 2020; Battersby, Greaves, & Hunt,

2008). When survivors are not made aware of what procedures will look like or what their participation entails, they are less able to anticipate potential triggers, take preventative steps to mitigate their retraumatizing effects, and plan for the family, community, and professional support they need. Furthermore, the confusion and lack of control survivors experience when they are underprepared to participate may reproduce feelings, such as having loss of agency, associated with their trauma, creating yet another potential relational trigger.

While a lack of understanding of complex and legalistic proceedings may pose challenges for any participant, this issue is particularly salient for **children**, who generally have less existing knowledge of the legal system and **less capacity to absorb and process** new terminology and procedures (Robinson, 2020). Children who are better prepared with knowledge of the legal system and adjudication process "experience significantly lower levels of anxiety and provide enhanced testimony" (Robinson, 2020, p. 175). However, developmentally- and trauma-insensitive courtroom processes and administrative personnel often fail to take children's needs into account and neglect to take preparatory steps to minimize their distress.

Follow up support services

Participants in a variety of justice processes also described how the **lack of follow up and support** in the aftermath of their participation **contributed to their distress**. Lundy (2020) describes how for individuals going through Historical Institutional Child-Abuse Inquiries, even those who experienced some positive emotions in the period immediately following their testimony found that the "glow quickly fades" in the absence of support needed after this challenging and emotional experience. This left them with "a traumatic sense of abandonment" (Lundy, 2020, p. 265). In one study of survivors of historical child abuse in UK residential institutions who gave evidence in large scale investigations, interviewees noted how support abruptly diminished after the completion of investigations, and emphasized the need for "highly skilled long-term counselling and psychiatric help," even after they came to a close (Colton, Vanstone, & Walby, 2002, p. 546). Similarly, women who experienced violence during the 1995 Rwandan genocide and participated in the gacaca courts, a traditional conflict resolution system, stated that no one (professional or community member) visited them at home following their testimony to see how they were doing (Broneus, 2008). This contributed to a strong sense of loneliness and vulnerability. These women reported feeling isolated from their communities, which interfered with reestablishing a sense of safety and security following the trauma of the genocide. Claimants in the JICP noted a similar shortcoming in support. The claimants, many of whom had traveled far from home to take part, reported that they were sent back to their hotel rooms alone after testifying to await the resumption of proceedings the following day, with no one to check in on them as they processed the day's events (Battersby, Greaves, & Hunt, 2008). For some participants, feelings experienced during this time mirrored the isolation they felt when they were sexually abused as children, contributing to their retraumatization.

Waiting periods

As highlighted in the previous section, participants in several settlement and justice-seeking processes, drew attention to the **need for support, as well as transparency and communication, during waiting periods** – both between the initial disclosure of abuse and formally testifying, and between testifying and the rendering of a decision. These were identified as periods of high anxiety, during which participants were often left in the dark, without updates on the timeline or status of their cases (Morrissette & Goodwill, 2013; Colton, Vanstone & Walby, 2002). A study indicated that children who testified in court after disclosing that they had been sexually abused had poorer mental health outcomes when there was a longer waiting period between their initial disclosure and the trial date (Gavin, 2002). Residential school survivors who applied for compensation via the IAP often had to wait several months following their initial disclosure before a formal hearing was scheduled (Morrissette & Goodwill, 2013). During this time, survivors were forced to confront "memories of their trauma, the implications of their disclosure, and the anxiety surrounding their impending hearing" (Morrissette & Goodwill, 2013, p. 548).

Residential school survivors also experienced distress in the lengthy waiting periods after their testimony, as they anticipated the delivery of a decision and payment. Survivors found **navigating bureaucracy to get updates on the status of their cases during this time confusing and frustrating**, and felt disregarded by the Canadian government (Dion Stout & Harp, 2007). Some felt that the repeated delays in the receipt of payments reproduced the dynamic between residential school students and staff. One survivor stated that for some "it [was] residential school all over again for them. I'll give you a candy tomorrow if you behave, but tomorrow never comes" (Dion Stout & Harp, 2007, p. 21). These changing timelines and broken promises therefore act as yet another relational trigger that contributes to the retraumatization of survivors taking part in these processes.

In some cases, survivors reported that support services offered as part of justice seeking and compensation processes did contribute to their coping. Some support services funded by the Aboriginal Healing Foundation were found to be effective in promoting healing for IRSSA claimants, particularly when they were staffed by individuals who were residential school survivors themselves (Reimer et al., 2010).

Settlement and compensation process outcomes and retraumatization

Accepted claims

The impacts of retraumatization can be compounded when survivors endure the arduous process of testifying to their experiences, only to find that doing so does not lead to change on a personal or societal level (Soueid, Willhoite, & Sovcik, 2017). Lundy (2020) states that testifying to past traumas **can only prove psychologically beneficial to survivors when the goals of "uncovering truth, delivering justice, and making reparations" are realized** (p. 259). These goals may be achieved in part through official recognition of the abuse that claimants experienced and awarding of compensation. However, even when participants are successful in seeking compensation, financial payments may not be enough to advance their healing, and in some cases can also contribute to retraumatization.

For some residential school survivors, it was **the receipt of compensation payment** that caused traumatic memories to "[come] flooding back," "**triggering** an intense emotional reaction" (Dion Stout & Harp, 2007, p. 33). For others, there was the feeling that financial compensation could never replace what was lost of their childhoods, cultures, and families (Reimer et al., 2010). For these individuals, receiving the payments triggered difficult emotions because of how insignificant they felt in comparison to the harms they had experienced. However, for about one quarter of CEP compensation recipients, financial compensation represented **a step forward** in their healing, not only because of the material benefits it offered in terms of relieving debt or allowing them to purchase needed items for themselves and family members, but also because of what they felt it represented. Many felt that the compensation they received represented a tangible **acknowledgement** of their suffering which provided them with an important sense of closure (Reimer et al., 2010). For others, the payments allowed them to access health and wellness services and relieve financial stress. Ultimately, nearly half of CEP claimants who received compensation described it as being both a positive and negative experience.

Individual compensation and recognition are limited in their capacity to provide truth, justice, and reparations (Lundy, 2020). On a community level, when survivors engage in compensation and justice-seeking processes only to return home to communities that remain "destroyed or impoverished," they cannot reap the psychological benefits of giving testimony (Hamber & Lundy, 2020, p. 750). In one study, survivors of childhood institutional sexual abuse who participated in a large-scale inquiry emphasized their need not only for individual recognition and compensation but also for system level changes (Hamber & Lundy, 2020, p. 761). Other studies have indicated that "guarantees of non-repetition" are integrally linked to healing for victims of political violence (Hamber & Lundy, 2020). Importantly, for transitional justice and related processes to be beneficial and not harmful or retraumatizing, they need to create **opportunities to heal not only on an individual but also on a community and societal level**.

Rejected claims

Traumatic stress and suffering can be **compounded when claims are rejected**. For the residential school survivor community, rejected IRSSA claims "did some of the most harm to individuals and created significant pain for many" NCTR , 2020, n.p). It was not simply the lack of monetary compensation that caused this harm, but the implied invalidation of survivors' experiences, which caused them to feel "re-victimized and de-valued" (NCTR, 2020, p. 30). Some survivors described how receiving a partial payment or having their application denied "re-awakened feelings of rejection" they experienced during their time in residential schools, describing this experience itself as a type of abuse (Reimer et al, 2010, p. 38). One individual whose CEP claim was denied emphasized the relatively low importance of the financial implications of the denial, asking ""I just want the truth...Why can't anybody hear me?"" (Reimer et al, 2010, p. 34). The impact on survivors can be particularly profound when the reason for the rejection is a missing or inaccurate school records (NCTR, 2020). Survivors who were told that records did not validate their residential school attendance said that they were "made to feel like liars" (Reimer et al, 2010, p. 95). This bureaucratic erasure of their experiences "can feel like a slap in the face" after the traumatic stress claimants are subjected to during the claims process (Dion Stout & Harp, p. 24).

Impacts of retraumatization in settlement processes

Individual Impacts

When participants in settlement and justice-seeking processes are retraumatized, a variety of adverse physical, psychological, and social outcomes can follow. Retraumatization reopens wounds, often setting back the healing process and reinforcing patterns of hypersensitivity that increase vulnerability to future injury. During and in the immediate aftermath of their participation, residential school survivors who testified during the IRSSA reported experiencing a level of distress similar to that associated with the original trauma (NCTR, 2020). They experienced painful emotions and traumatic flashbacks (Reimer et al., 2010). Participants in the South African TRC also experienced "a return and intensification of symptoms associated with the original violations as well as the onset of new symptoms" (Broneus, 2008, p. 61). Other groups, including survivors of institutional childhood sexual abuse, reported a similar intensification of symptoms and return of problems associated with the original trauma (Hamber & Lundy, 2020).

Long term consequences of retraumatization include mental health problems such as **anxiety and depression** (Dallam, 2010; Reimer et al., 2010). Soueid, Willhoite, and Sovcik (2017) report that in post conflict societies, survivors of violence who participate in transitional justice processes have higher rates of PTSD and depression than those who do not. Participants may also engage or reengage in avoidant coping behaviours. For example, retraumatization may contribute to the onset of or relapse in **substance misuse**, one outcome for some IRSSA and JICP participants (Reimer et al., 2010; Macdonald, 2020; Battersby, Greaves, & Hunt, 2008). Lastly for some, retraumatization may contribute to **suicidal ideation**, and some individuals who testified in IRSSA processes died by suicide following their participation (Macdonald, 2020; CBC News, 2020).

Finally, retraumatization may **dissuade participants from engaging in further compensation and justice-seeking** processes in the future. For example, survivors of intimate partner violence with previous experiences of retraumatization in the legal system "may settle for less in mediation or settlement negotiations or opt out of participating in the legal system altogether" in order to avoid additional harm (Katirai, 2020, p. 85). Some CEP applicants whose initial requests for compensation were denied were dissuaded from applying for reconsideration because they preferred to avoid further reengagement with their past trauma (Reimer et al, 2010). Ultimately the trauma-insensitive nature of these processes – whose nominal goal is to support justice and healing – can push survivors out of the legal system, denying them opportunities to heal through justice and reconciliation.

Not all individuals who take part in settlement, compensation, and justice-seeking processes are retraumatized, and some find the experience contributes to improved mental health and healing. Some participants also reported experiencing positive feelings, such as an **increased sense of control and decreased shame**, in the period following their testimony (Espinoza et al., 2017). For some, the reopening of past traumas acted as a **catalyst in their healing** journey, leading them to seek out needed support (Reimer et al., 2010). One study of Rwandan victims of ethnic violence who testified at the gacaca courts found that testifying was associated with decreased shame and restored sense of dignity (Kanyangara, 2008 cited in Martín-Beristain et al., 2010). Other studies have indicated that participation in transitional justice processes increases participants' sense of control and efficacy, both important areas for healing from trauma and interpersonal abuse (Espinosa et al., 2016).

Community impacts

When collective trauma impacts a community on a large scale, as is the case in many settlement, compensation, and justice-seeking processes, it "disrupts the fabric of communal life, challenging core social institutions and cultural values" (Kirmayer, Lemelson, & Barad, 2007, p. 10). These same institutions and values are the resources relied upon to promote collective healing. The collective vulnerability of a community to retraumatization therefore relates in part to its existing coping resources (Schumm, Doane, & Hobfoll, 2012). Individuals whose **social networks lack coping resources** are more likely to experience severe post-traumatic stress reactions. Furthermore, groups with less access to coping resources due to racialization and marginalization can have greater collective vulnerability and greater difficulty adjusting when retraumatization occurs in their community. These groups are therefore more likely to experience individual and collective difficulties in response to the traumatic stress of some settlement, compensation and justice-seeking processes.

Settlement and justice-seeking processes can function to **promote healing on a community level** by creating opportunities for connection and unity when traumatic histories are brought into the open. While "the process of

healing from childhood trauma may at first be deeply personal," as survivors reprocess their experiences, they begin to situate these experiences in the context of their families and communities, as well as the global sociopolitical context (Nagy, 2013, p. 66). Nagy (2013) writes that the Canadian Truth and Reconciliation Commission was seen as an important tool in achieving this broader understanding by facilitating the fulfillment of collective psychosocial developmental tasks (Nagy, p. 66). In doing so, it promoted **a shift among some survivors from working through their trauma in isolation to collectivizing their experiences** and mobilizing towards healing and growth. Participants in the Canadian TRC process mentioned that the hearings were "the first opportunity they had for family members to witness one another's truths" (NCTR, 2020, p. 6). Recipients of the CEP reported that the settlement promoted dialogue, created opportunities to connect across generations, and removed emotional barriers (Reimer et al., 2010). After connecting during IRSSA events, some residential school survivors went on to form support groups together and to join in advocacy efforts (NCTR, 2020).

Conclusions

Taking part in settlement, compensation, and justice-seeking processes is **not inherently healing, nor is it necessarily retraumatizing**. As demonstrated in this literature review, several features and structures common to these processes can contribute to an increased risk for retraumatization by creating more frequent and intense exposure to sensory and relational triggers. Along with the operational details and lessons learned from past settlement processes in the previous section, the information in this review can provide valuable considerations for administrators of the upcoming compensation process in Canada. **The operational details of a settlement or compensation process have direct implications for the individual wellbeing of claimants**. When uncovering sensitive details and upholding procedural standards are made the priority of these processes, survivors, their families and communities are exposed to unnecessary traumatic stress, to the detriment of individual and collective wellbeing. As Doak (2011) explains, these processes cannot be healing when they prioritize broader social and political objectives over the needs of participants themselves. To minimize the risk of retraumatization, architects of settlement and justice-seeking processes must rethink their design in a way that centres survivors. This necessitates shifting away from adversarial, formalistic structures, toward culturally-based, trauma-sensitive alternatives. Even still, some risk of retraumatization is inherent to processes in which survivors must re-engage with their trauma, and it is important that survivors are provided with the information and support they need to understand the possible advantages and disadvantages of taking in any settlement or justice-seeking process (Byrne, 2004).

Trauma-informed approaches

A trauma-informed approach encompasses a number of practices and strategies that seek to mitigate the risk of retraumatization to individuals and communities (CAMH, n.d.; SAMHSA, 2014). Trauma-informed settings realize the widespread impact of trauma, recognize its signs and symptoms, and respond by integrating trauma awareness at all levels of functioning (Klinic Community Health Centre, 2013; SAMHSA, 2014). Trauma-informed approaches are distinct from trauma specific services in that they do not necessarily address trauma directly, but integrate an organizational awareness of and sensitivity to trauma throughout all activities. Regardless of the overall mission, a trauma-informed approach can be instituted to support healing, build trust, and mitigate potential risk of retraumatization (Klinic Community Health Centre, 2013).

Core Principles of Trauma-Informed Approaches

A number of trauma-informed frameworks have been developed in recent years. While they differ to some extent, they share a number of common fundamental principles:

Trauma awareness. Trauma-informed organizations recognize the pervasiveness of trauma and the diverse ways in which it impacts survivors (Klinic Community Health Centre, 2013). Staff are trained to the varied signs and symptoms of trauma. This includes an awareness of how gender, culture, and age may influence trauma presentation (SAMHSA, 2014).

Universality. A trauma-informed approach is applied universally, regardless of trauma disclosure or of the nature of the services provided (CAMH, n.d.). An understanding that all people involved in an organization may be impacted directly or indirectly by trauma informs all areas of functioning and is embedded in the organizational culture (SAMHSA, 2014). Budgetary, staffing, policy, and operational decisions are all made using a trauma-informed framework (Klinic Community Health Centre, 2013).

Safety. Trauma-informed organizations cultivate an environment that supports the physical and psychological safety of all people interacting with the organization (CAMH, n.d.). Both the physical setting and interpersonal interactions promote a sense of safety (SAMHSA, 2014). An effort is made to eliminate all intentional and unconscious forms of violence to promote a culture of safety in which healing is possible (Bloom & Farragher, 2013). An awareness of potential triggers is instrumental in establishing a safe environment. Safety is understood as defined by those served and in a way that is culturally-responsive.

Acknowledgement of strengths. Rather than focusing on deficits, trauma-informed organizations recognize people's strengths and leverage them as a foundation upon which to build resilience (SAMHSA, 2014). "Maladaptive" behaviours are reframed as survival skills which allowed people to endure their traumatic experiences (Sanctuary Institute, 2017). The organization endeavours to instill the individual with coping skills that are more adaptive to their present circumstances.

Engagement and empowerment. A trauma-informed approach recognizes that organizations often reproduce the unequal power dynamics in which trauma occurs, which can trigger retraumatization (Klinic Community Health Centre, 2013). To combat this tendency, trauma-informed organizations actively seek to level power imbalances by engaging individuals as collaborators and involving them actively in decisions that impact them at the individual and organizational level (SAMHSA, 2014; CAMH, n.d.; Klinic Community Health Centre, 2013).

Trustworthiness and transparency. Trauma-informed organizations engage in consistent, open communication with everyone they come into contact with (Bloom & Farragher, 2013). Communication contributes to transparency in their operations and decisions (SAMHSA, 2014). An emphasis on open communication and transparency helps establish a sense of safety, control, and agency that trauma survivors often struggle to regain, and protects against future abuses of power (Bloom & Farragher, 2013). When trust is breached, trauma-informed organizations rebuild it by acknowledging and repairing the harms they have caused (Bloom & Farragher, 2013).

Peer support. Trauma-informed organizations create opportunities for trauma survivors to build healing relationships by engaging in peer support (SAMHSA, 2014). They recognize the value of lived experience and encourage survivors to use their experience to support one another while also empowering themselves.

Social responsibility. Trauma-informed approaches involve an understanding of the role that social injustices and inequities play in creating trauma, and how these social problems can manifest at the organizational level (Bloom & Farragher, 2013). They recognize that addressing these problems is an important part of healing. They attend to the intergenerational impact of the historic traumas experienced by members of certain social groups, including Indigenous peoples (SAMHSA, 2014; Linklater, 2011). They reflect on and actively work against their own biases and prejudices, and accept others' worldviews that differ from their own (SAMHSA, 2014; Linklater, 2011).

Indigenous trauma-informed approaches

Renee Linklater (2011) situates wellness and holistic healing at the centre of Indigenous trauma-informed approaches. She describes how the four areas of the self – physical, emotional, mental, and spiritual – must all be cared for and balanced for healing and wellness to be possible. Wellness is achieved through relationships and connection with one's self, one's family and community, and with Creation. Indigenous trauma-informed approaches focus on strengthening all of these relationships through a variety of practices. Medicine Wheels can be used to model harmony between the four areas of the self and to transmit cultural knowledge related to healing. The spiritual self can be strengthened in part by facilitating access to traditional medicines, ceremony, and prayer. It is also important to promote the strengthening of Indigenous identities, which have been undermined by colonialism and which can serve as an important foundation for healing from trauma. Strengthening these identities can allow for reconnection with cultural teachings an practices that promote wellness.

Indigenous trauma-informed approaches recognize the expertise of communities on their own healing needs and encourage their involvement. They also recognize the importance that those working with individuals with trauma be engaged in their own healing process and be provided with healing opportunities by the organizations in which they are situated. Finally, Indigenous trauma-informed approaches use restorative justice practices, which have a longstanding history in Indigenous communities, to repair past harms by recognizing how these harms happened and creating opportunities to move forward "in a healing way" (p. 159).

Summary: Possibilities for Building on the Compensation Framework

Based on the topics identified in the sections above regarding process-related concerns expressed by respondents, lessons learned from past settlements, and the review of retraumatization literature, we have identified key elements that could be applied to certain aspects of the compensation process – the second piece of our project mandate. We have summarized opportunities for several aspects of the process – the notice plan, application design, provision of support, and processing claims. The key themes we identified mirror findings identified in the summary of lessons learned from past settlements, and include findings integrated from our review of retraumatization and the process-related concerns expressed by respondents.

A summary of the key findings of our reviews of past settlements, retraumatization, and process-related concerns from respondents that could inform operational aspects of the upcoming compensation process are described in Table 3.5.

In order to summarize opportunities for findings that could inform the compensation process, we compared the themes in Table 3.5 to elements of the *Final Compensation Framework* to identify if and how the future process may benefit from the learning that emerged from our reviews. Highlights of this informal analysis are summarized below. The resulting considerations may be of use to the parties, the class counsel, and the administrator in negotiations and planning for the settlement agreement and subsequent implementation of compensation.

Notice plan

Participatory approach to communications strategy. The *Final Compensation Framework* describes a process by which the AFN and the Caring Society worked to develop some of the resources contained within the *Notice Plan*. It describes consultation with First Nations youth in or formerly in child welfare placements (p. 48). As this process related to the *2019 CHRT 39* decision, a similar participatory process could be applied to the upcoming settlement agreement in order to validate the communications strategy.

Development of Notice Plan materials to ensure accessibility in terms of language, format, and technology. The stated goal of the materials to be disseminated through the *Notice Plan* is to "ensure that beneficiaries understand who is eligible for compensation and how the process works, if they chose to seek compensation pursuant to the Compensation Process" (*Notice Plan*, p. 8). The *Notice Plan* provides for the development of numerous forms of media (such as social media, pamphlets posters postcards, and videos; *Notice Plan*, p. 4). It is stated that the materials will be available in French, English, and "as many First Nations languages as possible" (*Notice Plan*, p. 4). There are

Table 3.5 Key findings of review of opportunities to build on the Final Compensation Framework

Notice Plan	→ Participatory approach to communications strategy → Development of notice plan materials to ensure accessibility in terms of language, format, and technology → Ensuring consistency and clarity in publicly disseminated materials (e.g., eligibility, process, compensation amount)
Application Design	→ Planning for inclusive access to the compensation process → Articulating what cultural sensitivity means for the process → Respecting data confidentiality/ownership → Minimization of legalistic language → Minimization of strict timeframes → Reduction of the potentially harmful burden of proof being placed on claimants
Provision of Support	→ Providing support in advance of the application → Consideration of the impact of the process on individuals and communities, with particular attention to how agencies will be impacted (both operationally and in terms of their role in the community) → Providing support to claimants in legal, mental health, administrative, and financial areas during the application process → Providing follow up support for both accepted and rejected claims → Avoiding repetitive disclosure and triggers during the appeals process
Claims Processing	→ Adequate preparation before claims processing begins, including how technology will be used and how payment challenges will be overcome → Accommodating gaps in resources and documentation to move claims forward → Planning ahead to avoid trauma-insensitive personnel and administrators → Limiting delays and waiting periods and planning how this will be addressed with claimants and communities when it happens

provisions for materials to "accommodate persons with disabilities, children and youth and those located in rural or remote communities" (*Notice Plan*, p. 4). For example, how will communications to children and youth be designed? How will different social media platforms be used to target different demographic groups? By what process will such questions be answered?

Ensuring consistency and clarity in publicly disseminated materials (e.g., eligibility, process, compensation amount). The *Final Compensation Framework* references compensation eligibility according to the *2019 CHRT 39* compensation decision. Following the recent agreements-in-principle, the general framework has shifted eligibility for both child welfare and Jordan's Principle compensation categories. Such changes over recent months and years regarding who is eligible for compensation, and why, may be confusing for potential beneficiaries once a final settlement agreement is reached. Accordingly, clear communication regarding eligibility, process, and compensation amount may reduce confusion and harm to individuals who ultimately are not eligible for compensation and streamline the process for those who are. This is particularly relevant as the negotiations have been highly publicized and subject to a number of pivotal legal moments that have had implications for eligibility following the *2019 CHRT 39* decision. Systematically updating the *Notice Plan* according to the settlement agreement (once finalized) will be necessary to ensure consistency and clarity, both for claimants and administrators.

Application design

Planning for inclusive access to the compensation process. The *Final Compensation Framework* discusses a number of ways in which the information about applying for compensation will be disseminated: "Where appropriate, communications will be adapted to the particular cultural, historical and geographical (including rural and remote communities) circumstances of the communities in question (s. 5.2)." The *Notice Plan* expands on the ways in which the process will be tailored to accommodate the geographic and linguistic diversity of the claimant pool (*Notice Plan*, p. 7). These include consideration of residence in urban, rural, northern and remote/isolated communities, or outside of Canada, and residence in health care facilities or domestic violence shelters, or individuals who are experiencing homelessness or are incarcerated (*Notice Plan*, p. 7). There are also provisions for materials in English, French, First Nations languages, American Sign Language (ASL) and the Langue des signes du Québec (LSQ). There is a need for specification of which First Nations languages will be included, and how other accessibility considerations will be accommodated (e.g., sight-challenged people) .

Articulating what cultural sensitivity means for the process. There are multiple references to cultural safety, cultural relevance, cultural sensitivity, and cultural appropriateness in the compensation process (e.g., s. 5.1; *Notice Plan*, p. 4). However, this is not defined operationally. If a trauma-informed approach is integrated throughout the compensation process, the risk of retraumatization may be mitigated (please see **Summary: Key Risk and Protective Factors** on p. 117). As cultural sensitivity related to First Nations is tied up in a history of harmful actions on the part of the federal government, there are opportunities to acknowledge this in tangible ways. Among many other possibilities, this could include operational considerations such as how the phone lines are staffed to reduce or eliminate wait times or the language choices operators are trained to use. The focus should be on serving individuals rather than reinforcing strict bureaucratic processes.

Respecting data confidentiality/ownership. There is clear attention to the importance of privacy rights of claimants (e.g., *Final Compensation Framework,* s. 2.4, s. 8.1; *Notice Plan*, p. 8). These provisions for privacy rights relate to the privacy of information provided for compensation and held at ISC. There is also provision for individual claimants to obtain information held at ISC that may be necessary for compensation. Consent processes must be clear from a legal and operational perspective. For example, how will consent be obtained from individuals to seek information from child welfare agencies? How will confidentiality be protected regarding this information?

Minimization of legalistic language. Inclusion of "simple" language is mentioned a few times regarding the communications process (e.g., *Notice Plan*, p. 14), however, the claim package included in the *Notice Plan* is 19 pages long, and is very administrative – similar to forms from past settlements we reviewed (*Notice Plan*, Annex B). Overly complicated legalistic terminology that could lead some eligible claimants to be rejected due to mistakes in application forms. While the details of eligibility determined through the ongoing negotiations will ultimately have bearing on the specific details of the application process, there are likely ways in which the format and procedure for applying may be tailored to facilitate the process for claimants. Paper applications, which are necessary for claimants who do not have access to

internet, can be created in visually streamlined, linear fashion that makes clear which sections are optional or only for certain claimants. Other formats could also be considered. For example, an online application questionnaire built using skip logic (e.g., questions asked are conditional on the previous answers) could be convenient for a large number of applicants. Similarly, an apply-by-phone option could be established by which claimants are supported in answering the questions posed by trained staff who use the online or paper form to enter the claimant's information.

Minimization of strict timeframes. The *Final Compensation Framework* describes a Timeline for the Compensation Process, which entails an initial claims deadline of 24 months following the Implementation date, along with a First Extended claims deadline of 12 additional months for certain specific situations, and a Second extended claims deadline of 6 months after that (ss. 7.1–7.4). Following the initial application periods, the administrator will work with ISC to create a Post-Claim Period Guide which will support any additional claims that arise (s. 7.5). Such provisions for flexibility in timing are positive aspects of the *Final Compensation Framework*. However, the claims deadlines remain short given the size of the claimant pool as well as the difficulties that will arise in identifying potential claimants. Previous Canadian compensation frameworks analyzed in this section ultimately provided claimants with five years to submit their claims.

Reduction of the potentially harmful burden of proof being placed on claimants. In the *Final Compensation Framework* there is attention to operational efforts to find existing information that could support claims that does not rely on claimants (e.g., ISC data, organizations' data). The *Final Compensation Framework* also includes explicit recognition of the necessity for flexibility in documentation related to challenges that may be insurmountable, such as "the child's age or developmental status at the time of the events, the disappearance of records over time, retirement or death of professionals involved in a child's case, systemic barriers to accessing professionals, etc." (s. 2.5.1). However, it is not clear how the burden on individuals will be reduced. For example, how will claims be approved when information is not available? How will the burden on claimants be minimized in these cases? While prior settlement processes have incorporated an option for claimants to speak to their experiences in the face of missing documentation, this can be damaging and retraumatizing. Claimants are not responsible for the missing information and acknowledging this outright – will lessen the burden on individuals. Financial and technical support provided to data-holders such as child welfare agencies and other service providers may mitigate this burden (see next section for more details).

Provision of support

Providing support in advance of the application. The *Final Compensation Framework* describes the presence of a phone line that will be available beginning with phase 1 of the process, along with a phone line provided by the AFN (*Notice Plan*, pp. 5–6). There is also a website mentioned on the site (**https://www.fnchildcompensation.ca**) which would function as a source of information prior to the process beginning. However, until recently, this website was out-of-date, mentioning the AIPs but still indicating eligibility criteria related to the CHRT decision. To ensure basic information provided to potential claimants is correct, existing websites could be updated to direct potential claimants to one website so there are not multiple websites telling individuals conflicting information regarding whether they may be eligible. In the *Notice Plan*, it is mentioned that there will be Canada-funded mental health supports provided through a variety of formats (p. 31). Further detail regarding when this will be available to all claimants will be required to ensure services may be accessed in a timely manner in order to function as preparatory support.

Consideration of the impact of the process on individuals and communities, with particular attention to how agencies will be impacted (both operationally and in terms of their role in the community). The need for operational support to child welfare agencies and health and social service providers is clearly acknowledged (e.g., *Final Compensation Framework*, s. 5.4). Given the potential availability of data at the agency level, generous support for record retrieval not requiring onerous paperwork will likely make the process more expedient as it did in the Motherisk data extraction process in Ontario (see **Case example: Motherisk** on p. 99). The concerns we heard from respondents regarding how the process may impact community dynamics should also be considered. Individuals may blame agencies for removals, which should be mitigated by clear, consistent communication regarding the responsibility of the federal government for the discrimination on which the compensation is based. Avoiding the use of evocative terms like "necessary" and "unnecessary" removal can also help support agencies during this process and minimize tensions. As agencies and providers may function as allies to individual

claimants (e.g., by providing information about the process and documentation proving eligibility to support their claims), communication to both agencies and individuals could reinforce this messaging.

Providing support to claimants in legal, mental health, administrative, and financial areas during the application process. There is variable mention of these forms of support being provided to claimants, and opportunity for further detail to be articulated regarding how supports will be delivered:

> **Legal support.** It is made clear in the *Notice Plan* that neither the administrator nor individuals trained to provide information and mental health support are to provide legal advice to claimants (e.g., p. 4, p. 6). There is no mention of how claimants may be supported in seeking legal counsel during this process. Given documented exploitation of claimants by lawyers in past settlements, it would be helpful to develop resources to help claimants navigate this class action process. Clarification for claimants of the role of class counsel related to their application will be a necessary addition to compensation process materials, especially for individuals who expected to be compensated under a CHRT process.
>
> **Mental health support.** There are a number of ways in which the *Final Compensation Framework* details the provision of mental health support to claimants (e.g., private counselling, at community events, in a family setting, group sessions, 24-hour tele-health or by way of the Compensation Process and Support Line). Prior success of hotlines including a chat function (e.g., the Hope for Wellness Helpline) could be considered, particularly as this is often preferred by youth and individuals less comfortable speaking on the phone. While referrals to services are mentioned, there is less information regarding ensuring these resources are accessible to individuals. For instance, in past compensation schemes, the lack of access to Indigenous healing supports within communities, was seen as a barrier for many claimants. As discussed briefly above, more planning ahead of time to ensure access to supports is warranted. While the *Final Compensation Framework* describes that supports will be funded and provided by Canada (*Notice Plan*, p. 5), it is worth considering more flexible ways in which mental health and well-being supports chosen by individual claimants could be accessed. For example, reimbursements to providers to whom individuals could self-refer could maximize choice in how claimants seek and receive mental health support.
>
> **Administrative support.** There are provisions for administrative support with the application process in which trained phone line operators and Navigators can answer questions (*Notice Plan*, p. 4) and the first-level reviewers of applications can help claimants ensure the application is complete (*Final Compensation Framework*, s. 9.3). The AFN will also provide an Information Line (*Notice Plan*, p. 6) that will provide information according to an agreed upon framework consistent across these informational resources. Caution may be taken in developing multiple areas of administrative support to ensure that this does not lead to conflicting advice.
>
> **Financial support:** The *Final Compensation Framework* notes that the administrator will provide financial literacy information related to receipt of compensation, managing the money, planning for the future, and prevention of exploitation (s. 10.6). There are also provisions in the *Notice Plan* for financial literacy to be offered to claimants before and after receiving compensation through the Aboriginal Financial Officers Association and the Royal Bank of Canada (p. 5). Ensuring that multiple streams of information regarding financial support are consolidated will minimize confusion.

Providing follow up support for both accepted and rejected claims. For claimants who receive compensation, financial literacy information will be provided (see above). There is no explicit mention of other support for beneficiaries, although one could assume that the mental health supports would be ongoing and available, at least throughout the official three-and-a-half-year process. Such supports could be tailored to individuals who are offered compensation. For individuals whose claims are denied, it is not clear what supports will be available. It is stated in the *Final Compensation Framework* that claim denials will be stated in simple language (*Final Compensation Framework*, s. 9.5). Beyond the appeals process, there is no provision of support for denied applications. There is an opportunity to consider the nature and scope of mental health supports to individuals whose claims are denied.

Avoiding repetitive disclosure and triggers during appeals processes. The *Final Compensation Framework* describes a paper application form that would require basic disclosure of experiences relevant to proving eligibility. While the process for appeals is not yet articulated (s. 9.6), there are opportunities to consider mechanisms for appeal that minimize the need for repetitive

disclosure. Further, allowing claimants to choose from multiple options for making an appeal (e.g., written statement, oral statement, supportive proxies) may create space for flexibility that empowers claimants in the process.

Processing claims

Adequate preparation before claims processing begins, including how technology will be used and how payment challenges will be overcome. The *Final Compensation Framework* describes a multi-level process for review of claims, reflecting preparation regarding the general operational framework for processing (ss. 9.3–9.6). Given the shift in the compensation scope, the updated framework and notice plan should reflect the settlement agreement details prior to claims being processed. While the *Final Compensation Framework* describes plans to facilitate payments tailored to specific needs of individuals (s. 2.6), detail is not provided on how this will be done. Given challenges in past settlements related to technology use in processing claims and distributing payments, preparation for application and compensation could anticipate the operational and technical tools that will be used and troubleshoot possible issues before the process goes live.

Accommodating gaps in resources and documentation to move claims forward. As previously noted, there is no clear mechanism for accommodating gaps in information needed to undergird a claim. Preparation ahead of receipt of applications for how gaps in different types of needed information will be addressed (e.g., what may be accepted as a proxy) could considerably expedite claims, reducing delays in processing.

Planning ahead to avoid trauma-insensitive personnel and administrators. The training processes described in the *Final Compensation Framework* and the *Notice Plan* include mention of cultural appropriateness, avoiding revictimization, acknowledgement of the sensitivities of children and youth, and clear understanding of the compensation process itself (e.g., *Final Compensation Framework*, ss. 2.5, 9.3; *Notice Plan*, pp. 4–5). Based on discussions with respondents and our reviews of retraumatization literature and lessons learned from past settlements, personnel training and preparation will benefit from consideration of the trauma-informed principles listed in Trauma-Informed Approaches on p. 127 along with sensitivity to how harms have unintentionally resulted from past compensation processes.

Limiting delays and waiting periods and planning how this will be addressed with claimants and communities when it happens. The provision of resources to agencies (mentioned above) is intended to limit delays in processing applications (s. 5.4). Functionally, while the *Final Compensation Framework* outlines an official three-and-a-half-year application period under the administrator, it provides for ongoing applications after this period. However, while there is mention of expedited processing (s. 9.3), there is no mention of the standard timeframe for processing applications, or how delays will be managed. Given the harmful impact of long waiting periods, efforts could be taken to specify the anticipated processing time, and plan for sensitive communication with individuals whose claims take longer than this and/or is denied.

Conclusion

This report is the culmination of a year-long information gathering process building on the *Taxonomy of Compensation Categories for First Nations Children, Youth and Families related to 2019 CHRT 39*. Our approach was to review the benefits and limitations of administrative data, assess the ability of existing information sources to address the eligibility of the compensation categories delineated in the *2019 CHRT 39* order, and to review existing literature and legal processes helpful to implementing the order. Where possible, our project team has offered commentary and analyses throughout the report about how the specific findings could inform the compensation process. Many of the findings from this report may also help inform the agreements-in-principle (AIP) reached among the parties on December 31, 2021, that could settle the CHRT order along with the two parallel class action lawsuits[1] that have also sought compensation for overlapping classes of individuals.

The compensation process will need to include developing respectful procedures for eligible claimants who (1) self identify as eligible to an administrator and/or (2) are identified through the development of outreach procedures and processes. Both claimant pathways will most certainly involve prolonged and complex engagement among claimants, communities, child welfare agencies on- and off-reserve, Bands, Federal, Provincial, and Territorial governments, and health and social service programs. We conclude our report by summarizing our major findings organized under each of the three sections: 1) the role of administrative data from health, social services, and child welfare settings; 2) data availability; and 3) considerations for the compensation process.

Role of Administrative Data from Health and Social Services Settings

> "Data is inherently political and can help identify priorities, set targets, and hold government accountable. Many First Nations people and communities have experienced data being used for political purposes, but not their own. The content and purposes of data have historically been determined outside of First Nations communities (Otim, 2015), and the misuse of data has led to situations of misappropriation and broken trust." (McBride, n.d., p. 2)

Findings from our review are clear: in order to utilize available administrative data to identify and respond to claimants, the process must respect First Nations sovereignty and data governance, establish respectful relationships with providers of administrative records, take into consideration the origins of the administrative data collection programs, and address issues of ethics, privacy, and confidentiality.

Respect First Nations data sovereignty and governance. Beginning any data-seeking task related to First Nations people should prioritize First Nations data governance principles related to this data. Seeking guidance from communities regarding access to and use of data for decisions made about these communities is inherent to respecting principles of First Nations data governance (FNIGC, 2020; UNDRIP, 2008).

Establish and maintain relationships with providers of administrative records. Establishing and maintaining relationships with providers of administrative records at the beginning and throughout the process ensures: that users of administrative records are aware of any changes that may impact the data being collected (Statistics Canada, 2019, n.p.); constant feedback between the supplier and user of the administrative records regarding any weaknesses found in the data that can help suppliers of the data to improve the quality of the administrative source (Statistics Canada, 2019, n.p.); and an increased level of trust between parties involved (Green et al., 2015, pp. 42–43).

1 *Moushoom, Meawasige, Meawasige v. The Attorney General of Canada, 2019; Assembly of First Nations, Trout v. The Attorney General of Canada, 2020*

Understand the origins of the administrative program. Having a good understanding of the context under which the administrative organization established the administrative program (e.g., legislative framework, objectives, and needs) is critical because it impacts the coverage of administrative records along with the contents, key concepts and definitions, the frequency and timeliness, the quality of the recorded information and stability over time (Statistics Canada, 2019, n.p.). In situations when each province manages its own administrative program, it is important for users of administrative records to pay extra attention to the consistency of key concepts and data quality when there are multiple sources of administrative data (Statistics Canada, 2019, n.p.).

Address ethical, privacy, and confidentiality issues. Ensuring access to administrative files requires that ethical, privacy, and confidentiality issues are addressed very early in the process. This usually involves a thorough understanding of the legal framework governing the use and sharing of administrative data as well as securing of agreements that allow for the use and sharing of the data while minimizing any potential risks to participants (Green et al., 2015, p. 42)

Acknowledge the purpose of administrative records. It is critical to keep in mind the central reason for the existence of administrative records: they were put into place for administrative purposes, typically for the delivery of services to the public. It is unlikely that applications outside their original scope were taken under consideration when they were built (Statistics Canada, 2019, n.p.). Decisions to utilize administrative records must always be preceded by "an assessment of such records in terms of their coverage, content, concepts and definitions, the quality assurance and control procedures put in place by the administrative program to ensure their quality, the frequency of the data, the timeliness in receiving the data and the stability of the program over time" (Statistics Canada, 2019, n.p.).

Data access will need to be negotiated at multiple levels (e.g., agencies, communities, provinces). If the request for compensation is initiated by a claimant, then the consent process for obtaining a record is clear. If eligible claimants are identified before they come forwards, who accesses a potential claimant's record under whose direction, and how outreach is conducted, is more complicated. Thoughtful consideration of these issues of consent, confidentiality, and access are paramount to the compensation process.

Data Availability

Child welfare compensation eligibility

The findings of our review of data availability related to First Nations child welfare involvement show that there are significant gaps in the data available to document eligibility under the child welfare compensation categories. The availability and quality of information is greatly impacted by the decentralized nature of child welfare service provision in Canada. Across administrative systems we reviewed, basic information regarding the identity of the child and dates of placement are typically documented, as this information is tied to payments for placements. More detailed information regarding circumstances of placement, such as why a child was placed, if they were placed outside of their community, the primary caregiver at the time of placement, however, is not consistently available. Data collected by agencies and ISC regions are less available in administrative systems in earlier years because many agencies used paper files before transitioning to a computerized information system.

Even if data fields are available there are many instances where the definition of the field would not correspond to the CHRT eligibility (e.g., placement type). For the purpose of responding to individual claims, administrative data at ISC can be used to confirm some placement history details (e.g., length of time and care and spells in care) but information on moves, on/off reserve, and reason for placement will need to be accessed through agency files. **Unless there is evidence that a caregiver perpetrated physical or sexual abuse that led to an out of home placement, it should be assumed that neglect and/or a lack of access to services was the main driver of the placement decision**. Administrative data fields cannot be used systematically to construct a reasonable understanding for the reason for placement using the child welfare administrative systems assessed for this project.

Our findings regarding information available through the FNCFS program and in sampled child welfare agencies and authorities is not representative of all First Nations child welfare data in Canada. Only the availability and quality of data fields was analyzed by the project team, no data was analyzed, and the findings are descriptive of the information contained in administrative systems based on key informant reports. Despite these limitations, the descriptive findings presented in this report provide an overview of the available child welfare data holdings, which can inform the compensation process in several

meaningful ways. Importantly, this report documents that relying on certain kinds of data could risk excluding many eligible claimants. **While using administrative data can help facilitate and expedite proof of eligibility for compensation, documentation almost certainly does not exist for all eligible children, especially those who were involved in child welfare in earlier years. Looking for alternatives in cases of missing or untraceable information will be necessary and important.**

Jordan's Principle compensation eligibility

Data related to Jordan's Principle compensation eligibility with respect to delays, denials, and gaps in essential services will come from multiple sources at the federal, provincial, and local levels. Prior to 2017, there was no *systematic* data collection although there may be ad hoc systems used in ISC regions that could yield helpful information through a manual archival search. Due to a high level of turnover in Jordan's Principle staff, there is a loss of institutional memory. The most reliable and accessible data pertaining to Jordan's Principle requests are found in more recent years. Beginning in Fiscal Year 2017-2018, a more systematic approach to data collection was implemented to collect detailed information regarding requests, approvals, denials, as well as the date of a request and the date of a response, which can be used as a proxy for delay.

NIHB data are limited to claims adjudicated under its purview, and include information related to claimant name, date of claim, date of approval/denial, and reason for denial. Like Jordan's Principle information, these data are structured according to requests, along with information about how the request was processed, which may aid in assessing compensation eligibility. However, communication with NIHB staff indicated several important limitations of using this data for the purposes of supporting compensation claimant eligibility. Despite these limitations, NIHB may be an important source of data to determine claimant eligibility. Other ISC data holdings and programs such as the Community Profiles Database may be of some utility in providing important contextual information.

Additional administrative data from provincial and territorial health and social services could be useful to identify First Nations children who experienced a delay or denial of services. Given the focus of the current project, the project team did not meet with key respondents with information about these data holdings. However, this could be an avenue to explore when implementing the compensation process. There is missing documentation of information related to service referrals or receipt (e.g., from a medical specialist), which could impact the ability to access eligibility for compensation under the Jordan's Principle category.

Overall data availability considerations

Data availability and accessibility varies across the eligibility period—with older data generally being less available. A requirement for all claimants to provide documentation may create inequities in access to compensation. There will be limitations to reliance on written documentation to support compensation eligibility. Accordingly, other mechanisms should be considered or eligible claimants will be left out of the process. Given Canada's decentralized child welfare system, simple concepts, such as the exact definition of out-of-home placement are not understood in the same way across different provinces (or agencies). **If these inequities in data availability translate to a lack of compensation for children who are eligible based on their experiences, this would itself be a manifestation of the discrimination the CHRT and class actions are aiming to redress**. Clear, easily operationalized explanations of these constructs should be developed to identify claimants. This includes concepts such as removal from "home, family, and community" if this were used to determine individual eligibility. Attention should be given to burden on First Nations agencies, both for resources required to access information and to avoid blame and anger being directed to agencies for placement decisions.

Considerations for the Compensation Process

Determining eligibility of claimants will require consistent communication and relationship building, a thorough and clear understanding of the administrative program and its constituent parts, and the operationalization of ethical privacy and confidentiality issues early in the process. This will ensure access to compensation and minimize potential risks to participants. **The compensation process should be developed with the expectation that even if minimal documentation about past experiences is required to prove eligibility, the process may be traumatizing and support needs to be in place for both claimants and communities**.

Based our reviews of process-related concerns expressed by respondents, lessons learned from past settlements, and a review of the retraumatization literature, we have identified key considerations for the compensation process.

Notice plan

Participatory approach to communications strategy. The Final Compensation Framework describes consultation with First Nations youth currently or formerly in child welfare placements, as well as the AFN and the Caring Society to develop some of the resources contained within the Notice Plan (p. 48). A similar participatory process could be applied to the upcoming settlement agreement in order to validate the communications strategy.

Development of Notice Plan materials to ensure accessibility in terms of language, format, and technology. It is important to develop and design materials that are appropriate for the diversity of potential claimants. For example, how will communications to children and youth be designed? How will different social media platforms be used to target different demographic groups? How will this process be determined?

Ensuring consistency and clarity in publicly disseminated materials (e.g., eligibility, process, compensation amount). Clear, public communications around eligibility, process, and compensation amount will be necessary. Clarity will reduce confusion and harm to individuals who ultimately are not eligible for compensation and streamline the process for those who are. Systematically updating the *Notice Plan* according to the settlement agreement (once finalized) will be necessary to ensure consistency and clarity, both for claimants and administrators.

Application design

Planning for inclusive access to the compensation process. The *Final Compensation Framework* and associated Notice Plan states that communication will be adapted based on cultural, historical, and geographical factors. The Notice Plan includes provisions for materials in English, French, First Nations languages, American Sign Language (ASL), and the Langue des signes du Québec (LSQ). To deepen the inclusiveness of the process, specification is needed for which First Nations languages will be included, and how other accessibility considerations will be accommodated (e.g., sight-challenged people).

Articulating what cultural sensitivity means for the process. Although there are multiple references to cultural safety, cultural relevance, cultural sensitivity, and cultural appropriateness in the compensation process (e.g., s. 5.1; Notice Plan, p 4) it is not operationally defined. A key consideration could be how phone lines are staffed to reduce or eliminate wait times and ensuring that staff respond to potential claimants using a trauma-informed framework.

Respecting data confidentiality/ownership. In the documents developed for *2019 CHRT 39*, there is clear attention to the importance of privacy rights of claimants (e.g., Final Compensation Framework, s. 2.4, s. 8.1; Notice Plan, p. 8). In the upcoming settlement agreement process, provisions for individual claimants to confidentially and securely obtain information held at ISC about their own placement history may be necessary for compensation. In addition,, a consent procedure will need to be developed for instances where information from child welfare agencies is needed. These procedures will need to take into consideration the protection of confidential information not just about individual claimants, but also about other family or community members.

Minimization of legalistic language. Inclusion of "simple" language is mentioned several times regarding the communications process (e.g., Notice Plan, p. 14). However, the claim package included in the Notice Plan is lengthy and administrative in nature – similar to forms from past settlements reviewed for this report (Notice Plan, Annex B). Overly complicated legalistic terminology in application materials could lead some eligible claimants to be rejected due to mistakes in application forms. There are likely ways in which the format and procedure for applying can be tailored to facilitate the process for claimants. Examples include a visually streamlined paper application for claimants who do not have access to internet; an online application questionnaire built using

skip logic; and an apply-by-phone option by which claimants are supported in answering the questions posed by trained staff who enter the claimant's information.

Minimization of strict timeframes. The *Final Compensation Framework* describes a Timeline for the Compensation Process, which entails an initial claims deadline of 24 months following the Implementation date, along with a First Extended claims deadline of 12 additional months for certain specific situations, and a Second extended claims deadline of 6 months after that (ss. 7.1-7.4). Given that previous Canadian compensation frameworks analyzed in this section ultimately provided claimants with five years to submit their claims, a longer timeframe might be considered as a way to process the large number of claims and make space for progressive disclosure.

Reduction of the potentially harmful burden of proof being placed on claimants. In the *Final Compensation Framework* there is attention to operational efforts to find existing information that could support claims that does not rely on claimants (e.g., ISC data, organizations' data). It also includes explicit recognition of the necessity for flexibility in documentation related to challenges that may be insurmountable, such as "the child's age or developmental status at the time of the events, the disappearance of records over time, retirement or death of professionals involved in a child's case, systemic barriers to accessing professionals, etc." (s. 2.5.1). **Strategies to accommodate claimants—who are not themselves responsible for the missing information—will lessen the potential burden on individuals.**

Provision of support

Providing support in advance of the application. The Final Compensation Framework describes the presence of a phone line that will be available beginning with phase 1 of the process, along with a phone line provided by the AFN (Notice Plan, pp. 5 6). The website **https://www.fnchildcompensation.ca**, which has functioned as a source of information as the CHRT process has evolved, should continually be updated to align exactly with the Sotos website so there are not multiple websites with conflicting information. In the Notice Plan, it is mentioned that there will be Canada-funded mental health supports provided through a variety of formats (p. 31). Further detail regarding how and when this will be available to all claimants will be required to ensure services may be accessed in a timely manner in order to function as preparatory support.

Consideration of the impact of the process on individuals and communities, with particular attention to how agencies will be impacted (both operationally and in terms of their role in the community). The need for operational support to child welfare agencies and health and social service providers is clearly acknowledged (e.g., Final Compensation Framework, s. 5.4). Given the potential availability of relevant data at the agency level, generous support for this work at agencies and a process that does not require onerous paperwork will expedite the process. Beyond this, individuals may blame agencies for removals, and this may be mitigated by clear, consistent communication regarding the responsibility of the federal government for the discrimination on which the compensation is based. Avoiding terms like "necessary" and "unnecessary" removal can also help support agencies during this process and minimize tensions.

Providing support to claimants during the application process.

Legal support. It is made clear in the *Notice Plan* that neither the administrator nor individuals trained to provide information and mental health supports should provide legal advice to claimants (e.g., p. 4, p 6). There is no mention of how claimants may be supported in seeking legal counsel during this process. Given documented exploitation of claimants by lawyers in past settlements, it would be helpful to develop a suite of resources to help claimants navigate this class action process. Clarification for claimants of the role of class counsel related to their application would be a helpful addition to compensation process materials, especially for individuals who expected to be compensated under a CHRT process.

Mental health support. There are several ways in which the *Final Compensation Framework* details provision of mental health support to claimants (e.g., through private counselling, at community events, in a family setting, group sessions, 24-hour tele-health or by way of a Compensation Process and Support Line). Prior success of hotlines including a chat function could be considered, particularly as this is often preferred by youth and individuals less comfortable speaking on the phone. While referrals to services are mentioned, there is less information regarding ensuring these resources are accessible to individuals. For instance, in past compensation schemes, the lack of access to Indigenous healing supports within communities was seen as a barrier for many claimants. Reimbursements to providers to whom individuals could self-refer could maximize choice in how claimants seek and receive mental health supports.

Administrative support. There are provisions for administrative support with the application process in which trained phone line operators and Navigators can answer questions (*Notice Plan*, p. 4) and the first-level reviewers of applications can help claimants ensure the application is complete (*Final Compensation Framework*, s. 9.3). The AFN will also provide an Information Line (*Notice Plan*, p. 6) that will provide information according to an agreed upon framework consistent across these informational resources. There is a potential for multiple areas of administrative support to lead to conflicting advice and direction.

Financial support. The *Final Compensation Framework* notes that the administrator will provide financial literacy information related to receipt of compensation, managing money, planning for the future, and prevention of exploitation (s. 10.6). There are also provisions in the *Notice Plan* for financial literacy to be offered to claimants before and after receiving compensation through the Aboriginal Financial Officers Association and the Royal Bank of Canada (p. 5). Ensuring that multiple streams of information regarding financial support are consolidated will minimize the risk of confusion and offer choice to claimants.

Providing follow up support for both accepted and rejected claims. Mental health supports should be ongoing and available to individuals after a decision has been made about their claim. It is stated in the *Final Compensation Framework* that claim denials will be stated in simple language (Final Compensation Framework, s. 9.5). Beyond the appeals process, there is no provision of support for denied applications. There is an opportunity to consider the nature and scope of mental health supports to individuals whose claims are denied.

Avoiding repetitive disclosure and triggers during appeals processes. The Final Compensation Framework describes a paper application form that would require basic disclosure of experiences relevant to proving eligibility. While the process for appeals is not yet articulated (s. 9.6), there are opportunities to consider mechanisms for appeal that minimize the need for repetitive disclosure. Further, allowing claimants to choose from multiple options for making an appeal (e.g., written statement, oral statement, supportive proxies) may create space for flexibility that empowers claimants in the process.

Processing claims

Adequate preparation before claims processing begins, including how technology will be used and how payment challenges will be overcome. The *Final Compensation Framework* describes a multi-level process for review of claims, reflecting preparation regarding the general operational framework for application processing (ss. 9.3-9.6). Given the shift in compensation scope, new preparation is warranted to update the framework and notice plan to reflect the settlement agreement details prior to claims being processed. While the Final Compensation Framework describes plans to facilitate payments tailored to specific needs of individuals (s. 2.6), detail is not provided on how this will be done. Given challenges in past settlements related to technology use in processing claims and distributing payments, preparation for application and compensation could anticipate the operational and technical tools that will be used and troubleshoot possible issues.

Accommodating gaps in resources and documentation to move claims forward. As previously noted, there is not a clear mechanism for accommodating gaps in information needed to undergird a claim. Preparation ahead of receipt of applications for how gaps in different types of needed information will be addressed (e.g., what may be accepted as a proxy) could considerably expedite claims, reducing delays in processing.

Planning ahead to avoid trauma-insensitive personnel & administrators. The training processes described in the Final Compensation Framework and the Notice Plan include mention of cultural appropriateness, avoiding revictimization, acknowledgement of the sensitivities of children and youth, and clear understanding of the compensation process itself (e.g., Final Compensation Framework, ss. 2.5, 9.3; Notice Plan, pp. 4–5). Based on discussions with respondents and our reviews of retraumatization literature and lessons learned from past settlements, personnel training and preparation will benefit from consideration of trauma-informed principles.

Limiting delays and waiting periods and planning how this will be addressed with claimants and communities when it happens. The provision of resources to agencies (mentioned above) is intended to limit delays in processing applications (s. 5.4). Functionally, while the Final Compensation Framework outlines an official three-and-a-half-year application period under the administrator, it provides for ongoing applications after this period. However,

while there is mention of expedited processing (s. 9.3), there is no mention of the standard timeframe for processing applications, or how delays will be managed. Given the potentially harmful impact of long waiting periods, especially when followed by a denial, efforts could be taken to specify the anticipated processing time, and plan for sensitive communication with individuals whose claims take longer than this.

Moving Forward

A fair, transparent, equitable, and decolonized compensation process that is designed for claimants who have been systematically discriminated against by the Government of Canada is no doubt challenging given the limitations and lack of availability of administrative data. **Claimants are not responsible for missing and incomplete information about the discrimination that they suffered, and it is this fundamental acknowledgment that must guide the continued development of the compensation process.** The administrative body responsible for assessing eligibility should be comprised of experts in First Nations data governance, trauma, community relations, data, and most importantly the connections among all these principles. Elders will be integral to the compensation process as they hold crucial roles in supporting communities by teaching, advising, and counselling. Quality assurance processes must be documented and transparent to ensure that there is accountability for children, families, and communities whose trauma is ongoing. Jurisdictional disputes; ongoing racism and the legacy of colonialism; and a westernized approach which excludes Indigenous knowledge, culture, and practices are the common foundation for the findings detailed in this report. For decades, the Canadian government has made decisions about the lives of First Nations children that it has failed to adequately document. This cannot be a deterrent to compensation.

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Appendices

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect

Appendix F: Provincial and Territorial Age of Protection and Definitions of Child and/or Youth

Age of protection "refers to the age of the identified 'child' engaged in the child welfare process. Each province and territory has its own legislation in regards to mandated age of service. Consequently, the identified age depending on legislation is the maximum age that may be serviced by child welfare organizations. Ages range from anywhere between 16 to 19 years as the top age that may be serviced" (Sturtridge, 2013: 1-2). Table 16 identifies the age of protection for each province and territory along with corresponding definitions of child and/or youth. Please refer to ***Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019*** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

Unless otherwise indicated, all definitions are extracted from corresponding provincial or territorial primary child welfare legislation.

Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

Province/ Territory	Age of Protection	Definition of "Child"	Definition of "Youth"
Alberta	under 18	"a person under the age of 18 years and includes a youth unless specifically stated otherwise" Source: *Child, Youth and Family Enhancement Act*, RSA 2000, c C-12, s 1 (d)	"a child who is 16 years of age or older" Source: *Child, Youth and Family Enhancement Act*, RSA 2000, c C-12, s 1 (z) (cc)
British Columbia	under 19	"a person under 19 years of age and includes a youth" Source: *Child, Family and Community Service Act* [RSBC 1996] Chapter 46, s 1 (1)	"a person who is 16 years of age or over but is under 19 years of age" Source: *Child, Family and Community Service Act* [RSBC 1996] Chapter 46, s 1 (1)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

Province/ Territory	Age of Protection	Definition of "Child"	Definition of "Youth"
Manitoba	under 18	"a person under the age of majority" Source: *The Child and Family Services Act*, C.C.S.M. c. C8, ss 77 (2) (c.2) *age of majority in Manitoba is 18	no definition
New Brunswick	under 19 "aged 19 and over for mentally incompetent people categorized as "neglected adults" (Public Health Agency of Canada, 2019, p. 13).	"a person actually or apparently under the age of majority*, unless otherwise specified or prescribed in [the] Act or the regulations, and includes: (a)an unborn child; (b) a stillborn child; (c) a child whose parents are not married to one another; (d) a child to whom a person stands in loco parentis, if that person's spouse is a parent of the child; and (e) when used in reference to the relationship between an adopted person and the person adopting or the relationship between a person and his birth mother or birth father, a person who has attained the age of majority*" Source: *Family Services Act*, SNB 1980, c F-2.2, s 1 *age of majority in New Brunswick is 19	no definition

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

Province/ Territory	Age of Protection	Definition of "Child"	Definition of "Youth"
New Brunswick		"Current provisions ...provide for protective services for neglected or abused adults and provide that a child in care who reaches adulthood, who is mentally incompetent and who does not have an adult who could assume responsibility for the child's care can be treated as a neglected adult by the court. The Act permits the Minister to continue to provide care and support for a child who has been in care under a guardianship order who has reached the age of majority.* The eligibility for continued care and support is set out in the Child in Care Program Practice Standards" (Public Health Agency of Canada, 2019, p. 13)." *age of majority in New Brunswick is 19	
Newfoundland and Labrador	under 16 between 16 and 18 if child has limited mental capacity *Source: Children, Youth and Families Act*, SNL2018 Chapter C-12.3, s 21 (1) c	"a person actually or apparently under the age of 16 years" *Source: Children, Youth and Families Act*, SNL2018 Chapter C-12.3, s 2(1) d	"a person who is at least 16 years of age but under 18 years of age" *Source: Children, Youth and Families Act*, SNL2018 Chapter C-12.3, s 2(1) ff

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Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

Province/ Territory	Age of Protection	Definition of "Child"	Definition of "Youth"

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Northwest Territories	under 19 separate protection scheme for youth between 16 and 19 Source: *Child and Family Services Act*, SNWT 1997, c.13, s 29	"a person who is or, in the absence of evidence to the contrary, appears to be under 16 years of age" Source: *Child and Family Services Act*, SNWT 1997, c.13, s 1	"a person who has attained the age of 16 years but has not attained the age of majority*" Source: *Child and Family Services Act*, SNWT 1997, c.13, s 1 *age of majority is 19 in the Northwest Territories
Nova Scotia	under 19 "Children older than 16 and younger than 19 who are in need of protective services may enter into agreements with an agency for placement or services. A court can order a care and custody order to extend past the child's 19th birthday if the child is under a disability, in which case the order can extend to the child's 21st birthday" (Public Health Agency of Canada, 2019, p. 13)." See also *Children and Family Services Act*, 1990 s 19	"a person under nineteen years of age" Source: *Children and Family Services Act*, 1990 s 3 (1) (e)	no definition

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect *(continued)*

Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

Province/ Territory	Age of Protection	Definition of "Child"	Definition of "Youth"
Nunavut	under 19	"child" means a person who is or, in the absence of evidence to the contrary, appears to be under the age of 16 years, and a person in respect of whom an order has been made under subsection 47(3) or 48(2)" Source: *Child and Family Services Act*, SNWT (Nu) 1997, c 13, s (1)	"a person who has attained the age of 16 years but has not attained the age of majority." *age of majority is 19 in Nunavut Source: *Child and Family Services Act*, SNWT (Nu) 1997, c 13, s (1)
Ontario	under 18	"a person younger than 18" Source: *Child, Youth and Family Services Act*, 2017, SO 2017, c 14, Sch 1, s 2(1)	no definition
Prince Edward Island	under 18	" a person under the age of 18 years" Source: *Child Protection Act*, RSPEI 1988, c C-5.1, s 1(h)	"a person over 12 and under 18" Source: *Child Protection Act*, RSPEI 1988, c C-5.1, s 1(y)
Quebec	under 18	"a person under the age of 18 years" Source: *Youth Protection Act*, CQLR c P-34.1, s 1(c)	no definition

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth

Province/ Territory	Age of Protection	Definition of "Child"	Definition of "Youth"
Saskatchewan	under 16 age 16 and 17 in "circumstances of an exceptional nature" *Source: The Child and Family Services Act*, SS 1989-90, c C-7.2, s 18 (1)	"except where a contrary intention is expressed, an unmarried person actually or apparently under 16 years of age" *Source: The Child and Family Services Act*, SS 1989-90, c C-7.2, s 2 (1) (d) "a person who is 16 or 17 years of age is in need of care and supervision and: (a) there is no parent willing to assume the responsibility for the person; or (b) the person cannot be re-established with his or her family; the director may, by agreement with the person, provide residential services, financial assistance or both to that person" Source: *Source: The Child and Family Services Act*, SS 1989-90, c C-7.2, s 10 (1)	no definition
Yukon	under 19	"a person under 19 years of age" Source: *Child and Family Services Act*, SY 2008, c 1, s1	"a person who is 16 years of age or over but is under 19 years of age" Source: *Child and Family Services Act*, SY 2008, c 1, s1

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Appendix G: Provincial and Territorial Terminology for Neglect

The term 'neglect' is not consistently defined in all provincial and territorial statutes, but interchangeable concepts include 'failure to care and provide for or supervise and protect,' 'does not provide,' 'refuses or is unavailable or unable to consent to treatment.' Table 17 identifies terms and/or concepts for neglect according to the respective provincial and territorial jurisdictions. For detailed definitions of neglect according to province and territory, see ***Appendix H: Provincial and Territorial Definitions of Neglect.***

Table 17: Provincial and Territorial Terminology for Neglect

Province/ Territory	Provincial and Territorial Terminology for Neglect
Alberta	• abandoned • neglect • cruel and unusual treatment or punishment Source: Public Health Agency of Canada (2019, p. 18)
British Columbia	• deprivation • abandonment Source: Public Health Agency of Canada (2019, pp. 18-19)
Manitoba	• act or omission • lack of adequate care, supervision or control • failure or refusal to provide Source: Public Health Agency of Canada (2019, p. 18)
New Brunswick	• lack of adequate care, supervision or control • unfit or improper circumstances • failure or refusal to provide or obtain • neglects or refuses to ensure Source: Public Health Agency of Canada (2019, pp. 19-20).
Newfoundland and Labrador	• failure or refusal to obtain or permit • abandonment • left without adequate supervision Source: Public Health Agency of Canada (2019, pp. 19-20)
Northwest Territories	• failure to provide or consent to treatment • failure to obtain services or treatment • abandoned • failure to provide or consent to provision of services Source: Public Health Agency of Canada (2019, pp. 19-20).

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 17: Provincial and Territorial Terminology for Neglect

Province/ Territory	Provincial and Territorial Terminology for Neglect
Nova Scotia	• neglect • substantial risk of neglect Source: Public Health Agency of Canada (2019, p. 21)
Nunavut	• failure to provide or consent • failure to provide or consent to treatment • unavailable, unable or unwilling to properly care for the child • malnutrition • abandonment Source: Public Health Agency of Canada (2019, pp. 21-22)
Ontario	• failure to provide or consent to treatment • unable to care for child Source: Public Health Agency of Canada (2019, p. 21)
Prince Edward Island	• neglect • inadequate supervision or protection • failure to obtain or consent • abandonment • fails to obtain or consent to treatment Source: Public Health Agency of Canada (2019, pp. 23-24)
Quebec	• abandoned • neglected, • psychological ill-treatment • do not exercise stable supervision Source: Public Health Agency of Canada (2019, p. 23)
Saskatchewan	• need of protection • failure to provide • failure to remedy Source: Public Health Agency of Canada (2019, pp. 23-24)
Yukon	• protective intervention • deprivation • prevent imminent serious physical or mental harm • alleviate severe pain • abandonment • failure to provide or consent to services Source: Public Health Agency of Canada (2019, p. 24)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Appendix H: Provincial and Territorial Definitions of Neglect

Each province and territory has unique legislation defining and describing responses to neglect. Table 18 provides provincial and territorial definitions of neglect. Please refer to ***Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019*** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.

Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Alberta	"A child is neglected if the guardian (a) is unable or unwilling to provide the child with the necessities of life, (b) is unable or unwilling to obtain for the child, or to permit the child to receive, essential medical, surgical or other remedial treatment that is necessary for the health or well-being of the child, or (c) is unable or unwilling to provide the child with adequate care or supervision" Source: *Child, Youth and Family Enhancement Act*, RSA 2000, c C-12, s 2 (2.1)
British Columbia	"Neglect is failure to provide for a child's or youth's basic needs. It involves an act of omission by the parent or guardian, resulting in (or likely to result in) harm to the child or youth. Neglect may include failure to provide food, shelter, basic health care, supervision or protection from risks, to the extent that the child's or youth's physical health, development or safety is, or is likely to be, harmed" Source: Government of British Columbia (2017, p. 25) "Physical Indicators [of neglect include:] [i]Injuries where medical care has been unusually delayed or avoided; [i]njuries resulting from a lack of supervision; [m]edical or dental needs that are consistently unattended to; [f]ailure to thrive" in a child where no medical reason has been found; [c]lothing consistently inadequate for weather conditions; [p]ersistent hunger; [p]oor or inadequate nutrition; or [p]oor personal hygiene" Source: Government of British Columbia (2017, p. 28)

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Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

British Columbia	"Behavioural [i]ndicators [of neglect include:] [f]orages for, hoards or steals food; [d]evelopmental delay or setbacks related to a lack of stimulation; [p]oor school attendance; [i]nappropriately takes on a caregiver role for a parent or siblings; [t]ired or unable to concentrate at school; [a]ppears sad or has flat affect; [r]eluctant to go home; speaks of being or appears to be left alone at home a lot, unsupervised; [i]s involved in behaviours such as misuse of drugs or alcohol, stealing, fire-setting; or [d]oes not respond to affection or stimulation" Source: Government of British Columbia (2017, p. 29)
Manitoba	"a child is in need of protection where the life, health or emotional well-being of the child is endangered by the act or omission of a person" Source: *The Child and Family Services Act,* C.C.S.M. c. C8, s 71 (1)
New Brunswick	"*Physical [n]eglect* [occurs w]hen parents or caregivers fail to provide a child's basic needs. Physical neglect might include failing to provide children with proper food, clothing, or shelter. It may also involve lack of attention to, or refusal to provide, proper healthcare treatment. Neglect also happens when a person caring for a child does not, or cannot, control and supervise the child. This includes failing to make the child go to school, or stopping the child from harming himself or others" Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2) "Emotional maltreatment [r]efers to both emotional abuse and *emotional neglect*. This might include repeated attacks on a child's sense of self-worth, insults, isolation, rejection, unrealistic expectations or constant criticism. It might also involve terrorizing a child such as threatening to kill the family pet" Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Newfoundland and Labrador	"A child is in need of protective intervention where the child: (a) is being, or is at risk of being, physically harmed by the action or *lack of appropriate action by the child's parent*; (c) is being, or is at risk of being, emotionally harmed by the parent's conduct and there are reasonable grounds to believe that the emotional harm suffered by the child, or that may be suffered by the child, results from the actions, *failure to act or pattern of neglect* on the part of the child's parent; (e) is being, or is at risk of being, sexually abused or exploited by a person and the child's *parent does not protect the child*; (f) is being, or is at risk of being, emotionally harmed by a person and the child's *parent does not protect the child*; (g) is in the custody of a parent who *refuses or fails to obtain or permit essential medical, psychiatric, surgical or remedial care or treatment* to be given to the child when recommended by a qualified health practitioner; (h) is *abandoned*; (i) has no living parent and *no adequate provision* has been made for the child's care; (j) has no parent available to care for the child and the *parent has not made adequate provision* for the child's care; (k) has *no parent able or willing to care for the child*; (o) has been left *without adequate supervision appropriate to the child's developmental level;* or (p) is actually or apparently under 12 years of age and has (i) allegedly killed or seriously injured another person or has caused serious damage to another person's property, or (ii) on more than one occasion caused injury to another person or other living thing or threatened, either with or without weapons, to cause injury to another person or other living thing, either with the parent's encouragement or because the *parent does not respond adequately to the situation*. Source: *Children, Youth and Families Act*, SNL2018 Chapter C-12.3, s 10 (1) (a-p)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Northwest Territories	"A child needs protection where (a) the child has suffered physical harm inflicted by the child's parent or caused by the *parent's unwillingness or inability to care and provide for or supervise and protect the child adequately*; (b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the *parent's unwillingness or inability to care and provide for or supervise and protect the child adequately;* (c) the child has been sexually molested or sexually exploited by the child's parent or by another person where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was *unwilling or unable to protect the child*; (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is *unwilling or unable to protect the child;* (e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child's *parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm;* (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child's *parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm*; (g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent *does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;* (h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's *parent is unavailable, unable or unwilling to properly care for the child;*

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect *(continued)*

Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Northwest Territories	(i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's *parent is unavailable, unable or unwilling to properly care for the child*; (j) the child requires medical treatment to cure, prevent or alleviate serious physical harm or serious physical suffering and the child's" Source: *Child and Family Services Act*, SNWT 1997, c.13, s 7 (3)
Nova Scotia	"[N]eglect" means the chronic and serious failure to provide to the child (i) adequate food, clothing or shelter, (ii) adequate supervision, (iii) affection or cognitive stimulation, or (iv) any other similar failure to provide" Source: *Children and Family Services Act*, 1990, s 3 (1) (p)
Nunavut	"A child needs protection where (a) the child has suffered physical harm inflicted by the child's parent or caused by the *parent's unwillingness or inability to care and provide for or supervise and protect the child adequately*; (b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the *parent's unwillingness or inability to care and provide for or supervise and protect the child adequately;* (c) the child has been sexually molested or sexually exploited by the child's parent or by another person where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was *unwilling or unable to protect the child*; (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is *unwilling or unable to protect the child;* (e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child's *parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm;* (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child's *parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm*;

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Nunavut	(g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent *does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;* (h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's *parent is unavailable, unable or unwilling to properly care for the child;* (i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's *parent is unavailable, unable or unwilling to properly care for the child*; (j) the child requires medical treatment to cure, prevent or alleviate serious physical harm or serious physical suffering and the child's" Source: *Child and Family Services Act, SNWT (Nu) 1997,* c.13, s 7 (3)
Ontario	"failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child" Source: *Child, Youth and Family Services Act*, 2017, SO 2017, c 14, Sch 1, s 2 (a) (i)
Prince Edward Island	"[F]ailure to provide a child with adequate care and guidance, or other acts of omission by a parent respecting a child, that are inappropriate for the child or likely to be harmful to the child" Source: *Child Protection Act*, RSPEI 1988, c C-5.1, s 1 (r)
Quebec	"[R]efers to (1) a situation in which the child's parents or the person having custody of the child do not meet the child's basic needs, i. failing to meet the child's basic physical needs with respect to food, clothing, hygiene or lodging, taking into account their resources; ii. failing to give the child the care required for the child's physical or mental health, or not allowing the child to receive such care; or iii. failing to provide the child with the appropriate supervision or support, or failing to take the necessary steps to ensure that the child receives a proper education and, if applicable, that he attends school as required under the *Education Act* (chapter I-13.3) or any other applicable legislation; or (2) a situation in which there is a serious risk that a child's parents or the person having custody of the child are not providing for the child's basic needs in the manner referred to in subparagraph 1" Source: Youth Protection Act, CQLR c P-34.1, s 38 (b) (1)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect *(continued)*

Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Saskatchewan	"Neglect [refers to] failing to provide a child with enough food, proper clothing, shelter, health care, or supervision" (Government of Saskatchewan, n.d., p. 1). Physical indicators of neglect include: "abandonment; unattended medical or dental needs; lack of supervision; hunger; inappropriate dress; poor hygiene; persistent health conditions (e.g., scabies, head lice, diaper rash or other skin disorder); and developmental delays (e.g., language, weight)" (Government of Saskatchewan, n.d., p. 3). Child behavioural indicators of neglect include: "displays fatigue or listlessness, falls asleep in class; steals food; reports that no caregiver is at home; and frequently absent or late for school" (Government of Saskatchewan, n.d., p. 3). "A child is in need of protection if: (a) *as a result of action or omission by the child's parent:...(iv) medical, surgical or other recognized remedial care or treatment that is considered essential by a duly qualified medical practitioner has not been or is not likely to be provided to the child; (v) the child's development is likely to be seriously impaired by failure to remedy a mental, emotional or developmental condition; ... (b) there is no adult person who is able and willing to provide for the child's needs, and physical or emotional harm to the child has occurred or is likely to occur; or* (c) the child is less than 12 years of age and: ... (ii) the child's parent is unable or unwilling to provide for the child's needs" Source: *The Child and Family Services Act*, SS 1989-90, c C-7.2, s 11
Yukon	"Neglect [is defined as] failing to provide for a child's basic needs, including essential food, appropriate clothing, shelter, health care or supervision" Source: Yukon Health and Social Services (2017, p. i) Possible physical indicators of neglect include: "abandonment; unattended medical or dental needs; consistent lack of supervision; consistent hunger, inappropriate dress for weather conditions and poor hygiene; persistent and untreated conditions (e.g., scabies, head lice, diaper rash or other skin disorder); and developmental delays (e.g., language, weight)" Source: Yukon Health and Social Services (2017, p. 9) Possible behavioral indicators of neglect include: regularly displays fatigue or listlessness or falls asleep in class; steals food, begs from classmates; reports that no caretaker is at home; frequently absent or late; self-destructive; school drop-outs (adolescents); lack of parental participation; misuse of alcohol or drugs; [and/or] lack of trust in others" Source: Yukon Health and Social Services (2017, p. 9)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Appendix I: Provincial and Territorial Definitions of Physical Abuse

Each province and territory has unique legislation defining and describing responses to physical abuse. Table 19 provides provincial and territorial definitions of physical abuse. Please refer to ***Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019*** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.

Table 19: Provincial and Territorial Definitions of Physical Abuse

Province/Territory	Definition of Physical Abuse
Alberta	"[A] a child is *physically injured* if there is substantial and observable injury to any part of the child's body as a result of the non-accidental application of force or an agent to the child's body that is evidenced by a laceration, a contusion, an abrasion, a scar, a fracture or other bony injury, a dislocation, a sprain, hemorrhaging, the rupture of viscus, a burn, a scald, frostbite, the loss or alteration of consciousness or physiological functioning or the loss of hair or teeth" Source: *Child, Youth and Family Enhancement Act*, RSA 2000, c C-12, s 3 (b)
British Columbia	"Physical abuse is a deliberate physical assault or action by a person that results in, or is likely to result in, physical harm to a child or youth. It includes the use of unreasonable force to discipline a child or youth or prevent a child or youth from harming him/herself or others. The injuries sustained by the child or youth may vary in severity and range from minor bruising, burns, welts or bite marks to major fractures of the bones or skull to, in the most extreme situations, death. The likelihood of physical harm to a child or youth increases when the child or youth is living in a situation where there is domestic violence by or towards a person with whom the child or youth resides. Domestic violence is a pattern of intentionally coercive and violent behaviour toward an individual with whom there is or has been an intimate relationship. It includes physical abuse such as hitting, slapping, pushing, choking, assault with a weapon, locking out of the house or the threat of physical abuse" Source: Government of British Columbia (2017, p. 23)

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Table 19: Provincial and Territorial Definitions of Physical Abuse

Province/Territory	Definition of Physical Abuse

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect *(continued)*

Manitoba	"Physical abuse can be a single incident or repeated pattern including: the intentional use of force or pain on any part of a child's body; [and/or] any contact or action that causes physical injuries. Some *behavioural signs of physical abuse* could include but are not limited to: inconsistent explanation for injuries or cannot remember; wary of adults; flinch if touched unexpectedly; extremely aggressive or extremely withdrawn; feels deserving of punishment; apprehensive when others cry; frightened of parents afraid to go home. Some *physical signs of physical abuse* could include but are not limited to: injuries not consistent with explanation; numerous injuries in varying stages of recovery or healing; presence of injuries over an extended period of time; facial injuries; and injuries inconsistent with the child's age and developmental phase" Source: Manitoba Child and Family Services (n.d., *Physical Abuse*)
New Brunswick	"Physical abuse [refers to t]he use of unreasonable force against a child. What is considered reasonable will depend on the age of the child, the severity of the actions and its lack of healthy corrective purpose regarding the child's behaviour. This might include, for example, hitting, slapping, shaking, choking, kicking or burning a child. It also includes any conduct by a caregiver that might put the child's life, health or well-being at risk" Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2) "Signs of [p]hysical [a]buse [include the following:] child has welts, bite marks, unexplained bruises, scars, burns, fractures or head injuries; child runs away from home or will not go home; [and/or] child has repetitive injuries or unattended injuries" Source: Public Legal Education and Information Service of New Brunswick (2007, p. 3)
Newfoundland and Labrador	"action on the part of the parent in which a child/youth sustained or is likely to sustain a physical injury. Injury to the child/youth may be current or may have occurred in the past" Source: Newfoundland and Labrador, Department of Children, Seniors and Social Development (n.d., *How Do You Define*)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 19: Provincial and Territorial Definitions of Physical Abuse

Province/Territory	Definition of Physical Abuse
Northwest Territories	"A child needs protection where; (a) the child has suffered physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately; (b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately" Source: *Child and Family Services Act*, SNWT 1997, c.13, s 7.3 (a-b) "any physical injury of a child which is not accidental" Source: Northwest Territories (2012, p. 7)
Nova Scotia	"the intentional use of force on any part of a child's body that results in injury" Source: Government of Nova Scotia (n.d., *Physical Abuse*)
Nunavut	"A child needs protection where; (a) the child has suffered physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately; (b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately" Source: *Child and Family Services Act*, SNWT (Nu) 1997, c.13, s 7.3 (a-b)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect *(continued)*

Table 19: Provincial and Territorial Definitions of Physical Abuse

Province/ Territory	Definition of Physical Abuse
Ontario	"any deliberate physical force or action, by a parent or caregiver, which results, or could result, in injury to a child. It can include bruising, cuts, punching, slapping, beating, shaking, burning, biting or throwing a child. Using belts, sticks or other objects to punish a child can cause serious harm and is also considered abuse" Source: Ontario Association of Children's Aid Societies (n.d., *Physical Abuse*)
Prince Edward Island	No definition identified.
Quebec	"[R]efers to (1) a situation in which the child is the victim of bodily injury or is subjected to unreasonable methods of upbringing by his parents or another person, and the child's parents fail to take the necessary steps to put an end to the situation; or (2) a situation in which the child runs a serious risk of becoming the victim of bodily injury or being subjected to unreasonable methods of upbringing by his parents or another person, and the child's parents fail to take the necessary steps to put an end to the situation" Source: *Youth Protection Act*, CQLR c P-34.1, s 38 (e)
Saskatchewan	"Physical abuse [refers to] any action, including discipline, causing injury to the child's body" (Government of Saskatchewan, n.d., p. 1). Physical indicators include: injuries (bruises, cuts, burns, bite marks, fractures, etc.) that are not consistent with explanation offered; the presence of several injuries over a period of time; any bruising on an infant; facial injuries in preschool children (e.g., cuts, bruises, sores, etc.); and injuries inconsistent with the child's age and development" Source: Government of Saskatchewan (n.d., p. 3) Behavioural indicators include: "cannot recall how injuries occurred, or offers an inconsistent explanation; reluctant to go home; frequent absences from school; fear of adults; may cringe or flinch if touched unexpectedly; may display a vacant stare or frozen watchfulness; extremely aggressive or withdrawn; [and] extremely compliant and/or eager to please Source: Government of Saskatchewan (n.d, p. 3)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 19: Provincial and Territorial Definitions of Physical Abuse

Province/Territory	Definition of Physical Abuse
Yukon	"Physical abuse [refers to] any deliberate, non-accidental assault or use of force against a child that results in physical harm. This can include excessive or inappropriate discipline that causes injury to the child's body" Source: Yukon Health and Social Services (2017, p. i) Possible *physical indicators of physical abuse* include: "injuries (bruises, cuts, burns, bite marks, fractures, etc.) that are not consistent with explanation offered (e.g., extensive bruising to one area); the presence of several injuries over a period of time; any bruising on an infant; facial injuries in preschool children (e.g., cuts, bruises, sores, etc.); injuries inconsistent with the child's age and development; [and/or] injuries that form a shape or pattern that resemble the object used to make the injury (e.g., buckle, hand, teeth, cigarette burns)" Source: Yukon Health and Social Services (2017, p. 6) Possible child *behavioural indicators of physical abuse* include: "cannot recall how injuries occurred, or offers an inconsistent explanation; wary of adults or reluctant to go home, absences from school; may cringe or flinch if touched unexpectedly; may display a vacant stare or frozen watchfulness; extremely aggressive or extremely withdrawn; wears long sleeves to hide injury; extremely compliant and/or eager to please; sad, cries frequently; and describes self as bad and deserving to be punished" Source: Yukon Health and Social Services (2017, p. 6)

Appendix J: Provincial and Territorial Definitions of Sexual Abuse

Each province and territory has unique legislation defining and describing responses to sexual abuse. Table 20 provides provincial and territorial definitions of sexual abuse. Please refer to ***Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019*** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.

Table 20: Provincial and Territorial Definitions of Sexual Abuse

Province/Territory	Definition of Sexual Abuse
Alberta	"[A] child is sexually abused if the child is inappropriately exposed or subjected to sexual contact, activity or behaviour including prostitution related activities." Source*: Child, Youth and Family Enhancement Act*, RSA 2000, c C-12, s 1(3) (c)
British Columbia	"Sexual abuse is when a child or youth is used (or likely to be used) for the sexual gratification of another person. It includes: [t]ouching or invitation to touch for sexual purposes; [i]ntercourse (vaginal, oral or anal); [m]enacing or threatening sexual acts, obscene gestures, obscene communications or stalking; [s]exual references to the child's or youth's body/behaviour by words/gestures; [r]equests that the child or youth expose their body for sexual purposes; [d]eliberate exposure of the child or youth to sexual activity or material; and [s]exual aspects of organized or ritual abuse" Source: Government of British Columbia (2017, p. 24) "Sexual exploitation is a form of sexual abuse that occurs when a child or youth engages in a sexual activity, usually through manipulation or coercion, in exchange for money, drugs, food, shelter or other considerations. Sexual activity includes: [p]erforming sexual acts; [s]exually explicit activity for entertainment; [i]nvolvement with escort or massage parlour services; and [a]ppearing in pornographic images. Children and youth living on the street are particularly vulnerable to exploitation" Source: Government of British Columbia (2017, pp. 24-25).

(Continued on Next Page)

Table 20: Provincial and Territorial Definitions of Sexual Abuse

Province/Territory	Definition of Sexual Abuse

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect *(continued)*

British Columbia	"[A] child has been or is likely to be sexually abused or sexually exploited if the child has been, or is likely to be, (a) encouraged or helped to engage in prostitution, or (b) coerced or inveigled into engaging in prostitution." Source: *Child, Family and Community Service Act* [RSBC 1996] Chapter 46, s 13 (1) (1.1)
Manitoba	"Sexual abuse is exposing a child to sexual contact, activity or behaviour, including: any sexual touching; [and/or] intercourse, exploitation or exposure. Some behavioural signs of sexual abuse could include but are not limited to: sexual knowledge or play inappropriate to age; sophisticated or unusual sexual knowledge; prostitution; poor peer relationships; delinquent or runaway; reports sexual assault by caretaker; change in performance in school; sleeping disorders; aggressive behavior; and self-harm (ex. cutting, suicide attempts). Some physical signs of sexual abuse could include but are not limited to: unusual or excessive itching in the genital or anal area; stained or bloody underwear; pregnancy; injuries to the vaginal or anal areas; sexually transmitted infections; difficult walking or sitting; pain when peeing; vaginal/penile discharge; excessive masturbation; [and] urinary tract infections" Source: Manitoba Child and Family Services (n.d., *Sexual Abuse*)
Newfoundland and Labrador	"Sexual Abuse**:** includes any sexual contact between an individual and a child/youth regardless of whether the sexual contact occurs by force, coercion, duress, and deception or whether the child/youth understands the sexual nature of the activity. Sexual contact includes sexual penetration, touching, harassment, invitation to sexual touching, sexual acts such as exposure, voyeurism, or sexually exploiting the child/youth by involving the child/youth in the sex trade or pornography." Source: Newfoundland and Labrador, Department of Children, Seniors and Social Development (n.d., *How Do You Define*)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 20: Provincial and Territorial Definitions of Sexual Abuse

Province/Territory	Definition of Sexual Abuse
Northwest Territories	"involving a child in sexual touching or any form of sexual activity. Sexual abuse may also include forcing or allowing a child to watch or look at sexual activity, pornographic materials, or books, magazines or videos containing sexual material that is inappropriate or unsuitable for a child" Source: Northwest Territories (2012, p. 7) "A child needs protection where: (c) the child has been sexually molested or sexually exploited by the child's parent or by another person in circumstances where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was unwilling or unable to protect the child; (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person in circumstances where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is unwilling or unable to protect the child." Source: *Child and Family Services Act*, SNWT 1997, c.13, s 7.3 (c-d)
Nova Scotia	"[S]exual abuse" means (i) the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct, or (ii) the use of a child in, or exposure to, prostitution, pornography or any unlawful sexual practice." Source: *Children and Family Services Act*, 1990, s 3 (1) (v)
Nunavut	"A child needs protection where: (c) the child has been sexually molested or sexually exploited by the child's parent or by another person in circumstances where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was unwilling or unable to protect the child; (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person in circumstances where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is unwilling or unable to protect the child." Source: *Child and Family Services Act*, SNWT (Nu) 1997, c.13, s 7.3 (c-d)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 20: Provincial and Territorial Definitions of Sexual Abuse

Province/Territory	Definition of Sexual Abuse
Ontario	"Sexual abuse occurs when a child is used for the sexual gratification of an adult or an older child. The child may co-operate because he or she wants to please the adult or out of fear. It includes sexual intercourse, exposing a child's private areas, indecent phone calls, fondling for sexual purposes, watching a child undress for sexual pleasure, and allowing/forcing a child to look at or perform in pornographic pictures or videos, or engage in prostitution." Source: Ontario Association of Children's Aid Societies (n.d.: *Physical Abuse*)
Prince Edward Island	"(g) the child has been harmed as a result of being sexually exploited for the purpose of prostitution and the parent has failed or been unable to protect the child; (h) the child is at substantial risk of being sexually exploited for the purpose of prostitution and the parent has failed or been unable to protect the child" Source: *Child Protection Act*, RSPEI 1988, c C-5.1, s 9 (g-h)
Quebec	"[S]exual abuse" refers to (1) a situation in which the child is subjected to gestures of a sexual nature by the child's parents or another person, with or without physical contact, including any form of sexual exploitation, and the child's parents fail to take the necessary steps to put an end to the situation; or (2) a situation in which the child runs a serious risk of being subjected to gestures of a sexual nature by the child's parents or another person, with or without physical contact, including a serious risk of sexual exploitation, and the child's parents fail to take the necessary steps to put an end to the situation" Source: *Youth Protection Act*, CQLR c P-34.1, s 38 (d) (1-2)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 20: Provincial and Territorial Definitions of Sexual Abuse

Province/Territory	Definition of Sexual Abuse
Saskatchewan	"Sexual abuse [refers to] any action involving a child in sexual exploitation or sexual activity including touching, exposure, using a child in the making of/or viewing pornography" Source: Government of Saskatchewan (n.d., p. 3) "Physical indicators of sexual abuse include: "unusual or excessive itching in the genital or anal area; pregnancy or sexually transmitted infection; [and] injuries to the genital or anal areas (e.g., bruising, swelling or infection)" Source: Government of Saskatchewan (n.d., p. 3) "Behavioural indicators of sexual abuse include: age-inappropriate sexual play with toys, self, others (e.g., replication of explicit sexual acts); age-inappropriate, sexually explicit drawings and/or descriptions; bizarre, sophisticated or unusual sexual knowledge; involvement in sexual exploitation; cruelty to animals; fear of home, excessive fear of adults; [and] depression or other mental health challenges)" Source: Government of Saskatchewan (n.d., p. 3)
Yukon	"[A] child has been or is likely to be sexually abused or exploited if the child has been or is likely to be (a) inappropriately exposed or subjected to sexual contact, activity or behaviour; including prostitution related activities; or (b) encouraged or counselled to engage in prostitution" Source: Child and Family Services Act, SY 2008, c 1, 21 (2) (a-b)

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Appendix K: Provincial and Territorial Terminology for Emotional Maltreatment

Each province and territory has unique legislation defining and describing responses to emotional maltreatment, also referred to as: emotional abuse; psychological abuse; emotional harm; emotionally injured; psychological ill treatment; or psychological abuse. Table 21 identifies terminology for emotional maltreatment used by provinces and territories. For detailed provincial and territorial definitions, see ***Appendix L: Provincial and Territorial Definitions for Emotional Maltreatment.***

Table 21: Provincial and Territorial Terminology for Emotional Maltreatment

Province/ Territory	Provincial and Territorial Terminology for Emotional Maltreatment
Alberta	• emotional injury Source: Public Health Agency of Canada (2019, p. 18)
British Columbia	• emotional harm Source: Public Health Agency of Canada (2019, pp. 18-19)
Manitoba	• well-being of the child Source: Public Health Agency of Canada (2019, p. 18)
New Brunswick	• emotional well-being of the child Source: Public Health Agency of Canada (2019, pp. 19-20)
Newfoundland and Labrador	• emotional harm Source: Public Health Agency of Canada (2019, p. 19-20)
Northwest Territories	• emotional harm • mental, emotional or developmental condition Source: Public Health Agency of Canada (2019, pp. 19-20)
Nova Scotia	• emotional abuse • mental, emotional or developmental condition Source: Public Health Agency of Canada (2019, p. 21)
Nunavut	• emotional harm • mental, emotional or developmental condition • emotional or mental well-being Source: Public Health Agency of Canada (2019, pp. 21-22)
Ontario	• emotional harm • mental, emotional or developmental condition Source: Public Health Agency of Canada (2019, p. 21)

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Table 21: Provincial and Territorial Terminology for Emotional Maltreatment

Province/ Territory	Provincial and Territorial Terminology for Emotional Maltreatment

Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Prince Edward Island	• emotional harm • emotional condition or harm suffered Source: Public Health Agency of Canada (2019, pp. 23-24)
Quebec	• psychological ill-treatment Source: Public Health Agency of Canada (2019, p. 23)
Saskatchewan	• serious impairment of mental or emotional functioning • emotional harm Source: Public Health Agency of Canada (2019, pp. 23-24)
Yukon	• emotional harm • mental harm Source: Public Health Agency of Canada (2019, p. 24)

Appendix L: Provincial and Territorial Definitions for Emotional Maltreatment

Each province and territory has unique legislation defining and describing emotional maltreatment. Table 22 provides provincial and territorial definitions of emotional maltreatment. Please refer to ***Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019*** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.

Table 22: Provincial and Territorial Definitions for Emotional Maltreatment or Psychological Abuse

Province/ Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Alberta	"[A] child is emotionally injured (i) if there is impairment of the child's mental or emotional functioning or development, and (ii) if there are reasonable and probable grounds to believe that the emotional injury is the result of (A) rejection, (A.1) emotional, social, cognitive or physiological neglect, (B) deprivation of affection or cognitive stimulation, (C) exposure to family violence or severe domestic disharmony, (D) inappropriate criticism, threats, humiliation, accusations or expectations of or toward the child, (E) the mental or emotional condition of the guardian of the child or of anyone living in the same residence as the child; (F) chronic alcohol or drug abuse by the guardian or by anyone living in the same residence as the child" Source*: Child, Youth and Family Enhancement Act*, RSA 2000, c C-12, s 1(1) (3a)
British Columbia	"[A] child is emotionally harmed if the child demonstrates severe (a) anxiety, (b) depression, (c) withdrawal, or (d) self-destructive or aggressive behaviour." Source: *Child, Family and Community Service Act* [RSBC 1996] Chapter 46, s 13 (2) "Reason to believe that a child or youth needs protection from being emotionally harmed may arise due to emotional abuse from a parent. This may range from the parent ignoring to habitually humiliating the child or youth to withholding life-sustaining nurturing. Emotional abuse may occur separately from, or along with, other forms of abuse and neglect. Emotional abuse can include a pattern of: [s]capegoating; [r]ejection; [v]erbal attacks on the child; [t]hreats; [i]nsults; or humiliation. Emotional harm may also be caused by the child or youth living in a situation where there is domestic violence by or towards a person with whom the child or youth resides. Domestic violence may involve physical abuse, threats, verbal insults or psychological abuse such as stalking" Source: Government of British Columbia (2017, p. 4)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
British Columbia (Continued)	"Physical Indicators [of emotional maltreatment include:] [b]ed wetting and/or frequent diarrhea; or [f]requent psychosomatic complaints, headaches, nausea, abdominal pains. Behavioural indicators [of emotional maltreatment include:] [m]ental or emotional development lags; [i]solated and has no friends or complains of social isolation; [b]ehaviours inappropriate for age; [f]ear of failure, overly high standards, reluctant to play; [f]ears consequences of actions, often leading to lying; [e]xtreme withdrawal or aggressiveness, mood swings; [o]verly compliant, too well-mannered; [e]xcessive neatness and cleanliness; [e]xtreme attention-seeking behaviours; [p]oor peer relationships; [s]evere depression, may be suicidal; [r]unaway attempts; [v]iolence is a subject for art or writing; [f]orbidden contact with other children; [s]hows little anxiety towards strangers; or [u]nusual severe anxiety or worries" Source: Government of British Columbia (2017, p. 28)
Manitoba	"Emotional abuse is usually a repeated pattern that includes: repeated exposure to alcohol or drug abuse; repeated verbal attacks, humiliation or rejection; repeated exposure to violence or fighting; forced isolation, restraint or causing fear" Source: Manitoba Child and Family Services (n.d.: *Emotional Abuse*) "Some behavioural signs of emotional abuse could include but are not limited to: depression; withdrawal or aggressive behavior; overly compliant; too neat and clean; habit disorders (sucking, biting, rocking, etc.); learning disorders; sleep disorders; unusual fearfulness; obsessive compulsive behavior; phobias; harming themselves; extreme behavior; suicide attempts; developmental delays" Source: Manitoba Child and Family Services (n.d.: *Emotional Abuse*) "Some physical signs of emotional abuse could include but are not limited to: bed-wetting; headaches; nausea; speech disorders; lags in physical development; [and] disruptive behavior" Source: Manitoba Child and Family Services (n.d.: *Emotional Abuse*)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
New Brunswick	"Emotional maltreatment [r]efers to both emotional abuse and emotional neglect. This might include repeated attacks on a child's sense of self-worth, insults, isolation, rejection, unrealistic expectations or constant criticism. It might also involve terrorizing a child such as threatening to kill the family pet. The law also considers children at risk of emotional abuse if they live in situations of family violence" Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2) "Signs of emotional abuse [include]: child is often alone (at home and around the school); child is passive or acts out aggressively; child has low self-esteem; [and] child is depressed or talks of suicide" Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)
Newfoundland and Labrador	"the indicators of emotional harm exhibited or demonstrated by a child may include: depression; significant anxiety; significant withdrawal; self-destructive behaviour; aggressive behaviour; or delayed development" Source: *Children, Youth and Families Act*, SNL2018 Chapter C-12.3, s 10 (2) (a-f) "parental conduct or living situations that may lead to emotional harm or risk of emotional harm to the child may include: rejection; social deprivation; deprivation of affection; deprivation of cognitive stimulation; subjecting the child to inappropriate criticism, threats, humiliation, accusations or expectations; living in a situation where the mental or emotional health of a parent is negatively affecting the child; living in a situation where a parent is an abuser of alcohol or drugs; or living in a situation where there is violence" Source: *Children, Youth and Families Act*, SNL2018 Chapter C-12.3, s 10 (3) (a-h)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

Province/ Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Northwest Territories	"emotional neglect [refers to] the child's deeper needs for love and affection, a sense of belonging, guidance and stability are not being met" Source: Northwest Territories (2012, p. 7) "emotional abuse [refers to] anything that seriously hurts a child mentally or emotionally. This could include being exposed to constant 'put-downs' and verbal attacks, repeated rejection, or violence in the home" Source: Northwest Territories (2012, p. 7) "(e) the child has demonstrated severe anxiety, depression, withdrawal, self destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e), and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm; g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition; (h) the child has been subject to a pattern of neglect that has resulted in physical or emotional harm to the child; (i) the child has been subject to a pattern of neglect and there is a substantial risk that the pattern of neglect will result in physical or emotional harm to the child; (j) the child has been exposed to domestic violence by or towards a parent of the child, the child has suffered physical or emotional harm from that exposure and the child's parent fails or refuses to obtain services, treatment or healing processes to remedy or alleviate the harm; (k) the child has been exposed to domestic violence by or towards a parent of the child and there is a substantial risk that the exposure will result in physical or emotional harm to the child and the child's parent fails or refuses to obtain services, treatment or healing processes to prevent the harm;

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

Province/ Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Northwest Territories	(l) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (m) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm" Source: *Child and Family Services Act*, SNWT 1997, c.13, s3 and s 3 (e-m)
Nova Scotia	"[E]motional abuse" means acts that seriously interfere with a child's healthy development, emotional functioning and attachment to others such as (i) rejection, (ii) isolation, including depriving the child from normal social interactions, (iii) deprivation of affection or cognitive stimulation, (iv) inappropriate criticism, humiliation or expectations of or threats or accusations toward the child, or (v) any other similar acts;" Source: *Children and Family Services Act*, 1990 s 3(1) (la) (i-v)
Nunavut	(e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm; (g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;"

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Nunavut	(h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's parent is unavailable, unable or unwilling to properly care for the child; (i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's parent is unavailable, unable or unwilling to properly care for the child" Source: *Child and Family Services Act, SNWT (Nu) 1997,* c.13, s 7(3) (e-i)
Ontario	"Emotional abuse is a pattern of behaviour that attacks a child's emotional development and sense of self-worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Emotional abuse includes constantly criticizing, teasing, belittling, insulting, rejecting, ignoring or isolating the child. It may also include exposure to domestic violence." Source: Ontario Association of Children's Aid Societies (n.d.: *Physical Abuse*)
Prince Edward Island	"(k) the child has suffered emotional harm inflicted by a parent, or by another person, where the parent knew or ought to have known that the other person was emotionally abusing the child and the parent failed to protect the child; (l) the child is at substantial risk of suffering emotional harm caused by a parent, or by another person, where the parent knew or ought to have known, that the other person was emotionally abusing the child and the parent failed to protect the child; (m) the child has suffered physical or emotional harm caused by being exposed to domestic violence by or towards a parent; (n) the child is at substantial risk of suffering physical or emotional harm caused by being exposed to domestic violence by or towards a parent; (o) the child requires specific medical, psychological or psychiatric treatment to cure, prevent or ameliorate the effects of a physical or emotional condition or harm suffered, and the parent does not, or refuses to, obtain treatment or is unavailable or unable to consent to treatment; (p) the child suffers from a mental, emotional or developmental condition that, if not addressed, could seriously harm the child and the parent does not or refuses to obtain treatment or is unavailable or unable to consent to services or treatment to remedy or ameliorate the effects of the condition" Source: *Child Protection Act*, RSPEI 1988, c C-5.1, s 9 (k-p)

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Appendix A. Taxonomy – Provincial and Territorial Definitions of Abuse and Neglect
(continued)

Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Quebec	"[P]sychological ill-treatment" refers to a situation in which a child is seriously or repeatedly subjected to behaviour on the part of the child's parents or another person that could cause harm to the child, and the child's parents fail to take the necessary steps to put an end to the situation. Such behaviour includes in particular indifference, denigration, emotional rejection, excessive control, isolation, threats, exploitation, particularly if the child is forced to do work disproportionate to the child's capacity, and exposure to conjugal or domestic violence;" Source: *Youth Protection Act*, CQLR c P-34.1, s 38 (2) (c)
Saskatchewan	"(ii) the child has suffered or is likely to suffer a serious impairment of mental or emotional functioning; (v) the child's development is likely to be seriously impaired by failure to remedy a mental, emotional or developmental condition; or (vi) the child has been exposed to interpersonal violence or severe domestic disharmony that is likely to result in physical or emotional harm to the child" Source: *The Child and Family Services Act*, SS 1989-90, c C-7.2, s 11 (a) (ii, v, vi)
Yukon	"[A] child has been, or is likely to be, emotionally harmed by the conduct of a parent or other person if the parent or other person demonstrates a pattern of behaviour that is detrimental to the child's emotional or psychological well-being." Source: *Child and Family Services Act*, SY 2008, c 1, s 21 (3)

Appendix B. Summary of Process-Related Components of the Final Compensation Framework

Guiding Principles	• The Compensation process will be managed by a **Central Administrator** • The process will follow the principles of best interests of the child, procedural fairness, natural justice, cultural safety and the privacy of beneficiaries • The administrative burden will be minimized for beneficiaries • Standards for implementation and distribution will be set forth by a ***Guide*** (to be developed by the Parties) • Beneficiaries can opt out of the Compensation Process
Location of beneficiaries	• Location of beneficiaries guided by a *Notice Plan* that was developed by the Parties and is included in the Compensation Framework. It is divided into 2 phases: o Preparation phase: ▪ Development of a **claim form** that is clear and adapted for children/youth, people with disabilities, and remote communities ▪ **Training** provided to employees involved with processing applications and locating beneficiaries (e.g. phone line-operators and Navigators) on: 1) cultural safety/diversity, 2) working with children/youth, and 3) in-depth review of Claim Form and Notice Plan ▪ Provision of **mental health supports** and training to mental health support workers who will provide services within communities ▪ Preparation of **financial literacy materials** to support recipients who receive compensation ▪ Development and management of an **Information Line** by the AFN o Distribution Phase: ▪ **Phase 1 - Multi-media campaign:** Notice Plan distribution via print, social media, television, radio that accommodates the different needs of beneficiaries; launch of dedicated website by ISC and the Central Administrator; launch of support and information phone line ▪ **Phase 2 – Distribution of posters and information packages:** Distribution of information packages and posters to First Nations communities and organizations ▪ **Phase 3 – Community notices:** Distribution of notices on local radios, newspapers, and online ▪ **Phase 4 – Ongoing information for the duration of the claim period:** Maintenance of website and phone line • Collaboration with service providers to help identify beneifciaries: o Additional resources will be provided by ISC to service providers who will help identify beneficiaries (i.e. FNCFS agencies; health,early childhood, and social services providers in First Nations communities) o Other service providers will be asked to collaborate to identify beneficiaries, such as: nurses employed by ISC; service providers under the NIHB program; provincial/ territorial government ministries/organizations; Correctional Services Canada o The *Taxonomy of Compensation Categories* will be used to assist identification of compensation categories by service providers[1] • Collaboration with Ministers responsible for child and family services, and health and education, as well as self-governing First Nations governments will be required
Support to beneficiaries	• To reduce the risk of retraumatization, following supports funded by Canada:

[1] Given the evolving interpretation of eligibility since the Taxonomy was drafted, we caution against using it to inform compensation eligibility.

Appendix B. Summary of process-related components of the Final Compensation Framework

throughout the compensation process	○ **Toll-free support line** to provide information on Compensation Process and available supports ○ **Navigators** to support beneficiaries and make referrals to mental health, cultural, and other supports ○ **Mental health and cultural supports** provided through First Nations organizations where possible at no charge to the beneficiaries ○ **"Reasonable financial or other supports"** to First Nations
Timeline for the claims process	• **Implementation Date**: Once the order is no longer under judicial review or appeal, the Parties meet to determine the date of implementation within 15 business days • **Initial Claim Deadline**: Claims received up to 24 months after the Notice Plan is posted on the compensation website, social media, and at least 4 national media sources • **First Extended Claims Deadline**: Claims may be received 12 months after the Initial Claims Deadline if: ○ Community where: 1) implementation of Notice Plan or navigators is delayed; 2) consensus is that there needs to be more time to locate beneficiaries; 3) delay in child and family services' response to request; 4) disruptions in Compensation Process due to unforeseen circumstances; 5) and/or other reasons agreed upon by the Parties ○ Beneficiaries who: 1) are unable to complete process because of medical or mental health reasons; 2) was a minor and no claim was made in their behalf; 3) did not receive a response to a request for information necessary to make a claim; 4) and/or other reasons agreed upon by the Parties • **Second Extended Claims Deadline**: Claims may be received 6 months after the First Extended Claims Deadline if situations pursuant to the First Extended Claims Deadline are not resolved • **Post Claim Period**: Guide will be developed before the Central Administrator finishes its work for claims that were unable to be made during the claim period
Validation of compensation claims	• ISC needs to make any data relevant to identifying beneficiaries available to the Central Administrator for a period of at least 20 years • Records produced by the beneficiary will be destroyed 5 years after payment • Individuals identified by ISC, and FNCFS agencies, First Nations, provincial/ territorial governments/agencies, and professionals/service providers as meeting the requirements for compensation will be part of a **Compensation List** provided to the Central Admnistrator ○ Names on Compensation List will be deemed valid by the Central Administrator ○ If the name does not appear on the Compensation List, the Central Administrator will use the *Guide* (see Guiding Principles) to determine if the beneficiary is eligible ▪ For Jordan's Principle compensation categories, the Claims Admnistrator will take into consideration cultural, linguistic, historical, and geographic factors that could impact eligibility ▪ "individual claims are required in all cases, even where more than one child in a community faced similar unmet needs due to the lack of access to the same or similar essential services" • Caregiving parents and grandparents that sexually, physically, or psychologically abused their children will be identified and put on an **Exclusion List.** ○ Generally, both parents/grandparents would be denied compensation, unless: 1) a non-offending parent/grandparent was also victim of abuse by the other parent; 2) a non-offending parent/grandparent was absent from the home for extended periods for unavoidable reasons; or 3) a non-offending parent/grandparent suffers from a disability that prevented them from intervening or being aware of abuse

Appendix B. Summary of Process-Related Components of the Final Compensation Framework *(continued)*

	○ The Central Administrator can refer parents/grandparents on the Exclusion list to services concerning trauma or behaviours related to child maltreatment
Processing of compensation claims	• Two-level claims process: ○ First-level review of claims by trained first level reviewer that: 1) verifies the completeness of the information; 2) screens claims; and 3) approves them ▪ First level reviewer cannot reject claims ▪ Urgent requests (e.g. beneficiaries in palliative care or in educational or training programs) will be treated more quickly ○ Second-level review of completed claims that are not approved by the first-level reviewer by a second-level committee composed of at least 3 non-political and independent First Nations experts approved by the Parties with knowledge of First Nations child and family services and Jordan's Principle ▪ The committee can work with other independent experts as needed ▪ If the committee denies a claim, a written and clear justification will need to be provided • Potential beneficiaries can ask the committee to reconsider if new information is available, or appeal to an appeals body
Supports for beneficiaries relating to the payment of compensation	• Method of receipt of compensation depends on the situation of the beneficiary: ○ If beneficiary is legally capable of managing their own finances: compensation paid directly to beneficiary ○ If beneficiary deceased or represented by someone who is responsible for their Estate: compensation paid directly to beneficiary's Estate ○ If beneficiary not legally capable of managing their own finances: compensation held in a trust selected by the Parties (i.e. "Appointed Trustees") pursuant to a Trust Agreement agreed upon by the Parties • Financial literacy information will be offered to the beneficiary by the Central Administrator at no cost to the beneficiary and under no obligation to use them • Compensation will not be treated as "income" by the CRA and will not impact the receipt of provincial/federal benefits/assistance/services
Monitoring of the Framework	• Parties will meet with the Central Administrator every 3 months to monitor the implementation the the Compensation Process • Additional needs not already identified that may arise during the compensation process will be addressed • Parties will work to try to facilitate the processing of more complex claims

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations

Four cycles of the Canadian Incidence Study of Reported Child Abuse and Neglect have been conducted: 1998, 2003, 2008 & 2019. In 2019, the study was renamed to the First Nations Canadian Incidence Study of Reported Child Abuse & Neglect (FN/CIS) and was a project of the Assembly of First Nations with core funding from a contribution agreement between the Assembly of First Nations and the Public Health Agency of Canada.

The FN/CIS-2019 Major Findings Report is available at https://cwrp.ca/publications/denouncing-continued-overrepresentation-first-nations-children-canadian-child-welfare. This report provides information on the degree of overrepresentation of First Nations children in the child welfare system. Métis and Inuit children are excluded from this analysis as per Ownership of, Control over, Access to, and Possession of research (OCAP) principles. To date, the research team has not been given instruction around analyses for Métis and Inuit children.

This Appendix provides a description of the rationale for the study, the sampling approach and the limitations to the study design. **It also provides an estimate of the number of investigations that took place on reserve in 2019 and an analysis of select child, family and characteristics associated with these investigations**.

Access to Data

The dataset used for these analyses was constructed using data from the Ontario Incidence Study of Reported Child Abuse and Neglect-2018; administrative data extracted directly from the Québec information system for the year 2019; and data collected directly from investigating workers in the rest of Canada in 2019.

The dataset resides at the University of Toronto under the governance of the First Nations Incidence Advisory Committee. It contains 403 variables. Datasets from prior cycles are also held at the University of Toronto. If you are interested in a secondary analysis of these data using this governance structure, please contact Barbara Fallon barbara.fallon@utoronto.ca. Only national estimates of child abuse and neglect investigations and their associated characteristics can be produced with the data set. **No participating agency/office, worker, office family or child can be identified using these data.**

Rationale

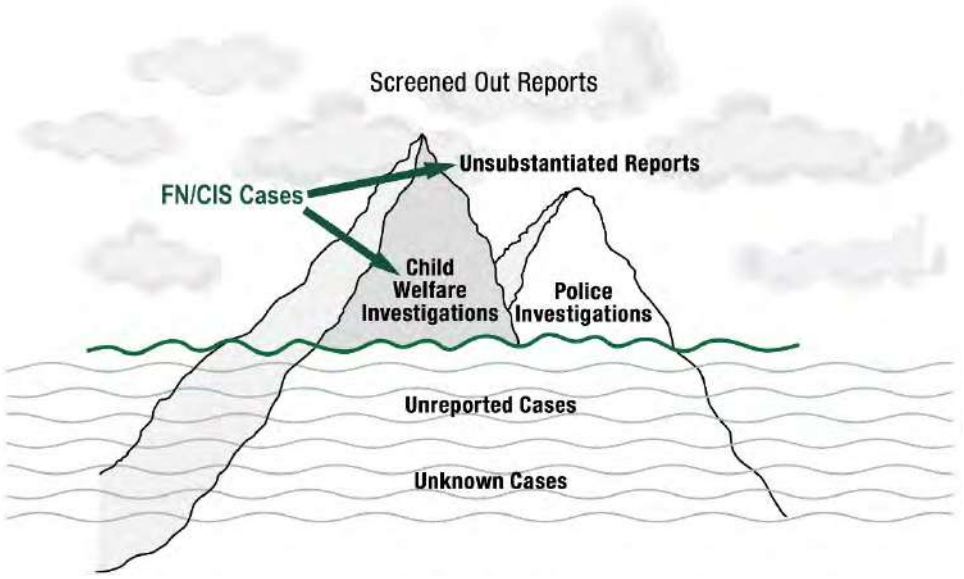
Responsibility for protecting and supporting children at risk of abuse and neglect falls under the jurisdiction of the 13 Canadian provinces and territories and a system of Indigenous child welfare agencies, which have increasing responsibility for protecting and supporting Indigenous children. Because of variations in the types of situations that each jurisdiction includes under its child welfare mandate, as well as differences in the way service statistics are kept, it is difficult to obtain a nation-wide profile of the children and families receiving child welfare services. The FN/CIS is designed to provide such a profile by collecting information on a periodic basis from every jurisdiction using a standardized set of definitions. With core funding from a contribution agreement between the Assembly of First Nations and the Public Health Agency of Canada, and additional funding provided by provincial governments in Ontario and Québec to allow for provincial estimates, the FN/CIS-2019 is the fourth nation-wide study of the incidence and characteristics of investigated child abuse and neglect across Canada.

The FN/CIS collected information directly from a national sample of child welfare workers at the point when they completed their initial investigation of a report of possible child abuse or neglect. The scope of the study is therefore limited to the type of information available to them at that point. As shown in the FN/CIS Iceberg

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

Model (Figure 1), the study only documented situations that were reported to and investigated by child welfare sites. The study **did not include** information about **unreported maltreatment** or information about cases that are **only investigated by the police**[1]**.** Similarly, the FN/CIS did not include screened out cases (referrals that were not open for investigation). While the study reports on short-term outcomes of child welfare investigations, including substantiation status, initial placements in out-of-home care, and court applications, the study **did not track** longer-term **service events that occur beyond the initial investigation.**

*Figure 1 - FN/CIS Iceberg Model**



*Adapted from (1) Trocmé, N., McPhee, D. et al. (1994). Ontario incidence study of reported child abuse and neglect. Toronto, ON: Institute for the Prevention of Child Abuse. and (2) Sedlak, A., J., & Broadhurst, D.D. (1996). Executive summary of the third national incidence study of child abuse and neglect. Washington, DC: U.S. Department of Health and Human Services.

Changes in investigation mandates and practices over the last twenty years have further complicated what types of cases fall within the scope of the FN/CIS. In particular, child welfare authorities are receiving many more reports about situations where the primary concern is that a child may be at risk of future maltreatment but where there are no specific concerns about a possible incident of maltreatment. Because the FN/CIS was designed to track investigations of alleged incidents of maltreatment, it is important to maintain a clear distinction between risk of future maltreatment, and investigations of maltreatment. The FN/CIS-2019 is the second study cycle to separately track both types of cases; however this has complicated comparisons with past cycles of the study.

In addition to variations in mandates and standards between jurisdictions, it is important to consider that these mandates and standards have been changing over time. From 1998 to 2003 the CIS found that rates of investigated maltreatment had nearly doubled (Trocmé, Fallon, MacLaurin et al., 2005)[2]. Most of the available data point to changes in detection, reporting and investigation practices rather than an increase in the number of children being abused or neglected as the reasons for this doubling. Using the analogy of the

[1] In some jurisdictions cases of physical or sexual abuse involving extra-familial perpetrators, for example a babysitter are only investigated by police.
[2] Trocmé, N, Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., et al. (2005). Canadian Incidence Study of Reported Child Abuse & Neglect - 2003: Major Findings. Ottawa, ON Public Health Agency of Canada, 148 pages.

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

iceberg (Figure 1), there is no indication that the iceberg increased between 1998 and 2003, rather, it would appear that the detection line (water line on the iceberg model) dropped, thus leading to an increase in the number of reported and substantiated cases in 2003. The CIS-2003 report points in particular to four important changes: (1) an increase in reports made by professionals, (2) an increase in reports of emotional maltreatment and exposure to intimate partner violence, (3) a larger number of children investigated in each family, and (4) an increase in substantiation rates[3]. These changes are consistent with modifications to legislation and investigation standards in many provinces and territories where statutes and regulations were broadened to include more forms of maltreatment and investigation standards in some jurisdictions required that siblings of reported children be systematically investigated.

A fifth factor that may have also led to an increase in the number of reports was the unintentional inclusion of investigations conducted solely because of concerns about possible risk of future maltreatment. A file review of a sample of CIS-2003 cases conducted in preparation for the CIS-2008 identified a number of cases that actually involved risk-only investigations which had been included in the CIS-2003 because workers identified them as investigations involving incidents of alleged maltreatment. Unfortunately, because the CIS-2003 was not designed to track risk of future maltreatment cases, we cannot estimate the extent to which risk assessments may have contributed to the increase in cases between 1998 and 2003. The CIS-2008 and FN/CIS-2019 cycles of the study were designed to separately track risk of future maltreatment cases separately.

Investigating Maltreatment vs. Assessing Future Risk of Maltreatment

The primary objective of the FN/CIS is to document investigations of situations where there are concerns that a child may have already been abused or neglected. While investigating maltreatment is central to the mandate of child protection authorities, their mandates can also apply to situations where there is no specific concern about past maltreatment but where the risk of future maltreatment is being assessed.

The FN/CIS-2019 tracked risk of future maltreatment investigations and maltreatment investigations separately. Investigating workers were asked to complete a data collection instrument for both types of cases with slight variability in the types of questions asked. For cases involving alleged maltreatment, workers described the specific forms of maltreatment that were investigated and whether the maltreatment was substantiated. In cases that were only opened to assess future risk of maltreatment investigating workers were asked to indicate whether there was a significant risk of future maltreatment, but not to specify the forms of future maltreatment about which they may have had concerns. Specifying the form of future maltreatment being assessed was not feasible given that risk assessments are based on a range of factors including child strengths and vulnerabilities, caregiver addictions, caregiver mental health concerns, and sources of familial support and stress.

Forms of Maltreatment included in the FN/CIS-2019

The FN/CIS-2019 definition of child maltreatment includes 33 forms of maltreatment, subsumed under five categories of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence (see Appendix A: FN/CIS-2019 Guidebook). This classification reflects a fairly broad definition of child maltreatment and includes forms of maltreatment that are not specifically indicated in some provincial and territorial child welfare statutes (e.g., exposure to intimate partner violence). The FN/CIS-2019 tracked up to three forms of maltreatment for each investigation.

[3] In addition to Chapter 9 from the CIS-2003 report, see Trocmé, N., MacLaurin, B., Fallon, B., Black, T., & Lajoie, J. (2005). Child Abuse and Neglect Investigations in Canada: Comparing 1998 and 2003 Data. CECW Information Sheet #26E. Montreal, QC: McGill University, School of Social Work.

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

A source of potential confusion in interpreting child maltreatment statistics lies in inconsistencies in the categories of maltreatment included in different statistics. Most child maltreatment statistics refer to both physical and sexual abuse, but other categories of maltreatment, such as neglect, emotional maltreatment, and exposure to intimate partner violence are not systematically included. There is even less consensus with respect to subtypes or forms of maltreatment.

Investigated Maltreatment vs. Substantiated Maltreatment

Child welfare statutes in most jurisdictions require that professionals working with children and the general public report all situations where they have concerns that a child may have been maltreated or where there is a risk of maltreatment. The investigation phase is designed to determine whether the child was in fact maltreated or not. Some jurisdictions use a two-tiered substantiation classification system that distinguishes between substantiated and unfounded cases, or verified and not verified cases. The FN/CIS uses a three-tiered classification system for investigated incidents of maltreatment, in which a "suspected" level provides an important clinical distinction in certain cases: those in which there is not enough evidence to substantiate maltreatment, but maltreatment cannot be ruled out[4].

In reporting and interpreting maltreatment statistics, it is important to clearly distinguish between risk of future maltreatment investigations, maltreatment investigations, and substantiated cases of maltreatment.

Risk of Harm vs. Harm

Cases of maltreatment that draw public attention usually involve children who have been severely injured or, in the most tragic cases, have died as a result of maltreatment. In practice, child welfare workers investigate and intervene in many situations in which children have not yet been harmed but are at risk of harm. For instance, a toddler who has been repeatedly left unsupervised in a potentially dangerous setting may be considered to have been neglected, even if the child has not yet been harmed.

Provincial and territorial statutes cover children who have suffered demonstrable harm due to abuse or neglect, and children at risk of harm. Substantiation standards in all jurisdictions across Canada include situations where children have been harmed as a result of maltreatment as well as situations where there is no evidence of harm but where children are at substantial risk of harm as a result of maltreatment. The FN/CIS-2019 includes both types of situations in its definition of maltreatment. The study also gathers information about physical and emotional harm attributed to substantiated or suspected maltreatment.

There can be confusion around the difference between risk of harm and risk of maltreatment. A child who has been placed at risk of harm has experienced an event that endangered their physical or emotional health. Placing a child at risk of harm is considered a form of maltreatment. For example, neglect can be substantiated for an unsupervised toddler, regardless of whether or not harm occurs, because the parent is placing the child at substantial risk of harm. In contrast, risk of maltreatment refers to situations where a specific incident of maltreatment has not yet occurred, but circumstances, for instance parental substance abuse, indicate that there is a significant risk that maltreatment could occur in the future.

Study Limitations

Although every effort was made to make the forthcoming FN/CIS-2019 estimates precise and reliable, several limits inherent in the nature of the data collected must be taken into consideration:

- The weights used to derive annual estimates include counts of children investigated more than once during the year; therefore, the unit of analysis for the weighted estimates is a child investigation;

[4] For more information on the distinction between these three levels of substantiation, please see: Trocme, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating between substantiated, suspected, and unsubstantiated maltreatment in Canada. Child Maltreatment, 14(1), 4 – 16.

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

- The national counts that will be presented in FN/CIS-2019 reports are weighted estimates. In some instances, sample sizes are too small to derive publishable estimates;
- The FN/CIS tracks information during approximately the first 45 days of case activity, however there are slight provincial and territorial differences in this length of time; service outcomes such as out-of-home placements and applications to court included only events that occurred during those first approximately 45 days;
- The FN/CIS only tracks reports investigated by child welfare sites and does not include reports that were screened out, cases that were investigated only by the police and cases that were never reported;
- The study is based on the assessments provided by the investigating child welfare workers and could not be independently verified.

Analyses of On Reserve Investigations involving First Nations children 0-17 years of age in Canada in 2019

Workers were asked to endorse the ethno-racial category that best describes the caregiver and to select "Other" if they wished to identify multiple ethno-racial groups and specify in the space provided.

If Indigenous, workers were asked to identify the following:

a) **On/off reserve:** Identify if the caregiver is residing "on" or "off" reserve.
b) **Indigenous status: First Nations status** (caregiver has formal Indian or treaty status, that is registered with Crown-Indigenous Relations and Northern Affairs Canada [formerly INAC]), **First Nations non-status**, **Métis**, **Inuit**, or **Other** (specify and use the *Comments* section if necessary).

Table 1 shows the proportion of investigations involving First Nations children that were conducted on and off reserve. Approximately one quarter of investigations involving First Nations children were conducted on reserve (24 percent).

Table 1 - Estimated Child Maltreatment-related Investigations involving First Nations Children conducted On and Off Reserve in 2019

	n	%
Investigations On Reserve	11,710	24
Investigations Off Reserve	36,745	76
Total Investigations involving First Nations children	48,455	100

Percentages are column percentages.

Child characteristics Associated with On Reserve Investigations in Canada in 2019

Table 2 - Estimated Child Maltreatment Investigations On Reserve: Child Age

	n	%
Under 1 year	766	7
1 to 3 years	2,082	18
4 to 7 years	2,773	24

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

8 to 11 years	2,711	23
12 to 15 years	2,792	24
16 to 17 years	586	5
Total Investigations On Reserve	11,710	100

Percentages are column percentages.

Workers were asked to consider 18 child functioning concerns and to endorse whether the concern was confirmed, suspected, no or unknown. Table 3 presents the frequency of these concerns where 'noted' means either suspected or confirmed.

The child functioning concerns noted most often by the investigating worker note were academic learning difficulties (18 percent), depression, anxiety or withdrawal (17 percent), and attachment issues (12 percent).

Table 3 - Estimated Child Maltreatment-related Investigations On Reserve: Child Functioning Concerns Noted

	n	%
Positive toxicology at birth	705	6
FASD	655	6
Failure to meet developmental milestones	819	7
Intellectual/developmental disability	939	8
Attachment issues	1,434	12
ADHD	805	7
Aggression/conduct issues	1,260	11
Physical disability	163	1
Academic/learning difficulties	2,046	18
Depression/anxiety/withdrawal	1,967	17
Self-harming behaviour	914	8
Suicidal thoughts	777	7
Suicide Attempts	316	3
Inappropriate sexual behaviour	568	5
Running (multiple incidents)	475	4
Alcohol abuse	551	5
Drug/solvent abuse	421	4
At least one child functioning issue	4,542	39

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

Total Investigations On Reserve	11,710	100

Percentages are column percentages. Columns do not add up to 100% because an investigating worker could note more than one child functioning concern.

Primary Caregiver Risk Factors Associated with On Reserve Investigations in Canada in 2019

Workers were asked to consider 9 caregiver functioning concerns and to endorse whether the concern was confirmed, suspected, no or unknown. Table 4 presents the frequency of these concerns and 'noted' means either suspected or confirmed.

The three most frequent risk factors noted for the primary caregiver for investigations involving First Nations children on reserve were alcohol abuse (35 percent), mental health issues (31 percent) and few social supports (29 percent).

Table 4 - Estimated Child Maltreatment-related Investigations On Reserve: Noted Primary Caregiver Risk Factors

	n	%
Alcohol Abuse	4,077	35
Drug/Solvent Misuse	3,295	28
Cognitive Impairment	654	6
Mental Health Issues	3,622	31
Physical Health Issues	969	8
Few Social Supports	3,425	29
Victim of Intimate Partner Violence	2,601	22
Perpetrator of Intimate Partner Violence	943	8
History of Foster Care or Group Home	1,867	16
Total Investigations On Reserve	11,710	100

Percentages are column percentages. Columns do not add up to 100% because an investigating worker could note more than one primary caregiver risk factor.

Household Risk Factors Associated with On Reserve Investigations in Canada in 2019

Several questions asked about the context for the investigation. Table 5 shows the proportion of investigations involving moves, home overcrowding, unsafe housing conditions and running out of money for necessities in the past six months.

One in five investigations on reserve indicated that the household had experienced a move in the past year (13 percent one move; 7 percent two or more moves). In 17 percent of on reserve investigations the worker

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

noted that the home was overcrowded. In 10 percent of investigations the worker noted that the household had run out of money in the past six months for food necessities.

Table 5 - Estimated Child Maltreatment-related Investigations On Reserve: Household Characteristics

	n	%
Number of Moves in the Past Year		
One	1,483	13
Two or more	772	7
Home Overcrowded	2,008	17
Unsafe Housing Conditions	577	5
Run out of Money in the past six months for:		
Food	1,139	10
Housing	310	3
Utilities	410	4
Cell Phone	961	8
Transportation	691	6
Health/Medical Expenses	165	2
Total Investigations On Reserve	11,710	100

Percentages are column percentages. Columns do not add up to 100% because an investigating worker could note more than one household characteristic.

Maltreatment Characteristics for On Reserve Investigations in Canada in 2019

Workers were asked to indicate what the overriding concern was for the investigation at its conclusion and whether the allegation or suspicion of maltreatment was substantiated. In the case of a risk-only investigation, workers were asked to indicate whether there was a confirmed risk of future maltreatment.

As shown in Table 6, neglect was the overriding concern for investigations that were conducted on reserve; 34 percent of investigations were focused on neglect followed by a concern of future risk of maltreatment (31 percent).

Forty-eight percent of investigations were either substantiated or had a finding of confirmed risk (not shown in table). Almost half the substantiated/confirmed investigations involved neglect (48 percent).

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

Table 6 - Estimated Child Maltreatment-related Investigations On Reserve: Primary Concern of Investigation and Substantiation

Primary Type of Investigation	Investigated		Substantiated/ Confirmed Risk	
	n	%	n	%
Physical Abuse	1,037	11	575	10
Sexual Abuse	898	8	325	6
Neglect	3,966	34	2,487	45
Emotional Maltreatment	740	6	512	9
Intimate Partner Violence	1,447	12	1,025	18
Risk Only	3,623	31	644	12
Total Investigations On Reserve	11,710	100	5,568	100

Percentages are column percentages.

Select Service Disposition Outcomes Associated with On Reserve Investigations in Canada in 2019

Workers were asked to indicate whether the child was placed in out of home care and if so, the type of placement.

As shown in Table 7, 22 percent of investigations conducted on reserve resulted in an out of home placement. In eleven percent of investigations, the child was either placed in Kinship out of care (8 percent) or customary care (3 percent). Placement was being considered at the conclusion of the investigation in another 5 percent of on reserve investigations.

Table 7 - Estimated Child Maltreatment-related Investigations On Reserve involving Out-of-Home Placement

Type of Placement	n	%
Kinship Out of care	980	8
Customary care	303	3
Kinship in care	858	7
Foster care (non-kinship)	403	3
Group home/other	--	--
Subtotal: Placement in Out-of-Home Care during Investigation	2,586	22
Placement in Out-of-Home Care Considered	528	5
No Placement	8,596	73

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

Total Investigations On Reserve	11,710	100

'--' Estimate is < 100 investigations. Percentages are column percentages.

Workers were asked to indicate whether a referral(s) was made for any family member to an internal (provided by the agency/office) or external (other agencies/services) service(s).

As shown in Table 8, workers made a service referral in 50 percent of on reserve investigations.

Table 8 - Estimated Child Maltreatment-related Investigations On Reserve: External Service Referrals

	n	%
External Service Referral made for Any Family Member		
Yes	5,882	50
No	5,829	50
Total Investigations On Reserve	11,710	100

Percentages are column percentages.

Methodological Notes

Estimation Procedures

Design

The study design was implemented for the purpose of point estimation and the estimation of variance. The population of agencies was stratified by size. Agencies were selected from each stratum using systematic random sampling in order to take agency size into consideration. The three months (corresponding to October, November, and December) were assumed to be a random sample of the 12 months comprising the calendar year for each agency selected. In each selected month, cases at large agencies were selected using simple random sampling. Please see the FNCIS-2019 for data extraction procedures for data included from the province of Quebec.

Weighting

The data collected from investigating workers for the FN/CIS-2019 are weighted to derive national, annual incidence estimates. Design weights are applied to each case selected in each sampled agency during the three-month case selection period. In order to increase the precision and accuracy of estimates for the overall agency volume for 2019, calibration factors based on known numbers of investigations were applied. This section provides a detailed description of the weighting procedures utilized for the FN/CIS-2019. Please note Table 3 below for notation used.

Table 1 – Weighting Notation

h	stratum
i	agency

j	month
k	case
N_h	number of agencies in stratum h
n_h	number of selected agencies in stratum h
M_{hi}	number of months in the calendar year ($M_{hi}=12$)
m_{hi}	number of selected months in the calendar year ($m_{hi}=3$)
R_{hij}	number of cases in month j of agency I of stratum h
r_{hij}	number of selected cases in month j of agency I of stratum h
s_h	the sample of agencies in stratum h
s_{hi}	the sample of months for agency I in stratum h
s_{hij}	the sample of cases for month j of agency I in stratum h
y_{hijk}	the value of the variable of interest for case k of month j of agency I of stratum h

Design Weights

A design weight will be assigned to each selected case of each sampled agency for the three months.

The design weight for case *k* in month *j* of agency *I* of stratum *h* is given by $d_{hijk}=\frac{N_h}{n_h}\frac{M_{hi}}{m_{hi}}\frac{R_{hij}}{r_{hij}}$.

Note that $\frac{M_{hi}}{m_{hi}}=4$ for all strata *h* and selected agencies $i\in s_h$.

The Design-Based Estimator

The design-based estimator of the total $Y=\sum_h\sum_{i\in U_h}\sum_{j\in U_{hi}}\sum_{k\in U_{hij}}y_{hijk}$ is given by the following expression:

$$\hat{Y}=\sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}}d_{hijk}y_{hijk}$$

The design-based variance of this estimator can be shown to be the following:

$$Var\left(\sum_h\sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}}d_{hijk}y_{hijk}\right)$$

$$=\sum_h N_h(N_h-n_h)\frac{S_h^2}{n_h}+\sum_h\frac{N_h}{n_h}\sum_{i\in U_h}M_{hi}(M_{hi}-m_{hi})\frac{S_{hi}^2}{m_{hi}}+\sum_h\frac{N_h}{n_h}\sum_{i\in U_h}\frac{M_{hi}}{m_{hi}}\sum_{j\in U_{hi}}R_{hij}(R_{hij}-r_{hij})\frac{S_{hij}^2}{r_{hij}}$$

where $S_{hij}^2=\frac{1}{R_{hij}-1}\sum_{k\in U_{hij}}(y_{hijk}-\bar{Y}_{hij})^2$ with $\bar{Y}_{hij}=\frac{1}{R_{hij}}\sum_{k\in U_{hij}}y_{hijk}=\frac{Y_{hij}}{R_{hij}}$

$$S_{hi}^2=\frac{1}{M_{hi}-1}\sum_{j\in U_{hi}}(Y_{hij}-\bar{Y}_{hi})^2 \quad \text{with } \bar{Y}_{hi}=\frac{1}{M_{hi}}\sum_{j\in U_{hi}}Y_{hij}=\frac{Y_{hi}}{M_{hi}}$$

$$S_h^2=\frac{1}{N_h-1}\sum_{i\in U_h}(Y_{hi}-\bar{Y}_h)^2 \quad \text{with } \bar{Y}_h=\frac{1}{N_h}\sum_{i\in U_h}Y_{hi}$$

There are three terms in the variance formula that are important to consider for variance estimation:

Appendix C – FNCIS-2019 – Analysis of On Reserve Investigations Involving First Nations *(continued)*

S_{hij}^2 is the variance of the case values y_{hijk} within month *j* of agency *I* since $\bar{Y}_{hij}$ is their population mean.

S_{hi}^2 is the variance of the monthly totals Y_{hij} in the calendar year of agency *I* if these totals were known for every month in the calendar year. Note that $\bar{Y}_{hi}$ is simply the calendar year mean of these totals for agency *i*.

S_h^2 is the variance of the totals Y_{hi} over all agencies in stratum *h* if these totals were known for every agency *I* in the population. Note that $\bar{Y}_h$ is simply the mean of these totals over all agencies in stratum *h*.

To obtain an estimate of this variance, each of the terms S_{hij}^2, S_{hi}^2 and S_h^2 are replaced by their corresponding design-based estimates.

$$\hat{S}_{hij}^2 = \frac{1}{r_{hij}-1}\sum_{k\in s_{hij}}(y_{hijk}-\hat{\bar{Y}}_{hij})^2 \quad \text{with} \quad \hat{\bar{Y}}_{hij} = \frac{1}{r_{hij}}\sum_{k\in s_{hij}} y_{hijk}$$

$$\hat{S}_{hi}^2 = \frac{1}{m_{hi}-1}\sum_{j\in s_{hi}}(\hat{Y}_{hij}-\hat{\bar{Y}}_{hi})^2 \quad \text{with} \quad \hat{Y}_{hij} = R_{hij}\hat{\bar{Y}}_{hij} \quad \text{and} \quad \hat{\bar{Y}}_{hi} = \frac{1}{m_{hi}}\sum_{j\in s_{hi}}\hat{Y}_{hij}$$

$$\hat{S}_h^2 = \frac{1}{n_h-1}\sum_{i\in s_h}(\hat{Y}_{hi}-\hat{\bar{Y}}_h)^2 \quad \text{with} \quad \hat{Y}_{hi} = M_{hi}\hat{\bar{Y}}_{hi} \quad \text{and} \quad \hat{\bar{Y}}_h = \frac{1}{n_h}\sum_{i\in s_h}\hat{Y}_{hi}$$

Estimated design-based totals $\hat{Y}_{hij}$ and $\hat{Y}_{hi}$ are produced before calculating their respective means $\hat{\bar{Y}}_{hi}$ and $\hat{\bar{Y}}_h$ in the two terms $\hat{S}_{hi}^2$ and $\hat{S}_h^2$. The resulting design-based formula for the estimated variance is the following:

$$\hat{Var}\left(\hat{Y}\right) = \sum_h N_h(N_h-n_h)\frac{\hat{S}_h^2}{n_h} + \sum_h \frac{N_h}{n_h}\sum_{i\in U_h} M_{hi}(M_{hi}-m_{hi})\frac{\hat{S}_{hi}^2}{m_{hi}} + \sum_h \frac{N_h}{n_h}\sum_{i\in U_h}\frac{M_{hi}}{m_{hi}}\sum_{j\in U_{hi}} R_{hij}(R_{hij}-r_{hij})\frac{\hat{S}_{hij}^2}{r_{hij}}$$

where

$$\hat{S}_{hij}^2 = \frac{1}{r_{hij}-1}\sum_{k\in s_{hij}}(y_{hijk}-\hat{\bar{Y}}_{hij})^2 \quad \text{with} \quad \hat{\bar{Y}}_{hij} = \frac{1}{r_{hij}}\sum_{k\in s_{hij}} y_{hijk}$$

$$\hat{S}_{hi}^2 = \frac{1}{m_{hi}-1}\sum_{j\in s_{hi}}(\hat{Y}_{hij}-\hat{\bar{Y}}_{hi})^2 \quad \text{with} \quad \hat{Y}_{hij} = R_{hij}\hat{\bar{Y}}_{hij} \quad \text{and} \quad \hat{\bar{Y}}_{hi} = \frac{1}{m_{hi}}\sum_{j\in s_{hi}}\hat{Y}_{hij}$$

$$\hat{S}_h^2 = \frac{1}{n_h-1}\sum_{i\in s_h}(\hat{Y}_{hi}-\hat{\bar{Y}}_h)^2 \quad \text{with} \quad \hat{Y}_{hi} = M_{hi}\hat{\bar{Y}}_{hi} \quad \text{and} \quad \hat{\bar{Y}}_h = \frac{1}{n_h}\sum_{i\in s_h}\hat{Y}_{hi}$$

Calibration Weights

Given that the total number of cases R_h for the entire year across all agencies in stratum *h* is known, this number can be calibrated. The design-based estimate of R_h is given by the following expression:

$$\hat{R}_h = \sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} d_{hijk} = \sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} \frac{N_h}{n_h}\frac{M_{hi}}{m_{hi}}\frac{R_{hij}}{r_{hij}}$$

In general, $\hat{R}_h$ will not equal R_h, this calibration equation is determined to obtain calibration weights $w_{hijk} = d_{hijk}\, g_{hijk}$ that satisfy the following:

$$\sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} w_{hijk} = R_h$$

The terms g_{hijk} are the adjustment factors or g-weights. It is shown below that these are all the same and equal to $R_h/\hat{R}_h$. It is clear from the general form of the calibration equation that the auxiliary variable in this case is simply $x_{hijk}=1$. From the general form of the calibration weights, for each selected case $k \in s_{hij}$, the following is obtained:

$$
\begin{aligned}
w_{hijk} &= d_{hijk}\, g_{hijk} \\
&= d_{hijk}\left\{ 1+(R_h-\hat{R}_h)\left(\sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} \frac{N_h}{n_h}\frac{M_{hi}}{m_{hi}}\frac{R_{hij}}{r_{hij}} x_{hijk}x_{hijk} \right)^{-1} x_{hijk} \right\} \\
&= d_{hijk}\left\{ 1+(R_h-\hat{R}_h)\left(\sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} \frac{N_h}{n_h}\frac{M_{hi}}{m_{hi}}\frac{R_{hij}}{r_{hij}} \right)^{-1} \right\} \text{ since } x_{hijk}=1 \\
&= d_{hijk}\left\{ 1+(R_h-\hat{R}_h)\left(\hat{R}_h\right)^{-1} \right\} \text{ by definition of } \hat{R}_h \\
&= d_{hijk}\left\{ \frac{R_h}{\hat{R}_h} \right\}
\end{aligned}
$$

This means $g_{hijk}=R_h/\hat{R}_h$ for each selected case $k \in s_{hij}$. The adjustment factor is the same for every selected case in every month of every selected agency of stratum *h*.

The Calibration Estimator

The calibration equation is used in the derivation of the properties of the calibration estimator. A linear relationship is assumed between the variable of interest and the auxiliary variable.

$y_{hijk}=x_{hijk}B_h+e_{hijk}$ for each *j* and *k* within a given *h*

This linear relationship is not necessarily a model. Even though B_h is unknown, it can be regarded as a constant within each stratum *h*. Therefore, the residuals e_{hijk} are implicitly defined by the above representation through the difference $e_{hijk}=y_{hijk}-x_{hijk}B_h$. We do not need to know these residuals. We just need to know how to estimate them later when we consider the estimated variance of our calibration estimator.

The calibration estimator of the total $Y=\sum_h\sum_{i\in U_h}\sum_{j\in U_{hi}}\sum_{k\in U_{hij}} y_{hijk}$ is given by the following expression.

$$
\begin{aligned}
\hat{Y}_C &= \sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} w_{hijk}y_{hijk} \\
&= \sum_h\sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} w_{hijk}y_{hijk} \\
&= \sum_h\sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} w_{hijk}(x_{hijk}B_h+e_{hijk}) \\
&= \sum_h\sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} w_{hijk}(B_h+e_{hijk}) \\
&= \sum_h B_h\sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} w_{hijk} + \sum_h\sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} w_{hijk}e_{hijk} \\
&= \sum_h B_h\, R_h + \sum_h\sum_{i\in s_h}\sum_{j\in s_{hi}}\sum_{k\in s_{hij}} w_{hijk}e_{hijk}
\end{aligned}
$$

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The calibration equation in the above derivation is utilized for the estimator to reflect the calibration property. At this point, $\sum_h B_h R_h$ is a constant since each B_h is constant (although unknown) and R_h is constant and known. The variability in the estimator comes from the second term. This term can be further expanded to examine its properties:

$$\sum_h \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} w_{hijk} e_{hijk}$$

$$= \sum_h \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} \left(1 + \left(\frac{R_h - \hat{R}_h}{\hat{R}_h}\right)\right) e_{hijk} \quad \text{since } w_{hijk} = d_{hijk} g_{hijk} = d_{hijk} \frac{\hat{R}_h}{\hat{R}_h}$$

$$= \sum_h \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} e_{hijk} + \sum_h \left(\frac{R_h - \hat{R}_h}{\hat{R}_h}\right) \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} e_{hijk}$$

$$= \sum_h \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} e_{hijk} + \sum_h \left(\frac{R_h - \hat{R}_h}{\hat{R}_h}\right) \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} (y_{hijk} - x_{hijk} B_h) \quad \text{since } e_{hijk} = y_{hijk} - x_{hijk} B_h$$

$$= \sum_h \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} e_{hijk} + \sum_h \left(\frac{R_h - \hat{R}_h}{\hat{R}_h}\right) \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} (y_{hijk} - B_h) \quad \text{since } x_{hijk} = 1$$

$$= \sum_h \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} e_{hijk}$$

$$+ \sum_h \left(R_h - \hat{R}_h\right) \left(\frac{1}{\hat{R}_h} \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} y_{hijk} - \frac{1}{\hat{R}_h} \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} B_h\right)$$

$$= \sum_h \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} e_{hijk} + \sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)$$

$$\text{since } \hat{R}_h = \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk}$$

$$\text{and } \hat{B}_h = \left(\sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} x_{hijk}\right)^{-1} \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} y_{hijk} = \frac{1}{\hat{R}_h} \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} y_{hijk}$$

Using this last expression, the estimator $\hat{Y}$ is as follows:

$$\hat{Y}_C = \sum_h B_h R_h + \sum_h \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} w_{hijk} e_{hijk}$$

$$= \sum_h B_h R_h + \sum_h \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} e_{hijk} + \sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)$$

The following observations can be made:

The first term $\sum_h B_h R_h$ is constant, so it has no variability due to sampling.

The middle term, $\sum_h \sum_{i\in s_h} \sum_{j\in s_{hi}} \sum_{k\in s_{hij}} d_{hijk} e_{hijk}$, has a form similar to the design-based estimator with e_{hijk} replacing y_{hijk}.

The last term, $\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)$, is a sum over the strata of the product of two random variables $\left(R_h - \hat{R}_h\right)$ and $\left(\hat{B}_h - B_h\right)$. Notably, $\hat{R}_h$ is unbiased for R_h while $\hat{B}_h$ is approximately unbiased for B_h.

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Therefore, the random variable $\left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)$ will have an expected value close to 0 and the sum $\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)$ will also be close to 0. Furthermore, the random variable $\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)$ will be of lower order (or relatively smaller) than the middle term $\sum_h \sum_{i \in s_h} \sum_{j \in s_{hi}} \sum_{k \in s_{hij}} d_{hijk} e_{hijk}$ when the sample sizes are sufficiently large.

An approximation to the expected value of the variance is examined.

$$
\begin{aligned}
E\left(\hat{Y}_C\right) &= E\left(\sum_h B_h R_h + \sum_h \sum_{i \in s_h} \sum_{j \in s_{hi}} \sum_{k \in s_{hij}} d_{hijk} e_{hijk} + \sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)\right) \\
&= \sum_h B_h R_h + E\left(\sum_h \sum_{i \in s_h} \sum_{j \in s_{hi}} \sum_{k \in s_{hij}} d_{hijk} e_{hijk}\right) + E\left(\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)\right) \\
&= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} e_{hijk} + E\left(\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)\right) \\
&= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} (y_{hijk} - B_h) + E\left(\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)\right) \\
&= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} (y_{hijk} - B_h) + E\left(\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)\right) \\
&= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk} - \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} B_h + E\left(\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)\right) \\
&= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk} - \sum_h B_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} 1 + E\left(\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)\right) \\
&= \sum_h B_h R_h + \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk} - \sum_h B_h R_h + E\left(\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)\right) \\
&= \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk} + E\left(\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)\right)
\end{aligned}
$$

This shows that $\hat{Y}_C$ is approximately unbiased for the population total $Y = \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk}$, where the bias is given by the expression $E\left(\sum_h \left(R_h - \hat{R}_h\right)\left(\hat{B}_h - B_h\right)\right)$. It is expected that this bias is close to 0 or relatively small in large samples. Therefore, this last term can be in the estimator $\hat{Y}_C$ and work with its linearized form $\hat{Y}_{Clin}$ given by the following expression.

$$\hat{Y}_{Clin} = \sum_h B_h R_h + \sum_h \sum_{i \in s_h} \sum_{j \in s_{hi}} \sum_{k \in s_{hij}} d_{hijk} e_{hijk}$$

The properties of estimator $\hat{Y}_{Clin}$ should be similar to the properties of estimator $\hat{Y}_C$. $\hat{Y}_{Clin}$ is unbiased for $Y = \sum_h \sum_{i \in U_h} \sum_{j \in U_{hi}} \sum_{k \in U_{hij}} y_{hijk}$ while $\hat{Y}_C$ has a bias close to 0. It is expected that the variance of $\hat{Y}_{Clin}$ is close to the variance of $\hat{Y}_C$. Since the first term is constant, the variance of $\hat{Y}_{Clin}$ is simply the variance of

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$\sum_h \sum_{i \in s_h} \sum_{j \in s_{hi}} \sum_{k \in s_{hij}} d_{hijk} e_{hijk}$. Thus overall: $Var(\hat{Y}_C) \cong Var(\hat{Y}_{Clin}) = Var\left(\sum_h \sum_{i \in s_h} \sum_{j \in s_{hi}} \sum_{k \in s_{hij}} d_{hijk} e_{hijk} \right)$. The variance of $\hat{Y}_{Clin}$ has a familiar design-based look since the formula has the design weights instead of the calibration weights. We simply use e_{hijk} instead of y_{hijk} in the formula shown earlier for the variance of a 3-stage design under simple random sampling at each stage. The terms e_{hijk} are unknown but can be estimated from the sample.

To obtain the variance estimation, the following approach was applied.

In each stratum *h*, estimate B_h by $\hat{B}_h$ was given by the following expression.

$$\hat{B}_h = \left(\sum_{i \in s_h} \sum_{j \in s_{hi}} \sum_{k \in s_{hij}} d_{hijk} x_{hijk} \right)^{-1} \sum_{i \in s_h} \sum_{j \in s_{hi}} \sum_{k \in s_{hij}} d_{hijk} y_{hijk} = \frac{1}{\hat{R}_h} \sum_{i \in s_h} \sum_{j \in s_{hi}} \sum_{k \in s_{hij}} d_{hijk} y_{hijk}$$

In each stratum *h*, the following estimates of e_{hijk} for all units (cases) *k* were calculated:

$$\hat{e}_{hijk} = y_{hijk} - x_{hijk} \hat{B}_h$$

In each stratum *h*, product u_{hijk} for all units (cases) *k* was calculated:

$$u_{hijk} = g_{hijk} \hat{e}_{hijk} = \frac{R_h}{\hat{R}_h} \hat{e}_{hijk}$$

Now replace y_{hijk} by u_{hijk} in the design-based formula for the estimated variance. Calculate the corresponding components keeping in mind the ideas described earlier on their interpretation. At the end, you will get the required estimate for the variance of the calibration estimator.

To obtain the domain estimation of a total, first, y_{hijk} is replaced by a new domain dependent variable $y_{(d)hijk}$ with the following definition over all units (cases) in the sample.

$$y_{(d)hijk} = \begin{cases} y_{hijk} & \text{if } k \in U_d \\ 0 & \text{if } k \notin U_d \end{cases}$$

Then continue as before to produce the point estimate and the variance estimate.

Sample Error Estimation

Sampling error estimates were produced for annual investigation estimates. The error estimates do not account for any errors in determining the design and calibration weights, nor do they account for any other non-sampling errors that may occur, such as inconsistency or inadequacies in administrative procedures from agency to agency. The error estimates also cannot account for any variations due to seasonal effects. The accuracy of the annual estimates depends on the extent to which the sampling period is representative of the whole year.

Case Duplication

Although cases reported more than once during the three-month case sampling period were unduplicated, the weights used for FN/CIS-2019 annual estimates include an unknown number of "duplicate" cases, i.e.

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children or families reported and opened for investigation two or more times during the year. Although each investigation represents a new incident of maltreatment, confusion arises if these investigations are taken to represent an unduplicated count of children. To avoid such confusion, the FN/CIS-2019 uses the term "child investigations" rather than "investigated children".

An estimate of how often maltreated children will be counted more than once can be derived from those jurisdictions that maintain separate investigation-based and child- based counts. The U.S. National Child Abuse and Neglect Data System (NCANDS), reports that for substantiated cases of child maltreatment, the six-month recurrence rate during 2016 was 5.1 per cent[5]. In a 12 month follow-up with 30 Ontario agencies, there was a 15.40% recurrence rate after an investigation closed[6].

[5] https://www.acf.hhs.gov/sites/default/files/cb/cwo2016.pdf
[6] OCANDS 2013-2014, http://www.oacas.org/wp-content/uploads/2016/08/Fact-Sheet-Service-Recurrence-SPI-4-and-5-FINAL-March-2016.pdf

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present)

The following tables were created by the project team based on active agency lists that were provided to us by the FNCFS program at ISC. Agencies marked with an asterisk represent provincial (non-delegated) agencies.

Table D-1. List of provincial/delegated agencies in **Alberta** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

	Years funded by ISC under the FNCFS Program (FY2013-2014 to present)								
CFS Agency	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Akamihk Child and Family Service Society	X	X	X	X	X	X	X	X	✓
Akamkisipatinaw Ohpikihawasowin Association (AKO)	✓	✓	✓	✓	✓	✓	✓	✓	X
Asikiw Mostos O'pikihawasin Society	X	X	X	X	X	X	X	X	✓
Athabasca Tribal Council Limited	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bigstone Cree Nation Child & Family Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Blood Band	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kasohkowew Child & Wellness Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
KTC Child & Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lesser Slave Lake Indian Regional Council	✓	✓	✓	✓	✓	✓	✓	✓	✓
Little Red River Cree Nation Mamawi Awasis Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mamowe Opikihawasowin Tribal Chief Child & Family Services West Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Minister of Finance*	✓	✓	✓	✓	✓	✓	✓	✓	✓
North Peace Tribal Council Child & Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Piikani Child & Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Saddle Lake Band	✓	✓	✓	✓	✓	✓	✓	✓	✓
Siksika Family Services Corporation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Stoney Nakoda Child & Family Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tribal Chief Child & Family Services Society East	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tsuu T'ina Nation Child & Family Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Western Cree Tribal Council – Child, Youth & Family Enhancement Agency	✓	✓	✓	✓	✓	✓	✓	✓	✓
Whitefish Lake CFS	X	X	X	X	X	X	X	X	✓
Yellowhead Tribal Services Agency	✓	X	X	X	X	X	X	X	X

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) *(continued)*

Table D-2. List of provincial/delegated agencies in **British Columbia** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

	Years funded by ISC under the FNCFS Program (FY2013-2014 to present)								
CFS Agency	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Carrier Sekani Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Denisiqi Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Fraser Valley Aboriginal Children And Family Services Society (VACFSS)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Gitxsan Child and Family Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heiltsuk Kaxla Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Knucwentwecw Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ktunaxa/Kinbasket Child and Family Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kwumut Lelum Child and Family Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lalum'utul'Smun'eem Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nezul Be Hunuyeh Child and Family Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nil/Tuo Child and Family Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nlha'7 Kapmx Child and Family Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Northwest Inter-Nation Family and Community Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Scw'Exmx Child and Family Services Society	✓	✓	✓	✓	✓	✓	✓	✓	✓
Secwepemc Child and Family Services Agency	✓	✓	✓	✓	✓	✓	✓	✓	✓
Spallumcheen Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Usma Nuu-chah-nulth Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ministry of Child and Family Development*	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) *(continued)*

Table D-3. List of provincial/delegated agencies in **Manitoba** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

	Years funded by ISC under the FNCFS Program (FY2013-2014 to present)								
CFS Agency	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Anishinaabe Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Awasis Agency of Northern Manitoba	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cree Nation Child and Family Caring Agency	√	✓	✓	✓	✓	✓	✓	✓	✓
Dakota Ojibway Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Intertribal Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Island Lake First Nations Family Services	X	✓	✓	✓	✓	✓	✓	✓	✓
Kinonje Abinoonjiag Nigan Inc.	X	X	X	X	X	X	X	X	✓
Kinosao Sipi Minisowin Agency	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nikan Awasisak Agency	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nisichawayasihk Cree Nation Family and Community Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Opaskwayak Cree Nation Child and Family Services Agency	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peguis Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sagkeeng Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sandy Bay Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Southeast Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
West Region Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) *(continued)*

Table D-4. List of provincial/delegated agencies in **New Brunswick** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

	Years funded by ISC under the FNCFS Program (FY2013-2014 to present)								
CFS Agency	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
4-Directions Child & Family Services	✓	✓	✓	✓	✓	X	X	X	X
Eel Ground Child & Family Services	✓	✓	✓	✓	✓	X	X	X	X
Eel River Bar Child & Family Services [1]	✓	✓	✓	✓	✓	X	X	✓	✓
Elsipogtog Child & Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Esgenoopetitj Child & Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kingsclear Child & Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mig'maq Child and Family Services of NB	X	X	X	X	X	✓	✓	✓	✓
Oromocto Child & Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Province of New Brunswick - Social Development*	✓	✓	✓	✓	✓	✓	✓	✓	✓
St. Mary's Child & Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Woodstock Child & Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓

1 Merged with 4-Directions CFS and Eel Ground CFS to start Mig'maq CFS of NB starting in 2018-2019 and then un-merged in 2020-2021 to present.

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) *(continued)*

Table D-5. List of provincial/delegated agencies in **Newfoundland & Labrador** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

	Years funded by ISC under the FNCFS Program (FY2013-2014 to present)								
CFS Agency	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Miawpukek Family & Children's Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Province of Newfoundland & Labrador Child & Family Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table D-6. List of provincial/delegated agencies in **Nova Scotia** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

	Years funded by ISC under the FNCFS Program (FY2013-2014 to present)								
CFS Agency	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Mi'kmaw Family & Children's Services of Nova Scotia	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table D-7. List of provincial/delegated agencies in **PEI** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

	Years funded by ISC under the FNCFS Program (FY2013-2014 to present)								
CFS Agency	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Mi'kmaq Confederacy of PEI	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) *(continued)*

Table D-8. List of provincial/delegated agencies in **Ontario** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

	Years funded by ISC under the FNCFS Program (FY2013-2014 to present)								
CFS Agency	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Akwesasne Child and Family Services - Ontario	✓	✓	✓	✓	✓	✓	✓	✓	✓
Anishinaabe Abinoojii Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dilico Anishinabek Family Care	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dnaagdawenmag Binnoojiiyag Child and Family Services	X	X	X	X	X	X	✓	✓	✓
Kina Gbezhgomi Child and Family Services	X	X	✓	✓	✓	✓	✓	✓	✓
Kunuwanimano Child and Family Services	X	X	✓	✓	✓	✓	✓	✓	✓
Native Child and Family Services of Toronto	✓	✓	✓	✓	✓	✓	✓	✓	✓
Niijaansinaanik Child and Family Services	X	X	X	X	X	X	X	X	✓
Nogdawindamin Family and Community Services	X	X	X	X	✓	✓	✓	✓	✓
Ogwadeni:deo	X	X	X	X	X	✓	✓	✓	✓
Payukotayno James & Hudson Bay Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tikinagan Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Weechi-It-Te-Win Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Brant Family and Children's Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bruce Grey Child and Family Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Catholic Children's Aid Society of Hamilton*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Catholic Children's Aid Society of Toronto*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Chatham-Kent Children's Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Children's Aid Society London & Middlesex*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Children's Aid Society Nipissing & Parry Sound*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Children's Aid Society of Algoma*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Children's Aid Society of Oxford County*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Children's Aid Society of Simcoe County*	✓	✓	X	X	X	X	X	X	X
Children's Aid Society of Toronto*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dufferin Child & Family Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Durham Children's Aid Society*	✓	✓	✓	✓	✓	✓	✓	✓	✓

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Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) *(continued)*

Table D-8. List of provincial/delegated agencies in **Ontario** that are funded by ISC under the FNCFS program (FY2013-2014 to present) (continued)

CFS Agency	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Family & Children's Services of Renfrew County*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family & Children's Services of St. Thomas and Elgin County*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family and Children's Services Niagara*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family and Children's Services of Frontenac, Lennox and Addington*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family and Children's Services of Guelph and Wellington County*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family and Children's Services of Lanark, Leeds and Grenville*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family and Children's Services of the Waterloo Region*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Family, Youth, and Child Services of Muskoka*	✓	✓	X	X	X	X	X	X	X
Halton Children's Aid Society*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Highland Shores Children's Aid Society*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Huron-Perth Children's Aid Society*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Jewish Family & Child Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kawartha-Haliburton Children's Aid Society*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kenora-Rainy River Districts Child & Family Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓
North Eastern Ontario Family and Children's Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peel Children's Aid Society*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sarnia-Lambton Children's Aid Society*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Simcoe Muskoka Child, Youth Family Services*	X	X	✓	✓	✓	✓	✓	✓	✓
The Children's Aid Society of Haldimand and Norfolk*	✓	✓	✓	✓	✓	✓	✓	✓	✓
The Children's Aid Society of Hamilton*	✓	✓	✓	✓	✓	✓	✓	✓	✓
The Children's Aid Society of Ottawa*	✓	✓	✓	✓	✓	✓	✓	✓	✓
The Children's Aid Society of the District of Thunder Bay*	✓	✓	✓	✓	✓	✓	✓	✓	✓
The Children's Aid Society of the Districts of Sudbury and Manitoulin*	✓	✓	✓	✓	✓	✓	✓	✓	✓
The Children's Aid Society of the United Counties of Stormont, Dundas and Glengarry*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Valoris For Children and Adults of Prescott-Russell*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Windsor-Essex Children's Aid Society*	✓	✓	✓	✓	✓	✓	✓	✓	✓
York Region Children's Aid Society*	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) *(continued)*

Table D-9. List of provincial/delegated agencies in **Quebec** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

	Years funded by ISC under the FNCFS Program (FY2013-2014 to present)								
CFS Agency	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Akwesasne Child and Family Services - Quebec	✓	✓	✓	✓	✓	✓	✓	✓	✓
Bande des Atikamekw d'Opitciwan	✓	✓	✓	✓	✓	✓	✓	✓	✓
Centre Jeuneusse Abitibi-Témisgamingue*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Centre Jeuneusse de l'Outaouais*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Centre Jeuneusse des Laurentides*	✓	✓	✓	✓	✓	✓	✓	✓	✓
Conseil de la Nation Atikamekw (CNA)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Conseil de la Première Nation des Innus Essipit	✓	✓	✓	✓	✓	✓	✓	✓	✓
Conseil des Innus de Pessamit	✓	✓	✓	✓	✓	✓	✓	✓	✓
Conseil des Montagnais de Natashquan	✓	✓	✓	✓	✓	✓	✓	✓	✓
Conseil des Montagnais du Lac St-Jean	✓	✓	✓	✓	✓	✓	✓	✓	✓
Grand Conseil Nation Waban-Aki inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Innu Takuaikan Uashat Mak Mani Utenam	✓	✓	✓	✓	✓	✓	✓	✓	✓
Kitigan Zibi Anishinabeg Nation	✓	✓	✓	✓	✓	✓	✓	✓	✓
Le Regroupement Mamit-Innuat inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Listuguj Mi'gmaq Government	✓	✓	✓	✓	✓	✓	✓	✓	✓
Micmacs of Gesgapegiag	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mino Obigiwasin Services Enfance & Famille	X	X	X	X	X	X	X	X	✓
Mohawk Council of Kahnawake	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nation Huronne Wendat	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nation Innue Matitimekush-Lac-John	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix D. List of FNCFS-Funded Agencies (FY 2013-2014 to present) *(continued)*

Table D-10. List of provincial/delegated agencies in **Saskatchewan** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

	Years funded by ISC under the FNCFS Program (FY2013-2014 to present)								
CFS Agency	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Agency Chiefs Child and Family Services Corp.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ahtahkakoop Child and Family Services Incorporated	✓	✓	✓	✓	✓	✓	✓	✓	✓
Awasisak Nikan	✓	X	X	X	X	✓	✓	✓	✓
Kanaweyimik Child & Family Services Inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Keyanow Child and Family Centre Inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Lac La Ronge Indian Band Child & Family Services Agency Inc	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mistahi Sipiy Child and Family Services	✓	X	X	X	X	X	X	✓	✓
MLTC Child & Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Montreal Lake Child and Family Agency	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nechapanuk Centre Child and Family Services Inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Onion Lake Family Services Inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peter Ballantyne Child & Family Services Inc	✓	✓	✓	✓	✓	✓	✓	✓	✓
QBOW Child and Family Services Inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓
STC Health & Family Services Inc	✓	✓	✓	✓	X	X	X	X	✓
Sturgeon Lake Child and Family Services Inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Touchwood Child and Family Services Inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Wahkotowin Child and Family Services Inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yorkton Tribal Council Child and Family Services	✓	✓	✓	✓	✓	✓	✓	✓	✓
Yuthe Dene Sekwi Chu L A Koe Betsedi Inc.	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ministry of Social Services*	✓	✓	✓	✓	✓	✓	✓	✓	✓

Table D-11. List of provincial/delegated agencies in the **Yukon** that are funded by ISC under the FNCFS program (FY2013-2014 to present)

	Years funded by ISC under the FNCFS Program (FY2013-2014 to present)								
CFS Agency	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Government of Yukon	✓	✓	✓	✓	✓	✓	✓	✓	✓

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present)

The following tables were created by the project team based on First Nations bands lists that were provided to us by the FNCFS program at ISC. Agencies in dark blue represent provincial (non-delegated) agencies

Table E-1. List of First Nations bands and associated agencies in **Alberta** (FY2013–2014 to present)

	Associated CFS Agency (FY2013–2014 to present)								
First Nations Band	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Louis Bull	Akamkisipatinaw Ohpikihawasowin Association (AKO) Akamihk Child and Family Service Society								Asikiw Mostos O'pikihawasin Society
Montana									Akamihk Child and Family Service Society
Athabasca Chipewyan First Nation	Athabasca Tribal Council Limited								
Chipewyan Prairie First Nation									
Fort McKay First Nation									
Fort McMurray First Nation									
Mikisew Cree First Nation									
Bigstone Cree Nation	Bigstone Cree Nation Child & Family Services Society								
Blood	Blood Band								
Samson	Kasohkowew Child & Wellness Society								
Loon River Cree	KTC Child & Family Services								
Lubicon Lake									
Peerless Trout First Nation									
Woodland Cree First Nation									
Whitefish Lake	KTC Child & Family Services								Whitefish Lake CFS
Driftpile Cree Nation	Lesser Slave Lake Indian Regional Council								
Kapawe'no First Nation									
Sawridge First Nation									
Sucker Creek									
Swan River First Nation									

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-1. List of First Nations bands and associated agencies in **Alberta** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Little Red River Cree Nation	Little Red River Cree Nation Mamawi Awasis Society								
Beaver Lake Cree Nation	Mamowe Opikihawasowin Tribal Chief Child & Family Services West Society								
Heart Lake									
Alexander	Minister of Finance								
Alexis Nakota Sioux Nation									
Cold Lake First Nation									
Enoch Cree									
Ermineskin Tribe									
O'Chiese									
Paul									
Smith's Landing First Nation									
Sunchild First Nation									
Beaver First Nation	North Peace Tribal Council Child & Family Services								
Dene Tha'									
Tallcree Tribal Government									
Piikani Nation	Piikani Child & Family Services								
Saddle Lake Cree Nation	Saddle Lake Band								
Siksika Nation	Siksika Family Services Corporation								
Bearspaw	Stoney Nakoda Child & Family Services Society								
Chiniki									
Stoney									
Wesley									
Frog Lake	Tribal Chief Child & Family Services Agency East								
Kehewin Cree Nation									
Tsuut'ina Nation	Tsuu T'ina Nation Child & Family Services Society								
Duncan's First Nation	Western Cree Tribal Council – Child, Youth & Family Enhancement Agency								
Horse Lake First Nation									
Sturgeon Lake Cree Nation									

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present)

	Associated CFS Agency (FY2013–2014 to present)								
First Nations Band	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Squamish	Ayas Men Men Child and Family Services								
Lake Babine Nation	Carrier Sekani Family Services								
Takla Nation									
Nadleh Whuten									
Stellat'en First Nation									
Burns Lake									
Cheslatta Carrier Nation									
Saik'uz First Nation									
Wet'suwet'en First Nation									
Nee-Tahi-Buhn									
Yekooche First Nation									
Skin Tyee									
Xeni Gwet'in First Nations Government	Denisiqi Services Society								
?Esdilagh First Nation									
Tsideldel First Nation									
Yunesit'in Government									
Ulkatcho									
Toosey									

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Aitchelitz	Fraser Valley Aboriginal Children and Family Services Society (FVACFSS)								
Kwantlen First Nation									
Shxwhá:y Village									
Skowkale									
Soowahlie									
Skwah									
Squiala First Nation									
Tzeachten									
Yakweakwioose									
Sumas First Nation									
Leq'á:mel First Nation									
Shxw'ow'hamel First Nation									
Skawahlook First Nation									
Chawathil									
Cheam									
Popkum First Nation									
Matsqui First Nation	Ministry of Child and Family Development			Fraser Valley Aboriginal Children and Family Services Society (FVACFSS)					
Yale First Nation	Ministry of Child and Family Development			Fraser Valley Aboriginal Children and Family Services Society (FVACFSS)					
Kispiox	Gitxsan Child and Family Services Society								
Gitsegukla									
Gitwangak									
Gitanyow									
Glen Vowell									
Heiltsuk	Heiltsuk Kaxla Society								

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Canim Lake	Knucwentwecw Society								
Soda Creek									
Williams Lake First Nation									
Stswecem'c Xgat'tem First Nation									
?aqam	Ktunaxa/Kinbasket Child and Family Services Society								
Tobacco Plains									
?Akisq'nuk First Nation									
Shuswap									
Lower Kootenay									
Ts'uubaa-asatx	Kwumut Lelum Child and Family Services Society								
Stz'uminus First Nation									
Halalt									
Lyackson									
Malahat Nation									
Snuneymuxw First Nation									
Nanoose First Nation									
Penelakut Tribe									
Qualicum First Nation									
Cowichan	Lalum'utul'Smun'eem Child and Family Services								

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Witset First Nation	Ministry of Child and Family Development								
Gitanmaax									
Hagwilget First Nation Government									
Nuxalk Nation									
Kitasoo									
Wuikinuxv Nation									
Saulteau First Nations									
Fort Nelson First Nation									
Prophet River First Nation									
West Moberly First Nations									
Halfway River First Nation									
Blueberry River First Nation									
Doig River First Nation									
Tsleil-Waututh Nation									
Musqueam									
Sechelt									
Homalco									
Klahoose First Nation									
Tla'amin Nation									
N'Quatqua									
Lil'wat Nation									
Sts'ailes									
Kwikwetlem First Nation									
Douglas									
Skatin Nations									
Katzie									
New Westminster									
Samahquam									
Sq'éwlets									
Semiahmoo									
Kwaw-kwaw-Aplit									
Seabird Island									
Peters First Nation									
Tsawwassen First Nation									
Union Bar First Nation									
Bridge River									
Cayoose Creek									
Xaxli'p									
T'it'q'et									
Ts'kw'aylaxw First Nation									
Tsal'alh									
Osoyoos									
Penticton									
Lower Similkameen									
Upper Similkameen									
Westbank First Nation									
Tsay Keh Dene									
Kwadacha									
Lheidli T'enneh									

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Okanagan	Ministry of Child and Family Development								
McLeod Lake									
Campbell River									
Cape Mudge									
K'ómoks First Nation									
Kwikwasut'inuxw Haxwa'mis									
Kwakiutl									
Gwawaenuk Tribe									
Kwiakah									
Mamalilikulla First Nation									
Namgis First Nation									
Tlatlasikwala									
Quatsino									
Da'naxda'xw First Nation									
Tlowitsis Tribe									
Esquimalt									
Pacheedaht First Nation									
Nisga'a Village of Gingolx									
Nisga'a Village of New Aiyansh									
Nisga'a Village of Laxgalt'sap									
Nisga'a Village of Gitwinksihlkw									
Ashcroft									
Little Shuswap Lake									
Oregon Jack Creek									
Boothroyd									
Boston Bar First Nation									
High Bar									
Spuzzum									
Esk'etemc									
Lhtako Dene Nation									
Nazko First Nation									
Lhoosk'uz Dene Nation									
Gwa'Sala-Nakwaxda'xw									

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Dzawada'enuxw First Nation	No formal agreement with an agency			Ministry of Child and Family Development					
Tahltan	Northwest Inter-Nation Family and Community Services Society								
Iskut									
Tl'etinqox Government	Denisiqi Services Society								
Nak'azdli Whut'en	Nezul Be Hunuyeh Child and Family Services Society								
Tl'azt'en Nation									
Binche Whut'en	No formal agreement with an agency								Nezul Be Hunuyeh Child and Family Services Society
Beecher Bay	Nil/Tuo Child and Family Services Society								
Pauquachin									
Tsartlip									
Tsawout First Nation									
Tseycum									
Songhees Nation									
T'Sou-ke First Nation									
Cook's Ferry	Nlha'7 Kapmx Child and Family Services Society								
Kanaka Bar									
Lytton									
Siska									
Skuppah									
Nicomen									

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Gitxaala Nation	Northwest Inter-Nation Family and Community Services Society								
Metlakatla First Nation									
Lax Kw'alaams									
Gitga'at First Nation									
Haisla Nation									
Kitselas									
Kitsumkalum									
Coldwater	Scw'Exmx Child and Family Services Society								
Lower Nicola									
Upper Nicola									
Shackan									
Nooaitch									
Adams Lake	Secwepemc Child & Family Services Agency								
Bonaparte First Nation									
Skeetchestn									
Tk'emlúps te Secwépemc									
Neskonlith									
Simpcw First Nation									
Whispering Pines/Clinton									
Splatsin	Spallumcheen Child and Family Services								

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-2. List of First Nations bands and associated agencies in **British Columbia** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Mowachaht/Muchalaht	Usma Nuu-chah-nulth Child and Family Services								
Ahousaht									
Tla-o-qui-aht First Nations									
Hesquiaht									
Ditidaht									
Huu-ay-aht First Nations									
Hupacasath First Nation									
Tseshaht									
Toquaht									
Uchucklesaht									
Ucluelet First Nation									
Ka:'yu:'k't'h'/Che:k:tles7et'h' First Nations									
Nuchatlaht									
Ehattesaht	Ministry of Child and Family Development	Usma Nuu-chah-nulth Child and Family Services							
Old Massett Village Council	Ministry of Child and Family Development						No formal agreement with an agency		
Skidegate									

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-3. List of First Nations bands and associated agencies in **Manitoba** (FY2013–2014 to present)

	Associated CFS Agency (FY2013–2014 to present)								
First Nations Band	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Lake Manitoba	Anishinaabe Child and Family Services								
Pinaymootang First Nation									
Little Saskatchewan									
Lake St. Martin									
Dauphin River									
God's Lake First Nation	Awasis Agency of Northern Manitoba								
Bunibonibee Cree Nation									
Manto Sipi Cree Nation									
Sayisi Dene First Nation									
York Factory First Nation									
Fox Lake									
Tataskweyak Cree Nation									
Shamattawa First Nation									
Barren Lands									
Northlands Denesuline First Nation									
War Lake First Nation									
Wuskwi Sipihk First Nation	Cree Nation Child and Family Caring Agency								
Marcel Colomb First Nation									
Chemawawin Cree Nation									
Misipawistik Cree Nation									
Mathias Colomb									
Mosakahiken Cree Nation									
Sapotaweyak Cree Nation									

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-3. List of First Nations bands and associated agencies in **Manitoba** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Roseau River Anishinabe First Nation Government	Dakota Ojibway Child and Family Services								
Birdtail Sioux									
Long Plain									
Dakota Plains									
Canupawakpa Dakota First Nation									
Sioux Valley Dakota Nation									
Swan Lake									
Fisher River	Intertribal Child and Family Services								
Kinonjeoshtegon First Nation	Intertribal Child and Family Services								Kinonje Abinoonjiiag Nigan Inc.
Dakota Tipi	Intertribal Child and Family Services			Dakota Ojibway Child and Family Services					
Garden Hill First Nations	Island Lake First Nations Family Services								
St. Theresa Point									
Wasagamack First Nation									
Red Sucker Lake									
Norway House Cree Nation	Kinosao Sipi Minisowin Agency								
Cross Lake Band of Indians	Nikan Awasisak Agency								
Nisichawayasihk Cree Nation	Nisichawayasihk Cree Nation Family and Community Services								
O-Pipon-Na-Piwin Cree Nation									
Opaskwayak Cree Nation	Opaskwayak Cree Nation Child and Family Services								
Peguis	Peguis Child and Family Services								
Fort Alexander	Sagkeeng Child and Family Services								
Sandy Bay	Sandy Bay Child and Family Services								

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-3. List of First Nations bands and associated agencies in **Manitoba** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Black River First Nation	Southeast Child and Family Services								
Brokenhead Ojibway Nation									
Hollow Water									
Buffalo Point First Nation									
Berens River									
Bloodvein									
Little Grand Rapids									
Poplar First River Nation									
Pauingassi First Nation									
O-Chi-Chak-Ko-Sipi First Nation	West Region Child and Family Services								
Ebb and Flow									
Skownan First Nation									
Pine Creek									
Waywayseecappo First Nation Treaty Four – 1874									
Keeseekoowenin									
Rolling River									
Tootinaowaziibeeng Treaty Reserve									
Gambler First Nation									

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-4. List of First Nations bands and associated agencies in **New Brunswick** (FY2013–2014 to present)

	Associated CFS Agency (FY2013–2014 to present)								
First Nations Band	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Buctouche MicMac	4-Directions Child & Family Services					Mi'gmaq Child & Family Services of NB			
Fort Folly									
Indian Island									
Metepenagiag Mi'kmaq Nation									
Pabineau									
Eel Ground	Eel Ground Child & Family Services								
Eel River Bar First Nation	Eel River Bar Child & Family Services					Mi'gmaq Child & Family Services of NB		Eel River Bar Child & Family Services	
Elsipogtog First Nation	Elsipogtog Child & Family Services								
Esgenoopetitj First Nation	Esgenoopetitj Child & Family Services								
Kingsclear	Kingsclear Child & Family Services								
Oromocto First Nation	Oromocto Child & Family Services								
Madawaska Maliseet First Nation	Province of New Brunswick – Social Development								
Tobique									
Saint Mary's	St. Mary's Child & Family Services								
Woodstock	Woodstock Child & Family Services								

Table E-5. List of First Nations bands and associated agencies in **Newfoundland & Labrador** (FY2013–2014 to present)

	Associated CFS Agency (FY2013–2014 to present)								
First Nations Band	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Mushuau Innu First Nations	Province of Newfoundland & Labrador Child & Family Services								
Sheshatshiu Innu First Nation									
Miawpukek	Miawpukek Family & Childrens Services								

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-6. List of First Nations bands and associated agencies in **Nova Scotia** (FY2013–2014 to present)

	Associated CFS Agency (FY2013–2014 to present)								
First Nations Band	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Acadia	Mi'kmaw Family & Children's Services of Nova Scotia								
Paqtnkek Mi'kmaw Nation									
Annapolis Valley									
Bear River									
Potlotek First Nation									
Eskasoni									
Pictou Landing									
Sipekne'katik									
Membertou									
Millbrook									
Wagmatcook									
We'koqma'q First Nation									
Glooscap First Nation									

Table E-7. List of First Nations bands and associated agencies in **PEI** (FY2013–2014 to present)

	Associated CFS Agency (FY2013–2014 to present)								
First Nations Band	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Abegweit	Mi'kmaq Confederacy of PEI								
Lennox Island									

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present)

	Associated CFS Agency (FY2013–2014 to present)								
First Nations Band	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Niisaachewan Anishinaabe Nation	Anishinaabe Abinoojii Family Services								
Eagle Lake									
Grassy Narrows First Nation									
Wabaseemoong Independent Nations									
Northwest Angle No.33									
Anishinabe of Wauzhushk Onigum									
Shoal Lake No.40									
Wabauskang First Nation									
Wabigoon Lake Ojibway Nation									
Naotkamegwanning									
Washagamis Bay									
Mississaugas of the Credit	Brant Family and Children's Services								
Six Nations of the Grand River									
Bay of Quinte Mohawk	Brant Family and Children's Services					Ogwadeni:Deo			
Tuscarora									
Oneida									
Onondaga Clear Sky									
Bearfoot Onondaga									
Upper Cayuga									
Lower Cayuga									
Konadaha Seneca									
Niharondasa Seneca									
Delaware									
Lower Mohawk									
Walker Mohawk									
Upper Mohawk									

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Chippewas of Nawash First Nation	Bruce Grey Child and Family Services								
Saugeen									
Moravian of the Thames	Chatham-Kent Children's Services								
Chippewas of the Thames First Nation	Children's Aid Society London & Middlesex								
Munsee-Delaware Nation									
Oneida Nation of the Thames									
Wasauksing First Nation	Children's Aid Society Nipissing & Parry Sound								Niijaansinaanik Child and Family Services
Shawanaga First Nation									
Magnetawan									
Dokis									
Henvey Inlet First Nation									
Nipissing First Nation	Children's Aid Society Nipissing & Parry Sound								
Temagami First Nation									
Sagamok Anishnawbek	Children's Aid Society of Algoma			Children's Aid Society of Sudbury and Manitoulin	Nogdawindamin Family and Community Services				
Batchewana First Nation	Children's Aid Society of Algoma								
Garden River First Nation									
Mississauga									
Serpent River									
Thessalon									
Michipicoten	Children's Aid Society of Algoma			Dilico Anishinabek Family Care					
Chippewas of Rama First Nation	Children's Aid Society of Simcoe County		Simcoe Muskoka Child, Youth Family Services				Dnaagdawenmag Binnoojiiyag Child and Family Services		
Beausoleil									

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Long Lake No.58 First Nation	Dilico Anishinabek Family Care								
Ginoogaming First Nation									
Fort William									
Gull Bay									
Whitesand									
Pays Plat									
Biigtigong Nishnaabeg									
Red Rock									
Pic Mobert									
Biinjitiwaabik Zaaging Anishinaabek									
Mississaugas of Scugog Island First Nation	Durham Children's Aid Society						Dnaagdawenmag Binnoojiiyag Child and Family Services		
Algonquins of Pikwakanagan First Nation	Family & Children's Services of Renfrew County								
Wahta Mohawk	Family, Youth and Child Services of Muskoka		Simcoe Muskoka Child, Youth Family Services				Dnaagdawenmag Binnoojiiyag Child and Family Services		
Moose Deer Point	Family, Youth and Child Services of Muskoka		Simcoe Muskoka Child, Youth Family Services				Dnaagdawenmag Binnoojiiyag Child and Family Services		
Alderville First Nation	Highland Shores Children's Aid						Dnaagdawenmag Binnoojiiyag Child and Family Services		
Mohawks of the Bay of Quinte	Highland Shores Children's Aid								
Curve Lake	Kawartha-Haliburton Children's Aid Society								
Hiawatha First Nation	Kawartha-Haliburton Children's Aid Society						Dnaagdawenmag Binnoojiiyag Child and Family Services		
Animakee Wa Zhing #37	Kenora-Rainy River Districts Child & Family Services			Anishinaabe Abinoojii Family Services					
Iskatewizaagegan #39 Independent First Nation	Kenora-Rainy River Districts Child & Family Services								
Animbiigoo Zaagi'igan Anishinaabek	No formal agreement with agency					Dilico Anishinabek Family Care			
Bingwi Neyaashi Anishinaabek									

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Missanabie Cree	No formal agreement with agency		Kunuwanimano Child and Family Services						
Flying Post	No formal agreement with agency					Kunuwanimano Child and Family Services			
Taykwa Tagamou Nation	North Eastern Ontario Family and Children's Services		Kunuwanimano Child and Family Services						
Constance Lake									
Matachewan									
Wahgoshig First Nation									
Albany	Payukotayno James & Hudson Bay Family Services								
Attawapiskat									
Moose Cree First Nation									
Weenusk									
Kashechewan									
Walpole Island	Sarnia-Lambton Children's Aid Society								
Chippewas of Kettle and Stony Point									
Aamjiwnaang									
Zhiibaahaasing First Nation	The Children's Aid Society of the Districts of Sudbury and Manitoulin		Kina Gbezhgomi Chilld and Family Services						
Wikwemikong									
Sheguiandah									
Sheshegwaning									
Aundeck-Omni-Kaning									
M'Chigeeng First Nation									
Whitefish River									
Chapleau Cree Nation			Kunuwanimano Child and Family Services						
Mattagami									
Brunswick House									
Chapleau Ojibway									
Atikameksheng Anishnawbek	The Children's Aid Society of the Districts of Sudbury and Manitoulin				Nogdawindamin Family and Community Services				

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Wahnapitae	The Children's Aid Society of the Districts of Sudbury and Manitoulin								Niijaansinaanik Child and Family Services
Eabametoong First Nation	Tikinagan Child and Family Services								
Martin Falls									
Mishkeegogamang									
North Caribou Lake									
Lac Seul									
Wapekeka									
Bearskin Lake									
Pikangikum									
Kitchenuhmaykoosib Inninuwug									
Kasabonika Lake									
Sandy Lake									
Kingfisher									
Muskrat Dam Lake									
Sachigo Lake									
Fort Severn									
Cat Lake									
Wunnumin									
Poplar Hill									
Deer Lake									
North Spirit Lake									
Neskantaga First Nation									
Webequie									
Nibinamik First Nation									
Aroland									
Ojibway Nation of Saugeen									
Slate Falls Nation									
Kee-Way-Win									
McDowell Lake									

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Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-8. List of First Nations bands and associated agencies in **Ontario** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Big Grassy	Weechi-It-Te-Win Family Services								
Anishnnabeg of Naongashiing									
Couchiching First Nation									
Lac La Croix									
Naicatchewenin									
Nigigoonsiminikaaning First Nation									
Rainy River First Nations									
Ojibways of Onigaming First Nation									
Seine River First Nation									
Mitaanjigamiing First Nation									
Chippewas of Georgina Island	York Region Children's Aid Society						Dnaagdawenmag Binnoojiiyag Child and Family Services		
No formal agreement with a band/community	Akwesasne Child and Family Services – Ontario								

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-9. List of First Nations bands and associated agencies in **Quebec** (FY2013–2014 to present)

	Associated CFS Agency (FY2013–2014 to present)								
First Nations Band	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Mohawks of Akwesasne	Akwesasne Child and Family Services – Quebec								
Atikamekw d'Opitciwan	Bande des Atkamekw d'Opitciwan								
Conseil de la Première Nation Abitibiwinni	Centre Jeunesse Abitibi-Témisgamingue								
Communauté anicinape de Kitcisakik									
Nation Anishnabe du Lac Simon									
Timiskaming First Nation									
Kebaowek First Nation									
Long Point First Nation									
Algonquins of Barriere Lake	Centre Jeunesse de l'Outaouais								
Mohawks of Kanesatake	Centre Jeunesse des Laurentides								
Conseil des Atikamekw de Wemotaci	Conseil de la Nation Atikamekw (CNA)								
Les Atikamekw de Manawan									
Innue Essipit	Conseil de la Première Nation des Innus Essipit								
Bande des Innus de Pessamit	Conseil des Innus de Pessamit								
Première Nation des Innus de Nutashkuan	Conseil des Montagnais de Natashquan								
Première Nation des Pekuakamiulnuatsh	Conseil des Montagnais du Lac St-Jean								
Première Nation des Abénakis de Wôlinak	Grand Conseil Nation Waban-Aki inc.								
Odanak									
Innu Takuaikan Uashat Mak Mani-Utenam	Innu Takuaikan Uashat Mak Mani Utenam								
Kitigan Zibi Anishinabeg	Kitigan Zibi Anishinabeg Nation								
Les Innus de Ekuanitshit	Le Regroupement Mamit-Innuat inc.								
Montagnais de Unamen Shipu									
Montagnais de Pakua Shipi									

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-9. List of First Nations bands and associated agencies in **Quebec** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Listuguj Mi'gmaq Government	Listuguj Mi'gmaq Government								
Micmacs of Gesgapegiag	Micmacs of Gesgapegiag								
Mohawks of Kahnawá:ke	Mohawk Council of Kahnawake								
Nation Huronne Wendat	Nation Huronne Wendat								
La Nation Innu Matimekush-Lac John	Nation Innue Matitimekush-Lac-John								

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-10. List of First Nations bands and associated agencies in **Saskatchewan** (FY2013–2014 to present)

	Associated CFS Agency (FY2013–2014 to present)								
First Nations Band	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Big River	Agency Chiefs Child and Family Services Corp.							Mistahi Sipiy Child and Family Services	
Pelican Lake	Agency Chiefs Child and Family Services Corp.								
Witchekan Lake									
Ahtahkakoop	Ahtahkakoop Child and Family Services Incorporated								
Moosomin	Kanaweyimik Child & Family Services Inc								
Red Pheasant									
Saulteaux									
Sweetgrass									
Little Pine	Keyanow Child and Family Centre Inc.								
Lucky Man									
Poundmaker									
Mosquito, Grizzly Bear's Head, Lean Man First Nations	Keyanow Child and Family Centre Inc.	Kanaweyimik Child & Family Services Inc							
Lac La Ronge	Lac La Ronge Indian Band Child & Family Services Agency Inc.								
Thunderchild First Nation	Ministry of Social Services						Awasisak Nisan		
Wahpeton Dakota Nation	Ministry of Social Services			QBOW Child and Family Services Inc					
Okanese	Ministry of Social Services								
Big Island Lake Cree Nation									

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-10. List of First Nations bands and associated agencies in **Saskatchewan** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Canoe Lake Cree First Nation	MLTC Child & Family Services								
Flying Dust First Nation									
Makwa Sahgaiehcan First Nation									
Ministikwan Lake Cree Nation									
Buffalo River Dene Nation									
English River First Nation									
Clearwater River Dene									
Waterhen Lake									
Birch Narrows First Nation									
Montreal Lake	Montreal Lake Child and Family Agency								
Cumberland House Cree Nation	Nechapanuk Centre Child and Family Services Inc.								
Red Earth									
Shoal Lake Cree Nation									
Beardy's and Okemasis	No formal agreement with agency			QBOW Child and Family Services					
Onion Lake Cree Nation	Onion Lake Family Services Inc.								
Peter Ballantyne Cree Nation	Peter Ballantyne Child & Family Services Inc								
Muscowpetung	QBOW Child and Family Services Inc.		Touchwood Child and Family Services Inc.		QBOW Child and Family Services Inc.				
Standing Buffalo	QBOW Child and Family Services Inc.								
Wood Mountain									

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-10. List of First Nations bands and associated agencies in **Saskatchewan** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Muskoday First Nation	STC Health and Family Services Inc				Ministry of Social Services				STC Health and Family Services Inc
Whitecap Dakota First Nation					Agency Chiefs Child and Family Services Corp.				
One Arrow First Nation					Ministry of Social Services				STC Health and Family Services Inc
Mistawasis Nêhiyawak									
Muskeg Lake Cree Nation #102									
Yellow Quill					Ministry of Social Services				
Kinistin Saulteaux Nation					Ministry of Social Services				STC Health and Family Services Inc
Sturgeon Lake First Nation	Sturgeon Lake Child and Family Services Inc								
Pasqua First Nation #79	Touchwood Child and Family Services Inc.								
Day Star									
Fishing Lake First Nation									
George Gordon First Nation									
Muskowekwan									
Kawacatoose									
James Smith	Wahkotowin Child and Family Services Inc.								
Cowessess	Yorkton Tribal Council Child and Family Services								
Kahkewistahaw									
Ochapowace									
Zagime Anishinabek									
White Bear									
Cote First Nation 366									
Keeseekoose									
The Key First Nation									

(continued on following page)

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-10. List of First Nations bands and associated agencies in **Saskatchewan** (FY2013–2014 to present) (*continued*)

First Nations Band	2013–2014	2014–2015	2015–2016	2016–2017	2017–2018	2018–2019	2019–2020	2020–2021	2021–2022
Carry The Kettle	Yorkton Tribal Council Child and Family Services					Ministry of Social Services			
Little Black Bear	Yorkton Tribal Council Child and Family Services								
Nekaneet									
Peepeekisis Cree Nation No.81									
Star Blanket Cree Nation									
Ocean Man									
Pheasant Rump Nakota									
Piapot	Yorkton Tribal Council Child and Family Services					QBOW Child and Family Services Inc.			
Hatchet Lake	Yuthe Dene Sekwi Ch L A Koe Betsedi Inc								

Appendix E. List of FNCFS Agency-Band Associations (FY 2013-2014 to present) *(continued)*

Table E-11. List of First Nations bands and associated agencies in the **Yukon** (FY2013–2014 to present)

	Associated CFS Agency (FY2013–2014 to present)								
First Nations Band	**2013–2014**	**2014–2015**	**2015–2016**	**2016–2017**	**2017–2018**	**2018–2019**	**2019–2020**	**2020–2021**	**2021–2022**
Aishihik	Government of Yukon								
Carcross/Tagish First Nation									
Little Salmon/Carmacks First Nation									
Champagne									
Tr'ondëk Hwëch'in									
First Nation of Nacho Nyak Dun									
Vuntut Gwitchin First Nation									
Ross River Dena Council									
Selkirk First Nation									
Teslin Tlingit Council									
Kwanlin Dun First Nation									
Taku River Tlingit									
Liard First Nation									
Kluane First Nation									
Dease River									
White River First Nation									
Ta'an Kwach'an									

Appendix F. FNCFS IMS – Data Field Descriptions

Source: Unmodified information from ISC staff

Field	Definition
Province or Territory for Reporting	Identifies in which province the recipient operates.
Agency Name	Name of the agency responsible for the delivery of child and family services.
Funding Recipient Number	4 digit number assigned to the First Nation, Agency, Tribal Council or Province.
Submission Type	This identifies if the Data Collection Instrument submitted is an Original, Supplemental, Amendment, or Resubmission.
Reporting Period	Identifies the reporting period of the report.
Fiscal Year	Identifies the fiscal year of the report.
IRS Number/Temporary Non Registered Number	The Indian Registry System (IRS) number of the child placed in protective care. A valid Indian Registry System number is comprised of 10 digits and in the format ##########. If the child is not registered, leave blank and a temporary number for First Nations Child and Family Services purposes (for agencies in regions where available) will be generated. Notification of this temporary number will be provided to the recipient. Temporary Non-Registered Number: This is 13 characters long, assigned to all children in care who are not yet registered as a Status Indian as defined by the *Indian Act*. For further information on the temporary non-registered number, refer to the Child Information Section in the Data Collection Instruments User Guide.
Child's Family Name	The last name of the child who has been placed in care.
Child's Given Name	The first name of the child who has been placed in care.
Date of Birth (YYYY-MM-DD)	The child's date of birth in the format 'Year Month Day'.
Gender (M/F/X/NR)	The gender of the child who has been placed in care.
Child Welfare/Legal Status	Status assigned to the child as per provincial/territorial legislation (e.g. temporary care, voluntary care, permanent care).
Provider Name	This refers to the name of the care provider as identified by the Province/Territory where the child was placed into care (i.e. foster home or group home, etc.). For placement expenses only. Not a mandatory field.
Number of Days in Care (Billable)	The total number of billable days as defined by the pay period of the expense.
Placement Type	Refers to the placement of a child (e.g. group home, foster home, institutional care, kinship care).
Start Pay Date (YYYY-MM-DD)	The first day when the expense incurred, in the format 'Year Month Day'.
End Pay Date (YYYY-MM-DD)	The last day when the expense incurred, in the format 'Year Month Day'.

Appendix F. FNCFS IMS – Data Field Descriptions *(continued)*

Field	Definition
Care Cost	The total placement type cost based on the start pay date, end pay date and the placement type rate.
Additional Child Cost Type	This refers to any additional costs over and above the basic/regular maintenance rate associated with the provision of services for a child in care. Eligible expenditures are set out in the First Nations Child and Family Services Program National Guidelines and must be within Indigenous Services Canada authorities, reasonably comparable to those provided by the Province/Territory and not fundable through other sources. The Categories are: - Child Care Support - Therapy/Assessment Not Covered by Non-insured health benefits for First Nations and Inuit - Family Connection - Health and Well Being Not Covered by Non-insured health benefits for First Nations and Inuit - Education Related Expenses Not Covered by First Nations Education - Legal - Placement Costs - Recreation Allowance - Vacation Allowance - Transportation - Clothing - Other - Not Applicable
Additional Child Cost	This field is to provide the amount paid for the additional child cost that is outside of the basic/regular maintenance rate.
Additional Child Cost Description	This field is to provide additional description of the additional child costs associated with the provision of services for a child in care. Not a mandatory field for all additional child costs.
Post Adoption Subsidy Expense(s)	Post-adoption subsidies and supports are to the adoptive parents and/or supports including counseling services and support for children with special needs to facilitate permanent placement. Not a mandatory field.
Expense Cost	This field is to provide the amount paid for the post adoption subsidy expense.
Expense Description	This field is to provide a description of the post adoption subsidy expense.

Appendix G. FNCFS IMS – Drop Down List Values

Source: Unmodified information from ISC staff

FNCFS IMS – DMS – Drop Down List Values (as of June 2021)

Data Field	Province / Territory	Value
Agency Name	Alberta	9229 AKO Child & Family Services 8289 Kasohkowew Child and Wellness Society (2012) 9326 Yellowhead Tribal Services Agency 0462 Saddle Lake Wahkohtohwin Child Care Society 9098 Tribal Chief Child & Family Services East 9094 Mamowe Opikihawasowin Tribal Chief Child & Family Services West Society 0435 Blood Tribe Child Protection Services 3028 Piikani Child and Family Services 0430 Siksika Family Services Corporation 7867 Stoney Nakoda Child and Family Services Society 9273 Tsuu T'ina Nation Child & Family Services Society 1029 Athabasca Tribal Council Child & Family Services 9250 Bigstone Cree Nation Child and Family Services Society 9424 KTC Child & Family Services 1025 Lesser Slave Lake Indian Regional Council 0447 Little Red River Cree Nation Mamawi Awasis Society 1026 North Peace Tribal Council Child and Family Services 1030 Western Cree Tribal Council - Child, Youth and Family Enhancement Agency 9801 Minister of Finance 5475 Whitefish Lake CFS 0439 Asikiw Mostos O'pikihawasin Society 5717 Akamihk Child and Family Service Society
Agency Name	Manitoba	3004 Nisichawayasihk Cree Nation Family and Community Services 3477 Opaskwayak Cree Nation Child and Family Services Agency 4871 Sandy Bay Child and Family Services 7815 Nikan Awasisak Agency 9315 Anishinaabe Child and Family Services 9316 West Region Child and Family Services 9317 Southeast Child and Family Services 9318 Awasis Agency of Northern Manitoba 9319 Sagkeeng Child and Family Services 9322 Dakota Ojibway Child and Family Services 9340 Cree Nation Child and Family Caring Agency 9342 Intertribal Child and Family Services 9412 Island Lake First Nations Family Services

Appendix G. FNCFS IMS – Drop Down List Values *(continued)*

Data Field	Province / Territory	Value
		9603 Peguis Child and Family Services 9604 Kinosao Sipi Minisowin Agency 5729 Kinonje Abinoonjiiag Nigan Inc.
Agency Name	Yukon	8134 Government of Yukon
Agency Name	Ontario	3625 CHILDREN'S AID SOCIETY OF ALGOMA 3625 BRANT FAMILY AND CHILDREN'S SERVICES 3625 CHATHAM-KENT CHILDREN'S SERVICES 3625 DILICO ANISHINABEK FAMILY CARE 3625 DUFFERIN CHILD & FAMILY SERVICES 3625 DURHAM CHILDREN'S AID SOCIETY 3625 FAMILY & CHILDREN'S SERVICES OF ST. THOMAS AND ELGIN COUNTY 3625 THE CHILDREN'S AID SOCIETY OF HALDIMAND AND NORFOLK 3625 HALTON CHILDREN'S AID SOCIETY 3625 CATHOLIC CHILDREN'S AID SOCIETY OF HAMILTON 3625 THE CHILDREN'S AID SOCIETY OF HAMILTON 3625 JEWISH FAMILY & CHILD SERVICES 3625 KAWARTHA-HALIBURTON CHILDREN'S AID SOCIETY 3625 CHILDREN'S AID SOCIETY LONDON & MIDDLESEX 0159 AKWESASNE CHILD AND FAMILY SERVICES - QUEBEC 3625 FAMILY,YOUTH AND CHILD SERVICES OF MUSKOKA 3625 FAMILY AND CHILDREN'S SERVICES NIAGARA 3625 THE CHILDREN'S AID SOCIETY OF OTTAWA 3625 CHILDREN'S AID SOCIETY OF OXFORD COUNTY 3625 CHILDREN'S AID SOCIETY NIPISSING & PARRY SOUND 3625 PAYUKOTAYNO JAMES & HUDSON BAY FAMILY SERVICES 3625 PEEL CHILDREN'S AID SOCIETY 3625 VALORIS FOR CHILDREN AND ADULTS OF PRESCOTT-RUSSELL 3625 FAMILY & CHILDREN'S SERVICES OF RENFREW COUNTY 3625 SARNIA-LAMBTON CHILDREN'S AID SOCIETY 3625 CHILDREN'S AID SOCIETY OF SIMCOE COUNTY 3625 THE CHILDREN'S AID SOCIETY OF THE UNITED COUNTIES OF STORMONT, DUNDAS AND GLENGARRY 3625 THE CHILDREN'S AID SOCIETY OF THE DISTRICTS OF SUDBURY AND MANITOULIN 3625 THE CHILDREN'S AID SOCIETY OF THE DISTRICT OF THUNDER BAY 3625 TIKINAGAN CHILD AND FAMILY SERVICES 3625 CHILDREN'S AID SOCIETY OF TORONTO 3625 CATHOLIC CHILDREN'S AID SOCIETY OF TORONTO

Appendix G. FNCFS IMS – Drop Down List Values *(continued)*

Data Field	Province / Territory	Value
		3625 FAMILY AND CHILDREN'S SERVICES OF THE WATERLOO REGION 3625 WEECHI-IT-TE-WIN FAMILY SERVICES 3625 FAMILY AND CHILDREN'S SERVICES OF GUELPH AND WELLINGTON COUNTY 3625 WINDSOR-ESSEX CHILDREN'S AID SOCIETY 3625 YORK REGION CHILDREN'S AID SOCIETY 3625 ANISHINAABE ABINOOJII FAMILY SERVICES 3625 HURON-PERTH CHILDREN'S AID SOCIETY 3625 NATIVE CHILD AND FAMILY SERVICES OF TORONTO 3625 KENORA-RAINY RIVER DISTRICTS CHILD & FAMILY SERVICES 3625 AKWESASNE CHILD AND FAMILY SERVICES - ONTARIO 3625 HIGHLAND SHORES CHILDREN'S AID 3625 FAMILY AND CHILDREN'S SERVICES OF FRONTENAC, LENNOX AND ADDINGTON 3625 BRUCE GREY CHILD AND FAMILY SERVICES 3625 NORTH EASTERN ONTARIO FAMILY AND CHILDREN'S SERVICES 3625 FAMILY AND CHILDREN'S SERVICES OF LANARK, LEEDS AND GRENVILLE 3625 KINA GBEZHGOMI CHILD AND FAMILY SERVICES 3625 KUNUWANIMANO CHILD AND FAMILY SERVICES 3625 SIMCOE MUSKOKA CHILD, YOUTH FAMILY SERVICES 3625 NOGDAWINDAMIN FAMILY AND COMMUNITY SERVICES 3625 OGWADENI:DEO 3625 DNAAGDAWENMAG BINNOOJIIYAG CHILD AND FAMILY SERVICES 3625 NIIJAANSINAANIK CHILD AND FAMILY SERVICES
Agency Name	Quebec	0050 Nation Huronne Wendat 0051 Listuguj Mi'GMAQ Government 0052 Micmacs of Gesgapegiag 0070 Mohawks of Kahnawa:ke Band 0073 Kitigan Zibi Anishinabeg Nation 0076 Conseil des Montagnais du Lac St-Jean 0079 Conseil des Atikamekw d'Opitciwan 0080 Innu Takuaikan Uashat Mak Mani Utenam 0083 Conseil des Montagnais de Natashquan 0085 Conseil des Innus de Pessamit 0086 Conseil de la Première Nation des Innus Essipit 0087 Nation Innue Matitimekush-Lac-John 1064 Conseil de la Nation Atikamekw (CNA) 1106 Grand Conseil de la Nation Waban Aki Inc 1140 Le Regroupement Mamit-Innuat inc.

Appendix G. FNCFS IMS – Drop Down List Values *(continued)*

Data Field	Province / Territory	Value
		9060 Centre Jeunesse des Laurentides 9061 Centre Jeunesse de l'Abitibi-Témiscamingue 9062 Centre Jeunesse de l'Outaouais 9387 MINO OBIGIWASIN SERVICES ENFANCE & FAMILLE
Agency Name	Saskatchewan	9217 MLTC Child & Family Services 9246 Kanaweyimik Child & Family Services Inc 9236 Onion Lake Family Services Inc. 9088 KEYANOW CHILD AND FAMILY CENTRE INC. 9295 Peter Ballantyne Child & Family Services Inc 9227 Lac La Ronge Indian Band Child & Family Services Agency Inc. 9357 Montreal Lake Child and Family Agency 6272 Sturgeon Lake Child and Family Family Services Inc. 3037 Nechapanuk Centre Child and Family Services Inc. 3469 Wahkotowin Child and Family Services Inc. 9190 Touchwood Child and Family Services Inc. 9248 Qu'Appelle Child and Family Services Inc. 9329 Yorkton Tribal Council Child and Family Services Incorporated 9356 Ahtahkakoop Child and Family Services Incorporated 9358 Agency Chiefs Child and Family Services Corp. 9542 STC Health & Family Services Inc 32388 STC Health & Family Services Inc 9544 Yuthe Dene Sekwi Chu L A Koe Betsedi Inc. 9422 Ministry of Social Services 9468 Mistahi Sipiy Child and Family Services 8933 Awasisak Nikan
Agency Name	BC	8501 Heiltsuk Kaxla Society 0555 Ayas Men Men Child and Family Services 0600 Spallumcheen Child and Family Services 0642 Lalum'utul'Smun'eem Child and Family Services 1071 Usma Nuu-chah-nulth Child and Family Services 3146 Nezul Be Hunuyeh Child And Family Services Society 3396 Denisiqi Services Society 3519 Secwepemc Child & Family Services Agency 3565 Ktunaxa/Kinbasket Child And Family Service Society 7382 Fraser Valley Aboriginal Children And Family Services Society (FVACFSS) 8026 Carrier Sekani Family Services 9132 Kwumut Lelum Child And Family Services Society

Appendix G. FNCFS IMS – Drop Down List Values *(continued)*

Data Field	Province / Territory	Value
		9278 Nlha'7 Kapmx Child And Family Services Society 9306 Knucwentwecw Society 9568 Nil/Tuo Child And Family Services Society 9586 Northwest Inter-Nation Family And Community Services Society 9633 Gitxsan Child And Family Services Society 9908 Scw'Exmx Child And Family Services Society 9090 Ministry of Children and Family Development (MCFD) 3604 Haida Family and Child Services Society 0631 K'wak'walat'si (Namgis) Child and Family Services
Agency Name	New Brunswick	0003 Elsipogtog Child & Family Services 0005 Esgenoopetitj Child & Family Services 0007 Eel Ground Child & Family Services 0008 Eel River Bar Child & Family Services 3099 4-Directions Child & Family Services 0011 Kingsclear Child & Family Services 0012 Oromocto Child & Family Services 0015 St. Mary's Child & Family Services 9137 Province of New Brunswick - Social Development 0017 Woodstock Child & Family Services 8826 Mi'gmaq Child and Family Services of New Brunswick Inc.
Agency Name	Newfoundland and Labrador	0047 Miawpukek Family & Childrens Services 3484 Province of Newfoundland & Labrador Child & Family Services
Agency Name	Prince Edward Island	3283 Mi'kmaq Confederacy of PEI
Agency Name	Nova Scotia	9006 Mi'kmaw Family & Childrens Services of Nova Scotia
Child Welfare/Legal Status	Alberta	(CA) - Custody Agreement (ICO) - Interim Custody Order (EA) - Emergency Apprehension (TGO) - Temporary Guardianship Order (PGO)- Permanent Guardianship Order (CAG) - Custody Agreement with Guardian Permanent Guardianship Agreement Initial Custody (CAC) - Custody Agreement with Child (SIL) - Supported Independent Living (SFP) - Supports for Permanency (SFAA) – Supports for Financial Assistance Agreement Private Guardianship Order

Appendix G. FNCFS IMS – Drop Down List Values *(continued)*

Data Field	Province / Territory	Value
		Adoption Order
Child Welfare/Legal Status	Manitoba	Permanent Ward (PW) Volunteer Surrender of Guardianship (VSG) Temporary Ward (TW) Voluntary Placement Agreement (VPA) Transitional Planning Apprehension (APPR)
Child Welfare/Legal Status	Yukon	Temporary Care & Custody Permanent Care & Custody Voluntary Care & Custody Adopted
Child Welfare/Legal Status	Ontario	Permanent Voluntary Temporary Voluntary - Adoption Consent Temporary - Child or Youth in Interim Society Care Temporary - Continued Care and Support for Youth Permanent - Child or Youth in Extended Society Care Voluntary - Voluntary Youth Service Agreement Voluntary - Customary Care
Child Welfare/Legal Status	Quebec	Temporary (T) Voluntary (V) Permanent (P)
Child Welfare/Legal Status	Saskatchewan	(Section 7) - Emergency Care (Section 8) - Interim Care - Child Under 12 (Section 9) - Agreement for Residential Services (Section 10) - Agreements re: Child over 16 years (Section 17) - Apprehension (Section 18) - Apprehension persons aged 16 and 17 (Section 35)- Interim Orders (Section 37(1)(b)) - With Person of Sufficient Interest (Section 37(1)(c)) - Temporary Ward (Section 37 (2))- Permanent Ward (Section 37 (3)) - Long Term Care (Section 46)- Permanent Ward - Voluntary Committal (Section 56) - Extension of Support

Appendix G. FNCFS IMS – Drop Down List Values *(continued)*

Data Field	Province / Territory	Value
Child Welfare/Legal Status	BC	V – Voluntary Care Ward T – Temporary Ward P – Permanent (Crown)Ward/Continuing Care Order N/A – None of the above (Out of Care)
Child Welfare/Legal Status	New Brunswick	Permanent (P) Temporary (T) Voluntary (V)
Child Welfare/Legal Status	Newfoundland and Labrador	Permanent (P) Temporary (T) Voluntary (V)
Child Welfare/Legal Status	Prince Edward Island	Permanent (P) Temporary (T) Voluntary (V)
Child Welfare/Legal Status	Nova Scotia	Permanent (P) Temporary (T) Voluntary (V)
Placement Type	Alberta	Foster Home – Children (FC-Child) Foster Care – Agency Foster Care Group Home – Children (GH-Child) Institutional Care Children (IC – Child) Kinship Care (KC) Independent Living
Placement Type	Manitoba	Foster Care Group Home
Placement Type	Yukon	Foster Home Group Home Institutional Care Kinship Care
Placement Type	Ontario	Foster Home Group Home Kinship Care Institutional Care
Placement Type	Quebec	Institution – Other (IC-other) Foster Homes - Child Care (FC-Child) Foster Homes – Tutorship (FC-Tutor) Foster Homes - Intermediate Resources (FC-Inter Resource) Foster Homes – Other (FC Other)

Appendix G. FNCFS IMS – Drop Down List Values *(continued)*

Data Field	Province / Territory	Value
		Group Homes – Other (GH Other) Kinship Care (KC) Aboriginal - Regular Accredited - CISSS/CIUSSS Kinship Care - Not evaluated Tutorship - CISSS/CIUSSS Kinship - CISSS/CIUSSS Aboriginal – Kinship Care Under evaluation - CISSS/CIUSSS Tutorship - FNCFS Agency 100% Tutorship - FNCFS Agency 60% Intermediate Resources Special Authorization Clair foyer Group Home - Mamo Group Home - Kitciminokik Group Home - BMAYS Akwesasne Group Home CISSS Bas-St-Laurent CIUSSS Sag.-Lac-St-Jean CIUSSS Capitale Nationale CIUSSS Mauricie-CentreduQc CIUSSS Estrie CIUSSS Centre-Est-Mtl CIUSSS Ouest-Mtl-Batshaw CISSS Outaouais CISSS Abitibi-Témiscaming. CISSS Côte-Nord (CPRCN) CISSS Gaspésie et Gignu CISSS Chaudière-Appalaches CISSS Laval CISSS Lanaudière CISSS Laurentides CISSS Montérégie-Est Foyers Mishta et Pishimuss
Placement Type	Saskatchewan	Kinship Care - Alternate Care (KC-Alternate) Kinship Care - Person of Sufficient Interest (KC-Person Suf Int) Foster Care

Appendix G. FNCFS IMS – Drop Down List Values *(continued)*

Data Field	Province / Territory	Value
		Foster Care - Emergency Foster Home (FC-Emerge) Foster Care - Therapeutic Foster Home (FC-Therapeutic) Group Home (GH) Institution Care (IC) Place of Safety (PoS) Stabilization / Assessment Center
Placement Type	BC	FR - Foster Regular/Restricted Foster F1 - Foster Level 1 Foster F2 - Foster Level 2 Foster F3 - Foster Level 3 Foster FIL - Foster Independent Living G - Group Home I - Institutional Care K5 - Kinship Care Section 5 Family Support Services (Respite) K8 - Kinship Care Section 8 Extended Family Program K12 - Kinship Care Section 12.2 Youth Agreements KO - Kinship Care Section 35(2)(d)/41(1)(b) Custody to a person other than a parent K54 - Kinship Care Section 54.1 Transfer of Custody
Placement Type	New Brunswick	Foster Care Kinship Care Group Home Care Institution Care
Placement Type	Newfoundland and Labrador	Foster Care Kinship Care Group Home Care Institution Care Foster Care - Island Foster Care - Labrador Foster Care - Remote Labrador Kinship Care - Island Kinship Care - Labrador Kinship Care - Remote Labrador
Placement Type	Prince Edward Island	Foster Care Kinship Care Group Home Care Institution Care
Placement Type	Nova Scotia	Foster Care

Appendix G. FNCFS IMS – Drop Down List Values *(continued)*

Data Field	Province / Territory	Value
		Kinship Care Group Home Care Institution Care

Appendix H. FNCFS IMS – Review of Data Quality

Source: Unmodified information from ISC staff

Data Field	Is the data field mandatory? (Yes/No)	Format of data field (drop-down, text, date, etc.) *If drop-down, please specify response options*	Formula used to measure calculated data fields (Days in Care)	Known data accuracy issues (Yes/No) *If yes, please specify*	Rules used to ensure accuracy *When available*	Data completeness (% missing entries) *For non-mandatory fields*	Data validity (% invalid entries) *Invalid entries: those not included in list of responses or not in right format*	Data usability (% unknown entries) *For data fields that have "unknown" as a response option*
Province or Territory for Reporting	Yes	Yukon British Columbia Alberta Saskatchewan Manitoba Ontario Quebec New Brunswick Newfoundland and Labrador Prince Edward Island Nova Scotia	Not applicable for this field	No	Data Field is based on the Drop down list.	Not applicable for a Mandatory field.	None	None
Agency Name	Yes	Please refer to: FNCFS IMS - DMS - Drop Down List Values	Not applicable for this field	No	Data Field is based on the Drop down list.	Not applicable for a Mandatory field.	None	None
Funding Recipient Number	Yes	Based on agency name. Please refer to: FNCFS IMS - DMS - Drop Down List Values	Not applicable for this field	No	Data Field is based on the Drop down list.	Not applicable for a Mandatory field.	None	None
Submission Type	Yes	Response options: Original, Resubmission, Amendment, Supplemental	Not applicable for this field	No	Data Field is based on the Drop down list.	Not applicable for a Mandatory field.	None	None
Reporting Period	Yes	Drop-down List: April, May, June, July, August, September, October, November, December, January, February, March, Q1, Q2, Q3, Q4	Not applicable for this field	No	Data Field is based on the Drop down list.	Not applicable for a Mandatory field.	None	None
Fiscal Year	Yes	Response options: YYYY-YYYY	Not applicable for this field	No	Data Field is based on the Drop down list.	Not applicable for a Mandatory field.	None	None
IRS Number/Temporary Non Registered Number	Yes	Populated based on the IRS database or Populated based the FNCFS IMS/DMS database	Not applicable for this field	No	Populated based on the IRS database or Populated based the FNCFS IMS/DMS database	Not applicable for a Mandatory field.	None	None
Child's Family Name	Yes	Populated based on the IRS database or Populated based the FNCFS IMS/DMS database	Not applicable for this field	Child details for non-registered children are submitted by the agencies and reviewed by the regions. We have discovered that when the child is registered, a small percentage of the child details is not an exact match with IRS. Please note: when a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child.	When a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child.	Not applicable for a Mandatory field.	None	None

Appendix H. FNCFS IMS – Review of Data Quality *(continued)*

Data Field	Is the data field mandatory? (Yes/No)	Format of data field (drop-down, text, date, etc.) *If drop-down, please specify response options*	Formula used to measure calculated data fields (Days in Care)	Known data accuracy issues (Yes/No) *If yes, please specify*	Rules used to ensure accuracy *When available*	Data completeness (% missing entries) *For non-mandatory fields*	Data validity (% invalid entries) *Invalid entries: those not included in list of responses or not in right format*	Data usability (% unknown entries) *For data fields that have "unknown" as a response option*
Child's Given Name	Yes	Populated based on the IRS database or Populated based the FNCFS IMS/DMS database	Not applicable for this field	Child details for non-registered children are submitted by the agencies and reviewed by the regions. We have discovered that when the child is registered, a small percentage of the child details is not an exact match with IRS. Please note: when a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child.	When a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child.	Not applicable for a Mandatory field.	None	None
Date of Birth	Yes	Date: YYYY-MM-DD	Not applicable for this field	Non-registered child details are submitted by the agencies. We have discovered that when the child is registered, a small percentage of the child details is not an exact match with IRS. Please note: when a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child.	When a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child.	Not applicable for a Mandatory field.	None	None
Gender	Yes	Response options: M/F/X/NR	Not applicable for this field	Child details for non-registered children are submitted by the agencies and reviewed by the regions. We have discovered that when the child is registered, a small percentage of the child details is not an exact match with IRS. Please note: when a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child.	When a non-registered child is assigned an IRS number, all of the child details from IRS are assigned to the child.	Not applicable for a Mandatory field.	None	None
Child Welfare/Legal Status	Yes for placement expenses Yes for additional cost expenses Yes for post adoption subsidy expenses	Please refer to: FNCFS IMS - DMS - Drop Down List Values		A review of the case file for the child would be needed to determine if this is accurate.	During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details.	Not applicable for a Mandatory field.	None	None

Appendix H. FNCFS IMS – Review of Data Quality *(continued)*

Data Field	Is the data field mandatory? (Yes/No)	Format of data field (drop-down, text, date, etc.) *If drop-down, please specify response options*	Formula used to measure calculated data fields (Days in Care)	Known data accuracy issues (Yes/No) *If yes, please specify*	Rules used to ensure accuracy *When available*	Data completeness (% missing entries) *For non-mandatory fields*	Data validity (% invalid entries) *Invalid entries: those not included in list of responses or not in right format*	Data usability (% unknown entries) *For data fields that have "unknown" as a response option*
Provider Name	No for placement expenses N/A for additional cost expenses (this field is not submitted for an additional cost expense) N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense)	Text	Not applicable for this field	A review of the case file for the child would be needed to determine if this is accurate.	During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review.	21.83%	None. This field is populated or blank	None. This field is populated or blank
Number of Days in Care (Billable)	Yes for placement expenses N/A for additional cost expenses (this field is not submitted for an additional cost expense) N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense)	Calculated value	Based on the Start Pay Date and the End Pay Date (all dates are inclusive) = End Pay Date minus Start Pay Date plus 1	Not applicable for this field	Data Field is a calculated value.	Not applicable for a Mandatory field.	None	None
Placement Type	Yes for placement expenses Yes for additional cost expenses N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense)	Please refer to: FNCFS IMS - DMS - Drop Down List Values	Not applicable for this field	A review of the case file for the child would be needed to determine if this is accurate.	During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review.	Not applicable for a Mandatory field.	None	None
Start Pay Date	Yes for placement expenses Yes for additional cost expenses Yes for post adoption subsidy expenses	Date: YYYY-MM-DD	Not applicable for this field	A review of the case file for the child would be needed to determine if this is accurate.	During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review.	Not applicable for a Mandatory field.	None	None

Appendix H. FNCFS IMS – Review of Data Quality *(continued)*

Data Field	Is the data field mandatory? (Yes/No)	Format of data field (drop-down, text, date, etc.) *If drop-down, please specify response options*	Formula used to measure calculated data fields (Days in Care)	Known data accuracy issues (Yes/No) *If yes, please specify*	Rules used to ensure accuracy *When available*	Data completeness (% missing entries) *For non-mandatory fields*	Data validity (% invalid entries) *Invalid entries: those not included in list of responses or not in right format*	Data usability (% unknown entries) *For data fields that have "unknown" as a response option*
End Pay Date	Yes for placement expenses Yes for additional cost expenses Yes for post adoption subsidy expenses	Date: YYYY-MM-DD	Not applicable for this field	A review of the case file for the child would be needed to determine if this is accurate.	During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review.	Not applicable for a Mandatory field.	None	None
Care Cost	Yes for placement expenses N/A for additional cost expenses (this field is not submitted for an additional cost expense) N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense)	$0.00	Not applicable for this field	A review of the case file for the child would be needed to determine if this is accurate.	During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review.	Not applicable for a Mandatory field.	None	None
Additional Child Cost Type	N/A for placement expenses (this field is not submitted for a placement expense) Yes for additional cost expenses N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense)	Child Care Support Clothing Therapy/Assessment Family Connection Health and Well Being not Covered by NIHB Education Related Expenses not Covered by FN Program Legal Placement costs Recreation Allowance Vacation Allowance Transportation Other Not Applicable	Not applicable for this field	A review of the case file for the child would be needed to determine if this is accurate.	During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, a region often does not update the field based on the results of the compliance review.	Not applicable for a Mandatory field.	None	None

Appendix H. FNCFS IMS – Review of Data Quality *(continued)*

Data Field	Is the data field mandatory? (Yes/No)	Format of data field (drop-down, text, date, etc.) *If drop-down, please specify response options*	Formula used to measure calculated data fields (Days in Care)	Known data accuracy issues (Yes/No) *If yes, please specify*	Rules used to ensure accuracy *When available*	Data completeness (% missing entries) *For non-mandatory fields*	Data validity (% invalid entries) *Invalid entries: those not included in list of responses or not in right format*	Data usability (% unknown entries) *For data fields that have "unknown" as a response option*
Additional Child Cost	N/A for placement expenses Yes for additional cost expenses N/A for post adoption subsidy expenses	$0.00	Not applicable for this field	A review of the case file for the child would be needed to determine if this is accurate.	During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, a region may not update the field based on the compliance review.	Not applicable for a Mandatory field.	None	None
Additional Child Cost Description	N/A for placement expenses (this field is not submitted for a placement expense) No for additional cost expenses N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense)	Text	Not applicable for this field	A review of the case file for the child would be needed to determine if this is accurate.	During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review.	11.66%	None. This field is populated or blank	None. This field is populated or blank
~~**Post Adoption Subsidy Expense(s)**~~								
Expense Cost	N/A for placement expenses (this field is not submitted for a placement expense) N/A for additional cost expenses (this field is not submitted for an additional cost expense) Yes for post adoption subsidy expenses	$0.00	Not applicable for this field	A review of the case file for the child would be needed to determine if this is accurate.	During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review.	Not applicable for a Mandatory field.	None	None

Appendix H. FNCFS IMS – Review of Data Quality *(continued)*

Data Field	Is the data field mandatory? (Yes/No)	Format of data field (drop-down, text, date, etc.) *If drop-down, please specify response options*	Formula used to measure calculated data fields (Days in Care)	Known data accuracy issues (Yes/No) *If yes, please specify*	Rules used to ensure accuracy *When available*	Data completeness (% missing entries) *For non-mandatory fields*	Data validity (% invalid entries) *Invalid entries: those not included in list of responses or not in right format*	Data usability (% unknown entries) *For data fields that have "unknown" as a response option*
Expense Description	N/A for placement expenses (this field is not submitted for a placement expense) N/A for additional cost expenses (this field is not submitted for an additional cost expense) No for post adoption subsidy expenses	Text	Not applicable for this field	A review of the case file for the child would be needed to determine if this is accurate.	During a compliance review, the regions may review a small number of expenses or a portion of the case file for a child to confirm the expense details. After a compliance visit, it is not known if a region updates the field based on the results of the compliance review.	3.94%	None. This field is populated or blank	None. This field is populated or blank
Net New Admission	No for placement expenses N/A for additional cost expenses (this field is not submitted for an additional cost expense) N/A for post adoption subsidy expenses (this field is not submitted for a post adoption subsidy expense)	Response options: Yes or No or Blank	Not applicable for this field	Yes - Known Data Accuracy Issues. This field was introduced by the FNCFS Program in the middle of FY 13-14 as a non-mandatory field. The majority of the agencies did not report using this field. Also, agencies reported this field incorrectly. The regions do not use this field. The regions do not review this field.	This field was introduced by the FNCFS Program in the middle of FY 13-14 as a non-mandatory field. The majority of the agencies did not report using this field. Also, agencies reported this field incorrectly. The regions do not review this field.	This field was introduced by the FNCFS Program in the middle of FY 13-14 as a non-mandatory field. The majority of the agencies did not report using this field. Also, agencies reported this field incorrectly. The regions do not review this field.	This field was introduced by the FNCFS Program in the middle of FY 13-14 as a non-mandatory field. The majority of the agencies did not report using this field. Also, agencies reported this field incorrectly. The regions do not review this field.	This field was introduced by the FNCFS Program in the middle of FY 13-14 as a non-mandatory field. The majority of the agencies did not report using this field. Also, agencies reported this field incorrectly. The regions do not review this field.

Appendix I. Overview of the Availability and Quality of Child Maintenance Data Held by the FNCFS Program at ISC From FY 2013-2014 to Present

The data dictionary for the FNCFS IMS is available in Appendix F and the associated drop-down response options can be found in Appendix G. The project team created a template requesting information regarding the availability, completeness, and accuracy of the specified data fields. This template was shared with ISC staff familiar with the administrative data system currently in use (from fiscal year 2013-2014 onwards). Responses to this template are available in Appendix H. Using these documents, the project team has provided an overview of the availability of data held in the IMS as they relate to the CHRT compensation categories in the table below.

Data quality was assessed using three considerations:

- **Data availability** is an assessment of whether a data field is available and whether it can be retrieved.
- **Data completeness** is an assessment of the comprehensiveness and wholeness of data. Low completeness means that there is missing, or the "unknown" category is widely endorsed data.
- **Data accuracy** is an assessment of whether the data value is consistently interpreted as intended

In addition to an evaluation of data quality, we also determined the **applicability** of data – the ability of the variable to determine or assist with operationalizing the compensation classes.

Table I.1 Availability in FNCFS IMS data (FY 2013-2014 to present) to help identify eligible claimants under the child welfare compensation categories

First Nations Child and Family Services Program at ISC – Review of data availability from FY 2013-2014 to present
Data system used: Information Management System (IMS)

Type of information needed	Information of interest	Availability Is the information available as a data field?	Completeness	Accuracy	Summary Issues identified
Can the child in out-of-home placement be identified?	Child Name (Family Name, Given Name)	Yes	Mandatory field	Some inconsistencies noted for a small % of non-registered children when they become registered[1]	Minor **accuracy** issue
	Child Date of Birth	Yes	Mandatory field	Some inconsistencies noted for a small % of non-registered children when they become registered[1]	Minor **accuracy** issue
	Child Indian Registration Number	Yes	Mandatory field	No	No issues identified

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

1 When a non-registered child is assigned an IRS number, all of the child details (e.g. name, DOB, gender) from IRS are assigned to the child. At this point in time, if there were errors in the name or DOB, they are noted and corrected by syncing with the government registration file.

Appendix I. Overview of the Availability and Quality of Child Maintenance Data Held by the FNCFS Program at ISC from FY 2013-2014 to Present *(continued)*

Table I.1 Availability in FNCFS IMS data (FY 2013-2014 to present) to help identify eligible claimants under the child welfare compensation categories *(continued)*

Type of information needed	Information of interest	Availability Is the information available as a data field?	Completeness	Accuracy	Summary Issues identified
Is the child First Nations?	Child's First Nations identity	Yes: all children in IMS are First Nations (with status or eligible for status)[2]	N/A	Some practice differences[3]	Minor **accuracy** and **applicability** issue
Child lives on-reserve?	Child residence on/off reserve	Yes: all children in IMS should be "ordinarily resident on reserve"[4]	N/A	Some regional and practice differences[5]	Minor **accuracy** issue
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	No	N/A	N/A	✖ Info. not available
	Caregiver Indian Registration Number	No	N/A	N/A	✖ Info. not available
Is the caregiver First Nations?	Caregiver's First Nations identity	No	N/A	N/A	✖ Info. not available
When was the child placed?	Dates of Start/End placement	Yes, through Start pay date and End pay date[6]	Mandatory field	Accuracy cannot be determined unless case files reviewed	Potential **accuracy** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | ✖ No information available | ? Information not provided | Applicability issue

(continued on following page)

2 The definition of **First Nations child** used by the FNCFS program at ISC is the following: "First Nation Child" refers to an Indian Child that is registered or eligible to be registered (under the *Indian Act*). The Social Programs National Manual also makes reference to specific communities of First Nations that may not (at the time) have a recognized reserve and to whom services were provided none the less. As such, this definition ***does not include*** "individuals who have been recognized as citizens by their First Nations" but are not eligible for status

3 There are times when the experiences of children and families do not neatly 'fit' into pre defined categories. Regions/agencies, in these cases, may make decisions on a case-by-case basis.

4 The residence of a child who comes into the care of a mandated child welfare authority is derived from the residency of the child's parent or guardian at the time the child is taken into care. Individuals who are off reserve for the purpose of obtaining educational, medical or social services not available on reserve because there is no reasonably comparable service available are considered ordinarily resident on-reserve. Definition of **Ordinarily Resident on Reserve** from the Social Programs National Manual (Sec 2.1.16): "For the purpose of providing child and family services, "ordinarily resident on reserve" means that an individual: 1) lives at a civic address on reserve; or 2) in the case of children in joint custody, lives more than 50% of the time on reserve; or 3) stays on the reserve and has no usual home elsewhere."

5 Regions, in concert with the agency, determine eligibility according to program guidelines. For example, in Manitoba it is where the child is taken into care that determines who funds services.
Furthermore, ISC recognizes that the circumstances of children and families are diverse and this requires flexibility. That is, there have been special circumstances for supporting individuals living in some non-reserve communities or who are members of land-less Indian Bands as being "ordinarily resident on reserve" for the purpose of being eligible to receive programs and services.

6 It is important to note that this information is tied to expenses, it therefore cannot be used to determine if a child moved between different placements during one "spell in care."

Appendix I. Overview of the Availability and Quality of Child Maintenance Data Held by the FNCFS Program at ISC from FY 2013-2014 to Present *(continued)*

Table I.1 Availability in FNCFS IMS data (FY 2013-2014 to present) to help identify eligible claimants under the child welfare compensation categories *(continued)*

Type of information needed	Information of interest	Availability Is the information available as a data field?	Completeness	Accuracy	Summary Issues identified
Child placed outside of their home and community?	Caregiver's address at time of removal	No	N/A	N/A	✖ Info. not available
	Address of placement	No	N/A	N/A	✖ Info. not available
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Partial: for all ISC regions, except for MB, info. is provided on whether child placed in kinship care	Mandatory field	Accuracy cannot be determined unless case files reviewed	○ Potential **accuracy** issue and minor **applicability** issue
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	No	N/A	N/A	✖ Info. not available
	Substantiation or verification level (maltreatment and risk)	No	N/A	N/A	✖ Info. not available
	Alleged perpetrator	No	N/A	N/A	✖ Info. not available
	Reason for placement	No	N/A	N/A	✖ Info. not available
Child placed in order to receive essential services?	Child placed to receive essential services	No	N/A	N/A	✖ Info. not available

Level of issue: ● None identified | ● None identified; some info not provided | ● Minor | ○ Potential | ● Medium | ● Significant | ✖ No information available | ? Information not provided | ▭ Applicability issue

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013)

In order to determine the availability of data fields collected prior to FY 2013-2014, **sample child maintenance reporting forms** used by the different ISC regions' FNCFS staff between fiscal year 2005-2006 and fiscal year 2012-2013 were provided to the project team for their assessment and documentation. We have summarized the data fields available in reporting forms that relate to the CHRT compensation categories in the Tables below. It is important to note that these tables only provide information on the availability of certain data fields. They do not provide any information on the *completeness* (i.e., the percentage of missing child maintenance reports and missing data values), nor the accuracy of the information (i.e., the extent to which the information is correctly reports the information). The project team has asked for more details regarding the completeness and accuracy of data prior to fiscal year 2013-2014, which was not provided to us in time for this report. Furthermore, no information was provided to the project team regarding child maintenance forms prior to FY 2005-2006.

Alberta ISC Region

Table J.1 Data fields available in sample FNCFS child maintenance reports provided by Alberta ISC region (FY2005-2006 to FY2012-2013)

Fiscal Year	Child's Name	Child Indian Registration Number	Child Date of Birth	Child or Parent Residence on Reserve	Parent/ Guardian Name	Type of Care	Placement Start Date	Placement End Date	Cost Description	Other Support Costs
2005-2006	**Form not located by Region**									
2006-2007	**Form not located by Region**									
2007-2008	Available	Partial: Treaty/Band Number	Available	Not available	Not available	Available (Type of Service)	Available	Available	Available	Available, but no info on support type
2008-2009	Available	Partial: Treaty/Band Number	Available	Not available	Not available	Available (Type of Service/ Description[1])	Available	Available	Available	Available, but no info on support type
2009-2010	Available	Partial: Treaty/Band Number	Available	Not available	Not available	Available (Type of Service/ Description[1])	Available	Available	Available	Available, but no info on support type
2010-2011	Available	IRS No.	Available	Available	Not available	Available (Care Type[2])	Available	Available	Available	Available, but no info on support type
2011-2012	Available	IRS No.	Available	Available	Not available	Available (Care Type[2])	Available	Available	Available	Available, but no info on support type
2012-2013	Available	IRS No.	Available	Available	Not available	Available (Care Type[2])	Available	Available	Available	Available, but no info on support type

1 **Type of Service/Description – response options:** Foster Care (Children); Kinship Care; Supports for Permanency; Group Home (Children); Institutional Care (Children)
2 **Care Type – response options:** F (Foster Home); G (Group Home); I (Institutional Care); P (Post-Adoption Subsidy); K (Kinship Care)

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) *(continued)*

Atlantic ISC Region

Table J.2 Data fields available in sample FNCFS child maintenance reports provided by Atlantic ISC region (FY2005-2006 to FY2012-2013)

Fiscal Year	Child's Name	Child Indian Registration Number	Child Date of Birth	Child or Parent's Residence on Reserve	Parent/ Guardian Name	Type of Care	Placement Start Date	Placement End Date	Cost Description	Other Support Cost
2005-2006	Available	Partial: Band No.	Not available	Not available	Not available	Not available	Available (Start Date)	Not available	Available[3]	Not available
2006-2007	Available (Client)	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Available[4]	Not available
2007-2008	Not available	Partial: FN Number	Not available	Not available	Not available	Not available	Not available	Not available	Available[5]	Other
2008-2009	Partial: Client Number	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Available[6]	Other (Amount, Code)
2009-2010	Available	Available	Available	Not available	Not available	Available (Type FF Care)	Available (Date of Admission)	Available (Date of Discharge)	Only information on maintenance	Special Needs
2010-2011	Client Number	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Available[7]	Not available
2011-2012	Available	Available	Not available	Not available	Available	Available[8]	Not available	Not available	Available[9]	Not available
2012-2013	Available (client)	Not available	Not available	Not available	Not available	Not available	Not available	Not available	Available[10]	Not available

3 **Cost description – response options:** Regular Maintenance; Special Allow.; Seasonal Allow.; Psych Couns.; Daycare; Babysitting Serv.; Misc Amt.; Misc Description (M) (M1=Meal Tickets; M2=Formula/ Milk; M3=Emergency Grocery; M4=Relief Care; M5=Tutoring; M6=Bed; M7=Educational Books; M8=Baby Items; M9=Emergency Clothes; M10=Medication; M11=Emergency Babysitting; M12=Recreation; M13=Legal Document Delivery; M14=1st Placement; M15=Family Support/Parental Assistance; M16=Birth Certificate Document; M17=High-speed Vibe; M18=Dental Cost; M19=Medical Fees; M20=Holding Fee); Travel; Travel Description (T) (T1=Day Care; T2=Dental; T3=Parental/Family Visit; T4=Medical/Optometrist; T5=Mental Health; T6=School; T7=Family Court; T8=Food Bank; T9=Recreational; T10=AA/Self Help; T11=Emergency Shelter; T12=Moving Expenses)

4 **Cost description – response options:** Regular Maintenance; Basic Clothing; Seasonal; Parent Aid, Family Suppt., PA/Relief; Babysitter, Daycare, Childcare; Early Intervention, YIW (Youth In Care Worker), EIC; TA, Tutor; Medical (Assessment; Counselling/Psych Service; Eye Exams, Dental, Glasses); Travel (To Doctor; Other); Bed, Dresser, Table, Chairs; Recreation (Hockey, Karate, Bikes); Miscellaneous (Emergency Serv., Food Misc., Life Skills Dev.)

5 **Cost description – response options:** Regular Allowance; Special Services; Basic Clothing; Seasonal Allowance; Respite Care; Transportation

6 **Cost description – response options:** Regular Maintenance; Clothing; Seasonal; Parent Aid; Respite; Supervised Visits; Emergency Services; Babysitting; Counselling; Assess.; Rec; Travel

7 **Cost description – response options:** Regular Maintenance: Basic Clothing; Seasonal; Case Aid; Medical Amount; Transportation Amount; Service to Child Amount

8 **Type of care – response options:** Foster Homes (Children); Group Homes (Children); Institutional Care (Children); Kinship Care (Children); X Post-Adoption Subsidy (Children)

9 **Cost description – response options:** Regular Maintenance; Basic Clothing; Seasonal Allowance; Special Service Allowance; Travel Special Purpose; Travel Description; Recreation; Misc. Amount; Miscellaneous Description

10 Regular Maintenance; Basic Clothing; Seasonal; Parent Aid, Family Suppt., PA/Relief; Babysitter, Daycare, Childcare; Early Intervention, YIW (Youth In Care Worker), EIC; TA, Tutor; Medical (Assessment; Counselling/Psych Service; Eye Exams, Dental, Glasses); Travel (To Doctor; Other); Bed, Dresser, Table, Chairs; Recreation (Hockey, Karate, Bikes); Miscellaneous (Emergency Serv., Food Misc., Life Skills Dev.)

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) *(continued)*

BC ISC Region

Table J.3 Data fields available in sample FNCFS child maintenance reports provided by British Columbia ISC region (FY2005-2006 to FY2012-2013)

Fiscal Year	Child's Name	Child Indian Registration Number	Child Date of Birth	Child or Parent's Residence on Reserve	Parent/ Guardian Name	Type of Care	Placement Start Date	Placement End Date	Cost Description	Other Support Cost
2005-2006	Available	Available	Available	Available[11]	Available	Not available	Available (Date admitted into care)	Available (Discharge or Transfer[12])	Not available	Not available
2006-2007	Available	Available	Available	Available[11]	Available	Available[13]	Available	Available (Discharge or Transfer[12])	Not available	Not available
2007-2008	Available	Available	Available	Available[11]	Available	Available[14]	Available	Available (Discharge or Transfer[12])	Not available	Not available
2008-2009	Available	Available	Available	Available[11]	Available	Available[14]	Available	Available (Discharge or Transfer[12])	Not available	Not available
2009-2010	Available	Available	Available	Available[11]	Available	Available[14]	Available	Available (Discharge or Transfer[12])	Not available	Not available
2010-2011	Available	Available	Available	Available[11]	Available	Available[14]	Available	Available (Discharge or Transfer[12])	Not available	Not available
2011-2012	Available	Available	Available	Available[11]	Available	Placement type	Available	Available (Discharge or Transfer[12])	Available[15]	Not available
2012-2013	Available	Available	Available	Available[11]	Available	Placement type	Available	Available (Discharge or Transfer[12])	Available[15]	Not available

11 **Child or parent's residence on reserve** – Address/Residence of Parent with whom the child is ordinarily resident at the time of admission to care: Address (Number, Street, Apartment); City; Province/ Territory; Postal Code; Is this an on-reserve address? (Y/N); if YES, indicate Band Name, Band Number, Reserve Number; NO, check the reason for the parent's absence from reserve and identify the length of time: Obtaining health services (Insert date moved from reserve); Attending substance abuse treatment centre, shelter, community care home (Insert program/institution that parent is in), Serving a criminal sentence imposed by a court; Attending an educational or training program full time (Insert length of time)

12 **Placement end date** – *DISCHARGE: Complete only if the child was in your care and has now been discharged from being in care (not being transferred to the Province of BC or another FNCFS Agency). The above-named child was discharged on (INSERT DATE) and our Agency is requesting stop payment on that date; *TRANSFER: Complete only if the child is being transferred to the Province of BC or another FNCFS Agency. The above-named child's case was transferred to (the Province of BC or name of FNCFS Agency): (INSERT AUTHORITY)
on the following date (INSERT DATE): and our Agency is requesting stop payment on that date

13 **Type of care** – Foster Care; Group Care; Institutional Care

14 **Type of care** – Foster Care; Group Care; Institutional Care; Section 8; Section 35 (2) (d); Section 41 (1) (b); Section 54.1; Section 12.2; Section 5; Adoption

15 **Cost description** – Additional Child Cost Type

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) *(continued)*

Manitoba ISC Region

Table J.4 Data fields available in sample FNCFS child maintenance reports provided by Manitoba ISC region (FY2005-2006 to FY2012-2013)

Fiscal Year	Child's Name	Child Indian Registration Number	Child Date of Birth	Child or Parent's Residence on Reserve	Parent/ Guardian Name	Type of Care	Placement Start Date	Placement End Date	Cost Description	Other Support Cost
2005-2006	Available	Treaty number	Available	Not available	Not available	Available[16]	Available	Available	Partial: Basic maintenance[17]	Available[18]
2006-2007	Available	Treaty number, Band number	Available	Not available	Available	Not available	Available	Available	Partial: Maintenance	Available[19]
2007-2008	Available	Treaty number, FN name	Available	Not available	Available	Not available	Available	Available	Not available	Available[20]
2008-2009	Available	Available	Available	Not available	Available	Not available	Available	Available	Not available	Available[21]
2009-2010	Available	Available	Available	Not available	Available	Not available	Available	Available	Partial: Maintenance	Not available
2010-2011	Available	Available	Available	Not available	Available	Not available	Available	Potentially available: Expiry date	Available[22]	Available[23]
2011-2012	Available	Available	Available	Not available	Available	Not available	Available	Potentially available: Expiry date	Available[24]	Available[25]
2012-2013	Available	Available	Available	Not available	Available	Available[26]	Available	Potentially available: Expiry date	Available[27]	Available[28]

16 **Type of care** – Care Category/Age Group: South (0-10, 11+, 18+); Road Access (0-10; 11+); No Road Access (0-10, 11+); Group Home (0-10, 11+); Other Placements (0-10, 11+); Foster Home Placement: South (0-10, 11+); Road (0-10, 11+); No Road (0-10, 11+)
17 **Cost description** – Approved Amount, Total
18 **Other support cost** – Special Needs; Foster Parent Training Functions
19 **Other support cost** – Prior Period (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other) (0-10) Regular Rate (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other); (11+) Regular Rate (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other); (0-10) Special Rate (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other); (11+) Special Rate (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other), Group Homes (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other); Other Care (Days Care, Maintenance, Travel; Initial Clothing; Psychol Services; Vital Stats; Other)
20 **Other support cost** – Fee for Service; Respite; Home Visits; Other (Specify); Special Needs
21 **Other support cost** – Travel; Legal; Other; Foster Parent Training; F/P Compensation Plan; Adoption Subsidies; Family Visit
22 **Cost description** – Actual Basic Maintenance (Emergency Foster, Foster Parent, Agency Allowance)
23 **Other support cost** – Extra Supports; Change of Placement & Readmission; Special Needs; Pych Assess.
24 **Cost description** – Total Basic Maintenance
25 **Other support cost** – Federal Only (Foster Parent Training); Special Needs; Total Support Services
26 **Type of care** – Foster Home (Children); Group Home (Children)
27 **Cost description** – Regular Maintenance; Basic Clothing; Seasonal; Parent Aid, Family Suppt., PA/Relief; Babysitter, Daycare, Childcare; Early Intervention, YIW (Youth In Care Worker), EIC; TA, Tutor; Medical (Assessment; Counselling/Psych Service; Eye Exams, Dental, Glasses); Travel (To Doctor; Other); Bed, Dresser, Table, Chairs; Recreation (Hockey, Karate, Bikes); Miscellaneous (Emergency Serv., Food Misc., Life Skills Dev.)
28 **Other support cost** – Agency Allowance; Activities; Gifts; Special Needs

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) *(continued)*

Ontario ISC Region

Table J.5 Data fields available in sample FNCFS child maintenance reports provided by Ontario ISC region (FY2005-2006 to FY2012-2013)[29]

Fiscal Year	Child's Name	Child Indian Registration Number	Child Date of Birth	Child or Parent's Residence on Reserve	Parent/ Guardian Name	Type of Care	Placement Start Date	Placement End Date	Cost Description	Other Support Cost
2005-2006	Available on both forms	Available on both forms	Available in *Eligibility Form*	Available in *Eligibility Form*[30]	Available in *Eligibility Form*[31]	Available in *Eligibility Form*[32]	Available in *Quarterly Report*[33]	Available in *Quarterly Report*	Not available	Not available
2006-2007	Available on both forms	Available on both forms	Available in *Eligibility Form*	Available in *Eligibility Form*[30]	Available in *Eligibility Form*[31]	Available in *Eligibility Form*[32]	Available in *Quarterly Report*[33]	Available in *Quarterly Report*	Not available	Not available
2007-2008	Available on both forms	Available on both forms	Available in *Eligibility Form*	Available in *Eligibility Form*[30]	Available in *Eligibility Form*[31]	Available in *Eligibility Form*[32]	Available in *Quarterly Report*[33]	Available in *Quarterly Report*	Not available	Not available
2008-2009	Available on both forms	Available on both forms	Available in *Eligibility Form*	Available in *Eligibility Form*[30]	Available in *Eligibility Form*[31]	Available in *Eligibility Form*[32]	Available in *Quarterly Report*[33]	Available in *Quarterly Report*	Not available	Not available
2009-2010	Available on both forms	Available on both forms	Available in *Eligibility Form*	Available in *Eligibility Form*[30]	Available in *Eligibility Form*[31]	Available in *Eligibility Form*[32]	Available in *Quarterly Report*[33]	Available in *Quarterly Report*	Not available	Not available
2010-2011	Available on both forms	Available on both forms	Available in *Eligibility Form*	Available in *Eligibility Form*[30]	Available in *Eligibility Form*[31]	Available in *Eligibility Form*[32]	Available in *Quarterly Report*[33]	Available in *Quarterly Report*	Not available	Not available
2011-2012	Available on both forms	Available on both forms	Available in *Eligibility Form*	Available in *Eligibility Form*[30]	Available in *Eligibility Form*[31]	Available in *Eligibility Form*[32]	Available in *Quarterly Report*[33]	Available in *Quarterly Report*	Not available	Not available
2012-2013	Available on both forms	Available on both forms	Available in *Eligibility Form*	Available in *Eligibility Form*[30]	Available in *Eligibility Form*[31]	Available in *Eligibility Form*[32]	Available in *Quarterly Report*[33]	Available in *Quarterly Report*	Not available	Not available

29 Two forms were provided to the project team for Ontario Region: *Sample Quarterly Report (aka Maintenance Report) Version 1* ("Quarterly Report") applicable to FY 2005-2006 to 2012-2013 and *FNCFS IMS – ON Determination of Eligibility for Federal _ Ontario Cost Sharing V1* ("Eligibility Form") applicable to FY 2005-2006 to 2012-2013.

30 **Residence (child and parents) – response options:** On Reserve (O); On Crown Land/Unincorporated Territory (C); Municipality (but less than 12 months off-reserve) (M); Municipality (but greater than 12 months off-reserve) (M+); Address

31 At minimum, one must be provided: Name of Mother and/or Father; If no information available for mother/father, provide information for next of kin/guardian

32 **Type of care – response options:** Foster/Group/Institutional

33 **Admission Date** (If the child was admitted to care in a previous quarter, use the original admission date.)

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) *(continued)*

Quebec ISC Region

Table J.6 Data fields available in sample FNCFS child maintenance reports provided by Quebec ISC region (FY2005-2006 to FY2012-2013)

Fiscal Year	Child's Name	Child Indian Registration Number	Child Date of Birth	Child or Parent's Residence on Reserve	Parent/ Guardian Name	Type of Care	Placement Start Date	Placement End Date	Cost Description	Other Support Cost
2005-2006	Nom & prénom	No. registre	Date naissance	Not available	Not available	Service[34]	Début placement	Fin placement	Not available	Not available
2006-2007	Nom & prénom	No. registre	Date naissance	Not available	Not available	Service	Début placement	Fin placement	Not available	Not available
2007-2008	Nom & prénom	No. registre	Date naissance	Not available	Not available	Service	Début placement	Fin placement	Not available	Not available
2008-2009	Nom & prénom	No. registre	Date naissance	Not available	Not available	Service	Début placement	Fin placement	Not available	Not available
2009-2010	Nom & prénom	No. registre	Date naissance	Not available	Not available	Service	Début placement	Fin placement	Not available	Not available
2010-2011	Nom & prénom	No. registre	Date naissance	Not available	Not available	Service	Début placement	Fin placement	Not available	Not available
2011-2012	Nom & prénom	No. registre	Date naissance	Not available	Not available	Service	Début placement	Fin placement	Not available	Not available
2012-2013	Nom & prénom	No. registre	Date naissance	Not available	Not available	Service	Début placement	Fin placement	Not available	Not available

34 Response options unclear

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) *(continued)*

Saskatchewan ISC Region

Table J.7 Data fields available in sample FNCFS child maintenance reports provided by Saskatchewan ISC region (FY2005-2006 to FY2012-2013)[35]

Fiscal Year	Child's Name	Child Indian Registration Number	Child Date of Birth	Child or Parent's Residence on Reserve	Parent/ Guardian Name	Type of Care	Placement Start Date	Placement End Date	Cost Description	Other Support Cost
2005-2006	Available in ICFS Form	Band Name and No. (10 digit)	Available in ICFS Form	Available in ICFS Form	Available in ICFS Form	Available in ICFS form[36]	Not available	Not available	Not available	Not available
2006-2007	Available in ICFS Form	Band Name and No. (10 digit)	Available in ICFS Form	Available in ICFS Form	Available in ICFS Form	Available in ICFS Form[36]	Not available	Not available	Not available	Not available
2007-2008	Available in both forms	Available in both forms[37,38]	Available in both forms	Available in ICFS Form	Available in ICFS Form	Available in both forms[36,39]	Available in Monthly Invoice	Available in Monthly Invoice	Partial: Basic Maintenance in Monthly Invoice	Partial: Info. on Total Special Needs in Monthly Invoice
2008-2009	Available in ICFS Form	Band Name and No. (10 digit)	Available in ICFS Form	Available in ICFS Form	Available in ICFS Form	Available in ICFS Form[36]	Information not legible[40]	Information not legible[40]	Information not legible[40]	Information not legible[40]
2009-2010	Available in both forms	Available in both forms	Available in both forms	Available in ICFS Form	Available in ICFS Form	Available in both forms[36,39]	Available in Monthly Invoice	Available in Monthly Invoice	Partial: Basic Maintenance in Monthly Invoice	Partial: Info. on Total Special Needs in Monthly Invoice
2010-2011	Available in both forms	Available in both forms	Available in both forms	Available in ICFS Form	Available in ICFS Form	Available in both forms[36,39]	Available in Monthly Invoice	Available in Monthly Invoice	Partial: Basic Maintenance in Monthly Invoice	Partial: Info. on Total Special Needs in Monthly Invoice
2011-2012	Available in both forms	Available in both forms	Available in both forms	Available in ICFS Form	Available in ICFS Form	Available in both forms[36,39]	Available in Monthly Invoice	Available in Monthly Invoice	Partial: Basic Maintenance in Monthly Invoice	Partial: Info. on Total Special Needs in Monthly Invoice
2012-2013	Available in both forms	Available in both forms	Available in both forms	Available in ICFS Form	Available in ICFS Form	Available in both forms[36,39]	Available in Monthly Invoice	Available in Monthly Invoice	Partial: Basic Maintenance in Monthly Invoice	Partial: Info. on Total Special Needs in Monthly Invoice

35 *Two forms were provided to the project team for Saskatchewan Region: *Monthly Invoice Summary* ("Monthly Invoice") for FY 2007-2008 and FY 2009-2010 to 2012-2013 and *ICFS Child Care Notification Form* ("ICFS Form") applicable to FY 2005-2006 to 2012-2013.

36 In ICFS Form: **Placement Type– response options:** Place of Safety, Alternate Care Home, Emergency Foster Home, Foster Home, Therapeutic Foster Home, Room & Board Placement, Group Home, Stabilization/Assessment Centre, Institutional Care, Person of Sufficient Interest, Other

37 In ICFS Form: Band Name and No. (10 digit)

38 In Monthly Invoice: Band/Family Member Number (10 Digits)

39 In Monthly Invoice: **Type of Care (circle):** P=Person of Interest; F=Foster Care; G=Group Home; I=Institutional Care; A=Alternative Care Giver

40 Monthly Invoice Form for this fiscal year was illegible

Appendix J. Overview of Data Fields Available in Sample FNCFS Child Maintenance Reports (FY 2005-2006 to FY 2012-2013) *(continued)*

Yukon ISC Region

Table J.8 Data fields available in sample FNCFS child maintenance reports provided by Yukon ISC region (FY2005-2006 to FY2012-2013)

Fiscal Year	Child's Name	Child Indian Registration Number	Child Date of Birth	Child or Parent's Residence on Reserve	Parent/ Guardian Name	Type of Care	Placement Start Date	Placement End Date	Cost Description	Other Support Cost
2005-2006	Form not located by region									
2006-2007	Available	Not available	Available	Not available	Not available	Not available	Not available	Not available	Not available	Not available
2007-2008	Available	Not available	Available	Not available	Not available	Not available	Not available	Not available	Not available	Not available
2008-2009	Available	Not available	Available	Not available	Not available	Not available	Not available	Not available	Not available	Not available
2009-2010	Available	Not available	Available	Not available	Not available	Not available	Not available	Not available	Not available	Not available
2010-2011	Available	Not available	Available	Not available	Not available	Not available	Not available	Not available	Not available	Available[41]
2011-2012	Available	Not available	Available	Not available	Not available	Not available	Not available	Not available	Not available	Available[41]
2012-2013	Available	Available	Available	Not available	Not available	Not available	Not available	Not available	Available[42]	Not available

41 **Other Support Costs – response options:** Rent/Respite/Child Care; Travel; Clothing Allowance; Birthday/Christmas Allowance; CIC Costs; Ineligible Expenses
42 **AANDC Categories:** Child Care Support; Clothing; Family Connection; Foster Basic; Foster Special

Appendix K. FNCFS – Child Maintenance Data Overview – Prior to FY 2013-2014

Source: Unmodified information from ISC staff

Overview:

- Prior to 2013-14, there was no national information management system for child maintenance data. As such, there are significant limits regarding the child maintenance data available from 1991 to 2012-2013 and the availability of data varies across the regions.
- Limits on information collected prior to the implementation of a national information management system includes:
  - Legacy systems have been decommissioned and the data they stored may be difficult to retrieve.
  - Precise information may not have been captured in early years, making it difficult to determine items such as the number of placements and time in care. Manual counts may be required.
  - Reports have been archived and are now stored off-site.
  - Older records or closed files would be subjected to Treasury Board and Departmental policies regarding physical records retention, and therefore may have been disposed of in accordance with those policies.

Region	Description	Data Source (e.g., existing data base, case file review, etc.)
SK Region	• Historical child maintenance data is available from the decommissioned SK regional system. • Approximate start date of data is 1995. • Data is based on FNCFS agencies that were operational and delegated at that time. • The Province of Saskatchewan has access to data through their own database for FN children in care not serviced by a delegated agency.	• SK region decommissioned database (accessible to NCR in an electronic format – MS Excel spreadsheets). o Regional consultation needed for details of the data • Province of SK database • Archived reports offsite
BC Region	• BC FNCFS data (from delegated agencies) is available from 2011-2012 in an electronic format. • BC data (from the Province - MCFD) is available from 2012-2013 in an electronic format. • BC FNCFS data (from delegated agencies) from 1996-1997 to 2010-2011 was collected in a regional dBase system. • BC data (from the Province - MCFD) from 2011-2012 was collected in a regional dBase system. • Records prior to 2010-2011 may not be accessible in an electronic format.	• BC regional system • BC regional dBase system (decommissioned) • GCDocs (as scanned documents) • Archived paper records (TBD by Information Management (IM) team)
ON Region	• Historical data are available from fiscal year 2000-2001 and forward. • Prior to 1998, the Ontario Region did not have a centralized approach to capturing and maintaining data.	• ON region database • MS Excel spreadsheets in GCDOCS

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Appendix K. FNCFS – Child Maintenance Data Overview – Prior to FY 2013-2014 *(continued)*

Region	Description	Data Source (e.g., existing data base, case file review, etc.)
		• ON region database (Older electronic file format)
YT Region	• Historical data are available in spreadsheets, scanned documents, hard copies and in various template formats. • A limited number of reports are available in an electronic format.	• Comprehensive Integrated Document Management (CIDM) • Offsite archived reports (hard copies)
QC Region	• Historical child maintenance data is available from the early to mid-2000s in the QC regional decommissioned database. • Data from 1991 to 1995-1996 are available as hard copy files.	• QC region decommissioned database (accessible to NCR in an electronic format – MS Excel spreadsheets). o Regional consultation needed for details of the data • Archived paper records
AT Region	• Historical child maintenance data is available between 2005 to 2013. • Limited data available between 1991 to 2004. • This includes paper copies for earlier years and electronic files (scanned PDF or MS Excel in GCIMS or GCDocs.	• Archived paper records (Library and Archive Canada) • Archived paper records (Regional Office) • Comprehensive Integrated Document Management (CIDM) • Electronic files in GCDOCS
MB Region	• Historical child maintenance data starting approximately in 07/08 may have records on an agency-by-agency basis identifying each child. • Prior to 07/08, would need to be retrieved from archived records (National Archives).	• Archived paper records (National Archives) • Electronic files

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Appendix K. FNCFS – Child Maintenance Data Overview – Prior to FY 2013-2014 *(continued)*

Region	Description	Data Source (e.g., existing data base, case file review, etc.)
	• A large volume of paper records, scanned paper records and a limited number of electronic files (MS Excel spreadsheet) may exist.	
AB Region	• Historical data is captured in paper records (including fax), MS Excel spreadsheets, TIFs and scanned PDFs. (Some reports are available in more than one format). • Electronic-retention was not available for a number of historical fiscal years. • Not all data was saved due to the sensitivity of the information (names and details of children).	• Archived paper records • GCDocs • Grants and Contribution Information Management System (GCIMS)

Please note:
Comprehensive Integrated Document Management (CIDM) system is the former document management system used by the Department.

GCDocs is the Government of Canada's solution for information management of electronic and paper documents and records.

DBase is a database management system (DBMS) that runs on a Windows platform.

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Appendix L. Data Expungement in the Field of Child Welfare

Expungement of Data in the Field of Child Welfare
Literature Scan

UNIVERSITY OF TORONTO

POLICY BENCH
Fraser Mustard Institute for Human Development

October 2020

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Acronyms

BRC	Building Research Capacity
CACI	Child Abuse Central Index (California)
CAPTA	Child Abuse Prevention and Treatment Act
CAR	Child Abuse Register (Ontario)
CAS	Children's Aid Society
CIS	Canadian Incidence Study of Reported Child Abuse and Neglect
CPIN	Child Protection Information Network (Ontario)
CPS	Child Protective Services
CYSFA	Child, Youth and Family Services Act (Ontario)
LS	Literature scan
OCANDS	Ontario Child Abuse and Neglect Data System
OIS	Ontario Incidence Study
PI	Performance indicator
US	United States

Appendix L. Data Expungement in the Field of Child Welfare *(continued)*

Executive Summary

Issue: The impact of data expungement in the field of child welfare.

Background: Child welfare agencies maintain records of all reports of child maltreatment and their outcomes in their information systems for the purposes of investigation, treatment, and prevention of child abuse and neglect. In some Canadian provinces and in most US states, case information on alleged child abuse is also added to a registry that may be accessible to other groups or agencies, including employers. While these systems are essential for protecting children from harm, the potential consequences faced by families and individuals after being added to a child welfare information system or registry have resulted in calls for reform. One proposed policy option to strengthen protections for individuals accused of child abuse is to enhance procedures for the expungement or removal of case records from the registry or from the local agency's information system entirely, if the case is determined to be either unfounded or false. This issue is of importance because any changes to data expungement laws would have implications not only for children and adults involved in child welfare investigations, but also for research and evaluation of child welfare services.

Methods: A scan of existing peer reviewed and grey literature was carried out to identify, collect and synthesize research evidence exploring the issue of data expungement for child abuse cases. The process involved a series of steps including the identification of key words/search terms and relevant data sources; the development of search strategies; an extensive search of the literature; screening and data extraction; and a synthesis of the literature. Search terms included: expungement; child welfare; child abuse/maltreatment; and registry. Search strategies were developed to meet the parameters of each database and were refined throughout the process as results were reviewed. Pertinent information was extracted from the literature and summarized throughout the report.

Findings: The results of the literature scan revealed a limited number of published articles that addressed the issue of data expungement from child welfare databases, and none from Canada; the majority of research was exploratory and has largely focused on the topic of child abuse registries in the US. Findings showed that there is currently wide variation in legislation across jurisdictions in terms of when cases of reported child abuse are added to an information system or registry, and circumstances or timeframes under which they can be expunged. As a result, there remains a lack of agreement among researchers and courts as to what procedures and systems for maintaining child abuse records would best serve to balance the rights and needs of both children and adults. For example, while child abuse information systems serve an important function of identifying and protecting children from the risk of abuse or maltreatment, they may also have serious negative consequences for the individual accused of child abuse, including barriers to employment and other opportunities - with a disproportionate burden on certain groups (e.g. people of lower income, minorities, and women). There is a need for more research to compare and evaluate data expungement policies and their outcomes (e.g. rates of rereports, and any harms suffered by children and families) in order to gain a better understanding of the impact of such policies for both child welfare services and the families that require these services, and to help to inform future policies in Canada.

Expungement of Data in the Field of Child Welfare
Literature Scan

1.0 Introduction

In the United States (US) and Canada, reports of alleged child abuse and neglect are maintained in an administrative database and/or registry[1] following an investigation by child welfare services. In general, the main purpose of these systems is to provide information to assist child welfare workers and agencies in the investigation, treatment, and prevention of child abuse and maltreatment (Child Welfare Information Gateway, 2018a). However, the process of investigating and assessing the risk of child abuse may be inherently imprecise and subjective, leading to potential bias and penalization against individuals and families. Therefore, it is important for child welfare workers to have access to as much accurate information as possible in making assessments of harm or the need for protection.

While child abuse registries are one important resource for child welfare agencies to consult when investigating a report of alleged child abuse, the information in registries may also be accessible to other individuals or groups, such as potential employers in health or child care fields or potential foster parents, as part of a screening process to ensure the safety of any children who would be in contact with the individual in question. Due to the potential negative impact on the alleged perpetrator of being listed on a child abuse registry, there is considerable debate on the standards and procedures used to maintain case records, and the rights of an individual to correct or remove their record from a child abuse registry.

[1] All child protective services use a record-keeping system or informational database to track reports of alleged child abuse and investigation and their outcomes. This system may be used for internal purposes only, or the information may also be entered into a state or province-wide registry, which may be accessible to other agencies or groups.

Appendix L. Data Expungement in the Field of Child Welfare *(continued)*

Expungement of Data in the Field of Child Welfare

Data expungement refers to the removal of old, inaccurate, or false records from a child abuse registry or database.[2] Expungement law can vary by jurisdiction and can also depend on case status. In most cases, if the alleged abuse has been confirmed or "substantiated"[3] (whether by a court of law or by a child protective service worker or agency), the record is included in the database or registry and can only be expunged once the child who was the subject of the abuse is over a certain age[4] (Child Welfare Information Gateway, 2018b). If the case is determined to be unsubstantiated or unfounded, the record may not be added to the system at all, or it may be automatically expunged from the database after a certain time period according to local regulations, or if the accused individual successfully requests the removal of their name. However, procedures for expunction of records are typically complicated and lengthy, and there have been several court cases in the US to determine the legal rights of alleged abusers who wish to have their record expunged.

In Ontario, current regulations require child welfare agencies to follow established guidelines and procedures when an allegation of child abuse is received. This includes consulting the provincial information system for any previous reports or referrals that may indicate the child is at risk of maltreatment and in need of protection. If a report of child abuse is determined to be 'verified', it is also added to the province's Child Abuse Register

[2] This report considers the issue of expungement of information from both registries (i.e. removal of an individual's name from a child abuse registry so that it is not accessible to anyone outside of the state child protective services agency) and from databases entirely (i.e. the destruction of all information about a case record from the system so that it is not even accessible to child protective service workers).
[3] States and provinces vary in the terms used to classify results of child abuse investigations. The classification of "substantiated" is usually given to a report when a determination has been made that abuse or neglect likely did occur. Other common terms for substantiated may include "founded," "indicated," "verified", or "confirmed". Similarly, when abuse has not been confirmed, a classification of "unsubstantiated", "unfounded", "not indicated", "not verified", or "unconfirmed" may be given. If no determination or decision can be made, the case may be considered "inconclusive".
[4] Typically, the age of adulthood is 18 years, but the specific age may vary by jurisdiction.

(CAR).[5] New privacy regulations implemented in January 2020 allow individuals the right to access their records of personal information and to request corrections.[6]

This literature scan will provide an overview of child abuse registries and the procedures for adding and removing reports to information systems across the US and Canada. Any research evidence on data expungement will be reviewed to help inform future policy and practice.

1.1 Why does the issue warrant attention?

There is currently a wealth of administrative data in Ontario and across Canada that could help to advance knowledge of child welfare services and their impact and provide valuable information to guide policymakers and practitioners. Any changes to data expungement laws for child abuse cases would thus have widespread consequences both for child welfare services and child maltreatment research and should only be done with great care. Understanding the potential risks and benefits that these changes may pose to both adults and children and youth is important before they are enacted.

2.0 Background

2.1 Overview of the process for reporting and tracking child abuse

In Canada and the US, all members of the public, including professionals and officials, have a duty to report suspected child abuse or neglect in order to protect the welfare of

[5] Cases must meet the criteria for abuse established by the *Child and Family Services Act (CYSFA)* in order to be added to the registry; this is, the child has suffered physical, sexual, or emotional harm. Therefore, cases of child neglect are not added unless they also meet these criteria.

[6] An amendment to Ontario's *CYFSA*, entitled "Part X", governs the collection, use, and disclosure of personal information by the Ministry and service providers (i.e. children's aid societies). The legislation allows individuals to access their records subject to certain exceptions, such as when there is a legal privilege, court order, or another Act that prohibits disclosure; or if granting the access could result in risk or serious harm or identification of another individual.

children.[7] When a report or referral about a child that may need protective services is received, the first step for the child welfare worker or agency is to assess the information and determine the appropriate response. At this stage, the worker may gather information from other sources, including the provincial or state database containing names of children and families with previous case records or who have previously or are currently receiving services.[8] After considering all available information about the child, family, and situation, including any previous patterns of child welfare involvement and other key factors such as vulnerability of the child or safety threats, the worker may decide to open an investigation; refer the family or child for other services; or take no further action (ie. the case is screened out and not opened for investigation).[9] If an investigation is warranted, the worker follows the established procedures and guidelines under their local regulations (i.e. the Ontario Child Protection Standards, 2016), which may include observation and interviews with the child, family members, or other possible witnesses.[10] The investigation results in a decision or classification of the case depending on whether the worker has determined based on the evidence that the alleged abuse likely did occur, and whether the child or family is need of protective services. The case outcome must be documented and notified to the child and family or individual in question.

In most US states and in some provinces, there may be an additional step of adding certain cases (i.e. those that have been verified or substantiated) to a register or registry containing information about the individual who committed the abuse and other case details. Further information on these registries is provided in the following sections. However, regardless of whether a centralized registry is in place, all investigated reports of

[7] In most states, professionals who interact with children are required by law to report known or suspected child abuse, and in some states, any person is required to report, with penalties for failing to report. (Hollenbeck, 2001)

[8] For example, in Ontario, this database is called the FastTrack Information System. When Children's Aid Societies receive a report of suspected child abuse, they are required to search this database for information that may help determine whether the child is in need of protection. For non-Indigenous agencies, screening workers will look for an existing record in CPIN (Child Protection Information Network).

[9] In Ontario, the Eligibility Spectrum is a tool used at this stage, which was designed to assist child welfare workers in making decisions about eligibility for service when they receive a report or referral. The Spectrum has been in use since the 1990s and was last updated in 2016.

[10] In Ontario, the investigation also includes a safety assessment and a risk assessment, which is used to inform case decision making and service provision (Ministry of Children and Youth Services, 2016).

child abuse and neglect and their outcomes are generally documented and some or all of the information is maintained in the agency's database for use by child welfare services.[11]

2.2 Purpose and use of child abuse databases or registries

The databases of child abuse reports and investigations maintained by child welfare agencies serve a number of important purposes. While their primary purpose is to aid child welfare investigations and protect children from maltreatment, the records may also be used for statistical or research purposes, to improve child welfare services, and to provide background checks for volunteer or employed positions that involve access to or contact with children (Huntzinger, 2020).

As described by Hollenbeck (2001, p.10) and others, central registries in the United States generally have one of four purposes:

1. *Record-keeping and statistics* – providing information to understand the nature and scope of cases of child abuse in the state, which can be useful for staffing and funding purposes (Child Welfare Information Gateway, 2018a)
2. *Quality assurance* – providing information to ensure that child welfare services are delivered effectively and to aid case monitoring and planning (Huntzinger, 2020)
3. *Diagnosis* – allowing child welfare workers to check the database for previous reports on a suspected perpetrator or victim of child abuse during an investigation
4. *Prevention* – providing employers or other agencies in the field of child care with access to reports during screening processes in order to keep abusers from gaining access to children

Using child welfare data for research and evaluation purposes

In addition, while not typically collected for this purpose, the administrative data compiled by state and local child welfare agencies may be a useful resource for policy research and evaluation. By providing information on policy-relevant outcomes such as documented child maltreatment incidents and foster care placements, this data can answer important research questions and contribute to the evidence base for evaluation of interventions and programs to prevent child abuse and improve services for families (Green et al., 2015).

While researchers in the US have long recognized the potential uses of administrative data in the field of child welfare, there is a lack of data and research on the efficacy of child welfare services and programs in Canada (Fallon et al., 2017; Trocmé et al., 2016). In Canada, the only national source of data on child welfare services is the Canadian Incidence

[11] Note: While the term "child protective services" or "CPS" is primarily used in the US, this report generally refers to "child welfare services" as this is the standard wording used in Ontario and Canada.

Study of Reported Child Abuse and Neglect (CIS), a cyclical survey conducted every five years between 1993-2008. The CIS has been accompanied by provincial or territorial incidence surveys, such as the Ontario Incidence Study (OIS), which was last conducted in 2018. However, the data from these studies is cross-sectional and only designed to produce national and provincial level estimates. The Ontario Child Abuse and Neglect Data System (OCANDS) has also been developed as the first provincial data system to track children and families involved with child welfare services longitudinally. Together, data from these studies can be used to describe characteristics of children and families investigated by child welfare services; estimate the rate and type of reported and substantiated child maltreatment; and track service trajectories and outcomes (Fallon et al., 2017). For example, it can help child welfare agencies to identify children at greater risk of outcomes such as long-term foster care; and to develop profiles of families at greater risk of recidivism of child maltreatment.

As described by Fallon et al. (2017), data from the OIS has already been used to inform several key policy initiatives in the province, such as the implementation of differential response models for the provision of child welfare services and the creation of specialized intimate partner violence teams; and has contributed to improved understanding of risk assessments and opportunities for early intervention to prevent future maltreatment among children who are at risk. However, the potential of the data has been limited thus far because most child welfare agencies do not currently have the tools or capacity to use these data effectively; and significant barriers remain in accessing longitudinal administrative data (Fallon et al., 2017; Trocmé et al., 2016). Emerging partnerships between universities and child welfare agencies in Canada, such as those described in Section 8.3, may help to bridge this gap and link child welfare research with policy and practice.

2.3 Comparison of child abuse registries and other registries

While there may be some overlap between cases of child abuse and criminal cases and in the consequences of having a record for either child abuse or another crime, it is important to note that child abuse registries and records are separate and distinct from other types of registries, namely criminal and sex offender registries. Some of the differences between these systems are noted below:

- Typically, there must be a legal finding or conviction made by a court against an individual in order for their name to be added to a criminal or sex offender registry; however, the criteria for being listed on a child abuse registry tends to be less stringent (Huntzinger, 2020). Often, a case record may be added to a child abuse registry before any hearing or court ruling, based only on the decision made by a child protection service worker during their investigation.
- In addition, during that investigation, an accused abuser is not automatically provided with the same type of rights that an accused criminal would be offered during a criminal investigation, such as the Miranda rights (Sen, 2020).
- Another difference is the accessibility of registries – while the information in child

abuse registries is limited to certain individuals, agencies or employers, court records showing criminal convictions can be accessed by the public, and in the United States (but not Canada), sex offender registries can also be searched by the public.

- Depending on the jurisdiction, there may also be differences in the length of time an individual's name is kept on the different types of registries. For example, in New Jersey, a sex offender typically remains on the registry for his or her lifetime unless they have been offense-free for fifteen years, at which time the individual can petition to be removed from the registry; whereas no such provision may be given to individuals on the child abuse registry, whose records generally cannot be expunged if they have been substantiated (Miller, 2011).
- It has also been argued that child abuse registries are more harmful than sex offender registries because of the loss of employment prospects that results from being listed on a child abuse registry, over and above the reputational harm caused by being accused of any type of crime (Navid, 2011).
- While other court systems consider the unique situations of minors and may seal or expunge juvenile criminal records, the child welfare system does not typically differentiate between minor and adult perpetrators in dealing with cases of abuse or neglect, including decisions to expunge records (Barry, 2018).

2.4 Child abuse databases in Canada

In Canada, child protection services are regulated at the provincial or territorial level rather than the federal level. Each province or territory has its own child protection legislation and regulations, with some differences in policies and practices across jurisdictions. Systems for maintaining information on reports and investigations of child abuse and maltreatment also vary, with some provinces having fairly elaborate information systems, while others only provide information at the local level (Fallon et al., 2011). Only three provinces have established child abuse registries to date – Manitoba, Ontario, and Nova Scotia; although some other provinces also allow for record checks of child abuse investigations using their information systems. In those provinces that do maintain registries, an individual may request or apply to have their name removed, although expungement procedures vary by province.

The standards of evidence that are used by child protection authorities to determine whether to intervene or whether maltreatment occurred also vary by province. Most provinces do not use a clear standard for substantiation of maltreatment; however, others use a two-tiered classification system to distinguish between cases where the alleged maltreatment is either 'substantiated' or 'verified' versus unfounded or not verified. In making this classification, some provinces such as Ontario, New Brunswick and Saskatchewan use a "balance of probabilities" approach to determine whether the weight of the evidence supports an allegation of abuse or neglect. In addition, child welfare statutes and standards in most jurisdictions cover not only cases where a child may have experienced maltreatment, but also cases where there is no evidence of harm but children

are at a substantial risk of future maltreatment. For example, in 2008, about three-quarters of all child maltreatment investigations in Canada were conducted for possible incidents of abuse or neglect that had already occurred, while one-quarter were focused on concerns about future maltreatment (Trocmé et al., 2010, Chapter 3). Both types of investigations are thus included in each province or agencies' administrative record systems.

Appendix A provides an overview of the legislation governing child welfare in each province and territory, and any existing policies and procedures for child abuse registries and expungement of records, as well as any information on the standards used for verification of child abuse allegations.

2.5 Child abuse registries in the United States

Overview

All fifty states in the US are required under national legislation to maintain a system of child abuse and neglect records, which include identifying information about the child and family, as well as the results of any investigations completed by child welfare agencies (Child Welfare Information Gateway, 2017). The Child Abuse Prevention and Treatment Act (CAPTA) enacted in 1974 is the primary legislation governing child abuse at the national level, and requires each state to develop their own procedures for the collection and maintenance of child abuse reports, as well as provisions for the prompt expunction of unsubstantiated or false records, if those records are accessible to the public or used for background checks. However, the law also allows for child welfare agencies to keep information on unsubstantiated reports in their case files to assist in future risk and safety assessments. (Child Welfare Information Gateway, 2018b).

While all states maintain these records, most often in the form of a central registry, the procedures and systems vary across states. There is variation in: the standards used to determine whether abuse occurred and whether a case should be placed on the registry; the type of information contained in the registries; the type of cases included in the registry (i.e. all investigated reports or only substantiated reports); who has access to the information in registries; the length of time information is kept on the registry; and conditions and procedures for expunction of data (Child Welfare Information Gateway 2018a; Sen 2020).

When are cases included in the state registry?

Perhaps one of the most important differences across states is the level of evidence needed to place an alleged abuser on the registry. The standards used to substantiate cases of child abuse and neglect are more variable than the standards of proof used in other areas of criminal and civil law (Kahn et al., 2017). For example, standards range from only "probable cause" or "some credible evidence" in some states to the higher level of "substantial evidence" or a "preponderance of the evidence" (Sen, 2020). Overall, most

states have a bias towards *including* cases of reported abuse on the registry, with a low standard of proof for substantiating a report (Hollenbeck, 2001). According to a survey of 38 states, less than two-thirds used the standard of "preponderance of the evidence" or higher to substantiate cases, and only one state applied the highest standard of "clear and convincing evidence" (McDonald, 2012; Kahn et al., 2017).

While in many states, only those cases that are substantiated are placed on the registry, several states also include unsubstantiated case records in their registries or state databases (Hollenbeck, 2001; Child Welfare Information Gateway 2018b).[12] For example, in Florida, only one-fifth of all reports of child abuse and neglect submitted to the registry between 2001-2010 were 'verified'[13], resulting in over 1 million records that were either false or unsubstantiated (Debler, 2012).

When can cases be expunged?

While most substantiated records are maintained in the registry until after the abused child in the report reaches adulthood,[14] unsubstantiated records are generally retained for a shorter period of time. In general, unsubstantiated cases of child abuse are removed or expunged from the state registry after a period ranging from immediately upon

[12] According to a 2003 study, less than half of states (23 states; 45%) restricted their central registry to substantiated, founded, or indicated reports, and 10 states had policies enabling them to maintain all reports on the registry (US Department of Health and Human Services, 2003)
[13] In Florida, 'verified' reports are those that met the standard of 'a preponderance of evidence' to conclude that child abuse or neglect occurred.
[14] However, some states maintain information for longer. For example, in New York, indicated reports remain on the central registry for ten years after the child's eighteenth birthday, meaning that an individual's name could potentially be listed on the registry for nearly 28 years (Barry, 2018). In New Jersey, any identifying information on children who were the subject of a founded report is expunged when the child turns 23; however, the names of perpetrators are retained indefinitely if their social security number or date of birth is known.

determination to 10 years, depending on the state's laws (Child Welfare Information Gateway, 2018b; Hollenbeck, 2001).[15]

Under CAPTA, local child welfare agencies are able to retain some information on even unsubstantiated cases in their records or files with identifying information removed, even if they have been removed from the state central registry. Despite this allowance, some states do call for expungement of the entire case record from the information systems used by child welfare agencies to maintain and track all case information after a specified time, thereby deleting all prior case history.[16] Some examples of states which require immediate or quick data expunction and destruction of all case records are provided in Table 1.

The legislation in Pennsylvania described in Table 1 is noteworthy because it was recently modified to extend the time period for maintaining records before expungement and to allow local agencies to keep information in their own databases, thus bringing the law more in line with other states and the CAPTA allowance. Since 2014, reports of child abuse that were considered to be valid in Pennsylvania were required to maintained in the state database for a period of only five years, after which they had to be expunged within 120 days.[17] In addition, county agencies had to follow the same procedures for the maintenance and expungement of records as the state database (i.e., if a record was expunged from the state database, the county was also required to expunge the record from its own database within 10 days) (Senate of Pennsylvania, 2017a).

In 2017, legislation was introduced to amend Title 23 (Domestic Relations), Section 6337 of the Child Protective Services Law in Pennsylvania, which contains the expungement guidelines for the statewide database of protective services. The new legislation (Senate Bill 938) sought to extend the time period for expunction of valid protective services reports from five to ten years, or until the child who was the subject of the report attains 23 years of age – whichever occurs first.[18] The amendment would also permit county agencies

[15] However, unsubstantiated cases may sometimes be maintained for longer periods in the state database. For example, In Indiana, electronic copies of all unsubstantiated case records are maintained in the state system until the youngest child who is the subject of a report turns 24.
[16] This type of expungement is only done for cases that meet certain conditions, such as those where the alleged abuse has not been confirmed, and where the individual or family has had no subsequent referrals or reports to CPS during the specified time period.
[17] However, if the case was accepted for child welfare services, the record was expunged five years after the closure of services, rather than five years after the report was received.
[18] Note that the proposed legislation did not change the time period for expungement of unfounded records, which was one year.

to continue to maintain information in their own records even if it has been expunged in the statewide database. However, this was to be solely for internal access by the agency "to assist in future risk and safety assessments and research". The proposed legislation was tabled in March 2018, and was enacted in June 2018 (under Act 54).

The Senators who introduced Bill 938 emphasized the importance of keeping administrative records of all reports of child abuse: "*The need for this update stems from the establishment of Act 29 of 2014, which created the Statewide Database of Protective Services within the Department of Human Services. The Statewide Database is an effective tool for tracking child abuse reports, however the language of the law requires counties to delete records in their own database whenever the State deletes information from its central database, based on certain timeframes. This has already affected county agencies, requiring them to expunge critical historical information from their county databases. Continuing to expunge this critical historical information will create unforeseen problems for the way counties utilize data to protect children and investigators and could put them both at potential risk*" (Senate of Pennsylvania, 2017b).

Expungement of Data in the Field of Child Welfare

Table 1 Examples of Procedures for Data Expungement from Child Abuse Information Systems in Selected US States

State	Description of Expunction Procedures
New Jersey	Requires the expunction of all unfounded reports in their entirety after three years – both paper and electronic records must be destroyed, erased, and deleted. Reports that were determined to be "established" or "not established" are not subject to expunction. Reports are expunged only when: they have a finding of "unfounded"; there are no current child protective service (CPS) allegations pending; CPS is not providing services as a result of the investigation; and three years must have passed since the case was closed or since the date of the last finding of 'unfounded' (e.g. if the case was changed from substantiated to unfounded). If any subsequent reports are received during the three-year time period, and these are also unfounded, the expunction date of all reports is three years after the most recent case closure date.
Pennsylvania	Unfounded reports are maintained for one year after the report is received, after which the report is expunged from the state database immediately. Substantiated cases (founded and indicated) are expunged after 10 years or when the child turns 23. The expungement of unfounded cases must be done no later than 120 days after the one-year period. However, if unfounded cases were accepted for social services, the expungement date is one year plus up to 120 days after the family case is closed. No identifying information can be retained by the state department; however, a county agency may maintain information from reports that have been expunged form the statewide database for access only by the county agency to assist in future risk and safety assessments.
New Hampshire	If a report is screened out (determined not to be credible and not referred for assessment), it is retained for one year, after which time the department must delete or destroy all electronic and paper records of the report. If the report is 'unfounded', it is retained for 3 years, and then all electronic and paper records must be destroyed or deleted. A founded report is retained for 7 years after the case is closed, at which time it is destroyed.

Expungement of information from registries through appeal

In addition to the procedures for automatic expungement of some cases after a specified time period, the majority of states also provide individuals the right to challenge or appeal the outcome of a child abuse investigation and request their name to be removed from the

registry; however, expungement procedures vary across states. Usually, the challenge is first made to the child welfare agency where an administrative review is conducted, but may progress to a court hearing if the request was denied and the individual files an appeal (Hollenbeck, 2001). In some states, the individual must petition the court for a hearing if he or she would like to challenge the report (Child Welfare Information Gateway, 2018b). However, there are often limits on the timeframe in which the accused individual can file a request; ranging from only 10-15 days after a notice is received informing the individual that their name is being placed on the registry, to 1-3 months after receiving notice. A few states, however, do not set a time frame, or will grant requests after the deadline if there is good cause (Sen, 2020). In addition, the actual process of challenging or appealing a finding may be quite lengthy and complicated (Huntzinger, 2020). One of the common criticisms against child abuse registries in the US is the difficulties faced by individuals in removing their record when it is false or unsubstantiated.

3.0 Debate Surrounding the Expungement of Data

The issues surrounding the standards and procedures used to maintain or expunge child abuse records have caused considerable debate. While researchers argue the importance of information systems and registries for purposes of risk assessment, prevention, and identifying trends and patterns in child abuse and neglect data, there is a growing movement for reform of the systems used in the United States, including stronger protections for alleged perpetrators. The negative impact on families from being investigated for child abuse and on accused individuals as they lose potential employment or other opportunities after having their name placed in a registry is considered by many to be not only unfair - particularly for low-income families and racial minorities, but also unconstitutional – especially in cases where the report of alleged abuse was false or unsubstantiated. Yet the alternative proposal of expunging case records would also have implications not only for risk assessment due to the loss of information that child welfare workers often rely on when investigating reports of maltreatment or risk of future maltreatment, but also for research studies that could use available administrative data to evaluate and improve service performance. The following section provides an overview of the arguments for and against data expungement in the literature.

3.1 Arguments in support of expungement

Impact on employment and other opportunities

In both Canada and the United States, child abuse registries are often used by employers to conduct background checks on potential employees or volunteers during the hiring process to identify anyone who may pose a risk to children, when the position involves contact with children. In at least 30 states in the US, the record check is either allowed or required (Huntzinger, 2020). When an individual is listed on a registry, they are often not eligible for jobs in child care fields – even when the report of alleged maltreatment is unsubstantiated (Owhe,

2013). For example, in Pennsylvania, the law prevents administrators of child care facilities from hiring anyone listed on the state's child abuse registry for a period of five years after the report (Sherman, 2011).

While employment in child care careers (i.e. child care centres) is predominantly affected, registries may also be checked for other types of employers depending on the state, including education, health care (e.g. home health aides), and transportation jobs (Sen, 2020; Huntzinger, 2020). For example, among indigenous communities in Manitoba, a policy is in place whereby the community council must present evidence showing that any applicant for "a position of public trust" is not listed on the province's child abuse registry. This includes the positions of recreation director, community safety officer, and any paid or volunteer positions that supervise children during recreational activities (Government of Manitoba, 2017). Furthermore, in many states such as New York, names remain on central registries even after the individual has been cleared of child abuse allegations in a court. Therefore, people may continue to lose job prospects even after any charges have been dismissed because of the laws in certain states and the lack of coordination between registries and family courts (Sen, 2020).

Besides employment prospects, other opportunities can be lost by having a prior case record of alleged or substantiated child abuse. This includes disqualification from becoming foster parents or adopting a child. It may also negatively impact a parent in custody determinations, resulting in a lower likelihood of gaining custody or visitation rights to the child. Finally, parents may also be unable to volunteer in their children's schools or participate in their extracurricular activities, such as coaching sports teams (Sen, 2020).

Violation of due process rights

As described in Section 4.0, several courts in the US have considered claims that child abuse registries infringe on citizens' constitutional rights to due process under the Fourteenth Amendment. Most courts have agreed that being listed on an employer-accessible child abuse registry does violate one's rights to both employment and reputation (Hollenbeck, 2001). Many courts have also determined that the standards and procedures used to report, maintain, and disseminate cases of child abuse are not sufficient to protect suspected abusers under the constitution, and have argued for stronger protections (Debler, 2012).

Burden on vulnerable populations

Similar to the consequences of criminal convictions, critics of child protective systems also argue that child abuse investigations and registries place an unfair burden on certain groups or individuals, namely people of lower socioeconomic status, racial minorities, minor parents (i.e. those under age 18), and women. According to Henry et al. (2019), low-income people and people of color are overrepresented in the child welfare system, and are disproportionally reported and substantiated for child abuse and thus placed on registries. Furthermore, the types of jobs that are required to check both criminal and child abuse registries before hiring (i.e. child care jobs) are largely occupied by women – particularly

women of colour (Henry et al., 2019; Krohn & Gullen, 2017). For example, according to 2018 statistics, over 90% of child care workers, preschool and kindergarten teachers in the US were female and almost 40% of child care jobs were held by women of color (Henry, 2019). As a result, employment opportunities for low-income women and women of colour may be disproportionally impacted by child abuse registry policies.

In addition, as noted by Barry (2018), minor parents – particularly those living in poverty – are also more likely to have cases of child abuse or neglect initiated against them and to have their children removed from their care compared to adult parents, which then has major ripple effects on their life, including future job prospects.

Impact on children

While most agree that child abuse registries serve their main purpose of protecting children from the risk of harm, it has also been argued that the consequences of being investigated for child abuse on parents may paradoxically decrease the well-being of children in the long run. If parents are prevented from finding employment as a result of being listed on a registry, their economic prospects are threatened and the family, including children, are more likely to live in poverty. This may then lead to an increase in poverty-related child maltreatment (Henry et al, 2019). Indeed, several studies have found an association between indicators of family poverty, risk of maltreatment, and experiences of maltreatment, as well as an increased risk of recurrent reports to child welfare authorities (Kohl et al., 2009; Fallon et al., 2011).

Again, the implications may be even stronger for women, particularly women of color, who are more likely to face barriers in finding employment in the fields of child care and health care after being placed on a registry. The proportion of household income that comes from women's earnings has increased in recent decades - women were the sole or primary income earners (contributing over half of the family's income) in approximately 40% of households in the US (in 2013) and Canada (2015) (Krohn & Gullen, 2017; Fox & Moyser, 2018). In addition, it has been reported that low-income women of color are the most likely demographic to be accused of child abuse and neglect, often resulting from poverty and stress. The cycle of unemployment, poverty, and child abuse that may result from being listed on a registry is thus an important consequence that must be considered when evaluating registries and expungement procedures.

3.2 Arguments against expungement

Enhancing child protection

The main argument against the expungement of records from child abuse databases and registries is the need to protect children first and foremost and prevent maltreatment. While most researchers and professionals acknowledge the need to protect innocent individuals who are accused of child abuse, they argue that it is more important to protect children who may be at risk, and that increasing protections for suspected abusers would infringe on the rights of children (Hollenbeck, 2001).

Maintaining databases for information purposes, monitoring and evaluation of child welfare services

Furthermore, in order to better protect children and identify those at risk, some argue that it is necessary to keep all case records of reported child abuse – whether substantiated or unsubstantiated – on file for information purposes, including statistical analyses and data collection, and tracking patterns of maltreatment. The more information that is included in the system, the more accurate and detailed data collection and monitoring efforts can be; and the more case reports that are included, the better child welfare workers are able to diagnose potential cases of child maltreatment (Hollenbeck, 2001).

In addition, case records may be important for informing best practices and improvements in child welfare services. For example, prior records may help to evaluate the effectiveness of services and interventions provided to families as a result of reported abuse, or to identify areas where better training or monitoring is needed (PennState, 2018). In Ontario, data from prior records are used to evaluate the performance of children's aid societies (CASs) and improve outcomes for children and youth who are receiving child welfare services (Ontario Association of Children's Aid Societies, 2018). Results are reported on five performance indicators (PIs) focusing on progress towards three key outcome areas: safety, permanency and well-being of children. Data from CASs are also provided to other studies or databases in Ontario to conduct program evaluations, influence policy, and to inform advocacy strategies. Thus the preservation of information from all investigations conducted by child welfare agencies is essential for informing policy and practice.

Prevention efforts

Another reason for keeping all reported instances of child abuse in databases without expunction is to maintain case histories for repeat offenders and thus help to prevent future harm. As noted by researchers such as Putnam-Hornstein et al. (2013), children who are referred to child welfare services for abuse or neglect often face multiple risk factors that result in high rates of rereferrals and even death from subsequent maltreatment – even when the initial allegation was unfounded. For example, data from child welfare agencies in Ontario on safety PIs has been used to track cases that return to the child welfare system after an initial investigation was closed.[19] Results from 2010-2017 show that while the majority of families who were investigated for child protection concerns did not have a recurrence within 12 months of when the case was closed; 14-16% of families

[19] For these analyses, closing a case following an investigation assessment suggests that there are no child protection concerns requiring ongoing CAS involvement or there are factors that are present that are beyond the control of the agency.

were later reinvestigated within 12 months with child protection concerns verified[20] (Ontario Association of Children's Aid Societies, 2019). This points to the challenge of accurately assessing children's risk level and the need for heightened monitoring of all children who are referred to child welfare agencies. It also suggests that the expungement of prior case records would have implications for tracking and preventing recidivism of child maltreatment, as it essentially "would erase all evidence relating to the pattern" (Debler, 2012, p. 32). In other words, child welfare workers would be missing vital information from prior investigations that could assist in identifying children at risk (PennState, 2018; Pierce & Feely, 2020).

Many states in the US use the criteria of substantiation to determine whether to expunge case records. For example, as mentioned in Section 2.5, some states expunge records immediately upon determining that the reported abuse is unsubstantiated, whereas others keep the records on the registry for a few years (although generally a shorter time period than substantiated cases). However, previous researchers have argued that unsubstantiated cases have a great degree of variation or heterogeneity, and that some unsubstantiated cases may still have high levels of harm or future risk, even if the evidence during the investigation was not sufficient to meet the state guidelines for placing the individual on the registry (Kohl et al., 2009). Furthermore, the required level of evidence needed for substantiation varies across states, contributing to the variation in the level of risk across cases. There is some evidence from the US demonstrating that there is no difference between substantiated and unsubstantiated cases of child abuse in the risk of future maltreatment, and thus substantiation is not a good predictor of recidivism among child abusers:

- Data from the National Survey of Child and Adolescent Well-Being, a national probability study of children and families investigated for child maltreatment between 1999-2000, were analyzed to examine whether cases that were initially classified as either substantiated or unsubstantiated differed in rates of recidivism over 36 months afterwards (as classified by either: any rereports, substantiated rereports, or subsequent foster care placements). Overall, 17% of cases had a rereport during the study period. After controlling for case characteristics, there were no differences in risk of recidivism on any of the three outcomes between substantiated vs. unsubstantiated cases (Kohl et al., 2009).
- Another study that used data from one state's child welfare system examined rates of subsequent child abuse reports among cases with an unsubstantiated first report between 2014-2019. The data showed that over one-third (36%) of cases with an unsubstantiated first report had a subsequent report within 4 years. The risk of rereport was highest within the first year, and then declined. A comparison with substantiated cases over the same time frame found no difference in the rates of

[20] The results do not identify whether the same child in the family experienced a recurrence of protection concerns; only that concerns have reoccurred in the same family. In addition, the recurrence may be for any kind of concern, not necessarily the same concern as the original investigation.

subsequent reports (Pierce, 2020).

These findings suggest that the use of the substantiation classification in child welfare policy and practice should be questioned, especially if it is used to make decisions such as placement on central registries. The researchers argue that all cases records should be retained regardless of substantiation status, except for clearly erroneous or malicious cases, which can be safely expunged (Kohl et al., 2009). Maintaining such records could be useful in showing patterns over time that highlight the need for services. In particular, the data from Pierce (2020) suggests that all records should be maintained for at least five years in order to capture the majority of re-reports; any shorter time frame for expunction would result in missing case history data.

4.0 Court Cases in the United States

In the United States, child abuse registries and the procedures regarding the inclusion and exclusion of individuals on the registries have been the subject of a number of court cases where claims of due process violations have been made. In several states, the courts have determined that central registries fail to adequately protect an individual's constitutional rights to due process[21], often resulting in changes to the procedures by which registries operate (Debler, 2012). In most cases, the issue is whether an individual has been deprived of their fundamental rights to liberty as a result of being named on an employer-accessible registry, such as the loss of the right to obtain employment. Other cases have focused on procedural due process violations, involving protections for individuals before their name is added to a registry, such as the right to a hearing or appeal.

A review of some of the key court cases and decisions is summarized below. However, it should be noted that there have not been a great number of cases in federal courts; which may be due to a couple of reasons: first, many people accused of abuse and listed on registries may not have sufficient funds to obtain legal assistance and pursue litigation; second, there is little federal oversight of state registries and their procedures (Sen, 2020; Sherman, 2011). The lack of federal rulings may create uncertainty both for states in maintaining their registries, and for individuals who wish to challenge procedures (Sherman, 2011).

- A precedent in determining whether one's due process rights have been violated was set in a 1983 Supreme Court case, *Paul v. Davis*, in which the plaintiff claimed that his rights were violated when police shared his name and image on a flyer as a convicted shoplifter and was stigmatized as a result (Hollenbeck, 2001; Sen, 2020).

[21] The Due Process Clause of the Fourteenth Amendment to the United States Constitution requires that certain steps must be taken before the state can deprive a person of rights accorded to them by the state. A state cannot deprive a person of a liberty or property interest without providing an appropriate opportunity for review (Sen, 2020, p. 870)

However, the Court decided against the plaintiff and determined that damage to one's reputation alone is not sufficient to invoke the procedural protections of the Due Process Clause. Instead, the reputational harm must be accompanied by some other "more tangible" component in order to meet the criteria for a loss of protected liberty interests, such as loss of employment opportunities. This is known as the "stigma-plus" test. While this case was based on a criminal record, the decision has since been used by courts as a standard to evaluate claims against child abuse registries as well, to determine whether being listed on registries infringes on one's rights beyond just reputation.

- For example, cases such as *Valmonte v. Bane* (1994), *Dupuy v. Samuels* (2005), and *Humphries v. County of Los Angeles* (2009) all determined that one's employment opportunities are impacted by being listed on an accessible child abuse registry, thus meeting the stigma-plus test and depriving a protected liberty interest (Sen, 2020).
- In the Humphries case, the plaintiffs were parents who were unable to remove their names from the California state registry even after a court found they did not commit the alleged child abuse. The Court of Appeals for the Ninth Circuit found that "*The lack of any meaningful, guaranteed procedural safeguards before the initial placement on CACI [Child Abuse Central Index] combined with the lack of any effective process for removal from CACI violates the Humphries' due process rights*" (Humphries *v.* County of Los Angeles, 554 F.3d 1170 (9th Cir. 2009).
- However, not all courts have found potential impacts on employment opportunities or prospects to be sufficient under the stigma-plus test and have dismissed claims for failing to demonstrate a specific and concrete loss of one's liberty interests (ie. a tangible loss of employment or salary) (Sen, 2020; Navid, 2011).

- The *Mathews v. Eldridge* Supreme Court case in 1976 also set a standard for courts when evaluating the procedures used by states in determining whether to place an individual's name on a central registry. The Court established three factors that should be considered in determining the adequacy of these procedures to protect the individual's due process rights, involving weighing the interests of the individual against the interests of the state. Specifically, the court decided that "*Procedural due process must be evaluated by using a balancing test that accounts for the government's interests, the individual's interests, and the risk of error under the existing process as well as how much additional procedures would help*" (Mathews v. Eldridge, 424 U.S. 319, 332 (1976)).
- Some courts have since used the Mathews test to determine that due process rights are violated by listing an individual in a central registry without first providing the opportunity for a hearing. For example:
  - *Jamison v. State Department of Social Services Division of Family Services* (2007) – the Supreme Court of Missouri decided that including a case in a

registry after an investigation by child protective services alone is not sufficient to balance the loss of liberty that comes from being registered, if employment could be affected.

- Similarly, in the *Matter of W.B.M* (2010) – the North Carolina Court of Appeals also decided that listing an individual on the state registry prior to a hearing was unconstitutional.

- In several of the above cases (*Valmonte v. Bane*, *Jamison v. State Department of Social Services Division of Family Services, and In the Matter of W.B.M)*, the court further determined that the standards of proof used to substantiate reports of child abuse are constitutionally deficient because they produced an unacceptable risk of error under the Mathews test. For example, the Valmonte court found that in about one-third of cases of reported abuse based on the standard of only "some credible evidence", the state ultimately removed the individual's name from the registry after a hearing (Sherman, 2011). In each case, the court held that a report of suspected child abuse must be substantiated by a 'preponderance of the evidence' before an individual's name can be added to a state registry (Hollenbeck, 2001; Huntzinger, 2020).
- In addition to claims of due process violations, courts have also considered the issue of defining child abuse in determining whether a record of reported child abuse should be expunged. In Pennsylvania ,where expungement procedures are more stringent than in other states, the Supreme Court decided in 2003 (in *P.R. v. Commonwealth, Department of Public Welfare*) that an act of corporal punishment by a parent that results in serious injury to a child may only be considered as child abuse if it results from criminal negligence, defined as having intent to inflict pain and foreseeable risk (i.e., the parent should have known that their actions would result in an injury). The court in this case expunged the plaintiff's record, which in Pennsylvania means the entire record was deleted from the CPS system and cannot be recovered. This set a precedent for allowing expungement of all records of corporal punishment by parents resulting in serious harm to children, if it can be argued that the act did not meet the definition of child abuse (Behney, 2003).

5.0 Objectives

The central objectives of the literature scan (LS) are threefold:

1) to identify the breadth and scope of existing research evidence exploring the issue of data expungement in the field of child welfare;
2) to uncover the range and nature of research activity on the topic; and
3) to provide an assessment of the value of undertaking a much more rigorous review of the topic that can be utilized to inform policy development and practice.

Expungement of Data in the Field of Child Welfare

6.0 Research Methods

A scan of both peer-reviewed journals and grey literature was conducted to: determine the depth and breadth of information available; and identify, collect and synthesize information relevant to the issue of data expungement in the field of child welfare. The LS for this study involved a series of steps which included:

1) the identification of key words/search terms
2) the identification of relevant data sources
3) the development of search strategies
4) an extensive and detailed search of peer reviewed and grey literature
5) literature screening and data extraction
6) a synthesis of the literature.

6.1 Keywords/Search Terms

The list of keywords/search terms in Table 2 was developed by examining existing abstracts and/or literature for alternative words, subject headings and phrases. Throughout the search process, keywords/search terms were added, deleted or modified as different terms were discovered to enhance the search strategy.

Table 2. Keywords/Search Terms

expungement; child welfare, child abuse, child maltreatment, registry

6.2 Data Sources

Two categories of data sources were selected for the LS: 1) peer-reviewed journals found in electronic databases; and 2) internet based grey literature. An extensive number of electronic databases were searched to identify relevant literature, including descriptive qualitative and quantitative studies for review. Databases searched included: Applied Social Sciences Index and Abstracts (ASSIA); Education Resources Information Center (ERIC); JSTOR; ProQuest; PsychINFO (OVID); Scholar's Portal; Scopus; Web of Science; and HeinOnline. For a brief description of each database, please see Appendix B – Sources of Information (Peer Reviewed).

The LS was expanded to include web based grey literature which included: dissertations and theses; conference proceedings; government publications; white papers; and working papers. Various search engines, research portals, dissertations and theses depositories and institution-specific websites were utilized for the identification and collection of relevant data. For a detailed list, please see Appendix C – Sources of Information (Grey Literature).

An initial scan was conducted from November 30 to December 2, 2019. The search was later revisited and expanded from August 25 to September 5, 2020.

6.3 Search Strategy

Search strategies were developed to meet the specifications and search parameters of each unique database. Search strategies that were used to maximize the number of relevant records retrieved included:

1) keyword and or exact phrase searches in the title, abstract or subject heading of a reference;
2) using Boolean operators (AND, OR and NOT) for different combinations of search terms; and
3) if available, filters specific to the database were used to refine and/or limit search results, allowing for the retrieval of relevant documents. Due to the limited availability of relevant literature, filters were used sparingly throughout the search process to ensure that no literature was overlooked.

Search strategies were tested and refined after search results were reviewed. After reviewing results, it was decided to limit the search results to literature published from the year 2000 through to the present in order to retrieve the most relevant results. A hand search of reference lists was also used to supplement searches. Citation searching is effective in the identification of new and current literature on a subject, resulting in a much more comprehensive search and literature review.

6.4 Literature Selection, Data Extraction and Synthesis

The title and abstracts of records retrieved from the databases and grey literature were screened for key words and any duplicates removed. The absence of variables of interest (e.g. keywords) relevant to the research objective were used as exclusion criteria. Pertinent information was extracted from the literature and presented in tabular form.[22] The extracted data included: the studies' author(s) and year of publication; the source of literature (i.e. peer-reviewed or grey literature); study objectives; a synthesis of results/findings; and conclusions/implications. The literature synthesis tables were then used to complete the remaining sections of the literature scan document.

[22] Note: the literature synthesis tables were developed and used during the review process but have not been included in this final document.

Expungement of Data in the Field of Child Welfare

7.0 Results of the Literature Scan

The results of the literature scan revealed a limited number of published articles that addressed the issue of data expungement from child welfare databases, and none were from Canada. As most states in the US maintain records of reported child abuse in the form of a central registry, most of the literature focused on issues surrounding the placement of individuals on these registries, rather than the broader information systems that may be used by child welfare agencies to track all reports. While the literature has largely been exploratory and untested, a few studies have analyzed data from the US to examine the impact of different standards of evidence used to substantiate reports of child abuse and place individuals on registries.

A central theme found in the literature was the need to balance the rights of children with the rights of their caregivers. While state central registries serve an important function of protecting children from the risk of abuse or maltreatment, they may also have serious negative consequences to the individual suspected of abuse, including barriers to employment and other opportunities. Some articles (e.g. Henry et al., 2019; Luciano, 2019) also focused on the disproportionate burden of central registries on people of low income and people of colour, particularly women. As noted by Henry et al. (2019), is important to consider the possible ways that being listed on a registry may actually undermine child well-being by increasing the risk of family poverty and its associated outcomes. Another theme found in the literature, particularly in the law databases, was the issue of due process rights for suspected perpetrators by placing their names on a registry without providing the opportunity to appeal or remove their record, even if they were found to be not guilty.

Many reviews and critiques of child abuse registries (e.g. Hollenbeck, 2001; Owhe, 2013; Sen, 2020) have argued for policy changes such as increasing protections for suspected perpetrators or raising the standard of proof used to substantiate reports of child abuse or neglect, which would reduce the number of substantiated reports included in databases or registries. For example, an analysis by Kahn et al. (2017) examined data from states where the standard of proof for substantiation of child maltreatment was increased and found that a higher standard is associated with a lower rate of substantiation, as expected. The authors also suggest that increasing protections for parents by raising the standard may not only reduce the likelihood of wrongful accusations, but it may also result in fewer children being placed in foster care, and greater provision of other types of services for families.

However, while these measures may help to reduce the hardships caused by registries on individuals and create more consistent standards, it is important to consider the full impact of such changes, including any possible risks to children. For example, given that many states expunge unsubstantiated case records or keep them on file for a shorter time period, a decrease in substantiated cases could result in a lower likelihood of identifying children at risk who were the subject of previous child welfare reports and referrals. Kohl et al.

(2009) and Pierce (2020) both found no difference between substantiated and unsubstantiated cases of child maltreatment in the likelihood of subsequent reports, demonstrating both the variability in cases and the benefit of maintaining all reported cases of abuse on registries rather than relying on specific classification terms. As noted by Green et al. (2015), "*Unsubstantiated reports are a critical source of information about child maltreatment, given the variability across states in how, when, and to what extent reports are investigated… as well as the evidence suggesting little or no difference between substantiated and unsubstantiated cases in regards to risk factors or future risk.*"

Furthermore, the data on child protective service investigations and their outcomes that is maintained in agencies' information systems may not only help in prevention efforts, but can also serve as a valuable resource for understanding and evaluating child welfare services and their impact. Enhancing the ability of child welfare agencies and researchers to access and utilize this administrative data can lead to more evidence-based practice and policies.

Finally, in addition to the literature on data expungement from child abuse databases, a brief scan of the literature on data expungement for juvenile crimes was conducted to provide an alternative perspective on the consequences of registries. The results of this scan revealed the importance of rehabilitation within the juvenile justice system and defining more flexible responses for those convicted of crimes as juveniles, in order to reduce or avoid lifelong costs associated with having a record.

8.0 Conclusions

The results of the literature scan demonstrate a scarcity of research on the topic of data expungement in child welfare. The majority of the research is grey literature in the form of law review articles and briefs, and focuses primarily on the consequences of child abuse central registries in the United States rather than expungement specifically. The lack of federal oversight of child abuse registries in both the US and Canada, as well as the lack of definite federal rulings in this area along with sometimes unclear or inconsistent definitions and standards of child abuse and neglect continues to leave some uncertainty both for courts, and individuals who wish to challenge the decisions and outcomes of child maltreatment investigations (Sherman, 2011; Navid, 2011; Luciano, 2019).

What is clear from the literature is that there are potential consequences both for wrongly accusing parents or caretakers of child abuse or maltreatment and including them in child welfare information databases or registries, and for failing to identify actual cases of child abuse or maltreatment as a result of the procedures and standards in place for identifying children at risk. Therefore, there is a need for balancing the protections for those accused of child abuse against the need to protect children from harm. Given the level of disagreement by both courts and scholars on this issue thus far, in addition to the large variation in procedures across jurisdictions, it is also clear that there is a lack of consensus as to what procedures would best serve due process and protect children. There is a need

for more robust research on the topic of expungement, including a more critical examination of child abuse registries and their consequences for both children and adults.

8.1 Limitations of this research

As discussed above, a limitation of the existing research is the gap in the literature for countries outside of the United States. While the overall approach to regulation of child protective services is similar in Canada and the US – with legislation in both countries being administered at the regional (states or provinces) rather than national level, resulting in a wide degree of variation across regions – there are also important differences in the approach to child welfare services in the two countries that has not been addressed in the existing literature. A better understanding of these differences and the applicability of legislation and policies in the US for Canadian provinces would be useful in evaluating possible approaches for policies and procedures in Canada. In particular, there is a need for more research on the impact of child abuse registries for minorities and vulnerable groups, including Indigenous populations. In addition, most of the research is descriptive or exploratory in nature, and there is a lack of evidence on the effectiveness of registries in actually reducing rates of child maltreatment and the potential impact of changes to policies or standards regarding child abuse databases and expungement.

8.2 Future research

To overcome the limitations of the existing research and provide a clearer understanding of the issue of data expungement in child welfare, it is recommended that more research is conducted to compare and evaluate the various expungement policies that are in place across jurisdictions in order to make evidence-based recommendations for policy improvements. This would include more data on the impact of changes in legislation on outcomes such as reporting rates, substantiation rates, and economic or other harms faced by families, such as the analyses conducted by Kahn et al. (2017). It would also include more studies analyzing rates of rereport or recidivism among child abusers such as those conducted by Kohl et al. (2009) and Pierce (2020), which would help to shape appropriate policies for maintaining case records in databases. As noted by Kohl et al. (2009), more generalizable efficacy studies conducted with real-world populations is called for. More research is also needed to explore alternative approaches to current procedures for the placement and removal of names in child abuse databases and registries, including those described in Section 8.3 below. Finally, there is a need for more research on Canadian policies and the impact and effectiveness of current systems, including child abuse registries in Manitoba, Nova Scotia, and Ontario.

8.3 Implications for policy

Researchers have offered several suggestions and recommendations for improvements to child welfare systems and the ways they operate. While most have focused on changes to child abuse registries and improved service options, some may have implications for data

expungement as well. A review of some of these suggested policy changes is summarized in this section.

1. Increase protections for suspected perpetrators

Several scholars have argued for the need to increase procedural protections for individuals accused of child abuse to better align with their constitutional rights in the United States. This includes measures such as:

a) Providing adequate notice to individuals when a report of child abuse has been made, including informing them of procedures and ensuring they understand and have the opportunity to respond to these notices;

b) Allowing better access to case records for individuals who have been reported;

c) Allowing individuals to challenge allegations at a hearing prior to being placed on a registry and within a reasonable timeframe; including abolishing or extending the deadlines given in some states for individuals to request expunction of their record;

d) Providing the opportunity for a fair hearing in which individuals may challenge their inclusion in a child abuse registry or database; and

d) Improving the appeals and expunction process by making it easier to quicker to navigate. For example, according to Sen et al. (2020), states should automatically expunge a report from a registry if a court has dismissed the finding of abuse – a procedure that few states actually follow, meaning that individuals are often forced to appeal their reports even when a court has already found that the alleged abuse did not occur. In contrast, many states prevent parents from appealing decisions to list them on a registry when a court has made a finding against them, suggesting a need for more balanced procedures.

2. Raise the standard of evidence required to substantiate reports of child abuse

Many researchers and courts have recommended that states use the higher standard of "the preponderance of evidence" rather than "credible evidence" or an even lower standard when investigating reports of child abuse and neglect and assessing whether to include cases on a registry. According to Sherman (2011, p. 896), *"States should adopt the standard that provides the strongest protection of individual rights, is consistent with the goals of protecting vulnerable populations, and does not present an undue financial or administrative burden on the state".*

The state of Missouri provides one case study for evaluating the potential impact of raising the standard of evidence. Missouri implemented a new law in 2004 changing the standard of evidence needed to substantiate a reported case of child abuse from "probable cause" to the more stringent "a preponderance of the evidence". This change came after a high-profile death of a young child by his foster parent, resulting in a call for legislative reform of

the child protective system to strengthen protections for parents and avoid unnecessary placements of children in foster care. Kahn et al. (2017) demonstrated that the change in the standard decreased the overall probability of substantiation of child abuse allegations by 3% in Missouri in the two years following the change. Studies have shown that while the total number of reports of child abuse and neglect fell in the year immediately following the legislative change in Missouri, the number of children who were the subject of child maltreatment investigations actually increased between 2006-2009. This finding suggests that contrary to arguments that a higher evidentiary standard would lead to an increase in unreported child abuse, increasing the standard does not necessarily lead to a decrease in the number of reported incidents in the long term (Kahn et al., 2017; Owhe, 2013).

3. Move away from current labels used to classify and assess risk

As described earlier, some have argued that current classifications used to determine whether child abuse has occurred in an investigation (i.e. "substantiated" or "unsubstantiated") are highly variable both across jurisdictions and in terms of actual level of risk. Researchers Kohl et al. (2009) suggest that labels used in child welfare cases should be changed to better reflect reality and focus more on risks and service needs in the family. For example, instead of the current "substantiation" label, they suggest a more restrictive label of "appropriate for court intervention" to indicate that there was enough evidence and risk of harm in a case to invoke family court. According to the researchers, "*Tracking such a real-world construct would make far more sense than counting "substantiated" cases"* (Kohl et al., 2009, p.25). Furthermore, understanding and tracking service needs (i.e. parenting support, financial support) would improve policy planning.

4. Diversion of some cases to alternate response systems

Advocates of the Community Partnership approach (as described by Hollenbeck, 2001) argue that state child welfare officers should focus their efforts only on investigating and servicing the most severe cases of child maltreatment, to save resources, while less serious cases should be delegated to private community organizations offering voluntary support services to families. These less severe cases would not be listed in the state registry; thereby limiting the number of cases included on the registry and reducing the stigma associated with being listed on the registry. This type of approach represents a multi-level or multidisciplinary approach to child protective services involving constructive interactions and coordination between stakeholders interested in child health and well-being. As described in a 2010 manual: "*Community partnerships bring child welfare agencies together with community organizations, service providers, concerned neighbors, and family members to help prevent children from entering the child welfare system and to provide families at risk or in crisis with access to services and supports*. (Office on Child Abuse and Neglect, Children's Bureau, 2010, p.5).

Miller (2011) advocates for a similar approach where cases of child abuse and neglect are treated differently depending on the severity of the case. In this view, given the potential

lifetime consequences of being placed on a registry, parents who commit minor (non-criminal) acts of abuse or neglect should not be placed on the same registry as those who have been convicted of more serious offenses. Instead, there should be alternate options provided for these individuals that would help to remove barriers to employment, such as expungement, rehabilitation, or diversionary programs – similar to what may be offered to registered sex offenders or other criminals.

Some states do already provide an alternate or differential response system - a relatively recent approach in child welfare whereby the more serious reports of child abuse receive a formal investigation that could lead to substantiation, while other (i.e. lower risk) reports are instead referred for an assessment of family needs so that appropriate services can be provided – often on a voluntary basis (Kahn et al., 2017; Font et al., 2019). Proponents of these systems argue that they allow child welfare authorities to more quickly respond to reports of child maltreatment with services that meet the immediate needs of families, which may then reduce the number of placements in foster care (Kahn et al., 2017). Font et al. (2019) also suggest that focusing investigations on families' risks and needs and providing services regardless of whether the abuse has been confirmed or substantiated (i.e. 'decoupling' substantiation and service provision) may be a more efficient use of limited resources. These systems are likely to result in fewer substantiated reports, which may further reduce the usefulness of substantiation as an indicator of child maltreatment (Green et al., 2015).

5. Provide targeted services and interventions for more vulnerable people

Similar to the alternate response approach, some researchers argue that child welfare services should recognize and support more vulnerable families and individuals, such as women, lower-income families, and families with substance abuse or mental health issues, by providing targeted social services and interventions. This may include educational opportunities, job training, housing assistance, and mental health or substance abuse treatment programs. According to Kohl et al. (2009), access to services that could help alleviate stressors associated with living in poverty may be important for reducing recidivism rates, and assisting with basic needs such as housing may be more useful than other more complex interventions. As described by Fallon et al. (2011), even families where child maltreatment has not yet occurred but with certain caregiver or societal characteristics that place children at higher risk of maltreatment still need services to address their needs and issues in order to prevent future harm.

In reference to criminal records, Krohn & Gullen (2017) argued that policy efforts must "include and emphasize substantive areas of particularized import to women" (p.274). For example, women with minor criminal records should be offered the chance to enter treatment programs rather than being incarcerated. The authors also recommend expanding expungement laws so that minor crimes are protected from public view, thus helping to give women – particularly women of color - a fairer opportunity to compete in

the job market. While this type of approach is more relevant to criminal records, it may be applicable to the expungement of certain child abuse records as well.

6. Maintain case records only for certain purposes

While child abuse reports are primarily used for the identification and prevention of child maltreatment, there are other uses for the databases that maintain these reports, such as record-keeping and providing statistical information for research and planning purposes (see Section 2.2). One possible approach recommended by the PennState Social Science Research Institute (2018) is to focus on these other internal uses of child abuse databases and limit unrestricted access to case records for purposes such as employment and background checks. These researchers argue that this more balanced approach would maintain case records without expunction but would restrict the information so that it is only accessible for purposes that protect children, including research to strengthen child protective services. Specifically, they recommend that records in registries "*be maintained internally for uses that promote child well-being, enhance caseworker efficiency, and enable research that informs the responsible and effective use of tax dollars*". Green et al. (2015) also recommend that state child welfare agencies should maintain all records of reported child abuse, including unsubstantiated reports, so that this information can be utilized for research purposes, such as the evaluation of interventions and programs for the prevention of child maltreatment.

7. Improve consistency of data collection procedures across jurisdictions by creating a national registry

Given the variation across states and provinces in the legislation of registries and expungement procedures, one policy option could be to centralize data on perpetrators of child abuse by creating a national registry. This has been proposed in the US under the 2006 Adam Walsh Child Protection and Safety Act, which established a national sex offender registry and also directed the Secretary of Health and Human Services to establish a national registry of substantiated cases of child abuse and neglect. An advantage of a national registry would be the ability to identify previous cases of child maltreatment that may have occurred in other jurisdictions and improve the efficiency of information sharing across states (McDonald, 2012). Another advantage would be improved quality and accuracy of data for research and evaluation purposes. As noted by researchers such as Green et al. (2015), accessing, combining and interpreting relevant information from child welfare administrative databases across states currently comes with many challenges and limitations, especially given the variation in procedures across states. If federal and state agencies were to move towards greater consistency in record keeping and procedures for accessing child welfare data, the usefulness of these data systems for research and policy evaluation would improve and expand.

According to a study assessing the feasibility of such a national registry in the US (McDonald, 2012), the foundations for a national child abuse registry already exist given

that nearly all states maintain the necessary data. In addition, the technical capacity exists and there is high interest in creating a national registry. However, in order for a national registry to be useful, a majority of US states would need to participate, and most would need to change their laws in order to participate. Legislative changes would also be needed at the federal level to allow for the collection of minimum information needed to accurately identify perpetrators in the national registry.

8. Enhance resources and support for child welfare research to improve services

The above suggestions to maintain case records for research and evaluation purposes and improve data collection procedures will only be impactful with adequate resources and capacity for mobilizing research efforts in Canada. As noted by researchers such as Fallon et al. (2017) and Trocmé et al. (2016), the paucity of child welfare research in Canada may be due to several factors, including limited resources and support for research; lack of training and research capacity for utilizing data; barriers in accessing longitudinal administrative data; and the absence of infrastructure that would enable linking child welfare data to other data sources (i.e. census data or mental health data). Therefore, providing the necessary supports to child welfare agencies to enable them to use the data they collect more efficiently and effectively would help to better understand child welfare services and their impact, and translate this knowledge into practice.

One method of research capacity building that has successfully been implemented in Canada is research-community partnerships. For example, the Building Research Capacity (BRC) initiative is a partnership between researchers at McGill University and community organizations, including First Nations and mainstream youth protection agencies (Trocmé et al., 2016). BRC was developed to build institutional capacity among youth protection organizations to conduct evidence-based research that would help to better understand and inform child protective services in Quebec. One of the core components of the BRC was to provide services and training to support the use and analysis of administrative service data on children who have been involved with child protections agencies in Quebec. Another example is the formal partnership between the University of Toronto, clinicians, policy analysts, and researchers from child welfare agencies across Ontario that was developed to advance the evidence base with respect to service provision in Ontario. One of the key objectives of this initiative was also to enhance the capacity of service providers to access and analyze administrative data from child welfare systems, in order to better understand service trajectories and outcomes (Fallon et al., 2017).

These examples demonstrate the potential of using administrative data from child welfare agencies for research and evaluation of child welfare services and programs, and the advantages of maintaining rich and accessible administrative datasets and information systems within the child welfare sector.

9. Consider alternate approaches for juveniles/minors accused of child maltreatment or other crimes

When a report of alleged child abuse or neglect is made against a parent who is a minor themselves, the impact on their lives may be more pronounced. Most states do not distinguish between minors and adults in the investigation and treatment of chases of child maltreatment. However, Barry (2018) has argued that minors should be considered differently than adults and provided with more flexible options, as they are in other legal systems. One policy option is to provide minors with the opportunity to expunge their record once they have turned eighteen, or after they have shown proof of rehabilitation, as is done in Arkansas. Another option is to distinguish between minors and adults in the state central registry, as is done in Vermont, and to consider the age of the individual in assessing their level of risk.

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Appendix L. Data Expungement in the Field of Child Welfare *(continued)*

Appendix A – Child Abuse Registries and Policies in Canada

Table 3 provides an overview of the legislation governing child welfare in each province and territory, and any existing policies and procedures for child abuse registries and expungement of records, and any information on the standards used for verification of child abuse allegations.

Table 3 Child Abuse Registries and Procedures by Province/Territory

Province	Legislation (Date)	Registry	Information on registry, record checks, and expungement procedures	Standards for verification
Alberta	*Child, Youth and Family Enhancement Act* (2004)	No	No official registry but Child Intervention Record Checks may be completed through children's services. This service is targeted to individuals who will be working directly with children and youth; applicants for a foster home license or child and youth facility license; and applicants to be a kinship care provider. The check (also known as a Child Welfare Check) states whether a person has been involved in a child intervention investigation or has placed a child under the protection of the Child, Youth and Family Enhancement Act.[1,2]	Not specific – the director determines whether the child is in need of intervention.
British Columbia	*Child, Family and Community Service Act* (2000)	No	Social workers must investigate all reports of child abuse, but if they find that no protection is needed, the case file is closed.	Not specific.
Manitoba	*Child and Family Services Act (1985) and Child and*	Yes	The registry contains the names of individuals found to have abused a child – either by a court or a child abuse committee established by a child and family service agency. Access to the registry is only allowed for certain	When an allegation of child abuse is received by a child service agency, the agency establishes a child abuse committee (which consists of a

Appendix L. Data Expungement in the Field of Child Welfare *(continued)*

Expungement of Data in the Field of Child Welfare

	Family Services Authorities Act (2003)		individuals/groups: employers (when the work involves access to children); peace officers; adoption agencies; child and family service agencies; and a person who believes their name is registered[3,4] Expungement: A name is kept on the registry for 10 years, or until the child turns 18 years old, whichever comes last. Individuals have 60 days upon receiving notice of the intent to register their name to file an objection. A court hearing will be held to determine whether abuse occurred and whether the name should be entered into the registry. The court decision is final.	medical practitioner, police officer, school representative, and agency staff) to review the case. The opinion of the committee is determined by a majority vote as to whether they believe abuse occurred and whether the name of the person should be entered into the registry.[5]
New Brunswick	*Family Services Act* (1980)	No	While a registry is not currently in place, an independent review of the province's child protection system that was submitted to the Department of Social Development in 2018 recommended the adoption of a child abuse registry, along the lines of the one in Nova Scotia.[6]	Cases may be 'substantiated' (meaning it is more probable than not that the harm or risk of harm has occurred, currently exists, or is likely to occur); 'unsubstantiated' (it is not more probable than not that harm occurred); or 'inconclusive'. In applying the "more probable than not" test, the social worker must consider whether the evidence is both credible and persuasive.[7]
Newfoundland and Labrador	*Children and Youth Care and Protection Act* (2011)	No	No official registry; however, child protection clearance checks may be requested by employers, child care services, foster parent or adoption applications.[8] Individuals may also apply for a review of the child protection clearance check decision within 30 days.[9]	Investigations may result in one of three outcomes: allegations not verified; allegations verified but child is not in need of intervention; allegations verified and the child is in need of protective intervention.

Appendix L. Data Expungement in the Field of Child Welfare *(continued)*

Northwest Territories	*Child and Family Services Act* (1998; revised 2016)	No	If a report of suspected child abuse is made, a child protection worker conducts an investigation and completes a report that is filed. If no further protection or services are needed, the file is closed.	Assessment outcomes may be either: 'unfounded' (where the evidence does not support the allegation); 'founded' (evidence is sufficient to establish the truth of an allegation); or 'inconclusive' (insufficient evidence to determine truth).[10]
Nova Scotia	*Children and Family Services Act* (1990; revised 2016-17)	Yes	The Child Abuse Register contains the names of individuals who have been found by the court (Supreme Court Family Division or Family Court in Nova Scotia) to have abused a child. A person who is convicted of a criminal offense against or involving a child under the Criminal Code of Canada is also entered into the register. The register is used to: a) screen prospective foster and adoptive parents; b) screen prospective employees and volunteers who would be working with children; and c) help child protection workers to determine whether a child is in need of protective services.[11] Information in the registry is only available to the individual whose name is listed, and to an agency authorized or mandated to investigate whether a child is in need of protective services. An individual may request a search of the Child Abuse Register, and the results are provided in the form of a letter which may be shared with any organization that has requested the check. Expungement: a person whose name is entered on the Child Abuse Register may apply to the court to have their name removed. If the court	Not specific – the court determines whether a child is in need of protective services if they have suffered harm or abuse or there is substantial risk of harm.

Appendix L. Data Expungement in the Field of Child Welfare *(continued)*

			finds that the person does not pose a risk to children, their name is removed. The court decision may also be appealed within 30 days.[12]	
Nunavut	*Child and Family Services Act* (1998; revised 2014)	No		Not specific – a child protection worker determines whether a child needs protection when a report is made.
Ontario	*Child, Youth and Family Services Act* (2018; revised 2020)	Yes	The Child Abuse Register is a confidential database of information on reports of alleged child abuse by Children's Aid Societies (CAS) and is used in child protection investigations. The registry contains information on both abusers and victims (names, demographic data, information about the incident, and actions taken). A report is submitted to the registry only when an investigation of child abuse has been considered as 'verified' by CAS and does not typically include cases of neglect. Access to information in the registry may be provided to the following individuals: the registered individual, a child, the child's lawyer, coroner, medical practitioner, peace officer, employees of the Ministry, the Children's Aid Society, or a child welfare authority outside Ontario, a person providing counselling or treatment to a registered person, or a person engaged in research.[13] Expungement: upon receiving notice that a person's name has been entered in the registry, the registered person may request the Director of Children and Youth Services to remove their	The verification decision in child protection investigations is based on the test of whether it is "more probable than not" that the harm or risk of harm occurred or currently exists. Outcomes of investigations may be: 'verified'; 'not verified'; or 'inconclusive'. In assessing the evidence, the social worker must consider whether the evidence is both credible and persuasive. When an allegation has been verified, it is reported to the Child Abuse Register.[15]

Appendix L. Data Expungement in the Field of Child Welfare *(continued)*

			name. The Director may either grant the request or hold a hearing to determine whether or not to grant the request. If it is determined after the hearing that the information in the registry is in error, the person's name shall be removed and all records amended to reflect the decision. The hearing decision may also be appealed to the Divisional Court.[13] Note: In addition, an amendment to the law implemented in January 2020 set out a legislative privacy framework for Ontario's child and youth sector, establishing new rules for the collection, use, disclosure of, and access to personal information held by service providers. It provides clients the right to request access and correction to their records; and the right to a complaints process and independent review mechanism related to the collection, use, and sharing of personal information.[14]	
Prince Edward Island	*Child Protection Act* (1988; revised 2013, 2017)	No		Not specific – the director of child protection determines whether a child is in need of protection after an investigation.
Quebec	*Youth Protection Act* (1984; revised 2016-17)	No	While there is no information available on an official registry, the *Youth Protection Act* does allow the Government to make regulations to establish a register containing personal information in a child's record. The regulation must indicate which personal information will be entered in the register and on what conditions, and who will be in charge of it. However, the purpose of the register would be	Not specific.

Appendix L. Data Expungement in the Field of Child Welfare *(continued)*

			to allow only the Commission (the "Commission des droits de la personne et des droits de la jeunesse", responsible for protecting the rights of children) and the director of a child protection centre to check if a report has already been made involving the child. The information may only be disclosed under certain conditions, such as when disclosure is necessary to ensure the child's safety.[16]	
Saskatchewan	*Child and Family Services Act* (1990; revised 2017)	No	No registry but certain organizations (e.g. CMHA Saskatchewan) may request a child abuse record check as a condition of employment or volunteering.	Verification of allegations of child abuse or neglect during a child protection investigation may have one of three outcomes: 'substantiated' (where the weight of the evidence supports a finding that the child suffered abuse or neglect); 'unsubstantiated' (the weight of the evidence supports a finding that the child has not suffered abuse of neglect); or 'inconclusive' (not enough information)[17]
Yukon	*Child and Family Services Act* (2010)	No		Not specific – the director of children and family services determines whether a child is in need of protection after an investigation.

Appendix L. Data Expungement in the Field of Child Welfare *(continued)*

Expungement of Data in the Field of Child Welfare

Appendix B – Sources of Information (Peer Reviewed)

Databases	Description
Applied Social Sciences Index & Abstracts (ASSIA)	Designed to serve the information needs of the caring professions, including practitioners, researchers, and students in healthcare, social services, education, and related areas. It is focused on a core of around 500 of the most relevant English language scholarly journals covering aspects of health and social care from a broadly social scientific perspective. Subject coverage includes: education; family; gerontology; health services; housing; mental health services; nursing; social work; and substance abuse.
JSTOR	Electronic database of interdisciplinary peer reviewed journals.
ProQuest	Multidisciplinary search engine of academic journals, newspapers, ebooks, and more.
PsychINFO (OVID)	Contains citation information and abstracts from journals in psychology and mental health. The Ovid platform is appropriate for systematic and scoping reviews as well as other advanced searches.
Scholars Portal	Ontario's university students, faculty and researchers have access to an extensive collection of e-journals, e-books, social science and geospatial data. Scholars Portal also supports the online interlibrary loan platform for Ontario's universities, a virtual chat reference service, and other tools designed to aid and enhance academic research in Ontario.
Scopus	Multidisciplinary bibliographic and citation database with extensive journal coverage especially in science, technology and medicine and is expanding its coverage of the social sciences
Web of Science	Citation information and research impact factors for multi-disciplinary journal articles, conference papers, books, and more

Appendix C – Sources of Information (Grey Literature)

Databases	Description
Search Engines	• Google (https://www.google.ca/advanced_search) • Google Scholar (https://scholar.google.com/intl/en/scholar/about.html) • Bielefeld Academic Search Engine (https://www.base-search.net/)
Research Portals	• ResearchGate (https://www.researchgate.net/) • King's College (London) Research Portal (https://kclpure.kcl.ac.uk) • Social Science Research Network (SSRN) (https://www.ssrn.com/index.cfm/en/) • OpenAIRE (https://explore.openaire.eu/) • Semantic Scholar (https://www.semanticscholar.org/)
HeinOnline	Online database providing comprehensive coverage from law-based periodicals, historical and government documents. Also contains the entire Congressional Record, Federal Register, and Code of Federal Regulations, complete coverage of the U.S. Reports back to 1754, and entire databases dedicated to treaties, constitutions, case law, world trials, classic treatises, international trade, foreign relations and U.S. Presidents.
Thesis	• Center for Research Libraries Foreign Dissertation (https://www.crl.edu/collections/topics/dissertation) • Digital Access to Research Theses Europe (DART) (http://www.dart-europe.eu/) • Open Access Dissertations (https://oatd.org/) • Thesis Canada Portal (https://www.bac-lac.gc.ca/eng/services/theses/Pages/theses-canada.aspx) • Electronic Theses Online Service (ETHOS) (https://ethos.bl.uk) • ProQuest Dissertations and Theses (https://about.proquest.com/products-services/pqdtglobal.html)
Institution Specific	Various

Endnotes for Appendix A

[1] Childminding Monitoring Advisory & Support (CMAS) (2008). Background checks – what you need to know. Available at https://cmascanada.ca/wp-content/uploads/support_documents/background-checks.pdf
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[15] Ontario Ministry of Children and Youth Services (2016). Ontario child protection standards. Available at http://www.children.gov.on.ca/htdocs/English/documents/childrensaid/Child-Protection-Standards-2016.pdf
[16] Government of Quebec (2020). Youth Protection Act. Available at http://legisquebec.gouv.qc.ca/en/ShowDoc/cs/P-34.1
[17] Saskatchewan Ministry of Social Services (2020). Child protection services manual. Available at file:///C:/Users/Gen/Downloads/Child-Protection--Manual-June2020%20(1).pdf

Appendix M. One-Page Project Information Sheet

2019 CANADIAN HUMAN RIGHTS TRIBUNAL RULING 39

Preliminary Review of Available Compensation Category Data*

UNIVERSITY OF TORONTO

McGill

In January 2016, the Canadian Human Rights Tribunal (CHRT) ruled that funding and provision of child and family services to First Nations children, as well as implementation of Jordan's Principle, was inequitable and discriminatory. A series of rulings regarding measures to rectify these human rights violations have followed this decision, including the 2019 CHRT ruling 39 released on September 6th, 2019, which ordered Canada to compensate victims of this discrimination and 2020 CHRT 7 ordering Canada to compensate the estates of deceased persons who would otherwise be eligible for compensation. The judicial review of the compensation order was recently dismissed by the federal court. However, the Government of Canada has appealed this decision. This means that, at this time, we do not have confirmation as to whether, how, or when the 2019 CHRT 39 may be implemented.

Pursuant to the compensation order, maximum allowable compensation (up to $40,000) is due to First Nations children and their caregivers who were impacted by FNCFS service inequities and Canada's discriminatory application of Jordan's Principle. Paragraphs 245-257 of the order describe the individuals eligible for compensation. Given the fact that the consultation process is ongoing, the compensation categories are subject to change. As of July 2021, they are categorized as follows:

Child welfare	First Nations children living on reserve or in the Yukon who were removed by the child welfare system and placed outside of their home, family, and community.	From January 1, 2006 until further notice[1]
	First Nations parents or grandparents who were the primary caregiver of a child removed from their home, family, and community; unless the parent or grandparent physically, sexually, or psychologically abused the child.	
Child welfare/ Jordan's Principle	First Nations children living on or off-reserve and their parents or grandparents in cases of unnecessary removal of a child to obtain essential services covered under Jordan's Principle.	From December 12, 2007[2] to November 2, 2017[3]
Jordan's Principle	First Nations children living on or off-reserve and their parents or grandparents who experienced a gap, denial or delay of essential services covered under Jordan's Principle.	

In paragraph 151 of 2020 CHRT 7, Canada must pay compensation to all deceased individuals who would otherwise be eligible.

This project aims to support the possible implementation of the CHRT decision in a way that minimizes the burden on individual claimants to prove their eligibility, by carrying out two main tasks:

- Identifying data sources that may be useful in determining the larger group of potentially eligible individuals for out-of-home care categories (1a, 1b, 2, 3a, and 3c) and Jordan's Principle categories (3a, 3b, 3c, and 3d). Assessing data completeness and the ability to extract information.
- Developing proposals to support a public campaign targeting those potentially eligible under all compensation categories

The project runs from **October 2020 to January 2022** and is funded by Indigenous Services Canada (ISC) with the support of the First Nations Child and Family Caring Society under the leadership of co-investigators Professor Barbara Fallon (Factor-Inwentash Faculty of Social Work at the University of Toronto) and Professor Nico Trocmé (School of Social Work at McGill University). In addition to seeking the advice of First Nations child welfare organizations and experts, the research team will provide reports to - and seek feedback from - the National Advisory Committee on First Nations Child and Family Services (NAC) throughout different project stages.

For more information, please contact the project coordinators: Marie Saint-Girons (marie.saintgirons@mail.mcgill.ca) or Johanna Caldwell (johanna.caldwell@mail.mcgill.ca).

* This version of the document is from November 2021 and is subject to change.

[1] Eligibility for this category will continue until: (1) Panel decides that unnecessary removal of FN children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.

[2] Date of adoption in the House of Commons of the Jordan's Principle motion (see: Canada. Parliament, House of Commons, Journals, 39th Parliament, 2nd sess., 2007 December 12, Number 036).

[3] Date of Tribunal's CHRT 35 ruling on Jordan's Principle (see: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (Representing the Minister of Indigenous and Northern Affairs Canada)*, 2017 CHRT 35).

Appendix N. Template – Child Welfare Data Questionnaire Table

Name of administrative data system currently used:
Dates in use:
From **To**

Name of prior data systems used (going back to 2006):
Format in which information from legacy system(s) is currently stored (IT system, excel, paper, pdf):

Information of interest		Is the information available?	In what format is the information stored?		What is known about the quality of the information collected?		
		Available in data system (Yes/No) If No, please specify	Currently stored as data field? (Yes/No) If drop-down, please specify response options	Currently available as case notes?	How complete is the information? Estimated % missing responses (high, medium, low, none)	How complete is the information? Estimated % unknown responses (high, medium, low, none)	Are there any known accuracy and/or validity issues?
INFORMATION ON CHILD AND CAREGIVER	**Name of child placed in out-of-home care**						
	Child's date of birth						
	Child's Indian status registration number						
	Child's Indigenous identity						
	Child's residence (on/off reserve)						
	Name of caregiver(s) at time of placement						
	Caregiver(s) Indian status registration number						
	Caregiver(s)' Indigenous identity						
	Caregiver(s) residence (on/off reserve)						
	Caregiver's address at time of removal						
INFORMATION ON PLACEMEENT	Date of entry to placement						
	Date of discharge from placement						
	Address of placement						
	Type of placement (foster care, residential, group care, kinship or customary care)						

1

Appendix N. Template – Child Welfare Data Questionnaire Table *(continued)*

	Placement in informal kinship care						
	Type of investigated maltreatment (physical, sexual, emotional abuse, exposure to intimate partner violence, neglect, and risk of maltreatment)						
	Maltreatment or maltreatment risk substantiation level						
	Reason for removal						
	Alleged perpetrator (name and/or relationship to child)						
CONTEXTUAL INFORMATION	Information regarding child's health and/or developmental needs						
	Information on whether the child was placed in order to receive essential services (e.g. physical or mental health)						
	Information on other health, social, or educational service providers involved with the child or family						
	Information on whether the child or family had been offered and/or received prevention services at the time of removal						
	Information on poverty, substance use, or inadequate housing experienced by the child or family. *If yes, does the worker identify if these factors were a reason for placement?*						

Appendix O. Child Welfare Data Outreach Contact List (Non-First Nations Agencies and Ministries)

This appendix was removed to protect the confidentiality of respondents.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory

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Saskatchewan P-42
Yukon P-46

The tables on the following pages document the availability and quality of data in sampled child welfare authorities and agencies across Canada, as they relate to child welfare compensation categories.

Data quality was assessed using three considerations:

- **Data availability** is an assessment of whether a data field is available and whether it can be retrieved.
- **Data completeness** is an assessment of the comprehensiveness and wholeness of data. Low completeness means that there is missing, or the "unknown" category is widely endorsed data.
- **Data accuracy** is an assessment of whether the data value is consistently interpreted as intended

In addition to an evaluation of data quality, we also determined the **applicability** of data – the ability of the variable to determine or assist with operationalizing the compensation classes.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Alberta

Outreach

In Alberta, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to the Ministry of Children's Services to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.1 provides a summary of the information received.

Table P.1 Overview of availability of data held at the Alberta Ministry of Children's Services (2006-present)

Alberta – Ministry of Children's Services – Review of data availability

Data system used by provincial and First Nations agencies: *Legacy system:* CYIM from 1996 to 2011-2014; *Current system:* CICIO from 2011-2014 to present[1]

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Information not provided	Very low missing[2]	Information not provided	No issues identified
	Child Date of Birth	Yes	Yes	Information not provided	No missing[3]	Some accuracy issues identified[4]	Minor **accuracy** issue
	Child Indian Registration Number	Yes	Yes	Information not provided	Approx. 30% unknown	Information not provided	**Completeness** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

1 Answers provided re. data availability and quality in Alberta represent 2006-07 to December 2021
2 A low proportion of the Name of Indigenous child placed in out-of-home care is missing from 2006-07 to 2008-09. However, the Child's Name was available for all Indigenous Children for the remaining fiscal years.
3 Date of Birth Data are available for all Indigenous Children not in Care, in care, and receiving SFAA services from 2006-07 to date (Dec 15, 2021).
4 Small proportion of data may not be accurate as some children have been allocated January 1st as their birth Month/Day.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.1 Overview of availability of data held at the Alberta Ministry of Children's Services (2006–present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Is the child First Nations?	Child's First Nations identity	Yes	Yes, called **Aboriginal Group**[5]	Information not provided	Very low missing[6]	Information not provided	No issues identified
Child lives on-reserve?	Child residence on/off reserve	Yes	Yes, through proxies[7]	Information not provided	Varied completeness[8]	Accuracy issues identified	**Completeness** and **accuracy** issue
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes, but not easy to determine caregiver at the time of placement[9]	Yes	Yes	Low % missing	Information not provided	Minor **completeness** and **applicability** issue
	Caregiver Indian Registration Number	Yes	Yes	Information not provided	Medium % missing[10]	Accuracy issues identified	**Completeness** and **accuracy** issues
Is the caregiver First Nations?	Caregiver's First Nations identity	Yes	Yes	Information not provided	About 30% missing[11]	Information not provided	**Completeness** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

5 **Child's First Nations Identity – response options:** First Nations, Inuit, Métis, Registered, Non-registered, Potential to be registered
6 Most of the Indigenous Group was defined for Indigenous children receiving services (a very low percentage Indigenous Group is set as Unknown based on Aboriginal Group)
7 **Child residence on-/off-reserve** – While there is no data field for this variable, there are three proxies that may be used to determine whether a child lives on- or off-reserve: 1) Child's Address; 2) Service delivery (from DFNA or a provincial region); 3) On/Off Reserve Verification (OORV) status (based on caregiver's residence at time of intake).
8 Several completeness issues were identified for the three proxies. **Child's Address:** From 2006-07 to date (Dec 15, 2021), more than 1/3 of Indigenous Child's Address is missing. The majority of missing data are either incomplete or invalid. **Service Delivery:** More than 2/3 of Indigenous children/youth receive services from a Region, however this does not always indicative of where they physically reside. **On/Off Reserve Verification (OORV) status:** From 2006-07 to date (Dec 15, 2021), less than 1/3 of the (OORV) status is outstanding. Note that the OORV process helps determine the OORV status of the child and the OORV status and it is based on the Caregiver's residency at the time of the Intake. In addition, the physical address of a child may be Off-Reserve, but the child OORV status is deemed On-Reserve based on the Administrative Reform Arrangements criteria. As the OORV status remains in effect as long as there is no break in services, this indicator will not be accurate should the child have different addresses (On/Off Reserve) during an Intervention period.
9 From 2006-07 to date (Dec 15, 2021), most of the Indigenous children/youth have at least one person listed as a parent (either parent or non-custodial parent) when they were placed. However, it was not clear whether the name of the listed parent was the child's caregiv*er at* the time of placement.
10 More than 1/3 of the Registration Indigenous Number data is missing for First Nation Parent/Non Custodian Parent.
11 More than 2/3 of parents or non-custodian parents' Indigenous Identity are available.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.1 Overview of availability of data held at the Alberta Ministry of Children's Services (2006–present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
When was the child placed?	Dates of Start/End placement	Yes	Yes	Information not provided	Complete for all placed children	No accuracy issues identified	No issues identified
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes, but defined as child's address[12]	Yes	Information not provided	More than 30% missing (incomplete or invalid)	Accuracy issues identified	**Completeness** and **accuracy** issue
	Address of placement	Yes	Yes	Information not provided	Low % unknown[13]	Information not provided	Minor **completeness** issue
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, includes kinship care[14]	Yes[15]	Information not provided	Complete for all placements	Information not provided	**Applicability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

12 **Caregiver's address** – Address is defined as the child's address in the system – is mandatory but the quality is likely poor.

13 The majority of missing data are for children/youth that are placed in At Home or Independent Living. However, as the placement address for those children/youth is defined as their address and given that 60% of this data is accurate for the mentioned placement type, the overall proportion of missing data is low.

14 **Applicability issue:** Kinship care in AB includes close family friends.
The caregiver must have a family relationship or significant connection to the child – for example, grandparent, aunt or close family friend.

15 **Type of placement – response options:** Foster care, Agency foster care, Kinship care, Agency kinship care, Group care, Campus based care, Independent living, Parent/guardian care, Permanent placement-adoption, Relatives/community member, Absent from placement, Secure services, Personalized community care, Out of province foster care, Out of province kinship care, Out of province group care, PSECA community resource. **Note**: Placements aren't always indicative of legal authority. Some are in the home. You can be in care but receiving services still in the home.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.1 Overview of availability of data held at the Alberta Ministry of Children's Services (2006–present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes	Yes, called **Reason for Involvement**[16]	Information not provided	Completeness issues[17]	Information not provided	**Completeness** issue
	Substantiation or verification level (maltreatment and risk)	Yes	Yes[18]	Information not provided	Completeness issues[19]	Information not provided	**Completeness** issue
	Alleged perpetrator	Yes	Yes[20]	Yes	Information not provided	Information not provided	No issues identified
	Reason for placement	No, nothing beyond substantiation	No	Yes	Information not provided	Information not provided	Significant **availability** issue
Child placed in order to receive essential services?	Child placed to receive essential services	Only as case notes, if available	No	Possibly	Not mandatory; possible completeness issues	Information not provided	**Availability** and **completeness** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

16 **Reason for involvement** – response options: Abandonment, Guardian deceased, Neglect, Sexual abuse by guardian, Risk of sexual abuse by guardian, Physical injury by guardian, Guardian unable/unwilling to protect child from physical injury, Guardian unable/unwilling to protect child from sexual abuse, Emotional injury, Guardian unable/unwilling to protect child from emotional injury, Guardian subjects child to cruel/unusual punishment, Exposure to cannabis grow operation, Exposure to chemicals for manufacture, Illegally manufacture/stores [of chemical or illegal substance to manufacture drug], Involve/expose child to trafficking [drugs], Possess substance for manufacture, Risk phys./emot. Injury, sexual abuse, Surrender.

17 Data on Intervention Open Reason is available from 2006-07 to date. However, from 2006-07 to 2012-13 most of the type of investigated maltreatment data is missing (Investigation Allegation Category – Front End Services); this data is mostly available for the remaining years (2013-14 to date).

18 **Substantiation or Verification level** – Substantiated or Not substantiated

19 From 2006-07 to 2012-13 most of the type of maltreatment or maltreatment risk substantiation level data is missing. The data is mostly available for the remaining years (2013-14 to date).

20 **Alleged perpetrator** – At time of intake a participant can be assigned the role of Alleged Maltreater, but this may be someone other than the caregiver. Additional information on the file would be available to identify the relationship of the participant to the child.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

British Columbia

Outreach

In British Columbia, the province is responsible for the data collection related to non-First Nations agencies and many First Nations child welfare agencies, we contacted officials at the Ministry of Child & Family Development to ask about the availability and quality of data as it relates to the CHRT compensation categories. We also spoke with a First Nations agency in British Columbia who use the ICMS. Table P.2 below summarizes the information.

Table P.2 Overview of availability of data held by the Ministry of Child and Family Development in British Columbia

British Columbia – Ministry of Child and Family Development – Review of data availability
Data system used by provincial and certain First Nations agencies: Integrated Case Management System (ICMS) since 2012

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Possibly	Complete	No accuracy issues identified	No issues identified
	Child Date of Birth	Yes	Yes	Possibly	Complete	Sometimes typos	Minor **accuracy** issue
	Child Indian Registration Number	Yes	Yes	Possibly	Inconsistently documented; not mandatory	Some accuracy issues[21]	**Completeness** and **accuracy** issue
Is the child First Nations?	Child's First Nations identity	Yes	Yes[22]	Possibly	Mandatory	Information not provided	No issues identified

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

21 When documented, this is entered manually so there may be typos.
22 **Child's First Nations Identity – response options:** First Nations, Inuit, Métis

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.2 Overview of availability of data held by the Ministry of Child and Family Development in British Columbia *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child lives on-reserve?	Child residence on/off reserve	Yes	Yes[23]	Information not provided	Inconsistently documented; not mandatory	Accuracy issues[24]	**Completeness** and **availability** issue
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes, but collected at intake hard to extract[25]	No	Yes[26]	Low % missing	Accuracy issues[27]	**Retrievability**, **accuracy**, and **applicability** issue
	Caregiver Indian Registration Number	Yes	Yes	Possibly	Uncertain how often this is completed[28]	Possible accuracy issues	Potential **completeness** and **accuracy** issues
Is the caregiver First Nations?	Caregiver's First Nations identity	Yes	Yes[29]	No	Inconsistent across time[30]	No accuracy issues identified	**Completeness** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

23 **Child residence on/off reserve – response options:** When address is entered, worker can flag "on-reserve." Address is associated to the parent's file, rather than the child's.
24 There may be challenges finding the right address at the right point in time; there can be multiple addresses at one point in time (e.g., one parent on reserve and one parent off reserve with joint custody). Despite a specific flag for "on reserve", there is evidence of inconsistent documentation of on/off reserve for funding purposes .
25 There may be no good way to extract the data without considering the entire electronic file because this is not a data field.
26 This will also be included in the legal orders related to placement.
27 While caregiver name is documented at intake, it could be challenging to link this with placement (if multiple intake files are open at the same time, with different caregivers listed, there could be a question as to which caregiver was the child taken from). Furthermore, biological parents are always included; caregiver at the time of placement is not so clear. Sometimes it's grandparents, aunties, etc who are caring, but the parents are technically the legal guardians from whom the child is removed, unless the child's guardianship was already transferred through a legal agreement.
28 If parents are not the caregiver, this may be less available.
29 **Caregiver's First Nations Identity – response options:** First Nations, Inuit, Métis
30 This is 100% complete since 2015, unclear before this time. Not always complete for both parents.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.2 Overview of availability of data held by the Ministry of Child and Family Development in British Columbia *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
When was the child placed?	Dates of Start/End placement	Yes	Yes	Possibly	100% complete; possible data entry delays[31]	No accuracy issues identified[32]	No issues identified
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes, but at intake[33]	No	No	Information not provided	Information not provided	**Applicability** issue
	Address of placement	Yes	Yes	No	Almost always complete[34]	Minor accuracy issues[35]	Minor **accuracy** issue
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, includes equivalent of kinship (called restricted foster home)[36]	Yes	Yes	High completeness	Accuracy issues identified	**Accuracy** and **applicability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

31 There can be a delay when children age out of care or get discharged, because the social worker hasn't updated the information in the system – at any given time you'll see lags in these updates (up to 2 months).
32 As this is related to payments and legal authority to place children, this is accurately documented.
33 The caregiver address is entered at intake, so the address at the time of removal may or may not be the same.
34 This is always complete when there are formal placements.
35 Placement address field may not fully capture changes in placement; there may also be delays in entering this information.
36 **Restricted foster homes** involve a child being placed in a foster home with a family member, neighbour, or close family friend instead of a standard foster home placement. As such, this placement type in BC includes family members *as well* as neighbours and friends.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.2 Overview of availability of data held by the Ministry of Child and Family Development in British Columbia *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed because of abuse and/or Neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes	Yes[37]	Yes	Almost always complete[38]	Information not provided	No issues identified
	Substantiation or verification level (maltreatment and risk)	Yes, through proxy	Yes[39]	Yes	Often complete	Information not provided	Minor **availability** and **completeness** issue
	Alleged perpetrator	Likely	No	Possibly	Unknown level of completeness	Information not provided	Potential **availability** and **completeness** issue
	Reason for placement	Yes	Yes[40]	Possibly	Information not provided	Information not provided	No issues identified
Child placed in order to receive essential services?	Child placed to receive essential services	Possibly	No	Possibly	Information not provided	Information not provided	Potential **availability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

37 **Type(s) of investigated maltreatment – response options:** "Grounds for investigation": (a) if the child has been, or is likely to be, physically harmed by the child's parent; (b) if the child has been, or is likely to be, sexually abused or exploited by the child's parent; (c) if the child has been, or is likely to be, physically harmed, sexually abused or sexually exploited by another person and if the child's parent is unwilling or unable to protect the child; (d) if the child has been, or is likely to be, physically harmed because of neglect by the child's parent; (e) if the child is emotionally harmed by (i) the parent's conduct, or (ii) living in a situation where there is domestic violence by or towards a person with whom the child resides; (f) if the child is deprived of necessary health care; (g) if the child's development is likely to be seriously impaired by a treatable condition and the child's parent refuses to provide or consent to treatment; (h) if the child's parent is unable or unwilling to care for the child and has not made adequate provision for the child's care; (i) if the child is or has been absent from home in circumstances that endanger the child's safety or well-being; (j) if the child's parent is dead and adequate provision has not been made for the child's care; (k) if the child has been abandoned and adequate provision has not been made for the child's care; (l) if the child is in the care of a director or another person by agreement and the child's parent is unwilling or unable to resume care when the agreement is no longer in force.

38 This is captured in Screening Assessments (almost all cases) and Safety Assessments (80% of cases 2013-2015, 100% of cases since 2015; not all safety assessments complete).

39 **Substantiation or verification level** – Substantiation is documented using the term "a child is in need of protective services". Maltreatment risk is assessed early on in the screening assessment (Protection Response or Non Protection Response), and again later in the safety and/or vulnerability assessments. Vulnerability assessment leads to scores of high, medium, or low risk. We have access to vulnerability since June 2015 (on approx. 80% of closed incidents). Safety assessments lead to a decision of Unsafe, Safe with Intervention, or Safe.

40 **Reason for placement – response options:** AAD-Placement, ABN-Abandoned, ABS-Absent, CBC-Behavioural, CEC-Emotional, CMC-Mental, CPC-Physical, DEA-Death, DEC-Deceased, DEP-Deprived, EMO-Emotional, EDN-Ended, NEG-Neglect, OTC-Othr Cntry, OTP-Other Prov, PAR-Parenting, PHY-Phy. Harm, PNP-No Protect, PRT-Treatment, REL-Relinquish, RTR-Refusal, SXL-Sex Abuse, TPC-Temporary, TRA-Crt Trnsft, UNA-Unable, YRH-Youth Home

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Manitoba

Outreach

In Manitoba, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to contacts at the Department of Families to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.3 below summarizes the information.

Table P.3 Overview of availability of data held by the Department of Families Manitoba

Manitoba – Department of Families – Review of data availability
Data system used by provincial and First Nations agencies: Child & Family Services Application system (Intake Module and Child and Family Services Information System) since 1993

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child placed in out-of-home care be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Yes	Estimated around 8-10% missing	Spelling inaccuracies can occur	Minor **completeness** and **accuracy** issues
	Child Date of Birth	Yes	Yes	Yes	Estimated around 8-10% missing	Formatting difference (flipping month-day) can occur	Minor **completeness** and **accuracy** issues
	Child Indian Registration Number	Yes	Yes	Yes	Information not provided	Minor errors in Status Number sometimes occur	Minor **accuracy** issue
Is the child First Nations?	Child's First Nations identity	Yes	Yes, called **Aboriginal Status**[41]	No	Estimated low % missing (higher missing in North)	Not aware of any issues	Minor **completeness** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

41 **Aboriginal Status (CFSIS) – response options:** Not Determined, Not Aboriginal, Status (Treaty), Métis, Non-Status, Inuit

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.3 Overview of availability of data held by the Department of Familes Manitoba *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child lives on-reserve?	Child residence on/off reserve	Yes	Yes[42]	Yes	Estimated low % missing (higher missing in North)	Not aware of any issues	Minor **completeness** issue
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Partial: difficult to identify the caregiver at the time of removal specifically[43]	Yes	Yes	Information not provided	Spelling inaccuracies can occur	Minor **accuracy** and **applicability** issue
	Caregiver Indian Registration Number	Yes	Yes	Yes	Information not provided	Minor data entry errors for Status Number can occur	Minor **accuracy** issue
Is the caregiver First Nations?	Caregiver's First Nations identity	Yes	Yes, called **Aboriginal Status**[41]	Yes	Estimated low % missing (higher missing in North)	Not aware of any issues	Minor **completeness** issue
When was the child placed?	Dates of Start/End placement	Yes	Yes	Yes	Information not provided	Human error sometimes occurs	Minor **accuracy** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

42 **Residence on reserve – response options:** Yes, No, or Unknown

43 Child in care cases capture the associated person name, their relationship status in relation to the child in care, but difficult to identify the exact caregiver at the time of removal

Appendix P. Overview of availability and quality of data held by child welfare authorities and agencies sampled in each province/territory *(continued)*

Table P.3 Overview of availability of data held by the Department of Familes Manitoba *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes	Information not provided	Information not provided	Estimated 30% missing	Human error sometimes occurs	**Completeness** issue and minor **accuracy** issue
	Address of placement	Yes, but could be stored in alternative tracking system	Yes	Yes	Information not provided	Spelling inaccuracies sometimes occur	Minor **accuracy** issue
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, but no direct estimate of kinship placement[44]	Yes, called **placement categories** and **placement type**[45]	Yes	Information not provided	Incorrect category could potentially be selected.	Potential **accuracy and applicability** issue
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes, but stored in the alleged offender protection case[46]	Yes[47]	Yes, in Safety Assessment	Information not provided	None identified	Minor **availability** issue
	Substantiation or verification level (maltreatment and risk)	Yes, for maltreatment, but no verification of risk of maltreatment	Yes, for maltreatment, called **Investigation Status**[48]	Yes	Information not provided	Not very reliable	**Availability** and **accuracy** issue
	Alleged perpetrator	Yes	Yes, name of perpetrator	Sometimes includes relationship	Estimated 10% missing information	Information not provided	Minor **completeness** issue
	Reason for placement	Low: collected, but no info on if child placed because of abuse	Yes, called **placement entry reason**[49]	Sometimes	Information not provided	Information not provided	**Applicability** issue
Child placed in order to receive essential services?	Child placed to receive essential services	Yes, but not consistently	Yes, see **placement entry reason**[49]	Sometimes, but not mandatory	Information not provided	Information not provided	**Availability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

44 Certain studies have used the highlighted placement type response options in the next footnote to determine if a child was placed in kinship care, but these are deemed not to be reliable enough to distinguish foster care from kinship care.

45 **Placement categories – response options:** Foster home, foster home staffed, foster home specialized, place of safety, res care/group home, correctional facility, health, mental health, independent living, out of province, select adoption probation, own home/relative, not known

Placement type – response options: Not Specified, General Placement, Emergency/Receiving, Child specific-family, Child specific-other, Safety-family residence, Safety-Motel/Hotel, Safety-Womens shelter, Historical placement-untracked, Placement alone-Independent living, Placement with proctor-Independent living, Out of province placement, No placement, Select Adoption Probation

46 Maltreatment screen is filled out on the Alleged offender's Protection case. The alleged victim would present as an associated person on the alleged offender's protection case.

47 **Investigated maltreatment – response options:** physical abuse (act of omission, physical injury, physical discipline, physical altercations between siblings, physical-position of trust, physical/sexual abuse, sexual abuse (act of omission, sexual exploitation, Sexual – age of consent, intrafamilial sexual abuse, sexual-position of trust, sexual behaviour between children).

Trauma type – response options: death, physical abuse, sexual abuse, emotional abuse, non-organic failure to thrive, Munchausen Syndrome, Other, Unknown

48 **Investigation status – response options:** not determined, pending/investigation ongoing, maltreatment substantiated, maltreatment inconclusive, unsubstantiated unfounded/did not occur, unsubstantiated inappropriate behaviour, overturned on appeal, and other

49 **Placement entry reason – response options:** Covid-19-Related Hospitalization, Culturally appropriate placement, Customary Care, Customary Care – Continued from Foster home, Entered into care, Extended Care – Medical, Health/Mental Health, Independent Living, Mental Health Disorder – Diagnosed, Mental Health Disorder – Suspected, Own home/relative, Permanent planning, Physical Injury/ Trauma Treatment, Place of Safety, Placed in Custody (criminally), Preferred Placement, Previous placement breakdown, Provincial Placement Desk Referral, Respite Care, Return to Placement – Post Covid-19, Select Adoption Probation, System Generated, Temporary Planning, Transfer In, Treatment Facility – Addiction, Treatment Facility – Behaviour, Treatment Facility – Complex needs, Treatment Facility – Sexual, UA/Unplanned absence

More detailed reasons for entering care or not available from structured data, but rather from unstructured case notes.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

New Brunswick

Outreach

In New Brunswick, as the provincial information system, NB Families, is available to all agencies and First Nations agencies use additional systems, we held conversations with provincial contacts as well as a First Nations agency using Redmane to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.4 and Table P.5 below summarize the information.

Table P.4 Overview of availability of data held by the Ministry of Social Development in New Brunswick

New Brunswick – Ministry of Social Development – Review of data availability
Data system used by all provincial agencies and certain First Nations agencies: NB Families since 2004

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Information not provided	Mandatory	Information may include typos	Minor **accuracy** issue
	Child Date of Birth	Yes	Yes	Information not provided	Mandatory	Minor errors; usually corrected with clinical audit[50]	Minor **accuracy** issue
	Child Indian Registration Number	Yes	Yes	Yes	Not mandatory; unclear how often it is completed	Some user error identified	**Accuracy** issue and potential **completeness** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

50 Can enter just a year (not date and month); however usually precise date of birth added if only year was entered initially.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.4 Overview of availability of data held by the Ministry of Social Development in New Brunswick *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Is the child First Nations?	Child's First Nations identity	Yes	Yes[51]	Information not provided	Not mandatory; unclear how often it is completed	Information not provided	Potential **completeness** issue
Child lives on-reserve?	Child residence on/off reserve	Yes (indicated by address)	Yes	Information not provided	Mandatory	Not aware of any issues	No issues identified
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes, upon case opening[52]	Yes[53]	Information not provided	Older records may be 'unknown'	Information not provided	**Completeness** and **applicability** issue
	Caregiver Indian Registration Number	Yes	Information not provided	Information not provided	Information not provided	Information not provided	No issues identified
Is the caregiver First Nations?	Caregiver's First Nations identity	Yes	Information not provided	Information not provided	Information not provided	Information not provided	No issues identified
When was the child placed?	Dates of Start/End placement	Yes	Yes	Possibly	Not completed for on-reserve placements[54]	Information not provided	**Availability** issue for on-reserve placements

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

51 **Child's First Nations Identity – response options:** Yes, No, Unknown; if "Yes," worker selects among the following: Bouctouche, Eel Ground, Eel River Bar (Eel River), Elsipogtog (Big Cove), Esgenoopetitj (Burnt Church), Fort Folly, General List, Indian Island, Kingsclear, Madawaska Maliseet (St. Basile), Metepenagiag (Red Bank), Oromocto, Out of Province, Pabineau, St. Mary's, Tobique, Unknown, Woodstock

52 If the caregiver has changed since case opening, it could be difficult to identify at the time of removal

53 Identified as "head of case"

54 **Dates of Start/End Placement** – Payments for placements of off-reserve children are made through a service requisition in NB Families. However, for on-reserve First Nations children, there is no service requisition tied to placements.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.4 Overview of availability of data held by the Ministry of Social Development in New Brunswick *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes	Yes	Information not provided	Information not provided	Information not provided	No issues identified
	Address of placement	Yes	Yes	Information not provided	Not completed for on-reserve placements[55]	Information not provided	**Availability** issue for on-reserve placements
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, includes kinship	Yes[56]	Information not provided	Not completed for on-reserve placements[57]	Information not provided	**Availability** issue for on-reserve placements
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes	Yes[58]	Information not provided	Information not provided	None identified	No issues identified
	Substantiation or verification level (maltreatment and risk)	Yes	Yes[59]	Yes	Mandatory: 0% missing	None noted	No issues identified
	Alleged perpetrator	Yes	Yes[60]	Information not provided	Information not provided	Information not provided	No issues identified
	Reason for placement	Yes	Yes[61]	Information not provided	Information not provided	Information not provided	No issues identified
Child placed in order to receive Essential services?	Child placed to receive essential services	No	No	Information not provided	NA	NA	No info. available

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

55 **Address of placement** – Completed only when there is a service requisition.
56 **Type of placement – response options:** Addiction-residential treatment, Adoption home-departmental, Adoption home-intercountry, Child placement facility center, Child specific placement, Child placement information/support, Closed cust. Home/secure shelter, Emergency home-child, Foster home, Group home-child, Kinship placement, Life skills-residential care, Open custody group home, Open custody home, Out of province foster home, Safety net, Therapeutic home
57 **Type of placement:** Completed only when there is a service requisition.
58 **Type of investigated maltreatment – response options:** Emotional abuse, Neglect, Other mandated referral, Physical abuse, Sexual abuse, Youth engagement services
59 **Substantiation level – response options:** Substantiation, No substantiation
60 **Alleged perpetrator** – The following information, among other information, is documented for the perpetrator of the alleged abuse: Last name, Given name(s), DOB, Gender, First Nations Status, First Nations Community, Household address, Phone number
61 **Reason for placement** – The decision to remove a place must be endorse by the Permanency Planning Committee, the context and reason for recommending a child's removal and placement would be documented is our Permanency Planning Committee forms and in NBF under an event named 'Permanency Planning Committee'.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.5 Overview of availability of data in First Nations CFS agency sampled in New Brunswick

New Brunswick – Sampled First Nations agency – Review of data availability
Data system used by sampled First Nations agency: Redmane & Paper files

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Yes	Mandatory	Information not provided	No issues identified
	Child Date of Birth	Yes	Yes	Yes	Mandatory	Information not provided	No issues identified
	Child Indian Registration Number	Yes	Yes	Yes	Mandatory	Information not provided	No issues identified
Is the child First Nations?	Child's First Nations identity	Yes	Yes	Yes	Mandatory	Information not provided	No issues identified
Child lives on-reserve?	Child residence on/off reserve	Yes	Yes	Yes	Mandatory	Information not provided	No issues identified
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes	Yes	Yes	Mandatory	Information not provided	No issues identified
	Caregiver Indian Registration Number	Yes	Yes	Yes	Mandatory	Information not provided	No issues identified
Is the caregiver First Nations?	Caregiver's First Nations identity	Yes	Yes	Yes	Mandatory	Information not provided	No issues identified
When was the child placed?	Dates of Start/End placement	Yes	Yes	Yes	Mandatory	Information not provided	No issues identified

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.5 Overview of availability of data in First Nations CFS agency sampled in New Brunswick *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes	Yes	Information not provided	Information not provided	Information not provided	No issues identified
	Address of placement	Yes	Yes	Yes	Mandatory	Information not provided	No issues identified
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, includes kinship	Yes	Information not provided	Mandatory	Information not provided	No issues identified
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes	Yes	Sometimes	Mandatory	Information not provided	No issues identified
	Substantiation or verification level (maltreatment and risk)	Yes[62]	Yes	Information not provided	Mandatory	Information not provided	No issues identified
	Alleged perpetrator	Yes	Yes[63]	Possibly	Information not provided	Information not provided	No issues identified
	Reason for placement	Yes	Yes[64]	Information not provided	Information not provided	Information not provided	No issues identified
Child placed in order to receive essential services?	Child placed to receive essential services	Maybe	No	Yes[65]	Information not provided	Information not provided	**Retrievability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

62 **Substantiation or verification level** – Documented; risk is categorized under neglect.
63 **Alleged perpetrator** – documented on client information sheet completed during intake and throughout the case file.
64 **Reason for placement** – the type of investigated maltreatment is linked to the placement as a reason.
65 **Child placed to receive essential services** – There are some voluntary removals that happen when parents come to child protection asking for their children to be removed so they can access services. This information would be difficult to retrieve

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Newfoundland and Labrador

Outreach

In Newfoundland and Labrador, given that the province is responsible for maintaining the data from both non-First Nations and First Nations child welfare agencies, we reached out to provincial contacts to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.6 summarizes the information.

Table P.6 Overview of availability of data held at the Department of Seniors, Children & Social Development in Newfoundland & Labrador since 2000

Newfoundland & Labrador – Department of Seniors, Children and Social Development – Review of data availability

Data system used by provincial and First Nations agencies: *Legacy system*: Client Referral Management System 2000-2018;
Current system: Integrated Service Management system since 2018

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child be identified?	Child Name (Family Name, Given Name)	Yes	Yes	No	0% missing	Information not provided	No issues identified
	Child Date of Birth	Yes	Yes	No	0% missing	If date unknown, age may be added	Minor **accuracy** issue
	Child Indian Registration Number	Yes	Yes	No	Not mandatory: unknown % missing	Information not provided	Potential **completeness** issue
Is the child First Nations?	Child's First Nations identity	Yes	Yes[66]	No	Low % missing; captured every quarter	Variation in 'Other' text field	Minor **completeness** and **accuracy** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

66 **Child's First Nations Identity – response options:** Innu, Innu/Inuit, Innu/Métis, Innu/Mi'kmaq, Inuit, Inuit/Métis, Inuit/Mi'kmaq. Métis, Métis/Mi'kmaq, Mi'kmaq, Other (w/ free text)

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.6 Overview of availability of data held at the Department of Seniors, Children & Social Development in Newfoundland & Labrador since 2000 *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child lives on-reserve?	Child residence on/off reserve	Yes, through address	Yes[67]	No	Low % missing; captured every quarter	Potential accuracy issue	Minor **completeness** and **accuracy** issue
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes	Yes	No	Low % missing; captured every quarter	Information not provided	Minor **completeness** issue
	Caregiver Indian Registration Number	Yes	Yes	No	Not mandatory: unknown % missing	Unknown accuracy	Potential **completeness** and **accuracy** issue
Is the caregiver First Nations?	Caregiver's First Nations identity	Yes	Yes[68]	No	Information not provided	Information not provided	No issues
When was the child placed?	Dates of Start/End placement	Yes	Yes	No	High level of completeness[69]	Some issues if child changes placements	Minor **accuracy** issue
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes	Yes[70]	No	Not mandatory: unknown % missing	No issues identified	Potential **completeness** issue
	Address of placement	Yes	Yes	No	Information not provided	Information not provided	No issues identified

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

67 **Child residence on/off reserve – response options:** In community, Out of community (text field within notes section)
68 **Parent's First Nations Identity – response options:** Innu, Innu/Inuit, Innu/Métis, Innu/Mi'kmaq, Inuit, Inuit/Métis, Inuit/Mi'kmaq. Métis, Métis/Mi'kmaq, Mi'kmaq, Other (w/ free text)
69 This is tied to payment to foster parents so is almost always complete.
70 Caregiver address is documented. Community may also be selected from a drop-down menu. Could also refer to child's residence (above).

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.6 Overview of availability of data held at the Department of Seniors, Children & Social Development in Newfoundland & Labrador since 2000 *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, includes kinship	Yes[71]	No	Low % missing; captured every quarter	Information not provided	Minor **completeness** issue
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes	Yes[72]	Information not provided	0% missing	Information not provided	No issues identified
	Substantiation or verification level (maltreatment and risk)	Yes	Yes[73]	Information not provided	Information not provided	Information not provided	No issues identified
	Alleged perpetrator	Yes	Yes[74]	Information not provided	Information not provided	Information not provided	No issues identified
	Reason for placement	Yes	Yes[75]	Possibly[76]	Information not provided	Information not provided	No issues identified
Child placed in order to receive essential services?	Child placed to receive essential services	Partially[77]	No	Yes, if available	Information not provided	Information not provided	**Availability** and **retrievability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

71 **Type of placement – response options:** regular foster home, *kinship ho*me, significant other foster home, group home, Level IV placement, etc.
72 **Type(s) of investigated maltreatment – response options:** Physical abuse, Emotional abuse, Sexual abuse, Neglect, No maltreatment.
73 **Substantiation or verification level** – For types of maltreatment: Verified, Not verified. For risk level: Very high, High, Moderate, Low.
74 **Alleged perpetrator** – This is a field in the Child Protection Referral (CPR) form used when verifying a screened in maltreatment allegation.
75 **Reason for placement** – Captures which section of the *Children, Youth and Fami*lies Act the removal relates to.
76 The decision-making regarding fit between the child and placement resource may be documented in case notes.
77 Not explicitly documented in a data field, but could be available: there are examples of situations of voluntary placement for child to access services – reason for placement would be documented as "maltreatment" or parent voluntarily placing the child (documented according to the legislation – some sort of maltreatment)

Northwest Territories

Outreach

Given the centralization of child welfare information in the Northwest Territories, we reached out to the Department of Health and Social Services, Child and Family Services to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.7 below summarizes the information.

Table P.7 Overview of availability of data held at the Northwest Territories Department of Health & Social Services (2000 to present)

Northwest Territories – Department of Health and Social Services – Review of data availability
Data system used by provincial and FN agencies: *Legacy system*: CFIS from 2000 to 2017;
Current system: Matrix from 2017 to present

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Yes	Almost always completed	Name spelling and order of names sometimes inaccurate	Minor **accuracy** issue
	Child Date of Birth	Yes	Yes	No	Often completed	Information not provided	Minor **completeness** issue
	Child Indian Registration Number	Matrix: Not available CFIS: Sometimes[78]	CFIS: Yes	Unlikely	CFIS: estimated around 95% missing	Information not provided	**Availability** and **completeness** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

78 **Child's Indian registration number** is available as a field in CFIS. will be added as a field in Matrix, but is not currently available.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.7 Overview of availability of data held at the Northwest Territories Department of Health & Social Services (2000 to present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Is the child First Nations?	Child's First Nations identity	Yes	Yes[79]	Unlikely	CFIS: estimated around 50% missing[80]	Information not provided	**Completeness** issue
Child lives on-reserve?	Child residence on/off reserve	Yes (as address)	Yes	Partial information[81]	CFIS: estimated around 10% missing	Addresses may be incomplete or inaccurate on reserve	**Availability** and minor **completeness,** and **accuracy** issue
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes	Yes	Possibly	Almost always completed	Name spelling and order of names may be inaccurate	Minor **accuracy** issue
	Caregiver Indian Registration Number	Matrix: Not available CFIS: Sometimes[82]	Matrix: NA CFIS: Yes	Sometimes, in Matrix	CFIS: estimated around 95% missing	Information may be inaccurately typed	**Availability** and **completeness** issue
Is the caregiver First Nations?	Caregiver's First Nations identity	Yes	Yes[83]	Possibly	Matrix: Low % missing CFIS: estimated around 95% missing	Information not provided	**Completeness** issue
When was the child placed?	Dates of Start/End placement	Yes	Yes	Possibly	No missing information	No accuracy issues identified	No issues identified

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

79 **Child's Indigenous Identity – response options:** Matrix: First Nations, Inuit, Métis, Non-Aboriginal, Unknown; CFIS: Aboriginal NOT NWT, Dene, Métis, Inuit, Inuvialuit, Gwitch'in, Non-Aboriginal
80 Because a large proportion of the population in the Northwest Territories is First Nations, this is navigable.
81 Community may be entered
82 **Caregiver's Indian registration number** is available as a field in CFIS. will be added as a field in Matrix, but is not currently available.
83 **Caregiver's Indigenous Identity – response options:** First Nations, Inuit, Métis, Non-Aboriginal, Unknown

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.7 Overview of availability of data held at the Northwest Territories Department of Health & Social Services (2000 to present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes	Yes	Information not provided	Information not provided	Information not provided	No issues identified
	Address of placement	Yes	Yes	Partial information[84]	Matrix: Nearly no % missing CFIS: Around 10% missing[85]	Addresses may be incomplete or imprecise on reserve	Minor **completeness** and **accuracy** issue
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, Matrix includes kinship (information not provided for CFIS)	Yes[86]	Possibly	No missing information	No accuracy issues identified	No issues identified
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes	Yes[87]	Possibly	No missing information	No accuracy issues identified	No issues identified
	Substantiation or verification level (maltreatment and risk)	Yes	Yes[88]	Possibly	Matrix: No missing info CFIS: Estimated about 90% missing[89]	No accuracy issues identified	**Completeness** issue
	Alleged perpetrator	Yes	Yes	Information not provided	Information not provided	Information not provided	No issues identified
	Reason for placement	Yes	No, but can be traced using multiple fields in both Matrix and CFIS	Possibly	Information not provided	Information not provided	No issues identified
Child placed in order to receive essential services?	Child placed to receive essential services	Yes	Yes	Possibly	Matrix: Sometimes completed CFIS: No missing info	No accuracy issues identified	Minor **completeness** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

84 Partial info (e.g., community but not full address) may be entered
85 Almost always completed in Matrix; Estimated around 10% missing in CFIS.
86 **Type of placement** – Matrix: Protection & Prevention streams: each stream can have Foster regular, Foster provisional, Foster extended family, Group home, Facility based treatment, Room and board, Shelter; *Kinship* care is also identified in the Matrix system; CFIS: Foster Home, Group Home, In Transit, Medical Facility, Northern Treatment Facility, Other – Specify: Room & Board, Provisional Foster Home, Southern Treatment Facility, Sport and Recreation Activity, Visitation, Visitation with Parent, YOA Young Offenders Act
87 **Type of investigated maltreatment** – Matrix: Physical maltreatment, Emotional maltreatment, Sexual maltreatment, Neglect; CFIS: Abuse, Child's behaviour, Financial assistance, Neglect, Other, Parents' behaviour
88 **Substantiation level** – Matrix: Non-substantiated, Substantiated, Blank (no entry either due to a data entry mistake or the data is not yet available); CFIS: Referral founded, Referral unfounded, Other protection concern investigated: founded; Other protection concern investigated: unfounded, Referral unfounded: inappropriate discipline, Referral founded: child remains in home, Risk Assessment, Safety assessment
89 SDM implementation took place in 2015 before which time this information would not be available.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Nova Scotia

Outreach: In Nova Scotia, we contacted the Department of Families, who worked in concert with Mi'kmaw Family & Children's Services of Nova Scotia, to ask about the availability and quality of data as they relate to the CHRT compensation categories. Table P.8 below summarizes the information.

Table P.8 Overview of availability of data held by the Department of Families in Nova Scotia (2009 to present)

Nova Scotia – Department of Families - Review of data availability

Data systems used by provincial and First Nations agencies: *Legacy system*: Access Database (until 2008); *Current system*: Integrated Case Management (ICM) from 2009 to present[90]

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child placed in out-of-home care be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Yes	No % missing	Information not provided	No issues identified
	Child Date of Birth	Yes	Yes	Yes	Less than 1% missing	Information not provided	No issues identified
	Child Indian Registration Number	Yes, if known	Yes	Yes	~10% of CIC on-reserve have missing IRN	Information not provided	Minor **completeness** issue
Is the child First Nations?	Child's First Nations identity	Low: Race data is available, specific Ind. status/ identity is not collected	Yes[91]	Yes, and in various planning tools (plan of care, placement info, cultural history collection, etc.)	~25% of all CIC have no race data entered	Case-by-case review needed to provide complete information	**Completeness, accuracy,** and **applicability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

90 Information was only provided for current system (ICM). Information from legacy system (Access Database) is in the archive section of ICM. Respondents indicated that information from previous database exists but was inconsistently migrated.

91 **Race – response options:** Aboriginal, Asian, Black, Caucasian, Middle Eastern, Mi'kmaw, Mixed Race, Other, Blank

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.8 Overview of availability of data held by the Department of Families in Nova Scotia (2009 to present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child lives on-reserve?	Child residence on/off reserve	Yes, as address of residence, but may not be available given passage of time[92]	Yes	Information not provided	No % missing	Field not used consistently across workers[93]	Significant **retrievability** and **accuracy** issue
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes	Yes	Information not provided	No % missing	Information not provided	No issues identified
	Caregiver Indian Registration Number	Yes	Yes	Sometimes	~50% of caregivers of CIC have missing IRN	Information not provided	Significant **completeness** issue
Is the caregiver First Nations?	Caregiver's First Nations identity	Low: Race data is available, but specific Ind. status/identity is not collected	Yes[91]	Sometimes	~50% of all caregivers of CIC are missing race data (~25% for on-reserve)	Data limitations require case-by-case review to provide complete information	Significant **availability** and **completeness** issue
When was the child placed?	Dates of Start/End placement	Yes	Yes	Information not provided	No % missing	Information not provided	No issues identified
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes, aligned with child's residence, but may not be available given passage of time[92]	Yes	Information not provided	No % missing	Field not used consistently across workers	Significant **retrievability** and **accuracy** issue
	Address of placement	Yes	Yes	Information not provided	No % missing	Information not provided	No issues identified

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

92 The caregiver's address at the time of the removal of a child would have been known at the time. However, since that time the individual may have moved several times and only the most recent address included in the system, which may not have been the address at the time the child came into care.

93 Some workers enter placement address, or an office address.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.8 Overview of availability of data held by the Department of Families in Nova Scotia (2009 to present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes	Yes[94]	Information not provided	No % missing	Information not provided	No issues identified
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Partial – only from 2017 onwards[95]	Yes, called **Major Presenting Problem**[96]	Prior to 2017 – sometimes	No % missing from 2017 onwards	Information not provided	Significant **availability** and **completeness** issue
	Substantiation or verification level (maltreatment and risk)	Partial – only from 2017 onwards	Yes	Prior to 2017 – sometimes	No % missing from 2017 onwards	Information not provided	**Significant availability** and **completeness** issue
	Alleged perpetrator	Yes, but difficult to retrieve	Information not provided	Information not provided	Information not provided	Information not provided	**Retrievability** issue
	Reason for placement	Yes, but difficult to retrieve	Information not provided	Information not provided	Information not provided	Information not provided	**Retrievability** issue
Child placed in order to receive essential services?	Child placed to receive essential services	Partial: sometimes (when placement indicates special needs)	Yes, some placements reasons indicate specific needs	Yes	Information not provided	Information not provided	**Availability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

94 Dropdown responses not provided
95 Prior to 2017, this data is collected on the child protection case, but the specific reason for a child coming into care is not linked to the case file.
96 Dropdown responses not provided

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Ontario

Outreach

We sampled two First Nations agencies to identify the availability of data in the information systems they use. We obtained additional information regarding missing and unknown responses for Penlieu, CPIN, and Coyote through the Ontario Child Abuse and Neglect Data System (OCANDS) at the University of Toronto, which obtained data sharing agreements from three agencies to contribute non-identifying information about the availability of data through these information systems for the purpose of this project. Table P.9 provides information on Penlieu, which is used by most First Nations agencies, and Table P.10 provides information on CPIN, which is currently used by all provincial agencies.

Table P.9 Overview of data availability in First Nations CFS agencies sampled in Ontario

First Nations agencies sampled in Ontario – Review of data availability
Data systems used by sampled First Nations agency: Penlieu

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Yes	No missing, required to open a file	No information provided	No issues identified
	Child Date of Birth	Yes	Yes	Information not provided	Around 10% missing	Very high accuracy (verify birth certificate)	No issues identified
	Child Indian Registration Number	Yes, if have status, but not often entered	Yes	Sometimes	70% missing[97]	When collected, it is fairly accurate	**Significant completeness** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

97 Depends on level of legal involvement (if the child is more involved in the child welfare system, more likely to have this information

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.9 Overview of data availability in First Nations CFS agencies sampled in Ontario *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Is the child First Nations?	Child's First Nations identity	Yes	Further broken down by area if First Nations	Sometimes	90% Unknown	May vary by worker	**Significant completeness** issue
Child lives on-reserve?	Child residence on/off reserve	Yes, through address, but inconsistent	Yes	Not often	Inconsistent	Address is accurate (administrator verifies public record)	**Completeness** issue
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes	Yes	Not often	No missing	Very accurate	No issues identified
	Caregiver Indian Registration Number	Yes, for those who have status	Yes	Sometimes	50-70% missing	Amount of info varies	Significant **completeness** issue
Is the caregiver First Nations?	Caregiver's First Nations identity	Yes	Further broken down by location if First Nations[98]	Sometimes	93% Unknown	Information not provided	Significant **completeness** issue
When was the child placed?	Dates of Start/End placement	Yes	Yes	No	No missing	Start of placement can be off by a few days	Minor **accuracy** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

98 No dropdown options provided

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.9 Overview of data availability in First Nations CFS agencies sampled in Ontario *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes, but inconsistent	Yes	Not often	Inconsistent	Address is accurate when available (administrator verifies public record)	**Completeness** issue
	Address of placement	Yes	Yes	No	About 30% missing	No accuracy issues	**Completeness** issue
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, but open-text	Open-text[99]	Some info might be in case notes	No missing	Difficult to obtain info. at granular level because of sign. variance in responses	Significant **accuracy** issue and **availability** issue
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes	Yes, called **eligibility spectrum**[100]	Not often	Pre-2007: 19% Post-2007: less than 1%	Information not provided	Minor **completeness** issue
	Substantiation or verification level (maltreatment and risk)	Yes, but verification understood as being broader than substantiation	Yes[101] **Family Risk Assessment** and **Safety Assessment**	No	Low missing	No accuracy issues noted	**Applicability** issue
	Alleged perpetrator	Yes, allegation report has a list of adults involved in the allegation	Information not provided	Information not provided	95% missing	Information not provided	Significant **completeness** issue
	Reason for placement	Yes, but does not include abuse	Yes[102]	Information not provided	3% Missing	Information not provided	**Applicability** issue
Child placed in order to receive essential services?	Child placed to receive essential services	Yes, but would be hard to trace	Some very unreliable proxies[103]	Could be documented in case notes	Information not provided	Very inconsistent/ unstructured info	Significant **availability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

99 "In care" is the only variable, no drop-down for info at more granular level

100 **Eligibility spectrum – response options:** The eligibility spectrum has more than 100 Section 1-5 options. These are listed here: http://www.oacas.org/wp-content/uploads/2019/12/Eligibility-Spectrum-2021-EN.pdf

101 **Verification – response options:** "Verified" or "not verified"

102 In OCANDS, data is mapped unto **placement start reason:** Maltreatment, Caregiver Capacity, Abandonment, Adoption, Need of the child, Placement breakdown, Relief, ECM/Transitional housing/ Independent, Unknown, Child/ Youth behaviour, Temporary Placement, Treatment/ Objectives met, Return to previous placement, Kinship placement, Child hospitalization/ Institutionalization, Custody/ Jail/ Detention, Assessment, New placement req. (not specified), Administrative Reasons, Court Ordered, Other, Emergency/ Crisis, Return to parents, Not a placement reason, Statistical Move

103 For example, "risk of harm," or "medical neglect" – but these imply a parental problem because there would need to be one for child to be removed

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.10 Overview of data availability in provincial CFS agencies sampled in Ontario

Provincial agencies sampled in Ontario – Review of data availability
Data systems used by sampled provincial agencies: *Legacy system:* Coyote[104]; *Current system:* CPIN

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Yes	CPIN: Mandatory, low missing	Could be minor spelling errors leading to duplicates	Minor **accuracy** issue
	Child Date of Birth	Yes	Yes	Information not provided	CPIN: Around 25% missing	Errors are corrected	**Completeness** issue
	Child Indian Registration Number	Yes, if have status	Yes (text box)	Information not provided	If have it, usually filled in, but not always	No validation procedure	**Completeness** issue and potential **accuracy** issue
Is the child First Nations?	Child's First Nations identity	Yes	Yes, multiple proxies[105]	Information not provided	CPIN (for Aboriginal Ancestry): 1% missing but 61% Unknown Coyote: none missing, but 97% Unknown	Information not provided	Significant **completeness** issue
Child lives on-reserve?	Child residence on/off reserve	Yes	Yes, called **family resides off reserve**[106]	Information not provided	CPIN: Less than 1% missing	Not always reliable	**Accuracy** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

104 Only information regarding completeness was provided for Coyote. All other information in this table is related to CPIN.
105 Multiple values can be selected for "Aboriginal Ancestry" variable. Also have a "Band name" and "Native Status" variables.
Aboriginal ancestry – response options in CPIN: yes/no for First Nations, Inuit, or Métis (separately), Unknown
106 **Family resides off reserve – response options in CPIN:** yes/no

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.10 Overview of data availability in provincial CFS agencies sampled in Ontario *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes	Yes	Information not provided	CPIN: Mandatory	Information not provided	No issues identified
	Caregiver Indian Registration Number	Yes, for those who have status	Yes	Information not provided	CPIN: Usually filled in	Information not provided	Minor **completeness** issue
Is the caregiver First Nations?	Caregiver's First Nations identity	Yes	Yes, multiple proxies[105]	Information not provided	CPIN: Not a lot missing, but many unknown Coyote: Not a lot missing, but many Unknown	Information not provided	Significant **completeness** issue
When was the child placed?	Dates of Start/End placement	Yes	Yes	Information not provided	No missing	High accuracy	No issues identified
Child placed outside of their home and community?	Caregiver's address at time of removal	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided
	Address of placement	Yes	Yes	Information not provided	Mandatory	Information not provided	No issues identified
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, includes kinship	Yes, called **placement type**[107]	Information not provided	CPIN: Less than 1% missing Coyote: None missing	No known accuracy issues	No issues identified

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

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107 **Placement type – response options in CPIN:** Adoption Placement; AWOL; Camp; Child Refused Placement; CMHC – All Inclusive Rate; CMHC – Per Diem Rate with Agency Entitlements; Detention; Formal Customary Care – Regular; Formal Customary Care – Supplementary; Specialized/Treatment – Supplementary; Hospital; *Kinship* In Care; Kinship Service; LCR – Staff; LCR Parent Run; LCR Parent Run – Staff Assist; Living Independently; OPR Foster Care; OPR Group Care; OPR Staff; Other; Place of Safety; Regular – Emergency After Hours; Pre-placement visit; Relief Person; Shelter; Vacation/trip; Visiting family; Visiting relatives/neighbour; Regular – Relief; Supplementary – Relief; Specialized/Treatment – Relief

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.10 Overview of data availability in provincial CFS agencies sampled in Ontario *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes	Yes, called **Allegation Descriptor** or **Eligibility Spectrum**[108]	Information not provided	CPIN: None missing Coyote: 68% missing pre-2007; 7% missing post-2007	Information not provided	**Completeness** issue
	Substantiation or verification level (maltreatment and risk)	Yes, but verification understood as being broader than substantiation	Yes[109] **Family Risk Assessment** and **Safety Assessment**	Information not provided	CPIN: Mandatory Coyote: Low missing	Information not provided	**Applicability** issue
	Alleged perpetrator	Yes	Yes, called **Alleged Maltreator ID**[110]	Information not provided	CPIN: About 5% missing	Information not provided	No issues identified
	Reason for placement	Yes	Yes, called **Removal Reason**[111]	Information not provided	CPIN: No % missing	Information not provided	No issues identified
Child placed in order to receive essential services?	Child placed to receive essential services	Yes, but would be hard to trace	Unreliable proxy: could be open as "other child welfare case"	Sometimes	Sometimes	Information not provided	**Availability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

108 **Eligibility spectrum – response options**: The eligibility spectrum has more than 100 Section 1-5 options. These are available online, here: http://www.oacas.org/wp-content/uploads/2019/12/Eligibility-Spectrum-2021-EN.pdf

109 **Verification – response options in CPIN:** "Verified" or "not verified"

110 Also variable **Participant Relationship** that defines the relationship between 2 people

111 **Removal reason – response options in CPIN:** Physical/Sexual Harm by Commission; Harm by Omission; Emotional harm/Exposure to Conflict; Caregiver Capacity; Abandonment/Separation; Alcohol; Abuse; Inability to Cope; Child's Behaviour Problem; Death of Parents; Drug Abuse; Inadequate Housing; Incarceration of Parents; Medical Neglect; Neglect; Physical Abuse; Emotional Maltreatment; Relinquishment; Unknown; DM conversion; First Placement post 16th Birthday

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Prince Edward Island

Outreach

In PEI, given that the province is responsible for maintaining child welfare data, we reached out to the Department of Family and Human Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories. Table P.11 below summarizes the information received.

It is important to note that, in PEI, there is a low number of Indigenous children in care (i.e. average of 5 Indigenous children entering care every fiscal year according to our contacts). Therefore, any manual search would likely be more manageable than in other provinces.

Table P.11 Overview of availability of data held by the PEI Ministry of Social Development and Housing (2003 to present)

Prince Edward Island – Ministry of Social Development and Housing – Review of data availability
Data system used by provincial and First Nations agencies: ISM from 2003 until present

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child placed in out-of-home care be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Yes	0% missing, mandatory field	No accuracy issues noted	No issues identified
	Child Date of Birth	Yes	Yes	Yes	0% missing, mandatory field	No accuracy issues noted	No issues identified
	Child Indian Registration Number	Partial: often not filled in in the past	Yes, but only in the last 5 years (because of cultural plans of care)	No	Many missing: only mandatory for permanent care in the last 5 years	No accuracy issues noted	Significant **availability** and **completeness** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

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Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.11 Overview of availability of data held by the PEI Ministry of Social Development and Housing (2003 to present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Is the child First Nations?	Child's First Nations identity	Partial: often not filled in in the past (would need to ask worker, or child themselves)	Yes, but only in the last 5 years (because of cultural plans of care)[112]	Sometimes	Many missing: only mandatory in the last 5 years	Information not provided	Significant **availability** and **completeness** issue
Child lives on-reserve?	Child residence on/off reserve	Yes, as address of residence[113]	No[114]	Information not provided	Wouldn't be a lot missing; but would be hard to track	Information not provided	**Retrievability** issue
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes	Yes	Yes	0% missing, mandatory field	Very accurate	No issues identified
	Caregiver Indian Registration Number	Not available	N/A	N/A	N/A	N/A	Information not available
Is the caregiver First Nations?	Caregiver's First Nations identity	Partial: only in the last 5 years	Yes, but only in the last 5 years (because of cultural plans of care)	Sometimes	Many missing: only mandatory in the last 5 years	Information not provided	Significant **availability** and **completeness** issue
When was the child placed?	Dates of Start/End placement	Yes	Yes	Yes	0% missing, mandatory field	Very accurate	No issues identified

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

112 Includes whether identifying as First Nations, Inuit or Métis. Could also find information on if the child is Mi'kmaq.
113 Address is updated in the file so only more recent address in system. Need to search individually for previous addresses. Possible but arduous.
114 Because would be looking at previous addresses, would require a manual search

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.11 Overview of availability of data held by the PEI Ministry of Social Development and Housing (2003 to present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes, as address of residence[113]	No[114]	Information not provided	Wouldn't be a lot missing; but would be hard to go back and track	Information not provided	**Retrievability** issue
	Address of placement	Yes, and kept throughout the years	Yes	Yes	0% missing, mandatory field	Very accurate	No issues identified
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, includes kinship care	Yes[115]	Information not provided	0% missing, mandatory field	Can be arbitrary[116]	**Accuracy** issue
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes	Yes[117]	Information not provided	Mandatory field	Accurate	No issues identified
	Substantiation or verification level (maltreatment and risk)	Yes	Yes	Information not provided	0% missing, mandatory field	Information not provided	No issues identified
	Alleged perpetrator	Yes	No	Yes (would need to be manually retrieved)	Low % missing	Information not provided	Minor **retrievability** issue
	Reason for placement	Sometimes (and only as case notes)	No	Sometimes available in case notes	Low % missing	Information not provided	**Availability** issue
Child placed in order to receive essential services?	Child placed to receive essential services	Sometimes (and only as case notes)[118]	No	Sometimes available in case notes	Information not provided	Information not provided	**Availability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

115 **Type of placement** – response options: foster care (includes kinship), group care
116 In PEI, because kinship placements are foster placements with extended family, a worker might indicate that kinship parents are foster parents.
117 **Investigated maltreatment – response options:** physical abuse, sexual abuse, emotional abuse, neglect, domestic violence
118 Because it is not a large province, this situation happens less often

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Quebec

Outreach

In Quebec, given that the province is responsible for maintaining most of the data from both non-First Nations and First Nations child welfare agencies, we reached out to a contact familiar with the mainstream system under the Ministry of Health and Social Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories. Quebec below summarizes the information received. We also reached out to a delegated First Nations agency that holds its own data, and the results of the information received from that sampled agency is below in Table P.13.

Table P.12 Overview of availability of data held by the Ministry of Health and Social Services regions in Quebec

Quebec – system used by Ministry of Health and Social Services - Review of data availability
Data system used by provincial agencies and some First Nations agencies: Projet Intégration Jeunesse (PIJ)

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Information not provided	Mandatory, 0% missing	Sometimes spelling errors	Minor **accuracy** issue
	Child Date of Birth	Yes	Yes	Information not provided	Mandatory, 0% missing	Sometimes data entry errors	Minor **accuracy** issue
	Child Indian Registration Number	Possibly	No[119]	Possibly	Not mandatory, medium % missing	When available, there may be variation in format	**Completeness** and **accuracy** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

119 However, there is a question asking whether a child has status, with "yes"/"no" answer. This is not mandatory but may be filled out.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.12 Overview of availability of data held by the Ministry of Health and Social Services regions in Quebec *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Is the child First Nations?	Child's First Nations identity	Yes	Yes[120]	Possibly	Not mandatory, medium % missing	Possible accuracy issues[121]	**Completeness** and **accuracy** issue
Child lives on-reserve?	Child residence on/off reserve	Yes	Yes[122]	Possibly	High completeness, some unknown	Sometimes data entry gaps or delays	Minor **completeness** and **accuracy** issue
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes	Yes[123]	Possibly	Not mandatory, high % missing and unknown	Some accuracy issues[124]	Significant **completeness** and **accuracy** issue
	Caregiver Indian Registration Number	Possibly	No	Possibly	High % missing and unknown	Possible accuracy issues when available	Significant **completeness** and **accuracy** issue
Is the caregiver First Nations?	Caregiver's First Nations identity	Possibly	No	Possibly	Not mandatory, high % missing and unknown	Possible accuracy issues	Significant **completeness** and **accuracy** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

120 **Child's First Nations identity** – A numeric code is selected according to the child's ethnic group membership. For Indigenous children this correlate to their band number.

121 This information may not be precise enough to capture what the eligibility categories include: e.g., if live off-reserve but recognized by FN community, the worker may not document it; or if a child is born to parents from different communities (or a FN and non-FN parent), this data may also be incomplete.

122 The first 3 digits of postal code of child's address, and municipality of child's residence are documented. In addition, regarding Indigenous children four categories are documented: not indigenous, yes on-reserve, yes off-reserve, "conventionnée*," don't know. If the child is indigenous on-reserve, a code for their band must also be documented based on a list of all bands in Quebec. For those eligible to be registered with a band, they are considered 'on-reserve' even if they live off that reserve or on another reserve. *(* "Conventionnée" refers to communities with agreements under the James Bay and Northern Quebec Agreement and the Northeastern Quebec Agreement. In this case, the category "conventionnée" is preferred over "on-reserve."*

123 String variable, individuals linked to the child are added to PIJ and assigned their own identifier (and name), which is then linked to the child through a "type de lien" code.)

124 The information may be inaccurate or reflect only one parent; it may also become complicated if the child was not living with the legal parent at the time of placement: if multiple households are involved in caregiving this information may not be fully captured.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.12 Overview of availability of data held by the Ministry of Health and Social Services regions in Quebec *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
When was the child placed?	Dates of Start/End placement	Yes	Yes	Possibly	Mandatory, 0% missing	No issues identified	No issues identified
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes	Yes[125]	Possibly	Mandatory, 0% missing	Some accuracy issues[126]	Minor **accuracy** issue
	Address of placement	Yes	Yes[127]	Possibly	Mandatory, 0% missing	Minor accuracy issues[128]	Minor **accuracy** issue
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, includes kinship care	Yes[129]	Possibly	Mandatory, 0% missing	No issues identified	No issues identified

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

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125 **Caregiver's address at time of removal** – This is the child's residence.
126 If the child is not living with the caregiver at the time of removal, this would not be accurate. For example, if the child moved from one caregiver to another since their residence was entered, the information would be out-of-date.
127 **Address of placement** – String variable; this is stored in the SIRTF through which payments for out-of-home placements are made.
128 Any initial data entry errors would be corrected as the information is linked to payment.
129 Numeric codes indicate type of placement as well as whether it was voluntary or court-ordered, as follows: *Mesures d'urgence:* 194: Placement dans une ressource de type familial; 195: Placement dans un centre de réadaptation; 196: Placement dans une ressource intermédiaire), *Mesures provisoires:* 369: Que l'enfant soit confié à un CR ou à une famille d'accueil; 370: Enfant placé dans une ressource autre; 371: Enfant placé dans un centre de réadaptation; 372: Enfant placé dans une ressource de type familial), *Mesures intérimaires co*nvenues: 357: Hébergement en centre de réadaptation; 358: Hébergement en famille d'accueil; 356: Hébergement autre que famille d'accueil ou centre de réadaptation).

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.12 Overview of availability of data held by the Ministry of Health and Social Services regions in Quebec *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes	Yes[130]	Possibly	Mandatory, 0% missing	No issues identified	No issues identified
	Substantiation or verification level (maltreatment and risk)	Yes	Yes[131]	Possibly	Mandatory, 0% missing	No issues identified	No issues identified
	Alleged perpetrator	Yes	Yes[132]	Possibly	Unknown[133]	Unknown	Potential **completeness** issue
	Reason for placement	Yes	Yes[134]	Possibly	Information not provided	Information not provided	No issues identified
Child placed in order to receive essential services?	Child placed to receive essential services	Possibly	No	Possibly	Unknown	Unknown	Significant **availability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

130 **Type(s) of investigated maltreatment** – Neglect, Physical abuse, Sexual abuse, Behavioural troubles, and Abandonment)
131 **Substantiation or verification level** – Security or development compromised (SDC), Security or development not compromised (SDNC). Risk of SDC is also documented.
132 **Alleged perpetrator** – A numeric code is assigned to the alleged perpetrator and is linked with the child. Other information regarding the alleged perpetrator is captured, including: relationship with the child, year of birth, whether they lived with the child at the time of abuse, sex, whether the alleged perpetrator was a minor at the time of abuse.
133 In the case of physical abuse and sexual abuse, this is a mandatory field. In cases of physical neglect, this is an optional field.
134 **Reason for placement** – Due to reforms of the *Youth Protection Act* in 2007, the reasons for placement under section 38 of the act changed. Pre-2007: 38a-Non exercice des responsabilités parentales; 38b-Menace au développement mental et affectif; 38c-Menace au développement physique; 38d-Privation de conditions matérielles; 38e-Mode de vie du gardien; 38f-Exploitation; 38gs-Abus sexuel; 38gp-Abus physique; 38h-Troubles de comportement; 38.1a-Fugue; 38.1b-Non-fréquentation scolaire; 38.1c-Délaissement enfant placé. Post-2007: 38a-Responsabilités parentales non assumées par une autre personne; 38b.1i-Négligence sur le plan physique; 38b.1ii-Négligence sur le plan de santé; 38b.1iii-Négligence sur le plan éducatif; 38b.2-Risque sérieux de négligence; 38c-Mauvais traitements psychologiques; 38d.1-Abus sexuels; 38d.2-Risque sérieux d'abus sexuels; 38e.1-Abus physiques; 38e.2-Risque d'abus physiques; 38f-Troubles de comportement sérieux; 38.1a-Fugue; 38.1b-Non fréquentation scolaire; 38.1-Délaissement de l'enfant placé.

Appendix P. Overview of availability and quality of data held by child welfare authorities and agencies sampled in each province/territory *(continued)*

Table P.13 Overview of data availability in First Nations CFS agency sampled in Quebec

Quebec – Sampled First Nation agency – Review of data availability
Data system used by sampled First Nation agency: Independent administrative data system

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Yes	0% missing	Some variation identified[135]	Minor **accuracy** issue
	Child Date of Birth	Yes	Yes	No	0% missing	No issues identified	No issues identified
	Child Indian Registration Number	Yes	Yes	No	20% missing in current admin system; no issues identified with legacy system	Minor accuracy issues identified	**Completeness** and minor **accuracy** issue
Is the child First Nations?	Child's First Nations identity	Yes[136]	No	No	Information not provided	Some issues identified[222]	Minor **accuracy** issue
Child lives on-reserve?	Child residence on/off reserve	Yes	Yes	No	0% missing	No issues identified	No issues identified
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes	Yes	Possibly	0% missing	Possible issues identified[137]	Potential **accuracy** issue
	Caregiver Indian Registration Number	No	No	No	N/A	N/A	Information **not available**
Is the caregiver First Nations?	Caregiver's First Nations identity	No	No	No	N/A	N/A	Information **not available**

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

135 No issues identified in current administrative system. In legacy system, there may be variation depending on the case file.
136 While this is not captured explicitly as a data field or in case notes, the agency only places children who are members of the community.
137 No issues identified in current administrative system. In legacy system, there may be variation depending on the case file.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.13 Overview of data availability in First Nations CFS agency sampled in Quebec *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
When was the child placed?	Dates of Start/End placement	Yes	Yes	Possibly	0% missing in current administrative system; 20% missing and 10% unknown for date of discharge in legacy system	Accuracy issues identified[138]	Minor **availability** and **accuracy** issue
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes	Yes	Possibly	Information not provided	Information not provided	No issues identified
	Address of placement	Yes	Yes	Possibly	0% missing	No issues identified	No issues identified
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, includes kinship	Yes	Possibly	0% missing	No issues identified	No issues identified
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes	Yes	Yes	0% missing	Variation in data entry possible	Minor **accuracy** issue
	Substantiation or verification level (maltreatment and risk)	Yes	Yes	Yes	0% missing	Variation in data entry possible	Minor **accuracy** issue
	Alleged perpetrator	Yes	Yes	Yes	Information not provided	Information not provided	No issues identified
	Reason for placement	Information not provided	Information not provided	Information not provided	Information not provided	Information not provided	? No info. provided

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

138 No issues identified for current administrative system. In legacy system, data entry may vary across files.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.13 Overview of data availability in First Nations CFS agency sampled in Quebec *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed in order to receive essential services?	Child placed to receive essential services	Yes	No	Yes	0% missing	Variation in data entry possible	Minor **accuracy** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Saskatchewan

Outreach

The project team contacted the Ministry of Social Services to obtain information on the child welfare data collected by provincial agencies in Saskatchewan. We also approached six First Nations agencies that were sampled for the project, but none responded to the request for information. Table P.14 below only reflects data collected by the Ministry of Social Services.

Table P.14 Overview of availability of data held by the Ministry of Social Services in Saskatchewan (2006 to present)

Saskatchewan – Ministry of Social Services – Review of data availability

Data systems used by provincial agencies: *Legacy system:* Social Workers Information Network (SWIN) or Automated Client Index (ACI) system from 2006 to 2011/2012
Current system: Linkin Enterprise Case Management and Payment System from 2011/2012 to present[136]

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Yes (paper file for info prior to 2011/2012)	Mandatory field[140]	Information not provided	No issues identified
	Child Date of Birth	Yes	Yes	Yes (paper file for info prior to 2011/2012)	Mandatory field	Information not provided	No issues identified
	Child Indian Registration Number	Yes, if known	Yes	Yes (paper file for info prior to 2011/2012)	Not a mandatory field	Information not provided	Potential **completeness** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

139 Information provided for both current (Linkin from 2011/2012 to present) and legacy systems (SWIN from 2006 to 2011/2012). If difference in data availability between systems, this will be indicated.
140 Respondent was not able to provide more detailed information on completeness at this time. Percent complete would need to be further addressed.

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Table P.14 Overview of availability of data held by the Ministry of Social Services in Saskatchewan (2006 to present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Is the child First Nations?	Child's First Nations identity	Yes, if known	Yes, called **constitutional status**[141]	Yes (paper file for info prior to 2011/2012)	Not a mandatory field	Information not provided	Potential **completeness** issue
Child lives on-reserve?	Child residence on/off reserve	Yes, in case notes. Child address as data field.	Partial, child address collected[142]	Yes (paper file for info prior to 2011/2012)	Not a mandatory field	Information not provided	Potential **completeness** issue
Can the caregiver at the time of the removal be identified?	Caregiver Name (Family Name, Given Name)	Yes	Yes	Yes (paper file for info prior to 2011/2012)	Mandatory field	Information not provided	No issues identified
	Caregiver Indian Registration Number	Yes, if known	Yes	Yes (paper file for info prior to 2011/2012)	Not a mandatory field	Information not provided	Potential **completeness** issue
Is the caregiver First Nations?	Caregiver's First Nations identity	Yes, if known	Yes, called **constitutional status**[141]	Yes (paper file for info prior to 2011/2012)	Not a mandatory field	Information not provided	Potential **completeness** issue
When was the child placed?	Dates of Start/End placement	Yes	Yes	Yes (paper file for info prior to 2011/2012)	Mandatory field	Information not provided	No issues identified

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

141 **Constitutional status – response options (in both legacy and current system):** Status, non status, Métis, Inuit, Other, Unknown. Current system also provides information on the band name.

142 Child's address would be listed in the system but not whether or not that location was a First Nation Reserve.

Appendix P. Overview of availability and quality of data held by child welfare authorities and agencies sampled in each province/territory *(continued)*

Table P.14 Overview of availability of data held by the Ministry of Social Services in Saskatchewan (2006 to present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed outside of their home and community?	Caregiver's address at time of removal	Yes	Yes	Yes (paper file for info prior to 2011/2012)	Information not provided	Information not provided	No issues identified
	Address of placement	Yes	Yes	Yes (paper file for info prior to 2011/2012)	Mandatory field	Information not provided	No issues identified
Child placed outside of their extended family?	Type of placement (specify if includes kinship care)	Yes, person of sufficient interest (PSI) is similar to kinship care[143]	Yes, called **Placement Type**[144]	Yes (paper file for info prior to 2011/2012)	Mandatory field	Information not provided	**Applicability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

143 Refers to placement with extended family, but includes person with close relationship (unrelated) as well

144 **Placement type – response options in legacy system:** Alternative Care, Board/Room Placement, Group Homes, Intern Level Foster Home, Person of Sufficient Interest*, Practitioner Level Foster Home, Parent Therapist, Receiving Homes, Specialist Level Foster Home, Therapist Level Foster Home, Community Homes
Placement type – response options in current system: Absent from Care, Addiction Treatment Facility, Adoption Pending, Alternate Care, CLD Approved Service Home, CFS CBO Group Home, CLD-Fee for Service Home, CLD Approved Service Home – No Pay, CLD CBO Group Home, Courtesy Interprovincial, First Nations Agency Transfer, First Nations Approved Caregiver, Hospital, Hotel, Independent Living, MSS – Fee for Service Contract, Non Status On Reserve (FNA), Non-Removal Parent, Out of Province Care, Period of Grace, Place of Safety**, Person of Sufficient Interest*, Ranch Ehrlo Treatment Foster Care, Regular Foster Care, Rehabilitation Facility, Room & Board, Stabilization Care, Taken From Placement, Therapeutic Foster Care, Trial Home Placement, Unauthorized Living Arrangement, Young Offender Facility.

* Person of Sufficient Interest is selected when a child resides with an extended family member, **or a person who has a close relationship with the child**, has provided safe care for the child for a minimum of 6 months and is designated by the court as a PSI.

** Place of Safety is selected when the child is placed with an extended family member, **or a person who has a close relationship with the child**, who is willing and able to provide temporary (60 days) and safe care for the child

Appendix P. Overview of availability and quality of data held by child welfare authorities and agencies sampled in each province/territory *(continued)*

Table P.14 Overview of availability of data held by the Ministry of Social Services in Saskatchewan (2006 to present) *(continued)*

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Child placed because of abuse and/or neglect perpetrated by caregivers?	Type(s) of investigated maltreatment	Yes. Prior to 2011/2012, info. only available if services continued after investigation	Yes, called **Legal Status**. Post 2011/2012, also information in Identified Allegation[145]	Yes (paper file for info prior to 2011/2012)	Mandatory field	Information not provided	No issues identified
	Substantiation or verification level (maltreatment and risk)	Partial: substantiation level not provided for maltreatment, just risk	Not available as data field prior to 2011/2012. In current system, data field for risk called **SDM Risk Assessment and/or Re-Assessment**[146]	Yes, for risk assessment (paper file for info prior to 2011/2012)	For current system only, mandatory field	Information not provided	Significant **availability** and **completeness** issue
	Alleged perpetrator	Yes, can be identified at intake or investigation if known	Yes, but only in current system (2011/2012 onwards)	Yes (paper file for info prior to 2011/2012)	Not a mandatory field	Information not provided	Potential **completeness** issue
	Reason for placement	Yes	Yes, but only in current system (2011/2012 onwards)[147]	Yes (paper file for info prior to 2011/2012)	For current system only, mandatory field	Information not provided	Potential **completeness** issue
Child placed in order to receive essential services?	Child placed to receive essential services	Low: If known, could be located in case notes. Not considered as a removal reason.	No	Yes, if known (paper file for info prior to 2011/2012)	Not a mandatory field	Information not provided	Significant **availability** issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

145 **Legal Status – response options in legacy system:** Physical Abuse, Sexual Exploitation, Domestic Violence, Emotional Exploitation, Neglect (Essential Medical Care, Remedy Developmental Condition, No Adult Able and Willing, Child Under 12, Physical Neglect)
Legal Status – response options in current system: Physical Abuse –11(a)(i), Sexual Exploitation – 11(a)(iii), Neglect (Essential Medical Care Not Provided to Child – 11(a)(iv), Remedy Developmental Condition – 11(a)(v), No Adult Able and Willing – 11(b), Child Under 12 – 11(c)), Emotional Exploitation – 11(a)(ii), Domestic Violence – 11(a)(vi)
Identified allegation – response options in current system: Physical Abuse, Sexual Abuse, Neglect, Emotional Abuse (Domestic Violence not specific allegation)

146 **SDM Risk Assessment and/or Re-Assessment – response options in current system:** Low/Medium/High

147 **Response options in current system:** Abandonment, Neglect, Physical Abuse, Returning Section 56, Sexual Abuse, Psychological or Emotional Maltreatment, Medical Neglect, Voluntary Surrender, Alcohol Abuse, Drug Abuse, Domestic Violence, Caretaker's Inability to Cope Due to Illness or Other Reasons, Child's Behaviour Problem, Parent Teen Conflict, Incarceration of Parent(s), Death of Parent(s), Repatriation, Ward of Another Province, Conversion, Ward of Indigenous Governing Body, Ward of First Nation Agency, Mobile Crisis

Appendix P. Overview of Availability and Quality of Data Held by Child Welfare Authorities and Agencies Sampled in Each Province/Territory *(continued)*

Yukon

Outreach

In the Yukon, we reached out to the Department of Health and Social Services to ask about the availability and quality of data that they hold as they relate to the CHRT compensation categories. Table P.15 below summarizes the information.

Table. P.15 Overview of availability of data held by the Department of Health and Social Services in the Yukon

Yukon – Department of Health and Social Services – Review of data availability
Data systems used by provincial and First Nations agencies: *Legacy system:* Client Index System (CSI) until 2020; *Current system:* Matrix from 2020 to present

Type of information needed	Information of interest	Availability			Completeness	Accuracy	Summary Issues identified
		Is the information available?	As a data field? *Available dropdown options in footnotes*	As case notes?			
Can the child placed in out-of-home care be identified?	Child Name (Family Name, Given Name)	Yes	Yes	Yes	Low % missing	Accuracy issues noted	**Accuracy** issues
	Child Date of Birth	Yes	Yes	Yes	Low % missing	Accuracy issues noted	**Accuracy** issues
	Child Indian Registration Number	Yes	Yes	Yes	Medium % missing	Accuracy issues noted	**Completeness and accuracy** issues
Is the child First Nations?	Child's First Nations identity	Yes	Yes	Yes	Low % missing	Accuracy issues noted	**Accuracy** issues
Child lives on-reserve?	Child residence on/off reserve	Yes	Yes	Yes	Low % missing	Accuracy issues noted	Accuracy issues

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests

Source: Unmodified information from ISC staff

Last updated on January 17, 2020

Column #	Data Field	Response options	Description*
A	**Region**	**Atlantic** **Quebec** **Ontario** **Manitoba** **Saskatchewan** **Alberta** **British Columbia** **Northern**	FNIHB or ESDPP Regional office
B	**Province/Territory**	**AB** **BC** **MB** **NB** **NL** **NS** **NT** **NU** **ON** **PE** **QC** **SK** **YT**	Two character provincial or territorial code
C	**Child unique identifier**	**XX-XX-####**	Identifying number to be generated regionally to uniquely identify each client. It is preferred if this number follows the convention of the former department (2-4 character, HC/INAC) - Region (2-3 character, ATL, QC, ON, MB, SK, AB, BC, NT) - Unique 4-5 digit number (as required). For example, HC-AB-12345. Additional numbers separated by a decimal can be added for subsequent requests from the same client (e.g. .001, .002, etc).
D	**Request #**		
E	**Regional Date of Initial Contact (mm-dd-yyyy)**	**mm-dd-yyyy**	Date that the focal point is first contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, it is the date on which the focal point receives the letter. This information is used to document the first point of contact from a client about a request.
F	**Date Contacted**	**yyyy-mm-dd**	

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests *(continued)*

Last updated on January 17, 2020

Column #	Data Field	Response options	Description*
G	**Regional Time of Initial Contact (hh:mm) 24 hr clock**	**hh:mm**	Time in the date of initial contact that request is received by the focal point. The following format is used: hh:mm in a 24-hour clock. If an application is received by fax, the time that is printed on the fax is used and, if no time is printed, the time the focal point receives the fax is used. If received by lettermail, the time the focal point receives the letter is used. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones.
H	**Date Region Receives Sufficient Information to Assess Request**	**mm-dd-yyyy**	Date that the focal point has received sufficient information about the request in order to make a decision. This includes elements such as client information (age, First Nations status, etc.) and clinical details to support the request (e.g. clinical assessment). This information establishes the initial point in time to calculate the duration needed to evaluate and determine an application. It allows for the calculation of compliance rates.
I	**Date received_for reporting**	**mm-dd-yyyy**	
J	**Time Region Receives Sufficient Information to Assess Request**	**hh:mm**	This is the time the focal point receives all relevant information to sufficiently evaluate and determine the request. The time uses the following format hh:mm using a 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones.
K	**If date of contact and date of assessment are different, rationale for elapsed time (e.g. pending assessment)**	**text**	For focal point to provide additional information, if needed.
L	**Electronic File location (e.g. RDIMS path)**		If it was stored electronically in RDIMS, the file location is recorded under this variable
M	**First Nations Status (Yes/No/Pending)**	**Yes** **No** **Pending**	Does the child have Status as a registered First Nation? Eligible responses are: Yes: First Nation - Status (i.e. has First Nations Status) No: First Nation - Non Status Pending: First Nation Status is in progress

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests *(continued)*

Last updated on January 17, 2020

Column #	Data Field	Response options	Description*
N	**Sex** **(Male / Female)**	**Female** **Male**	Female or Male
O	**Date of Birth** **(mm-dd-yyyy)**	**mm-dd-yyyy**	Date of birth of the child. This information is used to calculate the age of the applicant for eligibility.
P	**Initial assessment** **(Urgent (12hrs)/Not Urgent (48))**	**Not Urgent** **Urgent**	The initial assessment of the focal point that this application is urgent or not urgent. Requests that are related to a situation that may impact the safety and/or security of the child and/or family, or where there is a risk of irremediable harm, must be dealt with urgently. According to Canadian Human Rights Tribunal decisions, applications deemed urgent are to be addressed within 12 hours and applications deemed not urgent are to be addressed within 48 hours. This variable is used to calculate compliance rates.
Q	**Reason for application/ Needs**	**Text**	Information submitted by the requester that assists in understanding the needs of the client. This information is used for decision making purposes. Reasons why the application is brought to Jordan's Principle are recorded under this variable.
R	**Product/ support/ service requested** **(list each product or service as a separate line item if the client has more than one)**	**Text**	Name of product, support, or service that has been requested. A single applicant may request multiple products or services.
S	**Categorized Type of Request**	**Category (as listed separately in the 'Categories-Individual' tab)**	To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included.
T	**Does product/ support/ service meet normative standard?** **(Above/ Within/ Below)**	**Above** **Within** **Below**	Is the product/support/service requested above, within or below the normative standard (substantive equality)? This data field reflects the global assessment of the Focal Point and considers the information available at the time of request.
U	**Total funding amount requested**	**Dollar Amount ($)**	The total amount requested for the product or service.
V	**New client?** **(Yes/No)**	**Yes** **No**	Is this a new client, or has the client made previous applications for products or services? This field supports the calculation of unique children applying for service by flagging potential repeat clients from historical datasets.

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests *(continued)*

Last updated on January 17, 2020

Column #	Data Field	Response options	Description*
W	**Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so, which/ Pending)**	**Approved** **Denied** **Escalated [to a National Review Centre]** **Pending** **Referred to Existing Program [please state which program]**	What was the decision of the focal point on each product and service requested? A decision may be: Approved Denied Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Pending Referred to an existing program (focal point recognizes that the requested service is eligible under an existing FNIHB or ESDPP program and refers the request there for processing)
X	**Decision Date**	**mm-dd-yyyy**	Date that a decision is made by the focal point. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates.
Y	**Decision Time (hh:mm) 24 hr clock**	**hh:mm**	Time that decision is made by the focal point. The following format of hh:mm in 24-hour clock is used. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones.
Z	**Total funding amount approved**	**Dollar Amount ($)**	The total amount approved for the product or service. Note this may differ from the amount requested, and will be used to reconcile budget transfer and assess actual approved funding.
AA	**Decision - details (rationale)**	**Text**	Focal point to insert rationale for the decision for any individual request.
AB	**Date of response to requestor (mm-dd-yyyy)**	**mm-dd-yyyy**	Date that decision is communicated by the focal point to the requestor.

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests *(continued)*

Last updated on January 17, 2020

Column #	Data Field	Response options	Description*
AC	**Date Communicated**		
AD	**Time of response to requestor (hh:mm) 24 hr clock**	**hh:mm**	Time that decision is communicated by the focal point to the requestor. The format of time is hh:mm in 24-hour clock. All times are entered according to their own time zones.
AE	**Product/ support/ service delivered (Yes/ No/ Unknown)**	**Yes** **No** **Unknown**	If known, was the service or product actually delivered to the client requesting it? (yes or no). If unknown, select Unknown.
AF	**Start date (mm-dd-yyyy)**	**mm-dd-yyyy**	If the product or service was delivered, the date that the product/service starts being delivered. This information enables the calculation of the duration of the service delivery.
AG	**End date (mm-dd-yyyy)**	**mm-dd-yyyy**	If the product or service was delivered, the date that the product or service ceases to be delivered. This information enables the calculation of the duration of the service delivery.
AH	**Actual cost**	**Dollar Amount ($)**	The total amount actually spent on the product/service. Note this may differ from the amount requested and the amount approved, and is used to inform the total actual costs of delivering the product/services required through the program.
AI	**Date Received in HQ (mm-dd-yyyy)**	**mm-dd-yyyy**	If the request was escalated to the National Review Centre (HQ) this is the date the escalation occurred.
AJ	**Time Received in HQ (hh:mm)**	**hh:mm**	If the request was escalated to the National Review Centre (HQ) this is the time that the escalation occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones.

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests *(continued)*

Last updated on January 17, 2020

Column #	Data Field	Response options	Description*
AK	**HQ Decision**	**Approved** **Denied** **Pending** **Referred to Existing Program** **[please state which program]**	What was the decision of the National Review Centre (HQ) on each product and service requested? A decision may be: Approved Denied Pending Referred to an existing program - the program to which they are referred (e.g. NIHB, Special Education) is listed in the "Decision details" column.
AL	**Decision Date** **(mm-dd-yyyy)** **(if pending, not applicable)2**	**mm-dd-yyyy**	If the National Review Centre (HQ) made the decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates.
AM	**HQ Decision Date**		
AN	**Decision Time** **(hh:mm)**	**hh:mm**	If the National Review Centre (HQ) made the decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones.
AO	**Total funding amount approved3**	**Dollar Amount ($)**	The total amount approved by the National Review Centre (HQ) for the product or service.
AP	**Decision - details (rationale)** **4**	**Text**	The National Review Centre (HQ) to insert rationale for the decision for any individual request.
AQ	**Date of response to region** **(mm-dd-yyyy)**	**mm-dd-yyyy**	If the National Review Centre (HQ) made the decision, the date that the decision was communicated to the regional focal point.
AR	**Time of response to region** **(hh:mm) 24 hr clock**	**hh:mm**	If the National Review Centre (HQ) made the decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones.
AS	**HQ Date Communicated**	**mm-dd-yyyy**	
AT	**Date diff**		Column created for compliance calculation
AU	**Source**	**ESDPP** **FNIHB**	The source of the data, distinguishing whether the data came from FNIHB or ESDPP.
AV	**# of days**		Calculation of how long it took to make a decision on the request.
AW	**Service Standard**	**Over** **Within**	
AX	**HQ DATE RECEIVED**	**mm-dd-yyyy**	

Appendix Q1. Jordan's Principle Data Dictionary – 2017-18 – Individual Requests *(continued)*

Last updated on January 17, 2020

Column #	Data Field	Response options	Description*
AY	**Time region receives sufficient information to assess request (hh:mm) 24 hr clock8**	**hh:mm**	
AZ	**If date of contact and date of assessment are different, rationale for elapsed time (e.g. pending assessment) 9**	**Text**	
BA	**HQ Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so, which/ Pending)**	**Approved Denied Escalated to National Review Centre Pending Referred to existing program**	
BB	**HQ Decision date (mm-dd-yyyy) (if pending, not applicable)**	**mm-dd-yyyy**	
BC	**Decision Time (hh:mm) 24 hr clock10**	**hh:mm**	
BD	**Total funding amount approved11**		
BE	**HQ Decision - details (rationale)**	**Text**	
BF	**Date of response to requestor (mm-dd-yyyy)12**	**mm-dd-yyyy**	
BG	**HQ DATE COMMUNICATED2**	**mm-dd-yyyy**	
BH	**Time of response to requestor (hh:mm) 24 hr clock13**	**hh:mm**	
BI	**Monthly flag**		
BJ	**Regional Decision**		
BK	**HQ Decision**		
BL	**Final Decision/Status2**		

*The descriptions are representative of the data, as collected in the 2017/18 Data Tracker Tool.

Appendix Q2. Jordan's Principle Data Dictionary 2017-18 Group Requests

Source: Unmodified information from ISC staff

Last updated on January 17, 2020

Column #	Data Field	Response options	Description*
A	**Region**	**Atlantic** **Quebec** **Ontario** **Manitoba** **Saskatchewan** **Alberta** **British Columbia** **Northern**	FNIHB or ESDPP Regional office.
B	**Province /Territory**	**AB** **BC** **MB** **NB** **NL** **NS** **NT** **NU** **ON** **PE** **QC** **SK** **YT**	Two character provincial code.
C	**Agreement #**	**Text**	Agreements will be given a contract number or a contribution agreement number and an amendment number.
D	**Community /organization name**	**Text**	The name of the organization or community that has made the application for funding.
E	**Date Proposal Received (mm-dd-yyyy)**	**mm-dd-yyyy**	
F	**Date Received**	**mm-dd-yyyy**	Date that the focal point is contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, this column records the date the focal point receives the letter. This information is used to document when the region receives a request from a client.
G	**Time Proposal Received (hh:mm)**	**hh:mm**	This column records the time at which the focal point receives the request. The following format hh:mm in a 24-hour clock is used. If an application is received by fax, the time that is printed on the fax is used and if no time is printed, it's the time the focal point receives the fax. If the request is received by lettermail, the time the focal point receives the letter is recorded in this column. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones.
H	**Estimated # of Children**	**Number**	The estimated number of children identified by the organization or community that will benefit from the product or services requested.
I	**Categorized Estimated Number of Children**	**Number**	The estimated number of children identified by the organization or community that will benefit from the product or services requested.
J	**Product/ support/ service requested**	**Text**	The specific product, support, or service that has been requested in the application.
K	**Type of Request**	**Text**	Type of First Nations Organizations.
L	**Categorized Type of Request**	**Category (as listed separately in the 'Categories-Group' tab)**	To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included.
M	**Does product/ support/ service meet normative standard? (Above/ Within/ Below)**	**Above** **Within** **Below**	Is this product or service consistent with the provincial normative standard of care?
N	**Is the request covered under an existing HC/INAC Contribution Agreement (Yes/No)**	**No** **Yes**	Indicate whether the product or service that has been requested has been previously negotiated with Health Canada or INAC and is already covered under an existing agreement.
O	**If yes, is the program CA in program deficit? (Yes/No)**	**No** **Yes**	If the product or service is already covered under an existing agreement, is that agreement in deficit? (i.e. are there insufficient funds available to meet the needs of the community).
P	**Estimated cost**	**Dollar Amount ($)**	What is the estimated cost of the product or service? What is the amount of funding that has been requested by the organization or community?
Q	**Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so which /Pending)**	**Approved** **Denied** **Escalated to National Review Centre** **Pending** **Referred to Existing Program [please state which program]**	What was the decision of the focal point on each product and service requested? A decision may be: Approved Denied Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Pending Referred to an existing program (focal point recognizes that the requested service is eligible under an existing FNIHB or ESDPP program and refers the request there for processing - which program (e.g. NIHB, Special Education) is inserted into the "Comments" column.)
R	**Decision date and time (mm-dd-yyyy)**	**mm-dd-yyyy**	Date that the decision is made by the focal point. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates.
S	**Decision Date**	**mm-dd-yyyy**	
T	**y**	**yyyy**	Year
U	**m**	**mm**	Month
V	**d**	**dd**	Date
W	**Time (hh:mm)**	**hh:mm**	Time at which the decision is made by the focal point. The format used for the time is hh:mm in 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones.
X	**Total funding amount approvedapproved**	**Dollar Amount ($)**	The total amount approved for the product or service. Note this may differ from the amount requested, and is used to reconcile budget transfer and assess actual approved funding.
Y	**Decision - details (includes details of referral to other programs such as NIHB, etc.)**	**Text**	Focal point to insert details or rationale for the decision for any group request.
Z	**Date of response to requestor (mm-dd-yyyy)**	**mm-dd-yyyy**	Date that the focal point communicates decision to the requestor.
AA	**Date Communicated**	**mm-dd-yyyy**	
AB	**Time of response to requestor (hh:mm)**	**hh:mm**	Time that the focal point communicates decision to the requestor. The format used for the time is hh:mm in 24-hour clock. All times are entered according to their own time zones.
AC	**Type of Request22**	**Text**	Type of First Nations Organizations.
AD	**Source**	**ESDPP** **FNIHB**	The source of the data, distinguishing whether the data came from FNIHB or ESDPP.
AE	**# of days**		Calculation of how long it took to make a decision on the request.
AF	**Column1**		
AG	**Service standard**	**Over** **Within**	

*The descriptions are representative of the data, as collected in the 2017/18 Data Tracker Tool.

Appendix Q3. Jordan's Principle Data Dictionary 2017-18 Individual Categories

This appendix was removed for confidentiality.

Appendix Q4. Jordan's Principle Data Dictionary 2017-18 Group Categories

This appendix was removed for confidentiality.

Appendix Q5. Jordan's Principle Data Dictionary 2017-18 Decision Rationales

Source: Unmodified information from ISC staff

Approval Rationales
1 - Product, service or support is available to all children
2 - Product, service or support is within the normative standard
3 - Request ensures substantive equality in the provision of products, services or supports to the child
4 - Request ensures culturally appropriate services, products or supports to the child
5 - Request safeguards the best interest of the child
Denial Rationales
6 - Requestor is above the age of majority for their province of residence
7 - Requestor does not have First Nation status, is not eligible for status, is not ordinarily resident on reserve, and is not recognized by their nation.
8 - Requestor does not have First Nation status, is not eligible for status, is not ordinarily resident on reserve, is recognized by their nation, but is not in an urgent or life-threatening situation.
9 - Product, service or support is not available to all children and the request does not have sufficient information to determine that this product, service or support would ensure substantive equality to justify the provision of product, service or support to the child
10 - Product, service or support is not available to all children and the request does not have sufficient information to determine that this product, service or support would ensure culturally appropriate product, service or support to child
11 - Product, service or support is not available to all children and the request does not have sufficient information to determine that this product, service or support would safeguard the best interest of the child
12 - Product, service or support is beyond the normative standard and the request does not have sufficient information to determine that this product, service or support would ensure substantive equality to justify the provision of product, service or support to the child
13 - Product, service or support is beyond the normative standard and the request does not have sufficient information to determine that this product, service or support would ensure culturally appropriate product, service or support to child
14 - Product, service or support is beyond the normative standard and the request does not have sufficient information to determine that this product, service or support would safeguard the best interest of the child
15 - Requestor is not a Land Claim Organization beneficiary and is not eligible to register as a beneficiary.

Appendix R1. Jordan's Principle Data Tracker 2017-18 TOC

Source: Unmodified information from ISC staff

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Table of Contents:

Tab name	Description of content
1. Methodology	Provides a description of the methods used to determine data completeness for the FY 2017-18 individual and group trackers.
2. Completeness Individual17-18	Provides estimates of the percentage of complete and the percentage of valid responses for data fields highlighted by U of T in the FY 2017-18 individual tracker.
3. Completeness Group17-18	Provides estimates of the percentage of complete and the percentage of valid responses for data fields highlighted by U of T in the FY 2017-18 group tracker.
4. U of T 2019-20 Individual	Original request from U of T which was based on the FY 2019-20 data dictionary for the individual tracker. This worksheet contains the original data field specification provided by U of T, and provides information on the corresponding data field (or lack there of) in the FY 2017-18 individual tracker.
5. U of T 2019-20 Group	Original request from U of T which was based on the FY 2019-20 data dictionary for the group tracker. This worksheet contains the original data field specification provided by U of T, and provides information on the corresponding data field (or lack there of) in the FY 2017-18 group tracker.

Appendix R2. Jordan's Principle Data Tracker 2017-18 Methodology

Source: Unmodified information from ISC staff

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Methodology - Analysis of 2017-18 Jordan's Principle Individual Tracker Data Quality *Only included requests with a "Date received_for reporting" up to November 2, 2017 See worksheet: "2. Completeness Individual17-18" Note: The worksheet "4. U of T 2019-20 Individual" contains the original data field specification provided by U of T. Due to differences across FY trackers, not all data fields could be analzyed.	
1. Number of Complete/Valid Entries	▪ The number of complete and number of valid entries were tabulated for each data field in order to calculate the percentage of complete and percentage of valid entries. ▪ Invalid entries were classified as those which were not included in the list of response options or were not in the right format (e.g., date entries in the "Decision Time" data field). ▪ Cells left blank were considered as missing entries.
2. Total Number of Entries	▪ The total number of entries was determined based on the number of entries in the "Region" data field, as this data field had all valid entries. This was used as the denominator to calculate the percentage of all valid entries, except those escalated to Headquarters. For the latter, the denominator used was the number of requests escalated to Headquarters and was determined from the total number of entries in the "HQ Decision" data field.
3. Percentage of Complete/Valid Entries	▪ The percentage of complete and the percentage of valid entries were calculated using the number of complete and valid entries and the total number of entries in the Region data field.
4. Categorization of Data Quality	▪ Data was considered as high quality if more than 76% of entries in the data field were valid. All variables with high quality data are highlighted in green. ▪ Data was considered as moderate quality if between 51% and 75% of entries in the data field were valid. All variables with moderate quality data are highlighted in yellow. ▪ Data was considered as low quality if between 26% and 50% of entries in the data field were valid. All variables with low quality data are highlighted in orange. ▪ Data was considered as very low quality if less than 25% of entries in the data field were valid. All variables with high quality data are highlighted in red. ▪ Data fields that were dependent on the correct entry of other data fields were marked as "Not Applicable". For example, the data field "If date of contact and date of assessment are different, rationale for elapsed time (e.g., pending assessment)" is dependent on the number of requests where the date of contact and date of assessment are different. However, there is no data field that quantifies the number of requests that differ in date of contact and date of assessment.

Methodology - Analysis of 2017-18 Jordan's Principle Group Tracker Data Quality *Only included requests with a "Date Received" up to November 2, 2017 See worksheet: "3. Completeness Group17-18" Note: The worksheet "5. U of T 2019-20 Group" contains the original data field specification provided by U of T. Due to differences across FY trackers, not all data fields could be analzyed.	
1. Number of Complete/Valid Entries	▪ The number of complete and number of valid entries were tabulated for each data field in order to calculate the percentage of complete and valid entries. ▪ Invalid entries were classified as those which were not included in the list of response options or were not in the right format (e.g., date entries in the "Decision Time" data field). ▪ Cells left blank were considered as missing entries.
2. Total Number of Entries	▪ The total number of entries was determined based on the number of entries in the "Region" data field, as this data field contained all valid entries. This was used as the denominator to calculate the percentage of all valid entries.
3. Percentage of Complete/Valid Entries	▪ The percentage of complete entries and the percentage of valid entries were calculated using the number of complete and valid entries and the total number of entries in the "Region" data field.
4. Categorization of Data Quality	▪ Data was considered as high quality if more than 76% of entries in the data field were valid. All variables with high quality data are highlighted in green. ▪ Data was considered as moderate quality if between 51% and 75% of entries in the data field were valid. All variables with moderate quality data are highlighted in yellow. ▪ Data was considered as low quality if between 26% and 50% of entries in the data field were valid. All variables with low quality data are highlighted in orange. ▪ Data was considered as very low quality if less than 25% of entries in the data field were valid. All variables with high quality data are highlighted in red. ▪ Data fields that were dependent on the correct entry of other data fields were marked as "Not Applicable". For example, the data field "If yes, is the program CA in program deficit?" is dependent on the question "Is the request covered under an existing HC/INAC Contribution Agreement (Yes/No)", which has a large number of missing values.

Appendix R3. Jordan's Principle Data Tracker 2017-18 Completeness – Individual

Source: Unmodified information from ISC staff

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Individual Tracker

Last updated on: April 9, 2021

Legend - Percentage of Complete/Valid Data	Rating
76%-100%	High Quality
51%-75%	Moderate Quality
26%-50%	Low Quality
0%-25%	Very Low Quality
N/A	Not Applicable

Data Field 2017-18	Comparable 2019-20 Data Field	Responses in Tracker	Valid Response Options	% Complete	% Valid	Description *Representative of the data, as collected in the 2017/18 Data Tracker Tool
Region	Region	Atlantic Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Northern	Atlantic Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Northern	100.00%	100.00%	FNIHB or ESDPP Regional office
Province/Territory	Province or Territory	AB BC MB NB NL NS NT NU ON PE QC SK YT	AB BC MB NB NL NS NT NU ON PE QC SK YT	99.58%	99.04%	Two character provincial or territorial code
Child unique identifier	Child Unique Identifier	XX-XX-####	Could include 2-4 characters for department, 2-3 characters for region, 3-5 digits	99.87%	99.87%	Identifying number to be generated regionally to uniquely identify each client. It is preferred if this number follows the convention of the former department (2-4 character, HC/INAC) - Region (2-3 character, ATL, QC, ON, MB, SK, AB, BC, NT) - Unique 4-5 digit number (as required). For example, HC-AB-12345. Additional numbers separated by a decimal can be added for subsequent requests from the same client (e.g. .001, .002, etc.).
Regional Date of Initial Contact (mm-dd-yyyy)	Regional Date of Initial Contact (yyyy-mm-dd)	mm-dd-yyyy	Any format of date	69.87%	69.87%	Date that the focal point is first contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, it is the date on which the focal point receives the letter. This information is used to document the first point of contact from a client about a request.
Regional Time of Initial Contact (hh:mm) 24 hr clock	Regional Time of Initial Contact (hh:mm) 24 hr clock	hh:mm	Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format)	64.71%	64.46%	Time in the date of initial contact that request is received by the focal point. The following format is used: hh:mm in a 24-hour clock. If an application is received by fax, the time that is printed on the fax is used and, if no time is printed, the time the focal point receives the fax is used. If received by lettermail, the time the focal point receives the letter is used. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones.

Appendix R3. Jordan's Principle Data Tracker 2017-18 Completeness – Individual *(continued)*

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Individual Tracker

Last updated on: April 9, 2021

Legend - Percentage of Complete/Valid Data	Rating
76%-100%	High Quality
51%-75%	Moderate Quality
26%-50%	Low Quality
0%-25%	Very Low Quality
N/A	Not Applicable

Data Field 2017-18	Comparable 2019-20 Data Field	Responses in Tracker	Valid Response Options	% Complete	% Valid	Description *Representative of the data, as collected in the 2017/18 Data Tracker Tool
Date Region Receives Sufficient Information to Assess Request	Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd)	mm-dd-yyyy	Any format of date	87.93%	84.07%	Date that the focal point has received sufficient information about the request in order to make a decision. This includes elements such as client information (age, First Nations status, etc.) and clinical details to support the request (e.g., clinical assessment). This information establishes the initial point in time to calculate the duration needed to evaluate and determine an application. It allows for the calculation of compliance rates.
Date received_for reporting	Date and Time Received	mm-dd-yyyy	Any format of date up to November 2, 2017	100.00%	100.00%	
Time Region Receives Sufficient Information to Assess Request	Time Region Receives Sufficient Information to Assess Request (hh:mm) 24 hr clock	hh:mm	Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format)	84.49%	80.43%	This is the time the focal point receives all relevant information to sufficiently evaluate and determine the request. The time uses the following format hh:mm using a 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones.
First Nations Status (Yes/No/Pending)	Indigenous Status (First Nation - Status, First Nation - Eligible for Status, First Nation - Non Status, Inuit - Inuvialuit, Inuit - Nunatsiavut, Inuit - Nunavik, Inuit - Nunavut, Inuit - Non Beneficiary, Métis, and Non-Indigenous)	Yes No Pending	Yes, Y, Oui, No, N, Non, Pending	95.14%	95.10%	Does the child have Status as a registered First Nation? Eligible responses are: Yes: First Nation - Status (i.e. has First Nations Status) No: First Nation - Non Status Pending: First Nation Status is in progress
Sex (Male / Female)	Sex (Female, Male or Unspecified)	Female Male	Female, F, Male, M	94.55%	94.51%	Female or Male
Date of Birth (mm-dd-yyyy)	Date of Birth (yyyy-mm-dd)	mm-dd-yyyy	Any format of date	97.69%	89.61%	Date of birth of the child. This information is used to calculate the age of the applicant for eligibility.
Initial assessment (Urgent (12hrs)/Not Urgent (48))	Urgency Life Threatening, Urgent, Non-Urgent	Not Urgent Urgent	Not urgent, non urgent, urgent, life threatening	99.79%	99.79%	The initial assessment of the focal point that this application is urgent or not urgent. Requests that are related to a situation that may impact the safety and/or security of the child and/or family, or where there is a risk of irremediable harm, must be dealt with urgently. According to Canadian Human Rights Tribunal decisions, applications deemed urgent are to be addressed within 12 hours and applications deemed not urgent are to be addressed within 48 hours. This variable is used to calculate compliance rates.
Reason for application/ Needs	Reason for Application and Identified Need(s)	Text	Text, excluded unknown, TBD, n/a	91.83%	91.16%	Information submitted by the requester that assists in understanding the needs of the client. This information is used for decision making purposes. Reasons why the application is brought to Jordan's Principle are recorded under this variable.
Product/ support/ service requested (list each product or service as a separate line item if the client has more than one)	Product, Support or Service Requested (List each product or service as a separate line item if the client has more than one)	Text	Text	100.00%	100.00%	Name of product, support, or service that has been requested. A single applicant may request multiple products or services.
Categorized Type of Request	Type of Request (See Categories tab for options)	Category (as listed separately in the 'Categories-Individual' tab)	Any reporting category (excluded unknown)	100.00%	99.96%	To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included.

Appendix R3. Jordan's Principle Data Tracker 2017-18 Completeness – Individual *(continued)*

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Individual Tracker

Last updated on: April 9, 2021

Legend - Percentage of Complete/Valid Data	Rating
76%-100%	High Quality
51%-75%	Moderate Quality
26%-50%	Low Quality
0%-25%	Very Low Quality
N/A	Not Applicable

Data Field 2017-18	Comparable 2019-20 Data Field	Responses in Tracker	Valid Response Options	% Complete	% Valid	Description *Representative of the data, as collected in the 2017/18 Data Tracker Tool
Does product/ support/ service meet normative standard? (Above/ Within/ Below)	Is the Product, Support or Service Beyond or Within Normative Standard? (Beyond or Within)	Above Within Below	Above, within, below, égal, inférieur, supérieur	97.95%	87.47%	
New client? (Yes/No)	New Client? (Yes or No)	Yes No	Yes, Y, Oui, No, N, Non	98.03%	97.99%	Is this a new client, or has the client made previous applications for products or services? This field supports the calculation of unique children applying for service by flagging potential repeat clients from historical datasets.
Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so, which/ Pending)	Regional Decision (Approved, Cancelled, Escalated, Pending, Pending more information, or Referred to existing program [please state which program], Suspended)	Approved Denied Escalated [to a National Review Centre] Pending Referred to Existing Program [please state which program]	Approved, denied, escalated [to a national review centre], pending, referred to existing program [please state which program], cancelled	99.75%	99.75%	What was the decision of the focal point on each product and service requested? A decision may be: Approved Denied Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Pending
Decision Date	Decision Date (If pending: Not applicable) (yyyy-mm-dd)	mm-dd-yyyy	Any format of date	89.73%	89.69%	Date that a decision is made by the focal point. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates.
Decision Time (hh:mm) 24 hr clock	Decision Time (If pending: Not applicable) (hh:mm) 24 hr clock	hh:mm	Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format)	84.87%	84.70%	Time that decision is made by the focal point. The following format of hh:mm in 24-hour clock is used. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones.
Decision - details (rationale)	Decision Rationale	Text	Text, removed unknown	59.47%	59.47%	Focal point to insert rationale for the decision for any individual request.
Date of response to requestor (mm-dd-yyyy)	Date of Response to Requestor (yyyy-mm-dd)	mm-dd-yyyy	Any format of date	79.04%	78.96%	Date that decision is communicated by the focal point to the requestor.
Time of response to requestor (hh:mm) 24 hr clock	Time of Response to Requestor (hh:mm) 24 hr clock	hh:mm	Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format)	68.27%	68.19%	Time that decision is communicated by the focal point to the requestor. The format of time is hh:mm in 24-hour clock. All times are entered according to their own time zones.
Product/ support/ service delivered (Yes/ No/ Unknown)	Product, Support or Service Delivered (Yes, No or Unknown)	Yes No Unknown	Yes, oui, no, non, unknown	11.69%	11.61%	If known, was the service or product actually delivered to the client requesting it? (yes or no). If unknown, select Unknown.
Start date (mm-dd-yyyy)	Start Date (yyyy-mm-dd)	mm-dd-yyyy	Any format of date	5.78%	5.78%	If the product or service was delivered, the date that the product/service starts being delivered. This information enables the calculation of the duration of the service delivery.
Date Received in HQ (mm-dd-yyyy)	HQ Date Received (yyyy-mm-dd)	mm-dd-yyyy	Any format of date	1.38%	1.38%	If the request was escalated to the National Review Centre (HQ) this is the date the escalation occurred.
Time Received in HQ (hh:mm)	HQ Time Received (hh:mm)	hh:mm	Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format)	0.34%	0.34%	If the request was escalated to the National Review Centre (HQ) this is the time that the escalation occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones.
HQ Decision	HQ Decision (Approved, Cancelled, Denied, Pending a decision, Pending more information, Referred to existing program [please state which program], Rescinded, Suspended)	Approved Denied Pending Referred to Existing Program [please state which program]	Approved, denied, pending, referred to existing program [please state which program], cancelled	18.61%	18.44%	What was the decision of the National Review Centre (HQ) on each product and service requested? A decision may be: Approved Denied Pending Referred to an existing program - the program to which they are referred (e.g. NIHB, Special Education) is listed in the "Decision details" column.
Decision Date (mm-dd-yyyy) (if pending, not applicable)2	HQ Decision Date (If pending: Not applicable) (yyyy-mm-dd)	mm-dd-yyyy	Any format of date	2.85%	2.60%	If the National Review Centre (HQ) made the decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates.

Appendix R3. Jordan's Principle Data Tracker 2017-18 Completeness – Individual *(continued)*

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Individual Tracker

Last updated on: April 9, 2021

Legend - Percentage of Complete/Valid Data	Rating
76%-100%	High Quality
51%-75%	Moderate Quality
26%-50%	Low Quality
0%-25%	Very Low Quality
N/A	Not Applicable

Data Field 2017-18	Comparable 2019-20 Data Field	Responses in Tracker	Valid Response Options	% Complete	% Valid	Description *Representative of the data, as collected in the 2017/18 Data Tracker Tool
Decision Time (hh:mm)	HQ Decision Time (If pending: Not applicable) (hh:mm)	hh:mm	Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format)	2.31%	2.31%	If the National Review Centre (HQ) made the decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones.
Decision - details (rationale)	HQ/Escalation Comments	Text	Text	0.34%	0.34%	The National Review Centre (HQ) to insert rationale for the decision for any individual request.
Date of response to region (mm-dd-yyyy)	HQ Date of Response to Region (yyyy-mm-dd)	mm-dd-yyyy	Any format of date	14.08%	14.08%	If the National Review Centre (HQ) made the decision, the date that the decision was communicated to the regional focal point.
Time of response to region (hh:mm) 24 hr clock	HQ Time of Response to Region (hh:mm) 24 hr clock	hh:mm	Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format)	0.04%	0.04%	If the National Review Centre (HQ) made the decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones.
# of days	Time Difference		Any number >=0	80.39%	80.18%	Calculation of how long it took to make a decision on the request.
Service Standard	Compliance	Over Within	Over, within	80.39%	80.26%	

Appendix R4. Jordan's Principle Data Tracker 2017-18 Completeness – Group

Source: Unmodified information from ISC staff

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Group Tracker

Last updated on: April 9, 2021

Legend - Percentage of Complete/Valid Data	Rating
76%-100%	High Quality
51%-75%	Moderate Quality
26%-50%	Low Quality
0%-25%	Very Low Quality
N/A	Not Applicable

Data Field 2017-18	Comparable 2019-20 Data Field	Responses in Tracker	Valid Response Options	% Complete	% Valid	Description *Representative of the data, as collected in the 2017/18 Data Tracker Tool
Region	Region	Atlantic Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Northern	Atlantic Quebec Ontario Manitoba Saskatchewan Alberta British Columbia Northern	100.00%	100.00%	FNIHB or ESDPP Regional office.
Province /Territory	Province or Territory	AB BC MB NB NL NS NT NU ON PE QC SK YT	AB BC MB NB NL NS NT NU ON PE QC SK YT	100.00%	100.00%	Two character provincial code.
Agreement #	Contribution Agreement #	Text	Number or text/number	58.04%	53.15%	Agreements will be given a contract number or a contribution agreement number and an amendment number.
Community /organization name	Community or Organization Name	Text	Text	100.00%	100.00%	The name of the organization or community that has made the application for funding.
Date Received	Regional Date of Initial Contact (yyyy-mm-dd)	mm-dd-yyyy	Any format of date, including up to November 2, 2017	100.00%	100.00%	Date that the focal point is contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, this column records the date the focal point receives the letter. This information is used to document when the region receives a request from a client.
Time Proposal Received (hh:mm)	Regional Time of Initial Contact (hh:mm) 24 hr clock	hh:mm	Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format)	99.30%	11.19%	This column records the time at which the focal point receives the request. The following format hh:mm in a 24-hour clock is used. If an application is received by fax, the time that is printed on the fax is used and if no time is printed, it's the time the focal point receives the fax. If the request is received by lettermail, the time the focal point receives the letter is recorded in this column. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones.
Estimated # of Children	Estimated # of Children	Number	Any number >0	94.41%	91.61%	The estimated number of children identified by the organization or community that will benefit from the product or services requested.
Product/ support/ service requested	Product, Support or Service Requested (List each product or service as a separate line item if the client has more than one)	Text	Text	97.90%	97.90%	The specific product, support, or service that has been requested in the application.
Type of Request	Type of Services	Text	Any reporting category, excluded unknown	100.00%	97.90%	To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included.
Does product/ support/ service meet normative standard? (Above/ Within/ Below)	Does Product, Support or Service Meet Normative Standard? (Beyond or Within)	Above Within Below	Above, within, below, égal, supérieur	39.86%	35.66%	Is this product or service consistent with the provincial normative standard of care?
Is the request covered under an existing HC/INAC Contribution Agreement (Yes/No)	Is the request covered under an existing HC or INAC Contribution Agreement (No or Yes)	No Yes	Yes, Y, No	51.05%	40.56%	Indicate whether the product or service that has been requested has been previously negotiated with Health Canada or INAC and is already covered under an existing agreement.

Appendix R4. Jordan's Principle Data Tracker 2017-18 Completeness – Group *(continued)*

ONLY TO BE USED FOR THE PRELIMINARY REVIEW OF AVAILABLE COMPENSATION DATA PROJECT

Data Quality - 2017-2018 Jordan's Principle Group Tracker

Last updated on: April 9, 2021

Legend - Percentage of Complete/Valid Data	Rating
76%-100%	High Quality
51%-75%	Moderate Quality
26%-50%	Low Quality
0%-25%	Very Low Quality
N/A	Not Applicable

Data Field 2017-18	Comparable 2019-20 Data Field	Responses in Tracker	Valid Response Options	% Complete	% Valid	Description *Representative of the data, as collected in the 2017/18 Data Tracker Tool
If yes, is the program CA in program deficit? (Yes/No)	If yes, is the program CA in program deficit? (No or Yes)	No Yes	Yes, No	10.49%	2.10%	If the product or service is already covered under an existing agreement, is that agreement in deficit? (i.e. are there insufficient funds available to meet the needs of the community).
Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so which /Pending)	Regional Decision (Approved, Cancelled, Escalated, Pending a decision, Pending more information, or Referred to existing program [please state which program], Suspended)	Approved Denied Escalated to National Review Centre Pending Referred to Existing Program [please state which program]	Approved, Denied, Escalated to National Review Centre, Pending, Referred to Existing Program [please state which program], Cancelled	100.00%	100.00%	What was the decision of the focal point on each product and service requested? A decision may be: Approved Denied Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Pending Referred to an existing program (focal point recognizes that the requested service is eligible under an existing FNIHB or ESDPP program and refers the request there for processing - which program (e.g. NIHB, Special Education) is inserted into the "Comments" column.)
Decision Date	Decision Date (If pending: not applicable) (yyyy-mm-dd)	mm-dd-yyyy	Any format of date	100.00%	28.67%	
Time (hh:mm)	Decision Time (If pending: not applicable) (hh:mm) 24 hr clock	hh:mm	Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format)	69.23%	69.23%	Time at which the decision is made by the focal point. The format used for the time is hh:mm in 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones.
Total funding amount approved	Total Funding Amount Approved ($)	Dollar Amount ($)	Any number >0	93.71%	93.01%	The total amount approved for the product or service. Note this may differ from the amount requested, and is used to reconcile budget transfer and assess actual approved funding.
Decision - details (includes details of referral to other programs such as NIHB, etc.)	Comments	Text	Text	44.06%	44.06%	Focal point to insert details or rationale for the decision for any group request.
Date of response to requestor (mm-dd-yyyy)	Date of Response to Requestor (yyyy-mm-dd)	mm-dd-yyyy	Any format of date	79.02%	79.02%	Date that the focal point communicates decision to the requestor.
Time of response to requestor (hh:mm)	Time of Response to Requestor (hh:mm) 24 hr clock	hh:mm	Any format of time with clear indication of AM or PM (either included AM, PM, or was in 24hr format)	60.84%	60.84%	Time that the focal point communicates decision to the requestor. The format used for the time is hh:mm in 24-hour clock. All times are entered according to their own time zones.
# of days	Time Difference		Any number >0	79.02%	79.02%	Calculation of how long it took to make a decision on the request.
Service standard	Compliance	Over/ Within	Over, within	79.02%	79.02%	

Appendix R5. Jordan's Principle Data Tracker 2017-18 U of T – Individual

Source: Unmodified information from ISC staff

Original data field specification

Yellow =	Same data field name used in 2017-18
Orange =	Data field name different in 2017-18 but served the same/similar purpose
Red =	Data field is not at all present in 2017-19

Column #	Data Field	Comparable Data Field in 2017-18	Response options	Description
A	Region	Region	**Atlantic** **Québec** **Ontario** **Manitoba** **Saskatchewan** **Alberta** **British Columbia** **Northern/Yukon**	FNIHB or ESDPP Regional office
B	Province or Territory	Province/Territory	**AB** **BC** **MB** **NB** **NL** **NS** **NT** **NU** **ON** **PE** **QC** **SK** **YT**	Two character provincial or territorial code
C	Child Unique Identifier	Child Unique Identifier	**XX-XX-####**	Identifying number to be generated regionally to uniquely identify each client. It is preferred if this number follows the convention of the former department (2-4 character, HC/INAC) - Region (2-3 character, ATL, QC, ON, MB, SK, AB, BC, NT) - Unique 4-5 digit number (as required). For example, HC-AB-12345. Additional numbers separated by a decimal can be added for subsequent requests from the same client (e.g. .001, .002, etc.).
D	Regional Date of Initial Contact (yyyy-mm-dd)	Regional Date of Initial Contact (mm-dd-yyyy)	**yyyy-mm-dd**	Date that the focal point is first contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, it is the date on which the focal point receives the letter. This information is used to document the first point of contact from a client about a request.
E	Regional Time of Initial Contact (hh:mm) 24 hr clock	Regional Time of Initial Contact (hh:mm) 24 hr clock	**hh:mm**	Time in the date of initial contact that request is received by the focal point. The following format is used: hh:mm in a 24-hour clock. If an application is received by fax, the time that is printed on the fax is used and, if no time is printed, the time the focal point receives the fax is used. If received by lettermail, the time the focal point receives the letter is used. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones.
F	Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd)	Date region receives sufficient information to assess request (mm-dd-yyyy)	**yyyy-mm-dd**	Date that the focal point has received sufficient information about the request in order to make a decision. This includes elements such as client information (age, First Nations status, etc.) and clinical details to support the request (e.g. clinical assessment). This information establishes the initial point in time to calculate the duration needed to evaluate and determine an application. It allows for the calculation of compliance rates.
G	Time Region Receives Sufficient Information to Assess Request (hh:mm) 24 hr clock	Time Region Receives Sufficient Information to Assess Request	**hh:mm**	This is the time the focal point receives all relevant information to sufficiently evaluate and determine the request. The time uses the following format hh:mm using a 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones.
I	Date and Time Received	Date received_for reporting	**yyyy-mm-dd hh:mm**	Calculated field used in the calculation of compliance rates: "=TEXT([@[Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd)]],"yyyy-mm-dd ")&TEXT([@[Time Region Receives Sufficient Information to Assess Request (hh:mm) 24 hr clock]]," hh:mm")"
M	Indigenous Status (First Nation - Status, First Nation - Eligible for Status, First Nation - Non Status, Inuit - Inuvialuit, Inuit - Nunatsiavut, Inuit - Nunavik, Inuit - Nunavut, Inuit - Non Beneficiary, Métis, and Non-Indigenous)	First Nations Status (Yes/No/Pending)	**First Nation - Status** **First Nation - Eligible for Status** **First Nation - Non Status** **Inuit - Inuvialuit** **Inuit - Nunatsiavut** **Inuit - Nunavik** **Inuit - Nunavut** **Inuit - Non Beneficiary** **Métis** **Non-Indigenous**	Child's Indigenous status
J	Ordinarily Resident On? (On, Off or Not Required)	Not in 2017-18	**Yes** **No** **Unknown**	Whether or not the child ordinarily resides on reserve
K	Recognized by their Nation? (Yes, No, or Not Required)	Not in 2017-18	**Yes** **No** **Not Required**	Whether or not the child is recognized by their nation
L	Sex (Female, Male or Unspecified)	Sex (Male / Female)	**Female** **Male** **Unspecified**	Sex of the child.
O	Date of Birth (yyyy-mm-dd)	Date of Birth (mm-dd-yyyy)	**yyyy-mm-dd**	Date of birth of the child. This information is used to calculate the age of the applicant for eligibility.
P	Urgency Life Threatening, Urgent, Non-Urgent	Initial assessment (Urgent (12hrs)/Not Urgent (48))	**Not Urgent** **Urgent** **Life Threatening**	The initial assessment of the focal point that this application is urgent or not urgent. Requests that are related to a situation that may impact the safety and/or security of the child and/or family, or where there is a risk of irremediable harm, must be dealt with urgently. According to Canadian Human Rights Tribunal decisions, applications deemed urgent are to be addressed within 12 hours and applications deemed not urgent are to be addressed within 48 hours. This variable is used to calculate compliance rates.

Appendix R5. Jordan's Principle Data Tracker 2017-18 U of T – Individual *(continued)*

Original data field specification

Yellow =	Same data field name used in 2017-18
Orange =	Data field name different in 2017-18 but served the same/similar purpose
Red =	Data field is not at all present in 2017-19

Column #	Data Field	Comparable Data Field in 2017-18	Response options	Description
Q	Reason for Application and Identified Need(s)	Reason for application/ Needs	**Text**	Information submitted by the requester that assists in understanding the needs of the client. This information is used for decision making purposes. Reasons why the application is brought to Jordan's Principle are recorded under this variable.
P	Product, Support or Service Requested (List each product or service as a separate line item if the client has more than one)	Product/ support/ service requested (list each product or service as a separate line item if the client has more than one)	**Text**	Name of product, support, or service that has been requested. A single applicant may request multiple products or services.
Q	Venture Academy		**Venture**	Indicates if the request is related to Venture Academy, a residential assessment and treatment program.
R	Type of Request (See Categories tab for options)	Type of Request	**Category (as listed separately in the 'Categories-Individual' tab)**	To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included.
S	Is the Product, Support or Service Beyond or Within Offrmative Standard? (Beyond or Within)	Does product/ support/ service meet normative standard? (Above/ Within/ Below)	**Above** **Within** **Below**	Is the product/support/service requested above, within or below the normative standard (substantive equality)? This data field reflects the global assessment of the Focal Point and considers the information available at the time of request.
T	INUIT ONLY: Is Consultation Required? (On or Off)		**On** **Off**	Whether consultation is required for the request related to an Inuk child.
U	INUIT ONLY: Consultation (Examples: LCO, Medical, Social or Educational Professional, HQ, Provincial or Territorial Government)		**Text**	If a consultation is required for the request related to an Inuk child, this field describes who should be consulted.
V	INUIT ONLY: If Consulted, Please Provide Reason for Consultation		**Text**	If a consultation is required for the request related to an Inuk child, this field provides the reason for consultation
W	INUIT ONLY: Date Shared with LCO (yyyy-mm-dd)		**yyyy-mm-dd**	Date request is shared with an Inuit Land Claim Organization (LCO)
X	INUIT ONLY: LCO Decision (Recommended for Approval or Recommended for Denial)		**Recommended for Approval** **Recommended for Denial**	Decision of the Inuit Land Claim Organization (LCO). A decision may be: Recommended for Approval Recommended for Denial
Y	Total Funding Amount Requested ($)		**Dollar Amount ($)**	The total amount requested for the product or service.
Z	New Client? (Yes or No)	New client? (Yes/No)	**Yes** **No**	Is this a new client, or has the client made previous applications for products or services? This field supports the calculation of unique children applying for service by flagging potential repeat clients from historical datasets.
AA	Regional Decision (Approved, Cancelled, Escalated, Pending,Pending more information, or Referred to existing program [please state which program], Suspended)	Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so, which/ Pending)	**Approved** **Escalated** **Referred to existing program if so, which** **Pending more information** **Pending a Decision** **Cancelled** **Suspended**	What was the decision of the focal point on each product and service requested? A decision may be: Approved Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Referred to an existing program (focal point recognizes that the requested service is eligible under an existing FNIHB or ESDPP program and refers the request there for processing) Pending more information Pending a decision Cancelled Suspended
AB	Decision Rationale	Decision - details (rationale)	**Numeric code** **OR** **Text**	Rationale for the decision for a request. A numeric code from 1 to 15 (see 'Decision Rationales' tab for explanation of numeric code). OR Best interest: Yes/No, Culturally Appropriate: Yes/No, Normative Standard: Above/Within, Substantive Equality: yes/No, Eligibility: Eligible/Ineligible/Not Assessed/Empty
AC	Decision Date (If pending: Not applicable) (yyyy-mm-dd)	Decision Date	**yyyy-mm-dd**	Date that a decision is made by the focal point. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates.
AD	Decision Time (If pending: Not applicable) (hh:mm) 24 hr clock	Decision Time (hh:mm) 24 hr clock	**hh:mm**	Time that decision is made by the focal point. The following format of hh:mm in 24-hour clock is used. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones.
AE	RO Decision Date and Time	Not in 2017-18	**yyyy-mm-dd hh:mm**	Calculated field used in the calculation of compliance rates: "=TEXT([@[Decision Date (If pending: Not applicable) (yyyy-mm-dd)]],"yyyy-mm-dd ")&TEXT([@[Decision Time (If pending: Not applicable) (hh:mm) 24 hr clock]]," hh:mm")"
AF	Total Funding Amount Approved ($)		**Dollar Amount ($)**	The total amount approved for the product or service. Note this may differ from the amount requested, and will be used to reconcile budget transfer and assess actual approved funding.
AG	Comments and Notes	Not in 2017-18	**Text**	Open text field for the focal point to include comments and notes related to the request.
AH	Date of Response to Requestor (yyyy-mm-dd)	Date of response to requestor (mm-dd-yyyy)	**yyyy-mm-dd**	Date that decision is communicated by the focal point to the requestor.
AI	Time of Response to Requestor (hh:mm) 24 hr clock	Time of response to requestor (hh:mm) 24 hr clock	**hh:mm**	Time that decision is communicated by the focal point to the requestor. The format of time is hh:mm in 24-hour clock. All times are entered according to their own time zones.
AJ	Product, Support or Service Delivered (Yes, No or Unknown)	Product/ support/ service delivered (Yes/ No/ Unknown)	**Yes** **No** **Unknown**	If known, was the service or product actually delivered to the client requesting it? (yes or no). If unknown, select Unknown.

Appendix R5. Jordan's Principle Data Tracker 2017-18 U of T – Individual *(continued)*

Original data field specification

Yellow =	Same data field name used in 2017-18
Orange =	Data field name different in 2017-18 but served the same/similar purpose
Red =	Data field is not at all present in 2017-19

Column #	Data Field	Comparable Data Field in 2017-18	Response options	Description
AK	Start Date (yyyy-mm-dd)	Start date (mm-dd-yyyy)	**yyyy-mm-dd**	If the product or service was delivered, the date that the product/service starts being delivered. This information enables the calculation of the duration of the service delivery.
AL	End Date (yyyy-mm-dd)		**yyyy-mm-dd**	If the product or service was delivered, the date that the product or service ceases to be delivered. This information enables the calculation of the duration of the service delivery.
AM	Actual Cost ($)		**Dollar Amount ($)**	The total amount actually spent on the product/service. Note this may differ from the amount requested and the amount approved, and is used to inform the total actual costs of delivering the product/services required through the program.
AN	HQ Date Received (yyyy-mm-dd)	Date received in HQ (mm-dd-yyyy)	**yyyy-mm-dd**	If the request was escalated to the National Review Centre (HQ) this is the date the escalation occurred.
AO	HQ Time Received (hh:mm)	Time received in HQ (hh:mm)	**hh:mm**	If the request was escalated to the National Review Centre (HQ) this is the time that the escalation occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones.
AP	HQ Decision (Approved, Cancelled, Denied, Pending a decision, Pending more information, Referred to existing program [please state which program], Rescinded, Suspended)	HQ Decision (Approved/ Denied/ / Referred to existing program if so, which/ Pending)	**Approved** **Denied** **Referred to existing program if so, which** **Pending more information** **Pending a decision** **Cancelled**	What was the decision of the National Review Centre (HQ) on each product and service requested? A decision may be: Approved Denied Referred to an existing program - the program to which they are referred (e.g. NIHB, Special Education) is listed in the "HQ Decision - details" column Pending more information Pending a decision Cancelled
AQ	HQ Decision Rationale	Decision - details (rationale) 4	**Numeric Code** **OR** **Text**	The National Review Centre (HQ) to insert rationale for the decision for any request. A numeric code from 1 to 15 (see 'Decision Rationales' tab for explanation of numeric code). OR Best interest: Yes/No, Culturally Appropriate: Yes/No, Normative Standard: Above/Within, Substantive Equality: yes/No, Eligibility: Eligible/Ineligible/Not Assessed/Empty
AR	HQ Decision Date (If pending: Not applicable) (yyyy-mm-dd)	Decision date (mm-dd-yyyy) (if pending, not applicable)2	**yyyy-mm-dd**	If the National Review Centre (HQ) made the decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates.
AS	HQ Decision Time (If pending: Not applicable) (hh:mm)	Decision Time (hh:mm)	**hh:mm**	If the National Review Centre (HQ) made the decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones.
AT	HQ Decision Date and Time	Not in 2017-18	**yyyy-mm-dd hh:mm**	Calculated field used in the calculation of compliance rates: "=TEXT([@[HQ Decision Date (If pending: Not applicable) (yyyy-mm-dd)]],"yyyy-mm-dd ")&TEXT([@[HQ Decision Time (If pending: Not applicable) (hh:mm)]]," hh:mm")"
AU	HQ Total funding Amount Approved ($)		**Dollar Amount ($)**	The total amount approved by the National Review Centre (HQ) for the product or service.
AV	HQ/Escalation Comments	Decision - details (rationale) 4	**Text**	Open text field for the National Review Centre (HQ) to include comments and notes related to the request.
AW	HQ Date of Response to Region (yyyy-mm-dd)	Date of response to region (mm-dd-yyyy)	**yyyy-mm-dd**	If the National Review Centre (HQ) made the decision, the date that the decision was communicated to the regional focal point.
AX	HQ Time of Response to Region (hh:mm) 24 hr clock	Time of response to region (hh:mm) 24 hr clock	**hh:mm**	If the National Review Centre (HQ) made the decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones.
AY	APPEAL Date Received (yyyy-mm-dd)	Not in 2017-18	**yyyy-mm-dd**	If the request was appealed, this is the date the appeal occurred.
AZ	APPEAL Time Received (hh:mm)	Not in 2017-18	**hh:mm**	If the request was appealed, this is the time that the appeal occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones.
BA	APPEAL Decision (Denial Upheld or Approved (Denial Overturned)	Not in 2017-18	**Denial Upheld** **Approved (Denial Overturned)**	What was the decision of the appeal on each product and service requested? A decision may be: Denial Upheld Approved (Denial Overturned)
BB	APPEAL Decision Rationale	Not in 2017-18	**Text**	Rationale for the decision for the request.
BC	APPEAL Decision Date (If pending: Not applicable) (yyyy-mm-dd)	Not in 2017-18	**yyyy-mm-dd**	If the appeal resulted in a decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates.
BD	APPEAL Decision Time (If pending: Not applicable) (hh:mm)	Not in 2017-18	**hh:mm**	If the appeal resulted in a decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones.
BE	APPEAL Total funding Amount Approved ($)		**Dollar Amount ($)**	The total amount approved for the product or service.
BF	APPEAL Comments	Not in 2017-18	**Text**	Open text field for comments related to the appeal.
BG	APPEAL Date of Response to Region (yyyy-mm-dd)	Not in 2017-18	**yyyy-mm-dd**	If the appeal resulted in a decision, the date that the decision was communicated to the regional focal point.
BH	APPEAL Time of Response to Region (hh:mm) 24 hr clock	Not in 2017-18	**hh:mm**	If the appeal resulted in a decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones.
BI	Time Difference	# of days	**hh:mm**	Calculated field used in the calculation of compliance rates: "=[@[RO Decision Date and Time]]-[@[Date and Time Received]]" or "=[@[HQ Decision Date and Time]]-[@[Date and Time Received]]", depending on if the decision was made at the regional focal point or at HQ
BJ	Compliance	service standard	**OVER** **WITHIN**	Calculated field to indicate whether the response is over or within compliance timelines: "=IF([@[Time Difference]]>VALUE("48:00"),"OVER","WITHIN")" or "=IF([@[Time Difference]]>VALUE("12:00"),"OVER","WITHIN")", based on the urgency of the request.

Appendix R6. Jordan's Principle Data Tracker 2017-18 U of T – Group

Source: Unmodified information from ISC staff

Original data field specification

Yellow =	Same data field name used in 2017-18
Orange =	Data field name different in 2017-18 but served the same/similar purpose
Red =	Data field is not at all present in 2017-19

Column #	Data Field	Comparable Data Field in 2017-18	Response options	Description*
A	Region	Region	**Atlantic** **Quebec** **Ontario** **Manitoba** **Saskatchewan** **Alberta** **British Columbia** **Northern**	FNIHB or ESDPP Regional office.
B	Province or Territory	Province / Territory	**AB** **BC** **MB** **NB** **NL** **NS** **NT** **NU** **ON** **PE** **QC** **SK** **YT**	Two character provincial code.
C	Contribution Agreement #	Agreement #	**Text**	Agreements will be given a contract number or a contribution agreement number and an amendment number.
D	Request ID # (For Inuit, add IT to Request ID #)	Not in 2017-18	**XX-XX-#####**	Identifying number generated to uniquely identify each client. This number includes the department (2-3 character, HC/ISC) - Region (2-3 character, ATL, QC, ON, MB, SK, AB, BC, NT) - Unique 4-5 digit number (as required). For example, HC-AB-12345. IT indicates a request for Inuit children.
E	Community or Organization Name	Community/organization Name	**Text**	The name of the organization or community that has made the application for funding.
F	Regional Date of Initial Contact (yyyy-mm-dd)	Date received	**yyyy-mm-dd**	Date that the focal point is contacted by the client. This contact could be via phone, email, fax or lettermail. For fax and lettermail, this column records the date the focal point receives the letter. This information is used to document when the region receives a request from a client.
G	Regional Time of Initial Contact (hh:mm) 24 hr clock	Time proposal received	**hh:mm**	This column records the time at which the focal point receives the request. The following format hh:mm in a 24-hour clock is used. If an application is received by fax, the time that is printed on the fax is used and if no time is printed, it's the time the focal point receives the fax. If the request is received by lettermail, the time the focal point receives the letter is recorded in this column. This information is used to calculate the time required to adjudicate the application. All times are entered according to their own time zones.
H	Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd)	Not in 2017-18	**yyyy-mm-dd**	Date that the focal point has received sufficient information about the request in order to make a decision. This includes elements such as client information (age, First Nations status, etc.) and clinical details to support the request (e.g. clinical assessment). This information establishes the initial point in time to calculate the duration needed to evaluate and determine an application. It allows for the calculation of compliance rates.
I	Time Region Receives Sufficient Information to Assess Request (hh:mm) 24 hr clock	Not in 2017-18	**hh:mm**	This is the time the focal point receives all relevant information to sufficiently evaluate and determine the request. The time uses the following format hh:mm using a 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones.
J	Estimated # of Children	Estimated # of Children	**Number**	The estimated number of children identified by the organization or community that will benefit from the product or services requested.
K	Urgency (Non-urgent [7 days] or Urgent [48 hrs])	Not in 2017-18	**Not Urgent** **Urgent**	The initial assessment of the focal point that this application is urgent or not urgent. Requests that are related to a situation that may impact the safety and/or security of the child and/or family, or where there is a risk of irremediable harm, must be dealt with urgently. According to Canadian Human Rights Tribunal decisions, applications deemed urgent are to be addressed within 48 hours and applications deemed not urgent are to be addressed within 7 days. This variable is used to calculate compliance rates.

Appendix R6. Jordan's Principle Data Tracker 2017-18 U of T – Group *(continued)*

Original data field specification

Yellow =	Same data field name used in 2017-18
Orange =	Data field name different in 2017-18 but served the same/similar purpose
Red =	Data field is not at all present in 2017-19

Column #	Data Field	Comparable Data Field in 2017-18	Response options	Description*
L	Product, Support or Service Requested (List each product or service as a separate line item if the client has more than one)	Product/ support/ service requested	**Text**	The specific product, support, or service that has been requested in the application.
M	Types of Services	Type of Request	**Category (as listed separately in the 'Categories-Group' tab)**	To ensure consistency in reporting, the type of product or service requested was categorized. A published list of reporting categories is available and provides examples of the types of products and services included.
N	Does Product, Support or Service Meet Normative Standard? (Beyond or Within)	Does product/ support/ service meet normative standard? (Above/ Within/ Below)	**Beyond** **Within**	Is this product or service consistent with the provincial normative standard of care?
O	Is the request covered under an existing HC or INAC Contribution Agreement (No or Yes)	Is the request covered under an existing HC/INAC Contribution Agreement (Yes/No)	**No** **Yes**	Indicate whether the product or service that has been requested has been previously negotiated with Health Canada or INAC and is already covered under an existing agreement.
P	If yes, is the program CA in program deficit? (No or Yes)	If yes, is the program CA in program deficit? (Yes/No)	**No** **Yes**	If the product or service is already covered under an existing agreement, is that agreement in deficit? (i.e. are there insufficient funds available to meet the needs of the community).
Q	INUIT ONLY: Is Consultation Required? (Yes or No)		**On** **Off**	Whether consultation is required for the request related to Inuit children.
R	INUIT ONLY: Consultation (Examples: LCO, Medical, Social or Educational Professional, HQ, Provincial or Territorial Government)		**Text**	If a consultation is required for the request related to Inuit children, this field describes who should be consulted.
S	INUIT ONLY: If Consulted, Please Provide Reason for Consultation		**Text**	If a consultation is required for the request related to Inuit children, this field provides the reason for consultation
T	INUIT ONLY: Date Shared with LCO (yyyy-mm-dd)		**yyyy-mm-dd**	Date request is shared with an Inuit Land Claim Organization (LCO)
U	INUIT ONLY: LCO Decision (Recommended for Approval or Recommended for Denial)		**Recommended for Approval** **Recommended for Denial**	Decision of the Inuit Land Claim Organization (LCO). A decision may be: Recommended for Approval Recommended for Denial
V	Estimated Cost ($)		**Dollar Amount ($)**	What is the estimated cost of the product or service? What is the amount of funding that has been requested by the organization or community?
W	Regional Decision (Approved, Cancelled, Escalated, Pending a decision, Pending more information, or Referred to existing program [please state which program], Suspended)	Decision (Approved/ Denied/ Escalated to National Review Centre/ Referred to existing program if so which /Pending)	**Approved** **Denied** **Escalated** **Pending a decision** **Pending more information** **Referred to Existing Program [please state which program]** **Suspended**	What was the decision of the focal point on each product and service requested? A decision may be: Approved Denied Escalated (focal point forwards the request to the Jordan's Principle National Review Centre (HQ) for decision with the information required for decision making. This response is not changed when the HQ makes a decision. Rather, the HQ decision is recorded in the "HQ Decision" column(s)) Pending a decision Pending more information Referred to an existing program (focal point recognizes that the requested service is eligible under an existing FNIHB or ESDPP program and refers the request there for processing - which program (e.g. NIHB, Special Education) is inserted into the "Comments" column.)

Appendix R6. Jordan's Principle Data Tracker 2017-18 U of T – Group *(continued)*

Original data field specification

Yellow =	Same data field name used in 2017-18
Orange =	Data field name different in 2017-18 but served the same/similar purpose
Red =	Data field is not at all present in 2017-19

Column #	Data Field	Comparable Data Field in 2017-18	Response options	Description*
X	Decision Rationale	Not in 2017-18	**Numeric code** **OR** **Text**	Rationale for the decision for a request. A numeric code from 1 to 15 (see 'Decision Rationales' tab for explanation of numeric code). OR Best interest: Yes/No, Culturally Appropriate: Yes/No, Normative Standard: Above/Within, Substantive Equality: yes/No, Eligibility: Eligible/Ineligible/Not Assessed/Empty
Y	Decision Date (If pending: not applicable) (yyyy-mm-dd)	Decision Date	**yyyy-mm-dd**	Date that the decision is made by the focal point. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates.
Z	Decision Time (If pending: not applicable) (hh:mm) 24 hr clock	Time (hh:mm)	**hh:mm**	Time at which the decision is made by the focal point. The format used for the time is hh:mm in 24-hour clock. This information is used to calculate the time required to evaluate and determine the application. It allows for the calculation of compliance rates. All times are entered according to their own time zones.
AA	Total Funding Amount Approved ($)	Total Funding Amount Approved	**Dollar Amount ($)**	The total amount approved for the product or service. Note this may differ from the amount requested, and is used to reconcile budget transfer and assess actual approved funding.
AB	Comments	Decision - details (includes details of referral to other programs such as NIHB, etc.)	**Text**	Focal point to insert details or rationale for the decision for any group request.
AC	Date of Response to Requestor (yyyy-mm-dd)	Date of Response to Requestor	**yyyy-mm-dd**	Date that the focal point communicates decision to the requestor.
AD	Time of Response to Requestor (hh:mm) 24 hr clock	Time of response to requestor (hh:mm)	**hh:mm**	Time that the focal point communicates decision to the requestor. The format used for the time is hh:mm in 24-hour clock. All times are entered according to their own time zones.
AE	HQ Date Received (yyyy-mm-dd)	Not in 2017-18	**yyyy-mm-dd**	If the request was escalated to the National Review Centre (HQ) this is the date the escalation occurred.
AF	HQ Time Received (hh:mm)	Not in 2017-18	**hh:mm**	If the request was escalated to the National Review Centre (HQ) this is the time that the escalation occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones.
AG	HQ Decision (Approved, Cancelled, Denied, Pending a decision, Pending more information, Referred to existing program [please state which program], Rescinded, or Suspended)	Not in 2017-18	**Approved** **Denied** **Referred to existing program if so, which** **Pending more information** **Pending a decision** **Cancelled** **Suspended**	What was the decision of the National Review Centre (HQ) on each product and service requested? A decision may be: Approved Denied Referred to an existing program - the program to which they are referred (e.g. NIHB, Special Education) is listed in the "HQ Decision - details" column Pending more information Pending a decision Cancelled Suspended
AH	HQ Decision Rationale	Not in 2017-18	**Numeric Code** **OR** **Text**	The National Review Centre (HQ) to insert rationale for the decision for any request. A numeric code from 1 to 15 (see 'Decision Rationales' tab for explanation of numeric code). OR Best interest: Yes/No, Culturally Appropriate: Yes/No, Normative Standard: Above/Within, Substantive Equality: yes/No, Eligibility: Eligible/Ineligible/Not Assessed/Empty
AI	HQ Decision Date (If pending: not applicable) (yyyy-mm-dd)	Not in 2017-18	**yyyy-mm-dd**	If the National Review Centre (HQ) made the decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates.
AJ	HQ Decision Time (If pending: not applicable) (hh:mm)	Not in 2017-18	**hh:mm**	If the National Review Centre (HQ) made the decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones.
AK	HQ Total funding Amount Approved ($)		**Dollar Amount ($)**	The total amount approved by the National Review Centre (HQ) for the product or service.
AL	HQ Comments	Not in 2017-18	**Text**	The National Review Centre (HQ) to insert rationale for the decision for any individual request.
AM	HQ Date of Response to Region (yyyy-mm-dd)	Not in 2017-18	**yyyy-mm-dd**	If the National Review Centre (HQ) made the decision, the date that the decision was communicated to the regional focal point.
AN	HQ Time of Response to Region (hh:mm) 24 hr clock	Not in 2017-18	**hh:mm**	If the National Review Centre (HQ) made the decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones.

Appendix R6. Jordan's Principle Data Tracker 2017-18 U of T – Group *(continued)*

Original data field specification

Yellow =	Same data field name used in 2017-18
Orange =	Data field name different in 2017-18 but served the same/similar purpose
Red =	Data field is not at all present in 2017-19

Column #	Data Field	Comparable Data Field in 2017-18	Response options	Description*
AO	APPEAL Date Received (yyyy-mm-dd)	Not in 2017-18	**yyyy-mm-dd**	If the request was appealed, this is the date the appeal occurred.
AP	APPEAL Time Received (hh:mm)	Not in 2017-18	**hh:mm**	If the request was appealed, this is the time that the appeal occurred in the format hh:mm in 24-hour clock. All times are entered according to their own time zones.
AQ	APPEAL Decision (Denial Upheld or Approved (Denial Overturned)	Not in 2017-18	**Denial Upheld** **Approved (Denial Overturned)**	What was the decision of the appeal on each product and service requested? A decision may be: Denial Upheld Approved (Denial Overturned)
AR	APPEAL Decision Rationale	Not in 2017-18	**Text**	Rationale for the decision for the request.
AS	APPEAL Decision Date (If pending: not applicable) (yyyy-mm-dd)	Not in 2017-18	**yyyy-mm-dd**	If the appeal resulted in a decision, this represents the date that the decision was made. This variable is used in the calculation of compliance rates.
AT	APPEAL Decision Time (If pending: not applicable) (hh:mm)	Not in 2017-18	**hh:mm**	If the appeal resulted in a decision, this column records the time that the decision was made in the format of hh:mm in 24-hour clock. This variable is used in the calculation of compliance rates. All times are entered according to their own time zones.
AU	APPEAL Total funding Amount Approved ($)		**Dollar Amount ($)**	The total amount approved for the product or service.
AV	APPEAL Comments	Not in 2017-18	**Text**	Comments for the decision for the request.
AW	APPEAL Date of Response to Region (yyyy-mm-dd)	Not in 2017-18	**yyyy-mm-dd**	If the appeal resulted in a decision, the date that the decision was communicated to the regional focal point.
AX	APPEAL Time of Response to Region (hh:mm) 24 hr clock	Not in 2017-18	**hh:mm**	If the appeal resulted in a decision, the time that the decision was communicated to the regional focal point. All times are entered according to their own time zones.
AY	Time Difference	# of days	**hh:mm**	Calculated field used in the calculation of compliance rates: "=[@[Decision Date (If pending: not applicable) (yyyy-mm-dd)]]-[@[Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd)]]" or "=[@[HQ Decision Date (If pending: not applicable) (yyyy-mm-dd)]]-[@[Date Region Receives Sufficient Information to Assess Request (yyyy-mm-dd)]]", depending on if the decision was made at the regional focal point or at HQ
AZ	COMPLIANCE	Service standard	**OVER** **WITHIN**	Calculated field to indicate whether the response is over or within compliance timelines: "=IF([@[Time Difference]]>2,"OVER","WITHIN")" or "=IF([@[Time Difference]]>7,"OVER","WITHIN")", based on the urgency of the request.

Appendix S. Overview of Availability of Data Related to Jordan's Principle Individual and Group Requests in FY 2017-2018

The data dictionary for individual and group Jordan's Principle requests in FY 2017-2018 is available in Appendix Q. Appendix R provides information on the completeness and validity of these variables in FY 2017-2018. Using these documents, the project team has summarized the availability and gaps in data held at ISC regarding Jordan's Principle requests in FY 2017-2018 as they relate to the CHRT Jordan's Principle compensation categories in the table below.

Table S.1 Availability of data related to Jordan's Principle requests in FY 2017-2018

Jordan's Principle requests at ISC – Review of data availability for individual and group requests in FY 2017-2018
Data system used: Excel spreadsheets

Type of information needed	Information of interest	Individual requests		Group requests		Summary Issues identified	
		Availability	Completeness	Availability	Completeness	Individual requests	Group requests
Can the child be identified?	Child Name (Family Name, Given Name)	No, but proxy exists: the Child Unique Identifier[1]	Less than 1% missing	No[2]	N/A	Availability issue	Info. not available
	Child Date of Birth	Yes	Less than 3% missing	No	N/A	No issues identified	Info. not available
	Child Indian Registration Number	No	N/A	No	N/A	Info. not available	Info. not available
Is the child First Nations?	Child's First Nations identity	Partial: called First Nations Status[3]	Less than 5% missing	No	N/A	Applicability issue	Info. not available
Can the caregiver be identified?	Caregiver Name (Family Name, Given Name)	No	N/A	No	N/A	Info. not available	Info. not available
	Caregiver Indian Registration Number	No	N/A	No	N/A	Info. not available	Info. not available
Is the caregiver First Nations?	Caregiver's First Nations identity	No	N/A	No	N/A	Info. not available	Info. not available

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

1 It is not clear how the Unique Identifier has been generated or verified within the Region. Each Region has developed their own Unique Identifier format, which in some cases, is made up of personal identifiers such as an alpha-numeric code for region and DOB.
2 Only information on community/organization name and number of children for group requests.
3 **First Nations Status – response options:** Yes/No/Pending.

Appendix S. Overview of Availability of Data Related to Jordan's Principle Individual and Group Requests in FY 2017-2018 *(continued)*

Table S.1 Availability of data related to Jordan's Principle requests in FY 2017-2018 *(continued)*

Type of information needed	Information of interest	Individual requests		Group requests		Summary Issues identified	
		Availability	Completeness	Availability	Completeness	Individual requests	Group requests
Was the request approved?	Decision (Approved or Denied)	Yes[4]	Less than 1% missing	Yes	0% missing	No issues identified	No issues identified
	Was the product/ service delivered?	Yes	More than 88% missing	No	N/A	Significant completeness issue	Info. not available
Did the child obtain the service after an unreasonable delay?	Date request received	Yes	0% missing	Yes	0% missing	No issues identified	No issues identified
	Date region receives sufficient information to assess request	Yes	Approx 12% missing	No	N/A	Minor completeness issue	Info. not available
	Date of decision	Yes	Approx 11% missing	Yes	0% missing	Minor completeness issue	No issues identified
	Date of response	Yes	Approx 21% missing	Yes	Approx 21 % missing	Completeness issue	Completeness issue
	Date service was delivered	Yes	Approx 89% missing	No	N/A	Significant completeness issue	Info. not available

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

(continued on following page)

4 **Decision** – response options: Approved/ Denied/Escalated to National Review Centre/ Referred to existing program if so, which/ Pending

Appendix S. Overview of Availability of Data Related to Jordan's Principle Individual and Group Requests in FY 2017-2018 *(continued)*

Table S.1 Availability of data related to Jordan's Principle requests in FY 2017-2018 *(continued)*

Type of information needed	Information of interest	Individual requests		Group requests		Summary Issues identified	
		Availability	Completeness	Availability	Completeness	Individual requests	Group requests
Is there a difference between the approved and requested amount?	Approved amount	Yes, total funding amount approved	Info not provided	Yes, total funding amount approved	Less than 4% missing	No issues identified within info. provided	No issues identified
	Requested amount	Yes, total funding amount requested	Info not provided	Yes, estimated cost	Info not provided	No issues identified within info. provided	No issues identified within info. provided
Should the service be covered under Jordan's Principle as defined in *2017 CHRT 35* and *14*	Reason for application/ needs	Yes, as text	Less than 10% missing	No	N/A	Minor completeness issue	Info. not available
	Product/service/ support requested	Yes, as text	0 % missing	Yes, as text	Less than 3% missing	No issues identified	No issues identified
	Decision details (rationale)	Yes, as text	Approx. 40% missing	Yes, as text	Approx. 46% missing	Completeness issue	Completeness issue

Level of issue: None identified | None identified; some info not provided | Minor | Potential | Medium | Significant | No information available | Information not provided | Applicability issue

Appendix T. NIHB – Status Verification System – Data Dictionary

Source: Unmodified information from ISC staff

SVS_CLIENT

		9 CHAR long character sequence Starts with N, B, D or a number.			
CLIENT_ID	VARCHAR2(36)		PK		
DATE_OF_BIRTH	DATE	DD-MON-YYYY	1		
AGE	VARCHAR2(40)		1		
		M MALE F FEMALE			
SEX	VARCHAR2(4)	X UNDEFINED (Coming soon)	1	FK	
SURNAME	VARCHAR2(120)	30 char	1 TO MANY	Only one is current	
GIVEN_NAME	VARCHAR2(120)	30 char	1 TO MANY	Only one is current	
		1 ELIGIBLE 2 INELIGIBLE			
CURR_STAT	VARCHAR2(4)	3 DECEASED	1 TO MANY	Only one is current	
CURR_ELIG_DATE	DATE	DD-MON-YYYY	1 TO MANY	Only one is current	
		Provided at enrolment, rarely updated 02 ALBERTA 07 ATLANTIC 04 MANITOBA 09 N.W.T. 10 NUNAVUT 05 ONTARIO 01 PACIFIC 06 QUEBEC 03 SASKATCHEWAN			
REGION_CODE	VARCHAR2(8)	08 YUKON	1	FK	
CLIENT_TYPE	VARCHAR2(4)	1 = Indian, 2 = Inuit, 3 = Other	1	FK	
		Provided at enrolment, rarely updated 1 ON RESERVE OWN BAND 2 ON RESERVE OTHER BAND 3 ON CROWN LAND OWN BAND 4 ON CROWN LAND OTHER BAND 5 ON CROWN LAND NO BAND			
RESIDENCE	VARCHAR2(4)	6 OFF RESERVE	1	FK	
		001 AKWESASNE 003 NISGA'A VALLEY HEALTH BOARD 004 BIGSTONE			Based on Bands that have
PILOT_ID	VARCHAR2(12)	MSB	1	FK	Contribution Agreements.
		D DENTAL P PHARMACY V VISION M MEDICAL SUPPLIES AND EQUIPMENT T MEDICAL TRANSPORTATION			
PILOT_BEN	VARCHAR2(18)	C MENTAL HEALTH COUNSELLING	1 TO MANY	FK	
INDIAN_NUMBER	VARCHAR2(32)	8 digits Unique number generated and provided by Indian Registry System Sequence number 3 char	1		
BAND	VARCHAR2(12)	There are 635 bands. Only for First Nations clients, based on IRS band registry.	0 TO 1	FK	
DIAND_ID	VARCHAR2(40)	Only for First Nations clients.	0 TO MANY	FK	
		5 char sequence provided by Indian Registration Authority.			
FAMILY	VARCHAR2(20)	Only for First Nations clients.	0 TO 1		
		3 char sequence code representing Inuit communities.			
COMM_CODE	VARCHAR2(16)	Only for Inuits in NWT or Nunavut	0 TO 1	FK	
API	VARCHAR2(4)	Y or Null. Representing Bill C-3 legislation	0 TO 1		
		Innu Number - Associated with B numbers			
INNU_NUMBER	VARCHAR2(20)	Manual Additions	0 TO 1		
COMMENTS	VARCHAR2(4000)		0 TO 1		
ADDRESS_CITY	VARCHAR2(120)	Provided at registration, rarely updated	0 TO 1		
ADDRESS_STREET	VARCHAR2(120)	Provided at registration, rarely updated	0 TO 1		
		Provided at registration, rarely updated 01 P.E.I. 02 NOVA SCOTIA 03 NEW BRUNSWICK 04 QUEBEC 05 ONTARIO 06 MANITOBA 07 SASKATCHEWAN 08 ALBERTA 09 BRITISH COLUMBIA 10 NORTHWEST TERRITORIES 11 YUKON 12 NEWFOUNDLAND 13 OUTSIDE OF CANADA			
PROVINCE	VARCHAR2(8)	14 NUNAVUT	0 TO 1		
POSTAL_CODE	VARCHAR2(24)	Provided at registration, rarely updated	0 TO 1		
INSERT_DATE	VARCHAR2(56)	YYYYMMDDHHMMSS	1		
INSERT_ID	VARCHAR2(120)		1		
UPDATE_DATE	DATE	DD-MON-YYYY	0 TO 1		
UPDATE_ID	VARCHAR2(120)		0 TO 1		
CON_CLIENT_ID	VARCHAR2(36)		0 TO MANY		

Appendix T. NIHB – Status Verification System – Data Dictionary *(continued)*

SVS_CLIENT			
		MCIVOR OR DESCHENAUX (CURRENTLY	
CONSENT_IND	VARCHAR2(4)	HOSTING ONLY MCIVOR)	0 TO MANY
FNHA_STATUS	VARCHAR2(4)	IN EFFECT OR EXPIRED	0 TO MANY
FNHA_PROVINCE	VARCHAR2(2)	CURRENTLY HOSTING ONLY 09 BRITISH COLOMBIA	0 TO MANY
FNHA_EFF_DATE	DATE	DD-MON-YYYY	0 TO MANY
FNHA_EXPIRY_DATE	DATE	DD-MON-YYYY	0 TO MANY

SVS_NAME		
CLIENT_ID	VARCHAR2(9 CHAR)	
NAME_SEQUENCE	NUMBER(2,0)	
SURNAME	VARCHAR2(30 CHAR)	
GIVEN_NAME	VARCHAR2(30 CHAR)	
		1 INAC
		2 GNWT
		3 REGION
NAME_SOURCE	VARCHAR2(1 CHAR)	4 NUNAVUT
NAME_FLAG	VARCHAR2(1 CHAR)	Flag 1 = current record
INSERT_DATE	VARCHAR2(14 CHAR)	
INSERT_ID	VARCHAR2(30 CHAR)	
UPDATE_DATE	DATE	
UPDATE_ID	VARCHAR2(30 CHAR)	

SVS_APPROVAL_STATUS		Refers to Curr_stat and curr_elig_date fields
CLIENT_ID	VARCHAR2(9 CHAR)	
STATUS_SEQUENCE	NUMBER(2,0)	
STATUS_EFF_DATE	DATE	
AUTHORITY	VARCHAR2(30 CHAR)	1 INAC
		2 GNWT
		3 REGION
		4 NUNAVUT
REGION_CODE	VARCHAR2(2 CHAR)	
COMMENTS	VARCHAR2(80 CHAR)	
STATUS_TYPE	VARCHAR2(1 CHAR)	1 ELIGIBLE
		2 INELIGIBLE
		3 DECEASED
INSERT_DATE	VARCHAR2(14 CHAR)	
INSERT_ID	VARCHAR2(30 CHAR)	
UPDATE_DATE	DATE	
UPDATE_ID	VARCHAR2(30 CHAR)	

SVS_ALTERNATE_ID		
CLIENT_ID	VARCHAR2(9 CHAR)	
ALTERNATE_ID	VARCHAR2(10 CHAR)	Refers to DIAND numbers or other SVS CLIENT ID associated with a client
EFF_DATE	DATE	
EXP_DATE	DATE	
TYPE	VARCHAR2(2 CHAR)	02 INAC ID
		04 TRANSFERRED CLIENT ID
INSERT_DATE	VARCHAR2(14 CHAR)	
INSERT_ID	VARCHAR2(30 CHAR)	
UPDATE_DATE	DATE	
UPDATE_ID	VARCHAR2(30 CHAR)	

SVS_SERVICE_PLAN		
CLIENT_ID	VARCHAR2(9 CHAR)	
PLAN_TYPE	VARCHAR2(2 CHAR)	
PLAN_NUMBER	VARCHAR2(21 CHAR)	
		0 EXPIRED
PLAN_STATUS	VARCHAR2(1 CHAR)	1 IN EFFECT
PLAN_EFF_DATE	DATE	
PLAN_EXPIRY_DATE	DATE	
INSERT_DATE	VARCHAR2(14 CHAR)	
INSERT_ID	VARCHAR2(30 CHAR)	
UPDATE_DATE	DATE	
UPDATE_ID	VARCHAR2(30 CHAR)	

SVS_FNHA		
CLIENT_ID	VARCHAR2(9 CHAR)	
FNHA_SEQUENCE	NUMBER(1,0)	
FNHA_FLAG	NUMBER(1,0)	Flag 1 = current record
FNHA_PROVINCE	VARCHAR2(2 CHAR)	
		Y IN EFFECT
FNHA_STATUS	VARCHAR2(1 CHAR)	N EXPIRED
FNHA_EFF_DATE	DATE	
FNHA_EXPIRY_DATE	DATE	
FNHA_COMMENTS	VARCHAR2(200 CHAR)	
INSERT_DATE	VARCHAR2(14 CHAR)	
INSERT_ID	VARCHAR2(30 CHAR)	
UPDATE_DATE	DATE	
UPDATE_ID	VARCHAR2(30 CHAR)	

Appendix T. NIHB – Status Verification System – Data Dictionary *(continued)*

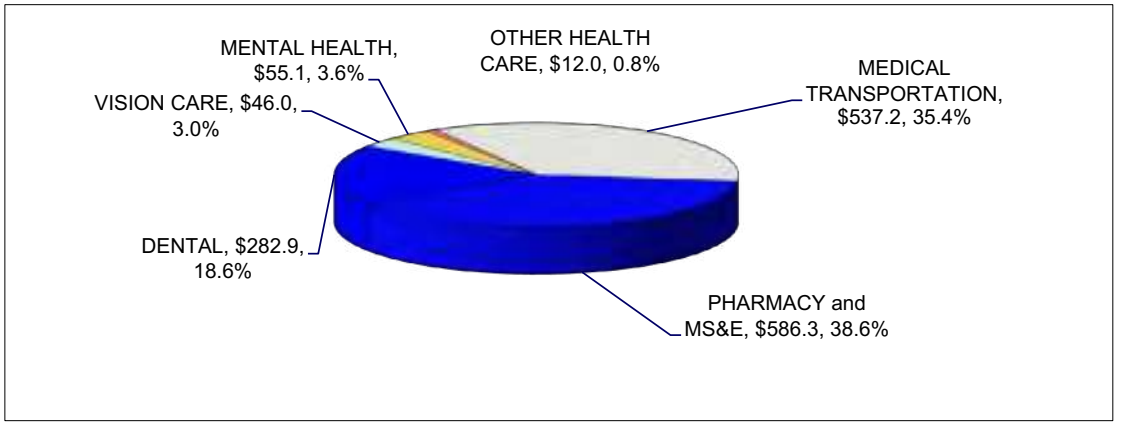
SVS_CLIENT		
SVS_CONSENT		Will eventually be renamed to CLIENT GROUP and will include both Mcivor and Deschenaux client groups
CLIENT_ID	VARCHAR2(9 CHAR)	
CONSENT_INDICATOR	VARCHAR2(1 CHAR)	
SYSTEM_DATE	DATE	
SVS_BAND		
BAND	VARCHAR2(3 CHAR)	
BAND_DESC	VARCHAR2(80 CHAR)	
REGION_CODE	VARCHAR2(2 CHAR)	
PROVINCE	VARCHAR2(2 CHAR)	
SVS_COMMUNITY		
COMM_CODE	VARCHAR2(4 CHAR)	
COMM_TYPE	VARCHAR2(2 CHAR)	
COMM_DESC	VARCHAR2(30 CHAR)	
SVS_REGION		
1	PACIFIC	
2	ALBERTA	
3	SASKATCHEWAN	
4	MANITOBA	
5	ONTARIO	
6	QUEBEC	
7	ATLANTIC	
8	YUKON	
9	N.W.T.	
10	NUNAVUT	
SVS_PROVINCE		
1	P.E.I.	
2	NOVA SCOTIA	
3	NEW BRUNSWICK	
4	QUEBEC	
5	ONTARIO	
6	MANITOBA	
7	SASKATCHEWAN	
8	ALBERTA	
9	BRITISH COLUMBIA	
10	NORTHWEST TERRITORIES	
11	YUKON	
12	NEWFOUNDLAND	
13	OUTSIDE OF CANADA	
14	NUNAVUT	

Appendix U. NIHB – Uses and Limitations

Source: Unmodified information from ISC staff

Non-Insured Health Benefits

- The Non-Insured Health Benefits (NIHB) Program provides registered First Nations and recognized Inuit with coverage for a range of medically necessary health benefits including prescription drugs and over-the-counter medications, dental and vision care, medical supplies and equipment, mental health counselling, and transportation to access medically required health services that are not available on reserve or in the community of residence.
- During the 2019/20 Fiscal Year, NIHB provided access to benefits coverage to 887,518 eligible clients.
- Total NIHB program benefit expenditures in this period were $1,519.5 million.



2 ISC INDIGENOUS SERVICES CANADA

NIHB Data Collection

- The NIHB program makes use of data collected and stored in a variety of databases and automated systems to facilitate program management, policy development, reporting and communications activities.
- Data collected and utilized by the NIHB program is administrative in nature and falls into two categories:
  - Reference (e.g., population data, pricing lists, etc.)
  - Transactional (requests adjudicated by a claims processing system according to automated or pre-established business rules)

- Population Data: drawn from the Status Verification System.
  - Population data on First Nations clients are based on information provided by Crown-Indigenous Relations and Northern Affairs Canada (CIRNA).
  - Data on Inuit clients are based on information provided by the Governments of the Northwest Territories and Nunavut, and Inuit organizations including the Inuvialuit Regional Corporation, Nunavut Tunngavik Incorporated and the Makivik Corporation.

3 ISC INDIGENOUS SERVICES CANADA

NIHB Data Collection (Transactional Data)

- A number of automated information management systems are used to process and pay claims in accordance with NIHB client/benefit eligibility and pricing policies.

- Claims for the NIHB pharmacy, dental, medical supplies and equipment, vision care and mental health counselling benefits are processed via the Health Information and Claims Processing Services (HICPS) system.
  - In 2019/20 a total of 29,229,020 claim lines were processed through HICPS
  - Claim lines are an administrative unit of measure as opposed to a health care unit of measure and represent a transaction in the claims processing system.
  - Prior to June 2020, Vision Care and Mental Health Counselling benefits were administered via various regionally managed systems.

- Medical Transportation data are collected through several electronic systems, including the Medical Transportation Reporting System (MTRS) through which operational data at the regional level are tracked.

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ISC INDIGENOUS SERVICES CANADA

NIHB Data: Uses

The administrative data collected by NIHB is used in the adjudication of benefit requests, as well as to facilitate other program management activities, including:

- development of public facing communication products, including the NIHB Annual Report
- development and implementation of client safety initiatives
- financial analysis to support forecasting and policy development
- departmental reporting
- responding to Access to Information requests
- evaluation and monitoring activities, including those to ensure efficacy and effectiveness of program processes and to determine impacts of policy changes
- negotiation and administration of Product Listing Agreements and other activities to ensure program sustainability
- supporting Indigenous Partners
- contract monitoring

5 ISC INDIGENOUS SERVICES CANADA

NIHB Data: Limitations

Use of NIHB data is limited by several factors, including:

- NIHB data does not contain information on residency (client addresses)
  - Individuals are associated with the band to which they are registered or the land claim organization under which they are recognized
- A significant proportion of NIHB benefits are delivered in community under contribution agreements or other transfer arrangements
  - Data on services delivered in this manner are not collected or maintained by NIHB
  - Services delivered in this manner represent approximately 20% of NIHB expenditures
- Some NIHB benefits are provided through contracts with service providers (e.g., dentists, mental health councillors, etc.)
  - Service level data are not maintained for most for these arrangements
- NIHB data is administrative in nature
  - Requests go through several stages of adjudication and can be stopped (or "denied") for various reasons, including incorrect or missing information

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ISC INDIGENOUS SERVICES CANADA

NIHB Data: Limitations

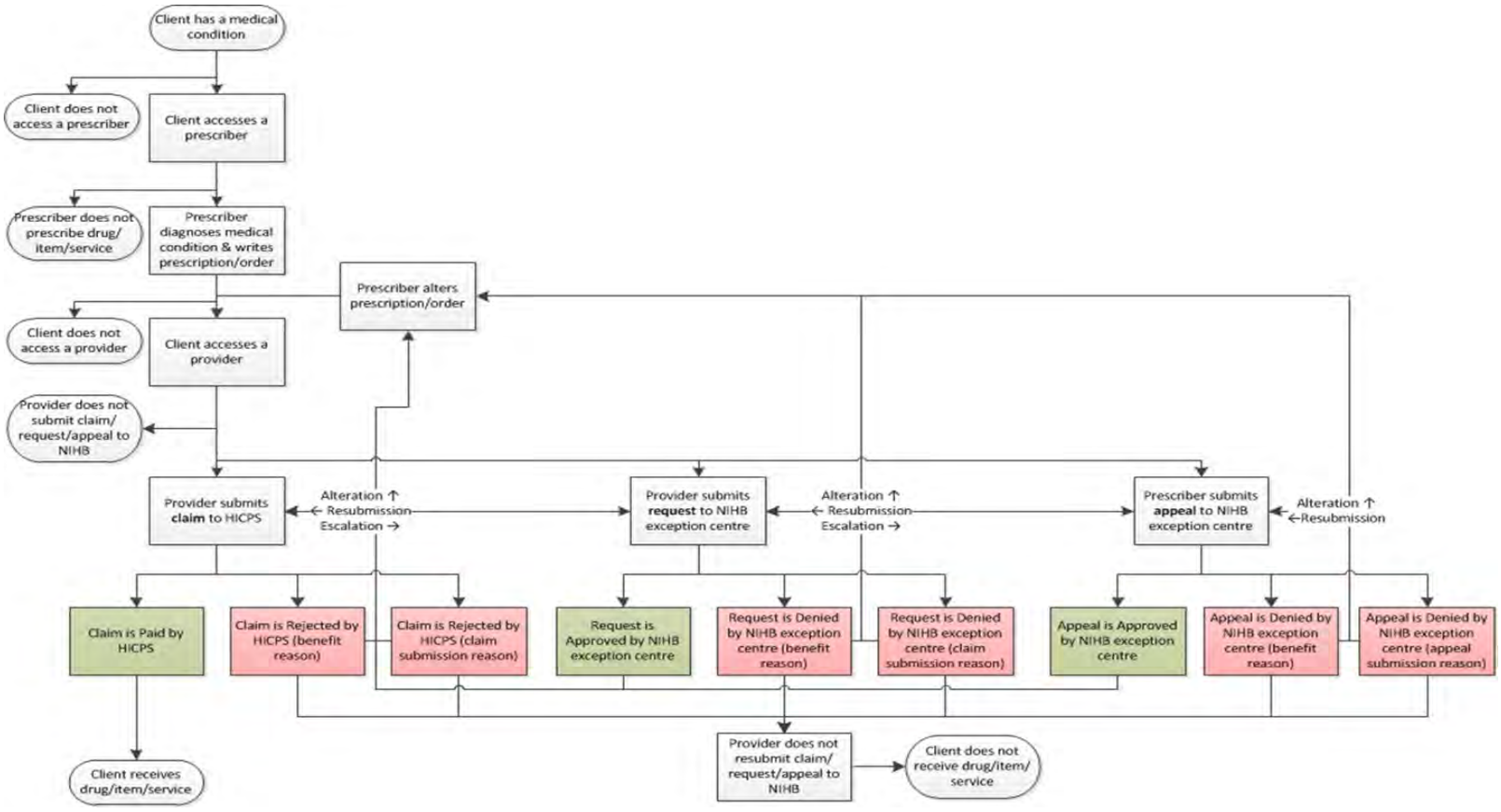
Given its inherent limitations, NIHB data should and/or can not be used:

- To make determinations as to an individual or population's residency
  - Reporting by P/T of registration or provider location only
- As an absolute value for benefit or treatment access or uptake
  - Utilization underrepresented as claim expenditures covered by P/T plans, provincially funded programs, public or private insurance or cash transactions and data for services provided in Nursing Homes and under contribution or transfer agreements not included
- As a measure of disease prevalence
  - Data is limited to claims paid by NIHB only
  - Medications often have multiple indications
- To determine benefit approval rates
  - Claims may be rejected for administrative reasons
  - Rejected claims may have been subsequently approved for the same item/procedure, a similar item/procedure, or once a quantity-frequency limit has reset

7 ISC INDIGENOUS SERVICES CANADA

Appendix U. NIHB – Uses and Limitations *(continued)*

Annex A:
Claim Life Cycle - Complexity and Data Collection



Appendix V. NIHB - HICPS Pharmacy, MS&E, Dental – Data Definitions

This appendix was removed for confidentiality.

Appendix W. NIHB – HICPS Error Codes

This appendix was removed for confidentiality.

Appendix X. NIHB – Information on Historical Data Systems Used by Regions for Medical Transportation

Source: Unmodified information from ISC staff

Information on the three regions that, historically, did not utilize the national MTRS system for administration of the Medical Transportation benefit is below:

Manitoba:

- Have used MTRS for operational and non-emergency travel since MTRS developed
- Used FoxPro to track land and air ambulance travel between 2004 and 2014
    - A subset of the FoxPro data has been downloaded to the Medical Transportation Data Store
    - Aggregate data from FoxPro is also available in SiA

Ontario:

- Utilized a regionally developed and maintained system, the Ontario Medical Transportation System (OMTS), for the administration of Medical Transportation benefits from between 2006 and 2013 (depending on the Ontario Region Zone) and late 2016
    - While OMTS has been decommissioned, most of the data it contained has been stored in a data warehouse and can be accessed via ISC IT services
    - A subset of the OMTS data has also been downloaded to the Medical Transportation Data Store

Alberta:

- Utilized a regionally developed and maintained system, the Medical Transportation Reporting Database (MTRD), between 2005 and late 2019
    - MTRD data is stored, and can be accessed, through SiA
    - A subset of the MTRD data has also been downloaded to the Medical Transportation Data Store
- Used FoxPro to track land and air ambulance travel between 2004 and 2014
    - A subset of the FoxPro data has been downloaded to the Medical Transportation Data Store
    - Aggregate data from FoxPro is also available in SiA

Northwest Territories and Nunavut have their own systems that are used to manage the Medical Transportation Benefit.

- Data from these systems can be requested from the Territorial Governments.

Appendix Y. NIHB – Medical Transportation Data Reporting

Source: Unmodified information from ISC staff

Medical Transportation Data Reporting

Indigenous Services Canada | Services aux Autochtones Canada

Canada

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

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Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

Overview

The Non-Insured Health Benefits (NIHB) program provides registered First Nations and recognized Inuit with coverage for a range of medically necessary health benefits including prescription drugs and over-the-counter (OTC) medications, dental and vision care, medical supplies and equipment, mental health counselling and transportation to access medically required health services that are not available on reserve or in the community of residence.

The First Nations and Inuit and Health Branch's (FNIHB) current Medical Transportation (MT) benefit processing system, the Medical Transportation Records System (MTRS), is a national, real-time, bilingual (French and English), web-based application used by NIHB regions and their partners to facilitate MT benefit delivery, payment, and the management of MT data.

The following primary MTRS subject areas can be reported on:

- Travel Authorizations
- Vouchers
- Invoices
- Appointments
- Patients

Definitions

Each subject area contains measures and attributes.

Measures

A measure is an indicator that is quantifiable such as an amount of time, the number of appointments or a cost. Measures for each of the subject areas noted above and their related business definitions / limitations are listed in the tables below.

Attributes

Attributes are the data elements needed in the information repository for reporting and analysis purposes. These data elements can be used as content in an analysis or report. They may also be used to sort, filter, summarize, or group the information in an analysis or report.

Travel Authorizations

A Travel Authorization (TA) is a request for MT benefits entered into MTRS which includes at least one appointment and any service vouchers required for the particular trip. A TA is the core of the MTRS system and defines all of the appointments, participants, estimated costs and actual costs associated with a defined medical transportation request.

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

Travel Authorization Measures

Measure Name	Definition	Data Considerations
Count of Travel Authorizations	The number of TAs	A TA can be a single round trip, a single one-way trip or several trips combined
Count of Appointments	The number of appointments	May not include all appointments attended by the client as only appointments covered by the NIHB MT benefit are reported
Count of Clients	The number of clients	May exclude infants
Count of Escorts	The number of medical and/or non-medical escorts	
Count of Vouchers	The number of vouchers. A voucher can be for Transportation, Accommodation or Meals for one or more individuals (i.e. an escort can have a separate voucher or be included in the same voucher as the client)	A transportation voucher can be a ticket for a one-way flight or a round trip flight for one or more individuals. An accommodation voucher can include a stay at an accommodation for one or more individuals. A meals voucher can include all the meals for one or more individuals.
Costs Each TA may have one or more estimates for any of the following cost areas: accommodation, meals and transportation. Costs may be a mix of estimates and actuals and include the costs of escorts.		
Total Accommodation Estimate	Total accommodation cost estimate	Accommodation costs may include meal costs
Total Transportation Estimate	Total transportation cost estimate	
Total Meal Estimate	Total meal cost estimate	
Grand Total Estimate	Total estimate cost	
Grand Total Paid	Total paid cost	May not include all paid travel
Grand Total Invoiced	Total invoiced cost	May not include all invoices

Travel Authorization Attributes

TAs may be selected based on one or more of the following.

Attribute name	Definition	Data Considerations
Travel Authorization Number	Unique computer generated identifier	
TA Creation Date	Date TA was created	

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

Attribute name	Definition	Data Considerations
TA Start Date	Earliest recorded date within a TA (can be appointment date or voucher date)	
TA End Date	Latest recorded date within a TA (can be the appointment or voucher date)	Interpreted as the last day of travel
TA Status	Status of a TA: Approved, Cancelled, Completed, No Show, Pending, Rejected, Travel NS	TAs that are Approved, Completed, or Pending are considered completed
TA Origin	The region/city/community of departure	The TA origin does not necessarily represent the region/city/community of residence
TA Destination	The destination region/city/community of the patient	The TA destination does not necessarily represent the location of the service provider or the health service
Authorizing Region	Region that authorized the MT trip	The authorizing region does not necessarily represent the region of residence. Travel may be authorized by more than one region (i.e. cross-provincial travel). In these cases, the departing origin is selected for the purposes of the analysis.
TA Escort Reason	Reason client required to be accompanied during travel • Age restriction • Behavior • Care instructions required • Dependability • Language barrier/interpreter • Legal consent required • Medically incapacitated • Medically incompetent • Other • Personal Suitability • Physical/mental disability • Second Escort required (Exception)	
Jordan's Principle Indicator	Yes/No/Shared Indicator	Some Jordan's Principle travel may still be recorded as NIHB travel as the indicator was not available in the system at the time
Contribution Agreement Indicator	Yes/No/Shared Indicator	Some contribution agreement data may be recorded as operational data
Wheelchair Indicator	Yes/No Indicator	

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

Vouchers

A voucher is an electronic or physical paper issued to clients to deliver to service providers for the purpose of communicating Canada's commitment to pay for the client's incurred expenses.
One or more vouchers may be related with a single TA. A voucher can also be related to one or more travellers (client, escorts). Voucher analysis can be related to all Travel Authorization attributes.

Voucher Measures

Measure name	Definition	Data Considerations
Estimated Cost – Sub Total	Estimated cost before taxes	
Estimated Cost - Total	Total estimated cost	
Estimated Cost – Total Taxes	Total estimated tax	
Paid Total	Total paid cost	May not include all paid travel
Invoiced Total	Total invoice cost	May not include all invoices
Total Accommodation Estimate	Total accommodation cost estimate	Accommodation costs may include meal costs
Total Transportation Estimate	Total transportation cost estimate	
Total Meal Estimate	Total meal cost estimate	

Voucher Attributes

Attribute name	Definition	Data Considerations
Voucher Type	A voucher can be for Accommodation, Transportation, or Meals	A transportation voucher can be a ticket for a one-way flight or a round trip flight for one or more individuals. An accommodation voucher can include a stay at an accommodation for one or more individuals. A meals voucher can include all the meals for one or more individuals.
Service Type	**Meals:** Breakfast, Lunch, Dinner, Full Day Meal, Extra Meal and General Meal **Accommodation:** Apartment, Boarding Home, Day Room, Double Occupant, Kitchenette, Private Accommodation, Single Occupant and Suite **Transportation:** Air Ambulance, Boat, Chartered Bus, Chartered Flight, Ground Ambulance, Medical Van, Private Vehicle, Professional Vehicle, Scheduled Bus, Scheduled Flight, Taxi and Train	

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

Attribute name	Definition	Data Considerations
Voucher Number	Unique computer generated identifier	
Voucher Start Date	Start date of service depending on voucher type • Transportation Voucher: Departure Date • Accommodation Voucher: Check-In Date • Meal Voucher: Start Date	
Voucher End Date	End date of service depending on voucher type • Transportation Voucher: Return Date • Accommodation Voucher: Check-Out Date • Meal Voucher: End Date	
Status	Status of a Voucher: Cancelled, Paid, Pending, Reconciled, Rejected	Vouchers that are Paid, Pending or Reconciled are considered completed
Quantity	Quantity depending on the voucher type: • Accommodations: Number of Nights • Meals: Number of Meals • Transportation: Distance	
Transportation Origin	The region/city/community of departure	
Transportation Destination	The region/city/community of destination	
Service Provider	Provider of service (i.e. Air Canada, Holiday Inn)	
Provider Address	Address of Provider	
Tax Province	Tax Province	
Jordan's Principle Indicator	Yes/No Indicator	Some Jordan's Principle travel may still be recorded as NIHB travel as the indicator was not available in the system at the time
Contribution Agreement Indicator	Yes/No Indicator	Some contribution agreement data may be recorded as operational data

Appointments

Each individual appointment is related to a single TA. There may be more than one appointment to a TA.
Values represent NIHB claim data entered in the Medical Transportation Record System (MTRS) and should not be interpreted as prevalence or incidence of treatment, disorder or disease.
May not include all appointments attended by client as only appointments covered by the NIHB MT benefit are reported.

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

Appointment Attributes

Attribute name	Definition	Data Considerations
Appointment Date	Date of the appointment	
Status	Status of an appointment: Approved, Cancelled, Completed, Missed, No Show, Pending, Rejected, Rescheduled	Appointments that are Approved, Completed and Pending are considered completed
Appointment Reason	Reason of the appointment • Cancer/Chemo/Radiation • Childbirth • Day Surgery • Dental • Detox • Diagnostic Test – Lab Work • Diagnostic Test – MRI • Diagnostic Test – Mammogram • Diagnostic Test – Other • Diagnostic Test – Scope • Diagnostic Test – Ultrasound - Prenatal • Diagnostic Test – Ultrasound - Other • Diagnostic Test – X-rays • Dialysis • Emergency Treatment • Hearing/Speech Test • Hospital Admission • Hospital Discharge • IRS-RHSP • Insured Service, not dialysis • MS&E • Mental Health • Methadone • NNADAP • Pandemic Reasons • Physiotherapy • Post-Operative Followup • Postnatal Care • Pre-Operative Visit • Prenatal Care • Scheduled Appointment • Specialist clinic • Suboxone • Telehealth • Traditional Healer • Vision Care	The appointment reason may not always represent the reason for travel as there may be multiple appointments in one TA. Many appointment reasons only contain the value of 'Scheduled Appointment'.
Medical Specialty	Specialty of the health provider or facility • Addiction	

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

Attribute name	Definition	Data Considerations
	• Allergist • Alternative Med. • Anaesthesiologist • Audiologist • Audioprosthetist • Cardiologist • Cardiovascular Surgeon • Chiropractor • Community Med. • Dentist • Denturist • Dermatologist • Diabetes • Dietitian/Dietician • ENT • Electrophysiology • Emergentologist • Endocrinologist • Endodontist • Gastroenterologist • Gen. Practitioner • Gen. Surgeon • Genetist • Geriatric Med. • Hematologist • Infectious Disease • Internist • Laboratory • Mental Health • Midwife • Nephrologist • Neurologist • Neurosurgeon • Nuclear Medicine • Nurse Practitioner • Obstetrics/Gynecology • Occupational Therapist • Ocularist • Oncologist • Opthalmologist • Optician • Optometrist • Oral Maxillofacial Surgeon • Oral Medicine • Oral Pathologist	

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

Attribute name	Definition	Data Considerations
	• Orthodontist • Orthopeadic Surgeon • Orthotist/Prosthetist • Paedodontist • Pathologist • Pediatrician • Periodontist • Physiatrist • Physiotherapist • Plastic Surgeon • Pneumologist • Podiatrist • Prosthodontist • Psychiatrist • Psychologist • Pulmunologist/Respirologist • Radiologist • Rehabilitation • Research • Rheumatologist • Speech Therapist • Thoracic Surgeon • Traditional Healer • Urologist • Vascular • Vascular Surgeon	
Provider Name	Name of the health provider or facility	
Provider Address	Address of the health provider or facility	
Jordan's Principle Indicator	Yes/No Indicator	Some Jordan's Principle travel may still be recorded as NIHB travel as the indicator was not available in the system at the time
Wheelchair Indicator	Yes/No Indicator	

Patients

Only one patient can be associated with a TA. A patient may or may not be associated with a Voucher. A patient is always associated with an appointment.

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

Patient Attributes

Attribute name	Definition	Data Considerations
Client ID	Unique identifier. Data obtained from SVS	
Last Name	Last name of client. Data obtained from SVS	
First Name	First name of client. Data obtained from SVS	
Full Name	Last Name, First Name. Data obtained from SVS	
Date of Birth	Client date of birth. Data obtained from SVS	
Current Status	Client's eligibility status: Eligible, Ineligible or Deceased	
Client Type	First Nation, Inuit, Infant, Other. Data obtained from SVS	
Gender	Client's gender. Data obtained from SVS.	
Escort Reason (current)	Reason client requires to be accompanied during travel: • Age restriction • Behavior • Care instructions required • Dependability • Language barrier/interpreter • Legal consent required • Medically incapacitated • Medically incompetent • Other • Personal Suitability • Physical/mental disability • Second Escort required (Exception)	
Region	Represents the region of the band to which the client is registered. Data is obtained from SVS.	The client region does not necessarily represent the region/city/community of residence.
Band Number	Represents the band number to which the client is registered. Data is obtained from SVS.	
Band	Represents the band to which the client is registered. Data is obtained from SVS.	
Wheelchair Required Indicator	Yes/No Indicator	
Contribution Agreement Indicator	Yes/No Indicator	
McIvor / Bill C3	Yes/No indicator indicating if the client is covered as a result of the McIvor/Bill C-3	
FNHA Indicator	Yes/No indicator indicating if the client is currently covered by the First Nation Health Authority (FNHA) benefits program	

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

Additional Data Considerations

- Medical Transportation is funded through two program envelopes, Operational (OP) and Contribution Agreements (CA), and travel can be funded by both. Depending on the region and the community, the contribution agreement portion of the trip may not be captured in MTRS. This is especially relevant for regions that receive MT funding primarily via CA, such as Quebec, the Northwest Territories and Nunavut.

- There are several limitations to the MTRS data related to data submission compliance, differences in interpretation, system limitations, and data entry practices and errors.

- Data may not necessarily represent a historical usage trend but rather changes in systems and data practices.

- MTRS contains data from 2009/10; however it does not apply to all regions. Please refer to the table below that presents availability of data in MTRS.

Region	Data Type	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20
AT	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓
	CA	✓	✓	✓	✓	✓	✓	✓	✓	✓
QC	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓
	CA	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial
ON	OP						Dec 2016	✓	✓	✓
	CA									
MB	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓
	Emergency				Nov 2014	✓	✓	✓	✓	✓
	CA									
SK	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓
	CA	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial	Partial
AB	OP									Oct 2019
	Emergency				Aug 2014	✓	✓	✓	✓	✓
	CA									Oct 2019
YT	OP	✓	✓	✓	✓	✓	✓	✓	✓	✓

- The variance in emergency data is attributed to the differences between the provincial coverage.

Appendix Y. NIHB – Medical Transportation Data Reporting *(continued)*

- The volume of TAs/trips varies based on factors such as regional operations and the geography of the region. For example:
  - Trips might be captured in two different TAs. For example, the trip from the client's home to their appointment may be captured in one TA, while the return trip may be captured in another TA. This is the case for many emergency trips. An initial TA would be created for the return trip and, once the invoice for the ambulance is received, the emergency travel may be added to the existing TA if a correlation between the two components of the trip can be made. If this correlation can not easily be made, a new TA could be created for the emergency portion of the trip.
  - Recurring appointments, such as dialysis appointments, can be captured as one trip per appointment or as multiple appointments per trip.
  - Regions whose clients live in proximity to urban centres would coordinate trips less frequently than regions in which travel is primarily air.

Appendix Z. NIHB – Alberta Vision Care Database Architecture

Source: Unmodified information from ISC staff

Alberta Vision Care Database Architecture

Revision History

Revision Number	Description of Revision	Made by	Date
1.0	Initial version – Acts as a baseline model	Chau Nguyen	2015-11-18
1.1			
1.2			

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

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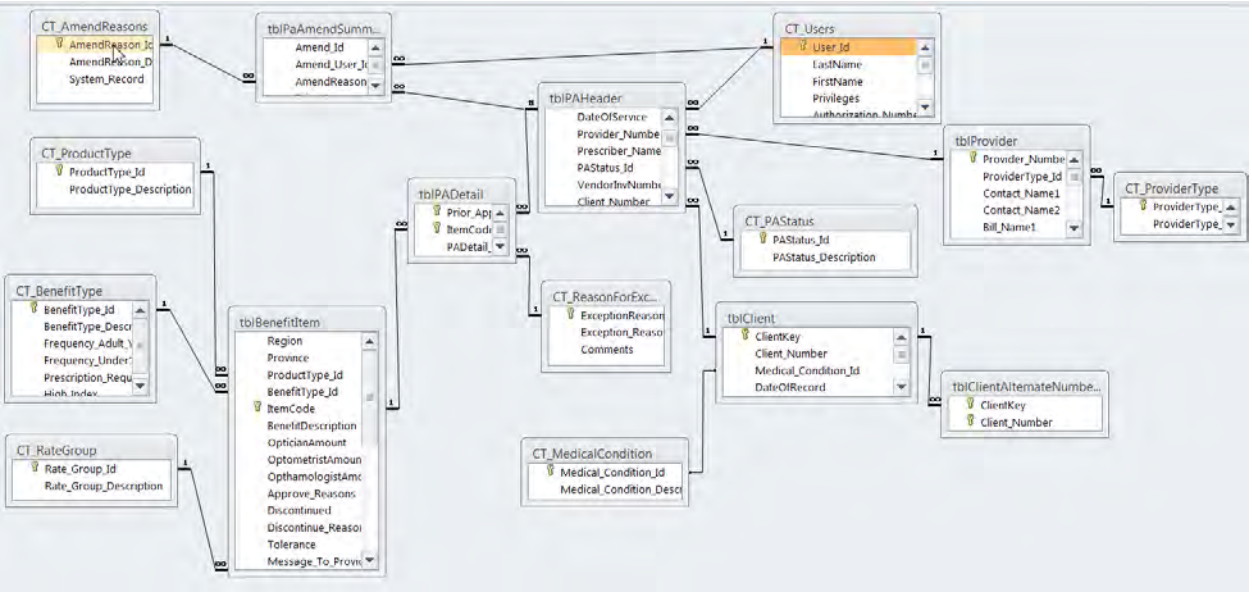
1. ERD Diagram



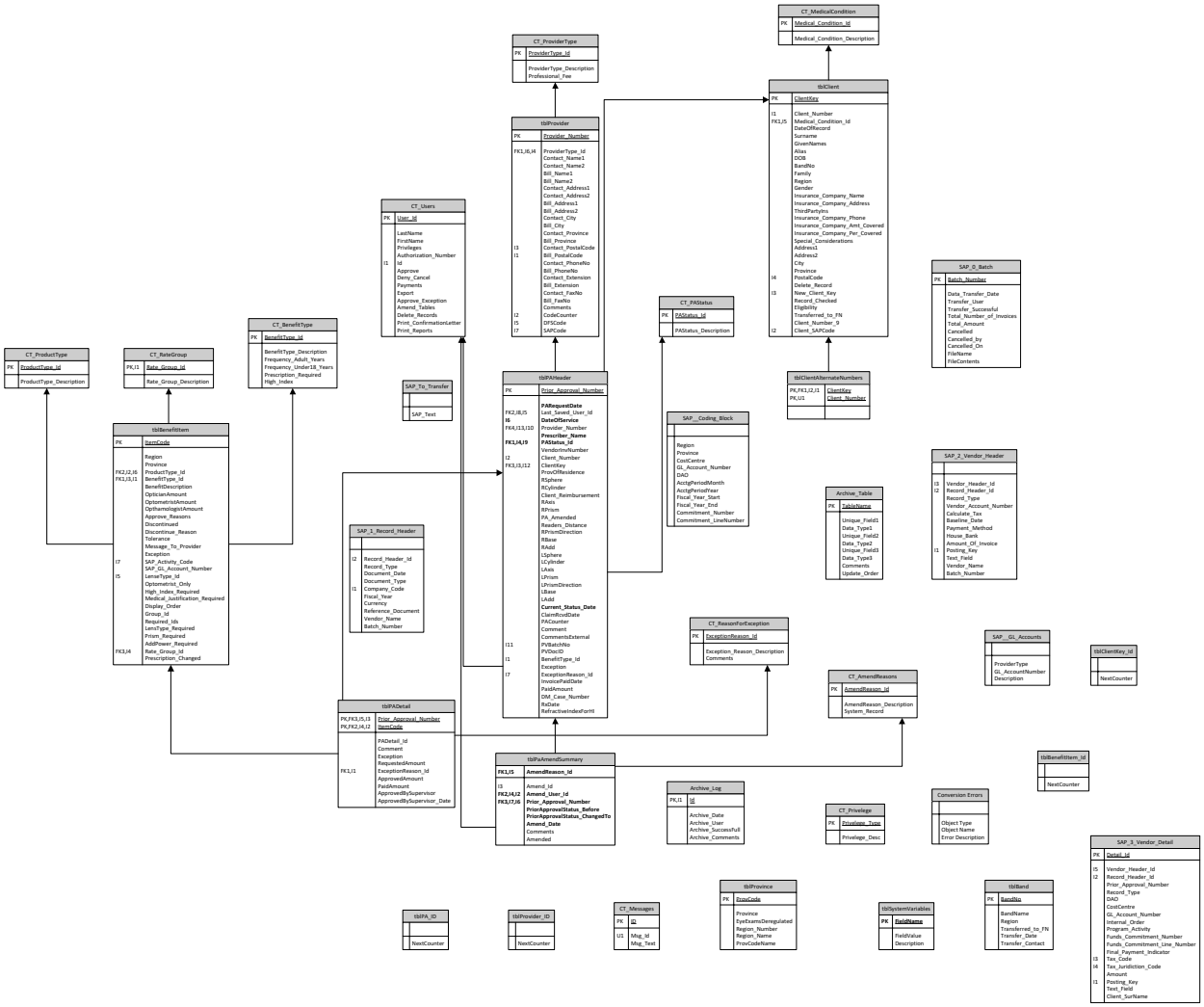
1.1. Database Information

Novell Path:

Database name: VIS_ALB.accdb

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

1.2. Table Diagram



Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

1.3. Query Diagram

2. Table Description

2.1. Archive_log

Table Name: Archive_log		
Table Description: This table stores the log of the archives performed on this database. It captures the number of times the archive was performed and also the date, time, user who performed and the outcome of the archive.		
Field name	Data Type	Field Description
Id	Long Integer	System Generated Unique Number
Archive_Date	Date/Time	The date on which archive was performed
Archive_User	Text	The user who performed the archive
Archive_SuccessFull	Yes/No	Whether the archive was successful or not
Archive_Comments	Text	Contains a comment indicating success or failure and also a date before which all data was archived. Ex: "Successfully Archived All Prior Approvals and related data, where Date of Service is less than or equal to: March 31, 2012"

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.2. Archive_table

Table Name: Archive_table		
Table Description: This table contains a list of Reference tables that will be archived by the archive process.		
Field name	Data Type	Field Description
TableName	Text	The name of the table that will be archived
Unique_Field1	Text	The unique field in the table to be archived. Ex: for table tblProvider, Provider_Number is the unique key
Data_Type1	Text	Data type of the unique field
Unique_Field2	Text	Some tables have a compound key, this column is used for storing the name of the 2nd key.
Data_Type2	Text	Data type of the 2nd key
Unique_Field3	Text	Not Used
Data_Type3	Text	Not Used
Comments	Text	Not Used
Update_Order	Integer	The order in which tables are archived. It starts from 1.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.3. Conversion Errors

Table Name : Conversion Errors		
Table Description:		
Field name	Data Type	Field Description
Object Type	Text	
Object Name	Text	
Error Description	Memo	

2.4. CT_Amendreasons

Table Name : CT_Amendreasons		
Table Description: This is a code table that contains a list of reasons for amending a prior approval		
Field name	Data Type	Field Description
AmendReason_Id	Long Integer	Unique Id
AmendReason_Description	Text	Reason description
System_Record	Yes/No	This field denotes whether the reason is used internally by VCS or whether it is a user entered reason. Ex: PA Filed is used by VCS whenever a PA record is created and this record cannot be deleted. Whereas 'Adding Benefit Details' is a user entered reason and can be deleted if needed.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.5. CT_BenifitTypes

Table Name: CT_BenifitTypes

Table Description: This table is a reference table that contains list of all benefit types:

- New EyeWear
- Eye Exams
- Major Repair
- Minor Repair
- Eye Exam/Reassessment

Field name	Data Type	Field Description
BenefitType_Id	Integer	Unique Id
BenefitType_Description	Text	Description of benefit type, ex: New EyeWear
Frequency_Adult_Years	Integer	Number of years an adult has to wait before they are eligible again for the benefit type
Frequency_Under18_Years	Integer	Number of years an under 18 client has to wait before they are eligible again for the benefit type
Prescription_Required	Yes/No	Whether prescription is required for the client to be eligible for this benefit type
High_Index	Yes/No	Whether prescription should have an high index for the client to be eligible for this benefit type

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.6. CT_MedicalCondition

Table Name: CT_MedicalCondition

Table Description: Contains a list of medical conditions that I client may have. The conditions are related to client's eligibility for vision care benefit only.

Ex:

- DIABETIC
- VISION PROBLEMS
- GLUCOMA

Field name	Data Type	Field Description
Medical_Condition_Id	Long Integer	Unique ID
Medical_Condition_Description	Text	Description of medical condition

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.7. CT_Messages

Table Name: CT_Messages		
Table Description: Contains a list of messages used by VCS. These messages are either displayed for information purposes or as warnings and/or questions to VCS users.		
Field name	Data Type	Field Description
ID	Double	Unique ID
Msg_Id	Text	A code used by the system to lookup the message description
Msg_Text	Text	Actual message description

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.8. CT_PAStatus

Table Name: CT_PAStatus		
Table Description: Contains a list of all prior approval statuses: Ex: • Incomplete • Filed • Approved • Denied • Cancelled • Paid - Selected for Payment • Paid - Export in Progress • Paid and Exported Successfully		
Field name	Data Type	Field Description
PAStatus_Id	Integer	Unique ID
PAStatus_Description	Text	Description of Prior Approval Status

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.9. CT_Privelege

Table Name: CT_Privelege		
Table Description: Contains the various roles a user can have within VCS. Ex: • Administrator • User • Team Leader		
Field name	Data Type	Field Description
Privelege_Type	Integer	Unique Id
Privelege_Desc	Text	Role Description

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.10. CT_ProductType

Table Name: CT_ProductType

Table Description: Contains a list of product type. Product type is broader category of benefit item. Every benefit item must belong to a product type.

Ex: Product Type "Lenses" is a parent of following benefit items:

- Lens - Plastic - Single Vision
- Lens - Plastic - Bifocal
- Lens - Glass - Single Vision
- Lens - Glass - Bifocal

Field name	Data Type	Field Description
ProductType_Id	Integer	Unique ID
ProductType_Description	Text	Description/Name of product type

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.11. CT_ProviderType

Table Name: CT_ProviderType		
Table Description: Contains eligible provider types in VCS: • Optician • Optometrist • Ophthalmologist		
Field name	**Data Type**	**Field Description**
ProviderType_Id	Integer	Unique Id
ProviderType_Description	Text	Description of provider type
Professional_Fee	Yes/No	Whether the provide type is eligible for professional fees

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.12. CT_RateGroup

Table Name: CT_RateGroup		
Table Description: Contains a list of groupings to which a certain benefit item can belong. Ex: All single vision plastic lenses belong to a rate grouping of "SV Plastic". This information is used by VCS to ensure that only item of certain rate category is approved in a Prior Approval.		
Field name	Data Type	Field Description
Rate_Group_Id	Integer	Unique Id
Rate_Group_Description	Text	Description of rate group.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.13. CT_ReasonForException

Table Name: CT_ReasonForException

Table Description: Contains a list of reasons for which a prior approval can be approved on exceptional basis.

Ex:

- Exceptional Circumstances - Accident
- Medical Condition
- Special Design
- Exceptional Circumstances - Theft
- Add Power Exception
- Exceptional Circumstances - House Fire
- Exceptional Circumstances - Assault

Field name	Data Type	Field Description
ExceptionReason_Id	Long Integer	Unique Id
Exception_Reason_Description	Text	Description of exception reason
Comments	Text	Comments that can be displayed on screen to provide extra information to the user

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.14. CT_Users

Table Name: CT_Users		
Table Description: Contains a list of all users of VCS and their rights in the system.		
Field name	Data Type	Field Description
User_Id	Text	Username, ex: CBen for Charles Ben
LastName	Text	User's lastname
FirstName	Text	User's firstname
Privileges	Integer	User role, i.e. Admin, User or Team Leader
Authorization_Number	Text	4 character number/name that is saved with all prior approvals
Id	Long Integer	Unique Id
Approve	Yes/No	Whether a user can approve prior approvals
Deny_Cancel	Yes/No	Whether a user can deny prior approvals
Payments	Yes/No	Whether a user can pay prior approvals
Export	Yes/No	Whether a user can export payment records
Approve_Exception	Yes/No	Whether a user can approve prior approvals on exception basis
Amend_Tables	Yes/No	Whether a user can amend prior approvals
Delete_Records	Yes/No	Whether a user can delete prior approvals
Print_ConfirmationLetter	Yes/No	Whether a user can print prior approval confirmation letter
Print_Reports	Yes/No	Whether a user can print other reports

2.15. SAP_Coding_Block

Table Name: SAP_Coding_Block		
Table Description: This table stores SAP coding block. Coding block implies specific coding that the payment system requires in order for an invoice to be paid.		
Field name	Data Type	Field Description
Region	Text	Region code of the region, ex: 07 for Atlantic
Province	Text	Province code of the region, ex: 02 for Atlantic
CostCentre	Text	Financial Coding – Cost Centre
GL_Account_Number	Text	Financial Coding – G/L Account Number – this field is not used as table SAP__GL_Accounts is used instead
DAO	Text	Financial Coding – DAO
AcctgPeriodMonth	Text	
AcctgPeriodYear	Text	
Fiscal_Year_Start	Text	Financial Coding – Fiscal Year's Start Year
Fiscal_Year_End	Text	Financial Coding – Fiscal Year's End Year
Commitment_Number	Text	This field is not used
Commitment_LineNumber	Text	This field is not used

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.16. SAP_GL_Accounts

Table Name: SAP_GL_Accounts		
Table Description: This table stores General Ledger (G/L) codes for various provider types		
Field name	Data Type	Field Description
ProviderType	Integer	Provider Type Id
GL_AccountNumber	Text	General Ledger Code
Description	Text	Provider Type Description

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.17. SAP_0_Batch

Table Name: SAP_0_Batch		
Table Description: This is the batch header table. When a payment batch is created, a record is added to this table for every single batch.		
Field name	Data Type	Field Description
Batch_Number	Text	VCS generated batch number
Data_Transfer_Date	Date/Time	The date on which batch is created
Transfer_User	Text	The user who created the batch
Transfer_Successful	Yes/No	Whether batch creation was successful(yes) or not(no)
Total_Number_of_Invoices	Integer	Total number of payments included in the batch
Total_Amount	Currency	Sum of all payments included in the batch
Cancelled	Yes/No	Whether batch was cancelled by user?
Cancelled_by	Text	The name of user who cancelled the batch
Cancelled_On	Date/Time	The date on which the batch was cancelled
FileName	Text	The temporary file name that contains all batch data i.e. payment records. This file is then ftp'ed to SAP and then subsequently deleted.
FileContents	Memo	The contents of the file.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.18. SAP_1_Record_Header

Table Name: SAP_1_Record_Header

Table Description: This table is zapped every time a new batch is created. At any given point, this table contains data related to one batch only. The table is used to arrange data as per specifications of the final output file for SAP.

This table contains a record per vendor per invoice.

Field name	Data Type	Field Description
Batch_Number	Text	VCS Batch Number that is being exported to SAP
Data_Transfer_Date	Date/Time	
Transfer_User	Text	
Transfer_Successful	Yes/No	
Total_Number_of_Invoices	Integer	
Total_Amount	Currency	
Cancelled	Yes/No	
Cancelled_by	Text	
Cancelled_On	Date/Time	
FileName	Text	

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.19. SAP_2_Vendor_Header

Table Name: SAP_2_Vendor_Header

Table Description: This table is zapped every time a new batch is created. At any given point, this table contains data related to one batch only. The table is used to arrange data as per specifications of the final output file for SAP.

This table also contains a record per vendor per invoice.

Field name	Data Type	Field Description
Vendor_Header_Id	Long Integer	Unique Id
Record_Header_Id	Long Integer	Record_Header_Id from table SAP_1_Record_Header
Record_Type	Text	Always 'V'
Vendor_Account_Number	Text	SAP Account number of vendor
Calculate_Tax	Text	Set to one space i.e. not applicable for VCS
Baseline_Date	Text	Vendor Invoice Date
Payment_Method	Text	'C' or cheque and 'E' for Electronic
House_Bank	Text	Set to '27 '
Amount_Of_Invoice	Text	Total amount as per vendor's invoice
Posting_Key	Text	Always set to '31'
Text_Field	Text	This field is set to combination of following: • System generated unique id per vendor + • Client's surname + • Prior Approval Number
Vendor_Name	Text	Name of the vendor
Batch_Number	Text	VCS Batch Number that is being exported to SAP

2.20. SAP_3_Vendor_Detail

Table Name: SAP_3_Vendor_Detail

Table Description: This table is zapped every time a new batch is created. At any given point, this table contains data related to one batch only. The table is used to arrange data as per specifications of the final output file for SAP.

This table is also called Vendor (invoice) Detail table.

This table also contains one or more records per vendor per invoice per VCS Prior Approval per VCS Prior Approval Detail:

- Vendor Invoice
  - Will contain one or more Prior Approvals
    - A Prior Approval will contain one or more Prior Approval Details
    - This table will contain one record per Prior Approval Detail record

Field name	Data Type	Field Description
Detail_Id	Long Integer	Unique Id
Vendor_Header_Id	Long Integer	Vendor_Header_Id from table SAP_2_Vendor_Header
Record_Header_Id	Long Integer	Record_Header_Id from table SAP_1_Record_Header
Prior_Approval_Number	Text	Prior Approval number of record being paid
Record_Type	Text	Always set to 'D'
DAO	Text	DAO code from SAP_Coding_Block table
CostCentre	Text	CostCentre code from SAP_Coding_Block table
GL_Account_Number	Text	General Ledger code from SAP_GL_Accounts depending upon provider type.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

Internal_Order	Text	Set to '30' + Client's 3 character band code
Program_Activity	Text	Program Activity code fetched from tblBenefitItem: tblPAHeader-> tblPADetail-> tblBenefitItem
Funds_Commitment_Number	Text	This field is not used
Funds_Commitment_Line_Number	Text	This field is not used
Final_Payment_Indicator	Text	This field is not used
Tax_Code	Text	Always set to 'I0' for VCS
Tax_Juridiction_Code	Text	Always set to 'CAON' for VCS
Amount	Text	Amount being paid on each PADetail record
Posting_Key	Text	Always set to '40' for VCS
Text_Field	Text	Set to combination of following: • VCS Batch Number • Unique id generated per vendor per invoice • Prior Approval Number • Client's surname • Benefit Item Description
Client_SurName	Text	Set to client's surname

2.21. SAP_To_Transfer

Table Name: SAP_To_Transfer		
Table Description: This table is not used		
Field name	Data Type	Field Description
SAP_Text	Text	

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.22. tblBand

Table Name: tblBand		
Table Description: Stores a list of bands		
Field name	Data Type	Field Description
BandNo	Text	Band Number
BandName	Text	Band Name
Region	Text	The region in which the band exists
Transferred_to_FN	Yes/No	Whether the band has been transferred to First Nations control
Transfer_Date	Date/Time	If yes, then transfer date
Transfer_Contact	Text	If yes, The name of contact person in the band office

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.23. tblBenifitItem

Table Name: tblBenifitItem		
Table Description: This table stores list of benefit items that VCS will approve for a Prior Approval Request. This table is also VCS's rate table.		
Field name	Data Type	Field Description
Region	Text	Region code of the region
Province	Text	Province code of the region
ProductType_Id	Integer	This is a higher level grouping of the Benefit Item. For example, all lenses will have a Product Type of "Lenses", Benefit Items like Cleaning Kit etc., would have a product type of "Accessories". This is the code value which is fetched from CT_ProductType table.
BenefitType_Id	Integer	There are five types of Benefits: • New Eye Wear, • Major Repair, • Minor Repair, • Eye Exams and • Eye Exam Reassessment This is another level of grouping that VCS uses to calculate the frequency. Therefore depending upon the Benefit Item, appropriate Benefit Type is stored in this field. Benefit Type Id is taken from CT_BenefitType table
ItemCode	Long Integer	Unique Id
BenefitDescription	Text	Description of the Benefit Item
OpticianAmount	Currency	The max amount that will be paid to an Optician for this Benefit Item.
OptometristAmount	Currency	The max amount that will be paid to an Optometrist for this Benefit Item.
OpthamologistAmount	Currency	The max amount that will be paid to an Ophthalmologist for this Benefit Item.
Approve_Reasons	Memo	If benefit is an exception, then reason for exception is saved in this field
Discontinued	Yes/No	If benefit has been discontinued
Discontinue_Reason	Text	Discontinued reason
Tolerance	Double	The recommended value for tolerance is 0.05 i.e. 5%. A tolerance of 5% denotes that the providers can bill for up to 105% of the allowable/set price. Default is 0, i.e. tolerance is 0%.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

Message_To_Provider	Text	If a message has to be displayed to the user/provider, then a message can be saved in this field. Example: For Benefit Item "Oversize Lens - BiFocal – Major", the message can be "*Measurement must be over 56mm. Record the measurement in the comment field.*"
Exception	Yes/No	Whether benefit item will be approved on exceptional basis only?
SAP_Activity_Code	Text	This is the SAP activity code. In order for Vision Care SAP Interface to work, every Benefit Item **must** have an SAP activity code.
SAP_GL_Account_Number	Text	This field is not used
LenseType_Id	Long Integer	All lens Benefit Items must have a lens type selected
Optometrist_Only	Yes/No	If a particular benefit item applies to optometrists only?
High_Index_Required	Yes/No	Whether Benefit Item has a pre-requisite of "High Index"
Medical_Justification_Required	Yes/No	Whether Medical Justification is required for the Benefit Item
Display_Order	Long Integer	This field controls the order in which the Benefit Items are displayed in the Prior Approval screen.
Group_Id	Integer	Default is 0. This field is used to group certain type of benefits. For example, all Lenses have a group id of 1. VCS can use this field to ensure that only one benefit item from a group can be selected in the Prior Approval Screen. If the Benefit Item is an independent, for example, "Coating - Anti Reflective", then the value can be set to 0.
Required_Ids	Text	This field ensures that the user cannot approve certain benefit items in the Prior Approval screen without selecting their dependent benefit items. For example, VCS will not let the user select "High Index Lens" unless the user has selected a Benefit Item of LENS. So the pre-requisites for "High Index Lens" are item codes "4,5,6,7,8,9,44,45". This value indicates that any one of these items must have been selected prior to the selection of "High Index Lens". If the Benefit Item does not depend on any other Benefit Item (for example: "Lens - Glass Bifocal"), then this field is set to 0.
LensType_Required	Yes/No	Whether Lens type is required for this Benefit Item
Prism_Required	Yes/No	Whether Prism is required for this benefit Item
AddPower_Required	Yes/No	Whether Add-Power is required for the Benefit Item.
Rate_Group_Id	Integer	Rate Group is used by the system to calculate optometrist's costs for Lenses. So, when entering a Benefit Item other than lenses, field is set to **None** for Rate Group or else an appropriate Rate Group is selected.
Prescription_Changed	Yes/No	Whether Prescription Change is required for the Benefit Item to be approved.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.24. tbl_BenifitItem_Id

Table Name: tbl_BenifitItem_Id		
Table Description: This table has one record and one field only. The field stores the next value for a new BenefitItem		
Field name	Data Type	Field Description
NextCounter	Long Integer	Stores the next value that is used as a unique id of a new BenefitItem record.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.25. tbl_BenifitItem_Modified

Table Name: tbl_BenifitItem_Modified		
Table Description: this table is not used		
Field name	Data Type	Field Description
Region	Text	
Province	Text	
ProductType_Id	Integer	
BenefitType_Id	Integer	
ItemCode	Long Integer	
BenefitDescription	Text	
OpticianAmount	Currency	
OptometristAmount	Currency	
OpthamologistAmount	Currency	
Approve_Reasons	Memo	
Discontinued	Yes/No	
Discontinue_Reason	Text	
Tolerance	Double	
Message_To_Provider	Text	
Exception	Yes/No	
SAP_Activity_Code	Text	
SAP_GL_Account_Number	Text	
LenseType_Id	Long Integer	
Optometrist_Only	Yes/No	
High_Index_Required	Yes/No	
Medical_Justification_Required	Yes/No	
Display_Order	Long Integer	
Group_Id	Integer	
Required_Ids	Text	
LensType_Required	Yes/No	

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

Prism_Required	Yes/No	
AddPower_Required	Yes/No	
Rate_Group_Id	Integer	
Prescription_Changed	Yes/No	

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.26. tblClient

Table Name: tblClient		
Table Description: This table stores all the first nation clients being serviced by VCS. Client record get automatically added/updated when a Prior Approval record is created.		
Field name	Data Type	Field Description
ClientKey	Text	SVS generated key
Client_Number	Text	9 or 10 digit DIAND
Medical_Condition_Id	Long Integer	Client's medical condition – if any
DateOfRecord	Date/Time	Date the record is created
Surname	Text	Client's surname
GivenNames	Text	Client's firstname
Alias	Text	Client's alias
DOB	Date/Time	Client's date of birth
BandNo	Text	Client's 3 digit band number
Family	Text	Client's 5 digit family number
Region	Text	Client's region
Gender	Text	Client's gender
Insurance_Company_Name	Text	Client's insurance company name – if they have any insurance
Insurance_Company_Address	Text	Client's insurance company address – if they have any insurance
ThirdPartyIns	Yes/No	Whether client has 3rd party insurance
Insurance_Company_Phone	Text	Client's insurance company phone – if they have any insurance
Insurance_Company_Amt_Covered	Long Integer	Client's insurance coverage amount – if they have any insurance
Insurance_Company_Per_Covered	Long Integer	Client's insurance coverage period – if they have any insurance
Special_Considerations	Memo	Special considerations that NIHB must be aware of as pertaining to a given client
Address1	Text	Client's address line 1

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

Address2	Text	Client's address line 2
City	Text	Client's city
Province	Text	Client's province
PostalCode	Text	Client's postal code
Delete_Record	Yes/No	Whether record is logically deleted
New_Client_Key	Text	Field not used
Record_Checked	Yes/No	Field not used
Eligibility	Text	Whether client is eligible in SVS
Transferred_to_FN	Yes/No	Field not used
Client_Number_9	Text	Client's 9 digit number
Client_SAPCode	Text	Client's SAP code – used in case of client reimbursements
ClientID	Long Integer	VCS generated unique id
Internal_Order	Text	Client's internal order number – '30' + 3 character band code

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.27. tblClientAlternateNumbers

Table Name: tblClientAlternateNumbers		
Table Description: This table stores all alternate numbers of a client. This table is a child table of tblClient. Every record in tblClient must have one or more records in this table		
Field name	Data Type	Field Description
ClientKey	Text	ClientKey from tblClient table
Client_Number	Text	Client Number

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.28. tbl_ClientKey_Id

Table Name: tbl_ClientKey_Id		
Table Description: This table has one record and one field only. The field stores the next value for a new ClientKey		
Field name	Data Type	Field Description
NextCounter	Long Integer	Stores the next value that is used as a unique id of a new Client record.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.29. tblMcIvor

Table Name: tblMcIvor		
Table Description: This table is used to store a list of all McIvor clients.		
Field name	Data Type	Field Description
ID	Long Integer	Unique Id
DIAND	Text	DIAND number of the client who is part of McIvor initiative
RegionID	Long Integer	Region of the client
ClientKey	Text	Client's ClientKey i.e. link to VCS's tblClient

2.30. tbl_PA_Id

Table Name: tbl_PA_Id		
Table Description: This table has one record and one field only. The field stores the next value for a new Prior Approval		
Field name	Data Type	Field Description
NextCounter	Long Integer	Stores the next value that is used as a unique id of a new Prior Approval record.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.31. tblPaAmendSummary

Table Name: tblPaAmendSummary		
Table Description: This table stores a log of all changes/actions made to a Prior Approval record		
Field name	Data Type	Field Description
Amend_Id	Long Integer	Unique Id
Amend_User_Id	Text	User making changes/actions to a PA record
AmendReason_Id	Long Integer	Reason for making the change/action
Prior_Approval_Number	Text	PA# of the PA to which the change/action was made
PriorApprovalStatus_Before	Long Integer	Status of PA before the change
PriorApprovalStatus_ChangedTo	Long Integer	Status of PA after the change
Amend_Date	Date/Time	Date of action
Comments	Text	Additional comments
Amended	Yes/No	Whether the Prior Approval was amended

2.32. tblPaAmendSummaryBackdoor

Table Name: tblPaAmendSummaryBackdoor		
Table Description: This tables stores log records of changes made to a PA through a special back door function in VCS. This function is only available to users with special privileges.		
Field name	Data Type	Field Description
Amend_Id	Long Integer	Unique Id
Amend_User_Id	Text	User making changes/actions to a PA record
AmendReason_Id	Long Integer	Reason for making the change/action
Prior_Approval_Number	Text	PA# of the PA to which the change/action was made
PriorApprovalStatus_Before	Long Integer	Status of PA before the change
PriorApprovalStatus_ChangedTo	Long Integer	Status of PA after the change
Amend_Date	Date/Time	Date of action
Comments	Memo	Additional comments
Amended	Yes/No	Whether the Prior Approval was amended

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.33. tblPADetail

Table Name: tblPADetail
Table Description: This table contains all the benefit item details contained in a Prior Approval record. This table is a child table of tblPAHeader. For every record in tblPAHeader there will at least one or more records in this table, otherwise the Prior Approval record will not be approved by VCS.

Field name	Data Type	Field Description
Prior_Approval_Number	Text	PA #
ItemCode	Long Integer	Benefit Item code, ex: Lens, Frames etc.
PADetail_Id	Long Integer	Unique Id
Comment	Text	Comments
Exception	Yes/No	Whether Benefit Item is an exception
ExceptionReason_Id	Long Integer	If exception, this field will store reason for exception
RequestedAmount	Currency	Amount requested by client/vendor
ApprovedAmount	Currency	Amount approved by VCS. Is less than or equal to the maximum amount stored in tblBenefitItem
PaidAmount	Currency	Total amount paid to the vendor, is less than or equal to the approved amount
ApprovedBySupervisor	Yes/No	For exceptional cases, this is a confirmation field that is selected by the supervisor
ApprovedBySupervisor_Date	Date/Time	For exceptional cases, this is the date on which the record was approved by supervisor.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.34. tblPAHeader

Table Name: tblPAHeader		
Table Description:		
Field name	Data Type	Field Description
Prior_Approval_Number	Text	System generated unique PA #
PARequestDate	Date/Time	Request date of PA
Last_Saved_User_Id	Text	Userid of user who last saved this record
DateOfService	Date/Time	Date on which provider provided services to the client
Provider_Number	Text	Provider number of the provider who provided services
Prescriber_Name	Text	Name of prescriber who wrote client's prescription
PAStatus_Id	Long Integer	Status of PA
VendorInvNumber	Text	Invoice number of vendor
Client_Number	Text	DIAND of client receiving services
ClientKey	Text	ClientKey of client receiving services
ProvOfResidence	Text	Province of service
RSphere	Single	Right eye sphere Rx
RCylinder	Single	Right eye cylinder Rx
Client_Reimbursement	Yes/No	Whether the PA is being entered as a client reimbursement
RAxis	Single	Right eye axis Rx
RPrism	Single	Right eye prism Rx
PA_Amended	Yes/No	Whether PA has been amended
Readers_Distance	Integer	Field not used
RPrismDirection	Text	Right eye Prism direction
RBase	Text	Right eye base Rx
RAdd	Single	Right eye add power Rx
LSphere	Single	Left eye sphere Rx
LCylinder	Single	Left eye cylinder Rx
LAxis	Single	Left eye axis Rx
LPrism	Single	Left eye prism Rx

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

LPrismDirection	Text	Left eye prism direction Rx
LBase	Text	Left eye base Rx
LAdd	Single	Left eye add power Rx
Current_Status_Date	Date/Time	Date on which current status was set
ClaimRcvdDate	Date/Time	Invoice receipt date
PACounter	Long Integer	VCS generated unique id
Comment	Memo	Internal comments
CommentsExternal	Memo	External comments
PVBatchNo	Text	Batch number in which this PA is included
PVDocID	Text	Payment voucher number – generated one per vendor per invoice
BenefitType_Id	Long Integer	Ex: Eye Exams, New Eye Wear etc.
Exception	Yes/No	Whether this PA is being set as an exception
ExceptionReason_Id	Long Integer	Exception Reason
InvoicePaidDate	Date/Time	Date on which this PA was paid
PaidAmount	Currency	Total Paid Amount
DM_Case_Number	Text	Field not used
RxDate	Date/Time	Date of Prescription
RefractiveIndexForHI	Double	Refractive Index for High Index lenses
ThirdPartyInsuranceName	Text	If client has third party insurance, then this field stores client's third party insurance company's name
ThirdPartyInsuranceAmount	Currency	If client has third party insurance, then this field stores client's third party insurance max coverage amount
SelectedForPaymentUserId	Text	The user who initiates payment of this PA
PaymentExportUserId	Text	User who exports this PA to SAP

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.35. tblProvider

Table Name: tblProvider		
Table Description: This tables stores VCS providers i.e. individuals or businesses that provide vision care services to first nation clients		
Field name	Data Type	Field Description
Provider_Number	Text	Provider provided or system generated unique number
ProviderType_Id	Integer	Type of provider, ex: optician, optometrist etc.
Contact_Name1	Text	Contact Name 1 of the provider
Contact_Name2	Text	Contact Name 2 of the provider
Bill_Name1	Text	Billing Name 1 of the provider
Bill_Name2	Text	Billing Name 1 of the provider
Contact_Address1	Text	Contact Address 1 of the provider
Contact_Address2	Text	Contact Address 2 of the provider
Bill_Address1	Text	Billing Address 1 of the provider
Bill_Address2	Text	Billing Address 2 of the provider
Contact_City	Text	Contact city
Bill_City	Text	Billing city
Contact_Province	Text	Contact Province
Bill_Province	Text	Billing Province
Contact_PostalCode	Text	Contact Postal Code
Bill_PostalCode	Text	Billing Postal Code
Contact_PhoneNo	Text	Contact Phone Number
Bill_PhoneNo	Text	Billing Phone Number
Contact_Extension	Text	Contact Extension number
Bill_Extension	Text	Billing phone Extension number
Contact_FaxNo	Text	Contact Fax number
Bill_FaxNo	Text	Billing Fax number
Comments	Memo	Comments
CodeCounter	Long Integer	VCS generated unique id

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

DFSCode	Text	Field is not used
SAPCode	Text	Every VCS provider is registered in SAP for payment purposes. This field stores the vendor id that SAP generates.
RegistrationNumber	Text	Field used to store vendor's email address
ExpiryDate	Date/Time	Expiration date of vendor record
PrescriberOnlyIND	Yes/No	Whether Provider is only a prescriber i.e. does not actually provide services
PaymentMethodCode	Text	C for cheque and E for Electronique

2.36. tblProvider_ID

Table Name: tblProvider_ID		
Table Description: This table has one record and one field only. The field stores the next value for a new Provider record		
Field name	Data Type	Field Description
NextCounter	Long Integer	Stores the next value that is used as a unique id of a new Provider record.

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

2.37. tblProvince

Table Name: tblProvince		
Table Description: This is the province table of VCS		
Field name	Data Type	Field Description
ProvCode	Text	Province code, ex: 01, 02…
Province	Text	Province name
EyeExamsDeregulated	Yes/No	Whether Eye Exams are deregulated in this province
Region_Number	Long Integer	Region of the province
Region_Name	Text	Region Name
ProvCodeName	Text	Province code, ex: ON, BC etc.

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2.38. tblSystemVariables

Table Name: tblSystemVariables		
Table Description: This table stores system options		
Field name	Data Type	Field Description
FieldName	Text	The name of the variable, ex: HighIndexDiopterValue
FieldValue	Text	Value of the variable, ex: 6
Description	Text	Brief description of the variable

3. 3 Query Description

3.1. 3.1 qry_Confirmation_Letter_Details

4. Query Name:	qry_Confirmation_Letter_Details
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); INSERT INTO rpt_Confirmation_Letter_Details (BenefitDescription, High_Index_Required) SELECT tblPADetail.*, tblBenefitItem.BenefitDescription, tblBenefitItem.High_Index_Required FROM tblBenefitItem INNER JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA])) ORDER BY tblPADetail.PADetail_Id;

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

4.1. 3.2 qry_Confirmation_Letter_Header

Query Name:	qry_Confirmation_Letter_Header
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); INSERT INTO rpt_Confirmation_Letter_Header (Contact_Name1, Contact_Name2, Bill_Name1, Bill_Name2, Contact_Address1, Contact_Address2, Bill_Address1, Bill_Address2, Contact_City, Bill_City, Contact_Province, Bill_Province, Contact_PostalCode, Bill_PostalCode, Contact_PhoneNo, Bill_PhoneNo, Contact_Extension, Bill_Extension, Contact_FaxNo, Bill_FaxNo, Comments, CodeCounter, SAPCode, Surname, GivenNames, Alias, DOB, BandNo, Region, Family, Gender, Address1, Address2, City, Province, PostalCode, BenefitType) SELECT tblPAHeader.*, tblProvider.Contact_Name1, tblProvider.Contact_Name2, tblProvider.Bill_Name1, tblProvider.Bill_Name2, tblProvider.Contact_Address1, tblProvider.Contact_Address2, tblProvider.Bill_Address1, tblProvider.Bill_Address2, tblProvider.Contact_City, tblProvider.Bill_City, tblProvider.Contact_Province, tblProvider.Bill_Province, tblProvider.Contact_PostalCode, tblProvider.Bill_PostalCode, tblProvider.Contact_PhoneNo, tblProvider.Bill_PhoneNo, tblProvider.Contact_Extension, tblProvider.Bill_Extension, tblProvider.Contact_FaxNo, tblProvider.Bill_FaxNo, tblProvider.Comments, tblProvider.CodeCounter, tblProvider.SAPCode, tblClient.Surname, tblClient.GivenNames, tblClient.Alias, tblClient.DOB, tblClient.BandNo, tblClient.Region, tblClient.Family, tblClient.Gender, tblClient.Address1, tblClient.Address2, tblClient.City, tblClient.Province, tblClient.PostalCode, CT_BenefitType.BenefitType_Description FROM tblProvider INNER JOIN (tblClient INNER JOIN (tblPAHeader INNER JOIN CT_BenefitType ON tblPAHeader.BenefitType_Id = CT_BenefitType.BenefitType_Id) ON tblClient.ClientKey = tblPAHeader.ClientKey) ON tblProvider.Provider_Number = tblPAHeader.Provider_Number WHERE (((tblPAHeader.Prior_Approval_Number)=[parmPA]));

4.2. 3.3 qry_SAP_AddAmendReason

5. Query Name:	qry_SAP_AddAmendReason
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); INSERT INTO rpt_Confirmation_Letter_Details (BenefitDescription, High_Index_Required) SELECT tblPADetail.*, tblBenefitItem.BenefitDescription, tblBenefitItem.High_Index_Required FROM tblBenefitItem INNER JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA])) ORDER BY tblPADetail.PADetail_Id;

5.1. 3.4 qry_SAP_PrintCoverPages

Query name:	qry_SAP_PrintCoverPages
Query Description:	
Query Statement:	PARAMETERS parmBatchNumber Text (255); INSERT INTO rpt_CoverPages (PVBatchNo, Provider_Number, ClientKey, Prior_Approval_Number, PARequestDate, Last_Saved_User_Id, DateOfService, Prescriber_Name, PAStatus_Id, VendorInvNumber, Client_Number, ProvOfResidence, RSphere, RCylinder, Client_Reimbursement, RAxis, RPrism, PA_Amended, Readers_Distance, RPrismDirection, RBase, RAdd, LSphere, LCylinder, LAxis, LPrism, LPrismDirection, LBase, LAdd, Current_Status_Date, ClaimRcvdDate, PACounter, PVDocID, BenefitType_Id, [Exception], ExceptionReason_Id, InvoicePaidDate, PaidAmount, DM_Case_Number, Pr_Name, Pr_Address, Contact_City, Contact_Province, Contact_PostalCode, Contact_PhoneNo, Contact_FaxNo, SAPCode, Surname, GivenNames, Alias, DOB) SELECT tblPAHeader.PVBatchNo, tblPAHeader.Provider_Number, tblPAHeader.ClientKey, tblPAHeader.Prior_Approval_Number, tblPAHeader.PARequestDate, tblPAHeader.Last_Saved_User_Id, tblPAHeader.DateOfService, tblPAHeader.Prescriber_Name, tblPAHeader.PAStatus_Id, tblPAHeader.VendorInvNumber, tblPAHeader.Client_Number, tblPAHeader.ProvOfResidence, tblPAHeader.RSphere, tblPAHeader.RCylinder, tblPAHeader.Client_Reimbursement, tblPAHeader.RAxis, tblPAHeader.RPrism, tblPAHeader.PA_Amended, tblPAHeader.Readers_Distance, tblPAHeader.RPrismDirection, tblPAHeader.RBase, tblPAHeader.RAdd, tblPAHeader.LSphere, tblPAHeader.LCylinder, tblPAHeader.LAxis, tblPAHeader.LPrism, tblPAHeader.LPrismDirection, tblPAHeader.LBase, tblPAHeader.LAdd, tblPAHeader.Current_Status_Date, tblPAHeader.ClaimRcvdDate, tblPAHeader.PACounter, tblPAHeader.PVDocID, tblPAHeader.BenefitType_Id, tblPAHeader.Exception, tblPAHeader.ExceptionReason_Id, tblPAHeader.InvoicePaidDate, tblPAHeader.PaidAmount, tblPAHeader.DM_Case_Number, [tblProvider]![Contact_Name1] & " " & [tblProvider]![Contact_Name2] AS Pr_Name, [tblProvider]![Contact_Address1] & " " & [tblProvider]![Contact_Address2] AS Pr_Address, tblProvider.Contact_City, tblProvider.Contact_Province, tblProvider.Contact_PostalCode, tblProvider.Contact_PhoneNo, tblProvider.Contact_FaxNo, tblProvider.SAPCode, tblClient.Surname, tblClient.GivenNames, tblClient.Alias,

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

	tblClient.DOB FROM tblPAHeader, tblProvider, tblClient WHERE (((tblPAHeader.PVBatchNo)=[parmBatchNumber]) AND ((tblPAHeader.Provider_Number)=[tblProvider].[Provider_Number]) AND ((tblPAHeader.ClientKey)=[tblClient].[ClientKey]));

5.2. 3.5 qry_Send_PADetails_To_Wrk

Query Name	qry_Send_PADetails_To_Wrk
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); INSERT INTO tblPADetail_Wrk SELECT tblPADetail.* FROM tblPADetail WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA]));

5.3. 3.6 Transfer_AppendAlternateNumber

Query Name:	Transfer_AppendAlternateNumber
Query Description :	
Query Statement :	INSERT INTO tblClientAlternateNumbers (ClientKey, Client_Number) SELECT [parmClientKey] AS Expr1, [parmClientNumber] AS Expr2;

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.4. 3.7 Transfer_AppendClient

Query Name:	Transfer_AppendClient
Query Description :	
Query Statement :	PARAMETERS parmClientKey Text (255); INSERT INTO tblClient (ClientKey, Client_Number, DateOfRecord, Surname, GivenNames, Alias, DOB, BandNo, Family, Region, Gender, Address1, ThirdPartyIns) SELECT tblClient1.ClientKey AS Expr1, tblClient1.[Client#] AS Expr2, tblClient1.DateOfRecord AS Expr3, tblClient1.Surname AS Expr4, tblClient1.GivenNames AS Expr5, tblClient1.Alias AS Expr6, tblClient1.DOB AS Expr7, Left([tblClient1]![Client#],3) AS Expr1, tblClient1.Family AS Expr8, tblClient1.Region AS Expr9, tblClient1.Sex AS Expr10, tblClient1.Address AS Expr11, tblClient1.ThirdPartyIns AS Expr12 FROM tblClient1 WHERE ((([tblClient1].[ClientKey])=[parmClientKey]));

5.5. 3.8 Transfer_AppendPADetails

Query Name:	Transfer_AppendPADetails
Query Description :	
Query Statement :	PARAMETERS parmPA Text (255); INSERT INTO tblPADetail (Prior_Approval_Number, ItemCode, Comment, RequestedAmount, ApprovedAmount, PaidAmount) SELECT tblPADetail1.[PA#] AS Expr1, tblPADetail1.ItemCode AS Expr2, tblPADetail1.Comment AS Expr3, tblPADetail1.RequestedAmount AS Expr4, tblPADetail1.ApprovedAmount AS Expr5, tblPADetail1.PaidAmount AS Expr6 FROM tblPADetail1 WHERE ((([tblPADetail1].[PA#])=[parmPA]));

5.6. 3.9 Transfer_AppendProvider

Query Name:	Transfer_AppendProvider
Query Description :	
Query Statement :	PARAMETERS parmOptCode Text (255); INSERT INTO tblProvider (Provider_Number, ProviderType_Id, Contact_Name1, Contact_Name2, Bill_Name1, Bill_Name2, Contact_Address1, Contact_Address2, Bill_Address1, Bill_Address2, Contact_City, Bill_City, Contact_Province, Bill_Province, Contact_PostalCode, Bill_PostalCode, Contact_PhoneNo, Bill_PhoneNo, Contact_Extension, Bill_Extension, Contact_FaxNo, Bill_FaxNo, CodeCounter, DFSCode, SAPCode) SELECT tblProvider1.OptCode AS Expr1, tblProvider1.ProviderType AS Expr2, tblProvider1.Contact_Name1 AS Expr3, tblProvider1.Contact_Name2 AS Expr4, tblProvider1.Bill_Name1 AS Expr5, tblProvider1.Bill_Name2 AS Expr6, tblProvider1.Contact_Address1 AS Expr7, tblProvider1.Contact_Address2 AS Expr8, tblProvider1.Bill_Address1 AS Expr9, tblProvider1.Bill_Address2 AS Expr10, tblProvider1.Contact_City AS Expr11, tblProvider1.Bill_City AS Expr12, tblProvider1.Contact_Province AS Expr13, tblProvider1.Bill_Province AS Expr14, tblProvider1.Contact_PostalCode AS Expr15, tblProvider1.Bill_PostalCode AS Expr16, tblProvider1.Contact_PhoneNo AS Expr17, tblProvider1.Bill_PhoneNo AS Expr18, tblProvider1.Contact_Extension AS Expr19, tblProvider1.Bill_Extension AS Expr20, tblProvider1.Contact_FaxNo AS Expr21, tblProvider1.Bill_FaxNo AS Expr22, tblProvider1.CodeCounter AS Expr23, tblProvider1.DFSCode AS Expr24, tblProvider1.SAP_Vendor_Code AS Expr25 FROM tblProvider1 WHERE ((([tblProvider1].[OptCode])=[parmOptCode]));

5.7. 3.10 qry_Delete_PADetails_NotInWrk

Query Name:	qry_Delete_PADetails_NotInWrk
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); DELETE tblPADetail.Prior_Approval_Number, tblPADetail.PADetail_Id, tblPADetail.* FROM tblPADetail WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA]) AND ((tblPADetail.PADetail_Id) Not In (Select PADetail_Id from tblPADetail_Wrk)));

5.8. 3.11 qry_SAP_Delete_Record_Header

Query Name:	qry_SAP_Delete_Record_Header
Query Description:	
Query Statement :	DELETE DISTINCTROW SAP_1_Record_Header.* FROM SAP_1_Record_Header;

5.9. 3.12 qry_SAP_Delete_Transfer_Data

Query Name:	qry_SAP_Delete_Transfer_Data
Query Description:	
Query Statement :	DELETE DISTINCTROW SAP_To_Transfer.* FROM SAP_To_Transfer;

5.10. 3.13 qry_SAP_Delete_Vendor_Detail

Query Name:	qry_SAP_Delete_Vendor_Detail
Query Description:	
Query Statement :	DELETE DISTINCTROW SAP_3_Vendor_Detail.* FROM SAP_3_Vendor_Detail;

5.11. 3.14 qry_SAP_Delete_Vendor_Header

Query Name:	qry_SAP_Delete_Vendor_Header
Query Description:	
Query Statement :	DELETE DISTINCTROW SAP_2_Vendor_Header.* FROM SAP_2_Vendor_Header;

5.12. 3.15 _qry_BenefitItem

Query Name:	_qry_BenefitItem
Query Description:	
Query Statement :	SELECT tblBenefitItem.* FROM tblBenefitItem WHERE (((tblBenefitItem.Discontinued)=False)) ORDER BY tblBenefitItem.BenefitDescription;

5.13. 3.16 _qry_Providers_with_Missing_SAP_Codes

Query Name:	_qry_Providers_with_Missing_SAP_Codes
Query Description:	
Query Statement :	SELECT tblProvider.Provider_Number, tblProvider.Contact_Name1, tblProvider.Contact_Address1, tblProvider.Contact_City, tblProvider.Contact_Province, tblProvider.Contact_PostalCode, tblProvider.Contact_PhoneNo, tblProvider.Contact_FaxNo, tblProvider.SAPCode FROM tblProvider WHERE (((tblProvider.SAPCode)="" Or (tblProvider.SAPCode) Is Null)) ORDER BY tblProvider.Provider_Number;

5.14. 3.17 qry_AmendSummaryDetails

Query Name:	qry_AmendSummaryDetails
Query Description:	
Query Statement :	SELECT tblPaAmendSummary.*, [CT_Users]![FirstName] & " " & [CT_Users]![LastName] AS UserName, CT_AmendReasons.AmendReason_Description, CT_PAStatus.PAStatus_Description AS BeforeStatus, CT_PAStatus_1.PAStatus_Description AS AfterStatus, CT_Users.Id FROM CT_Users RIGHT JOIN (CT_AmendReasons RIGHT JOIN ((tblPaAmendSummary LEFT JOIN CT_PAStatus ON tblPaAmendSummary.PriorApprovalStatus_Before = CT_PAStatus.PAStatus_Id) LEFT JOIN CT_PAStatus AS CT_PAStatus_1 ON tblPaAmendSummary.PriorApprovalStatus_ChangedTo = CT_PAStatus_1.PAStatus_Id) ON CT_AmendReasons.AmendReason_Id = tblPaAmendSummary.AmendReason_Id) ON CT_Users.User_Id = tblPaAmendSummary.Amend_User_Id;

5.15. 3.18 qry_BenefitItem

Query Name:	qry_BenefitItem
Query Description:	
Query Statement :	PARAMETERS parmBenefitType_Id Short, parmProfFee Bit; SELECT tblBenefitItem.* FROM tblBenefitItem WHERE (((tblBenefitItem.BenefitType_Id)=[parmBenefitType_Id]) AND ((tblBenefitItem.Optometrist_Only)=IIf([parmProfFee],True,False) Or (tblBenefitItem.Optometrist_Only)=IIf([parmProfFee],False,False))) ORDER BY tblBenefitItem.Display_Order;

5.16. 3.19 qry_BenefitItem_ALL

Query Name:	qry_BenefitItem_ALL
Query Description:	
Query Statement :	SELECT tblBenefitItem.*, CT_ProductType.ProductType_Description, CT_BenefitType.BenefitType_Description, CT_RateGroup.Rate_Group_Description, CT_Messages.Msg_Text FROM (CT_RateGroup INNER JOIN (CT_ProductType INNER JOIN (CT_BenefitType INNER JOIN tblBenefitItem ON CT_BenefitType.BenefitType_Id = tblBenefitItem.BenefitType_Id) ON CT_ProductType.ProductType_Id = tblBenefitItem.ProductType_Id) ON CT_RateGroup.Rate_Group_Id = tblBenefitItem.Rate_Group_Id) LEFT JOIN CT_Messages ON tblBenefitItem.Message_To_Provider = CT_Messages.Msg_Id;

5.17. 3.20 qry_Design_PADetails

Query Name:	qry_Design_PADetails
Query Description:	
Query Statement :	SELECT tblPADetail_Wrk.*, tblBenefitItem.BenefitDescription, tblBenefitItem.OpthamologistAmount AS Maximum, tblBenefitItem.Exception AS IfException, tblBenefitItem.Message_To_Provider, CT_ReasonForException.Exception_Reason_Description FROM CT_ReasonForException RIGHT JOIN (tblBenefitItem INNER JOIN tblPADetail_Wrk ON tblBenefitItem.ItemCode = tblPADetail_Wrk.ItemCode) ON CT_ReasonForException.ExceptionReason_Id = tblPADetail_Wrk.ExceptionReason_Id;

5.18. 3.21 qry_Detail_Exceptions

Query Name:	qry_Detail_Exceptions
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); SELECT tblPADetail.ItemCode, tblBenefitItem.Medical_Justification_Required, tblBenefitItem.Exception FROM tblBenefitItem INNER JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblBenefitItem.Exception)=True) AND ((tblPADetail.Prior_Approval_Number)=[parmPA]));

5.19. 3.22 qry_Get_Benefit_Details

Query Name:	qry_Get_Benefit_Details
Query Description:	
Query Statement :	SELECT tblBenefitItem.* FROM tblBenefitItem WHERE (((tblBenefitItem.ItemCode)=[parmBenefitId]));

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5.20. 3.23 qry_Get_Details_For_PA_and_BenefitItem

Query Name:	qry_Get_Details_For_PA_and_BenefitItem
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255), parmRequiredBenefitItem Long; SELECT tblPADetail.*, tblBenefitItem.BenefitDescription, tblBenefitItem.Group_Id, tblBenefitItem.Required_Ids FROM tblBenefitItem RIGHT JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA]) AND ((tblPADetail.ItemCode)=[parmRequiredBenefitItem]));

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5.21. 3.24 qry_Get_PA_Details

Query Name:	qry_Get_PA_Details
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); SELECT tblPADetail_Wrk.*, tblBenefitItem.BenefitDescription, tblBenefitItem.Group_Id, tblBenefitItem.Required_Ids FROM tblBenefitItem RIGHT JOIN tblPADetail_Wrk ON tblBenefitItem.ItemCode = tblPADetail_Wrk.ItemCode WHERE (((tblPADetail_Wrk.Prior_Approval_Number)=[parmPA]));

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.22. 3.25 qry_Get_PA_Details_Real

Query Name:	qry_Get_PA_Details_Real
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); SELECT tblPADetail.*, tblBenefitItem.BenefitDescription, tblBenefitItem.Group_Id, tblBenefitItem.Required_Ids FROM tblBenefitItem RIGHT JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA]));

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5.23. 3.26 qry_GetBenefitItemDisplayOrder

Query Name:	qry_GetBenefitItemDisplayOrder
Query Description:	
Query Statement :	SELECT Max(tblBenefitItem.Display_Order) AS Last_Display_Order FROM tblBenefitItem;

5.24. 3.27 qry_GetEyeExamsForPa

Query Name:	qry_GetEyeExamsForPa
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); SELECT tblPADetail.* FROM tblBenefitItem RIGHT JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA]) AND ((tblBenefitItem.BenefitType_Id)=2));

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5.25. 3.28 qry_GetLensTypeForPa

Query Name:	qry_GetLensTypeForPa
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); SELECT tblPADetail_Wrk.*, tblBenefitItem.LenseType_Id FROM tblBenefitItem RIGHT JOIN tblPADetail_Wrk ON tblBenefitItem.ItemCode = tblPADetail_Wrk.ItemCode WHERE (((tblBenefitItem.LenseType_Id)>0) AND ((tblPADetail_Wrk.Prior_Approval_Number)=[parmPA]));

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.26. 3.29 qry_GetPAdetailsForPaAndProductType

Query Name:	qry_GetPAdetailsForPaAndProductType
Query Description:	
Query Statement :	PARAMETERS parmProductType_Id Short, parmPA Text (255); SELECT tblPADetail.* FROM tblBenefitItem RIGHT JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblBenefitItem.ProductType_Id)=[parmProductType_Id]) AND ((tblPADetail.Prior_Approval_Number)=[parmPA]));

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.27. 3.30 qry_GetPATotalApprovedAmount

Query Name:	qry_GetPATotalApprovedAmount
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); SELECT tblPADetail_Wrk.Prior_Approval_Number, Sum(tblPADetail_Wrk.ApprovedAmount) AS SumOfApprovedAmount, Sum(tblPADetail_Wrk.PaidAmount) AS SumOfPaidAmount FROM tblPADetail_Wrk GROUP BY tblPADetail_Wrk.Prior_Approval_Number HAVING (((tblPADetail_Wrk.Prior_Approval_Number)=[parmPA]));

5.28. 3.31 qry_GetStatusDescription

Query Name:	qry_GetStatusDescription
Query Description:	
Query Statement :	PARAMETERS parmStatus_Id Short; SELECT CT_PAStatus.* FROM CT_PAStatus WHERE (((CT_PAStatus.PAStatus_Id)=[parmStatus_Id]));

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5.29. 3.32 qry_HasPABeenAmended

Query Name:	qry_HasPABeenAmended
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); SELECT tblPaAmendSummary.Amend_Id, tblPaAmendSummary.Amended FROM tblPaAmendSummary WHERE (((tblPaAmendSummary.Prior_Approval_Number)=[parmPA]) AND ((tblPaAmendSummary.Amended)=True));

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5.30. 3.33 qry_Medical_Justification

Query Name:	qry_Medical_Justification
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); SELECT tblPADetail.ItemCode, tblBenefitItem.Medical_Justification_Required, tblBenefitItem.Exception FROM tblBenefitItem INNER JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblBenefitItem.Medical_Justification_Required)=True) AND ((tblPADetail.Prior_Approval_Number)=[parmPA]));

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.31. 3.34 qry_MedicalJustificationItems

Query Name:	qry_MedicalJustificationItems
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); SELECT tblPADetail.Prior_Approval_Number, tblBenefitItem.BenefitDescription FROM tblBenefitItem INNER JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblPADetail.Prior_Approval_Number)=[parmPA]) AND ((tblBenefitItem.Medical_Justification_Required)=True));

5.32. 3.35 qry_PADetailTotals

Query Name:	qry_PADetailTotals
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); SELECT Sum(tblPADetail_Wrk.RequestedAmount) AS SumOfRequestedAmount, Sum(tblPADetail_Wrk.ApprovedAmount) AS SumOfApprovedAmount, Sum(tblPADetail_Wrk.PaidAmount) AS SumOfPaidAmount, Count(tblPADetail_Wrk.Prior_Approval_Number) AS Number_Of_Items FROM tblPADetail_Wrk WHERE (((tblPADetail_Wrk.Prior_Approval_Number)=[parmPA]));

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.33. 3.36 qry_SAP_Check_For_Incorrect_Payments

Query Name:	qry_SAP_Check_For_Incorrect_Payments
Query Description:	
Query Statement :	SELECT DISTINCTROW tblPAHeader.Prior_Approval_Number, tblPAHeader.Last_Saved_User_Id, tblPAHeader.InvoicePaidDate, tblPAHeader.VendorInvNumber, tblPAHeader.ClaimRcvdDate, tblPAHeader.ClientKey, tblPAHeader.PaidAmount FROM tblPAHeader WHERE (((tblPAHeader.VendorInvNumber) Is Null) AND ((tblPAHeader.PAStatus_Id)=5)) OR (((tblPAHeader.ClaimRcvdDate) Is Null) AND ((tblPAHeader.PAStatus_Id)=5)) OR (((tblPAHeader.ClientKey)="" Or (tblPAHeader.ClientKey) Is Null) AND ((tblPAHeader.PAStatus_Id)=5)) OR (((tblPAHeader.PAStatus_Id)=5) AND ((tblPAHeader.PaidAmount)=0)) ORDER BY tblPAHeader.ClaimRcvdDate;

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.34. 3.37 qry_SAP_Get_Clients_With_No_SAP_Code

Query Name:	qry_SAP_Get_Clients_With_No_SAP_Code
Query Description:	
Query Statement :	SELECT DISTINCTROW tblClient.GivenNames, tblPAHeader.Prior_Approval_Number, tblClient.[GivenNames] & " " & [Surname] AS Client_Name, tblClient.Client_Number, tblClient.Client_SAPCode, tblPAHeader.Client_Reimbursement FROM tblClient RIGHT JOIN tblPAHeader ON tblClient.ClientKey = tblPAHeader.ClientKey WHERE (((tblClient.Client_SAPCode)="" Or (tblClient.Client_SAPCode) Is Null) AND ((tblPAHeader.Client_Reimbursement)=True) AND ((tblPAHeader.PAStatus_Id)=5)) ORDER BY tblClient.Client_Number;

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.35. 3.38 qry_SAP_Get_Providers_With_No_SAP_Code

Query Name:	qry_SAP_Get_Providers_With_No_SAP_Code
Query Description:	
Query Statement :	SELECT DISTINCTROW tblProvider.Contact_Name1, tblPAHeader.Prior_Approval_Number, tblProvider.Contact_Name2, tblPAHeader.Provider_Number, tblProvider.SAPCode FROM tblPAHeader LEFT JOIN tblProvider ON tblPAHeader.Provider_Number = tblProvider.Provider_Number WHERE (((tblProvider.SAPCode)="" Or (tblProvider.SAPCode) Is Null) AND ((tblPAHeader.PAStatus_Id)=5)) ORDER BY tblPAHeader.Provider_Number;

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.36. 3.39 qry_SAP_PA_Details_Ready_for_Transfer

Query Name:	qry_SAP_PA_Details_Ready_for_Transfer
Query Description:	
Query Statement :	PARAMETERS parmPA Text (255); SELECT DISTINCTROW tblPADetail.Prior_Approval_Number, tblPADetail.ItemCode, tblBenefitItem.SAP_Activity_Code, tblBenefitItem.BenefitDescription, tblPADetail.PaidAmount FROM tblBenefitItem RIGHT JOIN tblPADetail ON tblBenefitItem.ItemCode = tblPADetail.ItemCode WHERE (((tblPADetail.PaidAmount)>0) AND ((tblPADetail.Prior_Approval_Number)=[parmPA]));

5.37. 3.40 qry_SAP_PAs_Ready_for_Transfer

Query Name:	qry_SAP_PAs_Ready_for_Transfer
Query Description:	
Query Statement :	SELECT DISTINCTROW tblPAHeader.ClaimRcvdDate, tblPAHeader.Client_Reimbursement, tblPAHeader.Provider_Number, tblPAHeader.VendorInvNumber, tblPAHeader.Prior_Approval_Number, tblPAHeader.PAStatus_Id, tblPAHeader.PaidAmount, tblPAHeader.InvoicePaidDate, tblPAHeader.Last_Saved_User_Id, tblProvider.SAPCode, tblPAHeader.Client_Number, tblPAHeader.DateOfService, tblProvider.Contact_Name1, tblPAHeader.BenefitType_Id, tblClient.Surname AS Client_Surname, tblPAHeader.PVBatchNo, tblPAHeader.PVDocID, tblProvider.ProviderType_Id, tblClient.Client_SAPCode FROM tblProvider INNER JOIN (tblClient INNER JOIN tblPAHeader ON tblClient.ClientKey = tblPAHeader.ClientKey) ON tblProvider.Provider_Number = tblPAHeader.Provider_Number WHERE (((tblPAHeader.PAStatus_Id)=6)) ORDER BY tblPAHeader.ClaimRcvdDate, tblPAHeader.Client_Reimbursement, tblPAHeader.Provider_Number, tblPAHeader.VendorInvNumber;

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.38. 3.41 qryPAHeader

Query Name:	qryPAHeader
Query Description:	
Query Statement :	SELECT tblPAHeader.Prior_Approval_Number, tblPAHeader.DateOfService, tblPAHeader.Provider_Number, tblProvider.Contact_Name1, tblPAHeader.Client_Number, tblPAHeader.ClientKey, tblClient.DOB, CT_PAStatus.PAStatus_Description, tblClient.Surname, [Surname] & ',' & [GivenNames] AS Client_Name, CT_BenefitType.BenefitType_Description FROM tblProvider RIGHT JOIN (tblClient RIGHT JOIN (CT_PAStatus RIGHT JOIN (tblPAHeader LEFT JOIN CT_BenefitType ON tblPAHeader.BenefitType_Id = CT_BenefitType.BenefitType_Id) ON CT_PAStatus.PAStatus_Id = tblPAHeader.PAStatus_Id) ON tblClient.ClientKey = tblPAHeader.ClientKey) ON tblProvider.Provider_Number = tblPAHeader.Provider_Number ORDER BY tblPAHeader.Prior_Approval_Number;

Appendix Z. NIHB – Alberta Vision Care Database Architecture *(continued)*

5.39. 3.42 qryPrescriber

Query Name:	qryPrescriber
Query Description:	
Query Statement :	SELECT tblPrescriber.* FROM tblPrescriber ORDER BY tblPrescriber.LastName, tblPrescriber.FirstName;

5.40. 3.43 qryProviders

Query Name:	qryProviders
Query Description:	
Query Statement :	PARAMETERS parmProvider_Number Text (255); SELECT tblProvider.*, CT_ProviderType.ProviderType_Description, CT_ProviderType.Professional_Fee FROM CT_ProviderType INNER JOIN tblProvider ON CT_ProviderType.ProviderType_Id = tblProvider.ProviderType_Id WHERE (((tblProvider.Provider_Number)=[parmProvider_Number])) ORDER BY tblProvider.Provider_Number;

5.41. 3.44 qrySecurity

Query Name:	qrySecurity
Query Description:	
Query Statement :	SELECT DISTINCTROW CT_Users.*, CT_Privelege.Privelege_Desc FROM CT_Users LEFT JOIN CT_Privelege ON CT_Users.Privileges = CT_Privelege.Privelege_Type;

5.42. 3.45 rpt_Providers

Query Name:	rpt_Providers
Query Description:	
Query Statement :	SELECT tblProvider.*, CT_ProviderType.ProviderType_Description, CT_ProviderType.Professional_Fee FROM CT_ProviderType INNER JOIN tblProvider ON CT_ProviderType.ProviderType_Id = tblProvider.ProviderType_Id ORDER BY tblProvider.Contact_Name1;

5.43. 3.46 qry_SAP_PAs_Successful_Transfer

Query Name:	qry_SAP_PAs_Successful_Transfer
Query Description:	
Query Statement :	PARAMETERS parmUserID Text (255), parmBatch Text (255); UPDATE DISTINCTROW tblPAHeader SET tblPAHeader.PAStatus_Id = 7, tblPAHeader.Current_Status_Date = Now(), tblPAHeader.Last_Saved_User_Id = [parmUserID] WHERE (((tblPAHeader.PAStatus_Id)=6) AND ((tblPAHeader.PVBatchNo)=[parmBatch]));

5.44. 3.47 qry_SAP_PAs_Unsuccessful_Transfer

Query Name:	qry_SAP_PAs_Unsuccessful_Transfer
Query Description:	
Query Statement :	PARAMETERS parmUserID Text (255), parmBatch Text (255); UPDATE DISTINCTROW tblPAHeader SET tblPAHeader.PAStatus_Id = 5 WHERE (((tblPAHeader.PAStatus_Id)=6 Or (tblPAHeader.PAStatus_Id)=7) AND ((tblPAHeader.PVBatchNo)=[parmBatch]));

5.45. 3.48 qry_SAP_Prepare_PAs_Prior_to_Transfer

Query Name:	qry_SAP_Prepare_PAs_Prior_to_Transfer
Query Description:	
Query Statement :	PARAMETERS parmUserID Text (255), parmBatch Text (255); UPDATE DISTINCTROW tblPAHeader SET tblPAHeader.PAStatus_Id = 6, tblPAHeader.PVBatchNo = [parmBatch] WHERE (((tblPAHeader.PAStatus_Id)=5));

5.46. 3.49 qry_SAP_Print_Update_Client_VendorCodes

Query Name	qry_SAP_Print_Update_Client_VendorCodes
Query Description:	
Query Statement :	UPDATE tblClient INNER JOIN rpt_CoverPages ON tblClient.ClientKey = rpt_CoverPages.ClientKey SET rpt_CoverPages.SAPCode = [tblClient].[Client_SAPCode] WHERE (((rpt_CoverPages.Client_Reimbursement)=True));

5.47. 3.50 Transfer_Update_Clients

Query Name:	Transfer_Update_Clients
Query Description:	
Query Statement :	UPDATE tblClient INNER JOIN tblClient_Convert ON tblClient.ClientKey = tblClient_Convert.ClientKey SET tblClient.ClientKey = [tblClient_Convert]![ClientKey], tblClient.Client_Number = [tblClient_Convert]![Client_Number], tblClient.Surname = [tblClient_Convert]![Surname], tblClient.GivenNames = [tblClient_Convert]![GivenNames], tblClient.Alias = [tblClient_Convert]![Alias], tblClient.DOB = [tblClient_Convert]![dob], tblClient.BandNo = [tblClient_Convert]![BandNo], tblClient.Family = [tblClient_Convert]![Family], tblClient.Region = [tblClient_Convert]![Region], tblClient.Gender = [tblClient_Convert]![Gender], tblClient.Delete_Record = [tblClient_Convert]![Delete_Record], tblClient.New_Client_Key = [tblClient_Convert]![New_Client_Key], tblClient.Record_Checked = [tblClient_Convert]![Record_Checked];

Appendix AA. NIHB – Mental Health Care – Data Tables

Source: Unmodified information from ISC staff

C:\MHMS_Reg\AB\MHMS_AB (8).accdb Wednesday, June 16, 2021
Table: APPROVAL Page: 1

Properties

DateCreated:	2002/07/22 5:31:42 PM	Description:	Master Approval record table
LastUpdated:	2021/06/16 2:12:34 PM	OrderByOn:	False
RecordCount:	6584	Updatable:	True

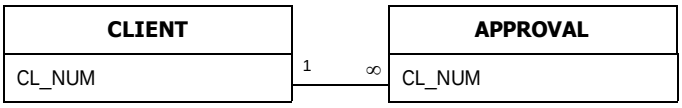
Columns

Name	Type	Size
APR_NUM	Text	11
REQ_DATE	Date/Time	8
CL_NUM	Text	10
TH_NUM	Text	15
PREV_TREAT	Yes/No	1
P_CASE_NUM	Text	10
MAX_HR_REQ	Double	8
MAX_HR_APR	Double	8
MAX_RT_REQ	Double	8
MAX_RT_APR	Double	8
TOT_AM_REQ	Double	8
TOT_AM_APR	Double	8
ST_DT_REQ	Date/Time	8
ST_DT_APR	Date/Time	8
EN_DT_REQ	Date/Time	8
EN_DT_APR	Date/Time	8
AMD_DT_REQ	Date/Time	8
AMD_DT_APR	Date/Time	8
Approval_Code	Long Integer	4
AMD_ST_DT_REQ	Date/Time	8
AMD_ST_DT_APR	Date/Time	8
Presenting_Problem	Memo	-
Primary_Issue	Memo	-
Secondary_Issue	Memo	-
Conf_Letter_Comments	Memo	-
General_Comments	Memo	-
P_CASE_START_DATE	Date/Time	8
P_CASE_END_DATE	Date/Time	8
Approval_Status	Integer	2
Authorization_Number	Text	25
Fax_Date	Date/Time	8
PA_Amended	Yes/No	1
On_Medication	Yes/No	1
Presenting_Problem_Id	Long Integer	4
Primary_Issue_Id	Long Integer	4
Secondary_Issue_Id	Long Integer	4
AmendHoursRequested1	Double	8
AmendHoursApproved1	Double	8
AmendHoursRequested2	Double	8
AmendHoursApproved2	Double	8
AmendStartDateRequested2	Date/Time	8
AmendEndDateRequested2	Date/Time	8
AmendStartDateApproved2	Date/Time	8

AmendEndDateApproved2	Date/Time	8
AmendmentSummary	Memo	-
FirstAmendmentApprovedDate	Date/Time	8
SecondAmendmentApprovedDate	Date/Time	8

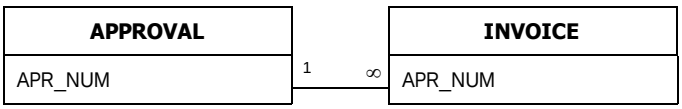
Relationships

CLIENTAPPROVAL



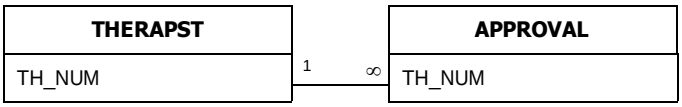
Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

APPROVALINVOICE



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

THERAPSTAPPROVAL



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

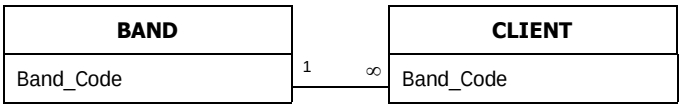
DateCreated:	2002/07/22 5:31:44 PM	Description:	Band lookup table
LastUpdated:	2021/06/16 2:12:57 PM	RecordCount:	998
Updatable:	True		

Columns

Name	Type	Size
Band_Code	Integer	2
BandName	Text	50
Indian_Organization	Text	50

Relationships

BANDCLIENT



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

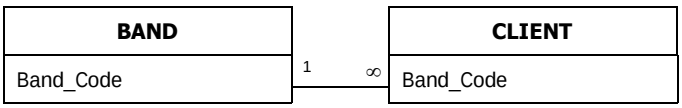
DateCreated:	2002/07/22 5:31:44 PM	Description:	Client table
LastUpdated:	2021/06/16 2:13:15 PM	OrderByOn:	True
RecordCount:	4177	Updatable:	True

Columns

Name	Type	Size
CL_NUM	Text	10
Lastname	Text	25
Firstname	Text	25
Alias	Text	50
BirthDate	Date/Time	8
Sex	Text	1
Address	Text	50
City	Text	25
Province	Text	2
PostalCode	Text	6
Phone	Text	10
Band_Code	Integer	2
Client_Code	Long Integer	4
Alternate_Numbers	Text	100
SAPCode	Text	11
Internal_Order	Text	5

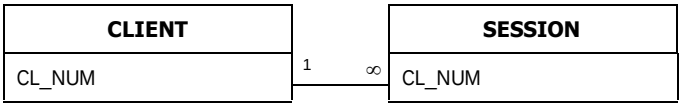
Relationships

BANDCLIENT



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

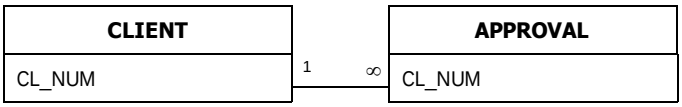
CLIENTSESSION



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

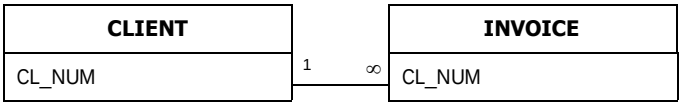
Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

CLIENTAPPROVAL



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

CLIENTINVOICE



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2003/10/01 9:31:50 AM	Description:	Approval Amendment Reason lookup table
LastUpdated:	2021/06/16 2:13:51 PM	OrderByOn:	True
RecordCount:	12	Updatable:	True

Columns

Name	Type	Size
AmendReason_Id	Long Integer	4
AmendReason_Description	Text	50
System_Record	Yes/No	1

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2002/07/22 5:31:46 PM	Description:	SAP Export Status lookup table
LastUpdated:	2021/06/16 2:15:13 PM	OrderByOn:	False
RecordCount:	5	Updatable:	True

Columns

Name	Type	Size
Export_Status_Id	Long Integer	4
Export_Status_Desc	Text	35

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2003/10/01 9:31:50 AM	Description:	Approval Status lookup table
LastUpdated:	2021/06/16 2:15:31 PM	OrderByOn:	False
RecordCount:	3	Updatable:	True

Columns

Name	Type	Size
PAStatus_Id	Long Integer	4
PAStatus_Description	Text	100

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2012/11/17 12:57:24 PM	DefaultView:	2
Description:	Region lookup table	LastUpdated:	2021/06/16 2:15:46 PM
OrderByOn:	False	Orientation:	Left-to-Right
RecordCount:	9	Updatable:	True

Columns

Name	Type	Size
RegionID	Long Integer	4
RegionDescription	Text	50

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2011/06/27 12:47:33 PM	DefaultView:	2
Description:	Therapist Type lookup table	LastUpdated:	2021/06/16 2:16:11 PM
OrderByOn:	False	Orientation:	Left-to-Right
RecordCount:	7	Updatable:	True

Columns

Name	Type	Size
TherapistTypeId	Long Integer	4
TherapistTypeDescription	Text	100

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

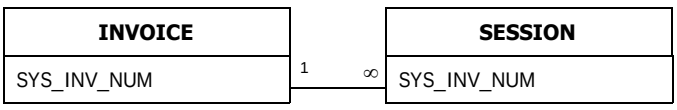
AlternateBackShade:	100	AlternateBackThemeColorIn	-1
AlternateBackTint:	100	BackShade:	100
BackTint:	100	DatasheetForeThemeColorIn	-1
DatasheetGridlinesThemeCol	-1	DateCreated:	2002/07/22 5:31:46 PM
DefaultView:	2	Description:	Approval Invoice detail table
DisplayViewsOnSharePointSit	1	FilterOnLoad:	False
GUID:	{guid {E29FA1A8-17F2-45BF-8B4C-595BD035EF91}}	HideNewField:	False
LastUpdated:	2021/06/16 2:16:37 PM	OrderByOn:	False
OrderByOnLoad:	True	Orientation:	Left-to-Right
PublishToWeb:	1	RecordCount:	18998
ThemeFontIndex:	-1	TotalsRow:	False
Updatable:	True		

Columns

Name	Type	Size
SYS_INV_NUM	Long Integer	4
Inv_Num	Text	16
Inv_Date	Date/Time	8
APR_NUM	Text	15
CL_NUM	Text	10
TH_NUM	Text	15
Paid_Date	Date/Time	8
Tot_Amt	Currency	8
Comments	Memo	-
Authorization_Number	Text	25
ClientReimbursement	Yes/No	1
Export_Status_Id	Long Integer	4
PV_Number	Text	25
Batch_Number	Text	15
Exported_By	Text	25
Export_Date	Date/Time	8
GST	Yes/No	1
DatePrintedOnInvoice	Date/Time	8
UpdateDate	Date/Time	8

Relationships

INVOICESESSION



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

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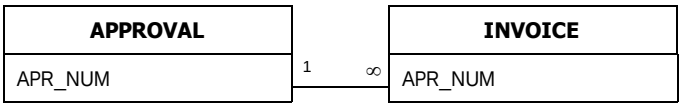
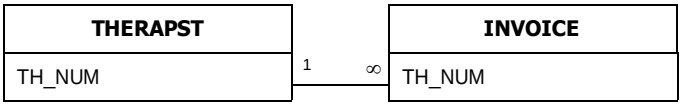
Table: INVOICE Page: 12

APPROVALINVOICE



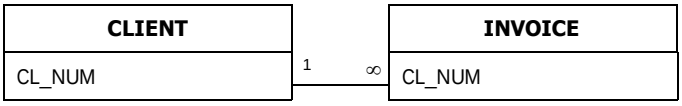
Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

THERAPSTINVOICE



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

CLIENTINVOICE



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2002/07/22 5:31:49 PM	Description:	Mental Health Reason lookup table
LastUpdated:	2021/06/16 2:17:07 PM	OrderBy:	MentalHealthReasons.Reason_Id
OrderByOn:	True	RecordCount:	77
Updatable:	True		

Columns

Name	Type	Size
Reason_Id	Long Integer	4
Reason_Description	Text	255
Code	Text	50

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2002/07/22 5:31:49 PM	Description:	Province lookup table
LastUpdated:	2021/06/16 2:17:24 PM	RecordCount:	10
Updatable:	True		

Columns

Name	Type	Size
Province	Text	2
Description	Text	50

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2002/07/22 5:31:49 PM	Description:	SAP Coding Block lookup table
LastUpdated:	2021/06/16 2:18:04 PM	OrderByOn:	False
RecordCount:	1	Updatable:	True

Columns

Name	Type	Size
Region	Text	2
Province	Text	2
CostCentre	Text	6
GL	Text	5
Program_Activity	Text	4
DAO	Text	4
AcctgPeriodMonth	Text	2
AcctgPeriodYear	Text	4
Fiscal_Year_Start	Text	4
Fiscal_Year_End	Text	4
Commitment_Number	Text	10
Commitment_LineNumber	Text	3

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2002/07/22 5:31:49 PM	DefaultView:	2
Description:	SAP Batch Export table	LastUpdated:	2021/06/16 2:18:29 PM
OrderByOn:	False	Orientation:	Left-to-Right
RecordCount:	17	Updatable:	True

Columns

Name	Type	Size
Batch_Number	Text	6
Data_Transfer_Date	Date/Time	8
Transfer_User	Text	15
Transfer_Successful	Yes/No	1
Total_Number_of_Invoices	Integer	2
Total_Amount	Currency	8
Cancelled	Yes/No	1
Cancelled_by	Text	15
Cancelled_On	Date/Time	8
FileName	Text	255
FileContents	Memo	-
ExportType	Text	50
BatchID	Long Integer	4
SAPPostingDate	Date/Time	8
FtpTransfer	Yes/No	1
FtpOmtsUserID	Text	15
FtpUserID	Text	15
FtpDate	Date/Time	8

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2012/08/17 3:07:23 PM	DefaultView:	2
Description:	SAP Batch Export log/audit table	LastUpdated:	2021/06/16 2:19:08 PM
OrderByOn:	False	Orientation:	Left-to-Right
RecordCount:	44	Updatable:	True

Columns

Name	Type	Size
ID	Long Integer	4
Batch_Number	Text	10
User_Id	Text	50
Action_Description	Text	50
Action_Date	Date/Time	8
Action_Time	Text	15
Log	Memo	-
NovelleUser_ID	Text	15
FtpUserID	Text	15
SAPBatchCancelled	Yes/No	1
SAPBatchCancellationDate	Date/Time	8
SAPBatchCancelledBy	Text	50

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

AlternateBackShade:	100	AlternateBackThemeColorIn	-1
AlternateBackTint:	100	BackShade:	100
BackTint:	100	DatasheetForeThemeColorIn	-1
DatasheetGridlinesThemeCol	-1	DateCreated:	2002/07/22 5:31:53 PM
DefaultView:	2	Description:	MHMS application user table.
DisplayViewsOnSharePointSit	1	FilterOnLoad:	False
GUID:	{guid {B9C6FED6-F084-42AD-A758-3E0114534008}}	HideNewField:	False
LastUpdated:	2021/06/16 2:19:58 PM	OrderByOn:	False
OrderByOnLoad:	True	Orientation:	Left-to-Right
PublishToWeb:	1	RecordCount:	13
ThemeFontIndex:	-1	TotalsRow:	False
Updatable:	True		

Columns

Name	Type	Size
UserID	Long Integer	4
UserName	Text	20
LastName	Text	50
FirstName	Text	50
Privileges	Integer	2
Language	Integer	2
Authorization_Number	Text	25
CanExport	Yes/No	1
CanViewPA	Yes/No	1
CanViewInvoices	Yes/No	1
CanFixSAPPayments	Yes/No	1
CanRunReports	Yes/No	1
ActiveFlag	Yes/No	1
AccountLocked	Yes/No	1
ResetPasswordOnLogin	Yes/No	1
UpdateDate	Date/Time	8
UpdateBy	Text	50

C:\MHMS_Reg\AB\MHMS_AB (8).accdb Wednesday, June 16, 2021
Table: SESSION Page: 19

Properties

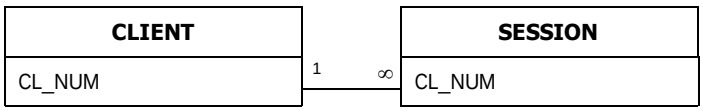
DateCreated:	2002/07/22 5:31:54 PM	DefaultView:	2
Description:	Approval Session detail table.	LastUpdated:	2021/06/16 2:20:37 PM
OrderByOn:	False	Orientation:	Left-to-Right
RecordCount:	34838	Updatable:	True

Columns

Name	Type	Size
SYS_INV_NUM	Long Integer	4
Ses_Num	Double	8
Ses_Date	Date/Time	8
CL_NUM	Text	10
TH_NUM	Text	15
Hours	Double	8
Fee	Double	8
Type	Integer	2
Assessment_Date	Date/Time	8
Authorization_Number	Text	25
RequestedHours	Double	8
RequestedFeePerHour	Double	8
TotalRequestedFees	Double	8
TotalApprovedFees	Double	8
SessionID	Long Integer	4
UpdateDate	Date/Time	8

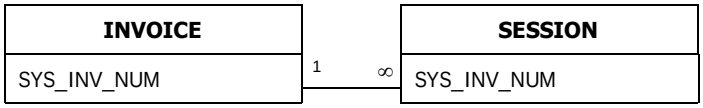
Relationships

CLIENTSESSION



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

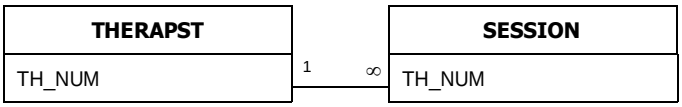
INVOICESESSION



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

THERAPSTSESSION



Attributes:	Enforced, Cascade Updates
RelationshipType:	One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2002/07/22 5:32:10 PM	Description:	Gender lookup table
LastUpdated:	2021/06/16 2:21:00 PM	RecordCount:	2
Updatable:	True		

Columns

Name	Type	Size
Sex	Text	1
Description	Text	50

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

DateCreated:	2002/07/22 5:32:11 PM	DefaultView:	2
Description:	Therapist table	LastUpdated:	2021/06/16 2:22:50 PM
OrderByOn:	True	Orientation:	Left-to-Right
RecordCount:	365	Updatable:	True

Columns

Name	Type	Size
TH_NUM	Text	15
FirstName	Text	50
LastName	Text	50
Address	Text	100
Address2	Text	50
City	Text	25
Province	Text	2
PostalCode	Text	6
Phone	Text	10
Fax	Text	10
Profession	Text	25
Register	Integer	2
Rehab	Text	1
Therapist_Code	Long Integer	4
Supervisor	Text	50
Rate	Currency	8
SAPCode	Text	11
ExpiryDate	Date/Time	8
GSTApplicable	Yes/No	1
RegistrationNumber	Text	50
BillingName	Text	100
MailingAddress1	Text	100
MailingAddress2	Text	50
MailingCity	Text	25
MailingProvince	Text	2
MailingPostalCode	Text	6
MailingPhone	Text	15
MailingFax	Text	15
TherapistTypeID	Long Integer	4
ActiveFlag	Yes/No	1
UpdateDate	Date/Time	8
UpdateBy	Text	50
Comments	Memo	-
OtherFnihProgramsFlag	Yes/No	1
PaymentMethodCode	Text	1

Relationships

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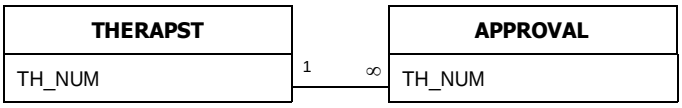
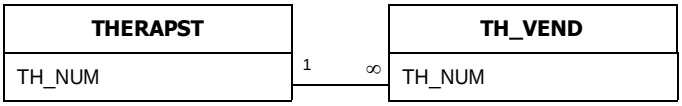
Table: THERAPST Page: 23

THERAPSTAPPROVAL



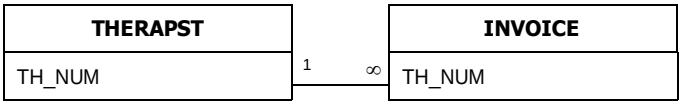
Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

THERAPSTTH_VEND



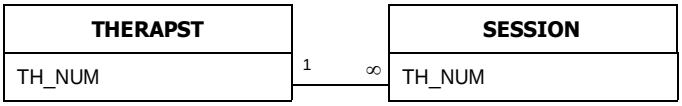
Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

THERAPSTINVOICE



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

THERAPSTSESSION



Attributes: Enforced, Cascade Updates
RelationshipType: One-To-Many

Appendix AA. NIHB – Mental Health Care – Data Tables *(continued)*

Properties

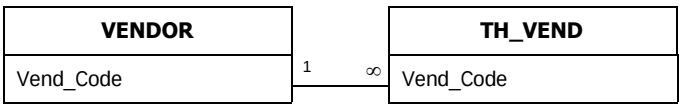
DateCreated:	2002/07/22 5:32:11 PM	Description:	Vendor table
LastUpdated:	2021/06/16 2:23:05 PM	RecordCount:	0
Updatable:	True		

Columns

Name	Type	Size
Vend_Code	Text	11
FirstName	Text	50
LastName	Text	50
Name	Text	40
Address	Text	50
City	Text	25
Province	Text	2
PostalCode	Text	6
Phone	Text	10
Fax	Text	10
GST_Num	Text	15
Vendor_Sys_Code	Long Integer	4

Relationships

VENDORTH_VEND



Attributes:	Enforced
RelationshipType:	One-To-Many

Appendix BB1. CBRT – Data Dictionary CBRT Overview

Source: Unmodified information from ISC staff

Purpose of the Community-Based Reporting Template (CBRT)
First implemented in fiscal year 2008-2009, the Community-Based Reporting Template (CBRT) is a national reporting template that collects information on program areas that some First Nations communities are required to report on annually as part of their Contribution Agreement with the First Nations and Inuit Health Branch (FNIHB). The information collected via the CBRT is one element of many that FNIHB uses to support relevant program planning and evaluation.

Program areas
The program areas covered by the CBRT from 2013-2014 through 2015-16 include:
- Healthy Child Development
- Mental Wellness
- Healthy Living
- Communicable Disease Control & Management (CDCM)
- Primary Care (Home & Community Care and Clinical & Client Care)
- Environmental Public Health.

From 2015-2016 to 2017-18, the questions on Environmental Public Health were no longer included in the CBRT.

Content
The CBRT collects four types of information relevant to FNIHB programs, including:
- What programs and services communities deliver
- How communities implement certain programs
- How community health systems operate
- Select health status and health outcome data related to clients accessing FNIHB programs or services.

Data Limitations
The data collected via the CBRT have several limitations, and any results obtained through analyses of these data should be interpreted with caution. Limitations include:
- The CBRT data represents only those communities that submitted the CBRT as required by their Contribution agreement, and is therefore not representative of all First Nations communities.
- Communities may have provided conflicting or incorrect information in error.
- There is a risk that the CBRT questions may have been interpreted differently from community to community, or that communities tracked the data reported in the CBRT in different ways.
- Not all communities that submitted a CBRT provided responses for every program area or question, and therefore not all variables have sufficient data for meaningful analysis. Variables must meet the following criteria to be eligible for FNIHB analysis purposes:
  1. The question that the variable is associated with has a sufficient response rate (i.e., at least 40% of communities that reported delivering the program responded to the question).
  2. Issues of reliability are not identified for the question responses associated with the variable (e.g., there were no obvious mathematical irregularities, the results did not rely on unverifiable counts or denominators, there were no obvious factual errors identified in the responses.)
- The CBRT datasets do not include the variables and associated data for the "Worker Information" & "CDCM Worker Information" sections of the CBRT.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15

Source: Unmodified information from ISC staff

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
	YELLOW	Have privacy implications, and cannot be shared.
	ORANGE	Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB.
	GREEN	Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.)

Column #	Data Field	Response options	Description
A	REGION	ALB ATL BC MB ON QC SK	Region that the community is located in.
B	FiscYear	yy-yy	The fiscal year during which the data was collected. E.g., '13-14' indicates the fiscal year 2013-2014.
C	Agrnum	Text-Numeric	The contribution agreement number for the community.
D	BLFLTR	Block (Flexible or Flexible Transfer) CFNA Flexible Flexible (Transitional) Set	The highest type of funding model in the contribution agreement.
E	MultiCom	0=No 1=Yes	The services delivered in the Agreement were for multiple communities.
F	NumCom	Numeric	The number of communities that services were delivered to. Asked only of those communities that reported delivering services to multiple communities.
G	ComName	Text	The name of the community.
H	ReciNam	Text	The organization / recipient name(s) linked to the agreement number.
I	HFName	Text	The name of the Health Facility Name linked to the agreement number.
J	StarDate	YYYY-MM-DD	The starting date of the fiscal year.
K	EndDate	YYYY-MM-DD	The end date of the fiscal year.
L	Submby	Text	The name of the person who submitted the completed CBRT template.
M	SubmPosition	Text	The position of the person who submitted the completed CBRT template.
N	SubmDat	YYYY-MM-DD	The date when the completed CBRT template was submitted.
O	Authby	Text	The name of the person who authorized the completed CBRT template.
P	AuthPosition	Text	The position of the person who authorized the completed CBRT template.
Q	AuthDat	YYYY-MM-DD	The date of authorization of the completed CBRT Template.
R	Hpreg	0=No 1=Yes	Healthy Pregnancy and Early Infancy programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year.
S	EarChDev	0=No 1=Yes	Early Childhood Development programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year.
T	OralH	0=No 1=Yes	Oral Health programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year.
U	MHeSuiPr	0=No 1=Yes	Mental Health and Suicide Prevention programs and services were provided in the community as part of the Mental Wellness initiatives during the reporting year.
V	SubAbuPr	0=No 1=Yes	Substance Abuse Prevention programs and services were provided in the community as part of the Mental Wellness initiatives during the reporting year.
W	ChrDisPr	0=No 1=Yes	Chronic Disease Prevention and Management programs and services were provided in the community as part of the Healthy Living initiatives during the reporting year.
X	InjPrev	0=No 1=Yes	Injury Prevention programs and services were provided in the community as part of the Healthy Living initiatives during the reporting year.
Y	Immuni	0=No 1=Yes	Vaccine-preventable Diseases and Immunization programs and services were provided in the community as part of the Communicable Disease Control and Management initiatives during the reporting year.
Z	BlBoDis	0=No 1=Yes	Blood-Borne Disease and Sexually Transmitted Infections programs and services were provided in the community as part of the Communicable Disease Control and Management intitiatives during the reporting year.
AA	RespInf	0=No 1=Yes	Respiratory Infections programs and services were provided in the community as part of the Communicable Disease Control and Management initiatives during the reporting year.
AB	ComDisEm	0=No 1=Yes	Communicable Disease Emergencies programs and services were provided in the Communicable Disease Control and Management initiatives during the reporting year.
AC	HomComCar	0=No 1=Yes	Home and Community Care programs and services were provided in the community during the reporting year.
AD	ClinClCar	0=No 1=Yes	Clinical and Client Care services* were provided in the community during the reporting year. *Clinical and Client Care services are defined as a nursing station or Health Centre with Treatment providing clinical and treatment services 24 hours a day either 5 or 7 days per week.
AE	CCCServ	0=No 1=Yes	Clinical and Client Care services provided in the community during the reporting year were provided by Health Canada. Asked only of those communites that reported having Clinical and Client Care services.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
	YELLOW	Have privacy implications, and cannot be shared.
	ORANGE	Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB.
	GREEN	Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.)

Column #	Data Field	Response options	Description
AF	EnvPubHea	0=No 1=Yes	Environmental Public Health programs and services were provided in the community during the reporting year.
AG	FTHealthManager	Numeric	The number of Full-Time Health Managers in the community at the end of the reporting year.
AH	FTBENP	Numeric	The number of Full-Time Band employed nurse practitioners in the community at the end of the reporting year.
AI	FTBDRN	Numeric	The number of Full-Time Band employed registered nurses in the community at the end of the reporting year.
AJ	FTBDLPN	Numeric	The number of Full-Time Band employed licensed practical nurses in the community at the end of the reporting year.
AK	FTHCENP	Numeric	The number of Full-Time Health Canada employed nurse practitioners in the community at the end of the reporting year.
AL	FTHCERN	Numeric	The number of Full-Time Health Canada employed registered nurses in the community at the end of the reporting year.
AM	FTHCELPN	Numeric	The number of Full-Time Health Canada employed licensed practical nurses in the community at the end of the reporting year.
AN	FTCBPOtherLicenced	Numeric	The number of Full-Time Other licensed or regulated Health Care Professionals in the community at the end of the reporting year.
AO	FTCBNNADAP	Numeric	The number of Full-Time Community-based health workers (e.g., CHR, NNADAP, ADI, AHSOR, CPNP, MCH Home Visitors, FASD Community Coordinators and Mentors, HCC Personal Care Workers, Youth Worker, Mental Health Worker) in the community at the end of the reporting year.
AP	FTCBAdmJanit	Numeric	The number of Full-Time Administrative, janitorial and housekeeping staff working in health facilities and for health programs in the community at the end of the reporting year.
AQ	FTTOTAL	Numeric	The total number of Full-Time health care workers in the community at the end of the reporting year.
AR	PTHealthManager	Numeric	The number of Part Time Health Managers in the community at the end of the reporting year.
AS	PTBENP	Numeric	The number of Part-Time and visiting Band employed nurse practitioners in the community at the end of the reporting year.
AT	PTBDRN	Numeric	The number of Part-Time and visiting Band employed registered nurses in the community at the end of the reporting year.
AU	PTBDLPN	Numeric	The number of Part-Time and visiting Band employed licensed practical nurses in the community at the end of the reporting year.
AV	PTHCENP	Numeric	The number of Part-Time and visiting Health Canada employed nurse practitioners in the community at the end of the reporting year.
AW	PTHCERN	Numeric	The number of Part-Time and visiting Health Canada employed registered nurses in the community at the end of the reporting year.
AX	PTHCELPN	Numeric	The number of Part-Time and visiting Health Canada employed licensed practical nurses in the community at the end of the reporting year.
AY	PTCBPOtherLicenced	Numeric	The number of Part-Time and visiting Other licensed or regulated Health Care Professionals in the community at the end of the reporting year.
AZ	PTCBNNADAP	Numeric	The number of Part-Time and visiting Community-based health workers (e.g., CHR, NNADAP, ADI, AHSOR, CPNP, MCH Home Visitors, FASD Community Coordinators and Mentors, HCC Personal Care Workers, Youth Worker, Mental Health Worker) in the community at the end of the reporting year.
BA	PTCBAdmJanit	Numeric	The number of Part-Time and visiting Administrative, janitorial and housekeeping staff working in health facilities and for health programs in the community at the end of the reporting year.
BB	PTTOTAL	Numeric	The total number of Part-Time and visiting health care workers in the community at the end of the reporting year.
BC	TWHealthManager	Numeric	The total number of Health Managers in the community at the end of the reporting year.
BD	TWBENP	Numeric	The total number of Band employed nurse practitioners in the community at the end of the reporting year.
BE	TWBERN	Numeric	The total number of Band employed registered nurses in the community at the end of the reporting year.
BF	TWBELPN	Numeric	The total number of Band employed licensed practical nurses in the community at the end of the reporting year.
BG	TWHCENP	Numeric	The total number of Health Canada employed nurse practitioners in the community at the end of the reporting year.
BH	TWHCRN	Numeric	The total number of Health Canada employed registered nurses in the community at the end of the reporting year.
BI	TWHCLPN	Numeric	The total number of Health Canada employed licensed practical nurses in the community at the end of the reporting year.
BJ	TWCBOtherLicensed	Numeric	The total number of Other licensed or regulated Health Care Professionals in the community at the end of the reporting year.
BK	TWCBNNADAP	Numeric	The total number of Community-based health workers (e.g., CHR, NNADAP, ADI, AHSOR, CPNP, MCH Home Visitors, FASD Community Coordinators and Mentors, HCC Personal Care Workers, Youth Worker, Mental Health Worker) in the community at the end of the reporting year.
BL	TWCBAdm	Numeric	The total number of Administrative, janitorial and housekeeping staff working in health facilities and for health programs in the community at the end of the reporting year.
BM	TWTOTAL	Numeric	The total number of health care workers in the community at the end of the reporting year.
BN	ArrangementMOH	0=No 1=Yes	The community had an arrangement with a medical officer of health or medical health officer to provide public health services to the community.
BO	ProvinceOrRegional	0=No 1=Yes	A medical officer of health or medical health officer that worked for the Province or Regional Health Authority/local health unit provided public health services to the community. Asked only of those communities that reported having an arrangment with a medical officer of health or medical health officer for provision of public health services.
BP	FNIH	0=No 1=Yes	A medical officer of health or medical health officer that worked for the First Nation and Inuit Health Branch provided public health services to the community. Asked only of those communities that reported having an arrangment with a medical officer of health or medical health officer for provision of public health services.
BQ	TribalAuthorityOrFNBand	0=No 1=Yes	A medical officer of health or medical health officer that worked for the Tribal Authority or First Nation Band provided public health services to the community. Asked only of those communities that reported having an arrangment with a medical officer of health or medical health officer for provision of public health services.
BR			
BS			
BT			
BU			
BV			
BW			
BX			
BY			

The variables and associated data for"Worker Information" are not included in this dataset.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
	YELLOW	Have privacy implications, and cannot be shared.
	ORANGE	Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB.
	GREEN	Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.)

Column #	Data Field	Response options	Description
BZ	Q2NutDiet	0=No 1=Yes	Nutrition or dietary screening activities and services were provided as part of the Pre and Postnatal Nutrition activities in the community.
CA	Q2OneNutEdu	0=No 1=Yes	One-on-one nutrition counselling/education services were provided as part of the Pre and Postnatal Nutrition activities in the community.
CB	Q2GrNutEdu	0=No 1=Yes	Group nutrition counselling/education services were provided as part of the Pre and Postnatal Nutrition activities in the community.
CC	Q2BabyFoo	0=No 1=Yes	Baby food making workshops/classes were provided as part of the Pre and Postnatal Nutrition activities in the community.
CD	Q2GrocSto	0=No 1=Yes	Grocery store tours were provided as part of the Pre and Postnatal Nutrition activities in the community.
CE	Q2FooVou	0=No 1=Yes	Food vouchers were distributed as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community.
CF	Q2CommKit	0=No 1=Yes	Community kitchens/community cooking classes were provided as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community.
CG	Q2FooBoxGr	0=No 1=Yes	Food boxes or groceries were distributed as part of of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community.
CH	Q2CommGar	0=No 1=Yes	Community gardens were part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community.
CI	Q2TradFoo	0=No 1=Yes	Traditional food gathering/distribution/preparation activities were provided as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community.
CJ	Q2EducWork	0=No 1=Yes	Breastfeeding education workshops were delivered as part of the Pre and Postnatal Nutrition activities in the community.
CK	Q2OneBrSup	0=No 1=Yes	One-on-one breastfeeding support was provided as part of the Pre and Postnatal Nutrition activities in the community.
CL	Q2GrBrSup	0=No 1=Yes	Group breastfeeding support was provided as part of the Pre and Postnatal Nutrition activities in the community.
CM	Q2PeerSup	0=No 1=Yes	Breastfeeding peer support programs were provided as part of the Pre and Postnatal Nutrition activities in the community.
CN	Q2SuppEle	0=No 1=Yes	Supportive Elements that address specific needs of at-risk clients (i.e., transportation, child care, etc.) were delivered in the community as part of the Pre and Postnatal Nutrition activities.
CO	Q3FirstTrim	Numeric	The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 1st trimester (0-12 weeks).
CP	Q3SecondTrim	Numeric	The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 2nd trimester (13-26 weeks).
CQ	Q3ThirdTrim	Numeric	The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 3rd trimester (27-40 weeks)
CR	Q3AfterBirth	Numeric	The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services after they had given birth (with an infant or infants 0-12 months of age).
CS	Q4NumbPartMoth	Numeric	The total number of participating mothers enrolled in healthy pregnancy programs with babies who turned six months during the reporting year.
CT	Q4BrFedLTTwoATLANTIC	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for at least 2 months. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration.
CU	QB4BrFedLTFourATLANTIC	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for at least 4 months. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration.
CV	Q4MothersWhoInitiatedBreastfeedingATLANTIC	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who initiated breast feeding. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration.
CW	Q4BrFedLThree	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for less than 3 months (less than 15 weeks).
CX	Q4BrFedLTThree	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for longer than 3 months and less than 6 months (15 weeks to 23 weeks).
CY	Q4BrFedSixMo	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for 6 months (24 weeks to 27 weeks).
CZ	Q4BrFedLTSixMo	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for longer than 6 months (28 weeks or more).
DA	Q4DidNotBrFeed	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older who did not initiate breastfeeding.
DB	Q4Unknown	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older for whom it was unknown if breastfeeding was initiated.
DC	Q5TotPregConc	Numeric	The total number of participants in healthy pregnancy programs whose pregnancies concluded during the reporting year.
DD	Q5MatAgeLTTwenty	Numeric	The number of women with a maternal age less than 20 years among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
DE	Q5MatAgeGEThirtyFiv	Numeric	The number of women with a maternal age of 35 years or older among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
DF	Q5SmokDurPreg	Numeric	The number of women that smoked during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
DG	Q5DrugSolvDuringPre	Numeric	The number of women that used drugs or solvents during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
DH	Q5AlcoholDuringPreg	Numeric	The number of women that consumed alcohol during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
DI	Q5DiabetesPriortoPreg	Numeric	The number of women diagnosed with diabetes before pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
	YELLOW	Have privacy implications, and cannot be shared.
	ORANGE	Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB.
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Column #	Data Field	Response options	Description
DJ	Q5DiabetesDuringPreg	Numeric	The number of women diagnosed with diabetes during pregnancy (gestational diabetes) among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
DK	Q5PrevPostPartumMoodDis	Numeric	The number of women with a previous diagnosis of post-partum mood disorders among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
DL	Q6TotNumbBabyBorn	Numeric	The total number of babies born to mothers who lived in the community during the reporting year.
DM	Q7FTLTTwentyFiveHundredGr	Numeric	The number of full term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DN	Q7FTBETTwentyFiveHundredGrandFourThousandGr	Numeric	The number of full term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DO	Q7FTGTFourThousandGr	Numeric	The number of full term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DP	Q7FTWeightUnknown	Numeric	The number of full term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year.
DQ	Q7PTLTTwentyFiveHundredGr	Numeric	The number of pre-term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DR	Q7PTBETTwentyFiveHundredGrandFourThousandGr	Numeric	The number of pre-term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DS	Q7PTGTFourThousandGr	Numeric	The number of pre-term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DT	Q7PTWeightUnknown	Numeric	The number of pre-term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year.
DU	Q7UTLTTwentyFiveHundredGr	Numeric	The number of unknown term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DV	Q7UTBETTwentyFiveHundredGrandFourThousandGr	Numeric	The number of unknown term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DW	Q7UTGTFourThousandGr	Numeric	The number of unknown term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DX	Q7UTWeightUnknown	Numeric	The number of unknown term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year.
DY	Q8InitBefSixMonths	Numeric	The number of infants who turned 6 months during the reporting year and had solid foods initiated before 6 months
DZ	Q8InitAtSixMonths	Numeric	The number of infants who turned 6 months during the reporting year and had solid foods initiated at 6 months
EA	Q8InitAfterSixMonths	Numeric	The number of infants who turned 6 months during the reporting year and had solid foods initiated after 6 months.
EB	Q8InitUnknown	Numeric	The number of infants who turned 6 months during the reporting year and for whom the time of initiation to solid foods was unknown.
EC	Q9RiskFactPregWom	0=No 1=Yes	Screening and assessments for risk factors in pregnant women and new mothers (e.g., post partum depression, chronic conditions such as Type 2 diabetes, gestational diabetes, and tobacco/alcohol/drug/solvent use) were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year.
ED	Q9RiskFactDevelopMilestones	0=No 1=Yes	Screening and assessments for risk factors for developmental milestones for infants and children were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year.
EE	Q9VisionHearDental	0=No 1=Yes	Vision/hearing/dental screenings or assessments for referrals were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year.
EF	Q10TotaReceivHomeVisits	Numeric	The total number of participants who received home visits as part of the maternal and child health home visiting and case management programming provided by the community during the reporting year. Participant is defined as the primary contact for services.
EG	Q10TotalReceivCaseManagement	Numeric	The total number of participants who received case management services as part of the maternal and child health home visiting and case management programming provided by the community during the reporting year. Participant is defined as the primary contact for services.
EH	Q11FirstTrimester	Numeric	The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 1st trimester.
EI	Q11SecondTrimester	Numeric	The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 2nd trimester.
EJ	Q11ThirdTrimester	Numeric	The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 3rd trimester.
EK	Q11Postnatal	Numeric	The number of women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit within 6 months of giving birth (postnatal).
EL	Q12CommuCapaBuildAct	0=No 1=Yes	Fetal Alcohol Spectrum Disorder community capacity building activities (i.e. awareness and prevention activities, and development of action plans) were delivered by the community during the reporting year.
EM	Q12CommuCoordinaCaseManag	0=No 1=Yes	Fetal Alcohol Spectrum Disorder community coordination or case management services were delivered by the community during the reporting year.
EN	Q12Mentoring	0=No 1=Yes	Fetal Alcohol Spectrum Disorder mentoring services were delivered by the community during the reporting year.
EO	Q12NumCommunityCoordinationCaseMgmnt	Numeric	The number of participants that received Fetal Alcohol Spectrum Disorder community coordination services or case management services during the reporting year.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
EP	Q12NumMentoring	Numeric	The number of participants that received Fetal Alcohol Spectrum Disorder mentoring services during the reporting year.
EQ	Q13aNumberCommunitiesServed	Numeric	The number of communities served by the Aboriginal Head Start On Reserve program delivered by the community.
ER	Q13bProgramOfferOutreachHomeVisit	0=No 1=Yes	The Aboriginal Head Start On Reserve program delieved by the community offers outreach/home visiting.
ES	Q13cAHSORsiteCentreBased	0=No 1=Yes	The Aboriginal Head Start On Reserve program site in the community is centre-based.
ET	Q13dAHSORProgramLicensed	0=No 1=Yes	The Aboriginal Head Start On Reserve (AHSOR) program in the community is licensed. Only asked of those communities that reported that their AHSOR site was centre-based.
EU	Q13eNumberFullDaysWeek	Numeric	The number of full days per week that the centre-based Aboriginal Head Start On Reserve (AHSOR) program in the community operates. Only asked of those communities that reported that their AHSOR site was centre-based.
EV	Q13eNumberHalfDaysWeek	Numeric	The number of half days per week that the centre-based Aboriginal Head Start On Reserve (AHSOR) program in the community operates. Only asked of those communities that reported that their AHSOR site was centre-based.
EW	Q13fAHSORProgramCoLocated	0=No 1=Yes	The Aboriginal Head Start On Reserve (AHSOR) program in the community is co-located. Only asked of those communities that reported that their AHSOR site was centre-based.
EX	Q13gAHSORProgramCoLocatedWithSchool	0=No 1=Yes	The Aboriginal Head Start On Reserve (AHSOR) program in the community is co-located with a school or daycare facility. Only asked of those communities that reported that their AHSOR was centre-based and co-located.
EY	Q14TeachingChildrenLanguage	0=No 1=Yes	Teaching children their First Nation language(s) was an activity provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
EZ	Q14TradCeremonies	0=No 1=Yes	Traditional ceremonies and activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
FA	Q14EarlyLiteracySkills	0=No 1=Yes	Early literacy skills activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
FB	Q14FineGrossMotor	0=No 1=Yes	Fine and gross motor development activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
FC	Q14ProvHealthyFoods	0=No 1=Yes	Healthy foods (snacks and/or lunches) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
FD	Q14PersonalHygieneDental	0=No 1=Yes	Healthy personal hygiene and dental habits activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
FE	Q14PhysicalActivity	0=No 1=Yes	Physical activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
FF	Q14Linkages	0=No 1=Yes	Linkages (including referrals and collaborations) to professionals and community supports and providers (e.g., housing, education, specialists) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
FG	Q14ParentAndFamily	0=No 1=Yes	Parent and family support activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
FH	Q14VisitsHealthProfess	0=No 1=Yes	Visits from health professionals (e.g., nurses and dental hygienists) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
FI	Q14SafetyEducAwar	0=No 1=Yes	Safety education and awareness activities (e.g., play ground safety, car seat technician training, car seat use, seat belt use, bike safety, etc.) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
FJ	Q15ChildrenLTThreeCB	Numeric	The number of children younger than 3 years old that participated in Centre-based Aboriginal Head Start On Reserve programming in the community.
FK	Q15ChildrenLTThreeOutrHomeVisit	Numeric	The number of children younger than 3 years old that participated in Outreach/Home visiting Aboriginal Head Start On Reserve programming in the community.
FL	Q15ChildrenLTThreeProgKeepWaitingListYorN	0=No 1=Yes	The Aboriginal Head Start On Reserve program in the community keeps a waiting list for children younger than 3 years old.
FM	Q15ChildrenLTThreeIfYesNumbOfChildrenOnWaitingList	Numeric	The number of children younger than 3 years old that are on the waiting list. Asked only of those communities that reported having a waiting list for children younger than 3 years old for the Aboriginal Head Start On Reserve program.
FN	Q15ChildrenThreeToSixCB	Numeric	The number of children 3-6 years old that participated in Centre-based Aboriginal Head Start On Reserve programming in the community.
FO	Q15ChildrenThreeToSixOutrHomeVisit	Numeric	The number of children 3-6 years that participated in Outreach/Home visiting Aboriginal Head Start On Reserve programming in the community.
FP	Q15ChildrenThreeToSixProgKeepWaitingListYorN	0=No 1=Yes	The Aboriginal Head Start On Reserve program in the community keeps a waiting list for children 3-6 years old.
FQ	Q15ChildrenThreeToSixIfYesNumbOfChildrenOnWaitingList	Numeric	The number of children 3-6 years old that are on the waiting list. Asked only of those communities that reported having a waiting list for children 3-6 years old for the Aboriginal Head Start On Reserve program.

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Column #	Data Field	Response options	Description
FR	Q16CBNumbChildrenDiagnSpNeeds	Numeric	The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were diagnosed with special needs during the reporting year.
FS	Q16CBNumbChildrenScreenedAssessedSpNe	Numeric	The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were screened/assessed for special needs during the reporting year.
FT	Q16CBNumbChildrenReferResources	Numeric	The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were referred to other resources (e.g., nurses, doctors, specialists, etc.) for special needs support or diagnosis during the reporting year.
FU	Q16CBNumberOnWaitListForDiagnAssessment	Numeric	The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were on a wait list for special needs diagnostic assessment at the end of the reporting year.
FV	Q16OUTRHVNumbChildrenDiagnSpNeeds	Numeric	The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were diagnosed with special needs during the reporting year.
FW	Q16OUTRHVNumbChildrenScreenedAssessedSpNeeds	Numeric	The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were screened/assessed for special needs during the reporting year.
FX	Q16OUTRHVNumbChildrenReferResources	Numeric	The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were referred to other resources (e.g., nurses, doctors, specialists, etc.) for special needs support or diagnosis during the reporting year.
FY	Q16OUTRHVNumberOnWaitListForDiagnAssessment	Numeric	The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were on a wait list for diagnostic assessment at the end of the reporting year.
FZ	Q17NPFPDaily	Numeric	The number of parent/family participants involved on a daily basis in centre-based Aboriginal Head Start On Reserve programs.
GA	Q17NPFPWeekly	Numeric	The number of parent/family participants involved on a weekly basis in centre-based Aboriginal Head Start On Reserve programs.
GB	Q17NPFPMonthlySpecialOccasions	Numeric	The number of parent/family participants involved on a monthly basis or on special occasions in centre-based Aboriginal Head Start On Reserve programs.
GC	Q17NPFPTotal	Numeric	The total number of parent/family participants in centre-based Aboriginal Head Start On Reserve programs.
GD	Q18CHildLTFiveTotalNumbCommuni	Numeric	The total number of children less than 5 years of age living in the community.
GE	Q18ChildLTFiveParticInCOHI	Numeric	The number of children less than 5 years of age living in the community that participated in Children's Oral Health Initiative activities during the reporting year.
GF	Q18CHildFiveToSevenTotalNumbCommuni	Numeric	The total number of children 5 to 7 years of age living in the community.
GG	Q18ChildFiveToSevenParticInCOHI	Numeric	The number of children 5 to 7 years of age living in the community that participated in Children's Oral Health Initiative activities during the reporting year.
GH	Q18NumbPrenatalOneOnOneOralHealth	Numeric	The number of prenatal clients in the community that participated in an individual session on oral health during the reporting year as part of the Children's Oral Health Initiative activities.
GI	Q18NumbPrenatalOralPresentations	Numeric	The number of individuals in the community that attended prenatal presentations on oral health during the reporting year as part of the Children's Oral Health Initiative activities.
GJ	Q18NumbGrOralHealthPresProvided	Numeric	The number of group oral health presentations provided in the community during the reporting year as part of the Children's Oral Health Initiative activities.
GK	Q19RHAHSZNutritionDietician	0=No 1=Yes	Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GL	Q19RHAHZNPhysicalActivityRecreation	0=No 1=Yes	Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GM	Q19RHAHZNSpecialistCare	0=No 1=Yes	Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GN	Q19RHAHZNTreatmentManagement	0=No 1=Yes	Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GO	Q19RHAHZNDiagnosticsScreening	0=No 1=Yes	Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GP	Q19RHAHSZDrugAlcoholTreatment	0=No 1=Yes	Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GQ	Q19RHAHZDDental	0=No 1=Yes	Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GR	Q19RHAHZDChildAndFamilySocialServiceSupports	0=No 1=Yes	Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GS	Q19RHAHSZOccupationalTherapistSpeechLanguagePathologist	0=No 1=Yes	Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.

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Column #	Data Field	Response options	Description
GT	Q19EONutritionDietician	0=No 1=Yes	Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GU	Q19EOhysicalActivityRecreation	0=No 1=Yes	Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GV	Q19EOpecialistCare	0=No 1=Yes	Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GW	Q19EOTreatmentManagement	0=No 1=Yes	Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GX	Q19EODiagnosticsScreening	0=No 1=Yes	Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GY	Q19EODrugAlcoholTreatment	0=No 1=Yes	Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GZ	Q19EODental	0=No 1=Yes	Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HA	Q19EOChildAndFamilySocialServiceSupports	0=No 1=Yes	Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HB	Q19EOccupationalTherapistSpeechLanguagePathologist	0=No 1=Yes	Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HC	Q19NPONutritionDietician	0=No 1=Yes	Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HD	Q19NPOPhysicalActivityRecreation	0=No 1=Yes	Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HE	Q19NPOSpecialistCare	0=No 1=Yes	Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HF	Q19NPOTreatmentManagement	0=No 1=Yes	Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HG	Q19NPODiagnosticsScreening	0=No 1=Yes	Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HH	Q19NPODrugAlcoholTreatment	0=No 1=Yes	Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HI	Q19NPODental	0=No 1=Yes	Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HJ	Q19NPOChildAndFamilySocialServiceSupports	0=No 1=Yes	Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HK	Q19NPOOccupationalTherapistSpeechLanguagePathologist	0=No 1=Yes	Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HL	Q19PROVNutritionDietician	0=No 1=Yes	Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HM	Q19PROVPhysicalActivityRecreation	0=No 1=Yes	Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HN	Q19PROVSpecialistCare	0=No 1=Yes	Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HO	Q19PROVTreatmentManagement	0=No 1=Yes	Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HP	Q19PROVDiagnosticsScreening	0=No 1=Yes	Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HQ	Q19PROVDrugAlcoholTreatment	0=No 1=Yes	Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HR	Q19PROVDental	0=No 1=Yes	Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HS	Q19VChildAndFamilySocialServiceSupports	0=No 1=Yes	Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.

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HT	Q19PROVOccupationalTherapistSpeechLanguagePathologist	0=No 1=Yes	Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HU	Q20aHCTrackToolUsedToTrackHCDYesOrNo	0=No 1=Yes	Health Canada tracking tools were used to track community Healthy Child Development activities during the reporting year.
HV	Q20bIfYesProvideNameTrackTool	Text	Name of the tracking tool(s) used to track community Healthy Child Development activities during the reporting. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities.
HW	Q20cTrackinToolUsefulInTrackingWorkHCD	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool was useful in tracking work in Healthy Child Development. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities.
HX	Q20dTrackingToolAidedCompletionCBRT	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities.
HY	Q20eTrackingToolUsefulAcrossActivityAreas	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities.
HZ	Q21AAwarenessActivities	0=No 1=Yes	Suicide Prevention Awareness activities were offered as part of the Mental Wellness initiatives in the community.
IA	Q21ASportRecreationOtherActiv	0=No 1=Yes	Sport, recreation and other activities to engage youth were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community.
IB	Q21ATraditionalActivities	0=No 1=Yes	Traditional activities to engage youth (e.g., land-based activities, cultural practices, skill development) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community.
IC	Q21ALifeSkillsActivities	0=No 1=Yes	Life skills activities for youth (e.g., leadership, relationships, problem solving, developing positive coping skills) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community.
ID	Q21ASuicidalBehaviour	0=No 1=Yes	Training on signs and symptoms and responding to suicidal behaviour (e.g., ASIST, SafeTalk, Mental Health First Aid, train-the trainer sessions, CISM) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community.
IE	Q21ACrisisIntervention	0=No 1=Yes	Crisis intervention (e.g., mobilizing to prevent spread of suicide) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community.
IF	Q21BWellnessActivitiesPromotingMentalHeal	0=No 1=Yes	Wellness activities promoting mental health (e.g., parenting skills, self-care, managing stress, positive relationships, emotional and spiritual well being) were offered as part of the Mental Wellness initiatives in the community. Activities may include community celebrations and recreation activities, including physical and social activities.
IG	Q21CPresentationsAndWorkshops	0=No 1=Yes	Presentations and workshops aimed at preventing substance abuse were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community.
IH	Q21CCulturalEvents	0=No 1=Yes	Cultural events to support the prevention of addictions and substance abuse and support the awareness of mental health issues were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community.
II	Q21CSupportGroups	0=No 1=Yes	Addictions recovery support groups were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community.
IJ	Q21CSchoolBasedPrograms	0=No 1=Yes	School-based programs to support awareness of substance abuse and addictions were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community.
IK	Q21DMentalHealthCrisisInterventionActivities	0=No 1=Yes	Mental health crisis intervention activities other than those specific to youth suicide prevention were offered as part of the Crisis Intervention aspect of the Mental Wellness initiatives in the community.
IL	Q22TNIIntWithYouthAtRiskForSuicide	Numeric	The total number of interventions (i.e., events) with youth at risk for suicide (e.g., counselling, assessments) that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
IM	Q22TNIIntWithIndivOrThoseAffectedAfterAttemptedSuicide	Numeric	The total number of interventions (i.e., events) with individuals or those affected after an attempted suicide (e.g., support, counselling, treatment planning) that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
IN	Q22TNIIntAfterDeathSuicideWithThoseAffect	Numeric	The total number of interventions (i.e., events) with those affected by a death by suicide that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
IO	Q22TNCIntWithYouthAtRiskForSuicide	Numeric	The total number of youth at risk for suicide that received an intervention (e.g., counselling, assessments) as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
IP	Q22TNCIntWithIndivOrThoseAffectedAfterAttemptedSuicide	Numeric	The total number of individuals or those affected after an attempted suicide that received an intervention (e.g., support, counselling, treatment planning) as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
IQ	Q22TNCIntAfterDeathSuicideWithThoseAffect	Numeric	The total number of those affected by a death by suicide that received an intervention as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
	YELLOW	Have privacy implications, and cannot be shared.
	ORANGE	Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB.
	GREEN	Were not reported directly for FNIHB purposes, but were used to calculate a number (e.g., Total number, average number per community, etc.)

Column #	Data Field	Response options	Description
IR	Q22NCFIntWithYouthAtRiskForSuicide	Numeric	The total number of youth at risk for suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
IS	Q22NCFIntWithIndivOrThoseAffectedAfterAttemptedSuicide	Numeric	The total number of individuals or those affected after an attempted suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
IT	Q22NCFIntAfterDeathSuicideWithThoseAffect	Numeric	The total number of those affected by a death by suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
IU	Q23YLTEIGHTEENScreeningAndBasicAssess	Numeric	The number of clients under 18 years of age that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IV	Q23YLTEIGHTEENBriefIntervention	Numeric	The number of clients under 18 years of age that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IW	Q23YLTEIGHTEENSComprehensiveAssessme	Numeric	The number of clients under 18 years of age that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IX	Q23YLTEIGHTEENDirectCounselling	Numeric	The number of clients under 18 years of age that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IY	Q23YLTEIGHTEENCBSupports	Numeric	The number of clients under 18 years of age that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. Note: does not include National Native Alcohol and Drug Abuse Program or Youth Solvent Abuse Program residential services.
IZ	Q23YLTEIGHTEENCulturalSupports	Numeric	The number of clients under 18 years of age that received Cultural support intervention services (e.g. support of community based elders and traditional healers) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JA	Q23YLTEIGHTEENReferralSpecializedSupport	Numeric	The number of clients under 18 years of age that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawl management) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JB	Q23FINScreeningAndBasicAssessment	Numeric	The number of clients under 18 years of age that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JC	Q23FINBriefIntervention	Numeric	The number of clients under 18 years of age that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JD	Q23FNIComprehensiveAssessment	Numeric	The number of clients under 18 years of age that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JE	Q23FNIDirectCounselling	Numeric	The number of clients under 18 years of age that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JF	Q23FNICBSupports	Numeric	The number of clients under 18 years of age that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. Note: does not include National Native Alcohol and Drug Abuse Program or Youth Solvent Abuse Program residential services.
JG	Q23FNICulturalSupports	Numeric	The number of clients under 18 years of age that received Cultural support intervention services (e.g. support of community based elders and traditional healers) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JH	Q23FNIReferralSpecializedSupports	Numeric	The number of clients under 18 years of age that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawl management) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JI	Q23ADULTScreeningAndBasicAssessment	Numeric	The number of clients 18 years of age and older that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JJ	Q23ADULTSBriefInterv ention	Numeric	The number of clients 18 years of age and older that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JK	Q23ADULTSComprehensiveAssessment	Numeric	The number of clients 18 years of age and older that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JL	Q23ADULTSDirectCounselling	Numeric	The number of clients 18 years of age and older that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JM	Q23ADULTSCBSupports	Numeric	The number of clients 18 years of age and older that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JN	Q23ADULTSCulturalSupports	Numeric	The number of clients 18 years of age and older that received Cultural support intervention services (e.g. support of community based elders and traditional healers) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JO	Q23ADULTSReferralSpecializedSupports	Numeric	The number of clients 18 years of age and older that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawl management) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JP	Q23WFINITScreeningAndBasicAssessment	Numeric	The number of clients 18 years of age and older that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JQ	Q23WFINITBriefInterv ention	Numeric	The number of clients 18 years of age and older that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JR	Q23WFINITComprehensiveAssessment	Numeric	The number of clients 18 years of age and older that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JS	Q23WFINITDirectCounselling	Numeric	The number of clients 18 years of age and older that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
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	ORANGE	Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB.
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Column #	Data Field	Response options	Description
JT	Q23WFINITCBSupports	Numeric	The number of clients 18 years of age and older that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JU	Q23WFINITCulturalSupports	Numeric	The number of clients 18 years of age and older that received Cultural support intervention services (e.g. support of community based elders and traditional healers) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JV	Q23WFINITReferralSpecializedSupports	Numeric	The number of clients 18 years of age and older that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawl management) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JW	Q24NNADAPMalesUnderTwelve	Numeric	The number of male clients under 12 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JX	Q24NNADAPFemalesUnderTwelve	Numeric	The number of female clients under 12 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JY	Q24NNADAPMalesTwelveToSeventeen	Numeric	The number of male clients 12 to 17 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JZ	Q24NNADAPFemalesTwelveToSeventeen	Numeric	The number of female clients 12 to 17 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KA	Q24NNADAPMalesGEEighteen	Numeric	The number of male clients 18 years of age and older who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KB	Q24NNADAPFemalesGEEighteen	Numeric	The number of female clients 18 years of age and older who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KC	Q24NNADAPFamilyReferrals	Numeric	The number of family referrals to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KD	Q24YSAPTCMalesUnderTwelve	Numeric	The number of male clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KE	Q24YSAPTCFemalesUnderTwelve	Numeric	The number of female clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KF	Q24YSAPTCMalesTwelveToSeventeen	Numeric	The number of male clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KG	Q24YSAPTCFemalesTwelveToSeventeen	Numeric	The number of female clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KH	Q24YSAPTCMalesGEEighteen	Numeric	The number of male clients 18 years of age and older who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KI	Q24YSAPTCFemalesGEEighteen	Numeric	The number of female clients 18 years of age and older who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KJ	Q24YSAPTCFamilyReferrals	Numeric	The number of family referrals to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KK	Q24PTCMalesUnderTwelve	Numeric	The number of male clients under 12 years of age who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KL	Q24PTCFemalesUnderTwelve	Numeric	The number of female clients under 12 years of age who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KM	Q24PTCMalesTwelveToSeventeen	Numeric	The number of male clients 12 to 17 years of age who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KN	Q24PTCFemalesTwelveToSeventeen	Numeric	The number of female clients 12 to 17 years of age who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KO	Q24PTCMalesGEEight	Numeric	The number of male clients 18 years of age and older who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KP	Q24PTCFemalesGEEighteen	Numeric	The number of female clients 18 years of age and older who were referred to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KQ	Q24PTCFamilyReferrals	Numeric	The number of family referrals to a Provincial Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KR	Q24OTCMalesUnderTwelve	Numeric	The number of male clients under 12 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KS	Q24OTCFemalesUnderTwelve	Numeric	The number of female clients under 12 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KT	Q24OTCMalesTwelveToSeventeen	Numeric	The number of male clients 12 to 17 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KU	Q24OTCFemalesTwelveToSeventeen	Numeric	The number of female clients 12 to 17 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KV	Q24OTCMalesGEEighteen	Numeric	The number of male clients 18 years of age and older who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
KW	Q24OTCFemalesGEEighteen	Numeric	The number of female clients 18 years of age and older who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KX	Q24OTCFamilyReferrals	Numeric	The number of family referrals to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KY	Q25RHAHSZMentalWellnessPromotion	0=No 1=Yes	Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KZ	Q25RHAHSZDetoxServ	0=No 1=Yes	Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LA	Q25RHAHSZAddictionTreatmentAftercare	0=No 1=Yes	Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LB	Q25RHAHSZSuicidePrevention	0=No 1=Yes	Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LC	Q25RHAHSZMentalHealthTreatmentAftercare	0=No 1=Yes	Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LD	Q25RHAHSZClientCaseManagement	0=No 1=Yes	Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LE	Q25RHAHSZCrisisResponse	0=No 1=Yes	Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LF	Q25EOMentalWellnessPromotion	0=No 1=Yes	Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LG	Q25EODetoxServ	0=No 1=Yes	Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LH	Q25EOAddictionTreatmentAftercare	0=No 1=Yes	Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LI	Q25EOSuicidePrevention	0=No 1=Yes	Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LJ	Q25EOMentalHealthTreatmentAftercare	0=No 1=Yes	Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LK	Q25EOClientCaseManagement	0=No 1=Yes	Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LL	Q25EOCrisisResponse	0=No 1=Yes	Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LM	Q25NPOMentalWellnessPromotion	0=No 1=Yes	Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LN	Q25NPODetoxServ	0=No 1=Yes	Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LO	Q25NPOAddictionTreatmentAftercare	0=No 1=Yes	Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LP	Q25NPOSuicidePrevention	0=No 1=Yes	Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LQ	Q25NPOMentalHealthTreatmentAftercare	0=No 1=Yes	Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LR	Q25NPOClientCaseManagement	0=No 1=Yes	Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LS	Q25NPOCrisisResponse	0=No 1=Yes	Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LT	Q25POLMentalWellnessPromotion	0=No 1=Yes	Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LU	Q25POLDetoxServ	0=No 1=Yes	Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LV	Q25POLAddictionTreatmentAftercare	0=No 1=Yes	Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LW	Q25POLSuicidePrevention	0=No 1=Yes	Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.

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Column #	Data Field	Response options	Description
LX	Q25POLMentalHealthTreatmentAftercare	0=No 1=Yes	Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LY	Q25POLClientCaseManagement	0=No 1=Yes	Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LZ	Q25POLCrisisResponse	0=No 1=Yes	Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
MA	Q25PROVMentalWellnessPromotion	0=No 1=Yes	Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
MB	Q25PROVDetoxServ	0=No 1=Yes	Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
MC	Q25PROVAddictionTreatmentAftercare	0=No 1=Yes	Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
MD	Q25PROVSuicidePrevention	0=No 1=Yes	Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
ME	Q25PROVMentalHealthTreatmentAftercare	0=No 1=Yes	Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
MF	Q25PROVClientCaseManagement	0=No 1=Yes	Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
MG	Q25PROVCrisisResponse	0=No 1=Yes	Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
MH	Q26aHCTrackingToolsUsedTrackMentalWellnessActivitiesYesOrNo	0=No 1=Yes	Health Canada tracking tools were used to track Mental Wellness activities during the reporting year.
MI	Q26bNameOfTrackingTool	Text	The name of the tracking tool(s) used to track Mental Wellness activities during the reporting year. Asked only of those communities that reported using a Health Canada tracking tool.
MJ	Q26cTrackingToolUsefulTrackingWorkMentalWellness	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool(s) was useful in tracking work in Mental Wellness. Asked only of those communities that reported using a Health Canada tracking tool.
MK	Q26dTrackingToolAidedCompletionCBRT	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool(s) aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool.
ML	Q26eTrackingToolUsefulAcrossActivityAreas	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool(s) was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool.
MM	Q27PAAwarenessActivities	0=No 1=Yes	Awareness activities related to physical activity were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MN	Q27PAWalkingClubs	0=No 1=Yes	Walking clubs were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MO	Q27PASportRecreationActivities	0=No 1=Yes	Sport/recreation activities (e.g., soccer, basketball, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MP	Q27PATraditionalPhysicalActivities	0=No 1=Yes	Traditional physical activites (e.g., jigging, dancing, games, showshoeing, canoeing) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MQ	Q27NUTRITIONCookingSessions	0=No 1=Yes	Cooking sessions or classes (including community kitchens) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MR	Q27NUTRITIONTraditionalHarvesting	0=No 1=Yes	Traditional harvesting, food preparation, food preservation activities (e.g., berry picking, cleaning fish, canning, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MS	Q27NUTRITIONHealthyEatingAwareness	0=No 1=Yes	Healthy eating awareness and eduction activities (e.g., health fairs, radio shows, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MT	Q27NUTRITIONGroceryTours	0=No 1=Yes	Grocery tours were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
MU	Q27NUTRITIONCommunityGardens	0=No 1=Yes	Community gardens were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MV	Q27NUTRITIONGoodFoodBoxes	0=No 1=Yes	Good food boxes were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MW	Q27NUTRITIONFoodVouchers	0=No 1=Yes	Food vouchers were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MX	Q27NUTRITIONSchoolBasedFeedingProgram	0=No 1=Yes	School-based feeding programs were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MY	Q27ADDITIONALDiabetesInfoSessions	0=No 1=Yes	Diabetes information sessions or workshops were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MZ	Q27ADDITIONALDevelopmentResourceMaterial	0=No 1=Yes	Development of resource materials (e.g., posters, cookbooks, displays, guides, etc.) occurred during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
NA	Q27ADDITIONALInjuryPreventionTraining	0=No 1=Yes	Injury prevention training and awareness raising activities (e.g., safety committees, tool kits, "A Journey to the Teachings" training, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
NB	Q28DiabetesDiagnosticScreening	0=No 1=Yes	Diabetes diagnostic screening services (e.g., fasting glucose, OGTT) were conducted in the community during the reporting year.
NC	Q28NumberIndividualsScreenedReportingYea	Numeric	The number of individuals that received diabetes diagnostic screening services (e.g., fasting glucose, OGTT) in the commuity during the reporting year. Asked only of those communities that provided this service.
ND	Q28NonDiagnosticDiabetesAwarenessPreve	0=No 1=Yes	Non-diagnostic diabetes awareness/prevention screening services (i.e., non-diagnostic screenings at schools, workplaces, sporting events, health fairs, etc.) were provided in the community during the reporting year.
NE	Q28EstimateNonDiagnostic	Numeric	An estimate of the number of non-diagnostic screenings (i.e., non-diagnostic screenings at schools, workplaces, sporting events, health fairs, etc.) conducted in the community during the reporting year.
NF	Q29DiabetesSupportHealthyLivingGroups	0=No 1=Yes	Diabetes Support or healthy living groups were provided as part of the Diabetes Management intitiatives in the community.
NG	Q29ScreeningComplicationsRetinalScreenin	0=No 1=Yes	Retinal screening services for diabetes related complications were provided as part of the Diabetes Management intitiatives in the community.
NH	Q29ScreeningComplicationsRenalScreening	0=No 1=Yes	Renal screening services for diabetes related complications were provided as part of the Diabetes Management intitiatives in the community.
NI	Q29Referrals	0=No 1=Yes	Referrals to health professionals or services were provided as part of the Diabetes Management intitiatives in the community.
NJ	Q29DiabetesSelManagementSessions	0=No 1=Yes	Diabetes self-management sessions were provided as part of the Diabetes Management intitiatives in the community.
NK	Q30SupportDiabetesEducationClinicsTrainin	0=No 1=Yes	Provided or supported diabetes education clinics and training for clients to support their self-management in the community.
NL	Q30NumberofIndividualServed	Numeric	The number of individuals served by diabetes education clinics and training for self-management of diabetes provided by the community. Asked only of those communities that provided this service.
NM	Q30FootClinicsProvided	0=No 1=Yes	Foot clinics were provided as part of the Diabetes Clinics and Training initiatives in the community.
NN	Q30NumberIndividualsServed	Numeric	The number of individuals served by diabetes related foot clinics provided by the community. Asked only of those communities that provided this service.
NO	Q31RHAHSZHealthyEatingNutrition	0=No 1=Yes	Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NP	Q31RHAHSZPhysicalActivityRecreation	0=No 1=Yes	Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NQ	Q31RHAHSZSpecialistCare	0=No 1=Yes	Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NR	Q31RHAHSZInjuryPrevention	0=No 1=Yes	Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NS	Q31RHAHSZTreatmentManagement	0=No 1=Yes	Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NT	Q31RHAHSZDiagnosticsScreening	0=No 1=Yes	Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NU	Q31EOHealthyEatingNutrition	0=No 1=Yes	Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NV	Q31EOPhysicalActivityRecreation	0=No 1=Yes	Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
NW	Q31EOSpecialistCare	0=No 1=Yes	Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NX	Q31EOInjuryPrevention	0=No 1=Yes	Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NY	Q31EOTreatmentManagement	0=No 1=Yes	Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NZ	Q31EODiagnosticsScreening	0=No 1=Yes	Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OA	Q31NPOHealthyEatingNutrition	0=No 1=Yes	Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OB	Q31NPOPhysicalActivityRecreation	0=No 1=Yes	Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OC	Q31NPOspecialistCare	0=No 1=Yes	Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OD	Q31NPOInjuryPrevention	0=No 1=Yes	Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OE	Q31NPOTreatmentManagement	0=No 1=Yes	Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OF	Q31NPODiagnosticsScreening	0=No 1=Yes	Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OG	Q31PROHealthyEatingNutrition	0=No 1=Yes	Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OH	Q31PROPhysicalActivityRecreation	0=No 1=Yes	Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OI	Q31PROspecialistCare	0=No 1=Yes	Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OJ	Q31PROInjuryPrevention	0=No 1=Yes	Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OK	Q31PROTreatmentManagement	0=No 1=Yes	Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OL	Q31PRODiagnosticsScreening	0=No 1=Yes	Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
OM	Q32aDiabetesTrackingToolChronicDiseaseRegistryT1T2	0=No 1=Yes	A diabetes tracking tool, chronic disease registry, or other tracking system was used to track clients living with type 1 and type 2 diabetes or other chronic diseases in the community.
ON	Q32bType1	Numeric	The number of individuals in the community living with type 1 diabetes according to the tracking system used by the community. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
OO	Q32bType2	Numeric	The number of individuals in the community living with type 2 diabetes according to the tracking system used by the community. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
OP	Q32cWasTrackingToolProvided	0=No 1=Yes	The tracking tool used by the community to track diabetes was provided by Health Canada. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
OQ	Q32dProvideNameTrackingTool	Text	Name of the Health Canada tracking tool used by the community to track diabetes. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
OR	Q32eTrackingToolHL	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The tracking tool(s) was useful in tracking work in Healthy Living. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
OS	Q32fTrackingToolHLCompletionCBRT	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The tracking tool(s) aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
OT	Q32gTrackingToolUsefulActivitiesAreasHL	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The tracking tool(s) was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.

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Column #	Data Field	Response options	Description
OU	Q33NumberPeopleWorkCDCMCommunity	Numeric	The number of health care workers working in Communicable Disease Control and Management (CDCM) in the community.
OV	While the heading "CDCM Worker Info" is present in the dataset, the actual variables and data for this topic are not included.		
OW			
OX			
OY			
OZ			
PA			
PB			
PC			
PD	Q35HIVAIDSBloodBorneSTIs	Numeric	The number of HIV/AIDS-blood borne and sexually transmitted infections awareness and education activities conducted in the community.
PE	Q35TB	Numeric	The number of tuberculosis awareness and education activities conducted in the community.
PF	Q35Immunization	Numeric	The number of immunization awareness and education activities conducted in the community.
PG	Q35PandemicPlannin	Numeric	The number of pandemic planning awareness and education activities conducted in the community.
PH	Q35InfectionPreventionControl	Numeric	The number of infection prevention and control awareness and education activities conducted in the community.
PI	Q36FNIHBNationalOffice	0=No 1=Yes	A health status report that included data on communicable diseases was received by the community from the First Nations and Inuit Health Branch national office.
PJ	Q36FNIHRegionalOffice	0=No 1=Yes	A health status report that included data on communicable diseases was received by the community from the First Nations and Inuit Health Branch regional office.
PK	Q36Province	0=No 1=Yes	A health status report that included data on communicable diseases was received by the community from the Province.
PL	Q36DistrictRHA	0=No 1=Yes	A health status report that included data on communicable diseases was received from the District/Regional Health Authority.
PM	Q36Other	0=No 1=Yes	A health status report that included data on communicable diseases was received from Other Organization.
PN	Q37aReportReceivedInformationSpecific	0=No 1=Yes	The community received a health status report that included data on communicable diseases, and information that was specific to the community. Asked only of those communities that reported receiving a health status report on communicable diseases.
PO	Q37bUseReportProgrammingDecisions	0=No 1=Yes	The community used the health status report that included data on communicable diseases for programming decisions in the community. Asked only of those communities that reported receiving a health status report on communicable diseases.
PP	Q37bBriefDescription	Text	A brief description of either a) how the health status report that included data on communicable diseases was used by the community, or b) why the health status report was not used by the community.
PQ	Q38aCommunityPandemicPlan	0=No 1=Yes	The community had a pandemic plan as part of its Communicable Disease Control and Management initiatives.
PR	Q38bCommunityPandemicPlanLastUpdated	YYYY-MM-DD	The date that the Pandemic Plan was last updated. Asked only of those communities that reported having a pandemic plan.
PS	Q38cCommunityTestedPandemicPlanEngagingAppropriateStakeho	0=No 1=Yes	The community has tested the Pandemic Plan engaging the appropriate stakeholders as identified in the plan. Asked only of those communities that reported having a pandemic plan.
PT	Q38dCommunityPlanTestedDate	YYYY-MM-DD	The date that the Pandemic Plan was last tested. Asked only of those communities that had tested the plan engaging the appropriate stakeholders as identified in the plan.
PU	Q38eCommunityAllHazardsEmergencyPlan	0=No 1=Yes	The community had an all hazards emergency plan. Asked only of those communities that reported having a pandemic plan.
PV	Q38fCommunityPlanBeenIntegratedEmergencyManagementPlan	0=No 1=Yes	The community Pandemic Plan has been integrated with the Emergency Management Plan. Asked only of those communities that reported having an all hazards emergency plan.
PW	Q39PNChildrenLTOneYear	Numeric	The number of children less than 1 year of age living in the community (i.e., on-reserve population including non-First Nations).
PX	Q39PNChildrenOneToFourYears	Numeric	The number of children 1 to 4 years of age living in the community (i.e., on-reserve population including non-First Nations).
PY	Q39PNChildrenYouthFiveToNineteenYears	Numeric	The number of children/youth 5 to 19 years of age living in the community (i.e., on-reserve population including non-First Nations).

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Column #	Data Field	Response options	Description
PZ	Q39PNAdultsTwentyToFiftyNineYears	Numeric	The number of adults 20 to 59 years of age living in the community (i.e., on-reserve population including non-First Nations).
QA	Q39PNAdultsGESixtyYears	Numeric	The number of adults 60 years of age and older living in the community (i.e., on-reserve population including non-First Nations).
QB	Q39PNTotalPopulation	Numeric	The population count for the community (i.e., on-reserve population including non-First Nations).
QC	Q39PDSChildrenLTOneYear	Text	The data source used for the number of children less than 1 year of age living in the community (i.e., on-reserve population including non-First Nations). For example, INAC, Health Centre data, other community data.
QD	Q39PDSChildrenOneToFourYears	Text	The data source used for the number of children 1 to 4 years of age living in the community (i.e., on-reserve population including non-First Nations). For example, INAC, Health Centre data, other community data.
QE	Q39PDSChildrenYouthFiveToNineteenYears	Text	The data source used for the number of children/youth 5 to 19 years of age living in the community (i.e., on-reserve population including non-First Nations). For example, INAC, Health Centre data, other community data.
QF	Q39PDSAdultsTwentyToFiftyNineYears	Text	The data source used for the number of adults 20 to 59 years of age living in the community (i.e., on-reserve population including non-First Nations). For example, INAC, Health Centre data, other community data.
QG	Q39PDSAdultsGESixtyYears	Text	The data source used for the number of adults 60 years of age and older living in the community (i.e., on-reserve population including non-First Nations). For example, INAC, Health Centre data, other community data.
QH	Q40LTONEYEARDiphtheria	Numeric	The number of cases of Diphtheria in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QI	Q40LTONEYEARPertussis	Numeric	The number of cases of Pertussis in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QJ	Q40LTONEYEARTetanus	Numeric	The number of cases of Tetanus in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QK	Q40LTONEYEARPoliomyelitis	Numeric	The number of cases of Poliomyelitis in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QL	Q40LTONEYEARHaemophilusInfluenzaTypeBHIB	Numeric	The number of cases of Haemophilus Influenzae type B (HiB) in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QM	Q40LTONEYEARMeasles	Numeric	The number of cases of Measles in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QN	Q40LTONEYEARMumps	Numeric	The number of cases of Mumps in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QO	Q40LTONEYEARRubella	Numeric	The number of cases of Rubella in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QP	Q40LTONEYEARHepatitisB	Numeric	The number of cases of Hepatitis B in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QQ	Q40LTONEYEARInvasiveMeningococcalDiseases	Numeric	The number of cases of Invasive Meningococcal Disease in children less than 1 year living in the community (i.e., on-reserve including non-First Nations).
QR	Q40LTONEYEARInvasivePneumococcalDisease	Numeric	The number of cases of Invasive Pneumococcal Disease in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QS	Q40LTONEYEARVaricella	Numeric	The number of cases of Varicella in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QT	Q40LTONEYEARSeasonalInfluenzaSI	Numeric	The number of cases of Seasonal Influenza (SI) in children less than 1 year of age living in the community (i.e., on-reserve including non-First Nations).
QU	Q40ONETOFOURDiphtheria	Numeric	The number of cases of Diphtheria in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
QV	Q40ONETOFOURPertussis	Numeric	The number of cases of Pertussis in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
QW	Q40ONETOFOURTetanus	Numeric	The number of cases of Tetanus in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
QX	Q40ONETOFOURPoliomyelitis	Numeric	The number of cases of Poliomyelitis in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
QY	Q40ONETOFOURHaemophilusInfluenzaTypeBHIB	Numeric	The number of cases of Haemophilus Influenzae type B (HiB) in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
QZ	Q40ONETOFOURMeasles	Numeric	The number of cases of Measles in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
RA	Q40ONETOFOURMumps	Numeric	The number of cases of Mumps in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
RB	Q40ONETOFOURRubella	Numeric	The number of cases of Rubella in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
RC	Q40ONETOFOURHepatitisB	Numeric	The number of cases of Hepatitis B in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
RD	Q40ONETOFOURInvasiveMeningococcalDiseases	Numeric	The number of cases of Invasive Meningococcal Disease in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
RE	Q40ONETOFOURInvasivePneumococcalDisease	Numeric	The number of cases of Invasive Pneumococcal Disease in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
RF	Q40ONETOFOURVaricella	Numeric	The number of cases of Varicella in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
RG	Q40ONETOFOURSeasonalInfluenzaSI	Numeric	The number of cases of Seasonal Influenza (SI) in children 1 to 4 years of age living in the community (i.e., on-reserve including non-First Nations).
RH	Q40FIVETONINETEENDiphteria	Numeric	The number of cases of Diphtheria in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RI	Q40FIVETONINETEENPertussis	Numeric	The number of cases of Pertussis in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RJ	Q40FIVETONINETEENTetanus	Numeric	The number of cases of Tetanus in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RK	Q40FIVETONINETEENPoliomyelitis	Numeric	The number of cases of Poliomyelitis in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RL	Q40FIVETONINETEENHaemophilusInfluenzaTypeBHIB	Numeric	The number of cases of Haemophilus Influenzae type B (HiB) in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RM	Q40FIVETONINETEENMeasles	Numeric	The number of cases of Measles in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RN	Q40FIVETONINETEENMumps	Numeric	The number of cases of Mumps in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RO	Q40FIVETONINETEENRubella	Numeric	The number of cases of Rubella in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RP	Q40FIVETONINETEENHepatitisB	Numeric	The number of cases of Hepatitis B in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RQ	Q40FIVETONINETEENInvasiveMeningococcalDiseases	Numeric	The number of cases of Invasive Meningococcal Disease in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RR	Q40FIVETONINETEENInvasivePneumococcalDisease	Numeric	The number of cases of Invasive Pneumococcal Disease in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RS	Q40FIVETONINETEENVaricella	Numeric	The number of cases of Varicella in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RT	Q40FIVETONINETEENSeasonalInfluenzaSI	Numeric	The number of cases of Seasonal Influenza (SI) in children/youth 5 to 19 years of age living in the community (i.e., on-reserve including non-First Nations).
RU	Q40TWENTYTOFIFTYNINEDiphteria	Numeric	The number of cases of Diphtheria in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
RV	Q40TWENTYTOFIFTYNINEPertussis	Numeric	The number of cases of Pertussis in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
RW	Q40TWENTYTOFIFTYNINETetanus	Numeric	The number of cases of Tetanus in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
RX	Q40TWENTYTOFIFTYNINEPoliomyelitis	Numeric	The number of cases of Poliomyelitis in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
RY	Q40TWENTYTOFIFTYNINEHaemophilusInfluenzaTypeBHIB	Numeric	The number of cases of Haemophilus Influenzae type B (HiB) in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
RZ	Q40TWENTYTOFIFTYNINEMeasles	Numeric	The number of cases of Measles in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
SA	Q40TWENTYTOFIFTYNINEMumps	Numeric	The number of cases of Mumps in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).

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Column #	Data Field	Response options	Description
SB	Q40TWENTYTOFIFTYNINERubella	Numeric	The number of cases of Rubella in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
SC	Q40TWENTYTOFIFTYNINEHepatitisB	Numeric	The number of cases of Hepatitis B in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
SD	Q40TWENTYTOFIFTYNINEInvasiveMeningococcalDiseases	Numeric	The number of cases of Invasive Meningococcal Disease in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
SE	Q40TWENTYTOFIFTYNINEInvasivePneumococcalDisease	Numeric	The number of cases of Invasive Pneumococcal Disease in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
SF	Q40TWENTYTOFIFTYNINEVaricella	Numeric	The number of cases of Varicella in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
SG	Q40TWENTYTOFIFTYNINESeasonalInfluenza	Numeric	The number of cases of Seasonal Influenza (SI) in adults 20 to 59 years of age living in the community (i.e., on-reserve including non-First Nations).
SH	Q40GTSIXTYDiphteria	Numeric	The number of cases of Diphtheria in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SI	Q40GTSIXTYPertussis	Numeric	The number of cases of Pertussis in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SJ	Q40GTSIXTYTetanus	Numeric	The number of cases of Tetanus in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SK	Q40GTSIXTYPoliomyelitis	Numeric	The number of cases of Poliomyelitis in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SL	Q40GTSIXTYHaemophilusInfluenzaTypeBHI	Numeric	The number of cases of Haemophilus Influenzae type B (HiB) in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SM	Q40GTSIXTYMeasles	Numeric	The number of cases of Measles in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SN	Q40GTSIXTYMumps	Numeric	The number of cases of Mumps in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SO	Q40GTSIXTYRubella	Numeric	The number of cases of Rubella in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SP	Q40GTSIXTYHepatitisB	Numeric	The number of cases of Hepatitis B in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SQ	Q40GTSIXTYInvasiveMeningococcalDiseases	Numeric	The number of cases of Invasive Meningococcal Disease in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SR	Q40GTSIXTYInvasivePneumococcalDisease	Numeric	The number of cases of Invasive Pneumococcal Disease in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SS	Q40GTSIXTYVaricella	Numeric	The number of cases of Varicella in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
ST	Q40GTSIXTYSeasonalInfluenzaSI	Numeric	The number of cases of Seasonal Influenza (SI) in individuals 60 years of age and over living in the community (i.e., on-reserve including non-First Nations).
SU	Q41TNDORDtapIPV	Numeric	The total number of DTaP-IPV vaccines received by the community.
SV	Q41TNDORDTapIPVHi	Numeric	The total number of DTaP-IPV-Hib vaccines received by the community.
SW	Q41TNDORDTap	Numeric	The total number of DTaP vaccines received by the community.
SX	Q41TNDORTdap	Numeric	The total number of Tdap vaccines received by the community.
SY	Q41TNDORHib	Numeric	The total number of Hib vaccines received by the community.
SZ	Q41TNDORMMR	Numeric	The total number of MMR vaccines received by the community.
TA	Q41TNDORHepatitisB	Numeric	The total number of Hepatitis B vaccines received by the community.
TB	Q41TNDORMenincoccalConjugate	Numeric	The total number of Meningococcal Conjugate vaccines received by the community.
TC	Q41TNDORPneumococcalConjugate	Numeric	The total number of Pneumococcal Conjugate vaccines received by the community.
TD	Q41TNDORVaricella	Numeric	The total number of Varicella vaccines received by the community.
TE	Q41TNDORPneumococcalPolysaccharide	Numeric	The total number of Pneumococcal polysaccharide vaccines received by the community.
TF	Q41TNDORHPV	Numeric	The total number of HPV vaccines received by the community.
TG	Q41TNDORInfluenz	Numeric	The total number of Influenza vaccines received by the community.
TH	Q41TNDOROther	Numeric	The total number of Other vaccines received by the community.
TI	Q41NDWDtapIPV	Numeric	The total number of DTaP-IPV vaccines wasted by the community.
TJ	Q41NDWDTapIPVHib	Numeric	The total number of DTaP-IPV-Hib vaccines wasted by the community.
TK	Q41NDWDTap	Numeric	The total number of DTaP vaccines wasted by the community.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
TL	Q41NDWTdap	Numeric	The total number of Tdap vaccines wasted by the community.
TM	Q41NDWHib	Numeric	The total number of Hib vaccines wasted by the community.
TN	Q41NDWMMR	Numeric	The total number of MMR vaccines wasted by the community.
TO	Q41NDWHepatitisB	Numeric	The total number of Hepatitis B vaccines wasted by the community.
TP	Q41NDWMenincoccalConjugate	Numeric	The total number of Meningococcal Conjugate vaccines wasted by the community.
TQ	Q41NDWPneumococcalConjugate	Numeric	The total number of Pneumococcal Conjugate vaccines wasted by the community.
TR	Q41NDWVaricella	Numeric	The total number of Varicella vaccines wasted by the community.
TS	Q41NDWPneumococcalPolysaccharide	Numeric	The total number of Pneumococcal polysaccharide vaccines wasted by the community.
TT	Q41NDWHPV	Numeric	The total number of HPV vaccines wasted by the community.
TU	Q41NDWInfluenzA	Numeric	The total number of Influenza vaccines wasted by the community.
TV	Q41NDWOther	Numeric	The total number of Other vaccines wasted by the community.
TW	Q41NDLDCCBDtapIPV	Numeric	The total number of DTaP-IPV vaccines lost due to cold chain breakages in the community.
TX	Q41NDLDCCBDTapIP	Numeric	The total number of DTaP-IPV-Hib vaccines lost due to cold chain breakages in the community.
TY	Q41NDLDCCBDTap	Numeric	The total number of DTaP vaccines lost due to cold chain breakages in the community.
TZ	Q41NDLDCCBTdap	Numeric	The total number of Tdap vaccines lost due to cold chain breakages in the community.
UA	Q41NDLDCCBHib	Numeric	The total number of Hib vaccines lost due to cold chain breakages in the community.
UB	Q41NDLDCCBMMR	Numeric	The total number of MMR vaccines lost due to cold chain breakages in the community.
UC	Q41NDLDCCBHepatitisB	Numeric	The total number of Hepatitis B vaccines lost due to cold chain breakages in the community.
UD	Q41NDLDCCBMenincoccalConjugate	Numeric	The total number of Meningococcal Conjugate vaccines lost due to cold chain breakages in the community.
UE	Q41NDLDCCBPneumococcalConjugate	Numeric	The total number of Pneumococcal Conjugate vaccines lost due to cold chain breakages in the community.
UF	Q41NDLDCCBVaricella	Numeric	The total number of Varicella vaccines lost due to cold chain breakages in the community.
UG	Q41NDLDCCBPneumococcalPolysaccharide	Numeric	The total number of Pneumococcal polysaccharide vaccines lost due to cold chain breakages in the community.
UH	Q41NDLDCCBHPV	Numeric	The total number of HPV vaccines lost due to cold chain breakages in the community.
UI	Q41NDLDCCBInfluenzA	Numeric	The total number of Influenza vaccines lost due to cold chain breakages in the community.
UJ	Q41NDLDCCBOther	Numeric	The total number of Other vaccines lost due to cold chain breakages in the community.
UK	Q42ImmunizationCoverageReportFormCompletedSubmittedReportingTemplate	0=No 1=Yes	The immunization coverage report form was completed and submitted with the CBRT reporting template by the community.
UL	Q43TBTESTUNGMALES	Numeric	The number of males living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing.
UM	Q43MaleNumberOfPositive	Numeric	The number of males living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections and tested positive during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing.
UN	Q43MaleNumberOfNegative	Numeric	The number of males living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections and tested negative during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing.
UO	Q43MaleNumberClientsFurtherAssessedActiv	Numeric	The number of males living on-reserve (including non-First Nations) who were given a tuberculosis (TST) as screening for latent tuberculosis and were further assessed for active tuberculosis during the reporting year from January 1 to December 31.
UP	Q43MaleNoTB	Numeric	The number of males living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and did not have tuberculosis during the reporting year from January 1 to December 31.
UQ	Q43MaleActiveTB	Numeric	The number of males living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and were diagnosed with active tuberculosis during the reporting year from January 1 to December 31.
UR	Q43MaleLTBI	Numeric	The number of males living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and were diagnosed with latent tuberculosis during the reporting year from January 1 to December 31.
US	Q43MalePopulationNumber	Numeric	The population count for all males living on-reserve (including non-First Nations) during the reporting year from January 1 to December 31.
UT	Q43MalePopulationDataSource	Text	The data source used for the community's population count of all males living on-reserve (including non-First Nations) for the reporting year January 1 to December 31.
UU	Q43TBTESTUNGFEMALES	Numeric	The number of females living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing.

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Column #	Data Field	Response options	Description
UV	Q43FemaleNumberOfPositive	Numeric	The number of females living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections and tested positive during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing.
UW	Q43FemaleNumberOfNegative	Numeric	The number of females living on-reserve (including non-First Nations) who were given a tuberculosis skin test (TST) as screening for latent tuberculosis infections and tested negative during the reporting year from January 1 to December 31. Includes testing done for routine screening and contract tracing.
UX	Q43FemaleNumberClientsFurtherAssessedActiveTB	Numeric	The number of females living on-reserve (including non-First Nations) who were given a tuberculosis (TST) as screening for latent tuberculosis and were further assessed for active tuberculosis during the reporting year from January 1 to December 31.
UY	Q43FemaleNoTB	Numeric	The number of females living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and did not have tuberculosis during the reporting year from January 1 to December 31.
UZ	Q43FemaleActiveTB	Numeric	The number of females living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and were diagnosed with active tuberculosis during the reporting year from January 1 to December 31.
VA	Q43FemaleLTBI	Numeric	The number of females living on-reserve (including non-First Nations) who were further assessed for active tuberculosis and were diagnosed with latent tuberculosis during the reporting year from January 1 to December 31.
VB	Q43FemalePopulationNumber	Numeric	The population count for all females living on-reserve (including non-First Nations) during the reporting year from January 1 to December 31.
VC	Q43FemalePopulationDataSource	Text	The data source used for the community's population count of all females living on-reserve (including non-First Nations) for the reporting year January 1 to December 31.
VD	Q44NANoProvincailTBPreventionControlProg	0=No 1=Yes	The community did not use tuberculosis clinical, treatment, health promotion, or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs because these programs were not available.
VE	Q44YESCommunityAvailableExpertiseResources	0=No 1=Yes	The community made use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
VF	Q44NOCommunityDoesNotMakeAvailableExpertiseResources	0=No 1=Yes	The community did not make use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
VG	Q44ProgramDevelopment	0=No 1=Yes	The community used program development expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
VH	Q44ProgramImplementation	0=No 1=Yes	The community used program implementation expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
VI	Q44ProgramEvaluation	0=No 1=Yes	The community used program evaluation expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
VJ	Q44Research	0=No 1=Yes	The community used research expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
VK	Q44ClinicalAdvice	0=No 1=Yes	The community used clinical advice expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
VL	Q45HIVTestingAccessibleOnOrNearReserve	0=No 1=Yes	HIV testing was accessible on or near the reserve.
VM	Q45HIVTreatmentAccessibleOnOrNearReserv	0=No 1=Yes	HIV treatment was accessible on or near the reserve.
VN	Q46HIVAIDSSupportGroupsCommunity	0=No 1=Yes	HIV/AIDS support groups were available in the community.
VO	Q46LimitedFunding	0=No 1=Yes	The community did not have HIV/AIDS support groups because of limited funding. Asked only of those communities that did not have HIV/AIDS support groups.
VP	Q46InsufficientCapacityEstablishLeadSupportGroups	0=No 1=Yes	The community did not have HIV/AIDS support groups because of an insufficient capacity to establish and lead support groups. Asked only of those communities that did not have HIV/AIDS support groups.
VQ	Q46NeedSupportGroupsNotIdentified	0=No 1=Yes	The community did not have HIV/AIDS support groups because the need for support groups was not identified. Asked only of those communities that did not have HIV/AIDS support groups.
VR	Q46IndividualsHIVPreferNotToInvolveHealthCentreStaff	0=No 1=Yes	The community did not have HIV/AIDS support groups because individuals with HIV prefer not to involve health centre staff in their follow-up. Asked only of those communities that did not have HIV/AIDS support groups.
VS	Q46IndividualsHIVPreferAccessServicesOffRe	0=No 1=Yes	The community did not have HIV/AIDS support groups because individuals with HIV prefer to access services off-reserve, especially for HIV/Sexually transmitted infections. Asked only of those communities that did not have HIV/AIDS support groups.
VT	Q46OtherReasons	0=No 1=Yes	The community did not have HIV/AIDS support groups because of other reasons (e.g., stigma associated with HIV/AIDS). Asked only of those communities that did not have HIV/AIDS support groups.
VU	Q47CommunityCollectAdditionalInformationBloodBornePathogens	0=No 1=Yes	Additional information on blood borne pathogens and sexually transmitted infections was collected by the community.
VV	Q47AdditionalInformationCollected	Text	A description of the types of additional information on blood borne pathogens and sexually transmitted infections collected by the community. Asked only of those communities that reported collecting additional information on blood borne pathogens and sexually transmitted infections.

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Column #	Data Field	Response options	Description
VW	Q48DoesCommunityOrgaCollaboServDelivArrangHCCServSupExtPr	0=No 1=Yes	The community or organization had a collaborative service delivery arrangement for Home and Community Care services or supports with external providers. Collaborative arrangements may be formal with a written agreement in the form of a Memorandum of Understanding, protocol, agreement, contract, etc. or informal with a non-written agreement to provide services or information to support Home and Community Care clients services in the community.
VX	Q48NumberOfAgreeDistrictOrRHA	Numeric	The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with the District or Regional Health Authority. Asked only of those communities that reported having collaborative service deliverary arrangements for Home and Community Care services or supports.
VY	Q48NumberOfAgreeHospitals	Numeric	The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with hospitals. Asked only of those communities that reported having collaborative service deliverary arrangements for Home and Community Care services or supports.
VZ	Q48NumberOfAgreeClientCareAccessCentres	Numeric	The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with Client Care Access Centres. Asked only of those communities that reported having collaborative service deliverary arrangements for Home and Community Care services or supports.
WA	Q48NumberOfAgreeOther	Numeric	The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with other organizations. Asked only of those communities that reported having collaborative service deliverary arrangements for Home and Community Care services or supports.
WB	Q49ProcessPlaceManageHCCComplaintsAppelasYesOrNo	0=No 1=Yes	The community had a process in place to manage Home and Community Care complaints and appeals.
WC	Q50HCCIncidentOccurenceReportingProcessInPlaceYesOrNo	0=No 1=Yes	The community had a Home and Community Care incident and occurance reporting process in place.
WD	Q51HCCPogramAccreditedByAccreditationCanadaOrOtherRecognizedAccreditationOrganizationYesOrNo	0=No 1=Yes	The community's Home and Community Care program has been accredited by Accreditation Canada or another recognized accreditation organization.
WE	Q52NumberOfCommunityMembersAccessedCCCServicesLeastOnc	Numeric	The number of community members that accessed Clinical and Client Care services at least once during the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WF	Q53UrgentUnderOneYear	Numeric	The number of service encounters for urgent clinical services for community members under 1 year of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WG	Q53UrgentOneToFourYears	Numeric	The number of service encounters for urgent clinical services for community members 1-4 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WH	Q53UrgentFiveToNineenYears	Numeric	The number of service encounters for urgent clinical services for community members 5-9 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WI	Q53UrgentTwentyToFortyFourYears	Numeric	The number of service encounters for urgent clinical services for community members 20-44 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WJ	Q53UrgentFortyFivetoSixtyFourYears	Numeric	The number of service encounters for urgent clinical services for community members 45-64 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WK	Q53UrgentOverSixtyFiveYears	Numeric	The number of service encounters for urgent clinical services for community members 65 years of age and older. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WL	Q53UrgentTotalEncounters	Numeric	The total number of service encounters for urgent clinical services for community members. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WM	Q53NonUrgentUnderOneYear	Numeric	The number of service encounters for non-urgent clinical services for community members under 1 year of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WN	Q53NonUrgentOneToFourYears	Numeric	The number of service encounters for non-urgent clinical services for community members 1-4 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WO	Q53NonUrgentFiveToNineteenYears	Numeric	The number of service encounters for non-urgent clinical services for community members 5-19 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WP	Q53NonUrgentTwentyToFortyFourYears	Numeric	The number of service encounters for non-urgent clinical services for community members 20-44 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WQ	Q53NonUrgentFortyFiveToSixtyFOurYears	Numeric	The number of service encounters for non-urgent clinical services for community members 45-64 years of age. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WR	Q53NonUrgentOverSixtyFiveYears	Numeric	The number of service encounters for non-urgent clinical services for community members 65 years of age and older. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WS	Q53NonUrgentTotalEncounters	Numeric	The total number of service encounters for non-urgent clinical services for community members. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WT	Q54NEDiagnosticScreeningPreventativeProcedures	Numeric	The number of primary care encounters related to diagnostic, screening and preventative procedures that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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	ORANGE	Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB.
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Column #	Data Field	Response options	Description
WU	Q54NEMedicationProvisionClinicalProcedures	Numeric	The number of primary care encounters related to medication provision and clinical procedures that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WV	Q54NESymptomsComplaints	Numeric	The number of primary care encounters related to symptoms and complaints that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WW	Q54NEProvisionTestResultsFollowUp	Numeric	The number of primary care encounters related to provision of test results and follow-up that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WX	Q54NEReferrals	Numeric	The number of primary care encounters related to referrals that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WY	Q54NEChronicDisease Management	Numeric	The number of primary care encounters related to chronic disease management that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
WZ	Q54NEOtherReasons	Numeric	The number of primary care encounters related to other reasons that were provided as part of the Clinical and Client Care services in the community during the reporting year. Category of primary care based on the International Classification of Primary Care developed by the the World Health Organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XA	Q55NursingPermanentFTEAllocatedDeliveryServicesNursingStationsHealthCentreWithTreat	Numeric	The number of nursing permanent full-time equivalents allocated to deliver the services of the nursing station/health centre with treatment at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XB	Q55NursingPermanentFTEActuallyDeliveryServicesNursingStationHealthCentreTreatment	Numeric	The number of nursing permanent full-time equivalents that actually delivered the services of the nursing station/health centre with treatment at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XC	Q55NursingFTEBandEmployedNurses	Numeric	The number of nursing permanent full-time equivalents that were filled by band-employed nurses at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XD	Q55NursingFTEAgencyNurses	Numeric	The number of nursing permanent full-time equivalents that were filled by agency nurses at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XE	Q55NursingFTEContractHCNurses	Numeric	The number of nursing permanent full-time equivalents that were filled by contract (Health Canada) nurses at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XF	Q56TotalNumberOvertimeHoursWorkedNurse	Numeric	The total number of overtime hours worked by nurses at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XG	Q57TotalNumberContractHoursWorkedAgencyNurses	Numeric	The total number of contract hours worked by agency nurses at the end of the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XH	Q58NNCPathophysiology	Numeric	The number of nurses who completed the mandatory course/certification for Pathophysiology. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XI	Q58NNCAdvancedHealthAssessment	Numeric	The number of nurses who completed the mandatory course/certification for Advanced Health Assessment. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XJ	Q58NNCPharmacotherapeutics	Numeric	The number of nurses who completed the mandatory course/certification for Pharmacotherapeutics (including a module or course to meet the upcoming Section 56 Ministerial exemption on Controlled Drugs and Substances Act CDSA). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or
XK	Q58NNCBasicTraumaLifeSupport	Numeric	The number of nurses who completed the mandatory course/certification for Basic Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XL	Q58NNCInternationalTraumaLifeSupport	Numeric	The number of nurses who completed the mandatory course/certification for International Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XM	Q58NNCAdvancedTraumaLifeSupport	Numeric	The number of nurses who completed the mandatory course/certification for Advanced Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XN	Q58NNCBasicCardiacLifeSupprtCPR	Numeric	The number of nurses who completed the mandatory course/certification for Basic Cardiac Life Support (CPR). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XO	Q58NNCAdvanceCardiacLifeSupport	Numeric	The number of nurses who completed the mandatory course/certification for Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XP	Q58NNCPaediatricAdvancedLifeSupport	Numeric	The number of nurses who completed the mandatory course/certification for Pediatric Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XQ	Q58NNCTraumaNurseCoreCourse	Numeric	The number of nurses who completed the mandatory course/certification for Trauma Nurse Core Course. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XR	Q58NNCImmunizationCertificate	Numeric	The number of nurses who completed the mandatory course/certification for Immunization certification. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
XS	Q58TTHPathophysiology	Numeric	The total number of training hours for nurses who completed the mandatory course/certification for Pathophysiology. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XT	Q58TTHAdvancedHealthAssessment	Numeric	The total number of training hours for nurses who completed the mandatory course/certification for Advanced Health Assessment. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XU	Q58TTHPharmacotherapeutics	Numeric	The total number of training hours for nurses who completed the mandatory course/certification for Pharmacotherapeutics (including a module or course to meet the upcoming Section 56 Ministerial exemption on Controlled Drugs and Substances Act CDSA). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day,
XV	Q58TTHBasicTraumaLifeSupport	Numeric	The total number of training hours for nurses who completed the mandatory course/certification for Basic Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XW	Q58TTHInternationalTraumaLifeSupport	Numeric	The total number of training hours for nurses who completed the mandatory course/certification for International Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XX	Q58TTHAdvancedTraumaLifeSupport	Numeric	The total number of training hours for nurses who completed the mandatory course/certification for Advanced Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XY	Q58TTHBasicCardiacLifeSupprtCPR	Numeric	The total number of training hours for nurses who completed the mandatory course/certification for Basic Cardiac Life Support (CPR). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
XZ	Q58TTHAdvanceCardiacLifeSupport	Numeric	The total number of training hours for nurses who completed the mandatory course/certification for Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YA	Q58TTHPaediatricAdvancedLifeSupport	Numeric	The total number of training hours for nurses who completed the mandatory course/certification for Pediatric Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YB	Q58TTHTraumaNurseCoreCourse	Numeric	The total number of training hours for nurses who completed the mandatory course/certification for Trauma Nurse Core Course. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YC	Q58TTHImmunizationCertificate	Numeric	The total number of training hours for nurses who completed the mandatory course/certification for Immunization certification. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YD	Q59NRGeneralPractitioners	Numeric	The number of referrals (scheduled and non-scheduled) made to general practioners/family physicians outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YE	Q59NRPhysicianSpecialists	Numeric	The number of referrals (scheduled and non-scheduled) made to physician specialists outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YF	Q59NRDiagnosticClinicsLaboratories	Numeric	The number of referrals (scheduled and non-scheduled) made to diagnostic clinics or laboratories (e.g., mammography, X-rays, ultrasound, CT and other imaging) outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YG	Q59NRTherapyServices	Numeric	The number of referrals (scheduled and non-scheduled) made to therapy services (e.g., physiotherapy, occupational therapy) outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YH	Q59NRDentistsOralSurgeons	Numeric	The number of referrals (scheduled and non-scheduled) made to dentists/oral surgeons outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YI	Q59NRNursePractitoners	Numeric	The number of referrals (scheduled and non-scheduled) made to nurse practitioners outside of the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YJ	Q60CommunityOrganizationCollaborativeServiceDeliveryArrangementsCCCServicesSupportsExternalProviders	0=No 1=Yes	The community has a collaborative service delivery arrangement for Clinical and Client Care services with external providers. Collaborative arrangements may be formal with a written agreement in the form of a Memorandum of Understanding, contract, etc. or informal with a non-written agreement to provide services or information to support Clinical and Client Care services in the community. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YK	Q60NAGRDistrictRegionalHealthAuthority	Numeric	The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Clinical and Client Care services with the District or Regional Health Authority. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week, and that reported having a collaborative service delivery arrangement for Clinical and Client Care services.
YL	Q60NAGRHospitals	Numeric	The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Clinical and Client Care services with hospitals. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week, and that reported having a collaborative service delivery arrangement for Clinical and Client Care services.
YM	Q60NAGROther	Numeric	The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Clinical and Client Care services with other organizations. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week, and that reported having a collaborative service delivery arrangement for Clinical and Client Care services.
YN	Q61ProcessPlaceManageCCCComplaintsAp	0=No 1=Yes	The community had a process in place to manage Clinical and Client Care complaints and appeals. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YO	Q62CCCIncidentOccurenceReportingProcessPlace	0=No 1=Yes	The community had a Clinical and Client Care incident and occurrence reporting process in place. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
YP	Q63ReportsEHOAvailableHCDirectlyEHIS	0=No 1=Yes	Reports from the environmental health officer who works in the community were available to Health Canada directly through the Environmental Health Information System.
YQ	Q64ProgramActivitesEnteredEHOIntoEHIS	0=No 1=Yes	All programs have been entered by the community environmental health officer into the Environmental Health Information System for the entire reporting year. Asked only of those communities that reported that reports from the environmental health officer were available to Health Canada through the Environmental Health Information System.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
YR	Q65ProfessionalCompetenciesTraining	0=No 1=Yes	The environmental health officer in the community completed professional competencies training during the reporting year. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
YS	Q65OtherTraining	0=No 1=Yes	The environmental health officer in the community completed other training during the reporting year. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
YT	Q66NRICommunityWastewaterSystems	Numeric	The number of routine inspections of community wastewater systems conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
YU	Q66NRIPermanentFoodFacilities	Numeric	The number of routine inspections of permanent food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
YV	Q66NRISeasonalFood Facilites	Numeric	The number of routine inspections of seasonal food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
YW	Q66NRISpecialEventFoodFacilities	Numeric	The number of routine inspections of special event food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
YX	Q66NRIHealthFacilities	Numeric	The number of routine inspections of health facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
YY	Q66NRICommunityCareFacilities	Numeric	The number of routine inspections of community care facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
YZ	Q66NRIGeneralFacilities	Numeric	The number of routine inspections of general facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZA	Q66NRIRecretionalFacilities	Numeric	The number of routine inspections of recreational facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZB	Q66NRIRecretionalWaterFacilities	Numeric	The number of routine inspections of recreational water facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZC	Q66NRISolidWasteDisposalSites	Numeric	The number of routine inspections of solid waste disposal sites conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZD	Q66NRINSPNewOnSiteSewageDisposalSyste	Numeric	The number of requested inspections of new on-site sewage disposal systems conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZE	Q66NRINSPExistingOnSiteSewageDisposalSy	Numeric	The number of requested inspections of existing on-site sewage disposal systems conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZF	Q66NRINSPCommunityWasteWaterSystems	Numeric	The number of requested inspections of community wastewater systems conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZG	Q66NRINSPHousingUnits	Numeric	The number of requested inspections of housing units conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZH	Q66NRINSPPermanentFoodFacilities	Numeric	The number of requested inspections of permanent food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZI	Q66NRINSPSeasonalFoodFacilities	Numeric	The number of requested inspections of seasonal food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZJ	Q66NRINSPSpecialEventFoodFacilities	Numeric	The number of requested inspections of special event food facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZK	Q66NRINSPHealthFacilities	Numeric	The number of requested inspections of health facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZL	Q66NRINSPCommunityCareFacilities	Numeric	The number of requested inspections of community care facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZM	Q66NRINSPGeneralFacilities	Numeric	The number of requested inspections of general facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZN	Q66NRINSPRecreationalFacilities	Numeric	The number of requested inspections of recreational facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZO	Q66NRINSPRecretionalWaterFacilities	Numeric	The number of requested inspections of recreational water facilities conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZP	Q66NRINSPSolidWasteDisposalSites	Numeric	The number of requested inspections of solid waste disposal sites conducted by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZQ	Q66TNTFYCNewOnSiteSewageDisposalSyste	Numeric	The total number of new on-site sewage disposal systems in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZR	Q66TNTFYCExistingOnSiteSewageDisposalS	Numeric	The total number of existing on-site sewage disposal systems in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.

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Column #	Data Field	Response options	Description
ZS	Q66TNTFYCCommunityWasteWaterSystems	Numeric	The total number of community wastewater systems in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZT	Q66TNTFYCHousingUnits	Numeric	The total number of housing units in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZU	Q66TNTFYCPermanentFoodFacilities	Numeric	The total number of permanent food facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZV	Q66TNTFYCSeasonalFoodFacilities	Numeric	The total number of seasonal food facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZW	Q66TNTFYCSpecialEventFoodFacilities	Numeric	The total number of special event food facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZX	Q66TNTFYCHealthFacilities	Numeric	The total number of health facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZY	Q66TNTFYCCommunityCareFacilities	Numeric	The total number of community care facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ZZ	Q66TNTFYCGeneralFacilities	Numeric	The total number of general facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAA	Q66TNTFYCRecreationalFacilities	Numeric	The total number of recreational facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAB	Q66TNTFYCRecretionalWaterFacilities	Numeric	The total number of recreational water facilities in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAC	Q66TNTFYCSolidWasteDisposalSites	Numeric	The total number of solid waste disposal sites in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAD	Q67ANumberFoodbornellIlnessInvestigationsCommunity	Numeric	The number of foodborne illness investigations completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAE	Q67AForEachIllnessInvetigationsProvideDetailsAlsoDescribeEHORoleOutComesResultsInves	Text	The details of each foodborne illness investigation completed by the environmental health officer in the community including: type (e.g., listeriosis, salmonella, etc.), scope of investigation (e.g., duration, location, number of suspected or confirmed cases of each outbreak), the environmental health officer's role, and investigation outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having foodborne illness investigations in the community.
AAF	Q67BNumberWaterbornellIlnessInvestigationsCommunity	Numeric	The number of waterborne illness investigations completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAG	Q67BBForEachIllnessInvetigationsProvideDetailsTypeScopeAlsoDescribeEHORoleOutcomesResultsInvestigation	Text	The details of each waterborne illness investigation completed by the environmental health officer in the community including: type (e.g., *E coli* , giardia, unidentified), scope of investigation (e.g., duration, location, number of suspected or confirmed cases of each outbreak), the environmental health officer's role, and investigation outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having waterborne illness investigations in the community.
AAH	Q67CNumberVectorbornellIlnessInvestigations	Numeric	The number of vectorborne illness investigations completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAI	Q67CForEachIllnessInvetigationsProvideDetailsTypeScopeAlsoDescribeEHORoleOutcomesResultsInvestigation	Text	The details of each vectorborne illness investigation completed by the environmental health officer in the community including: type (e.g., animal bite/rabies, West Nile virus, unidentifed), scope of investigation (e.g., duration, location, number of suspected or confirmed cases of each outbreak), the environmental health officer's role, and investigation outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having vectorborne illness investigations in the community.
AAJ	Q68NumberOtherEnvironmentalDiseaseInvestigations	Numeric	The number of other environmental disease investigations completed by the environmental health officer in the community. Other investigations are those for which the source is unknown or there are multiple sources. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAK	Q68SIXTYEIGHTForEachIllnessInvetigationsProvideDetailsTypeScopeAlsoDescribeEHORoleOutcomesResultsInve	Text	The details of each other environmental disease investigation completed by the environmental health officer in the community including: type (if known), scope of investigation (e.g., duration, location, number of suspected or confirmed cases of each outbreak), the environmental health officer's role, and investigation outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having other environmental investigations in the community.
AAL	Q69NumberZoonoticInterventionActivitiesCommunity	Numeric	The number of zoonotic intervention activities completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
AAM	Q69EachZoonoticInterventionActivityProvideDetailsAboutTypeScopeAlsoDescribeEHORoleOutcomesResultsInves	Text	The details of each zoonotic intervention activity completed by the environmental health officer in the community including: type (e.g., mosquito larviciding or adulticiding, dog control, rodent control), scope of surveillance activity (e.g., duration, location, number of suspected or confirmed cases of each outbreak), the environmental health officer's role, and surveillance outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having zoonotic intervention activities in the community.
AAN	Q70NumberEmergencyPlanningActivities	Numeric	The number of emergency planning activities completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAO	Q70ForEachEmergencyPlanningActivityProvideDetailsEHORoleOfOthersInvolvedTypesActivitiesUndertakenDurationOutcomesResults	Text	The details of each emergency planning activity completed by the environmental health officer in the community including: the environmental health officer's role, other parties involved, the types of activities undertaken, duration, and activity outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having emergency planning activities in the community.
AAP	Q71NumberEmergencyResponseEventsCommunity	Numeric	The number of emergency response events completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAQ	Q71ForEachEmergencyResponseEventProvideDetailsAboutEmergencyEventEHORoleOthersInvolvedTypesActivitiesUndertakenDurationOutcomesResults	Text	The details of each emergency response event completed by the environmental health officer in the community including: the environmental health officer's role, other parties involved, the types of activities undertaken, duration, and activity outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having emergency response events in the community.
AAR	Q72NumberEmergencyRecoveryActivitiesCommunity	Numeric	The number of emergency recovery activities completed by the environmental health officer in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAS	Q72ForEachEmergencyRecoveryEventProvideDetailsAboutEmergencyEventEHORoleOthersInvolvedTypesActivitiesUndertakenDurationOutcomesResults	Text	The details of each emergency recovery activity completed by the environmental health officer in the community including: the environmental health officer's role, other parties involved, the types of activities undertaken, duration, and activity outcomes/results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having emergency recovery activities in the community.
AAT	Q73NSDFoodSafety	Numeric	The number of food safety (including food handler) training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAU	Q73NSDCommunityBasedWaterMonitoringTraining	Numeric	The number of community-based water monitoring training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAV	Q73NSDHandWashingInfectionControl	Numeric	The number of hand washing and infection control training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAW	Q73NSDWHMIS	Numeric	The number of WHMIS (Workplace hazardous materials information system) training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAX	Q73NSDTransportationDangerousGoods	Numeric	The number of transportation of dangerous goods (TDG) training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAY	Q73NSDOthers	Numeric	The number of other training sessions delivered by the community environmental health officer to community members and community staff. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
AAZ	Q73TNPTFoodSafety	Numeric	The total number of people that received food safety (include food handler) training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ABA	Q73TNPTCommunityBasedWaterMonitoringTraining	Numeric	The total number of people that received community-based water monitoring training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ABB	Q73TNPTHandWashingInfectionControl	Numeric	The total number of people that received hand washing and infection control training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ABC	Q73TNPTWHMIS	Numeric	The total number of people that received WHMIS (Workplace hazardous materials information system) training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ABD	Q73TNPTTransportationDangerousGoods	Numeric	The total number of people that received transportation of dangerous goods (TDG) training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ABE	Q73TNPTOthers	Numeric	The total number of people that received other training delivered by the community environmental health officer. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
ABF	Q74NumberEnvironmentalPublicHealthEducationalTrainingMaterialsDevelopedCommunity	Numeric	The number of environmental public health educational and training materials developed in the community. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System.
ABG	Q74ForEachItemEducationalTrainingMaterialDevelopedProvideDetailsTypeMaterialEHORoleOtherPartners	Text	The details for each environmental public health educational and training material developed in the community including: the environmental health officer's role, the role of other partners, intended audience, distribution, and observed results. Only asked of communities whose reports from the environmental health officer were not available to Health Canada directly through the Environmental Health Information System, and who reported having developed environmental public health education and training material in the community.
ABH	Q75DrinkingWaterDataCollectedEHOCommunityAvailableHCThroughDatabase	0=No 1=Yes	The drinking water data collected by the environmental health officer in the community was available to Health Canada through a database (i.e., WaterTrax).
ABI	Q76NumberOfCBWMCommunity	Numeric	The number of community-based drinking water quality monitors in the community during the reporting period. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABJ	Q76NumberOfCBWMCommunityAttendedEducationalSessionOrReceivedOnSiteTraining	Numeric	The number of community-based drinking water quality monitors in the community who attended an educational session or received on-site training. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABK	Q76PIPEDWATERSYSTEMSWITHFIVECONNECIONSORMORENumberOfSamplesAnalysedForBacteriologicalParametersUsingPortableKi	Numeric	The number of samples from piped water systems with 5 connections or more in the community that were analyzed for bacteriological parameters using a portable kit. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABL	Q76PIPEDWATERSYSTEMSWITHFIVECONNECIONSORMORENumberOfSamplesAnalysedForBacteriologicalParametersAccreditedLabo	Numeric	The number of samples from piped water systems with 5 connections or more in the community that were analyzed for bacteriological parameters by an accredited laboratory. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABM	Q76PIPEDWATERSYSTEMSWITHFIVECONNECIONSORMORENumberOfSamplesAnalysedForProtozoaParameters	Numeric	The number of samples from a piped water systems with 5 connections or more in the community that were analyzed for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABN	Q76PIPEDWATERSYSTEMSWITHFIVECONNECIONSORMORENumberOfSamplesAnalysedForChemicalParameters	Numeric	The number of samples from piped water systems with 5 connections or more in the community that were analyzed for chemical parameters (routine and baseline). Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABO	Q76PIPEDWATERSYSTEMSWITHFIVECONNECIONSORMORENumberOfSamplesAnalysedForTHMParametersWhe	Numeric	The number of samples from piped water systems with 5 connections or more in the community that were analyzed for THM parameters when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABP	Q76PIPEDWATERSYSTEMSWITHFIVECONNECIONSORMORENumberOfSamplesAnalysedForRadiologicalParame	Numeric	The number of samples from piped water systems with 5 connections or more in the community that were analyzed for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABQ	Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForBacteriologicalParametersUsingPortableKit	Numeric	The number of samples from public water systems in the community that were analyzed for bacteriological parameters using a portable kit. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABR	Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForBacteriologicalParametersAccreditedLaboratory	Numeric	The number of samples from public water systems in the community that were analyzed for bacteriological parameters by an accredited laboratory. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
ABS	Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForProtozoaParameters	Numeric	The number of samples from public water systems in the community that were analyzed for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABT	Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForChemicalParameters	Numeric	The number of samples from public water systems in the community that were analyzed for chemical parameters (routine and baseline). Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABU	Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForTHMParametersWhenRequire	Numeric	The number of samples from public water systems in the community that were analyzed for THM parameters when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABV	Q76PUBLICWATERSYSTEMSNumberOfSamplesAnalysedForRadiologicalParameters	Numeric	The number of samples from public water systems in the community that were analyzed for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABW	Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForBacteriologicalParametersUsingPortableKit	Numeric	Number of samples from trucked water systems in the community that were analyzed for bacteriological parameters using a portable kit. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABX	Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForBacteriologicalParametersAccreditedLaboratory	Numeric	The number of samples from trucked water systems in the community that were analyzed for bacteriological parameters by an accredited laboratory. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABY	Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForProtozoaParameters	Numeric	The number of samples from trucked water systems in the community that were analyzed for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ABZ	Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForChemicalParameters	Numeric	The number of samples from trucked water systems in the community that were analyzed for chemical parameters (routine and baseline). Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACA	Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForTHMParametersWhenRequir	Numeric	The number of samples from trucked water systems in the community that were analyzed for THM parameters when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACB	Q76TRUCKEDWATERSYSTEMSNumberOfSamplesAnalysedForRadiologicalParameters	Numeric	The number of samples from trucked water systems in the community that were analyzed for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACC	Q76INDWATERSYSTEMSNumberSamplesAnalysedBacteriologicalParametersPortableKit	Numeric	The number of water samples from individual water systems in the community that were analyzed for bacteriological parameters using a portable kit. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACD	Q76INDWATERSYSTEMSNumberSamplesAnalysedBacteriologicalParametersAccreditedLaboratory	Numeric	The number of water samples from individual water systems in the community that were analyzed for bacteriological parameters by an accredited laboratory. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACE	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsWithFiveOrMoreConn	Numeric	The number of piped water systems with 5 or more connections in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACF	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredWeeklyForB	Numeric	The number of piped water systems with 5 or more connections in the community that were monitored weekly for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
ACG	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredOnlyBiWeek	Numeric	The number of piped water systems with 5 or more connections in the community that were monitored only biweekly for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACH	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredOnlyMonthl	Numeric	The number of piped water systems with 5 or more connections in the community that were monitored only monthly for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACI	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsNeverMonitoredForBa	Numeric	The number of piped water systems with 5 or more connections in the community that were never monitored for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACJ	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredForProtozo	Numeric	The number of piped water systems with 5 or more connections in the community that were monitored for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACK	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredForRoutine	Numeric	The number of piped water systems with 5 or more connections in the community that were monitored for routine chemical parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACL	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSysemsMonitoredForBaselin	Numeric	The number of piped water systems with 5 or more connections in the community that were monitored for baseline chemical parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACM	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsThatRequieQuarterly	Numeric	The number of piped water systems with 5 or more connections in the community that require quarterly monitoring for THMs. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACN	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredQuaterlyFor	Numeric	The number of piped water systems with 5 or more connections in the community that were monitored quarterly for THMs when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACO	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredForRadiolo	Numeric	The number of piped water systems with 5 or more connections in the community that were monitored for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACP	Q76PIPEDWATERSYSTEMSWITHFIVECONNECTIONSORMORENumberOfPipedWaterSystemsMonitoredForRadiologicalParametersLastFiveYears	Numeric	The number of piped water systems with 5 or more connections in the community that were monitored for radiological parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACQ	Q76PWSNumberOfPublicWaterSystemsComm	Numeric	The number of public water systems in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACR	Q76PWSNumberOfPublicWaterSystemsAtLeastQuarterlyForBiologicalParameters	Numeric	The number of public water systems in the community that were monitored at least quarterly (including weekly, biweekly and monthly monitoring) for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

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Column #	Data Field	Response options	Description
ACS	Q76PWSNumberOfPublicWaterSystemsNeverMonitoredForBacteriologicalParameters	Numeric	The number of public water systems in the community that were never monitored for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACT	Q76PWSNumberOfPublicWaterSystemsMonitoredForProtozoa	Numeric	The number of public water systems in the community that were monitored for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACU	Q76PWSNumberOfPublicWaterSystemsMonitoredForRoutineChemicalParameters	Numeric	The number of public water systems in the community that were monitored for routine chemical parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACV	Q76PWSNumberOfPublicWaterSystemsMonitoredForBaselineChemicalParametersLastFive	Numeric	The number of public water systems in the community that were monitored for baseline chemical parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACW	Q76PWSNumberOfPublicWaterSystemRequireQuarterlyMonitoringTH	Numeric	The number of public water systems in the community that require quarterly monitoring for THMs. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACX	Q76PWSNumberOfPublicWaterSysemsMonitoredQuarterlyforTHMWhenRequired	Numeric	The number of public water systems in the community that were monitored quarterly for THMs when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACY	Q76PWSNumberOfPublicWaterSystemsMonitoredForRadiologicalP	Numeric	The number of public water systems in the community that were monitored for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ACZ	Q76PWSNumberOfPublicWaterSystemsMonitoredForRadiologicalParametersInTheLastFiv	Numeric	The number of public water systems in the community that were monitored for radiological parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADA	Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsCom	Numeric	The number of trucked water systems in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADB	Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredAtLeastQuarterlyForBacteriologicalPar	Numeric	The number of trucked water systems in the community that were monitored at least quarterly (including weekly, biweekly and monthly monitoring) for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADC	Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsNeverMonitoredForBacteriologicalParameters	Numeric	The number of trucked water systems in the community that were never monitored for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADD	Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForProtozoa	Numeric	The number of trucked water systems in the community that were monitored for protozoa parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADE	Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForRoutineChemicalParameters	Numeric	The number of trucked water systems in the community that were monitored for routine chemical parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADF	Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForBaselineChemicalParametersInTheLastFiveYears	Numeric	The number of trucked water systems in the community that were monitored for baseline chemical parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.

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Column #	Data Field	Response options	Description
ADG	Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForTHMatThePlant	Numeric	The number of trucked water systems in the community that were monitored for THMs at the plant. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADH	Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsRequireQuarterlyMonitoring	Numeric	The number of trucked water systems in the community that required quarterly monitoring for THMs. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADI	Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredQuarterlyTHMWhenRequited	Numeric	The number of trucked water systems in the community that were monitored for THMs when required. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADJ	Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForRadiologicalParameters	Numeric	The number of trucked water systems in the community that were monitored for radiological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADK	Q76TRUCKEDWATERSYSTEMSNumberOfTruckedWaterSystemsMonitoredForRadiologicalParametersInLastFiveyears	Numeric	The number of trucked water systems in the community that were monitored for radiological parameters in the last 5 years. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADL	Q76INDWATERSYSTEMSNumberIndividualsWaterSystemsCommu	Numeric	The number of individual water systems in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADM	Q76INDWATERSYSTEMSNumberIndividualsWaterSystemsMonitoredAtLeastOnceForBacteriologicalParameters	Numeric	The number of individual water systems in the community that were monitored at least once for bacteriological parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADN	Q76INDWATERSYSTEMSNumberIndividualsWaterSystemsMonitoredChemicalParameters	Numeric	The number of individual water systems in the community that were monitored for chemical parameters. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADO	Q76DRINKINGWATERQUALITYMONITORINGNumberOfAllWaterDistributinSystemsCommunityMonitoredBacteriologicalParametersOnlyByTrainedCBWM	Numeric	The number of all water distribution systems (piped, public, trucked and individual) in the community that were monitored for bacteriological parameters only by a trained community-based drinking water quality monitor. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADP	Q76DRINKINGWATERQUALITYMONITORINGNumberOfAllWaterDistributinSystemsCommunityMonitoredBacteriologicalParametersOnlyByEHO	Numeric	The number of all water distribution systems (piped, public, trucked and individual) in the community that were monitored for bacteriological parameters only by an environmental health officer. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADQ	Q76DRINKINGWATERQUALITYMONITORINGNumberOfAllWaterDistributinSystemsCommunityMonitoredBacteriologicalParametersOnlyByTrainedCBWMorEHO	Numeric	The number of all water distribution systems (piped, public, trucked and individual) in the community that were monitored for bacteriological parameters by a trained community-based drinking water quality monitor or an environmental health officer. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.

Appendix BB2. CBRT – Data Dictionary 2013-14 and 2014-15 *(continued)*

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
	YELLOW	Have privacy implications, and cannot be shared.
	ORANGE	Have varying response rates across reporting years, and have not been analyzed or reported on by FNIHB.
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Column #	Data Field	Response options	Description
ADR	Q76DRINKINGWATERQUALITYMONITORINGDoesCommunityHaveAccessToOnSiteTestKitsForBacteriologicalPara	0=No 1=Yes	The community had access to on-site test kits for bacteriological parameters (e.g., Colilert). Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADS	Q76DRINKINGWATERQUALITYMONITORINGDoesCommunityHaveAc	0=No 1=Yes	The community had access to chlorine residual test kits. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADT	Q76QANumberWaterDistributionSystemsSendingGETenPCTOfSamples	Numeric	The number of all water distribution systems (piped, public, trucked and individual) that sent at least 10% of samples to an accredited laboratory for bacteriological analyses. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADU	Q76QANumberWaterDistributionSystemsSendingBetweenFiveAndTenPCTOfSamples	Numeric	The number of all water distribution systems (piped, public, trucked and individual) that sent between 5 and 10% of samples to an accredited laboratory for bacteriological analyses. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADV	Q76QANumberWaterDistributionSystemsSendingLTFivePCTOfSampl	Numeric	The number of all water distribution systems (piped, public, trucked and individual) that sent less than 5% of samples to an accredited laboratory for bacteriological analyses. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADW	Q76DWINumberConfirmedCasesWaterbornellInessIdentifiedCommu	Numeric	The number of confirmed cases of waterborne illness identified in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADX	Q76DWINumberLaboratoryConfirmedOutbreaksWaterboneDiseasesI	Numeric	The number of laboratory confirmed outbreaks of waterborne diseases identified in the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADY	Q76PANumberPublicAwarenessSessionsRelatedDrinkingWaterImplementedDelivereCommunities	Numeric	The number of public awareness sessions related to drinking water implemented or delivered to the community. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database.
ADZ	Q76PASpecifyTypeSessionSubjectFormatAudiencePublicAwareness	Text	The details for each type of public awareness session related to drinking water including: type of session, subject, format, and audience. Only asked of communities where the drinking water data collected by the environmental health officer was not available to Health Canada through a database, and where the community reported delivering public awareness sessions.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18

Source: Unmodified information from ISC staff

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
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Column #	Data Field	Response options	Description
A	FiscYr	yy-yy	The fiscal year during which the data was collected. E.g., '13-14' indicates the fiscal year 2013-2014.
B	Region	ALB ATL BC MB ON QC SK	Region that the community is located in.
C	Agrnum	Text-Numeric	The contribution agreement number for the community.
D	BLFLTR	Block (Flexible or Flexible Transfer) CFNA Flexible Flexible (Transitional) Set	The highest type of funding model in the contribution agreement.
E	MultiCom	0=No 1=Yes	The services delivered in the Agreement were for multiple communities.
F	NumCom	Numeric	The number of communities that services were delivered to. Asked only of those communities that reported delivering services to multiple communities.
G	ComName	Text	The name of the community.
H	ReciNam	Text	The organization / recipient name(s) linked to the agreement number.
I	HFName	Text	The name of the Health Facility Name linked to the agreement number.
J	StarDate	YYYY-MM-DD	The starting date of the fiscal year.
K	EndDate	YYYY-MM-DD	The end date of the fiscal year.
L	Submby	Text	The name of the person who submitted the completed CBRT template.
M	SubmPosition	Text	The position of the person who submitted the completed CBRT template.
N	SubmDat	YYYY-MM-DD	The date when the completed CBRT template was submitted.
O	Authby	Text	The name of the person who authorized the completed CBRT template.
P	AuthPosition	Text	The position of the person who authorized the completed CBRT template.
Q	AuthDat	YYYY-MM-DD	The date of authorization of the completed CBRT Template.
R	Hpreg	0=No 1=Yes	Healthy Pregnancy and Early Infancy programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year.
S	EarChDev	0=No 1=Yes	Early Childhood Development programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year.
T	OralH	0=No 1=Yes	Oral Health programs and services were provided in the community as part of the Healthy Child Development initiatives during the reporting year.
U	MHeSuiPr	0=No 1=Yes	Mental Health and Suicide Prevention programs and services were provided in the community as part of the Mental Wellness initiatives during the reporting year.
V	SubAbuPr	0=No 1=Yes	Substance Abuse Prevention programs and services were provided in the community as part of the Mental Wellness initiatives during the reporting year.
W	ChrDisPr	0=No 1=Yes	Chronic Disease Prevention and Management programs and services were provided in the community as part of the Healthy Living initiatives during the reporting year.
X	InjPrev	0=No 1=Yes	Injury Prevention programs and services were provided in the community as part of the Healthy Living initiatives during the reporting year.
Y	Immuni	0=No 1=Yes	Vaccine-preventable Diseases and Immunization programs and services were provided in the community as part of the Communicable Disease Control and Management initiatives during the reporting year.
Z	BlBoDis	0=No 1=Yes	Blood-Borne Disease and Sexually Transmitted Infections programs and services were provided in the community as part of the Communicable Disease Control and Management intitiatives during the reporting year.
AA	RespInf	0=No 1=Yes	Respiratory Infections programs and services were provided in the community as part of the Communicable Disease Control and Management initiatives during the reporting year.
AB	ComDisEm	0=No 1=Yes	Communicable Disease Emergencies programs and services were provided in the Communicable Disease Control and Management initiatives during the reporting year.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
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Column #	Data Field	Response options	Description
AC	HomComCar	0=No 1=Yes	Home and Community Care programs and services were provided in the community during the reporting year.
AD	ClinClCar	0=No 1=Yes	Clinical and Client Care services* were provided in the community during the reporting year. *Clinical and Client Care services are defined as a nursing station or Health Centre with Treatment providing clinical and treatment services 24 hours a day either 5 or 7 days per week.
AE	CCCServ	0=No 1=Yes	Clinical and Client Care services provided in the community during the reporting year were provided by Health Canada. Asked only of those communites that reported having Clinical and Client Care services.
AF	EnvPubHea	0=No 1=Yes	Environmental Public Health programs and services were provided in the community during the reporting year.
AG	FTHealthManager	Numeric	The number of Full-Time Health Managers in the community at the end of the reporting year.
AH	FTBENP	Numeric	The number of Full-Time Band employed nurse practitioners in the community at the end of the reporting year.
AI	FTBDRN	Numeric	The number of Full-Time Band employed registered nurses in the community at the end of the reporting year.
AJ	FTBDLPN	Numeric	The number of Full-Time Band employed licensed practical nurses in the community at the end of the reporting year.
AK	FTHCENP	Numeric	The number of Full-Time Health Canada employed nurse practitioners in the community at the end of the reporting year.
AL	FTHCERN	Numeric	The number of Full-Time Health Canada employed registered nurses in the community at the end of the reporting year.
AM	FTHCELPN	Numeric	The number of Full-Time Health Canada employed licensed practical nurses in the community at the end of the reporting year.
AN	FTCBPOtherLicenced	Numeric	The number of Full-Time Other licensed or regulated Health Care Professionals in the community at the end of the reporting year.
AO	FTCBNNADAP	Numeric	The number of Full-Time Community-based health workers (e.g., CHR, NNADAP, ADI, AHSOR, CPNP, MCH Home Visitors, FASD Community Coordinators and Mentors, HCC Personal Care Workers, Youth Worker, Mental Health Worker) in the community at the end of the reporting year.
AP	FTCBAdmJanit	Numeric	The number of Full-Time Administrative, janitorial and housekeeping staff working in health facilities and for health programs in the community at the end of the reporting year.
AQ	PTHealthManager	Numeric	The number of Part Time Health Managers in the community at the end of the reporting year.
AR	PTBENP	Numeric	The number of Part-Time and visiting Band employed nurse practitioners in the community at the end of the reporting year.
AS	PTBDRN	Numeric	The number of Part-Time and visiting Band employed registered nurses in the community at the end of the reporting year.
AT	PTBDLPN	Numeric	The number of Part-Time and visiting Band employed licensed practical nurses in the community at the end of the reporting year.
AU	PTHCENP	Numeric	The number of Part-Time and visiting Health Canada employed nurse practitioners in the community at the end of the reporting year.
AV	PTHCERN	Numeric	The number of Part-Time and visiting Health Canada employed registered nurses in the community at the end of the reporting year.
AW	PTHCELPN	Numeric	The number of Part-Time and visiting Health Canada employed licensed practical nurses in the community at the end of the reporting year.
AX	PTCBPOtherLicenced	Numeric	The number of Part-Time and visiting Other licensed or regulated Health Care Professionals in the community at the end of the reporting year.
AY	PTCBNNADAP	Numeric	The number of Part-Time and visiting Community-based health workers (e.g., CHR, NNADAP, ADI, AHSOR, CPNP, MCH Home Visitors, FASD Community Coordinators and Mentors, HCC Personal Care Workers, Youth Worker, Mental Health Worker) in the community at the end of the reporting year.
AZ	PTCBAdmJanit	Numeric	The number of Part-Time and visiting Administrative, janitorial and housekeeping staff working in health facilities and for health programs in the community at the end of the reporting year.
BA BB BC BD BE BF BG BH	The variables and associated data for"Worker Information" are not included in this dataset.		
BI	Q1NutDiet	0=No 1=Yes	Nutrition or dietary screening activities and services were provided as part of the Pre and Postnatal Nutrition activities in the community.
BJ	Q1OneNutEdu	0=No 1=Yes	One-on-one nutrition counselling/education services were provided as part of the Pre and Postnatal Nutrition activities in the community.
BK	Q1GrNutEdu	0=No 1=Yes	Group nutrition counselling/education services were provided as part of the Pre and Postnatal Nutrition activities in the community.
BL	Q1BabyFoo	0=No 1=Yes	Baby food making workshops/classes were provided as part of the Pre and Postnatal Nutrition activities in the community.
BM	Q1GrocSto	0=No 1=Yes	Grocery store tours were provided as part of the Pre and Postnatal Nutrition activities in the community.
BN	Q1FooVou	0=No 1=Yes	Food vouchers were distributed as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community.
BO	Q1CommKit	0=No 1=Yes	Community kitchens/community cooking classes were provided as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community.
BP	Q1FooBoxGr	0=No 1=Yes	Food boxes or groceries were distributed as part of of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

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Column #	Data Field	Response options	Description
BQ	Q1CommGar	0=No 1=Yes	Community gardens were part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community.
BR	Q1TradFoo	0=No 1=Yes	Traditional food gathering/distribution/preparation activities were provided as part of the Maternal Nourishment aspect of the Pre and Postnatal Nutrition activities in the community.
BS	Q1EducWork	0=No 1=Yes	Breastfeeding education workshops were delivered as part of the Pre and Postnatal Nutrition activities in the community.
BT	Q1OneBrSup	0=No 1=Yes	One-on-one breastfeeding support was provided as part of the Pre and Postnatal Nutrition activities in the community.
BU	Q1GrBrSup	0=No 1=Yes	Group breastfeeding support was provided as part of the Pre and Postnatal Nutrition activities in the community.
BV	Q1PeerSup	0=No 1=Yes	Breastfeeding peer support programs were provided as part of the Pre and Postnatal Nutrition activities in the community.
BW	Q1SuppEle	0=No 1=Yes	Supportive Elements that address specific needs of at-risk clients (i.e., transportation, child care, etc.) were delivered in the community as part of the Pre and Postnatal Nutrition activities.
BX	Q2FirstTrim	Numeric	The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 1st trimester (0-12 weeks).
BY	Q2SecondTrim	Numeric	The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 2nd trimester (13-26 weeks).
BZ	Q2ThirdTrim	Numeric	The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services in their 3rd trimester (27-40 weeks)
CA	Q2AfterBirth	Numeric	The number of pregnant women served by pre and postnatal nutrition programming in the community during the reporting year who first received these services after they had given birth (with an infant or infants 0-12 months of age).
CB	Q3NumbPartMoth	Numeric	The total number of participating mothers enrolled in healthy pregnancy programs with babies who turned six months during the reporting year.
CC	Q3BrFedLTTwoATLANTIC	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for at least 2 months. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration.
CD	QB3BrFedLTFourATLANTIC	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for at least 4 months. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration.
CE	Q3MothersWhoInintiatedBreastfeedingATLANTIC	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who initiated breast feeding. This data applies to the Atlantic region only as communities in this region use a different format for reporting of breastfeeding initiation and duration.
CF	Q3BrFedLThree	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for less than 3 months (less than 15 weeks).
CG	Q3BrFedLTTHree	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for longer than 3 months and less than 6 months (15 weeks to 23 weeks).
CH	Q3BrFedSixMo	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for 6 months (24 weeks to 27 weeks).
CI	Q3BrFedLTSixMo	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older and who breast fed for longer than 6 months (28 weeks or more).
CJ	Q3DidNotBrFeed	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older who did not initiate breastfeeding.
CK	Q3Unknown	Numeric	The number of mothers enrolled in healthy pregnancy programs with babies 6 months or older for whom it was unknown if breastfeeding was initiated.
CL	Q4TotPregConc	Numeric	The total number of participants in healthy pregnancy programs whose pregnancies concluded during the reporting year.
CM	Q4MatAgeLTTwenty	Numeric	The number of women with a maternal age less than 20 years among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
CN	Q4MatAgeGEThirtyFive	Numeric	The number of women with a maternal age of 35 years or older among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
CO	Q4SmokDurPreg	Numeric	The number of women that smoked during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
CP	Q4DrugSolvDuringPreg	Numeric	The number of women that used drugs or solvents during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
CQ	Q4AlcoholDuringPreg	Numeric	The number of women that consumed alcohol during pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
CR	Q4DiabetesPriortoPreg	Numeric	The number of women diagnosed with diabetes before pregnancy among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
CS	Q4DiabetesDuringPreg	Numeric	The number of women diagnosed with diabetes during pregnancy (gestational diabetes) among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
CT	Q4PrevPostPartumMoodDis	Numeric	The number of women with a previous diagnosis of post-partum mood disorders among those women enrolled in healthy pregnancy programs and whose pregnancies concluded during the reporting year.
CU	Q5TotNumbBabyBorn	Numeric	The total number of babies born to mothers who lived in the community during the reporting year.
CV	Q6FTLTTwentyFiveHundredGr	Numeric	The number of full term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
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Column #	Data Field	Response options	Description
CW	Q6FTBETTwentyFiveHundredGrFourThousandGr	Numeric	The number of full term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
CX	Q6FTGTFourThousandGr	Numeric	The number of full term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
CY	Q6FTWeightUnknown	Numeric	The number of full term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year.
CZ	Q6PTLTTwentyFiveHundredGr	Numeric	The number of pre-term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DA	Q6PTBETTwentyFiveHundredGrFourThousandGr	Numeric	The number of pre-term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DB	Q6PTGTFourThousandGr	Numeric	The number of pre-term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DC	Q6PTWeightUnknown	Numeric	The number of pre-term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year.
DD	Q6UTLTTwentyFiveHundredGr	Numeric	The number of unknown term babies weighing less than 5 lb 9 oz (less than 2500 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DE	Q6UTBETTwentyFiveHundredGrFourThousandGr	Numeric	The number of unknown term babies weighing between 5 lb 9 oz and 8 lb 11 oz (2500 g - 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DF	Q6UTGTFourThousandGr	Numeric	The number of unknown term babies weighing more than 8 lb 11 oz (more than 4000 g) born to women enrolled in healthy pregnancy programs during the reporting year.
DG	Q6UTWeightUnknown	Numeric	The number of unknown term babies with birth weight unknown born to women enrolled in healthy pregnancy programs during the reporting year.
DH	Q7InitBefSixMonths	Numeric	The number of infants who turned 6 months during the reporting year and had solid foods initiated before 6 months
DI	Q7InitAtSixMonths	Numeric	The number of infants who turned 6 months during the reporting year and had solid foods initiated at 6 months
DJ	Q7InitAfterSixMonths	Numeric	The number of infants who turned 6 months during the reporting year and had solid foods initiated after 6 months.
DK	Q7InitUnknown	Numeric	The number of infants who turned 6 months during the reporting year and for whom the time of initiation to solid foods was unknown.
DL	Q8RiskFactPregWom	0=No 1=Yes	Screening and assessments for risk factors in pregnant women and new mothers (e.g., post partum depression, chronic conditions such as Type 2 diabetes, gestational diabetes, and tobacco/alcohol/drug/solvent use) were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year.
DM	Q8RiskFactDevelopMilestones	0=No 1=Yes	Screening and assessments for risk factors for developmental milestones for infants and children were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year.
DN	Q8VisionHearDental	0=No 1=Yes	Vision/hearing/dental screenings or assessments for referrals were delivered as part of the Maternal and Child Health Screening and Assessment initiatives during the reporting year.
DO	Q9TotaReceivHomeVisits	Numeric	The total number of participants who received home visits as part of the maternal and child health home visiting and case management programming provided by the community during the reporting year. Participant is defined as the primary contact for services.
DP	Q9TotalReceivCaseManagement	Numeric	The total number of participants who received case management services as part of the maternal and child health home visiting and case management programming provided by the community during the reporting year. Participant is defined as the primary contact for services.
DQ	Q10FirstTrimester	Numeric	The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 1st trimester.
DR	Q10SecondTrimester	Numeric	The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 2nd trimester.
DS	Q10ThirdTrimester	Numeric	The number of pregnant women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit in their 3rd trimester.
DT	Q10Postnatal	Numeric	The number of women who received home visits through maternal and child health programming provided by the community during the reporting year and who received their first home visit within 6 months of giving birth (postnatal).
DU	Q11CommuCapaBuildAct	0=No 1=Yes	Fetal Alcohol Spectrum Disorder community capacity building activities (i.e. awareness and prevention activities, and development of action plans) were delivered by the community during the reporting year.
DV	Q11CommuCoordinaCaseManag	0=No 1=Yes	Fetal Alcohol Spectrum Disorder community coordination or case management services were delivered by the community during the reporting year.
DW	Q11Mentoring	0=No 1=Yes	Fetal Alcohol Spectrum Disorder mentoring services were delivered by the community during the reporting year.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

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Column #	Data Field	Response options	Description
DX	Q11CommunityCoordinationCaseMgmnt	Numeric	The number of participants that received Fetal Alcohol Spectrum Disorder community coordination services or case management services during the reporting year.
DY	Q11NumMentoring	Numeric	The number of participants that received Fetal Alcohol Spectrum Disorder mentoring services during the reporting year.
DZ	Q12NumberCommunitiesServed	Numeric	The number of communities served by the Aboriginal Head Start On Reserve program delivered by the community.
EA	Q12ProgramOfferOutreachHomeVisit	0=No 1=Yes	The Aboriginal Head Start On Reserve program delieved by the community offers outreach/home visiting.
EB	Q12AHSORsiteCentreBased	0=No 1=Yes	The Aboriginal Head Start On Reserve program site in the community is centre-based.
EC	Q12AHSORProgramLicensed	0=No 1=Yes	The Aboriginal Head Start On Reserve (AHSOR) program in the community is licensed. Only asked of those communities that reported that their AHSOR site was centre-based.
ED	Q12NumberFullDaysWeek	Numeric	The number of full days per week that the centre-based Aboriginal Head Start On Reserve (AHSOR) program in the community operates. Only asked of those communities that reported that their AHSOR site was centre-based.
EE	Q12NumberHalfDaysWeek	Numeric	The number of half days per week that the centre-based Aboriginal Head Start On Reserve (AHSOR) program in the community operates. Only asked of those communities that reported that their AHSOR site was centre-based.
EF	Q12AHSORProgCoLocated	0=No 1=Yes	The Aboriginal Head Start On Reserve (AHSOR) program in the community is co-located. Only asked of those communities that reported that their AHSOR site was centre-based.
EG	Q12AHSORProgCoLocatedSchool	0=No 1=Yes	The Aboriginal Head Start On Reserve (AHSOR) program in the community is co-located with a school or daycare facility. Only asked of those communities that reported that their AHSOR was centre-based and co-located.
EH	Q13TeachingChildrenLanguage	0=No 1=Yes	Teaching children their First Nation language(s) was an activity provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
EI	Q13TradCeremonies	0=No 1=Yes	Traditional ceremonies and activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
EJ	Q13EarlyLiteracySkills	0=No 1=Yes	Early literacy skills activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
EK	Q13FineGrossMotor	0=No 1=Yes	Fine and gross motor development activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
EL	Q13ProvHealthyFoods	0=No 1=Yes	Healthy foods (snacks and/or lunches) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
EM	Q13PersonalHygieneDental	0=No 1=Yes	Healthy personal hygiene and dental habits activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
EN	Q13PhysicalActivity	0=No 1=Yes	Physical activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
EO	Q13Linkages	0=No 1=Yes	Linkages (including referrals and collaborations) to professionals and community supports and providers (e.g., housing, education, specialists) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
EP	Q13ParentAndFamily	0=No 1=Yes	Parent and family support activities were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
EQ	Q13VisitsHealthProfess	0=No 1=Yes	Visits from health professionals (e.g., nurses and dental hygienists) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
ER	Q13SafetyEducAwar	0=No 1=Yes	Safety education and awareness activities (e.g., play ground safety, car seat technician training, car seat use, seat belt use, bike safety, etc.) were provided by the Aboriginal Head Start On Reserve program in the community during the reporting year.
ES	Q14ChildrenLTThreeCB	Numeric	The number of children younger than 3 years old that participated in Centre-based Aboriginal Head Start On Reserve programming in the community.
ET	Q14ChildrenLTThreeOutrHomeVisit	Numeric	The number of children younger than 3 years old that participated in Outreach/Home visiting Aboriginal Head Start On Reserve programming in the community.
EU	Q14ChildrenLTThreeProgKeepWaitingListYorN	0=No 1=Yes	The Aboriginal Head Start On Reserve program in the community keeps a waiting list for children younger than 3 years old.
EV	Q14ChildrenLTThreeIfYesNumbOfChildrenOnWaitingList	Numeric	The number of children younger than 3 years old that are on the waiting list. Asked only of those communities that reported having a waiting list for children younger than 3 years old for the Aboriginal Head Start On Reserve program.
EW	Q14ChildrenThreeToSixCB	Numeric	The number of children 3-6 years old that participated in Centre-based Aboriginal Head Start On Reserve programming in the community.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

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Column #	Data Field	Response options	Description
EX	Q14ChildrenThreeToSixOutrHomeVisit	Numeric	The number of children 3-6 years that participated in Outreach/Home visiting Aboriginal Head Start On Reserve programming in the community.
EY	Q14ChildrenThreeToSixProgKeepWaitingListYorN	0=No 1=Yes	The Aboriginal Head Start On Reserve program in the community keeps a waiting list for children 3-6 years old.
EZ	Q14ChildrenThreeToSixIfYesNumbOfChildrenOnWaitingList	Numeric	The number of children 3-6 years old that are on the waiting list. Asked only of those communities that reported having a waiting list for children 3-6 years old for the Aboriginal Head Start On Reserve program.
FA	Q15CBNumbChildrenDiagnSpNeeds	Numeric	The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were diagnosed with special needs during the reporting year.
FB	Q15CBNumbChildrenScreenedAssessedSpNeeds	Numeric	The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were screened/assessed for special needs during the reporting year.
FC	Q15CBNumbChildrenReferResources	Numeric	The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were referred to other resources (e.g., nurses, doctors, specialists, etc.) for special needs support or diagnosis during the reporting year.
FD	Q15CBNumberOnWaitListForDiagnAssessment	Numeric	The number of children participating in a centre-based Aboriginal Head Start On Reserve program who were on a wait list for special needs diagnostic assessment at the end of the reporting year.
FE	Q15OUTRHVNumbChildrenDiagnSpNeeds	Numeric	The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were diagnosed with special needs during the reporting year.
FF	Q15OUTRHVNumbChildrenScreenedAssessedSpNeeds	Numeric	The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were screened/assessed for special needs during the reporting year.
FG	Q15OUTRHVNumbChildrenReferResources	Numeric	The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were referred to other resources (e.g., nurses, doctors, specialists, etc.) for special needs support or diagnosis during the reporting year.
FH	Q15OUTRHVNumberOnWaitListForDiagnAssessment	Numeric	The number of children participating in an outreach/home visiting Aboriginal Head Start On Reserve program who were on a wait list for diagnostic assessment at the end of the reporting year.
FI	Q16NPFPDaily	Numeric	The number of parent/family participants involved on a daily basis in centre-based Aboriginal Head Start On Reserve programs.
FJ	Q16NPFPWeekly	Numeric	The number of parent/family participants involved on a weekly basis in centre-based Aboriginal Head Start On Reserve programs.
FK	Q16NPFPMonthlySpecialOccasions	Numeric	The number of parent/family participants involved on a monthly basis or on special occasions in centre-based Aboriginal Head Start On Reserve programs.
FL	Q16NPFPTotal	Numeric	The total number of parent/family participants in centre-based Aboriginal Head Start On Reserve programs.
FM	Q17CHildLTFiveTotalNumbCommuni	Numeric	The total number of children less than 5 years of age living in the community.
FN	Q17ChildLTFiveParticInCOHI	Numeric	The number of children less than 5 years of age living in the community that participated in Children's Oral Health Initiative activities during the reporting year.
FO	Q17aCHildFiveToSevenTotalNumbCommuni	Numeric	The total number of children 5 to 7 years of age living in the community.
FP	Q17aChildFiveToSevenParticInCOHI	Numeric	The number of children 5 to 7 years of age living in the community that participated in Children's Oral Health Initiative activities during the reporting year.
FQ	Q17bNumbPrenatalOneOnOneOralHealth	Numeric	The number of prenatal clients in the community that participated in an individual session on oral health during the reporting year as part of the Children's Oral Health Initiative activities.
FR	Q17bNumbPrenatalOralPresentations	Numeric	The number of individuals in the community that attended prenatal presentations on oral health during the reporting year as part of the Children's Oral Health Initiative activities.
FS	Q17bNumbGrOralHealthPresProvided	Numeric	The number of group oral health presentations provided in the community during the reporting year as part of the Children's Oral Health Initiative activities.
FT	Q18RHAHSZNutritionDietician	0=No 1=Yes	Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
FU	Q18RHAHZNPhysicalActivityRecreation	0=No 1=Yes	Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.

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Column #	Data Field	Response options	Description
FV	Q18RHAHZNSpecialistCare	0=No 1=Yes	Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
FW	Q18RHAHZNTreatmentManagement	0=No 1=Yes	Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
FX	Q18RHAHZNDiagnosticsScreening	0=No 1=Yes	Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
FY	Q18RHAHSZDrugAlcoholTreatment	0=No 1=Yes	Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
FZ	Q18RHAHZDDental	0=No 1=Yes	Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GA	Q18RHAHZDChildAndFamilySocialServiceSupports	0=No 1=Yes	Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GB	Q18RHAHSZOccupationalTherapistSpeechLanguagePathologist	0=No 1=Yes	Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GC	Q18EONutritionDietician	0=No 1=Yes	Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GD	Q18EOPhysicalActivityRecreation	0=No 1=Yes	Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GE	Q18EOSpecialistCare	0=No 1=Yes	Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GF	Q18EOTreatmentManagement	0=No 1=Yes	Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GG	Q18EODiagnosticsScreening	0=No 1=Yes	Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GH	Q18EODrugAlcoholTreatment	0=No 1=Yes	Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GI	Q18EODental	0=No 1=Yes	Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GJ	Q18EOChildAndFamilySocialServiceSupports	0=No 1=Yes	Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GK	Q18EOccupationalTherapistSpeechLanguagePathologist	0=No 1=Yes	Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GL	Q18NPONutritionDietician	0=No 1=Yes	Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GM	Q18NPOPhysicalActivityRecreation	0=No 1=Yes	Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GN	Q18NPOSpecialistCare	0=No 1=Yes	Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GO	Q18NPOTreatmentManagement	0=No 1=Yes	Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GP	Q18NPODiagnosticsScreening	0=No 1=Yes	Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GQ	Q18NPODrugAlcoholTreatment	0=No 1=Yes	Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.

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Column #	Data Field	Response options	Description
GR	Q18NPODental	0=No 1=Yes	Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GS	Q18NPOChildAndFamilySocialServiceSupports	0=No 1=Yes	Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GT	Q18NPOOccupationalTherapistSpeechLanguagePathologist	0=No 1=Yes	Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GU	Q18PROVNutritionDietician	0=No 1=Yes	Nutritionist/Dietician services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GV	Q18PROVPhysicalActivityRecreation	0=No 1=Yes	Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GW	Q18PROVSpecialistCare	0=No 1=Yes	Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GX	Q18PROVTreatmentManagement	0=No 1=Yes	Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GY	Q18PROVDiagnosticsScreening	0=No 1=Yes	Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
GZ	Q18PROVDrugAlcoholTreatment	0=No 1=Yes	Drug/Alcohol Treatment services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HA	Q18PROVDental	0=No 1=Yes	Dental services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HB	Q18PROVChildAndFamilySocialServiceSupports	0=No 1=Yes	Child and family social service supports were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HC	Q18PROVOccupationalTherapistSpeechLanguagePathologist	0=No 1=Yes	Occupational Therapist or Speech and Language Pathologist services were provided in the community via a Healthy Child Development service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
HD	Q19aHCTrackToolUsedToTrackHCDYesOrNo	0=No 1=Yes	Health Canada tracking tools were used to track community Healthy Child Development activities during the reporting year.
HE	Q19bIfYesProvideNameTrackTool	Text	Name of the tracking tool(s) used to track community Healthy Child Development activities during the reporting. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities.
HF	Q19cTrackinToolUsefulInTrackingWorkHCD	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool was useful in tracking work in Healthy Child Development. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities.
HG	Q19dTrackingToolAidedCompletionCBRT	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities.
HH	Q19eTrackingToolUsefulAcrossActivityAreas	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities.
HI	Q20AAwarenessActivities	0=No 1=Yes	Suicide Prevention Awareness activities were offered as part of the Mental Wellness initiatives in the community.
HJ	Q20ASportRecreationOtherActiv	0=No 1=Yes	Sport, recreation and other activities to engage youth were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community.

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Column #	Data Field	Response options	Description
HK	Q20ATraditionalActivities	0=No 1=Yes	Traditional activities to engage youth (e.g., land-based activities, cultural practices, skill development) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community.
HL	Q20ALifeSkillsActivities	0=No 1=Yes	Life skills activities for youth (e.g., leadership, relationships, problem solving, developing positive coping skills) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community.
HM	Q20ASuicidalBehaviour	0=No 1=Yes	Training on signs and symptoms and responding to suicidal behaviour (e.g., ASIST, SafeTalk, Mental Health First Aid, train-the trainer sessions, CISM) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community.
HN	Q20ACrisisIntervention	0=No 1=Yes	Crisis intervention (e.g., mobilizing to prevent spread of suicide) were offered as part of the Suicide Prevention aspect of the Mental Wellness initiatives in the community.
HO	Q20BWellnessActivitiesPromotingMentalHealth	0=No 1=Yes	Wellness activities promoting mental health (e.g., parenting skills, self-care, managing stress, positive relationships, emotional and spiritual well being) were offered as part of the Mental Wellness initiatives in the community. Activities may include community celebrations and recreation activities, including physical and social activities.
HP	Q20CPresentationsAndWorkshops	0=No 1=Yes	Presentations and workshops aimed at preventing substance abuse were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community.
HQ	Q20CCulturalEvents	0=No 1=Yes	Cultural events to support the prevention of addictions and substance abuse and support the awareness of mental health issues were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community.
HR	Q20CSupportGroups	0=No 1=Yes	Addictions recovery support groups were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community.
HS	Q20CSchoolBasedPrograms	0=No 1=Yes	School-based programs to support awareness of substance abuse and addictions were offered as part of the Substance Abuse and Addictions aspect of the Mental Wellness initiatives in the community.
HT	Q20DMentalHealthCrisisInterventionActivities	0=No 1=Yes	Mental health crisis intervention activities other than those specific to youth suicide prevention were offered as part of the Crisis Intervention aspect of the Mental Wellness initiatives in the community.
HU	Q21TNIIntWithYouthAtRiskForSuicide	Numeric	The total number of interventions (i.e., events) with youth at risk for suicide (e.g., counselling, assessments) that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
HV	Q21TNIIntWithIndivOrThoseAffectedAfterAttemptedSuicide	Numeric	The total number of interventions (i.e., events) with individuals or those affected after an attempted suicide (e.g., support, counselling, treatment planning) that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
HW	Q21TNIIntAfterDeathSuicideWithThoseAffected	Numeric	The total number of interventions (i.e., events) with those affected by a death by suicide that occurred as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
HX	Q21TNCIntWithYouthAtRiskForSuicide	Numeric	The total number of youth at risk for suicide that received an intervention (e.g., counselling, assessments) as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
HY	Q21TNCIntWithIndivOrThoseAffectedAfterAttemptedSuicide	Numeric	The total number of individuals or those affected after an attempted suicide that received an intervention (e.g., support, counselling, treatment planning) as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
HZ	Q21TNCIntAfterDeathSuicideWithThoseAffected	Numeric	The total number of those affected by a death by suicide that received an intervention as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
IA	Q21NCFIntWithYouthAtRiskForSuicide	Numeric	The total number of youth at risk for suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
IB	Q21NCFIntWithIndivOrThoseAffectedAfterAttemptedSuicide	Numeric	The total number of individuals or those affected after an attempted suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
IC	Q21NCFIntAfterDeathSuicideWithThoseAffected	Numeric	The total number of those affected by a death by suicide that received an intervention where family was involved as part of the Suicide Intervention aspect of the Mental Wellness initiatives in the community.
ID	Q22YLTEIGHTEENScreeningAndBasicAssessment	Numeric	The number of clients under 18 years of age that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IE	Q22YLTEIGHTEENBriefIntervention	Numeric	The number of clients under 18 years of age that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.

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IF	Q22YLTEIGHTEENSComprehensiveAssessment	Numeric	The number of clients under 18 years of age that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IG	Q22YLTEIGHTEENDirectCounselling	Numeric	The number of clients under 18 years of age that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IH	Q22YLTEIGHTEENCBSupports	Numeric	The number of clients under 18 years of age that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. Note: does not include National Native Alcohol and Drug Abuse Program or Youth Solvent Abuse Program residential services.
II	Q22YLTEIGHTEENCulturalSupports	Numeric	The number of clients under 18 years of age that received Cultural support intervention services (e.g. support of community based elders and traditional healers) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IJ	Q22YLTEIGHTEENReferralSpecializedSupports	Numeric	The number of clients under 18 years of age that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawl management) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IK	Q22FINScreeningAndBasicAssessment	Numeric	The number of clients under 18 years of age that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IL	Q22FINBriefIntervention	Numeric	The number of clients under 18 years of age that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IM	Q22FINComprehensiveAssessment	Numeric	The number of clients under 18 years of age that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IN	Q22FINDirectCounselling	Numeric	The number of clients under 18 years of age that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IO	Q22FINCBSupports	Numeric	The number of clients under 18 years of age that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community. Note: does not include National Native Alcohol and Drug Abuse Program or Youth Solvent Abuse Program residential services.
IP	Q22FINCulturalSupports	Numeric	The number of clients under 18 years of age that received Cultural support intervention services (e.g. support of community based elders and traditional healers) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IQ	Q22FINReferralSpecializedSupports	Numeric	The number of clients under 18 years of age that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawl management) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IR	Q22ADULTScreeningAndBasicAssessment	Numeric	The number of clients 18 years of age and older that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IS	Q22ADULTSBriefIntervention	Numeric	The number of clients 18 years of age and older that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IT	Q22ADULTSComprehensiveAssessment	Numeric	The number of clients 18 years of age and older that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IU	Q22ADULTSDirectCounselling	Numeric	The number of clients 18 years of age and older that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IV	Q22ADULTSCBSupports	Numeric	The number of clients 18 years of age and older that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IW	Q22ADULTSCulturalSupports	Numeric	The number of clients 18 years of age and older that received Cultural support intervention services (e.g. support of community based elders and traditional healers) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IX	Q22ADULTSReferralSpecializedSupports	Numeric	The number of clients 18 years of age and older that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawl management) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IY	Q22WFININTscreeningAndBasicAssessment	Numeric	The number of clients 18 years of age and older that received Screening and Basic Assessment intervention services (e.g., CAGE, MAST, or DAST) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
IZ	Q22WFININTBriefIntervention	Numeric	The number of clients 18 years of age and older that received Brief intervention services (e.g., supportive discussions including personalized feedback, identification of supportive networks/resources, and goal setting on substance use behaviours) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JA	Q22WFINITComprehensiveAssessment	Numeric	The number of clients 18 years of age and older that received Comprehensive Assessment intervention services (e.g., specialized addiction or mental health assessment) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JB	Q22WFINITDirectCounselling	Numeric	The number of clients 18 years of age and older that received Direct Counselling intervention services (e.g., pre-treatment, day or evening programming or aftercare) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JC	Q22WFINITCBSupports	Numeric	The number of clients 18 years of age and older that received Community-based Support intervention services (e.g., support groups such as AA and NA, counselling, day or evening programming) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
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Column #	Data Field	Response options	Description
JD	Q22WFINITCulturalSupports	Numeric	The number of clients 18 years of age and older that received Cultural support intervention services (e.g. support of community based elders and traditional healers) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JE	Q22WFINITReferralSpecializedSupports	Numeric	The number of clients 18 years of age and older that received referrals to Specialized Support intervention services (e.g., psychiatric services, intensive concurrent disorder treatment, or medically based withdrawl management) and where family was involved in the intervention as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JF	Q23NNADAPMalesUnderTwelve	Numeric	The number of male clients under 12 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JG	Q23NNADAPFemalesUnderTwelve	Numeric	The number of female clients under 12 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JH	Q23NNADAPMalesTwelveToSeventeen	Numeric	The number of male clients 12 to 17 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JI	Q23NNADAPFemalesTwelveToSeventeen	Numeric	The number of female clients 12 to 17 years of age who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JJ	Q23NNADAPMalesGEEighteen	Numeric	The number of male clients 18 years of age and older who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JK	Q23NNADAPFemalesGEEighteen	Numeric	The number of female clients 18 years of age and older who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JL	Q23NNADAPFamilyReferrals	Numeric	The number of family referrals to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JM	Q23YSAPTCMalesUnderTwelve	Numeric	The number of male clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JN	Q23YSAPTCFemalesUnderTwelve	Numeric	The number of female clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JO	Q23YSAPTCMalesTwelveToSeventeen	Numeric	The number of male clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JP	Q23YSAPTCFemalesTwelveToSeventeen	Numeric	The number of female clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JQ	Q23YSAPTCMalesGEEighteen	Numeric	The number of male clients 18 years of age and older who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JR	Q23YSAPTCFemalesGEEighteen	Numeric	The number of female clients 18 years of age and older who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JS	Q23YSAPTCFamilyReferrals	Numeric	The number of family referrals to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JT	Q23PTCMalesUnderTwelve	Numeric	The number of male clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JU	Q23PTCFemalesUnderTwelve	Numeric	The number of female clients under 12 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JV	Q23PTCMalesTwelveToSeventeen	Numeric	The number of male clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JW	Q23PTCFemalesTwelveToSeventeen	Numeric	The number of female clients 12 to 17 years of age who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JX	Q23PTCMalesGEEighteen	Numeric	The number of male clients 18 years of age and older who were referred to a treatment centre in the National Youth Solvent Abuse Program (NYSAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JY	Q23malesGEEighteen	Numeric	The number of male clients 18 years of age and older who were referred to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
JZ	Q23amilyReferrals	Numeric	The number of family referrals to a treatment centre in the National Native Alcohol and Drug Abuse Program (NNADAP) as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KA	Q23OTCMalesUnderTwelve	Numeric	The number of male clients under 12 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KB	Q23OTCFemalesUnderTwelve	Numeric	The number of female clients under 12 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KC	Q23OTCMalesTwelveToSeventeen	Numeric	The number of male clients 12 to 17 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

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Column #	Data Field	Response options	Description
KD	Q23OTCFemalesTwelveToSeventeen	Numeric	The number of female clients 12 to 17 years of age who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KE	Q23OTCMalesGEEighteen	Numeric	The number of male clients 18 years of age and older who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KF	Q23OTCFemalesGEEighteen	Numeric	The number of female clients 18 years of age and older who were referred to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KG	Q23OTCFamilyReferrals	Numeric	The number of family referrals to Other Treatment Centre as part of the Substance Abuse, Addictions and Mental Health initiatives in the community.
KH	Q24RHAHSZMentalWellnessPromotion	0=No 1=Yes	Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KI	Q24RHAHSZDetoxServ	0=No 1=Yes	Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KJ	Q24RHAHSZAddictionTreatmentAftercare	0=No 1=Yes	Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KK	Q24RHAHSZSuicidePrevention	0=No 1=Yes	Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KL	Q24RHAHSZMentalHealthTreatmentAftercare	0=No 1=Yes	Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KM	Q24RHAHSZClientCaseManagement	0=No 1=Yes	Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KN	Q24RHAHSZCrisisResponse	0=No 1=Yes	Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and the Regional Health Authority/ Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KO	Q24EOMentalWellnesPromotion	0=No 1=Yes	Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KP	Q24EODetoxServ	0=No 1=Yes	Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KQ	Q24EOddictionTreatmentAftercare	0=No 1=Yes	Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KR	Q24EOSuicidePrevention	0=No 1=Yes	Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KS	Q24EOMentalHealthTreatmentAftercare	0=No 1=Yes	Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KT	Q24EOClientCaseManagement	0=No 1=Yes	Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KU	Q24EOCrisisResponse	0=No 1=Yes	Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KV	Q24NPOMentalWellnessPromotion	0=No 1=Yes	Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KW	Q24NPODetoxServ	0=No 1=Yes	Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KX	Q24NPOddictionTreatmentAftercare	0=No 1=Yes	Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KY	Q24NPOSuicidePrevention	0=No 1=Yes	Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
KZ	Q24NPOMentalHealthTreatmentAftercare	0=No 1=Yes	Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LA	Q24NPOClientCaseManagement	0=No 1=Yes	Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

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Column #	Data Field	Response options	Description
LB	Q24NPOCrisisResponse	0=No 1=Yes	Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LC	Q24POLMentalWellnessPromotion	0=No 1=Yes	Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LD	Q24POLDetoxServ	0=No 1=Yes	Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LE	Q24POLAddictionTreatmentAftercare	0=No 1=Yes	Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LF	Q24POLSuicidePrevention	0=No 1=Yes	Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LG	Q24POLMentalHealthTreatmentAftercare	0=No 1=Yes	Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LH	Q24POLClientCaseManagement	0=No 1=Yes	Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LI	Q24POLCrisisResponse	0=No 1=Yes	Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Police (Band, RCMP, Local/Provincial) during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LJ	Q24PROVMentalWellnessPromotion	0=No 1=Yes	Mental Wellness Promotion services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LK	Q24PROVDetoxServ	0=No 1=Yes	Detoxification services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LL	Q24PROVAddictionTreatmentAftercare	0=No 1=Yes	Addiction treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LM	Q24PROVSuicidePrevention	0=No 1=Yes	Suicide prevention services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LN	Q24PROVMentalHealthTreatmentAftercare	0=No 1=Yes	Mental health treatment and aftercare services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LO	Q24PROVClientCaseManagement	0=No 1=Yes	Client case management services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LP	Q24PROVCrisisResponse	0=No 1=Yes	Crisis response services were provided in the community via a Mental Health and Addictions service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
LQ	Q25aHCTrackingToolsUsedTrackMentalWellnessActivitiesYesOrNo	0=No 1=Yes	Health Canada tracking tools were used to track Mental Wellness activities during the reporting year.
LR	Q25bNameOfTrackingTool	Text	The name of the tracking tool(s) used to track Mental Wellness activities during the reporting year. Asked only of those communities that reported using a Health Canada tracking tool.
LS	Q25cTrackingToolUsefulTrackingWorkMentalWellness	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool(s) was useful in tracking work in Mental Wellness. Asked only of those communities that reported using a Health Canada tracking tool.
LT	Q25dTrackingToolAidedCompletionCBRT	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

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Column #	Data Field	Response options	Description
LU	Q25eTrackingToolUsefulAcrossActivityAreas	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The Health Canada tracking tool was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool for Healthy Child Development activities.
LV	Q26PAAwarenessActivities	0=No 1=Yes	Awareness activities related to physical activity were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
LW	Q26PAWalkingClubs	0=No 1=Yes	Walking clubs were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
LX	Q26PASportRecreationActivities	0=No 1=Yes	Sport/recreation activities (e.g., soccer, basketball, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
LY	Q26PATraditionalPhysicalActivities	0=No 1=Yes	Traditional physical activites (e.g., jigging, dancing, games, showshoeing, canoeing) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
LZ	Q26NUTRITIONCookingSessions	0=No 1=Yes	Cooking sessions or classes (including community kitchens) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MA	Q26NUTRITIONTraditionalHarvesting	0=No 1=Yes	Traditional harvesting, food preparation, food preservation activities (e.g., berry picking, cleaning fish, canning, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MB	Q26NUTRITIONHealthyEatingAwareness	0=No 1=Yes	Healthy eating awareness and eduction activities (e.g., health fairs, radio shows, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MC	Q26NUTRITIONGroceryTours	0=No 1=Yes	Grocery tours were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MD	Q26NUTRITIONCommunityGardens	0=No 1=Yes	Community gardens were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
ME	Q26NUTRITIONGoodFoodBoxes	0=No 1=Yes	Good food boxes were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MF	Q26NUTRITIONFoodVouchers	0=No 1=Yes	Food vouchers were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MG	Q26NUTRITIONSchoolBasedFeedingPrograms	0=No 1=Yes	School-based feeding programs were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MH	Q26ADDITIONALDiabetesInfoSessions	0=No 1=Yes	Diabetes information sessions or workshops were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MI	Q26ADDITIONALDevelopmentResourceMaterial	0=No 1=Yes	Development of resource materials (e.g., posters, cookbooks, displays, guides, etc.) occurred during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MJ	Q26ADDITIONALInjuryPreventionTraining	0=No 1=Yes	Injury prevention training and awareness raising activities (e.g., safety committees, tool kits, "A Journey to the Teachings" training, etc.) were provided during the reporting year as part of the Chronic Disease and Injury Prevention aspect of Healthy Living initiatives in the community.
MK	Q27DiabetesDiagnosticScreening	0=No 1=Yes	Diabetes diagnostic screening services (e.g., fasting glucose, OGTT) were conducted in the community during the reporting year.
ML	Q27NumberIndividualsScreenedReportingYear	Numeric	The number of individuals that received diabetes diagnostic screening services (e.g., fasting glucose, OGTT) in the commuity during the reporting year. Asked only of those communities that provided this service.
MM	Q27NonDiagnosticDiabetesAwarenessPrevention	0=No 1=Yes	Non-diagnostic diabetes awareness/prevention screening services (i.e., non-diagnostic screenings at schools, workplaces, sporting events, health fairs, etc.) were provided in the community during the reporting year.
MN	Q27EstimateNonDiagnostic	Numeric	An estimate of the number of non-diagnostic screenings (i.e., non-diagnostic screenings at schools, workplaces, sporting events, health fairs, etc.) conducted in the community during the reporting year.
MO	Q28DiabetesSupportHealthyLivingGroups	0=No 1=Yes	Diabetes Support or healthy living groups were provided as part of the Diabetes Management intitiatives in the community.
MP	Q28ScreeningComplicationsRetinalScreening	0=No 1=Yes	Retinal screening services for diabetes related complications were provided as part of the Diabetes Management intitiatives in the community.

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Column #	Data Field	Response options	Description
MQ	Q28ScreeningComplicationsRenalScreening	0=No 1=Yes	Renal screening services for diabetes related complications were provided as part of the Diabetes Management intitiatives in the community.
MR	Q28Referrals	0=No 1=Yes	Referrals to health professionals or services were provided as part of the Diabetes Management intitiatives in the community.
MS	Q28DiabetesSelManagementSessions	0=No 1=Yes	Diabetes self-management sessions were provided as part of the Diabetes Management intitiatives in the community.
MT	Q29SupportDiabetesEducationClinicsTraining	0=No 1=Yes	Provided or supported diabetes education clinics and training for clients to support their self-management in the community.
MU	Q29NumberofIndividualsServed	Numeric	The number of individuals served by diabetes education clinics and training for self-management of diabetes provided by the community. Asked only of those communities that provided this service.
MV	Q29FootClinicsProvided	0=No 1=Yes	Foot clinics were provided as part of the Diabetes Clinics and Training initiatives in the community.
MW	Q29NumberIndividualsServed	Numeric	The number of individuals served by diabetes related foot clinics provided by the community. Asked only of those communities that provided this service.
MX	Q30RHAHSZHealthyEatingNutrition	0=No 1=Yes	Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
MY	Q30RHAHSZPhysicalActivityRecreation	0=No 1=Yes	Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
MZ	Q30RHAHSZSpecialistCare	0=No 1=Yes	Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NA	Q30RHAHSZInjuryPrevention	0=No 1=Yes	Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NB	Q30RHAHSZTreatmentManagement	0=No 1=Yes	Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NC	Q30RHAHSZDiagnosticsScreening	0=No 1=Yes	Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and the Regional Health Authority/Health Service Zone during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
ND	Q30EOHealthyEatingNutrition	0=No 1=Yes	Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NE	Q30EOPhysicalActivityRecreation	0=No 1=Yes	Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NF	Q30EOSpecialistCare	0=No 1=Yes	Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NG	Q30EOInjuryPrevention	0=No 1=Yes	Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NH	Q30EOTreatmentManagement	0=No 1=Yes	Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NI	Q30EODiagnosticsScreening	0=No 1=Yes	Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Educational Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NJ	Q30NPOHealthyEatingNutrition	0=No 1=Yes	Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NK	Q30NPOPhysicalActivityRecreation	0=No 1=Yes	Physical Activity/Recreation services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NL	Q30NPOspecialistCare	0=No 1=Yes	Specialist Care was provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NM	Q30NPOInjuryPrevention	0=No 1=Yes	Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NN	Q30NPOTreatmentManagement	0=No 1=Yes	Treatment/Management services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NO	Q30NPODiagnosticsScreening	0=No 1=Yes	Diagnostics/Screening services were provided in the community via a Healthy Child Development service linkage between community health staff and Non-Profit Organizations during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
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Column #	Data Field	Response options	Description
NP	Q30PROHealthyEatingNutrition	0=No 1=Yes	Healthy eating/nutrition services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NQ	Q30PROPhysicalActivityRecreation	0=No 1=Yes	Physical activity/recreation services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NR	Q30PROspecialistCare	0=No 1=Yes	Specialist care services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NS	Q30PROInjuryPrevention	0=No 1=Yes	Injury prevention services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NT	Q30PROTreatmentManagement	0=No 1=Yes	Treatment/management services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NU	Q30PRODiagnosticsScreening	0=No 1=Yes	Diagnostics/screening services were provided in the community via a Healthy Living service linkage between community health staff and Provincial Services during the reporting year. Service linkages can be formal or informal arrangements, collaborations, or processes with external individuals and organizations to facilitate the delivery of health services.
NV	Q31aDiabetesTrackingToolChronicDiseaseRegistryT1T2	0=No 1=Yes	A diabetes tracking tool, chronic disease registry, or other tracking system was used to track clients living with type 1 and type 2 diabetes or other chronic diseases in the community.
NW	Q31bType1	Numeric	The number of individuals in the community living with type 1 diabetes according to the tracking system used by the community. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
NX	Q31bType2	Numeric	The number of individuals in the community living with type 2 diabetes according to the tracking system used by the community. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
NY	Q31cWasTrackingToolProvided	0=No 1=Yes	The tracking tool used by the community to track diabetes was provided by Health Canada. Asked only of those communities that reported using a tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
NZ	Q31dProvideNameTrackingTool	Text	Name of the Health Canada tracking tool used by the community to track diabetes. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
OA	Q31eTrackingToolHL	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The tracking tool(s) was useful in tracking work in Healthy Living. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
OB	Q31fTrackingToolHLCompletionCBRT	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The tracking tool(s) aided in the completion of the CBRT. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
OC	Q31gTrackingToolUsefulActivitiesAreasHL	-2=Strongly Disagree -1=Disagree 1=Neutral 2=Agree 3=Strongly Agree	The tracking tool(s) was useful across activity areas. Asked only of those communities that reported using a Health Canada tracking tool, chronic disease registry, or other tracking system for type 1 and type 2 diabetes or other chronic diseases.
OD	Q32NumberPeopleWorkCDCMCommunity	Numeric	The number of health care workers working in Communicable Disease Control and Management (CDCM) in the community.
OE OF OG OH OI OJ OK OL	While the heading "CDCM Worker Info" is present in the dataset, the actual variables and data for this topic are not included.		
OM	Q34HIVAIDSBloodBorneSTIs	Numeric	The number of HIV/AIDS-blood borne and sexually transmitted infections awareness and education activities conducted in the community.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

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Column #	Data Field	Response options	Description
ON	Q34TB	Numeric	The number of tuberculosis awareness and education activities conducted in the community.
OO	Q34Immunization	Numeric	The number of immunization awareness and education activities conducted in the community.
OP	Q34PandemicPlanning	Numeric	The number of pandemic planning awareness and education activities conducted in the community.
OQ	Q34InfectionPreventionControl	Numeric	The number of infection prevention and control awareness and education activities conducted in the community.
OR	Q35FNIHBNationalOffice	0=No 1=Yes	A health status report that included data on communicable diseases was received by the community from the First Nations and Inuit Health Branch national office.
OS	Q35FNIHRegionalOffice	0=No 1=Yes	A health status report that included data on communicable diseases was received by the community from the First Nations and Inuit Health Branch regional office.
OT	Q35Province	0=No 1=Yes	A health status report that included data on communicable diseases was received by the community from the Province.
OU	Q35DistrictRHA	0=No 1=Yes	A health status report that included data on communicable diseases was received from the District/Regional Health Authority.
OV	Q35Other	0=No 1=Yes	A health status report that included data on communicable diseases was received from Other Organization.
OW	Q36bReportReceivedInformationSpecific	0=No 1=Yes	The community received a health status report that included data on communicable diseases, and information that was specific to the community. Asked only of those communities that reported receiving a health status report on communicable diseases.
OX	Q36cUseReportProgrammingDecisions	0=No 1=Yes	The community used the health status report that included data on communicable diseases for programming decisions in the community. Asked only of those communities that reported receiving a health status report on communicable diseases.
OY	Q37BriefDescription	Text	A brief description of either a) how the health status report that included data on communicable diseases was used by the community, or b) why the health status report was not used by the community.
OZ	Q37aCommunityPandemicPlan	0=No 1=Yes	The community had a pandemic plan as part of its Communicable Disease Control and Management initiatives.
PA	Q37bCommunityPandemicPlanLastUpdated	YYYY-MM-DD	The date that the Pandemic Plan was last updated. Asked only of those communities that reported having a pandemic plan.
PB	Q37cCommunityTestedPandemicPlanEngagingAppropriateStakeholders	0=No 1=Yes	The community has tested the Pandemic Plan engaging the appropriate stakeholders as identified in the plan. Asked only of those communities that reported having a pandemic plan.
PC	Q37dCommunityPlanTestedDate	YYYY-MM-DD	The date that the Pandemic Plan was last tested. Asked only of those communities that had tested the plan engaging the appropriate stakeholders as identified in the plan.
PD	Q37eCommunityAllHazardsEmergencyPlan	0=No 1=Yes	The community had an all hazards emergency plan. Asked only of those communities that reported having a pandemic plan.
PE	Q37fCommunityPlanBeenIntegratedEmergencyManagementPlan	0=No 1=Yes	The community Pandemic Plan has been integrated with the Emergency Management Plan. Asked only of those communities that reported having an all hazards emergency plan.
PF	Q38ImmunizationCoverageReportFormCompletedSubmittedReportingTemplate	0=No 1=Yes	The immunization coverage report form was completed and submitted with the CBRT reporting template by the community.
PG	Q39NANoProvincailTBPreventionControlPrograms	0=No 1=Yes	The community did not use tuberculosis clinical, treatment, health promotion, or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs because these programs were not available.
PH	Q39YESCommunityAvailableExpertiseResources	0=No 1=Yes	The community made use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
PI	Q39NOCommunityDoesNotMakeAvailableExpertiseResources	0=No 1=Yes	The community did not make use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

Colour Key	GREY	Do not have sufficient response rates to provide meaningful statistics, have data quality issues, or do not have any data entered into the dataset and therefore cannot not be used for analysis purposes.
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Column #	Data Field	Response options	Description
PJ	Q39ProgramDevelopment	0=No 1=Yes	The community used program development expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
PK	Q39ProgramImplementation	0=No 1=Yes	The community used program implementation expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
PL	Q39ProgramEvaluation	0=No 1=Yes	The community used program evaluation expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
PM	Q39Research	0=No 1=Yes	The community used research expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
PN	Q39ClinicalAdvice	0=No 1=Yes	The community used clinical advice expertise/resources from the available provincial or territorial tuberculosis prevention and control programs. Asked only of those communities that reported making use of the available tuberculosis clinical, treatment, health promotion, and/or public health expertise and resources from the provincial or territorial tuberculosis prevention and control programs.
PO	Q40HIVTestingAccessibleOnOrNearReserve	0=No 1=Yes	HIV testing was accessible on or near the reserve.
PP	Q40HIVTreatmentAccessibleOnOrNearReserve	0=No 1=Yes	HIV treatment was accessible on or near the reserve.
PQ	Q41HIVAIDSSupportGroupsCommunity	0=No 1=Yes	HIV/AIDS support groups were available in the community.
PR	Q41LimitedFunding	0=No 1=Yes	The community did not have HIV/AIDS support groups because of limited funding. Asked only of those communities that did not have HIV/AIDS support groups.
PS	Q41InsufficientCapacityEstablishLeadSupportGroups	0=No 1=Yes	The community did not have HIV/AIDS support groups because of an insufficient capacity to establish and lead support groups. Asked only of those communities that did not have HIV/AIDS support groups.
PT	Q41NeedSupportGroupsNotIdentified	0=No 1=Yes	The community did not have HIV/AIDS support groups because the need for support groups was not identified. Asked only of those communities that did not have HIV/AIDS support groups.
PU	Q41IndividualsHIVPreferNotToInvolveHealthCentreStaff	0=No 1=Yes	The community did not have HIV/AIDS support groups because individuals with HIV prefer not to involve health centre staff in their follow-up. Asked only of those communities that did not have HIV/AIDS support groups.
PV	Q41IndividualsHIVPreferAccessServicesOffReserve	0=No 1=Yes	The community did not have HIV/AIDS support groups because individuals with HIV prefer to access services off-reserve, especially for HIV/Sexually transmitted infections. Asked only of those communities that did not have HIV/AIDS support groups.
PW	Q41OtherReasons	0=No 1=Yes	The community did not have HIV/AIDS support groups because of other reasons (e.g., stigma associated with HIV/AIDS). Asked only of those communities that did not have HIV/AIDS support groups.
PX	Q42CommunityCollectAdditionalInformationBloodBornePathogensSTIs	0=No 1=Yes	Additional information on blood borne pathogens and sexually transmitted infections was collected by the community.
PY	Q42AdditionalInformationCollected	Text	A description of the types of additional information on blood borne pathogens and sexually transmitted infections collected by the community. Asked only of those communities that reported collecting additional information on blood borne pathogens and sexually transmitted infections.
PZ	Q43DoesCommunityOrgaCollaboServDelivArrangHCCServSupExtProv	0=No 1=Yes	The community or organization had a collaborative service delivery arrangement for Home and Community Care services or supports with external providers. Collaborative arrangements may be formal with a written agreement in the form of a Memorandum of Understanding, protocol, agreement, contract, etc. or informal with a non-written agreement to provide services or information to support Home and Community Care clients services in the community.
QA	Q43NumberOfAgreeDistrictOrRHA	Numeric	The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with the District or Regional Health Authority. Asked only of those communities that reported having collaborative service deliverary arrangements for Home and Community Care services or supports.
QB	Q43NumberOfAgreeHospitals	Numeric	The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with hospitals. Asked only of those communities that reported having collaborative service deliverary arrangements for Home and Community Care services or supports.

Appendix BB3. CBRT – Data Dictionary 2015-16 through 2017-18 *(continued)*

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Column #	Data Field	Response options	Description
QC	Q43NumberOfAgreeClientCareAccessCentres	Numeric	The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with Client Care Access Centres. Asked only of those communities that reported having collaborative service deliverary arrangements for Home and Community Care services or supports.
QD	Q43NumberOfAgreeOther	Numeric	The number of agreements that the community had in place at the end of the reporting year for collaborative service delivery arrangements for Home and Community Care services or supports with other organizations. Asked only of those communities that reported having collaborative service deliverary arrangements for Home and Community Care services or supports.
QE	Q44ProcessPlaceManageHCCComplaintsAppelasYesOrNo	0=No 1=Yes	The community had a process in place to manage Home and Community Care complaints and appeals.
QF	Q45HCCIncidentOccurenceReportingProcesIsInPlaceYesOrNo	0=No 1=Yes	The community had a Home and Community Care incident and occurance reporting process in place.
QG	Q46HCCPogramAccreditedByAccreditationCanadaOrOtherRecognizedAccreditationOrganizationYesOrNo	0=No 1=Yes	The community's Home and Community Care program has been accredited by Accreditation Canada or another recognized accreditation organization.
QH	Q47NumberOfCommunityMembersAccessedCCCServicesLeastOnce	Numeric	The number of community members that accessed Clinical and Client Care services at least once during the reporting year. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QI	Q48UrgentTotalEncounters	Numeric	The total number of service encounters for urgent clinical services for community members. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QJ	Q48NonUrgentTotalEncounters	Numeric	The total number of service encounters for non-urgent clinical services for community members. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QK	Q50aNNCPathophysiology	Numeric	The number of nurses who completed the mandatory course/certification for Pathophysiology. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QL	Q50aNNCAdvancedHealthAssessment	Numeric	The number of nurses who completed the mandatory course/certification for Advanced Health Assessment. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QM	Q50aNNCPharmacotherapeutics	Numeric	The number of nurses who completed the mandatory course/certification for Pharmacotherapeutics (including a module or course to meet the upcoming Section 56 Ministerial exemption on Controlled Drugs and Substances Act CDSA). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QN	Q50bNNCBasicTraumaLifeSupport	Numeric	The number of nurses who completed the mandatory course/certification for Basic Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QO	Q50bNNCInternationalTraumaLifeSupport	Numeric	The number of nurses who completed the mandatory course/certification for International Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QP	Q50bNNCAdvancedTraumaLifeSupport	Numeric	The number of nurses who completed the mandatory course/certification for Advanced Trauma Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QQ	Q50bNNCBasicDardiacLifeSupprtCPR	Numeric	The number of nurses who completed the mandatory course/certification for Basic Cardiac Life Support (CPR). Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QR	Q50bNNCAdvanceCardiacLifeSupport	Numeric	The number of nurses who completed the mandatory course/certification for Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QS	Q50bNNCPaediatricAdvancedLifeSupport	Numeric	The number of nurses who completed the mandatory course/certification for Pediatric Advanced Cardiac Life Support. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QT	Q50bNNCPTraumaNurseCoreCourse	Numeric	The number of nurses who completed the mandatory course/certification for Trauma Nurse Core Course. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.
QU	Q50bNNCPImmunizationCertificate	Numeric	The number of nurses who completed the mandatory course/certification for Immunization certification. Only asked of communities with a Nursing Station and/or Health Centre with treatment providing primary care clinical and treatment services 24 hours a day, seven days a week or five days a week.

Appendix CC. SIA Community Profiles Database Guide

Source: Unmodified information from ISC staff

Services aux Autochtones Canada | Indigenous Services Canada

Guide d'utilisateur « Profils »

Comment se servir de l'outil « Profils » de Synergie en Action

version 7

Dernière mise à jour: Juillet 2021

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Section 1 – Information Générale

Comment se servir de l'outil « Profils »

Objectifs du guide et présentation

L'objectif de ce guide est de fournir des informations sur la manière d'utiliser les « Profils » de Synergie en Action (SEA). Il est conçu pour aider à générer des rapports en utilisant des filtres et des variables et à comprendre comment les rapports fonctionnent et quelles informations ils contiennent.

1.1 Qu'est-ce que sont les « Profils »?

Les « Profils » **sont des outils organisés sur une plateforme de rapports** conçus pour aider à la prise de décision en fournissant des informations tactiques sur les communautés autochtones, les ententes de financement et les organisations financées qui offrent des services aux communautés ou aux individus. Les rapports présentent des informations structurées et bien présentées, facilement accessibles à l'aide de filtres et exportables dans différents formats. Les données proviennent de différentes sources et sont mises à jour quotidiennement. Il existe trois (3) types de « Profils » :

Profil des communautés

Le profil des communautés est un système de guichet unique permettant d'accéder rapidement à un grand nombre d'informations tactiques sur les communautés autochtones. Grâce à des filtres, il est possible de générer des rapports statiques qui fournissent des informations détaillées sur des données telles que les données démographiques, les contacts au sein des communautés, les résultats d'élections, les établissements de santé, les ententes de financement, les nouvelles et les entreprises au sein de chaque communauté.

Profil des organisations

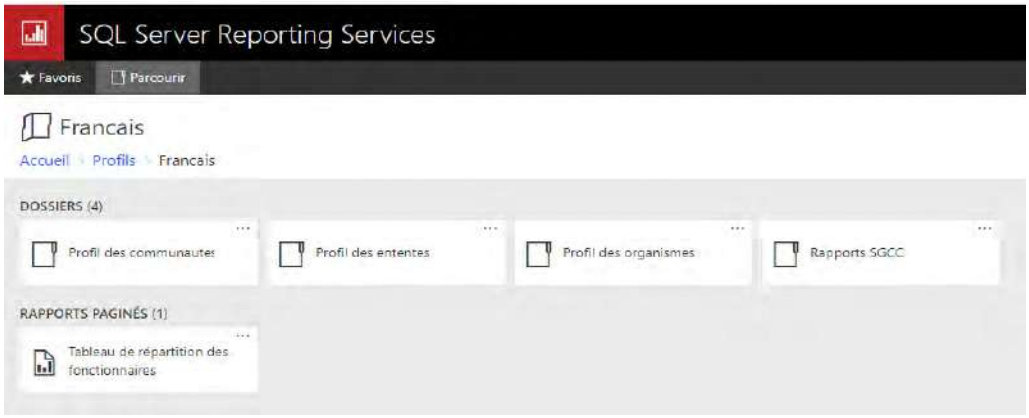
Le profil des organisations permet d'accéder rapidement à un grand nombre d'informations tactiques sur les organisations financées, les autorités de santé publique et les conseils tribaux. Des rapports statiques peuvent être générés en utilisant des filtres pour accéder à des informations détaillées sur des données telles que les contacts des organisations, les communautés desservies, les ententes de financement et les nouvelles.

Profil des ententes

Le profil des ententes fournit des informations sur les ententes de financement. Les données sont exportées du Système de Gestion de l'Information des Subventions et Contributions (SGISC) et manipulées pour créer des rapports puissants qui résument l'information sur les flux de trésorerie, l'état des rapports, les chèques émis et les modifications apportées aux ententes. En plus de rendre les informations du SGISC plus accessibles, ce profil peut également offrir une

vue d'ensemble de la gestion de la performance (par exemple, sur les rapports financiers en retard) et une analyse proactive.

Tous les profils sont accessibles en cliquant sur l'icône « Profils (Fr/Eng) » sur la page des produits du site web de *Synergie en Action (SEA) :* ***http://sia-sea/fr-ca/Pages/Produits.aspx*****.** Cliquer sur le lien correspondant au profil souhaité et ajouter la page d'accueil de SEA dans les favoris.



1.2 Comment ouvrir et utiliser les rapports « Profils »?

Sélections

Lors de l'ouverture d'un rapport, une liste d'options permet de modifier l'affichage du rapport et de préciser la recherche. Toutes ces options n'apparaissent pas sur tous les rapports.

- Langue du rapport : Choisir d'afficher le rapport en anglais ou en français. La langue définie par défaut sera celle choisie lors de l'accès à l'outil « Profils » via le site web de *SEA.*
- Recherche (Nom ou numéro SGISC) : Inscrire le numéro du bénéficiaire ou une partie du nom du bénéficiaire pour trouver la communauté désirée.
- Onglet(s) à ouvrir : Pour les rapports volumineux, sélectionner la section des rapports à consulter en cliquant sur les cases à cocher. Par défaut, aucun onglet ne s'ouvrira. Les onglets peuvent être ouverts ultérieurement en cliquant sur le bouton plus (+) de n'importe quel rapport.

Filtres

Chaque rapport comporte une série de filtres numérotés permettant de sélectionner différents paramètres. Chaque filtre a une incidence sur les filtres subséquents. Si un filtre comporte un paramètre ou une variable sélectionné, la liste des valeurs des filtres suivants sera réduite en fonction de l'effet combiné de tous les filtres précédents. Chaque rapport aura des options de filtre légèrement différentes et tous les filtres énumérés ci-dessous n'apparaîtront pas sur tous les rapports.

- Région: Zone où la communauté ou l'organisation est située
- Traité: Accord/Entente/Traité dont la communauté fait partie
- Agent: Liste des agents assignés aux communautés/organisations
- Nation: La nation dont la communauté fait partie (p. ex. Crie)
- Entente: Pour chercher des bénéficiaires d'ententes de contribution ou de subvention
- Domaine fonctionnel: Utilisé pour filtrer les clients qui disposent d'un financement dans un programme particulier (code Q ou K)
- Client : Présente la liste des noms des communautés incluant les noms des conseils de band et les noms couramment utilisés par la DGSPNI
- Année : Permet de sélectionner l'année civile pour les données démographiques
- Communauté desservie : Fournit la liste des communautés desservies par une quelconque organisation ou faisant partie d'une organisation particulière

Après avoir sélectionné le dernier filtre (habituellement « Client »), cliquer sur Afficher le rapport **pour ouvrir le rapport.**

Une fois le rapport ouvert, une barre d'outils sera disponible pour naviguer et localiser de l'information :

- Cliquer sur les flèches pour circuler entre les pages du rapport. Dans de nombreux rapports, la dernière page indique les sources des données et la manière d'utiliser efficacement les informations. Les flèches mènent vers la première ou la dernière page du rapport.
- Cliquer sur pour actualiser la page.
- Cliquer sur 100% pour modifier l'agrandissement de la page.
- Cliquer sur pour sauvegarder le rapport. Il peut être sauvegardé en format Word, Excel ou PDF.
- Cliquer sur pour imprimer le rapport.
- La case Rechercher | Suivant permet de chercher un texte correspondant dans le rapport.

Dernière page du rapport

La dernière page du rapport présente les sources utilisées pour bâtir le rapport ainsi que les clauses de non-responsabilité de SEA quant à l'utilisation des données du rapport. Elle disposera également d'une adresse électronique permettant de contacter SEA pour toutes questions, commentaires ou pour signaler toutes erreurs rencontrées dans le rapport.

Pour visualiser la dernière page du rapport, cliquer sur après avoir généré le rapport. La liste complète des sources d'information se trouve à la dernière page de chaque « Rapport général ».

Sources des informations
Information générale
Numéro et Nom selon AANC : Affaires autochtones et du Nord Canada (AANC)
Alias et autres graphies : Direction Générale de la Santé des Premières Nations et Inuits (DGSPNI)
Nation : Direction Générale de la Santé des Premières Nations et Inuits (DGSPNI)
Langue ancestrale : Classification de la langue, Classifications statistiques, Statistique Canada
Niveau d'isolement : Système de Gestion et de Planification Communautaire (SGPC), Direction Générale de la Santé des Premières Nations et Inuits (DGSPNI)
Affaires autochtones et du Nord Canada (AANC)
Traités/Ententes sur l'autonomie gouvernementale : Système d'information sur les droits ancestraux et issus de traités (SIDAIT), Affaires autochtones et du Nord Canada (AANC)
Profil de recensement : Profil du recensement, Statistique Canada
Profil AANC : Profils des Premières Nations, Affaires autochtones et du Nord Canada (AANC)
Carte interactive des profils des collectivités inuites, Affaires autochtones et du Nord Canada (AANC)

1.3 Mise à jour – Sources d'information

Les informations mises à jour manuellement dans les « Profils » auront une ligne « Date de la dernière mise à jour/*Last Updated Date* » au-dessus de chaque section correspondante. Les données financières provenant du SGISC sont mises à jour quotidiennement, tandis que les données démographiques sont mises à jour annuellement. Toutes les autres informations sont

mises à jour au fur et à mesure que la direction de SEA est informée des changements à apporter.

Pour tout commentaire, ou pour signaler une information inexacte, contacter Synergie en Action, en précisant le titre du rapport et le nom de l'onglet auquel s'applique le commentaire, à l'adresse:

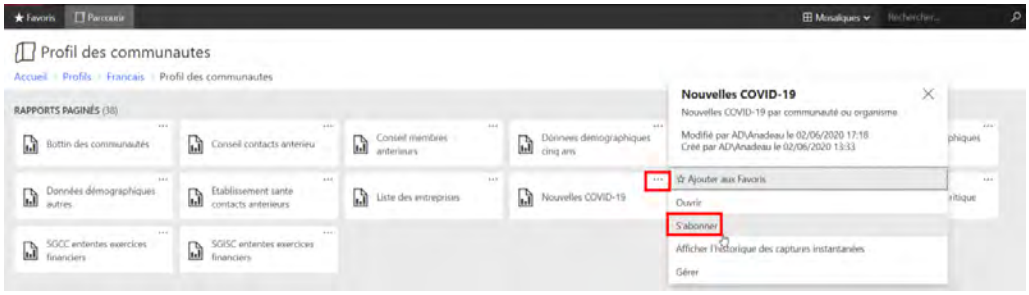
sac.sea-sia.isc@canada.ca

1.4 Abonnement aux rapports

Il est possible de s'abonner à n'importe quel rapport des « Profils » afin d'en recevoir une copie par courriel selon la fréquence choisie. Le rapport peut être envoyé sous forme de document Word, PDF ou Excel. Pour les rapports plus volumineux, comme le **Rapport général**, il est possible de ne recevoir que certaines sections. Noter que le rapport ne peut être envoyé qu'à la fréquence préalablement déterminée et ne peut pas être programmé en fonction des changements apportés au rapport.

Comment s'abonner :

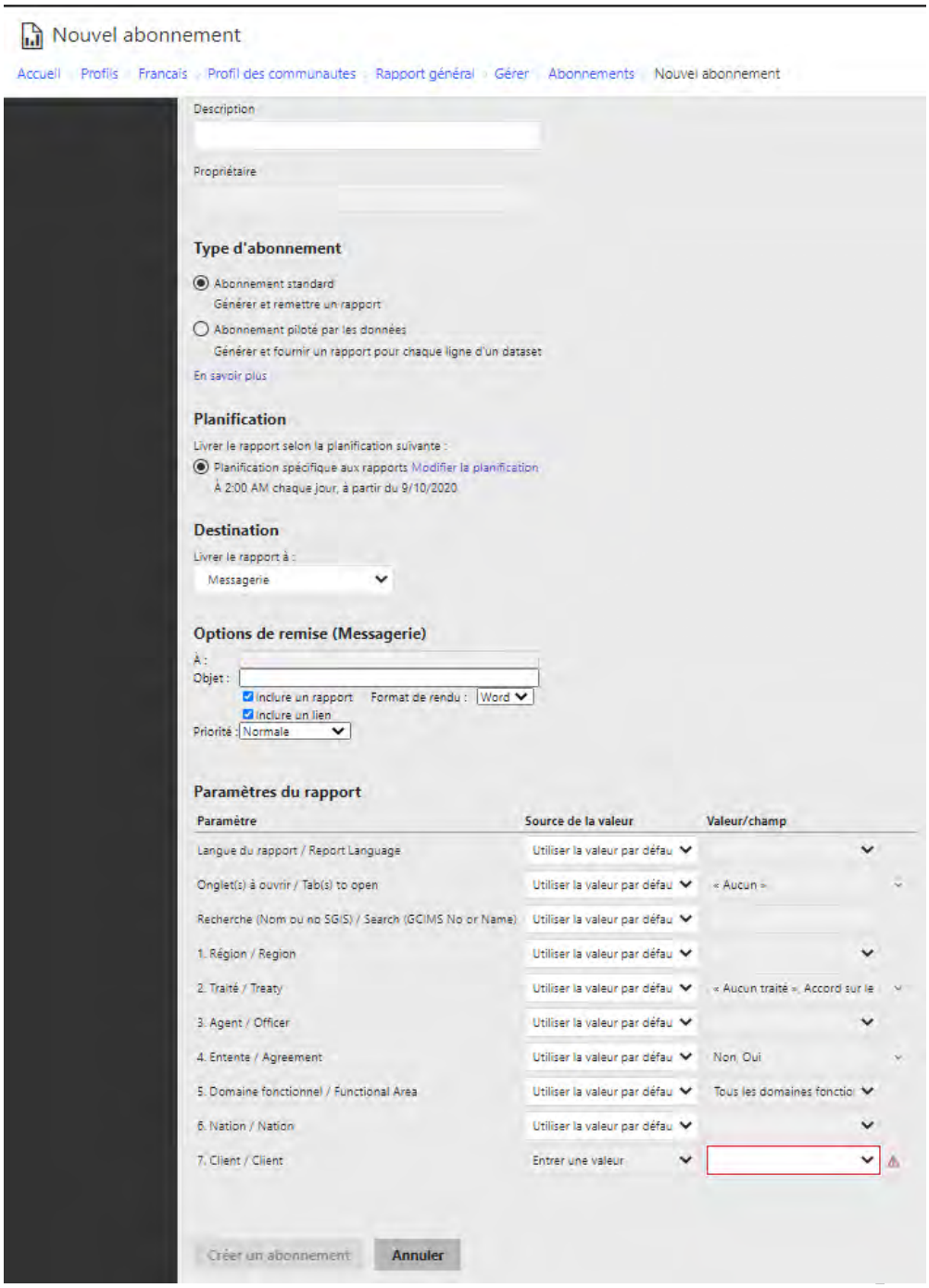
En consultant la liste des rapports pour un certain profil, cliquer sur l'icône des trois (3) points d'un rapport et sélectionner « S'abonner ».



L'écran suivant apparaîtra permettant ainsi de sélectionner les paramètres souhaités qui correspondent aux filtres du rapport. L'adresse courriel du destinataire est automatiquement prélevée du profil de l'utilisateur. Sélectionner le format du rapport, l'horaire (par exemple : hebdomadaire, lundi à 8h00) et les filtres pour personnaliser le rapport en fonction des besoins. Après avoir sélectionné tous les paramètres, cliquer sur « Créer un abonnement ».

Note : L'heure reflétée est celle du fuseau horaire de l'Alberta (UTC -6) puisque le serveur est situé dans cette région.

Appendix CC. SIA Community Profiles Database Guide *(continued)*



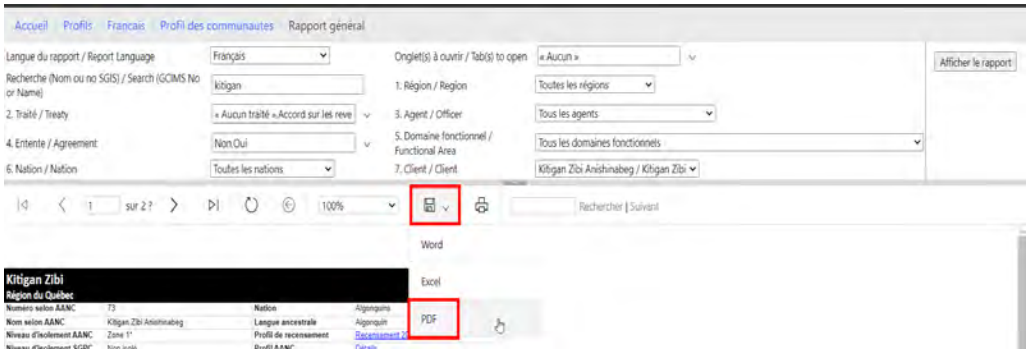
1.5 Politique de confidentialité

La plupart des rapports sont considérés comme étant *Protégé B*, tel qu'indiqué dans le coin supérieur droit du rapport. Toutefois, certaines sections comportent moins de restrictions. Pour plus de renseignements, contacter *SEA* à l'adresse courriel suivante :

sac.sea-sia.isc@canada.ca.

1.6 Enregistrement des rapports

Il est possible d'exporter tous les rapports sous forme de fichiers Adobe PDF, Word ou Excel. Par exemple, le rapport général ci-dessous est configuré pour être exporté au format PDF.



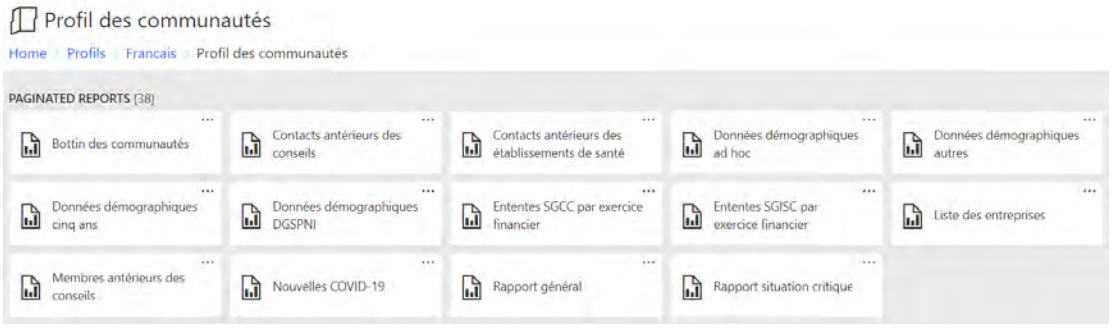
Une boîte de dialogue s'ouvrira et il sera possible d'enregistrer ou d'ouvrir le fichier. Cliquer sur « Enregistrer sous » pour sauvegarder le fichier à l'endroit désiré ou cliquer sur « Ouvrir » pour le visualiser seulement.

Section 2 – Rapports Profils

Profils des communautés, des organisations et des ententes

1. Rapports - Profils des communautés

Le **Profil des communautés** contient des informations relatives aux Premières Nations et aux Inuits, notamment des données démographiques et des informations sur les ententes de financement. Il se compose de plusieurs rapports, détaillés ci-dessous :



Description du rapport et contenu

1.1 Rapport général

Dans le **Profil des communautés**, le rapport le plus complet est le **Rapport général**. Il présente un aperçu complet des informations sur toutes les communautés des Premières Nations et des Inuits à travers le Canada. La plupart des informations contenues dans les autres rapports sont présentes dans le **Rapport général**. Cependant, celui-ci n'offre pas autant de détails que ces rapports plus spécialisés car sa fonction principale est d'offrir une vue d'ensemble. Il s'agit toutefois du meilleur rapport à utiliser pour une toute première consultation des **Profils** ou si un résumé d'une communauté spécifique est nécessaire.

De nombreux filtres permettent de produire un rapport sur une communauté donnée. Les filtres eux-mêmes peuvent donner une réponse rapide à des questions telles que : « *Quelles sont les communautés qui ne sont pas couvertes par une entente? Quelles sont les communautés qui sont gérées par une tierce partie? Quelles sont les communautés qui détiennent une entente* ***active****? »*

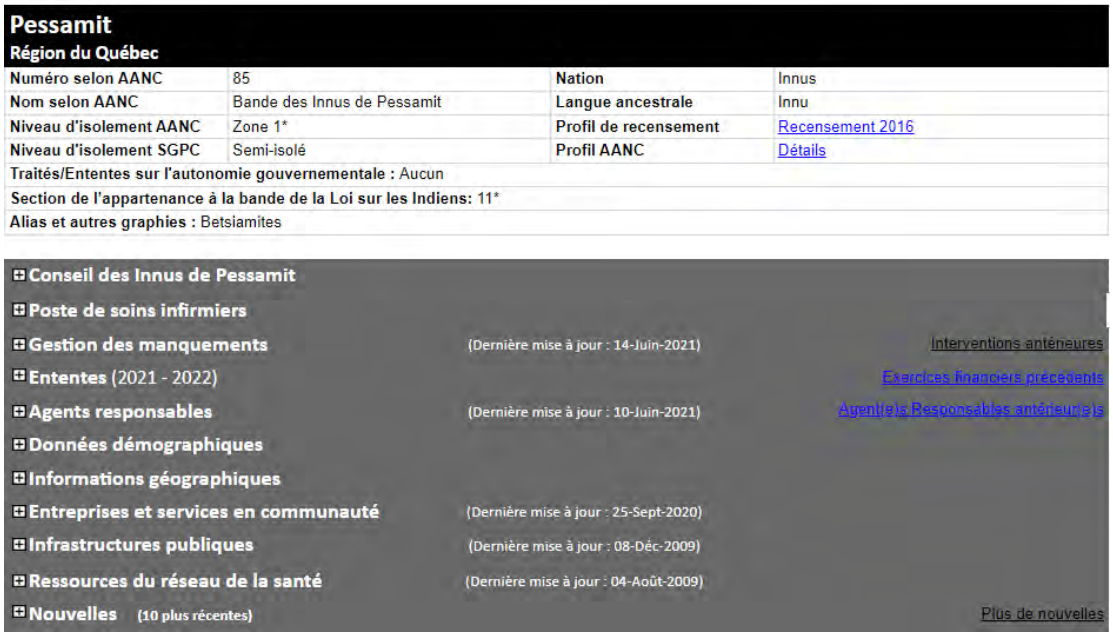
Le **Rapport général** est composé de douze (12) sections :

1) Section d'information générale

- Numéro du conseil de bande selon AANC
- Nation
- Nom du conseil de bande selon AANC
- Langue ancestrale
- Niveau d'isolement AANC : Classé de 1 à 4 (1 étant le niveau d'isolement le moins élevé et 4 le plus élevé)

- Lien vers le dernier recensement de Statistique Canada
- Niveau d'isolement SGPC (Système de Gestion et de Planification Communautaire)
- Lien vers le Profil AANC
- Traités/Ententes sur l'autonomie gouvernementale
- Alias et autres graphies
- Section de l'appartenance à la bande de la Loi sur les Indiens

Voici un exemple de rapport général pour lequel l'option « Aucun » a été sélectionnée dans le filtre « Onglet(s) à ouvrir ». L'option « Aucun » affichera le rapport en mode compressé et ne montrera que la section des informations générales. Pour ouvrir un onglet, cliquer sur le signe plus (+) à côté de celui-ci.



Pessamit
Région du Québec

Numéro selon AANC	85	**Nation**	Innus
Nom selon AANC	Bande des Innus de Pessamit	**Langue ancestrale**	Innu
Niveau d'isolement AANC	Zone 1*	**Profil de recensement**	Recensement 2016
Niveau d'isolement SGPC	Semi-isolé	**Profil AANC**	Détails
Traités/Ententes sur l'autonomie gouvernementale : Aucun			
Section de l'appartenance à la bande de la Loi sur les Indiens: 11*			
Alias et autres graphies : Betsiamites			

2) Onglet - Conseil de bande (Premières Nations) / Conseil Municipal (Inuits)

Cette section contient le nom officiel du conseil de bande ou du conseil municipal, l'adresse, la langue de correspondance, les numéros de téléphone, de fax et les adresses de courrier électronique. Elle contient également le mode électoral et des commentaires sur le conseil.

Les deux (2) sous-sections suivantes contiennent les coordonnées des membres actuels du conseil ainsi que celles de *non-élus*. Elles indiquent le numéro de téléphone, le fax, le portefeuille et les dates des mandats. Si un contact dispose d'une adresse courriel, son nom est surligné en bleu. En cliquant sur le nom de cette personne, un nouvel e-mail s'ouvrira automatiquement. La date de la dernière mise à jour est disponible puisque les informations des contacts sont ajustées manuellement

via l'application *Profiles WebApp*. Cliquer sur « Membres antérieurs du conseil » ou « Contacts antérieurs » pour afficher les contacts inactifs.

Membres actuels du conseil	(Dernière mise à jour : 07-Avr-2021)				Membres antérieurs du conseil	
Titre	Nom	Téléphone(s)	Télécopieur	Portfolio	Mandat du	au
Chef	M. Jean-Marie Vollant				18-Août-2020	17-Août-2022
Conseiller	M. Gérald Hervieux				18-Août-2020	17-Août-2022
Conseiller	M. Jean-Noël Riverin				18-Août-2020	17-Août-2022
Conseiller	M. Jérôme Bacon St-Onge				18-Août-2020	17-Août-2022
Conseiller	Mme Jocelyne Bacon				18-Août-2020	17-Août-2022
Conseiller	Mme Marielle Vachon				18-Août-2020	17-Août-2022
Conseiller	Mme Suzanne Bacon Charland				18-Août-2020	17-Août-2022

Contacts actuels	(Dernière mise à jour : 02-Mars-2021)			Contacts antérieurs
Titre	Nom	Téléphone(s)	Télécopieur	Depuis le
Adjointe à la direction du Conseil	Mme Anne St-Onge	(418) 567-2265		15-Juin-2016
Comptable agréé	Mme Claire Chassé	(418) 296-9651	(418) 296-8454	26-Nov-2012

3) Onglet – Établissements de santé

Cette section contient des informations sur les établissements de santé de la communauté, y compris le nom, le type d'établissement, le numéro de téléphone, le fax, le courriel, le site web, le réserve, le numéro SIGBI et les commentaires. Elle contient également un lien vers l'organigramme de l'établissement de santé ainsi qu'une photo de l'établissement pour aider ceux qui visitent la communauté.

De plus, les coordonnées des contacts de l'établissement de santé ainsi que la date du début de leur mandat s'y trouvent. Si un contact dispose d'une adresse courriel, son nom est surligné en bleu. En cliquant sur le nom de cette personne, un nouvel e-mail s'ouvrira automatiquement. La date de la dernière mise à jour est disponible puisque les informations des contacts sont ajustées manuellement via l'application *WebApp Profiles*. Cliquer sur « Contacts antérieurs » pour afficher les anciens contacts de l'établissement de santé.

⊟ Poste de soins infirmiers					
Poste de soins infirmiers d'Opitciwan				Organisme agréé	Non
15, Wapistan		Téléphone	(819) 974-8822	Organigramme	2011
Obedjiwan (Québec) G0W 3B0		Télécopieur	(819) 974-8876	Photographie	2010/07
Courriel		Site Web			
# SIGBI*	079-OP-01	Réserve	OBEDJIWAN 28		
Commentaires					

Contacts	(Dernière mise à jour : 05-Juil-2021)			Contacts antérieurs
Titre	Nom	Téléphone(s)	Télécopieur	Depuis le
Commis à l'entrée de données	Mme Jeanne-Colette Awashish	(819) 974-8822 Poste 3230		n.d.
Coordonnatrice Principe de Jordan	Mme Katie Awashish	(819) 974-8822		01-Juil-2021

L'onglet « Établissement de santé » contient également des informations sur la connectivité de l'établissement afin de déterminer s'il est possible d'organiser une vidéo-conférence ou d'accéder à certains programmes médicaux. Cette section indique si l'établissement dispose ou non de **Panorama**, le nombre d'employés à temps plein (ETP), le rapport entre les ETP et le nombre d'utilisateurs travaillant simultanément (calcul du pic de la demande) et le nombre de postes informatiques. De plus, les informations sur le fournisseur internet, le type de bande passante et les vitesses de télé-versement

et de téléchargement de la connexion sont affichés. Si des applications de santé particulières existent, celles-ci seront listées sous la section « Ressources ».

Connectivité	(Dernière mise à jour : 13-Déc-2018)			
Panorama		Vitesse (MBPS)		
Utilisateurs en équivalent temps plein (ETP)		Catégorie	Téléversement	Téléchargement	Maximum
ETP ÷ Nombre d'utilisateurs concurrents		11 et plus			10 0,0
Catégorie de poste de travail		Fournisseur d'accès internet			
		Type de bande passante		Câble	
Commentaires					

Ressources	
Catégorie	Liste
Fonctionnalités	Accès télésanté, Accès vidéo
Dossier médical électronique (DME)	Autre

4) Gestion des manquements

Cette section contient les activités de redressement actuelles et passées (des cinq (5) dernières années), le niveau du redressement, les informations et coordonnées de la tierce partie (séquestre-administrateur), l'agent de redressement responsable ainsi que l'entente concernée.

Gestion des manquements	(Dernière mise à jour : 17-Sept-2019)		Interventions antérieures
01-Avr-2015 - 01-Avr-2019	Séquestre-administrateur (Niveau élevé)		
Firme		DGSPNI- Agent de redressement (en cours)	
Lemieux Nolet inc.		Mme Madone Wainright	
815, boulevard Lebourgneuf, bureau 401		Téléphone	(514) 283-4494
Québec (Québec) G2J 0C1		Courriel	madone.wainright@hc-sc.gc.ca
Téléphone	(418) 659-6346		
Télécopieur	(418) 650-4480		
Commentaires : Informer l'agent de redressement de toute communication avec le séquestre-administrateur en lien avec les finances de la bande.			
Contacts			
Titre	Nom	Téléphone	Télécopieur
Ententes			
À venir plus tard			

5) Ententes

Cette section présente un résumé des informations sur les accords de contribution provenant du système SGISC pour l'exercice financier en cours. Elle est mise à jour quotidiennement. Les informations relatives à l'exercice financier précédent peuvent être trouvées en cliquant sur « Exercices financiers précédents ». Les fonds sont divisés en deux sections : les fonds budgétés et les fonds versés. Ceux-ci sont répartis par programme et par code de domaine fonctionnel (code Q). Le sous-total se trouve au bas de chaque tableau. Le numéro de l'entente, le type d'entente, le numéro SGISC, la période de l'entente ainsi que le statut sont affichés.

Ententes (2020 - 2021)		Exercices financiers précédents
Commentaires :		
		Budgeté	Payé
2021-QC-000023 / CFA / SGISC : 0074 Statut : Active (01 Avr 2020 - 31 Mars 2025)			
A51310	MGR NON-INSURED HEALTH BENEFITS		
A51930	JORDAN'S PRINCIPLE AND CFI - QUEBEC		
A53011	POLICY ANALYSIS PLANNING AND INFORMATION		
A53013	TRANSFER PROGRAM		
A53014	ASSET SECURITY MANAGEMENT		
A53021	MGR PROFESSIONAL SERVICES		
A53051	MGR COMMUNITY BASED PROGRAMS		
A53061	HOME NURSING		
Total / Entente		1 651 108	730 156

Les activités financières de l'exercice en cours représentent un historique de tout ce qui a affecté le financement de l'entente durant l'année financière :

- Les activités budgétaires initiales de l'année;
- Les ajustements et modifications du budget initial;
- Les avis d'ajustements budgétaires (NOBA)

*Ce tableau est actuellement en processus d'amélioration et la nouvelle version contiendra : le code, la date, et le type.

Activités financières pour l'exercice financier 2020 - 2021

Code	Date	Type	Activité de programme	Zone de services des programmes	Centre de coût	Mode de financement	Domaine fonctionnel	Budgété	Payé
			A50403	B2710	A50403	Flex	Q218	14 074	7 242
			A50403	B2710	A50403	Flex	Q21F	133 209	68 545
			A50403	B2710	A50403	Flex	Q21G	70 130	36 087
			A50403	B2710	A50403	Flex	Q21G	147 214	75 751
			A50403	B2710	A50403	Flex	Q21G	114 805	59 075

6) Onglet – Agents Responsables

Cette section contient les coordonnées des travailleurs de la DGSPNI tels que les agents de liaison, les agents de programme, les agents financiers, les agents de santé environnementale ou de transport médical. Les agents régionaux de SAC ou de RCAANC peuvent également y figurer. Cliquez sur le nom de l'agent pour ouvrir leur courriel. La date de la dernière mise à jour est disponible puisque les informations des contacts sont ajustées manuellement via l'application *Profils WebApp*.

Agents responsables (Dernière mise à jour : 20-Mai-2021) Agent(e)s Responsables antérieur(e)s

Agents régionaux DGSPNI			Date de début
Directeur, Centre de service du Nord	Ms. Mary Vermette	(306) 953-8601	01-Mai-2021
Gestionnaire des services de santé	Ms. Jamie Untereiner	(306) 953-8685	29-Mars-2021
Agents régionaux SAC/RCAANC			**Date de début**
Agent aux services de financement (SAC)	Kalen Wright	(306) 987-0562	01-Mai-2021
Capital Environment Officer	Mr. Ed Lenchuk	(306) 940-4765	01-Mai-2021

7) Onglet – Données démographiques selon le dernier recensement

Cette section présente les données démographiques pour l'année de recensement la plus récente. Les données sont présentées par groupes d'âge de cinq (5) ans et par groupes d'âge selon les programmes offerts par la DGSPNI. Elles sont ensuite divisées par *hommes* et *femmes*, *sur* ou *hors-réserve*. Pour des raisons de confidentialité, les chiffres exacts ne sont pas indiqués lorsque moins de cinq (5) personnes entrent dans une certaine catégorie. Cliquer sur « Données antérieures » pour accéder aux données démographiques des années précédentes.

Ces données proviennent du ***Système d'inscription des Indiens*** (SII), ***Affaires autochtones et du Nord Canada*** (AANC) et existent pour toutes les communautés sauf les Inuits et Oujé-Bougoumou (Nation Crie). Pour les Inuits et Oujé-Bougoumou (Nation Crie), les données proviennent du ***Registre des bénéficiaires Cris et Naskapis de la convention de la Baie-James et du nord québécois et de la convention du nord-est québécois***. Seul le système SII est mis à jour pour l'année fiscale en cours.

Par groupe d'âges de 5 ans — Données antérieures

2019	Sur réserve			Hors-réserve			Total		
Groupe d'âges	Sexe masculin	Sexe féminin	Total	Sexe masculin	Sexe féminin	Total	Sexe masculin	Sexe féminin	Total
0 à 4 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
5 à 9 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
10 à 14 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
15 à 19 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
20 à 24 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
25 à 29 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
30 à 34 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
35 à 39 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
40 à 44 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
45 à 49 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
55 à 59 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
60 à 64 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
65 à 69 ans	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
Total	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5

8) Onglet - Informations géographiques

Cette section contient des informations géographiques telles que les territoires de la communauté, les descriptions toponymiques, la région de santé, la région administrative, les circonscriptions électorales (provinciales et fédérales) et des commentaires sur la localisation de la communauté. Il y a également une carte cliquable qui montre l'emplacement de la communauté par rapport aux points d'intérêt de la région.

Informations géographiques

Territoire(s) avec limites législatives	: NUNAVUT LAND CLAIMS AGREEMENT - JOINTLY OWNED LAND (Terres visées par un règlement)
Descriptions toponymiques	: Akulivik
Région de santé	: Nunavik
Région administrative	: Nord-du-Québec
Circonscription électorale provinciale	: Ungava
Circonscription électorale fédérale	: Abitibi--Baie-James--Nunavik--Eeyou
Commentaires	: Le territoire est situé sur la côte est de la baie d'Hudson. Akulivik est construit sur une presqu'île qui s'avance dans la baie en direction sud-ouest et fait face à l'île Smith. Akulivik est sur le 60e parallèle.

9) Onglet – Entreprises et services dans la communauté

Il s'agit d'une liste des entreprises et des services disponibles au sein ou à proximité d'une communauté donnée, présentée par catégorie. Elle comprend la catégorie et les informations de contact (nom de l'entreprise, adresse, téléphone et fax).

Entreprises et services en communauté	(Dernière mise à jour : 01-Avr-2010)		
Centre d'emploi et de formation			
Entreprise	Adresse	Téléphone	Télécopieur
Akulivik Kativik Employment & Training Center	P.O. Box 119 Akulivik (Québec) J0M 1V0	(819) 496-2437	(819) 496-2500
Centres sportifs, de loisirs et de récréation			
Entreprise	Adresse	Téléphone	Télécopieur
Ayagutaak Recreation Center	P.O. Box 50 Akulivik (Québec) J0M 1V0	(819) 496-2440	(819) 496-2200
Qitsualuk Arena	P.O. Box 50 Akulivik (Québec) J0M 1V0	(819) 496-2891	(819) 496-2200
Chasse et pêche, trappage - Équipement et programmes			
Entreprise	Adresse	Téléphone	Télécopieur
Akulivik Income Security	P.O. Box 119 Akulivik (Québec) J0M 1V0	(819) 496-2043	(819) 496-2043

10) Onglet - Infrastructures publiques

Disponible uniquement pour la province du Québec, cet onglet contient des informations sur les types d'infrastructures publiques et indique l'adresse, le type et les coordonnées de chaque bâtiment.

- Aliments : Cuisine communautaire, cafétéria
- Eau potable : Réseau municipal d'eau potable
- Général : Écoles, centre des loisirs, radio communautaire, station de police, etc.
- Collecte d'ordures
- Installations de soins communautaires : Maison pour aînés, garderie

Infrastructures publiques	(Dernière mise à jour : 08-Déc-2009)	
Aliments		
Cuisine communautaire / Radio et/ou télévision communautaires	Carrefour Wôlinak	
Eau potable		
Réseau municipal d'eau potable - Fusionné	Systeme d'eau potable - Wôlinak 10120 Kolipaïo Wôlinak (Québec)	M. Dave Lefebvre
Général		
Cuisine communautaire / Radio et/ou télévision communautaires	Carrefour Wôlinak	
Ordures		
Collecte seulement	Collecte des ordures	M. Réjean Bonneville
Soins communautaires		
Maison pour ainés	Résidence Au Soleil Levant 11000 chemin du ST-Laurent Wôlinak (Québec)	Mme Karine Rouleau

11) Onglet - Ressources du réseau de la santé

Disponible uniquement pour la province du Québec, cette section indique la distance entre la communauté et les établissements de santé provinciaux. Elle est idéale pour le transport médical ou pour estimer la distance à parcourir pour obtenir un traitement spécialisé. Les hôpitaux, les pharmacies, les cliniques médicales et les cliniques dentaires les plus proches sont indiqués.

Appendix CC. SIA Community Profiles Database Guide *(continued)*

12) Onglet - Nouvelles

Cette section fournit une liste des dix (10) actualités qui concernent la communauté selon la date de leur publication. Pour lire la nouvelle, cliquer sur le titre en bleu. Les nouvelles sont générées à partir d'une recherche Bing Azure et sont mises à jour une fois par jour. Puisque le système de recherche est limité, certaines actualités peuvent ne pas être pertinentes à la communauté.

Nouvelles (10 plus récentes)	Plus de nouvelles
Grand titre	**Parution**
Uashat sort dans les rues contre la DPJ	04-Sept-2020
Les Innus prennent connaissance de l'entente historique avec Rio Tinto	03-Sept-2020
La rentrée retardée à l'école secondaire de Uashat-Maliotenam en raison d'un bris	01-Sept-2020
Pensionnats autochtones : une commémoration locale souhaitée par des Innus	01-Sept-2020
Le film «Kuessipan» continue de rayonner à l'étranger	31-Août-2020
Une rentrée marquée par la prudence chez les Premières Nations du Québec	31-Août-2020
Actualité - Archives du Mercredi 26 août 2020	27-Août-2020
Entente entre la minière Rio Tinto-IOC et des conseils de bande	26-Août-2020
ITUM et Matimekush-Lac John s'entendent avec Rio Tinto	26-Août-2020
COVID-19: le Québec enregistre 104 nouveaux cas, six décès s'ajoutent	23-Août-2020

1.2 Données démographiques Ad hoc

Ce rapport fait état des données démographiques par groupes d'âge personnalisés pour toutes les communautés, **sauf pour les Inuits et Oujé-Bougoumou (Nation Crie)**.

Les informations sont affichées pour une année spécifique et sont divisées par *hommes* et *femmes*, *sur* ou *hors-réserve*. Des filtres personnalisés par groupe d'âge permettent de sélectionner un âge minimum et maximum précis. Contrairement au **Rapport général**, ce rapport peut afficher des données pour les années de recensement précédentes et n'est pas limité par des catégories d'âge spécifiques.

Ces données proviennent du Système d'inscription des Indiens (SII), des Affaires Autochtones et du Nord Canada (AANC) et du Système de Vérification de Statut (SVS) (pour les données après 2017). Pour des raisons de confidentialité, les données démographiques dont la valeur est inférieure à cinq (5) ont été remplacées par « < 5 » et ont été exclues des totaux. De plus, ces données sont destinées à un usage interne uniquement et ne doivent pas être partagées.

Groupe d'âge : 0 à 85 ans et plus

2019		Sur réserve			Hors-réserve			Total		
Région	Communauté de	Sexe masculin	Sexe féminin	Total	Sexe masculin	Sexe féminin	Total	Sexe masculin	Sexe féminin	Total
Nord	Aklavik	130	127	257	78	95	173	208	222	430
Total		130	127	257	78	95	173	208	222	430

1.3 Données démographiques cinq (5) ans

Ce rapport affiche les profils démographiques des communautés des Premières Nations par groupes d'âge de cinq (5) ans pour toutes les communautés sauf pour **les Inuits et Oujé-Bougoumou (Nation Crie).**

Les informations sont affichées pour une année spécifique et sont divisées par *hommes* et *femmes* vivant *sur* ou *hors-réserve* par groupes d'âge prédéfinis de cinq (5) ans. Contrairement au **Rapport général**, ce rapport peut également afficher les données des années précédentes.

Ces données proviennent du Système d'inscription des Indiens (SII), des Affaires Autochtones et du Nord Canada (AANC) et du Système de Vérification de Statut (SVS) (pour les données après 2017). Pour des raisons de confidentialité, les données démographiques dont la valeur est inférieure à cinq (5) ont été remplacées par « < 5 » et ont été exclues des totaux. De plus, ces données sont destinées à un usage interne uniquement et ne doivent pas être partagées.

Doig River
Région de la Colombie-Britannique

2019	Sur réserve			Hors-réserve			Total		
Groupes d'âge	Sexe masculin	Sexe féminin	Total	Sexe masculin	Sexe féminin	Total	Sexe masculin	Sexe féminin	Total
0 à 4 ans	< 5	< 5	< 5	6	< 5	6	6	< 5	6
5 à 9 ans	5	< 5	5	8	14	22	13	14	27
10 à 14 ans	11	< 5	11	9	12	21	20	12	32
15 à 19 ans	8	6	14	7	8	15	15	14	29

1.4 Données démographiques DGSPNI

Ce rapport affiche les profils démographiques par des groupes d'âge définis par la DGSPNI pour toutes les communautés sauf pour **les Inuits and Oujé-Bougoumou (Nation Crie).**

L'information est affichée pour une année spécifique et est divisée par *hommes* et *femmes* vivant *sur* ou *hors-réserve* par groupes d'âge prédéfinis par la DGSPNI. Contrairement au **Rapport général**, ce rapport peut également afficher les données des années précédentes.

Ces données proviennent du Système d'inscription des Indiens (SII), des Affaires Autochtones et du Nord Canada (AANC). Pour des raisons de confidentialité, les données démographiques dont la valeur est inférieure à cinq (5) ont été remplacées par « < 5 » et ont été exclues des totaux. De plus, ces données sont destinées à un usage interne uniquement et ne doivent pas être partagées.

Kootenay
Région de la Colombie-Britannique

2019	Sur réserve			Hors-réserve			Total		
Groupes d'âge	Sexe masculin	Sexe féminin	Total	Sexe masculin	Sexe féminin	Total	Sexe masculin	Sexe féminin	Total
Age 0 to 2	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5	< 5
Age 3 to 6	< 5	5	5	5	< 5	5	5	5	10
Age 7 to 11	10	8	18	6	5	11	16	13	29

1.5 Données démographiques autres

Ce rapport affiche les profils démographiques par groupes d'âge de cinq (5) ans pour **les Inuits et Oujé-Bougoumou (Nation Crie)** uniquement.

Les informations sont affichées pour une année spécifique et sont divisées par *hommes* et *femmes* vivant *sur* ou *hors-réserve*. Des filtres personnalisés par groupe d'âge permettent de sélectionner un âge minimum et maximum précis. Contrairement au **Rapport général**, ce rapport peut afficher des données pour les années de recensement précédentes et n'est pas limité par des catégories d'âge spécifiques.

Ces données proviennent du Registre des bénéficiaires Cris et Naskapis de la Convention de la Baie-James et du Nord québécois et de la Convention du Nord-Est québécois. Pour des raisons de confidentialité, les données démographiques dont la valeur est inférieure à cinq (5) ont été remplacées par « < 5 » et ont été exclues des totaux. De plus, ces données sont destinées à un usage interne uniquement et ne doivent pas être partagées.

Inukjuak
Région du Québec

2016	Sur réserve			Hors-réserve			Total		
Groupes d'âge	Sexe masculin	Sexe féminin	Total	Sexe masculin	Sexe féminin	Total	Sexe masculin	Sexe féminin	Total
0 à 4 ans	68	82	150	5	< 5	5	73	82	155
5 à 9 ans	110	103	213	9	8	17	119	111	230
10 à 14 ans	93	78	171	< 5	7	7	93	85	178

1.6 Ententes SGISC par exercice financier

Ce rapport fournit une liste de toutes les ententes de financement avec les programmes de la DGSPNI dans le système SGISC par exercice financier à partir de l'exercice 2015-2016.

⊟2015-2016			
		Budgeté	Payé
⊟	/ DGSPNI - Communautaire / SGISC : (01-Avr-2015 / 31-Mars-2020)		
⊞SC31	SC3-1. Soins de santé primaires-PNI		
⊞SC32	SC3-2. Prestations supplémentaires en santé-PNI		
⊞SC33	SC3-3. Soutien à l'infrastructure de santé-PNI		
Total / Entente		619 671	619 671

⊟Activités financières pour l'année en cours

Code	Date	Type	Activité de programme	Zone de services des programmes	Centre de coût	Mode de financement	Domaine fonctionnel	Budgété	Payé
0	26-Fév-2015	Initialisation du montant	SC31	SC311	313752	Préét	KA01	927	927
0	26-Fév-2015	Initialisation du montant	SC31	SC311	313752	Préét	KA06	9 180	9 180
0	26-Fév-2015	Initialisation du montant	SC31	SC311	313752	Préét	KA99	23 706	23 706

Il présente l'entente de financement, ses dates de début et de fin, l'exercice financier, les montants payés et budgétés par programme et par activité de programme et les modifications en vigueur.

Appendix CC. SIA Community Profiles Database Guide *(continued)*

1.7 Ententes SGCC par exercice financier

Ce rapport affiche les ententes des communautés du Système de gestion des contrats et contributions (SGCC) par exercice financier. Il présente l'entente, sa date de début et de fin, l'exercice financier, les montants payés et budgétés par programme et par activité de programme ainsi que les modifications en vigueur. Les données ne sont exactes que pour l'exercice 2014 – 2015 et les années antérieures.

Appendix CC. SIA Community Profiles Database Guide *(continued)*

1.8 Contacts antérieurs des conseils

Ce rapport affiche une liste des personnes qui travaillent actuellement pour le conseil de bande ou le conseil municipal d'une communauté donnée, ou qui y ont travaillé dans le passé. Il affiche également les catégories de contact pour identifier le rôle de chaque individu. Cette liste n'indique que les représentants non-élus. Pour chaque contact, l'adresse électronique, les numéros de téléphone, les numéros de poste et de fax sont indiqués s'ils sont connus.

Buctouche
Région de l'Atlantique

Buctouche		
9 Reserve Road	**Téléphone**	(506) 743-2520
Buctouche 16 (New Brunswick) E4S 4G2	**Télécopieur**	(506) 743-8995

Contacts antérieurs

Titre	Nom	Téléphone(s)	Poste(s)	Télécopieur	Début	Fin	Catégorie
Water Monitor	Mr. Bert Babineau	(902) 743-2537		(902) 743-8995	n.d.	14-Août-2018	Surveillant de la qualité de l'eau

Contacts actuels

Titre	Nom	Téléphone(s)	Poste(s)	Télécopieur	Début	Fin	Catégorie
Water Operator/Backup Water Monitor	Mr. Bert Babineau	(506) 743-2537		(506) 743-8995	01-Avr-2018		Surveillant de la qualité de l'eau
Band Receptionist	Ms. Tanya Boutilier	(506) 743-2520		(506) 743-8995	n.d.		Receptioniste
Band Manager	Mr. Arnold Peters	(506) 743-2520		(506) 743-8995	n.d.		Gestionnaire de bande
Community Diabetes Prevention Worker/Water Monitor/Water Operator	Ms. Marsha Rolfe	(506) 743-2537		(506) 743-2536	01-Avr-2018		Surveillant de la qualité de l'eau + Travailleur communautaire Prévention Diabète

Appendix CC. SIA Community Profiles Database Guide *(continued)*

1.9 Membres antérieurs des conseils

Ce rapport affiche une liste des membres élus actuels et passés du conseil de bande et des contacts municipaux dans une communauté donnée, classés selon la date de début du mandat. Pour chaque contact, l'adresse électronique, les numéros de téléphone, les numéros de poste et de fax sont fournis s'ils sont connus.

Essipit
Région du Québec

Conseil de la Première nation des Innus Essipit			
32, rue de la Réserve		**Téléphone**	(418) 233-2509
Essipit (Québec) G0T 1K0		**Télécopieur**	(418) 233-2888
Mode électoral	Selon la coutume		

Mandat du 10-Juil-2018 au 09-Juil-2022

Titre	Nom	Téléphone(s)	Poste(s)	Télécopieur	Portfolio
Conseiller	Mme Kim Moreau				
Conseiller	Mme Catherine Moreau-Tremblay				

Mandat du 09-Juil-2016 au 08-Juil-2020

Titre	Nom	Téléphone(s)	Poste(s)	Télécopieur	Portfolio
Chef	M. Martin Dufour	(418) 233-2509	246		
Conseiller	M. David Ross				

Mandat du 11-Juil-2014 au 09-Juil-2018

Titre	Nom	Téléphone(s)	Poste(s)	Télécopieur	Portfolio
Conseiller	Mme Kim Moreau				
Conseiller	M. Gilles Ross				

Mandat du 06-Juil-2012 au 09-Juil-2016

Titre	Nom	Téléphone(s)	Poste(s)	Télécopieur	Portfolio
Conseiller	M. Jean-Yves Moreau				

1.10 Contacts antérieurs des établissements de santé

Ce rapport affiche la liste des contacts actuels et antérieurs pour chaque établissement de santé communautaire ainsi que des informations générales sur l'établissement même. Il affiche également les catégories de contact pour identifier le rôle de chaque individu. Ce rapport offre la possibilité de rechercher des informations par établissement de santé. Pour chaque contact, l'adresse électronique, les numéros de téléphone, les numéros de poste et de fax sont indiqués s'ils sont connus.

Ekuanitshit (Mingan)
Région du Québec

Centre de santé Mashtishanitshuap			
27, Mathias Uashaunu	**Téléphone**	(418) 949-2300	
Mingan (Québec) G0G 1V0	**Télécopieur**	(418) 949-2328	

Contacts actuels

Titre	Nom	Téléphone(s)	Poste(s)	Télécopieur	Début	Fin	Catégorie
Coordinatrice au transport médical	Mme Lorraine Basile	(418) 949-2300	237		05-Avr-2017		Coordonnateur au TRM
Directrice santé	Mme Marie-Andrée Basile	(418) 949-2300			01-Août-2017		Directeur santé
Agente PNLAADA	Ms. Solange Basile	(418) 949-2300			01-Août-2017		Coordonnateur PNLAADA
Infirmière (Contact SDMCPNI)	Mme Hélène Deschênes	(418) 949-2300	238	(418) 949-2173	30-Oct-2014		Coordonnateur de soins à domicile
Coordonnateur Principe de Jordan	Mme Véronique Mestokosho	(418) 949-2300			01-Déc-2019		Principe de Jordan - Coordonnateur
Infirmier responsable	M. Léonce Picard	(418) 949-2300	234	(418) 949-2173	23-Juin-2016		Infirmière responsable

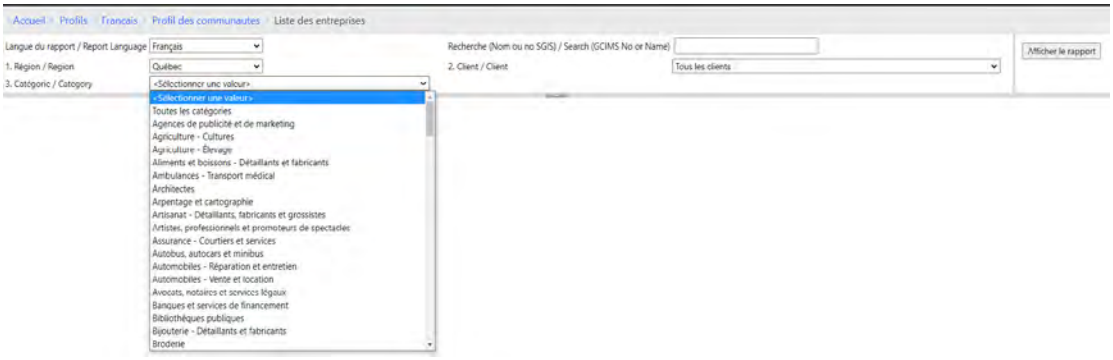
Contacts antérieurs

Titre	Nom	Téléphone(s)	Poste(s)	Télécopieur	Début	Fin	Catégorie
Agente PNLAADA	Mme Francine Basile	(418) 949-2300	251		08-Juil-2014	04-Août-2017	Coordonnateur PNLAADA
Directrice santé	Mme Laurette Basile	(418) 949-2300	224		10-Juil-2016	04-Août-2017	Directeur santé
Directrice santé	Mme Marie-Andrée Basile	(418) 949-2300	224		n.d.	10-Juil-2016	Directeur santé
Infirmière (Contact SDMCPNI intérimaire)	Mme Suzanne Bisson	(418) 949-2300	231		04-Oct-2010	23-Oct-2010	Coordonnateur de soins à domicile
Infirmière responsable (Contact SMI)	Mme Lucille Lamothe	(418) 949-2300	234	(418) 949-2173	01-Juin-2009	23-Juin-2016	Coordonnateur / Superviseur Soins maternels et infantils SMI + Infirmière responsable

Appendix CC. SIA Community Profiles Database Guide *(continued)*

1.11 Liste des entreprises

Ce rapport affiche la liste des entreprises et des services offerts par communauté selon le *Répertoire d'affaires et des communautés autochtones* publié par *Indiana Communications.* Les entreprises répertoriées ne sont pas seulement directement liées aux activités de la DGSPNI et peuvent inclure des stations-service, des galeries d'art ou des écoles. Il est possible de générer une liste de toutes les entreprises d'une communauté ou une liste des communautés desservies par une catégorie spécifique de commerce.



L'image suivante montre la liste des commerces pour la communauté Kitcisakik :

Kitcisakik
Région du Québec (Dernière mise à jour : 10-Oct-2018)

Entreprise	Adresse	Téléphone	Télécopieur	Catégorie
Administration Kitcisakik	615, avenue Centrale Val-d'Or (Québec) J9P 1P9	(819) 825-1466	(819) 825-5638	Gouvernement - Conseils de bande, conseils tribaux, villages Inuit
Centre de santé Kitcisakik	CP 5206 Val-d'Or (Québec) J9P 7C6	(819) 736-3001	(819) 736-3011	Santé - Centres de santé et services
Conseil des Anicinapek de Kitcisakik	CP 5206 Val-d'Or (Québec) J9P 7C6	(819) 736-3001	(819) 736-3012	Gouvernement - Conseils de bande, conseils tribaux, villages Inuit
Dépanneur Pakigan	CP 5206 Val-d'Or (Québec) J9P 7C6	(819) 736-3001	(819) 736-3008	Dépanneurs et magasins de variétés
Ecole Mikizicec	615, avenue Centrale Val-d'Or (Québec) J9P 1P9	(819) 825-1466	(819) 825-5638	Éducation - Écoles élémentaires et secondaires
L'Éducation	615, avenue Centrale Val-d'Or (Québec) J9P 1P9	(819) 825-1466	(819) 825-5638	Éducation - Service de soutien à l'enseignement
Maison des jeunes de Kitcisakik	C.P. 5206 Val-d'Or (Québec) J9P 7C6	(819) 736-3001	(819) 736-3012	Services à l'enfance, à la jeunesse et à la famille
Taxi Kitcisakik	CP 4031 Val-d'Or (Québec) J9P 7C6	(819) 856-7651	(819) 736-3011	Taxis

1.12 Bottin des communautés

Il s'agit d'une liste de contacts et d'adresses des conseils de bande et des établissements de santé de la communauté. Ce rapport est similaire aux onglets *Conseil de bande/municipal* et *Établissements de santé* du **Rapport général**, mais sans les dates de mandat.

Essipit
Région du Québec

⊟ Conseil	(Langue de correspondance : Français)	
Conseil de la Première nation des Innus Essipit	Courriel	
32, rue de la Réserve	Téléphone	(418) 233-2509
Essipit (Québec) G0T 1K0	Télécopieur	(418) 233-2888
Commentaires	Il n'y a pas de conseiller attitré au Porfolio santé dans le conseil de bande d'Essipit.	

Titre	Nom	Téléphone(s)	Télécopieur	Catégorie
Conseiller	Mme Kim Moreau			Conseiller ou Maire adjoint
Conseiller	Mme Catherine Moreau-Tremblay			Conseiller ou Maire adjoint
Administratrice réseau informatique	Mme Célyn Jobin	(418) 233-2509 Poste 224		Autre
Directeur général	Mr. Sylvain Ross	(418) 233-2509 Poste 241		Directeur général
Directrice des finances	Mme Danielle Tremblay	(418) 233-2509 Poste 225		Coordonnateur financier

⊟ Centre de santé Centre administratif et de santé d'Essipit		
32, de la Réserve	Téléphone	(418) 233-4304
Les Escoumins (Québec) G0T 1K0	Télécopieur	(418) 233-4314
Commentaires	Il n'y a pas de poste téléphonique pour rejoindre le personnel du centre de santé car il faut passer par la réception.	

Titre	Nom	Téléphone(s)	Télécopieur	Catégorie
Coodonnateur Principe de Jordan	Mme Michèle Bouchard	(418) 233-4304		Principe de Jordan - Coordonnateur
Coordinatrice du secteur de santé/infirmière responsable	Mme Betty Carré	(418) 233-4304		Coordonnateur / Superviseur Soins maternels et infantils SMI + Coordonnateur au TRM + Infirmière responsable
Secrétaire aux affaires communautaires	Mme Karine Dufour			Secrétaire
Infirmière (Contact SDMCPNI)	Mme Claudie Gagnon			Coordonnateur de soins à

1.13 Nouvelles COVID-19

Ce rapport fournit des nouvelles relatives à la pandémie COVID-19 pour chaque communauté et organisation. Il est possible de consulter les nouvelles pour tous les clients en sélectionnant l'option « Tous les clients » au filtre « Client » avant de générer le rapport. Il existe également un filtre servant à visualiser les nouvelles qui ont été publiées hier ou seulement au cours des derniers jours. Les informations contenues dans ce rapport sont mises à jour trois (3) fois par jour et sont générées par Bing Azure. En raison des limites de la recherche, il est possible que tous les résultats ne soient pas pertinents. Les résultats en français n'apparaissent que pour les clients du Québec.

?Esdilagh First Nation / Alexandria - Nouvelles COVID-19 (10 plus récentes)	
Grand titre	Parution
3 Best Coronavirus Stocks to Watch in September	13-Sept-2020
Coronavirus in the DMV: September 12	13-Sept-2020
Dozens of National Airport workers may have been exposed to coronavirus	12-Sept-2020
Alexandria Provides COVID-19 Updates; Public Hearing On Face-Covering Ordinance; Personal Property Tax Deadline Extended; CARES Funding	11-Sept-2020
How DC area will honor 9/11 amid coronavirus pandemic	11-Sept-2020
Little Theatre of Alexandria Presents "Love Letters"	11-Sept-2020
Alexandria Health Department Provides Update On COVID-19 Zip Code, Race, Ethnicity And Age Data	10-Sept-2020
Cinemas in Romania reopen after six-month coronavirus hiatus	10-Sept-2020
City Of Alexandria Provides COVID-19 Updates; Emergency Rent Relief Dashboard; Resources For Coping With Fear And Uncertainty	10-Sept-2020
During pandemic, crisis line more essential than ever	10-Sept-2020

Aamjiwnaang / Sarnia - Nouvelles COVID-19 (10 plus récentes)	
Grand titre	Parution
It's been a banner year for flag-flying Sarnia woman	10-Sept-2020
Fuelling Kindness initiative aims to spread cheer to seniors	09-Sept-2020
Mask-making focus shifts to students as schools begin to reopen	09-Sept-2020
'He was a piece of downtown history': Vigil planned Friday for Sarnia, Ont. homicide victim	02-Sept-2020
Mooretown planning to phase in upcoming hockey season	31-Août-2020
Stevens brings homegrown project to Sarnia streets	20-Août-2020
Aamjiwnaang's Jackson helps Boston win MLL championship	27-Juil-2020

1.14 Rapport de situation critique

Ce rapport fournit des données spécifiques tirées du **Rapport général** afin de donner un aperçu tactique d'une communauté en cas de crise. Les informations présentées ne sont que celles qui sont les plus utiles pour faire face à des crises sanitaires telles que la grippe H1N1 ou la COVID-19. Contrairement au **Rapport général**, il n'y a pas d'option de filtre pour ouvrir ou fermer les onglets de ce rapport. Toutefois, l'onglet « Connectivité » est fermé par défaut et doit être ouvert en cliquant sur le signe plus (+) dans le rapport.

Le **Rapport de situation critique** comporte huit (8) sections. Pour plus d'information sur ces sections, consulter le **Rapport général**.

1) Information générale
2) Information sur le conseil de bande (Premières Nations) / conseil municipal (Inuits)
3) Établissements de santé
4) Ententes
5) Données démographiques
6) Informations géographiques
7) Entreprises et services en communauté
8) Nouvelles

Big Grassy River
Région de l'Ontario

Numéro selon AANC	124	Nation	Ojibwés
Nom selon AANC	Big Grassy	Langue ancestrale	Ojibwés
Niveau d'isolement AANC	Zone 2*	Profil de recensement	Recensement 2016
Niveau d'isolement SGPC	Non isolé	Profil AANC	Détails

Traités/Ententes sur l'autonomie gouvernementale : Traité no 3 (1873) (Traité historique)
Section de l'appartenance à la bande de la Loi sur les Indiens: 10*
Alias et autres graphies : Aucun

Big Grassy

Poste de soins de santé

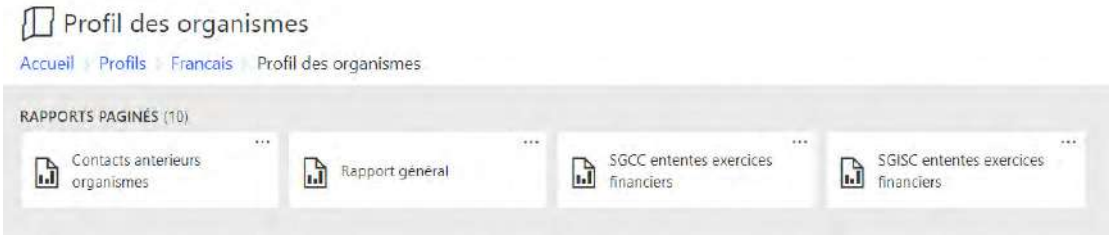
Esiniiwab Health Centre				Organisme agréé	Non
509 Beach Road, PO Box 425		Téléphone	(807) 488-5457	Organigramme	
Morson (Ontario) P0W 1J0		Télécopieur	(807) 488-9644	Photographie	2020
Courriel		Site Web			
# SIGBI*	124-BG-01	Réserve	BIG GRASSY RIVER 35G		
Commentaires					

Contacts (Dernière mise à jour : 08-Fév-2021)

Titre	Nom	Téléphone(s)	Télécopieur	Depuis le
Acting Health Director	Mr. Dennis Copenace			01-Avr-2017
NIHB Coordinator	Ms. Dianne Skead	(807) 488-5606	(807) 488-9644	01-Avr-2016

2.Profil des organisations

Le **Profil des organisations** comprend des rapports sur les organisations financées dans le cadre du SGISC et du SGCC, les conseils tribaux et les autorités de santé. Il se compose de plusieurs rapports, détaillés ci-dessous :



Description du rapport et contenu

2.1 Rapport général

Dans le **Profil des organisations**, le rapport le plus complet est le **Rapport général**. Il présente un aperçu détaillé de toutes les organisations figurant dans les profils. La plupart des informations contenues dans les autres rapports sont présentes dans le **Rapport général**, bien que celui-ci n'offre pas autant de détails que les rapports les plus spécialisés. Toutefois, il s'agit de la meilleure option pour une première navigation dans les profils des organisations ou pour obtenir un résumé sur une organisation spécifique.

De nombreux filtres permettent de produire un rapport sur une organisation donnée. Les filtres eux-mêmes peuvent offrir des réponses rapides à des questions telles que : « *Quelles organisations fournissent des services à une Première nation spécifique? Avec quelles organisations la DGSPNI a-t-elle conclu des accords au cours du présent exercice?* »

Voici un exemple pour lequel l'option « Aucun » a été sélectionnée dans le filtre « Onglet(s) à ouvrir ». En sélectionnant « Aucun », le rapport s'affiche en mode compressé : pour ouvrir un onglet, cliquer sur le signe (+) à côté de celui-ci.

Tel que montré dans l'image précédente, le **Rapport général** comprend six (6) onglets :

1) Informations générales

Cet onglet contient une section d'informations générales et de contacts où se trouvent les coordonnées des principaux directeurs, coordinateurs ou administrateurs des organisations. Il indique la langue de correspondance, la catégorie d'organisation (par exemple : organisation politique) et si l'organisation est accréditée ou non. La date de la dernière mise à jour est disponible puisque les informations des contacts sont ajustées manuellement via l'application *WebApp Profiles*.

Cahier du Centre (Le)
Région du Québec

Informations générales

1272, 7e Rue	**Téléphone**	(819) 825-8299 Poste 251	**Courriel**	
Val-d'Or, Québec	**Téléphone_2**		**Site web**	caavd-vdnfc.ca
J9P 6W6 Canada	**Télécopieur**		**Agréé**	Non
Commentaires	**Correspondance**	Français	**Catégorie**	Média - Écrit

Contacts (Dernière mise à jour : 30-Juil-2014) Contacts antérieurs

Titre	Nom	Téléphone(s)	Télécopieur	Depuis le
Coordonnateur	Mrs. Natalie Fiset			n.d.

2) Ententes

Cette section présente un résumé de l'information sur les ententes de contribution provenant du SGISC pour l'exercice financier en cours. Elle est mise à jour quotidiennement. Les renseignements sur l'exercice financier précédent peuvent être trouvés en cliquant sur « Exercice financiers précédents ».

Les fonds sont divisés en deux sections : les fonds budgétés et les fonds payés. Ils sont répartis par code de programme et par code de domaine fonctionnel (code Q). Les sous-totaux se trouvent au bas de chaque colonne. De plus, le numéro de l'entente, le type d'entente, le numéro SGISC, l'échéance et le statut de l'entente sont affichés.

Services de thérapie Mawiomi
Région du Québec

Informations générales
Gestion des manquements Interventions antérieures
Ententes (2020 - 2021) Exercices financiers précédents
Commentaires :

		Budgeté	Payé
/ FNIHB-Comm. Based / SGISC Statut : Active (01 Avr 2015 - 31 Mars 2025)			
A53014	ASSET SECURITY MANAGEMENT		
A53051	MGR COMMUNITY BASED PROGRAMS		
B2710	MENTAL WELLNESS		
Q217	NNADAP-TREATMENT CTRS PRG	589 987	294 994
Total / Sous-programme		589 987	294 994
Total / Programme		589 987	294 994
Total / Entente		680 788	340 394
Activités financières pour l'exercice financier 2020 - 2021			
Total / Communauté		680 788	340 394

Appendix CC. SIA Community Profiles Database Guide *(continued)*

Les activités financières et les modifications au cours de l'exercice financier représentent un historique de tout ce qui a affecté l'entente durant l'année financière actuelle :

- Les activités budgétaires initiales de l'année;
- Ajustements et modifications du budget initial;
- Avis de Rajustement Budgétaire (ARB)

*Ce tableau est présentement en processus d'amélioration et la nouvelle version contiendra : le code, la date, et le type.

Activités financières pour l'exercice financier 2020 - 2021

Code	Date	Type	Activité de programme	Zone de services des programmes	Centre de coût	Mode de financement	Domaine fonctionnel	Budgété	Payé
			A53014	B5110	A53014	Block	Q302	90 801	45 400
			A53051	B2710	A53051	Block	Q217	589 987	294 994

3) Agents responsables

Cette section contient les coordonnées des employés(es) de la DGSPNI tels que les agents de liaison, les agents de programme ou les agents de financement. Les agents régionaux de SAC ou de RCAANC peuvent également y figurer. La date de la dernière mise à jour est disponible puisque les informations des contacts sont ajustées manuellement via l'application *WebApp Profiles*.

Agents responsables	(Dernière mise à jour : 10-Juin-2021)		Agent(e)s Responsables antérieur(e)s
Agents régionaux DGSPNI			**Date de début**
Agent de financement	Ms. Eugénie Vu	(514) 283-1583	01-Nov-2020
Agent de programme	Mme Leanne Pang	(438) 364-2816	29-Mars-2021

4) Informations géographiques

Cette section contient des informations géographiques sur l'organisation, y compris les circonscriptions électorales fédérales et provinciales dont elle fait partie, et si l'organisation est pancanadienne ou panrégionale. Cette section contient également une liste des communautés desservies, c'est-à-dire des communautés qui font partie de cette organisation ou qui utilisent les services de l'organisation.

Informations géographiques			
Circonscription électorale provinciale	Ungava	**Pan-canadien**	Non
Circonscription électorale fédérale	Abitibi--Baie-James--Nunavik--Eeyou	**Pan-régional**	Non
Communautés desservies : Akulivik / Aupaluk / Inukjuak / Ivujivik / Kangiqsualujjuaq / Kangiqsujuaq / Kangirsuk / Kuujjuaq / Kuujjuarapik / Puvirnituq / Quaqtaq / Salluit / Tasiujaq / Umiujaq			

5) Nouvelles

Cette section fournit une liste des dix (10) dernières nouvelles qui mentionnent l'organisation selon la date de parution. En cliquant sur le titre souligné en bleu, l'article s'ouvrira. Les nouvelles sont générées à partir d'une recherche Bing Azure et sont mises à jour une fois par jour. Puisque le système de recherche est limité, certaines actualités peuvent ne pas être pertinentes à la communauté.

Nouvelles (10 plus récentes)	Plus de nouvelles
Grand titre	**Parution**
Pan Arctic Inuit Logistics Corporation and ATCO Frontec Pursue North Warning System Contract	17-Août-2020
Police-related death rate in Northern Quebec 30 times higher than Ontario's	11-Août-2020
Police-related death rate in Nunavik 30 times higher than Ontario's	11-Août-2020
Canada slots nearly $15M for Nunavut harvesters to improve food security	25-Juil-2020
Canada slots nearly $15M for Nunavut harvesters, to improve food security	24-Juil-2020
'Salah is undervalued and underappreciated' – Carragher salutes Liverpool's title-winning front three	23-Juil-2020

2.2 Ententes SGISC par exercice financier

Ce rapport donne la liste des ententes existantes dans SGISC pour chaque organisation par exercice financier.

Il présente l'entente, sa date de début et de fin, l'exercice financier correspondant, les montants payés et budgétés par programme et par activité de programme ainsi que les modifications en vigueur. Les données n'existent qu'à partir de l'exercice 2015-2016.

⊟2020-2021			
		Budgeté	Payé
⊟	/ FA - OTHER / SGISC : (01-Avr-2020 / 31-Mars-2025)		
⊟A51930	JORDAN'S PRINCIPLE AND CFI - QUEBEC		
⊟B2612	INUIT CHILD FIRST INITIAT		
Q2GT	CFI-MENTAL WELLNESS OTHER	346 200	173 100
Total / Sous-programme		346 200	173 100
Total / Programme		346 200	173 100
⊞A53021	MGR PROFESSIONAL SERVICES		
Total / Entente		446 200	256 433

2.3 Ententes SGCC par exercice financier

Ce rapport donne la liste des ententes existantes dans SGCC pour chaque organisation par exercice financier.

Accords par organisme et par exercice financier		
Région du Québec		
⊞2014 - 2015		
⊟2012 - 2013		
(Dernière mise à jour : 18-Août-2015)	Budgeté	Payé
⊟HQ1300012 - Real-time Monitoring for Travel Safety and Food Security in Akulivik, Nunavik		01-Juin-2012 - 31-Mars-2013
⊞Programme non-défini		
⊟3ER - Programme de recherche environnementale		
KE14 - Les changements climatiques	103 610	0
Total/Programme	103 610	0
Total/Accord	103 610	103 610
⊞Amendements en vigueur		
Total/Exercice financier	103 610	103 610
⊞2010 - 2011		
⊞2008 - 2009		

Il présente l'entente, sa date de début et de fin, l'exercice financier correspondant, les montants payés et budgétés par programme et par activité de programme ainsi que les modifications en vigueur. Les données ne sont précises que pour l'année fiscale 2014-2015 et avant.

2.4 Contacts antérieurs des organisations

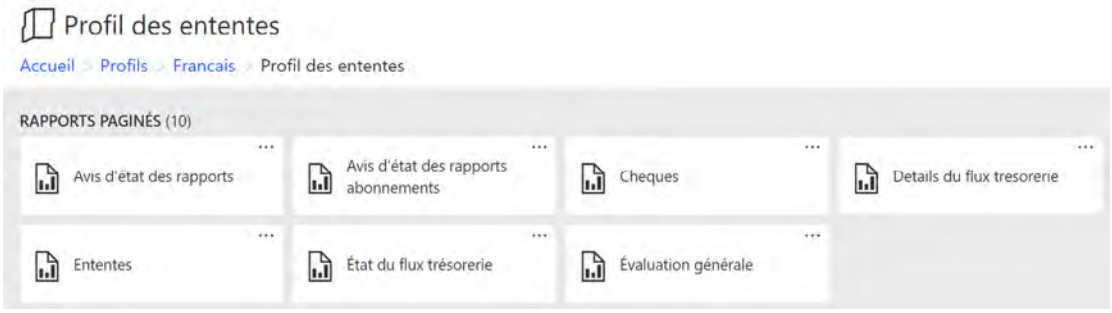
Ce rapport affiche une liste des contacts actuels et antérieurs des organisations. Pour chaque contact, l'adresse électronique, les numéros de téléphone, de poste et de fax sont inscrits s'ils sont connus.

Administration régionale Kativik **Région du Québec**				
C.P. 9	**Téléphone #1**	(819) 964-2961	**Télécopieur**	(819) 964-2956
Kuujjuaq (Québec) J0M 1C0	**Téléphone #2**	(877) 964-2961		

Contacts actuels

Titre	Nom	Téléphone(s)	Poste(s)	Télécopieur	Début	Fin	Catégorie
President	Mrs. Maggie Emudluk				01-Déc-2019		Président ou Directeur exécutif

3. Profil des ententes



Les rapports suivants sont configurés pour répondre aux exigences spécifiques du groupe de Finances et Administration, pour une meilleure compréhension des ententes et en guise d'outil de gestion des données financières de la DGSPNI.

Noter qu'à partir d'avril 2019, en raison de la transition du SGISC, le « Profil des ententes » n'est exceptionnellement précis que pour l'exercice 2018-2019 et avant. Le processus de mise à jour de ces rapports avec les nouvelles données du SGISC est en cours.

Le « Profil des ententes » comprend sept (7) rapports :

1. Ententes : Résumé des engagements pour les ententes par exercice financier;
2. État des flux de trésorerie : Budget globale de l'entente réparti par mois;
3. Détails des flux de trésorerie : Détails des transactions dans l'entente par mois;
4. Chèques : Informations sur les chèques émis pour les ententes de financement;
5. Évaluation générale : Évaluation des risques par partenaire selon SGISC;
6. Avis d'état des rapports : Lettres automatisées qui informent les utilisateurs des rapports en retard et reçu;
7. Avis d'abonnement de l'état des rapports : Informations indiquant si les clients ont des utilisateurs abonnés à l'**avis d'état des rapports**.

Appendix CC. SIA Community Profiles Database Guide *(continued)*

Description et contenu du rapport

3.1 Ententes

Ce rapport fournit un résumé des engagements pour les ententes par exercice financier. Il présente un résumé des montants approuvés, payés, engagés et encore disponibles pour la durée de l'entente (de sa date de début à sa date de fin) dans SGISC. **Il affiche le financement total de l'entente à ce jour,** c'est-à-dire le montant initial de l'entente plus la somme de tous les amendements approuvés par date.

L'information affichée comprend le numéro de bénéficiaire selon SGISC, la région, le numéro d'entente, le type d'entente, la date de début et fin de l'entente, le statut de l'entente, l'année financière (l'année financière en cours est surlignée), les montants payés à ce jour et le solde.

Région du Québec

Région / Zone	Entente	Type d'entente	Début	Fin	Statut	Année financière	Exercice financier	Budget - Année courante	Payé à ce jour	Solde
QUÉBEC		DGSPNI - Communautaire	01-Fév-2019	31-Mars-2020	Active	1 de 2	2018-2019	244 857	244 857	0
		FNIHB-Comm. Based		31-Mars-2021		2 de 3	2019-2020	273 610	273 610	0
Total / Entente								**518 467**	**518 467**	**0**
QUÉBEC		CFA	01-Avr-2020	31-Mars-2021	Active	1 de 1	2020-2021	188 790	188 790	0
Total / Entente								**188 790**	**188 790**	**0**
Total / Client								**707 257**	**707 257**	**0**

3.2 État des flux de trésorerie

Ce rapport présente un résumé du flux de trésorerie d'une entente, par exercice financier, afin de suivre la manière dont l'argent est budgété et engagé dans les ententes de financement. Les informations sont fournies par mois, à partir d'avril, le premier mois de l'exercice financier. L'information est répartie sur plusieurs colonnes par code de domaine fonctionnel (code Q) et par type d'entente. Le centre de coûts, le numéro d'ordre interne et le statut de l'entente sont également affichés sur chaque ligne.

Chaque mois est divisé en quatre (4) colonnes : budget; retenu/libéré; recouvert; et payé. La colonne des paiements est codée par couleur : une case verte signifie que le montant payé est égal au montant budgété, une case rouge indique que le montant payé est inférieur au montant budgété et une case bleue signifie que le montant payé est supérieur au montant budgété. Une case rose indique que le paiement est en cours et une case jaune indique qu'il est en attente d'approbation. La couleur de la cellule du mois indique l'état général des paiements par rapport au budget établi.

Légende : Paiement < Affectations du budget | Paiement = Affectations du budget | Paiement > Affectations du budget | Paiement en cours | En attente d'approbation

Les totaux du mois sont affichés à la fin de chaque colonne. La dernière section du tableau, à l'extrême droite, affiche les totaux pour l'entente : budgété par mois, en retenu/libéré, recouvert, payé en mars excluant CAFE (comptes créditeurs à la fin de l'exercice), payé total excluant CAFE, payé CAFE, CAFE en attente, payé et pool/retenu. Les cellules colorées de cette section représentent également les totaux de l'entente.

Il est possible d'accéder au rapport « **Détails des flux de trésorerie** » en cliquant sur le numéro de l'entente surligné en bleu.

3.3 Détails des flux de trésorerie

Ce rapport développe ce qui figure déjà dans le rapport « État des flux de trésorerie » en montrant la répartition mensuelle des paiements de manière plus détaillée. Il présente l'activité financière tout au long du cycle de financement depuis l'initiation jusqu'au paiement. Contrairement au rapport « État des flux de trésorerie », ce rapport détaille chaque transaction financière. Les informations concernant la facture et le chèque émis sont ajoutées au fur et à mesure que le paiement progresse dans le cycle de financement.

L'information est divisée en trois (3) sections:

1. Activité financière: Cette section présente la répartition des activités financières par mois. Le mois est numéroté et figure dans la colonne « **période** ». Les colonnes suivantes fournissent des informations sur l'activité financière : le code de domaine fonctionnel, le mode de financement (global, souple, fixe ou préétabli), le centre de coût associé, le statut de l'entente, la date de financement, le code de l'activité (PMT= paiement; INT= initialisation, etc.), la catégorie de l'activité et le montant planifié (montant d'argent traité).
2. Facture : Cette section contient des renseignements sur la facture provenant de SAP tels que le numéro de document créé à la réception de la facture *DocSAP*, le numéro de référence du SGISC, l'état de la facture et le montant total.
3. Chèque: Cette section contient des informations sur les chèques de SAP. Elle indique le numéro du chèque SAP, la date d'émission, le montant et le nom du fournisseur. Il est possible d'accéder au rapport sur les **Chèques** en cliquant sur le numéro de chèque souligné en bleu.

Activité financière									Facture				Chèque			
Période	Domaine fonctionnel	Mode de financement	Centre de coût	Statut	Date de financement	Code	Catégorie	Montant planifié	Doc SAP	Numéro	Statut	Montant	No de chèque	Date	Montant	Nom du vendeur
2018-2019																
01 avril	KA01	Contribution Souple	310015	Active	12-Fév-2018	INT	Budget	32 372								
	KA01	Contribution Souple	310015	Active	17-Jan-2017	INT	Budget	1 372								
	KA01	Contribution Souple	310015	Active	05-Avr-2018	INT	Budget	4 710								
	KA01	Contribution Souple	310015	Active	05-Avr-2018	PMT	Paiement	-88 884	1906195765	GOVI5031979	APPROVED	882 888	9275226200922	10-Avr-2018	1 088 157	
	Total - KA01							0								
	KA02	Contribution Souple	310015	Active	12-Fév-2018	INT	Budget	88 627								
	KA02	Contribution Souple	310015	Active	10-Avr-2018	PMT	Paiement	-88 627	1906195765	GOVI5031979	APPROVED	882 888	9275226200922	10-Avr-2018	1 088 157	

3.4 Chèques

Ce rapport fournit de l'information détaillée sur les chèques émis pour le financement des activités programmées dans les ententes de financement. Il est possible d'effectuer une recherche par numéro de chèque, par numéro d'entente ou par nom de client.

Les informations figurant sur le chèque sont réparties par domaine fonctionnel (code Q) afin que les utilisateurs puissent comprendre rapidement quels programmes composent un chèque. De plus, le numéro de chèque, le numéro de document SAP (SAP Doc), le numéro de référence GCIMS et le centre de coût sont fournis pour chaque ligne. Le montant planifié fait référence à la somme déboursée par domaine fonctionnel (code Q) tandis que le montant facturé présente le montant total du chèque. Le nom du fournisseur SAP est également inclus à titre de référence.

Région du Québec

2015-2016

/ SGIS :

Doc SAP - Facture No	Domaine fonctionnel	Centre de coût	Montant planifié	Montant facturé	Vendeur
Chèque 9275222636754 - 11-Juin-2015				**41 530,00 $**	**FIRST NATION**
1905215672 - GCIMS002	KB01- CollectBonneSanté (FCBS)	311015	-17 854	41 530	
1905215672 - GCIMS002	KB02- Grandir ensemble (GE)	311015	-23 676	41 530	
Chèque 9275222716246 - 06-Juil-2015				**41 530,00 $**	**FIRST NATION**
1905233529 - GCIMS003	KB01- CollectBonneSanté (FCBS)	311015	-17 854	41 530	
1905233529 - GCIMS003	KB02- Grandir ensemble (GE)	311015	-23 676	41 530	

3.5 Évaluation générale

Les évaluations générales sont effectuées dans SGISC et sont utilisées pour aider à la gestion des risques. Ceci répond à la Politique sur les paiements de transfert du Conseil du Trésor (2008) qui exige que tous les ministères fédéraux appliquent une approche fondée sur l'analyse des risques potentiels spécifique pour chaque partenaire dans la gestion des paiements de transfert. Elle fait partie des initiatives fédérales visant à renforcer la responsabilisation et à améliorer les résultats pour les Canadiens.

Le rapport d'évaluation générale (EG) fournit des indicateurs pour l'évaluation des risques par partenaire et par entente. Le risque est évalué par quatre (4) facteurs différents : 1. Gouvernance ; 2. Planification ; 3. Gestion financière et ; 4. Gestion du programme, et peut également être évalué par des sous-facteurs. Une note est attribuée pour montrer le niveau de risque. Le niveau de cette note est décrit dans la colonne « Niveau ». Un score total et une note sont données pour l'entente.

Région du Québec

/
15-Déc-2015
Note : 7,28
Évaluation : Bas

Évaluation		Considération			Détail		
Risque	Note	Type	Note	Niveau	Type	Note	Niveau
1. Gouvernance	1.00	1.1 Capacité du bénéficiaire (c.-à-d. l'autorité dirigeante) pour négocier les affaires	0.00	Bas			
		1.2 Connaissance de l'entente	1.00	Bas-Moyen			
		1.3 Cadre de gestion pour l'exécution des programmes	0.00	Bas			
		1.4 Responsabilisation envers la population desservie	0.00	Bas			
2. Planification	0.00	2.1 Plan stratégique	0.00	Bas			
		2.2 Plan opérationnel et budget	0.00	Bas			
		2.3 Plan de continuité des activités	0.00	Bas			
3. Gestion Financière	0.00	3.1 Situation financière	0.00	Bas			
		3.2 Registres et rapports financiers	0.00	Bas			
		3.3 Fonction financière	0.00	Bas			
4. Gestion du programme		4.1 Exécution des projets/services	1.79		AADNC - Éducation	1.44	Élevé
					AADNC - Développement social	0.36	Bas-Moyen
					AADNC - Infrastructure communautaire	0.00	Bas
		4.2 Plans et politiques de projets/services	0.72		AADNC - Éducation	0.72	Moyen
					AADNC - Développement social	0.00	Bas
					AADNC - Infrastructure communautaire	0.00	Bas
		4.3 Capacité du personnel	1.44		AADNC - Éducation	1.44	Élevé
					AADNC - Développement social	0.00	Bas
					AADNC - Infrastructure communautaire	0.00	Bas
		4.4 Rapports	1.08		AADNC - Éducation	0.72	Moyen
					AADNC - Développement social	0.36	Bas-Moyen
					AADNC - Infrastructure communautaire	0.00	Bas

3.6 Avis d'état des rapports

Ce document fournit de l'information sur les rapports financiers et les rapports spécifiques aux programmes reçus et en retard dans SGISC. Il est conçu pour réduire le volume des rapports *en retard*, pour fournir un avis aux clients avant que les fonds ne soient retenus et permet aux clients de suivre le processus de révision des rapports à l'interne.

Pour utiliser ce rapport, sélectionner le nom de la personne abonnée au rapport sous le filtre « **4) Abonné** ». S'il n'y a pas d'abonné au rapport, sélectionner « **Envoi mensuel – abonné** ». Par défaut, la première page de ce rapport est toujours en français et la seconde est en anglais.

Chaque ligne fournit des informations sur le rapport : le code ICD et le nom du rapport, la date exigible, le numéro d'entente, l'exercice financier et le programme (code Q). Afin de fournir un aperçu de l'état des rapports, le tableau est divisé en quatre (4) sections :

1) (Avis 1) Premier avis pour un retard de 30 jours ou moins (Rapport(s) en retard) : Cette section fournit une liste des rapports en retard. Tous les rapports en retard de moins de trente et un (31) jours se trouvent dans cette section. Les rapports doivent d'abord figurer dans cette section avant d'entrer dans « Avis 2 ».
2) (Avis 2) Avis pour un retard de 31 jours ou plus (Rapport(s) en souffrance) : Tous les rapports en retard d'au moins trente et un (31) jours et affichés précédemment à « l'Avis 1 » apparaîtront dans cette section. Si des rapports figurent dans cette section, il est possible que des fonds soient retenus car aucun rapport n'a été reçu.
3) Rapport(s) reçu(s) depuis les 30 derniers jours : Ceci confirme que les rapports ont été reçus et enregistrés dans SGISC.
4) Rapport(s) attendu(s) d'ici les prochains 90 jours : Cette section sert à prévoir les rapports ayant une date exigible inférieure à quatre-vingt-dix (90) jours. Ainsi, les parties peuvent effectuer un suivi prospectif.

ÉTAT DES EXIGENCES DE RAPPORTS

En conformité avec les lignes directrices sur les retenues de fonds pour les ententes de financement de la Direction générale de la santé des Premières Nations et des Inuits (DGSPNI), cet état des exigences de rapports vous est acheminé selon le calendrier établi.

Nous vous rappelons qu'un rapport est considéré en retard le premier jour suivant la date limite de remise établie dans l'entente de financement.

Dans l'éventualité où nous ne recevons pas le/les rapport(s) dû(s), nous pourrions retenir les paiements futurs à la fin des 30 jours civils suivant la date d'exigibilité, en raison du non-respect des modalités et conditions de l'entente de financement.

Sur l'état des rapports ci-dessous, vous retrouverez les rapports faisant l'objet d'un :

(AVIS 1) Premier avis pour un retard

(AVIS 2) Avis pour un retard déjà signalé ayant maintenant atteint 31 jours ou plus

(AVIS 1) Premier avis pour un retard de 30 jours ou moins (Rapport(s) en retard) — Nombre de document(s) : 0

Aucun Rapport sujet à l'AVIS 1

(AVIS 2) Avis pour un retard de 31 jours ou plus (Rapport(s) en souffrance) — Nombre de document(s) : 5

Entente	Exercice financier	Code ICD	Description	Code DF	Programme	Date exigible	Jours en retard
QC	2017-2018	HC-P086-2	Modèle de rapport communautaire (MRC) - Bien-être mental / Rapport annuel	KB01	Pour des communautés en bonne santé	29-Juil-2018	674
QC	2017-2018	HC-P086-2	Modèle de rapport communautaire (MRC) - Bien-être mental / Rapport annuel	KB02	Grandir ensemble	29-Juil-2018	674
QC	2018-2019	F-0080	États financiers vérifiés annuels / Annual Audited Financial Statement		Inconnu	29-Juil-2019	309
QC	2018-2019	HC-P086-2	Modèle de rapport communautaire (MRC) - Bien-être mental / Rapport annuel	KB01	Pour des communautés en bonne santé	29-Juil-2019	309
QC	2018-2019	HC-P086-2	Modèle de rapport communautaire (MRC) - Bien-être mental / Rapport annuel	KB02	Grandir ensemble	29-Juil-2019	309

Appendix CC. SIA Community Profiles Database Guide *(continued)*

3.7 Avis d'état des rapports - Abonnement

Ce rapport complémente l'**Avis d'état des rapports** et indique les coordonnées et le statut d'abonnement par client. Il sert à gérer les abonnements et à s'assurer que tous les clients ont un abonnement mensuel actif à l'**Avis d'état des rapports**.

Actuellement, l'*Avis d'état des rapports* n'est pas envoyé mensuellement, il n'est donc pas entretenu.

Légende :

Client avec accord(s) en vigueur ou rapport(s) à gérer sans aucun contact actif

Client sans accord en vigueur, ni rapport à gérer, avec au moins un contact actif

Administration Centrale

Client	No SGISC	Entente en vigueur	Type	Contact	Actif	Titre	Courriel	Fin du mandat	Source
Association canadienne des sages femmes		Non							
Association des premières autochtones du Canada		Oui							
Association des gestionnaires de santé des Premières Nations		Oui							
Association des Trappeurs Cris		Non							
Association nationale autochtone diabète		Oui							
Canada Fetal Alcohol Spectrum Disorder Research Network		Non							
Canadian Home Care Association		Non							
Canadian Indigenous Nurses Association		Oui							
Canadian Paediatric Society		Non							
CHU de Québec		Non							
Department of Health and Wellness (PE)		Non							

4. Rapports SGCC

Les rapports SGCC contiennent de l'information de l'ancien Système de gestion des contrats et contributions (SGCC) jusqu'à l'exercice financier de 2014-2015 inclus. Au cours de l'exercice 2015-2016, SGISS a remplacé SGCC et toutes les données des exercices ultérieurs se trouvent dans le **Profil des ententes**. Bien que les données de l'exercice 2015-2016 et celles des exercices ultérieurs puissent figurer dans les rapports du SGCC, elles ne sont pas exactes.

Noter **qu'il est nécessaire de sélectionner une région** au filtre approprié pour tous les rapports du SGCC afin de pouvoir accéder aux données et utiliser les autres filtres.

4.1 Amendements

Ce rapport présente un résumé de tous les amendements ayant le statut de « Recommandation », « Approuvé » ou « En attente » pour toute la durée de l'entente (du début à la fin) par exercice financier. Les montants de chaque amendement sont indiqués dans le rapport ainsi que le type d'amendement (provenant du « SGCC – Onglet des amendements ») et les commentaires correspondants.

Ce format présente les informations pertinentes pour l'ensemble des modifications apportées à l'entente. Le filtre « Exercice financier » montre tous les amendements effectués jusqu'à l'exercice financier sélectionné. En sélectionnant un exercice financier, vous obtiendrez toutes les modifications qui ont été effectuées pendant cette période.

Note : Ce rapport est présenté par exercice financier ; seuls les exercices financiers pour lesquels une entente est en vigueur et comporte au moins une modification seront affichés. En d'autres termes, si l'exercice 2013 est indiqué, seules les ententes en vigueur en 2012-2013 et qui ont au moins un amendement pour l'ensemble de l'entente seront indiquées dans le filtre « Accord ».
Dans l'exemple ci-dessous, en sélectionnant « Tous les exercices », tous les amendements pour une entente spécifique sont affichés.

Indigenous Services Canada / Services aux Autochtones Canada

Agreement amendments summary in effect in All Fiscal Years

ACCORD - Globale (01-Apr-2011 - 31-Mar-2016)

No	Launched	Recommendation	Officer	Authorization Authority	Amount	Amendment Type	Comments
1	31-May-2011	Pending	Tucker,Samara	Regional Director	30,806	02 - Add a Program	(+ 9 147 $) Ajout du programme Carrières en Santé en 2011-2012 pour l'embauche d'un étudiant. (+ 21 659 $) Ajout du programme Immunization en 2011-2012 pour vaccination contre le VPH pour les femmes entre 18 & 26 ans.
2	13-July-2011	Pending	Tucker,Samara	Regional Director	21,000	07 - Increase Budget	Modification de la flux de trésorerie pour tous les programmes en Financement Globale et Financement Pré-établie (sauf CS & CMT) en 2011-2012. (+ 21 000 $) Augmentation du budget IDA en 2011-2012 pour le projet spécial « Camp d'été».
3	06-Sept-2011	Pending	Tucker,Samara	Regional Director	36,000	02 - Add a Program	SET FUNDING: SNPSJA (+ 36 000 $) Ajout du programme en 2011-2012 pour un nouvel appel de proposition. Répartion des fonds: (33 000 $) pour la proposition revisée (3 000 $) pour la proposition « Atelier P-36 Workshop»
4	21-Dec-2011	Pending	Tucker,Samara	Regional Director	166,436	09 - Notice of Budget Adjustment Form	GLOBALE: PGS: (+ 28 587 $/année, total: 142 935 $) Ajout d'un montant supplémentaire annuel octroyé par Ottawa pour le passage en Globale; (+ 3 500 $) Ajout d'un montant forfaitaire en 2011-2012 pour la mise à jour du plan d'évaluation

4.2. Ententes SGCC

Ce rapport présente un résumé des montants approuvés, payés, engagés et encore disponibles pour la durée de l'entente (du début à la fin) par exercice financier. **Il affiche le montant total du financement à ce jour**, c'est-à-dire le montant initial de l'entente plus la somme de tous les amendements approuvés à ce jour.

Le rapport contient les montants suivants :

1. Montant de l'entente : financement total de l'entente à ce jour (tous les exercices financiers)
2. Approuvé – Total : somme des engagements à ce jour
3. Disponible pour engagement : montant de l'entente (montant total approuvé)
4. Payé à ce jour : engagements réglés (montants engagés pour lesquels une demande de décaissement a été produite à ce jour)
5. Engagement non réglé : différence entre le montant « approuvé » et « payé à ce jour ». (Onglet « engagements financiers » SGCC)
6. Déclaré (suivi de rapports financiers) : montant des sommes versées pour lesquelles un ou plusieurs rapports financiers ont été saisis et approuvés. (Onglet « suivi financier résumé » SGCC)

Sommaire des engagements pour les ententes

Accord	Description	Exercice financier	Début	Fin	Engagement non-réglé	Payé à ce jour	Approuvé - Total	Montant de l'entente	Disponible pour engagement	Déclaré (suivi de rapports financiers)
QC0600122	ACU - Général (ONG)	2005 - 2006	01-Oct-2005	31-Mars-2006	0	50 000	50 000	50 000	0	50 000
QC0700123	ACU - Général (ONG)	2006 - 2007	08-Jan-2007	31-Mars-2007	0	26 344	26 344	26 344	0	26 334
QC1000047	ACCORD - Fixe	2009 - 2010	01-Jan-2010	31-Mars-2010	0	20 000	20 000	20 000	0	20 000
QC1100043	ACCORD - Fixe Société	2010 - 2011	21-Juin-2010	31-Mars-2011	0	197 626	197 626	197 626	0	194 932
QC1200072	ACCORD - Pré-établie Société	2011 - 2012	01-Juil-2011	31-Mars-2012	0	278 659	278 659	278 659	0	276 221
QC1300025	ACCORD - Pré-établie Société	2012 - 2013	01-Mai-2012	31-Mars-2013	0	236 500	236 500	236 500	0	236 500
QC1400038	Préétablie - Société	2013 - 2014	29-Avr-2013	31-Mars-2014	0	200 000	200 000	200 000	0	200 000
QC1500012	Préétablie- Société	2014 - 2015	01-Avr-2014	31-Mars-2015	0	281 654	281 654	281 654	0	0

Notes

1. Comme ce rapport est établi par exercice financier, seuls les exercices pour lesquels un financement existe seront indiqués (pour une entente donnée). En d'autres termes, si l'exercice financier de 2013 est sélectionné, seules les ententes en vigueur en 2012-2013 seront indiquées dans le filtre « Accord ».
2. En sélectionnant « Tous les exercices » dans ce rapport, une vue *à ce jour* est générée pour les montants accumulés sur plusieurs exercices financiers.
3. Pour les accords de transfert (et pour les Ententes de Financement du Canada-Premières Nations - EFCPN), les rapports à recevoir se trouvent dans « Rapports ». Il n'existe pas de montant cumulé dans SGCC au « Suivi de rapports financiers ». Dans ce cas, la colonne « Déclaré (suivi de rapports financiers) » du tableau affichera zéro (0) :
    a. Dans SGCC, pour obtenir les montants « déclarés », les rapports financiers doivent être reçus et approuvés ; pour déclarer les dépenses associées aux montants déboursés, les rapports doivent être enregistrés comme des rapports financiers.
    b. Suivant la même logique, les montants « déclarés » seront également nuls dans les rapports de « programmes ».

4.3. État des rapports SGCC

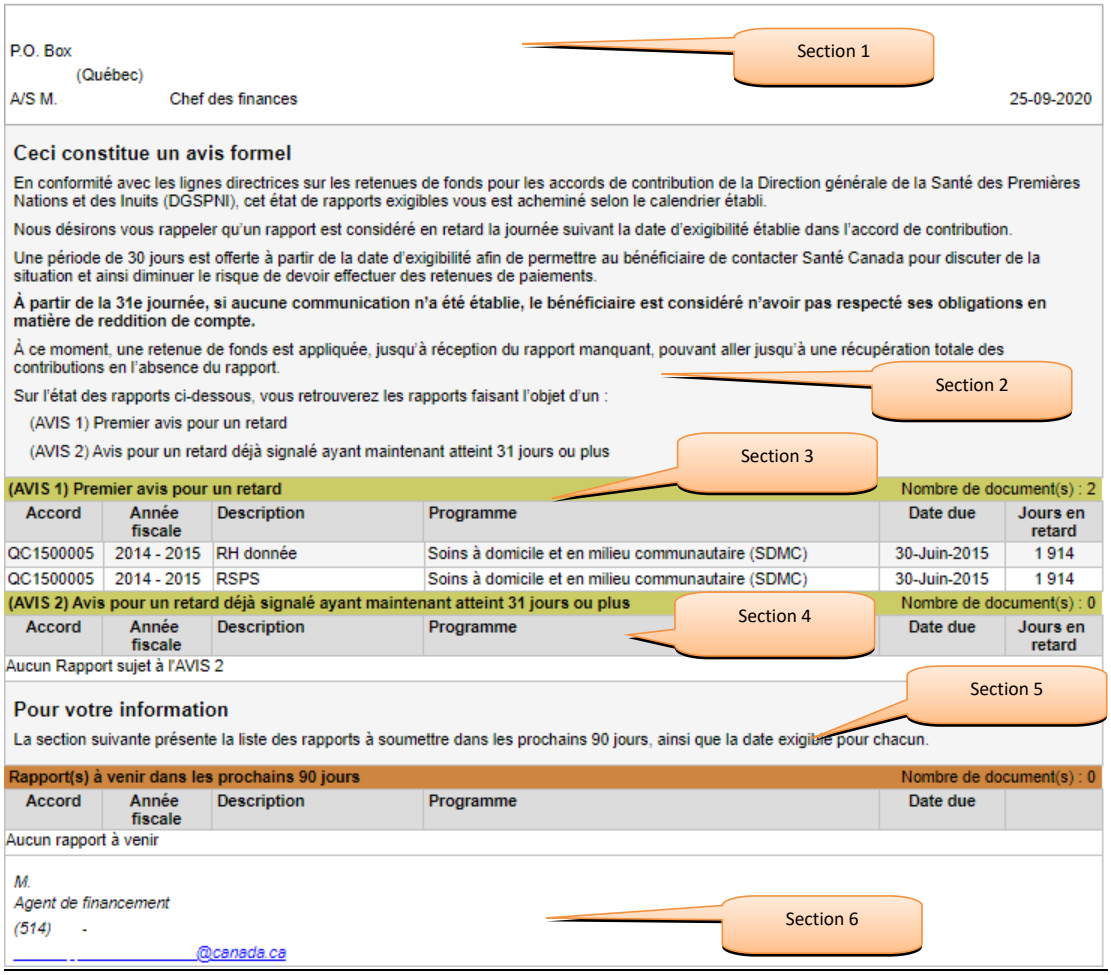
Il s'agissait d'une lettre officielle bilingue de notification envoyée aux clients du SGCC au sujet des rapports en retard et ceux à recevoir dans moins de quatre-vingt-dix (90) jours. Ce **rapport servait de lettre de rappel et d'avis formel en cas de retard**. Lorsque le SGCC existait, le rapport était automatiquement envoyé par courriel aux abonnés le premier de chaque mois (voir le rapport d'abonnement dans la section suivante). Le rapport équivalent du SGISC est « l'Avis d'état des rapports ».

Le rapport comporte six (6) sections :

1. Coordonnées du client : Contient les coordonnées du client telles qu'elles apparaissent dans le profil de la communauté, le profil des organisations ou « **autres clients** » SGSS.
2. Texte de rappel : Il s'agit du texte de rappel pour expliquer les conditions de l'avis envoyé ; le même message explicatif est envoyé à tous.
3. (Avis 1) Premier avis pour un retard : Cette section contient le premier rappel pour les retards de trente (30) jours ou moins. Le contenu de cette section provient de la « **Liste de rapports SGSS** » en utilisant les variables suivantes : retard; 0-9999 jours, aucun rappel.
4. (AVIS 2) Avis pour un retard déjà signalé ayant maintenant atteint 31 jours ou plus : Cette section contient le deuxième rappel pour les retards de trente et un (31) jours ou plus. Le contenu de cette section provient de la « **Liste de rapports SGSS** » en utilisant les variables suivantes : retard; 31-9999 jours, premier rappel envoyé.
5. Pour votre information : Cette section contient la liste des rapports à soumettre dans les quatre-vingt-dix (90) jours à venir ainsi que leurs dates d'échéance. Le contenu de cette section provient de la « **Liste de rapports SGSS** » en utilisant les variables suivantes : à venir; 0-90 jours, s/o.
6. Contact DGSPNI : Cette section comprend le nom et les coordonnées de la personne responsable à la DGSPNI. Il s'agit, en général, de l'agent de financement assigné au client.

(Voir l'image à la page suivante)

Appendix CC. SIA Community Profiles Database Guide *(continued)*



P.O. Box
(Québec)
A/S M. Chef des finances 25-09-2020

Section 1

Ceci constitue un avis formel

En conformité avec les lignes directrices sur les retenues de fonds pour les accords de contribution de la Direction générale de la Santé des Premières Nations et des Inuits (DGSPNI), cet état de rapports exigibles vous est acheminé selon le calendrier établi.

Nous désirons vous rappeler qu'un rapport est considéré en retard la journée suivant la date d'exigibilité établie dans l'accord de contribution.

Une période de 30 jours est offerte à partir de la date d'exigibilité afin de permettre au bénéficiaire de contacter Santé Canada pour discuter de la situation et ainsi diminuer le risque de devoir effectuer des retenues de paiements.

À partir de la 31e journée, si aucune communication n'a été établie, le bénéficiaire est considéré n'avoir pas respecté ses obligations en matière de reddition de compte.

À ce moment, une retenue de fonds est appliquée, jusqu'à réception du rapport manquant, pouvant aller jusqu'à une récupération totale des contributions en l'absence du rapport.

Sur l'état des rapports ci-dessous, vous retrouverez les rapports faisant l'objet d'un :

(AVIS 1) Premier avis pour un retard

(AVIS 2) Avis pour un retard déjà signalé ayant maintenant atteint 31 jours ou plus

Section 2

Section 3

(AVIS 1) Premier avis pour un retard — Nombre de document(s) : 2

Accord	Année fiscale	Description	Programme	Date due	Jours en retard
QC1500005	2014 - 2015	RH donnée	Soins à domicile et en milieu communautaire (SDMC)	30-Juin-2015	1 914
QC1500005	2014 - 2015	RSPS	Soins à domicile et en milieu communautaire (SDMC)	30-Juin-2015	1 914

(AVIS 2) Avis pour un retard déjà signalé ayant maintenant atteint 31 jours ou plus — Nombre de document(s) : 0

Section 4

Accord	Année fiscale	Description	Programme	Date due	Jours en retard

Aucun Rapport sujet à l'AVIS 2

Section 5

Pour votre information

La section suivante présente la liste des rapports à soumettre dans les prochains 90 jours, ainsi que la date exigible pour chacun.

Rapport(s) à venir dans les prochains 90 jours — Nombre de document(s) : 0

Accord	Année fiscale	Description	Programme	Date due	

Aucun rapport à venir

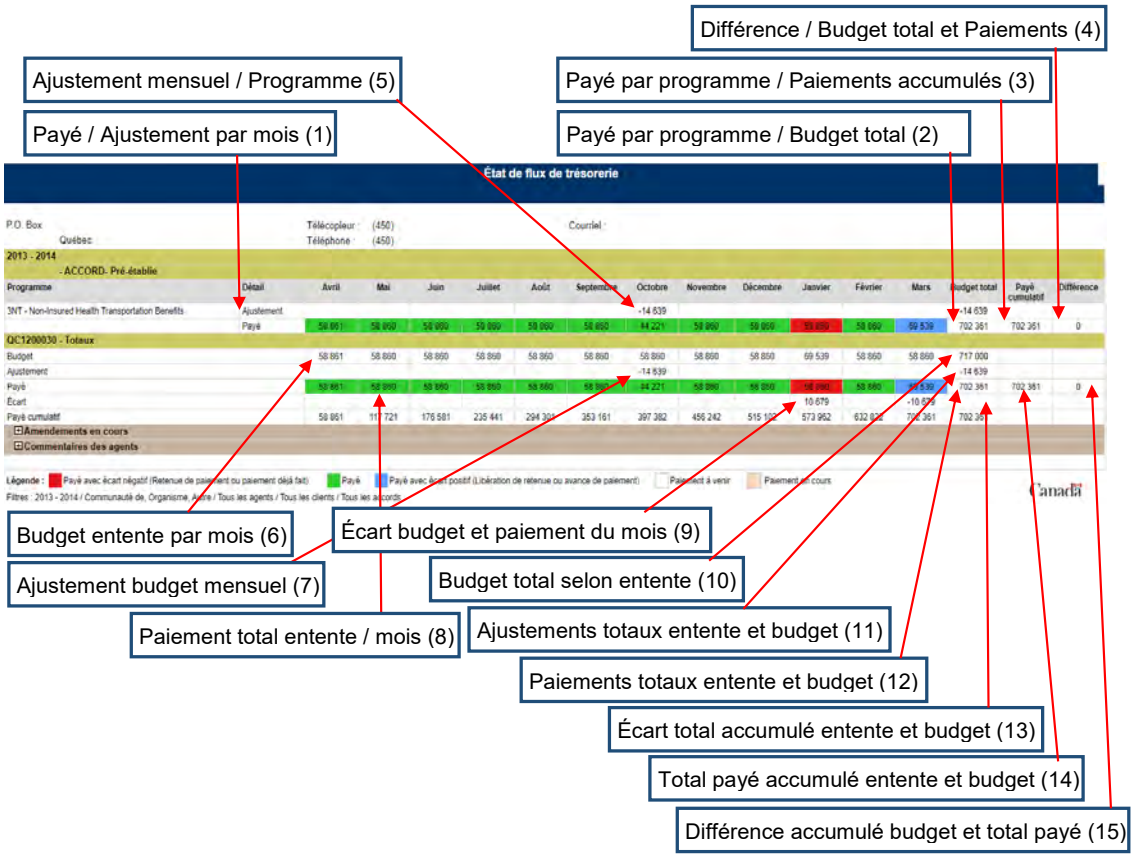
M.
Agent de financement
(514) -
@canada.ca

Section 6

4.4 État des flux de trésorerie

Ce rapport contient les informations nécessaires pour le suivi des paiements selon le calendrier des paiements (budget SGCC). Les données sont affichées par mois et surlignées en fonction des paiements effectués en trop ou en moins par rapport au budget prévu. L'exercice financier en cours est affiché par défaut. Le rapport présente également **le budget** du SGCC et les **paiements** extraits de SAP.

Voici un exemple du rapport de l'état des flux de trésorerie pour l'année 2009-2010



Le tableau suivant affiche les différents éléments, sources de données et calculs pour tous les paramètres dans l'exemple ci-dessus. Le numéro sur chaque ligne fait référence aux numéros entre parenthèses ci-dessus.

Appendix CC. SIA Community Profiles Database Guide *(continued)*

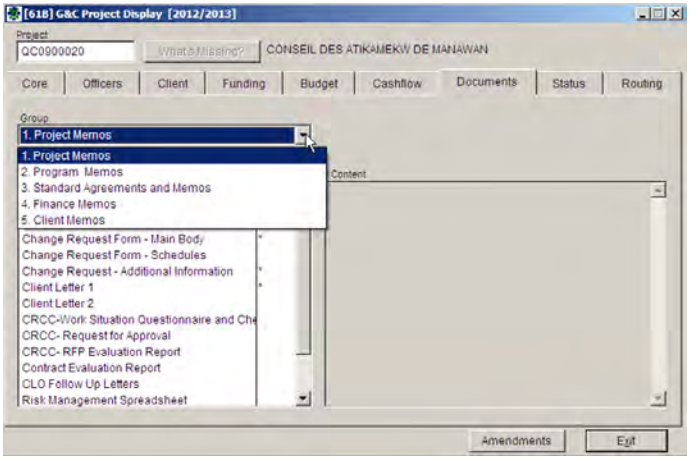
	PROGRAM		Sans ajustement	Avec ajustement
1	**Payé / Ajustement par mois**	**Montant du budget ou montant SAP**	On utilise le montant payé selon SAP KZ. S'il n'existe pas de paiement dans SAP KZ, on affichera zéro (0) pour les mois avant le cycle actuel, et le budget planifié pour les mois du cycle actuel et suivants.	On affichera le montant payé selon SAP KZ. S'il n'y a pas de paiement dans SAP, on affiche zéro (O) pour les mois avant le cycle actuel et le montant « Demandé**= budget + ajustement » pour les mois du cycle actuel et suivants.
2	**Payé par programme / Budget total**	**Budget**	Somme du budget mensuel (flux de trésorerie planifié au début)	Somme du budget mensuel plus les ajustements*
3	**Payé par programme / Paiements accumulés**	**Montant SAP**	Somme des montants payés par programme selon SAP KZ	Somme des montants payés par programme selon SAP KZ
4	**Différence / Budget total et Paiements**	**Montant SAP**	Budget total – somme payée = solde à payer pour le programme (les déviations concernant les dates ne sont pas maintenues)	Budget total demandé - somme payée = solde à payer au bénéficiaire ou pour le programme (les déviations concernant les dates ne sont pas maintenues)
5	**Ajustement mensuel / Programme**	**Budget (Plan d'ajustements)**	Nul (=0)	Montant négatif = plan d'ajustements
6	**Budget entente par mois**	**Budget**	Flux de trésorerie planifié - Budget total du programme selon l'entente, présenté par mois	Flux de trésorerie planifié - Budget total du programme selon l'entente, présenté par mois
7	**Ajustement* budget mensuel**	**Plan d'ajustements**	Nul (=0)	Somme des ajustements faits au programme
8	**Paiement total entente par mois**	**Montant du budget ou montant SAP**	On affiche ici la somme des montants payés aux programmes selon SAP KZ. S'il n'existe pas de paiement dans SAP KZ pour un programme donné, on affichera zéro (0) pour les mois avant le cycle actuel, et le budget planifié pour les mois du cycle actuel et suivants.	On affiche ici la somme des montants payés aux programmes selon SAP KZ. S'il n'existe pas de paiement dans SAP KZ pour un programme donné, on affichera zéro (0) pour les mois avant le cycle actuel et le montant « Demandé** = budget + ajustement » pour les mois du cycle actuel et suivants.
9	**Écart budget et paiement du mois**	**Plan d'ajustements**	Écart - (total entente) = ajustement Écarts des paiements = (Budget + paiement ajusté – payé). Note: Il ne devrait pas y avoir d'écarts pour les mois après le cycle de paiement actuel.	Écart - (total entente) = ajustement Écarts des paiements = (Budget + paiement ajusté – payé). Note: Il ne devrait pas y avoir d'écarts pour les mois après le cycle de paiement actuel.
10	**Budget total selon entente**	**Budget**	Flux de trésorerie planifié : total **annuel** pour les programmes composant l'entente = somme du budget (Total - entente) par mois.	Flux de trésorerie planifié : total **annuel** pour les programmes composant l'entente = somme du budget (Total - entente) par mois.
11	**Ajustements totaux entente et budget**	**Plan d'ajustements**	Nul (= 0)	Somme annuelle des ajustements **mensuels** faits aux programmes.
12	**Paiements totaux entente et budget**	**Montant du budget ou montant SAP**	Somme annuelle payée – (total entente) – paiements mensuels.	Somme annuelle payée – (total entente) – paiements mensuels.
13	**Écart total accumulé entente et budget**		Somme annuelle des écarts (total entente) – paiements mensuels.	Somme annuelle des écarts (total entente) – paiements mensuels.
14	**Total payé accumulé entente et budget**	**Montant SAP**	Somme annuelle des montants payés selon SAP KZ.	Somme annuelle des montants payés selon SAP KZ.
15	**Différence accumulée budget et total payé**		Budget total payé – paiement cumulatif payé = solde à payer pour l'entente (les déviations concernant les dates sont maintenues).	Budget total payé – paiement cumulatif payé = solde à payer pour l'entente (les déviations concernant les dates sont maintenues).

* Les ajustements ou autres sommes récupérées sont affichés comme montants négatifs.
** Demande = montant net provenant de la « demande de paiement » à être versé au bénéficiaire/programme = colonne « demandé » dans l'outil « Access »

4.5 Autres documents SGCC – Liste

Ce rapport affiche tous les documents annexés à l'entente dans SGCC **(autres que les documents financiers, des activités ou de reddition de comptes[1])** sous les sections correspondantes au « Groupe de documents » dans l'onglet « Documents » de SGCC :

Par exemple, pour les documents du projet :

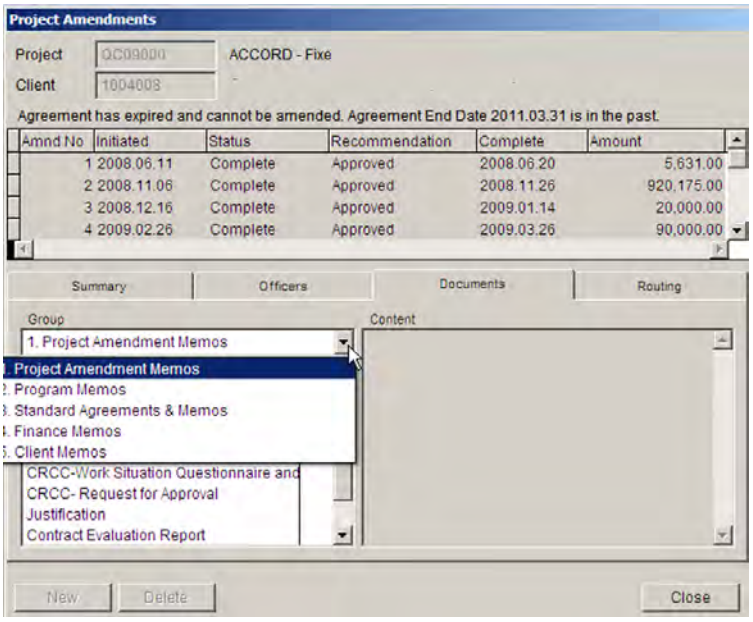


Tous les documents suivants peuvent être trouvés dans **« Autres documents SGCC – Liste »:**

SGCC Groupe de documents	Pour le filtre 6 (au rapport)
Documents 1. Notes - Projet	**PRJ – Documents** 1. Notes - Projet
Documents 2. Notes - Programme	**PHB – Documents** 2. Notes - Programme
Documents 3. Types d'ententes et notes	**PHC – Documents** 3. Type d'ententes et notes
Documents 4. Notes - Finances	**PHD – Documents** 4. Notes - Finances
Documents 5. Notes clients	**CLN – Documents** 5. Notes clients

[1] Pour les rapports des activités ou financiers, le calendrier détaillé des rapports et le répertoire des rapports sont utilisés pour faire le suivi des rapports reçus, en retard, etc.

La même logique est utilisée pour les documents – Amendements au projet :



Dans **« Autres documents SGCC – Liste »** :

SGCC Groupe de documents	Pour le filtre 7 (au rapport)
Amendements | Documents 1. Notes d'ordre général	**PAA - Amendements | Documents** 1. Notes d'ordre général
Amendements | Documents 2. Notes - Programme	**PAB - Amendements | Documents** 2. Notes - Programme
Amendements | Documents 3. Types d'ententes et notes	**PAC - Amendements | Documents** 3. Types d'ententes et notes
Amendements | Documents 4. Notes - Finances	**PAD - Amendements | Documents** 4. Notes - Finances
Amendements | Sommaire Commentaires – Modifications	**PRA - Amendements | Sommaire** Commentaires – Modifications
Amendements | Acheminement Acheminement - Modification	**PAT - Amendements | Acheminement** Acheminement – Modification

La liste des **Autres documents SGCC** permet d'accéder à tous les documents joints à une entente spécifique ou à toutes les ententes signées avec un client donné. Il sera également possible de voir les ententes en vigueur pour un exercice financier spécifique en activant le filtre à cet effet.

Le rapport comprend deux (2) sections. La première section contient les **« Documents 5. Notes clients »**, qui sont spécifiques au client lui-même contrairement à une entente particulière. La ligne de l'entente dans cette section affichera le titre « Non spécifique ».

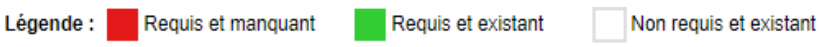
Appendix CC. SIA Community Profiles Database Guide *(continued)*

La deuxième section présente les documents spécifiques à chaque entente. La ligne de l'entente dans cette section indique le numéro de l'entente (par exemple QC0900077 (01-Avr-2001 – 31-Mars-2010)) en plus du type de financement (par exemple l'entente de financement Canada/Premières nations).

Pour chaque section le rapport indique le nombre des documents qui le composent, par exemple « nombre de documents : 321 ».

Écran SGCC	p.ex.: Documents
Document group	p.ex.: 3. Types d'ententes et notes
Document	p.ex.: Sommaire de l'entente 1
No.	Numéro d'amendement (dans le cas où un amendement a eu lieu)
Contenu du mémo /	Texte (mémo et commentaires) ou lien hypertexte vers le document **joint**

Le codage couleur est également utilisé pour indiquer que le document existe et est requis (vert), existe mais n'est pas requis (blanc), est requis et manquant (rouge) :

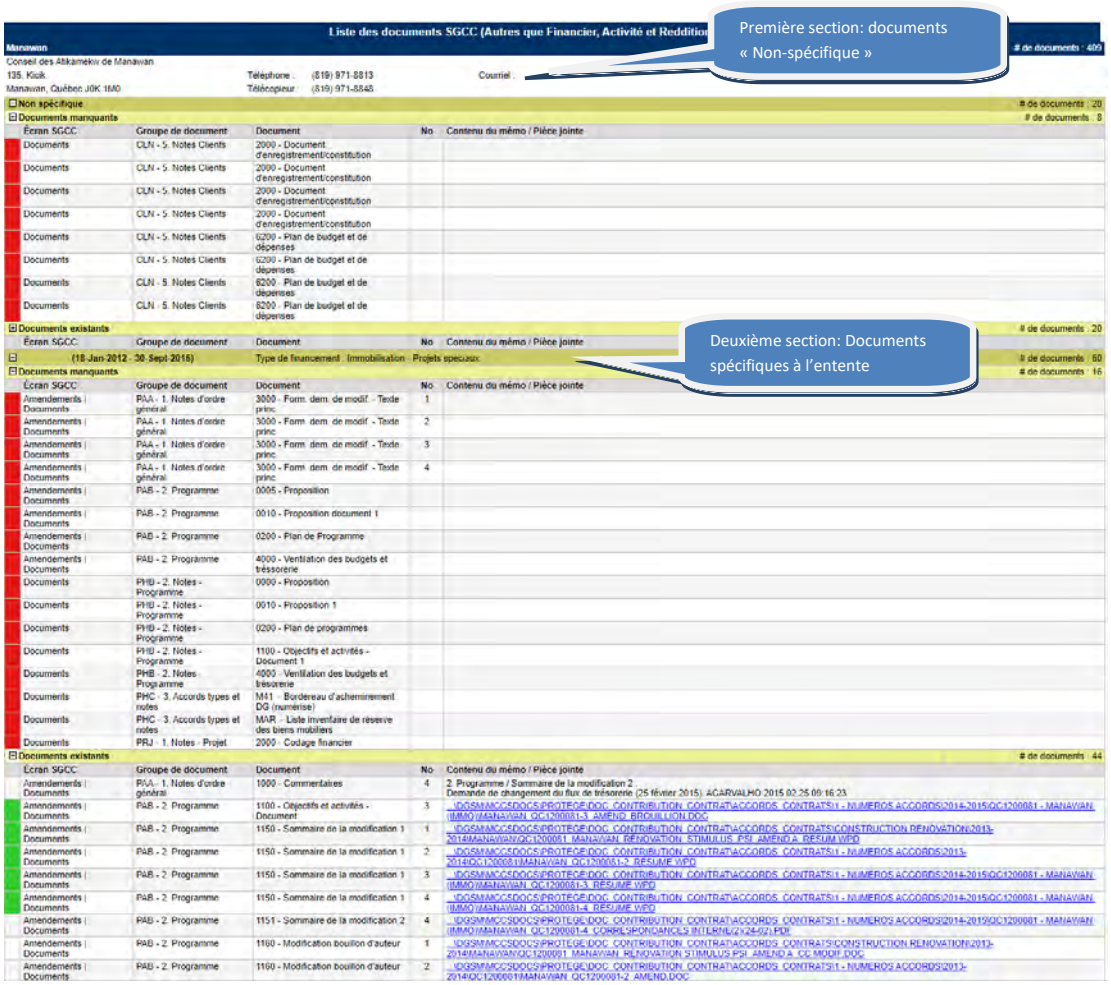


Une série de règles est utilisée pour déterminer quels documents sont requis[2].
Note: Les documents « Non requis » figurent au tableau mais ne sont pas requis par les règles.

[2] Voir section suivante pour « Autres documents SGCC – Règles », pour en connaître davantage sur les règles.

Appendix CC. SIA Community Profiles Database Guide *(continued)*

Exemple: **Autres documents SGCC – Liste**.



Liste des documents SGCC (Autres que Financier, Activité et Reddition

Manawan

Conseil des Atikamekw de Manawan
135, Kiak
Manawan, Québec J0K 1M0

Téléphone : (819) 971-8813
Télécopieur : (819) 971-8848
Courriel :

de documents : 409

Non spécifique — # de documents : 20

Documents manquants — # de documents : 8

Écran SGCC	Groupe de document	Document	No	Contenu du mémo / Pièce jointe
Documents	CLN - 5. Notes Clients	2000 - Document d'enregistrement/constitution		
Documents	CLN - 5. Notes Clients	2000 - Document d'enregistrement/constitution		
Documents	CLN - 5. Notes Clients	2000 - Document d'enregistrement/constitution		
Documents	CLN - 5. Notes Clients	2000 - Document d'enregistrement/constitution		
Documents	CLN - 5. Notes Clients	6200 - Plan de budget et de dépenses		
Documents	CLN - 5. Notes Clients	6200 - Plan de budget et de dépenses		
Documents	CLN - 5. Notes Clients	6200 - Plan de budget et de dépenses		
Documents	CLN - 5. Notes Clients	6200 - Plan de budget et de dépenses		

Documents existants — # de documents : 20

Écran SGCC	Groupe de document	Document	No	Contenu du mémo / Pièce jointe

(18 Jan 2012 - 30 Sept 2015) — Type de financement : Immobilisation - Projets spéciaux — # de documents : 60

Documents manquants — # de documents : 16

Écran SGCC	Groupe de document	Document	No	Contenu du mémo / Pièce jointe
Amendements | Documents	PAA - 1. Notes d'ordre général	3000 - Form. dem. de modif. - Texte princ	1	
Amendements | Documents	PAA - 1. Notes d'ordre général	3000 - Form. dem. de modif. - Texte princ	2	
Amendements | Documents	PAA - 1. Notes d'ordre général	3000 - Form. dem. de modif. - Texte princ	3	
Amendements | Documents	PAA - 1. Notes d'ordre général	3000 - Form. dem. de modif. - Texte princ	4	
Amendements | Documents	PAB - 2. Programme	0005 - Proposition		
Amendements | Documents	PAB - 2. Programme	0010 - Proposition document 1		
Amendements | Documents	PAB - 2. Programme	0200 - Plan de Programme		
Amendements | Documents	PAU - 2. Programme	4000 - Ventilation des budgets et trésorerie		
Documents	PHB - 2. Notes - Programme	0000 - Proposition		
Documents	PHB - 2. Notes - Programme	0010 - Proposition 1		
Documents	PHB - 2. Notes - Programme	0200 - Plan de programmes		
Documents	PHB - 2. Notes - Programme	1100 - Objectifs et activités - Document 1		
Documents	PHB - 2. Notes - Programme	4000 - Ventilation des budgets et trésorerie		
Documents	PHC - 3. Accords types et notes	M41 - Bordereau d'acheminement DG (numérisé)		
Documents	PHC - 3. Accords types et notes	MAR - Liste inventaire de réserve des biens mobiliers		
Documents	PRJ - 1. Notes - Projet	2000 - Codage financier		

Documents existants — # de documents : 44

Écran SGCC	Groupe de document	Document	No	Contenu du mémo / Pièce jointe
Amendements | Documents	PAA - 1. Notes d'ordre général	1000 - Commentaires	4	2. Programme / Sommaire de la modification 2 Demande de changement du flux de trésorerie (25 février 2015) ACARVALHO 2015 02 25 09 16 23
Amendements | Documents	PAB - 2. Programme	1100 - Objectifs et activités - Document	3	\\DGSM\MCC$\DOCS\PROTEGE\DOC_CONTRIBUTION_CONTRAT\ACCORDS_CONTRATS\1 - NUMEROS ACCORDS\2014-2015\QC1200081 - MANAWAN (IMMO)\MANAWAN_QC1200081-3_AMEND_BROUILLON.DOC
Amendements | Documents	PAB - 2. Programme	1150 - Sommaire de la modification 1	1	\\DGSM\MCC$\DOCS\PROTEGE\DOC_CONTRIBUTION_CONTRAT\ACCORDS_CONTRATS\CONSTRUCTION RENOVATION\2013-2014\MANAWAN\QC1200081_MANAWAN_RENOVATION_STIMULUS_PSI_AMEND A_RESUM.WPD
Amendements | Documents	PAB - 2. Programme	1150 - Sommaire de la modification 1	2	\\DGSM\MCC$\DOCS\PROTEGE\DOC_CONTRIBUTION_CONTRAT\ACCORDS_CONTRATS\1 - NUMEROS ACCORDS\2013-2014\QC1200081\MANAWAN_QC1200081-2_RESUME.WPD
Amendements | Documents	PAB - 2. Programme	1150 - Sommaire de la modification 1	3	\\DGSM\MCC$\DOCS\PROTEGE\DOC_CONTRIBUTION_CONTRAT\ACCORDS_CONTRATS\1 - NUMEROS ACCORDS\2014-2015\QC1200081 - MANAWAN (IMMO)\MANAWAN_QC1200081-3_RESUME.WPD
Amendements | Documents	PAB - 2. Programme	1150 - Sommaire de la modification 1	4	\\DGSM\MCC$\DOCS\PROTEGE\DOC_CONTRIBUTION_CONTRAT\ACCORDS_CONTRATS\1 - NUMEROS ACCORDS\2014-2015\QC1200081 - MANAWAN (IMMO)\MANAWAN_QC1200081-4_RESUME.WPD
Amendements | Documents	PAB - 2. Programme	1151 - Sommaire de la modification 2	4	\\DGSM\MCC$\DOCS\PROTEGE\DOC_CONTRIBUTION_CONTRAT\ACCORDS_CONTRATS\1 - NUMEROS ACCORDS\2014-2015\QC1200081 - MANAWAN (IMMO)\MANAWAN_QC1200081-4_CORRESPONDANCES INTERNE(2)(24-02).PDF
Amendements | Documents	PAB - 2. Programme	1160 - Modification bouillon d'auteur	1	\\DGSM\MCC$\DOCS\PROTEGE\DOC_CONTRIBUTION_CONTRAT\ACCORDS_CONTRATS\CONSTRUCTION RENOVATION\2013-2014\MANAWAN\QC1200081_MANAWAN_RENOVATION_STIMULUS_PSI_AMEND A_CC_MODIF.DOC
Amendements | Documents	PAB - 2. Programme	1160 - Modification bouillon d'auteur	2	\\DGSM\MCC$\DOCS\PROTEGE\DOC_CONTRIBUTION_CONTRAT\ACCORDS_CONTRATS\1 - NUMEROS ACCORDS\2013-2014\QC1200081\MANAWAN_QC1200081-2_AMEND.DOC

4.6 Liste d'avis 1 et 2 SGCC

Ce rapport était utilisé pour les rappels mensuels envoyés par courrier (état des rapports). Il contenait un avis formel envoyé aux clients pour les rapports en retard lorsque le SGCC était actif. Il affichait la liste suivante :

- Des clients ayant reçu **le premier avis de rapports en retard**. (L'avis 1 : pour les rapports en retard de trente (30) jours ou moins et non reçus à la DGSPNI)
- Des clients ayant reçu **l'avis de deuxième niveau de rapports en retard**. (L'avis 2 : pour les rapports en retard de trente et un (31) jours ou plus et non reçus à la DGSPNI)

Le rapport était envoyé automatiquement le premier de chaque mois à partir d'une boîte de messageries générique simultanément avec l'***État des rapports SGCC***.

Ce rapport peut également être généré de façon ponctuelle. Les paramètres sont les mêmes que ceux de la ***Liste des rapports SGCC***. Pour une description détaillée, voir la section 4.7 de ce document.

Ci-dessous se trouve la liste des avis 1 et 2 (selon les paramètres du SGCC) :

Client – État des rapports : Nom du client, tel qu'il apparaît dans l'***État des rapports*** (nom officiel de la Bande ou nom de l'organisation) afin de trouver facilement les adresses électroniques des clients qui recevront des avis de retard (liste des avis 1 et 2);

Client – Profils : Nom du client, tel qu'il apparaît dans les ***Profils des communautés*** ou les ***Profils des organisations***;

Exercice financier : L'exercice financier pour lequel le rapport est requis (même définition que la ***Liste des rapports SGCC***);

Entente : Numéro de l'entente (même définition que la ***Liste des rapports SGCC***);

Rapport : Rapport d'activités ou rapport financier (même définition que la ***Liste des rapports SGCC***);

Programme : Programme pour lequel le rapport est requis (même définition que la ***Liste des rapports SGCC***);

Date d'échéance : Date d'échéance du prochain rapport (même définition que la ***Liste des rapports SGCC***);

En retard : Nombre de jours de retard (même définition que la ***Liste des rapports SGCC***);

Avis : Numéro de l'avis (1 ou 2). Dans la ***Liste des rapports SGCC*** : nombre de rappels. (Filtre : Type d'actions)

Liste des nouveaux Avis 1 et Avis 2 à classer dans SGCC								
Client - État des rapports	Client - Profils	Exercice financier	Accord	Rapport	Programme	Exigible	En retard	Avis
Bande des Montagnais de Pakua Shipi	Pakuashipi	2015 - 2016	QC1200009	Rapport d'activité	SSNA - Professionnels de la santé itinérants	15-Oct-2015	1810	1
Bande des Montagnais de Pakua Shipi	Pakuashipi	2015 - 2016	QC1200009	Rapport d'activité	SSNA - Professionnels de la santé itinérants	15-Jan-2016	1718	1
Bande des Montagnais de Pakua	Pakuashipi	2015 - 2016	QC1200009	MRC		29-Juil-2016	1522	1
Bande des Montagnais de Pakua Shipi	Pakuashipi	2015 - 2016	QC1200009	RSPS	Soins à domicile et en milieu communautaire (SDMC)	29-Juil-2016	1522	1
Bande des Montagnais de Pakua Shipi	Pakuashipi	2015 - 2016	QC1200009	RH donnée	Soins à domicile et en milieu communautaire (SDMC)	29-Juil-2016	1522	1
Bande des Montagnais de Pakua Shipi	Pakuashipi	2015 - 2016	QC1200009	Rapport d'activité	SSNA - Professionnels de la santé itinérants	29-Juil-2016	1522	1
Bande des Montagnais de Pakua	Pakuashipi	2015 - 2016	QC1200009	Rapport annuel		29-Juil-2016	1522	1
Bande des Montagnais de Pakua	Pakuashipi	2015 - 2016	QC1200009	Vérification Annuel		29-Juil-2016	1522	1

4.7 Liste des rapports SGCC

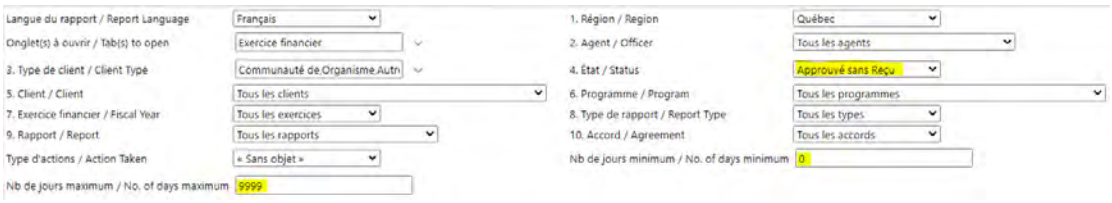
La ***Liste des rapports SGCC*** est un outil conçu pour aider à préparer une *liste de chose à faire* dans le cas où les délais prescrits ne sont pas respectés.

Plusieurs options et filtres sont disponibles :

Filtres :	*1. Région*	*2. Agent*
	3. Type de client	*4. État*
	5. Client	*6. Programme*
	7. Exercice financier	*8. Type de rapport*
	9. Rapport	*10. Accord*
Options:	*« Type d'action »*	
	Nb de jours minimum	
	Nb de jours maximum	

Le filtre **« type de rapport »** permet de choisir entre les rapports d'activités (ACT), les rapports financiers (FIN) ou les rapports de reddition de comptes (ART). Le nombre de jours **minimum** et **maximum** dépend de l'état choisi au filtre (4). Le nombre de jours permet de limiter la recherche à une période spécifique. Les différentes façons d'utiliser le ***nombre des jours*** selon l'***état*** du rapport seront expliquées davantage dans les pages suivantes.

Pour chaque exercice financier, le nombre de rapports disponibles apparaîtra dans le coin supérieur droit de chaque section. Celui-ci est déterminé par l'***état*** du rapport. Ci-dessous, il y a un (1) rapport disponible pour 2012-2013 et cinq (5) rapports disponibles pour 2006-2007.



Appendix CC. SIA Community Profiles Database Guide *(continued)*

Liste des rapports

Exercice financier : 2012 - 2013 — Nombre de rapports : 1

Client	Accord	Rapport	Programme	Exigible	Reçue	Approuvé	En retard / À venir	Approuvé - Exigible	Approuvé - Reçue	Reçu - Exigible	Date du jour - Reçu	Nb Actions
Lac-Simon	QC1200013	Rapport d'activité	3NT - SSNA - Prestations de transport pour raison médicale	29-Juil-2013		01-Août-2014		368				7

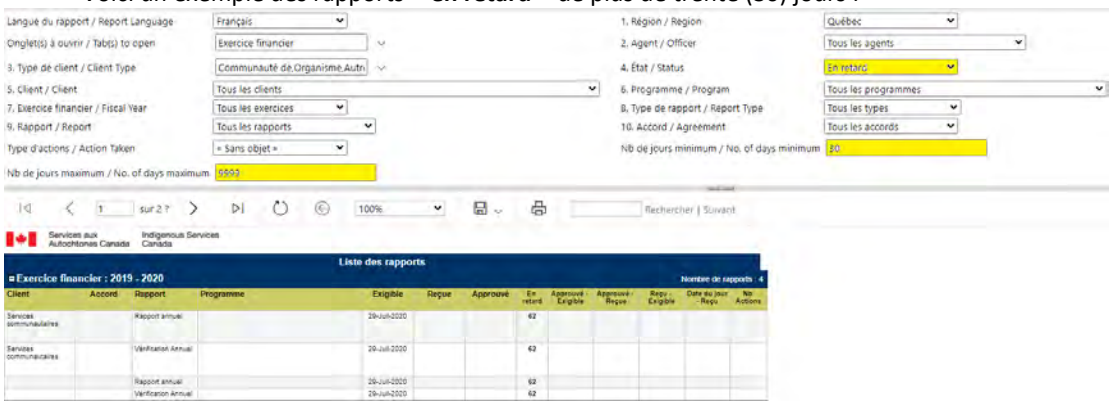
Exercice financier : 2006 - 2007 — Nombre de rapports : 5

Client	Accord	Rapport	Programme	Exigible	Reçue	Approuvé	En retard / À venir	Approuvé - Exigible	Approuvé - Reçue	Reçu - Exigible	Date du jour - Reçu	Nb Actions
I.S.T.S. Les spécialistes de l'interprétation simultanée	QC0700074	Rapport d'évaluation du marché	3XX - SPNI - contrats de service	16-Juin-2008		21-Juin-2008		5				
IMPRIMERIE VITRAY INC.	QC0700085	Rapport d'évaluation du marché	3XX - SPNI - contrats de service	06-Juil-2008		18-Juil-2008		12				
MARTIN AUBRY	QC0700078	Rapport d'évaluation du marché	3XX - SPNI - contrats de service	22-Juin-2008		16-Juil-2008		26				
PRIMUM EXPERTS-CONSEILS INC.	QC0700072	Rapport d'évaluation du marché	3XX - SPNI - contrats de service	03-Oct-2008		03-Oct-2008		0				
ROSAIRE BOULANGER	QC0700068	Rapport d'évaluation du marché	3XX - SPNI - contrats de service	30-Juin-2008		11-Juil-2008		11				

La ***Liste des rapports SGCC*** présente le nombre de jours calculés depuis la date **« Exigible », « Reçue »** et **« Approuvé »** en concordance avec l'option choisie au filtre (4) « État » du rapport. À noter qu'il y a cinq (5) choix d'état, donc cinq (5) résultats possibles :

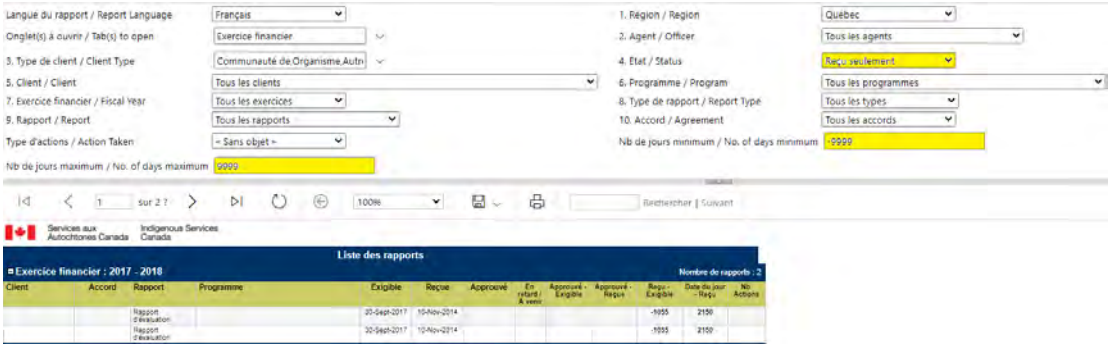
A. **4. État « en retard »** : nombre de jours entre la date **« d'aujourd'hui »** et la date **« exigible »** du rapport. Comme le nombre de jour doit être supérieur ou égal à zéro (0), le ***nombre de jours minimum*** sera égal à zéro (0) et le ***nombre de jours maximum*** sera supérieur à zéro (0). Possibilité d'entrer jusqu'à neuf mille neuf cent quatre-vingt-dix-neuf (9999) jours maximum.

- Les autres colonnes calculées (approuvé-Exigible; approuvé-reçu; reçu-exigible et date du jour-reçu) seront vides.
- Voici un exemple des rapports **« en retard »** de plus de trente (30) jours :



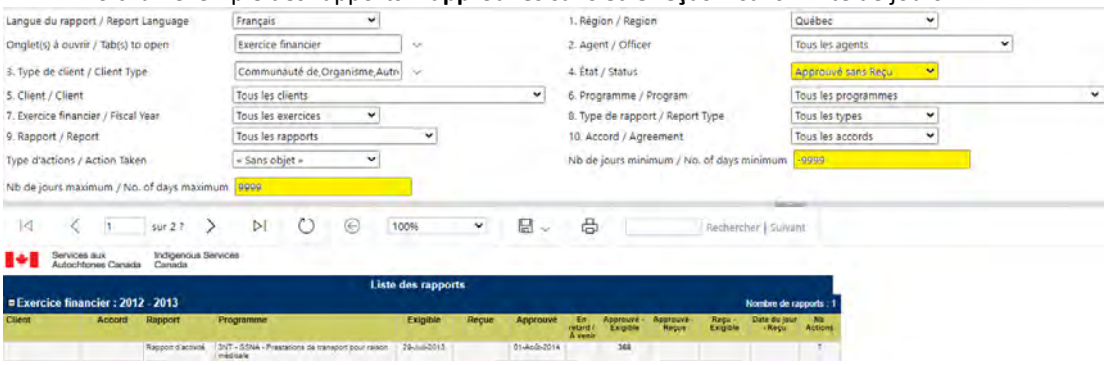
B. **4. État « reçu seulement » :** deux calculs seront affichés. En premier, le nombre de jours entre la date **« d'aujourd'hui »** et la date à laquelle il a été **« reçu »**. En deuxième, le nombre de jours entre la date à laquelle il a été **« reçu »** et la date **« exigible »**. Le nombre de jours peut être égal ou supérieur à zéro (0) ou inférieur à zéro (0) si le rapport a été reçu avant la date exigible. Conseil : inscrire **-9999** à la case du ***nombre de jours minimum*** et **9999** à la case du ***nombre de jours maximum***.

- Note: L'objectif étant d'identifier les rapports qui ont été **« reçus »** mais qui n'ont pas encore été **« approuvés »**, tout problème sera affiché dans la colonne **« Date du jour - Reçu »** indiquant ainsi un délai dans l'approbation par la DGSPNI depuis la réception du rapport.
- Les autres colonnes calculées (*en retard/à venir*; *approuvé-exigible* et *approuvé-reçu*) seront vides.
- Voici un exemple des rapports ***reçus seulement*** sans limite de jours :



C. **4. État « approuvé sans reçu »** : un seul calcul sera affiché : le nombre de jours entre la date approuvée et la date d'échéance. Le nombre de jours peut être supérieur ou égal à zéro (0), ou inférieur à zéro (0) si le rapport a été approuvé avant la date d'échéance.
Conseil : inscrire **-9999** à la case du ***nombre de jours minimum*** et **9999** à la case du ***nombre de jours maximum***.

- Note: L'objectif étant d'identifier **les rapports qui ont été approuvés sans avoir été reçus**, les problèmes apparaîtront dans la colonne **« approuvé-exigible »**. Ceci dénote cependant une erreur car le rapport devrait avoir été reçu.
- Les autres colonnes calculées (*en retard/à venir*; *approuvé-exigible* et *date du jour-reçu*) seront vides.
- Voici un exemple des rapports **« approuvés sans être reçus »** sans limite de jours :

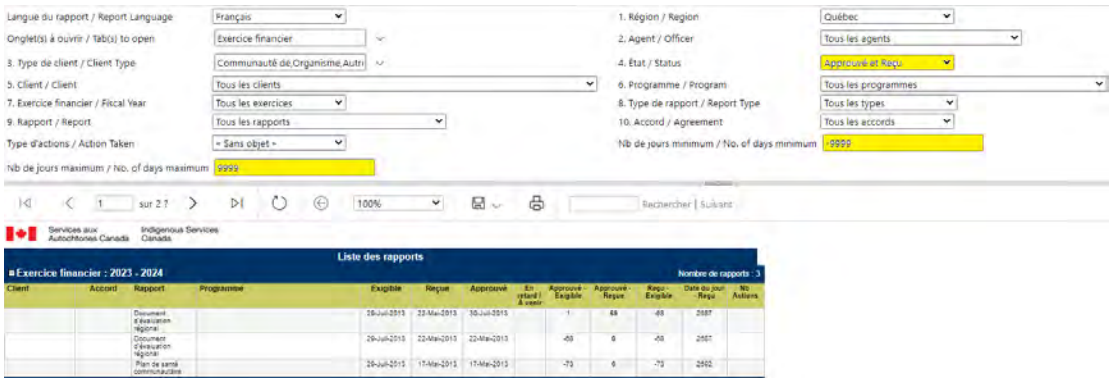


D. **4. État « approuvé »** : quatre (4) calculs affichés :
- **Approuvé-exigible**
- **Approuvé-reçu**
- **Reçu-exigible**

- **Date du jour-reçu**

Comme le nombre de jours pour les trois (3) premiers calculs peut être **>= 0** ou **< 0**, **le nombre de jours minimum** peut être < 0 et le **nombre de jours maximum** peut être **> 0**.
Conseil : inscrire **-9999** à la case du nombre de jours minimum et **9999** à la case du nombre de jours maximum.

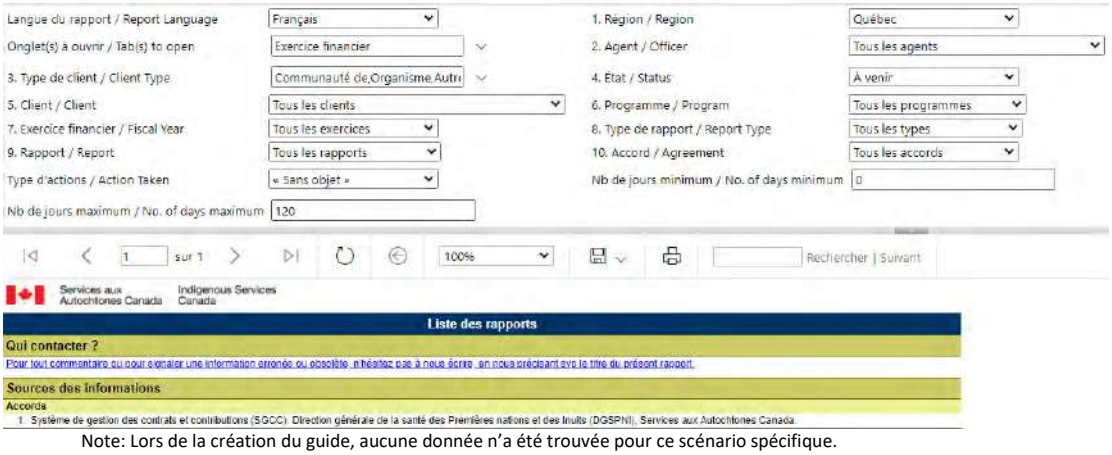
- Note : L'objectif étant de calculer des statistiques, les résultats seront affichés aux colonnes **« approuvé-reçu »** et **« reçu-exigible »**. Les résultats peuvent être utilisés comme des indicateurs de performance autant pour les clients (acteurs externes) que pour la DGSPNI (acteurs internes) dans l'accomplissement des activités requises et à la fréquence à laquelle celles-ci sont complétées en retard ou à échéance.
- Ici, « **approuvé-exigible** » représente le nombre total de jours entre la date exigible et la date à laquelle le rapport a été approuvé, c.-à-d., **« approuvé-reçu » + « reçu-exigible ».**
- La seule colonne restante est **En retard/À venir**, elle est vide.
- Voici un exemple des rapports **« approuvé-reçu »** sans limite de jours.



E. **4. État « à venir »** : un calcul sera affiché sous la colonne ***En retard/À venir***. Comme le nombre de jours doit être égal ou supérieur à zéro (0), **le nombre de jours minimum sera égal à zéro (0)**, et **le nombre de jours maximum sera plus grand que zéro (0)**; Possibilité d'entrer jusqu'à neuf mille neuf cent quatre-vingt-dix-neuf (9999) jours maximum.

- Note: l'objectif de cette dernière option est d'avoir un outil pour gérer de façon proactive les rapports à venir. Par exemple, pour voir **la liste des rapports exigibles dans les cent vingt (120) prochains jours**, il suffit d'inscrire ***120*** **à la case « nb de jours maximum »**.
- Les autres colonnes calculées (*approuvé-exigible*; *approuvé-reçu*; *reçu-exigible*; et *date du jour-reçu*) seront vides.
- Voici un exemple des rapports **« à venir »** avec une limite maximum de cent vingt (120) jours :

Appendix CC. SIA Community Profiles Database Guide *(continued)*



Note: Lors de la création du guide, aucune donnée n'a été trouvée pour ce scénario spécifique.

4.8 Activités des programmes GL SGCC

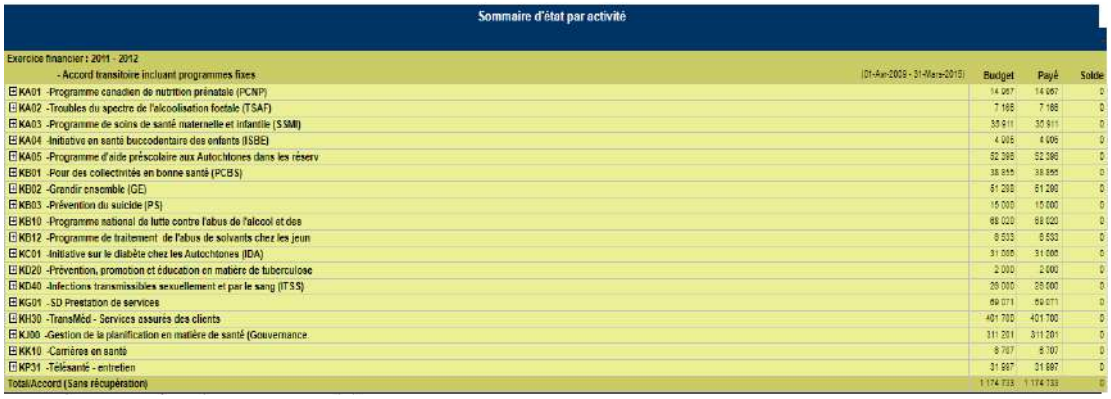
Activités des programmes GL : résumé d'état par activité

Ce rapport présente un résumé de l'état des dépenses encourues par activité de programme, par type d'entente ou par exercice financier. Les montants budgétés et payés sont indiqués ainsi que le solde (différence entre le budget et le montant payé) pour toutes les activités. Les centres de coût (CC), le numéro du grand livre (GL) et les programmes SGCC associés à toutes les activités budgétées et payées apparaîtront dans la vue détaillée du rapport.

Vue d'ensemble : La vue d'ensemble s'affiche par défaut. Elle pourra être sélectionnée en choisissant l'option « **aucun** » au filtre « **onglet à ouvrir** ». Cette vue inclut les paramètres suivants :

Activité = activité de programme, p.ex., KA01 – Programme canadien de nutrition prénatale (PCNP)

- Budget: allocation monétaire pour cette activité (le montant est tiré directement du SGCC, spécifiquement du « **rapport financier résumé** »)
- Payé : engagements acquittés, ou engagements pour lesquels une demande de paiement a été faite et complétée.
- Solde : engagements non acquittés, ou budget – payé



Sommaire d'état par activité

Exercice financier : 2011 - 2012

- Accord transitoire incluant programmes fixes (01-Avr-2008 - 31-Mars-2013)	Budget	Payé	Solde
KA01 -Programme canadien de nutrition prénatale (PCNP)	14 957	14 957	0
KA02 -Troubles du spectre de l'alcoolisation foetale (TSAF)	7 166	7 166	0
KA03 -Programme de soins de santé maternelle et infantile (SSMI)	30 911	30 911	0
KA04 -Initiative en santé buccodentaire des enfants (ISBE)	4 005	4 005	0
KA05 -Programme d'aide préscolaire aux Autochtones dans les réserv	52 398	52 398	0
KB01 -Pour des collectivités en bonne santé (PCBS)	38 855	38 855	0
KB02 -Grandir ensemble (GE)	51 200	51 200	0
KB03 -Prévention du suicide (PS)	15 000	15 000	0
KB10 -Programme national de lutte contre l'abus de l'alcool et des	68 020	68 020	0
KB12 -Programme de traitement de l'abus de solvants chez les jeun	8 503	8 503	0
KC01 -Initiative sur le diabète chez les Autochtones (IDA)	31 000	31 000	0
KD20 -Prévention, promotion et éducation en matière de tuberculose	2 000	2 000	0
KD40 -Infections transmissibles sexuellement et par le sang (ITSS)	28 000	28 000	0
KG01 -SD Prestation de services	69 071	69 071	0
KH30 -TransMéd - Services assurés des clients	401 700	401 700	0
KJ00 -Gestion de la planification en matière de santé (Gouvernance	311 201	311 201	0
KK10 -Carrières en santé	8 707	8 707	0
KP31 -Télésanté - entretien	31 997	31 997	0
Total/Accord (Sans récupération)	1 174 733	1 174 733	0

Vue détaillée : Elle est accessible en cochant l'onglet « **activité** ». Les informations sont présentées en deux (2) sections distinctes : *Budget* et *Paiement*. Les quatre (4) paramètres suivants apparaissent sous chaque section :

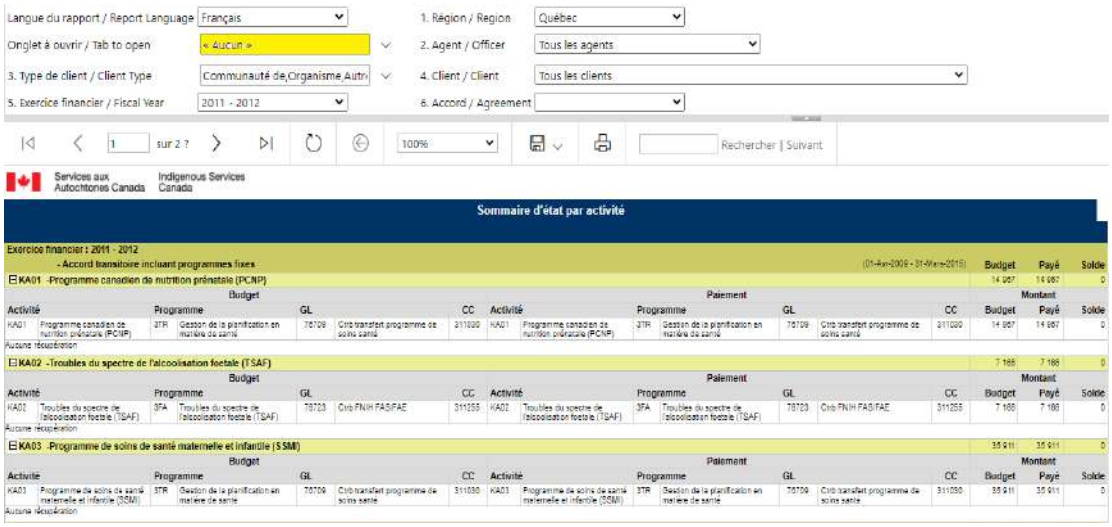
Activité – Programme – GL - CC

Budget				Paiement				Montant		
Activité	Programme	GL	CC	Activité	Programme	GL	CC	Budget	Payé	Solde

Si un ou plus des quatre (4) paramètres diffèrent entre les sections principales « **budget** » et « **paiement** » une ligne s'ajoutera pour mettre en évidence la différence dans la codification.

Appendix CC. SIA Community Profiles Database Guide *(continued)*

Voici un exemple de vue détaillée avec la même codification financière aux sections **« budget »** et **« paiement » :**



Langue du rapport / Report Language: Français
1. Région / Region: Québec
Onglet à ouvrir / Tab to open: « Aucun »
2. Agent / Officer: Tous les agents
3. Type de client / Client Type: Communauté de,Organisme Autr
4. Client / Client: Tous les clients
5. Exercice financier / Fiscal Year: 2011 - 2012
6. Accord / Agreement:

1 sur 2 ? 100% Rechercher | Suivant

Services aux Autochtones Canada / Indigenous Services Canada

Sommaire d'état par activité

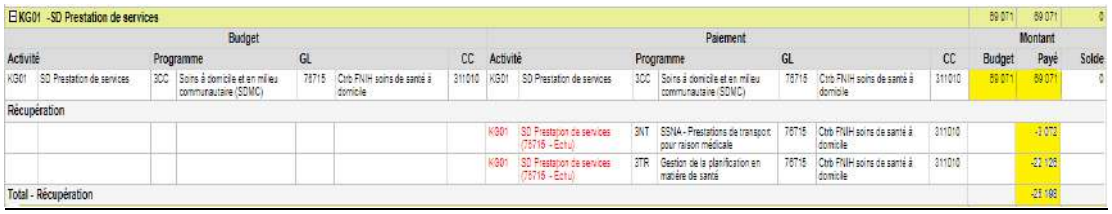
Exercice financier : 2011 - 2012
- Accord transitoire incluant programmes fixes (01-Avr-2009 - 31-Mars-2015)

	Budget	Payé	Solde
⊟KA01 -Programme canadien de nutrition prénatale (PCNP)	14 967	14 967	0
⊟KA02 -Troubles du spectre de l'alcoolisation foetale (TSAF)	7 166	7 166	0
⊟KA03 -Programme de soins de santé maternelle et infantile (SSMI)	35 911	35 911	0

Budget / Paiement / Montant

Activité	Programme	GL	CC	Activité	Programme	GL	CC	Budget	Payé	Solde
KA01 Programme canadien de nutrition prénatale (PCNP)	3TR Gestion de la planification en matière de santé	76709 Ctrb transfert programme de soins santé	311030	KA01 Programme canadien de nutrition prénatale (PCNP)	3TR Gestion de la planification en matière de santé	76709 Ctrb transfert programme de soins santé	311030	14 967	14 967	0
Aucune récupération										
KA02 Troubles du spectre de l'alcoolisation foetale (TSAF)	3FA Troubles du spectre de l'alcoolisation foetale (TSAF)	76723 Ctrb FNIH FAS/FAE	311255	KA02 Troubles du spectre de l'alcoolisation foetale (TSAF)	3FA Troubles du spectre de l'alcoolisation foetale (TSAF)	76723 Ctrb FNIH FAS/FAE	311255	7 166	7 166	0
Aucune récupération										
KA03 Programme de soins de santé maternelle et infantile (SSMI)	3TR Gestion de la planification en matière de santé	76709 Ctrb transfert programme de soins santé	311030	KA03 Programme de soins de santé maternelle et infantile (SSMI)	3TR Gestion de la planification en matière de santé	76709 Ctrb transfert programme de soins santé	311030	35 911	35 911	0
Aucune récupération										

Voici un exemple de vue détaillée avec une codification financière différente aux sections **« budget »** et **« paiement »** :



	Budget	Payé	Solde
⊟KG01 -SD Prestation de services	59 071	59 071	0

Budget / Paiement / Montant

Activité	Programme	GL	CC	Activité	Programme	GL	CC	Budget	Payé	Solde
KG01 SD Prestation de services	3CC Soins à domicile et en milieu communautaire (SDMC)	76715 Ctrb FNIH soins de santé à domicile	311010	KG01 SD Prestation de services	3CC Soins à domicile et en milieu communautaire (SDMC)	76715 Ctrb FNIH soins de santé à domicile	311010	59 071	59 071	0
Récupération										
				KG01 SD Prestation de services (76715 - Ectru)	3NT SSNA - Prestations de transport pour raison médicale	76715 Ctrb FNIH soins de santé à domicile	311010		-1 072	
				KG01 SD Prestation de services (76715 - Ectru)	3TR Gestion de la planification en matière de santé	76715 Ctrb FNIH soins de santé à domicile	311010		-22 126	
Total - Récupération									-23 198	

4.9 Autres documents SGCC - Règles

Ce rapport comprend les règles applicables à tous les documents joints aux ententes, autres que les documents financiers, d'activités et de reddition de comptes.[3] Ces documents sont créés et annexés pendant le cycle de vie de l'entente.

Le rapport sur les règles relatives aux autres documents du SGCC est divisé en deux (2) sections :

La première section contient les documents du groupe CLN – 5 (Notes clients), qui ne sont pas spécifiques à un type d'entente de financement, mais spécifiques au client. L'entête de cette section indiquera « **pour chaque entente** ».

La deuxième section contient les documents spécifiques à un certain type de financement (filtre 1). L'entête indiquera le type de financement.

Dans chacune des sous-sections suivantes se trouvent des documents pour chaque groupe de documents (filtre 2). Les colonnes suivantes contiennent des informations sur les documents :

Groupe de document, code et nom	P.ex.: code « PHC documents » **3. Types d'ententes et notes**
Document/Mémo (code et nom)	P.ex.: code « PROF » nom **Entente**
Client (à qui la règle s'applique)	P.ex.: « tous »; « organismes » ou « communauté de »
Amendement	P.ex.: « au moins un (1) document si amendement »; « pour chaque amendement » ou « n.a »
Redressement	P.ex.: « en redressement » ou « n.a »
Écran SGCC	P.ex.: documents

[3] Les exigences pour les rapports de reddition de comptes, d'activités et financiers ne sont pas inclus dans les règles ici présentées.

Appendix CC. SIA Community Profiles Database Guide *(continued)*

Règles pour les documents SGCC requis, autres que Financier, Activité et Reddition de compte

>> Pour chaque entente

CLN	5. Notes Clients				
Document/Mémo			Amendement	Redressement	Écran SGCC
2000	Document d'enregistrement/constitution	Tous		n.a.	Documents
4000	Document de société en règle	Organisme	n.a.	n.a.	Documents
4000	Document de société en règle	Autre	n.a.	n.a.	Documents
4500	Cert. des organismes autres que des sociétés	Autre	n.a.		
4500	Cert. des organismes autres que des sociétés	Organisme	n.a.	n.a.	
5000	Résolution de conseil de bande	Communauté de	n.a.	n.a.	
5000	Résolution de conseil de bande	Organisme	n.a.	n.a.	
6000	Plan de redressement	Tous	n.a.	En redressement	
6200	Plan de budget et de dépenses	Communauté de	n.a.	n.a.	Documents

Première section: documents pour chaque

Filtres : Tous les types / Tous les groupes / Tous les documents

Canada

Règles pour les documents SGCC requis, autres que Financier, Activité et Reddition de compte

Entente de financement Canada/Premières nations

PAA	1. Notes d'ordre général				
Document/Mémo		Client	Amendement	Redressement	Écran SGCC
3000	Form. dem. de modif. - Texte princ.	Tous	Pour chacun des	n.a.	Amendements | Documents
PAB	2. Programme				
Document/Mémo		Client	Amendement		
0005	Proposition	Communauté de	Au moins 1 document si amendement		
0005	Proposition	Organisme	Au moins 1 document si amendement	n.a.	
0010	Proposition document 1	Communauté de	Au moins 1 document si amendement	n.a.	
0010	Proposition document 1	Organisme	Au moins 1 document si amendement	n.a.	
0200	Plan de Programme	Organisme	Au moins 1 document si amendement	n.a.	
0200	Plan de Programme	Communauté de	Au moins 1 document si amendement	n.a.	Amendements | Documents
1100	Objectifs et activités - Document	Organisme	Au moins 1 document si amendement	n.a.	Amendements | Documents
1100	Objectifs et activités - Document	Communauté de	Au moins 1 document si amendement	n.a.	Amendements | Documents
1150	Sommaire de la modification 1	Communauté de	Au moins 1 document si amendement	n.a.	Amendements | Documents
1150	Sommaire de la modification 1	Organisme	Au moins 1 document si amendement	n.a.	Amendements | Documents
4000	Ventilation des budgets et trésorerie	Organisme	Au moins 1 document si amendement	n.a.	Amendements | Documents
4000	Ventilation des budgets et trésorerie	Communauté de	Au moins 1 document si amendement	n.a.	Amendements | Documents
PAC	3. Accords types et notes				
Document/Mémo		Client	Amendement	Redressement	Écran SGCC
2000	Modification	Tous	Pour chacun des amendements	n.a.	Amendements | Documents
4000	Page de signature (numérisée)	Tous	Pour chacun des amendements	n.a.	Amendements | Documents
4150	Fiche d'acheminement (numérisée)	Tous	Pour chacun des amendements	n.a.	Amendements | Documents
PAT	Acheminement - Modification				
Document/Mémo		Client	Amendement	Redressement	Écran SGCC
2000	Commentaires - Acheminement de modification	Tous	Pour chacun des amendements	n.a.	Amendements | Acheminement
PHB	2. Notes - Programme				
Document/Mémo		Client	Amendement	Redressement	Écran SGCC
0000	Proposition	Organisme	n.a.	n.a.	Documents
0000	Proposition	Communauté de	n.a.	n.a.	Documents
0010	Proposition 1	Communauté de	n.a.	n.a.	Documents
0010	Proposition 1	Organisme	n.a.	n.a.	Documents
0200	Plan de programmes	Organisme	n.a.	n.a.	Documents
0200	Plan de programmes	Communauté de	n.a.	n.a.	Documents
1100	Objectifs et activités - Document 1	Communauté de	n.a.	n.a.	Documents
1100	Objectifs et activités - Document 1	Organisme	n.a.	n.a.	Documents
1150	Sommaire de l'accord 1	Organisme	n.a.	n.a.	Documents
1150	Sommaire de l'accord 1	Communauté de	n.a.	n.a.	Documents
4000	Ventilation des budgets et trésorerie	Communauté de	n.a.	n.a.	Documents
4000	Ventilation des budgets et trésorerie	Organisme	n.a.	n.a.	Documents
PHC	3. Accords types et notes				
Document/Mémo		Client	Amendement	Redressement	Écran SGCC
A2	Page de signature (numérisée)	Tous	n.a.	n.a.	Documents
M4	Bordereau d'acheminement régional (numérisé)	Tous	n.a.	n.a.	Documents
M41	Bordereau d'acheminement DG (numérisé)	Tous	n.a.	n.a.	Documents
MAR	Liste inventaire de réserve des biens mobiliers	Communauté de	n.a.	n.a.	Documents
MAR	Liste inventaire de réserve des biens mobiliers	Organisme	n.a.	n.a.	Documents
PROF	Accord	Tous	n.a.	n.a.	Documents
PRA	Commentaires - Modifications				
Document/Mémo		Client	Amendement	Redressement	Écran SGCC
1000	Raison de la modification	Tous	Pour chacun des amendements	n.a.	Amendements | Sommaire
PRJ	1. Notes - Projet				
Document/Mémo		Client	Amendement	Redressement	Écran SGCC
1000	Description du projet	Tous	n.a.	n.a.	Documents
2000	Codage financier	Communauté de	n.a.	n.a.	Documents
2000	Codage financier	Organisme	n.a.	n.a.	Documents

Deuxième section: documents spécifiques à un type de financement

Filtres : Entente de financement Canada/Premières nations / Tous les groupes / Tous les documents

Canada

4.10 Documents de référence

Ce rapport fournit une liste des documents de référence du SGCC tels que les documents relatifs aux programmes, les rapports d'activités et les rapports financiers. Les rapports sont répertoriés par programme, par groupe de documents et par type d'entente selon l'exercice financier. Le document est accessible en cliquant sur le titre souligné en bleu.

Région du Québec

(01-Avr-2011 - 31-Mars-2015)

Exercice financier	Groupe	Rapport	Programme	Document
2012 - 2013	ACT	Rapport d'activité	3ND - Prg. nat lutte contre l'abus de alcl et drogues chz ls Autoc	NIIA_QC1200040_PNLAADA_RA AU 31 MARS 2013.DOCX
2012 - 2013	ACT	Rapport d'activité	3ND - Prg. nat lutte contre l'abus de alcl et drogues chz ls Autoc	NIIA_QC1200040_MRC AU 31 MARS 2013.PDF
2012 - 2013	ACT	Rapport d'activité	3SA - Prog. de traitmnt de l'abus de solvnts chz ls jeunes (PTASJ)	NIIA_QC1200040_MRC AU 31 MARS 2013.PDF
2012 - 2013	ACT	Rapport d'activité	3SA - Prog. de traitmnt de l'abus de solvnts chz ls jeunes (PTASJ)	NIIA_QC1200040_CRS-PLAS_RA AU 31 MARS 2013.DOCX

5. Autres rapports

5.1 Tableau de répartition des agents responsables

Ce rapport fournit la liste des agents responsables travaillant avec chaque communauté ou organisme dans les « Profils ». Pour chaque communauté ou organisme, une liste des différents rôles des agents est affichée sur la ligne supérieure du tableau. Si un agent est actuellement assigné à cette communauté ou organisation, son nom, numéros de téléphone et courriel apparaîtront. Les communautés sont listées à la page 1 du rapport et les organisations à la page 2. La date de la mise a jur de chaque colonne est en haut de chaque colonne. Cliquez sur le lien a gauche pour acceder au donnees historiques des agents.

Note : Seuls les rôles d'agents les plus couramment utilisés apparaîtront dans ce rapport et il est possible que le **Rapport général** contienne plus d'informations pour une communauté ou une organisation donnée.

Région du Québec	Agents régionaux DGSPNI Agent de financement (Dernière mise à jour : 20-Juil-2021)			Agents régionaux DGSPNI Agent de liaison (Dernière mise à jour : 13-Mai-2021)			Agents régionaux DGSPNI Agent.e de programme des SSNA (Dernière mise à jour : 11-Juin-2021)		
Communauté de	Nom	Téléphone	Courriel	Nom	Téléphone	Courriel	Nom	Téléphone	Courriel
Algonquins of Barriere Lake	Cindy Cornelsen	(514) 283-1578	cindy.cornelsen@canada.ca	Isabelle Dubé	(438) 340-6247	isabelle.dube@canada.ca	Gabrielle Johnson-Leblanc	(514) 496-7167 (438) 364-0206	gabrielle.johnson-leblanc@canada.ca
Atikamekw d'Opitciwan	Eugénie Vu	(514) 283-1583	eugenie.vu@canada.ca	Sistino Colatosti	(514) 919-5803	sistino.colatosti@canada.ca	Madone Wainright	(514) 496-8235	madone.wainright@canada.ca
Bande des Innus de Pessamit	Ana Cristina Carvalho	(438) 355-5671	anacristina.carvalho@canada.ca	Amélie Genest-Jourdain	(438) 355-0301	amelie.genest-jourdain@canada.ca	Linda Girard	(514) 496-5107 (438) 364-7090	linda.girard@canada.ca
Communauté anicinape de Kitcisakik	Cindy Cornelsen	(514) 283-1578	cindy.cornelsen@canada.ca	Diane De Berardinis	(514) 496-3293	diane.deberardinis@canada.ca	Madone Wainright	(514) 496-8235	madone.wainright@canada.ca
Conseil de la Première Nation Abitibiwinni	Eugénie Vu	(514) 283-1583	eugenie.vu@canada.ca	Diane De Berardinis	(514) 496-3293	diane.deberardinis@canada.ca	Mia Sam Yeng	(514) 283-4960 (438) 334-1758	mia.samyeng@canada.ca
Conseil des Atikamekw de Wemotaci	Ana Cristina Carvalho	(438) 355-5671	anacristina.carvalho@canada.ca	Josée Guilmette	(873) 455-3075	josee.guilmette@canada.ca	Linda Girard	(514) 496-5107 (438) 364-7090	linda.girard@canada.ca
Cree Nation of Chisasibi	Cindy Cornelsen	(514) 283-1578	cindy.cornelsen@canada.ca						
Cree Nation of Mistissini	Cindy Cornelsen	(514) 283-1578	cindy.cornelsen@canada.ca						
Cree Nation of Nemaska	Eugénie Vu	(514) 283-1583	eugenie.vu@canada.ca						
Cree Nation of Wemindji	Cindy Cornelsen	(514) 283-1578	cindy.cornelsen@canada.ca						
Eastmain	Ana Cristina Carvalho	(438) 355-5671	anacristina.carvalho@canada.ca						
Innu Takuaikan Uashat Mak Mani-Utenam	Cindy Cornelsen	(514) 283-1578	cindy.cornelsen@canada.ca	Isabelle Dubé	(438) 340-6247	isabelle.dube@canada.ca	Gabrielle Johnson-Leblanc	(514) 496-7167 (438) 364-0206	gabrielle.johnson-leblanc@canada.ca
Innue Essipit	Eugénie Vu	(514) 283-1583	eugenie.vu@canada.ca	Amélie Genest-Jourdain	(438) 355-0301	amelie.genest-jourdain@canada.ca	Linda Girard	(514) 496-5107 (438) 364-7090	linda.girard@canada.ca

5.2 Agent(e)s responsables antérieur(e)s

Pour chaque communauté et organisation, le rapport affiche une liste des agents responsables qui ont actuellement ou ont eu le client dans leur portfolio. Pour chaque agent, le rôle, le courriel, les numéros de téléphone, les extensions, la date de début et le date de fin sont fournis s'ils sont connus.

Lac-Rapide
Région du Québec

Nom selon AANC	Algonquins of Barriere Lake		
Parc de la Vérendrye	**Téléphone 1**		**Fax**
Lac-Rapide (Québec) J0W 2C0	**Téléphone 2**		

Agent(e)s Responsables actuels (les) (Dernière mise à jour : 20-Juil-2021)

Agents régionaux DGSPNI

Titre	Nom	Téléphone(s)	Email	Début	Fin
Agent de financement	Ms. Cindy Cornelsen	(514) 283-1578	cindy.cornelsen@canada.ca	01-Nov-2020	N/A
Agent de liaison	Mme Isabelle Dubé	(438) 340-6247	isabelle.dube@canada.ca	29-Mars-2021	N/A
Infirmières SSI	Mme Misty Malott	(438) 356-8448	misty.malott@canada.ca	29-Mars-2021	N/A

Agents régionaux SAC/RCAANC

Titre	Nom	Téléphone(s)	Email	Début	Fin
Agent aux services de financement (SAC)	M. Anthony Chartier	(418) 951-7658	anthony.chartier@canada.ca	07-Oct-2019	N/A

Agent(e)s Responsables antérieur(e)s (Dernière mise à jour : 20-Juil-2021)

Agents régionaux DGSPNI

Titre	Nom	Téléphone (s)	Email	Début	Fin
Agent.e de programme des SSNA	Mme Mia Sam Yeng	(514) 283-4960 (438) 334-1758	mia.samyeng@canada.ca	29-Mars-2021	09-Mai-2021
Agent.e de programme des SSNA	M. Charles Maniget	(514) 496-7167 (438) 364-0206	charles.maniget@canada.ca	08-Oct-2020	28-Mars-2021

Section 3 – Scénarios d'utilisation – cas pratiques

Comment bien se servir des « Profils »

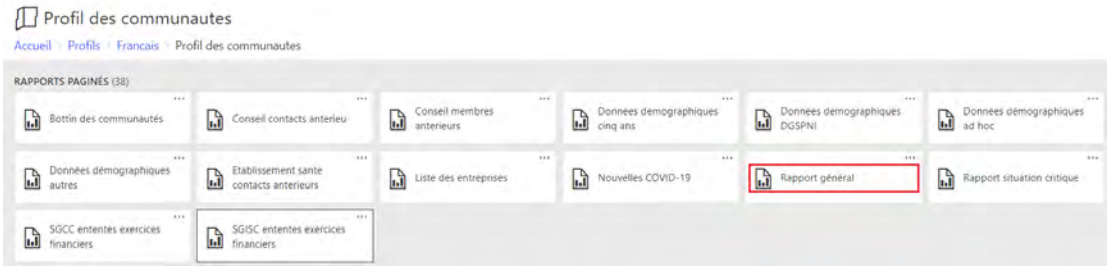
Cas # 1 : Recherche par nom de contact

(Chefs, conseillers, tierces parties, etc.), à l'intérieur d'une communauté en particulier p.ex. : Québec; communauté de Kanesatake

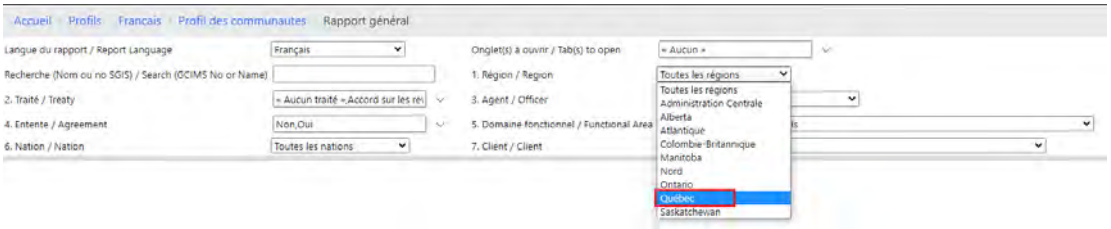
Objectif: Accéder rapidement aux contacts principaux dans une communauté spécifique.

Étape 1.1 : Sélectionner le dossier « **Profil des communautés** » :

Étape 1.2 : Sélectionner le dossier « **Rapport général** » :

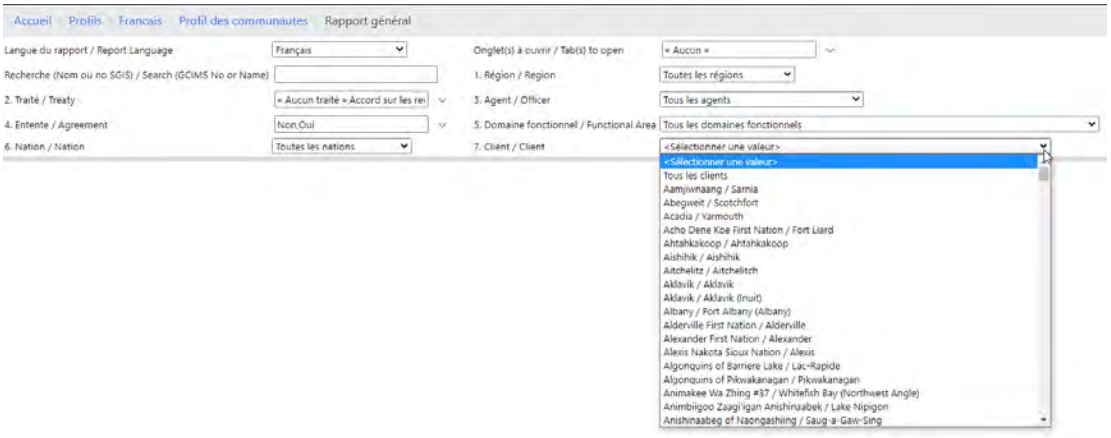


Étape 1.3a : Sélectionner « **Québec** » au filtre « **Région** » :



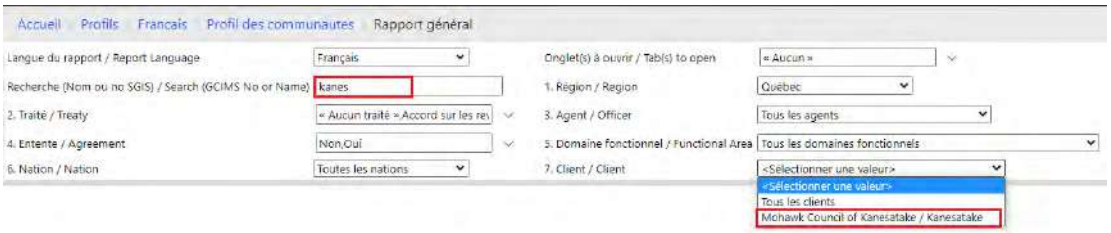
Appendix CC. SIA Community Profiles Database Guide *(continued)*

Puisque chaque filtre a une incidence sur le suivant, la liste des clients n'affichera que les communautés de la région sélectionnée.



Étape 1.3b : Il est également possible d'écrire le nom de la communauté dans le champ de recherche (ou une partie de celui-ci)

Résultat : La liste des clients sera réduite pour tenir compte du nom écrit :



Étape 1.4 : Sélectionner « **Kanesatake** » de la liste de clients

Étape 1.5 : Sélectionner les filtres appropriés et cliquer sur « **afficher le rapport** »

Résultat : Le rapport affichera les coordonnées de la communauté sélectionnée telles que celles des membres actuels ou des contacts des centres de santé.

Appendix CC. SIA Community Profiles Database Guide *(continued)*

Kanesatake
Région du Québec

Numéro selon AANC	69	**Nation**	Mohawks
Nom selon AANC	Mohawks of Kanesatake	**Langue ancestrale**	Mohawk
Niveau d'isolement AANC	Zone 1*	**Profil de recensement**	Recensement 2016
Niveau d'isolement SGPC	Non isolé	**Profil AANC**	Détails
Traités/Ententes sur l'autonomie gouvernementale : Aucun			
Alias et autres graphies : Kahnasatake			

Mohawk Council of Kanesatake

Mohawk Council of Kanesatake			
VOIR « KANESATAKE HEALTH CENTER »		**Téléphone**	(450) 479-8373
Kanesatake (Québec)		**Télécopieur**	(450) 479-1622
J0N 1E0		**Correspondance**	Anglais
Site Web	www.kanesatakehealthcenter.ca/fr	**Courriel**	
Mode électoral	Selon la coutume		
Commentaires	Les ententes de contribution sont signées avec l'organisme «Kanesatake Health Center» et non pas avec le conseil de bande. Toute correspondance doit être envoyée au signataire de l'accord. Au conseil de bande, il n y a pas de poste téléphonique pour rejoindre le Chef; il faut passer par la réception. Il n'y a pas de Directeur général à Kanesatake. À noter que cette communauté est présentement en redressement aux Affaires autochtones et Développement du Nord Canada (AADNC). Le niveau d'intervention aux AADNC est celui d'un Plan de redressement autogéré (niveau faible). Le courriel du chef est : simon.serge@kanesatake.ca. L'adresse civique du Conseil de bande est : 681 Ste-Philomène		

Membres actuels (Dernière mise à jour: 23-Juin-2020) Membres antérieurs

Titre	Nom	Téléphone(s)	Télécopieur	Portfolio	Mandat du	au
Grand Chief	Mr. Serge Otsi Simon				03-Mai-2017	09-Juin-2021
Chief	Ms. Valerie Bonspille				03-Mai-2017	09-Juin-2021
Chief	M. Victor Bonspille				03-Mai-2017	09-Juin-2021
Chief	Mr. John Canatonquin				03-Mai-2017	09-Juin-2021
Chief	Mr. Garry Carbonnell				03-Mai-2017	09-Juin-2021
Chief	Mme Patricia Meilleur				03-Mai-2017	09-Juin-2021
Chief	M. Bruce Montour				03-Mai-2017	09-Juin-2021

Contacts actuels (Dernière mise à jour: 11-Déc-2019) Contacts antérieurs

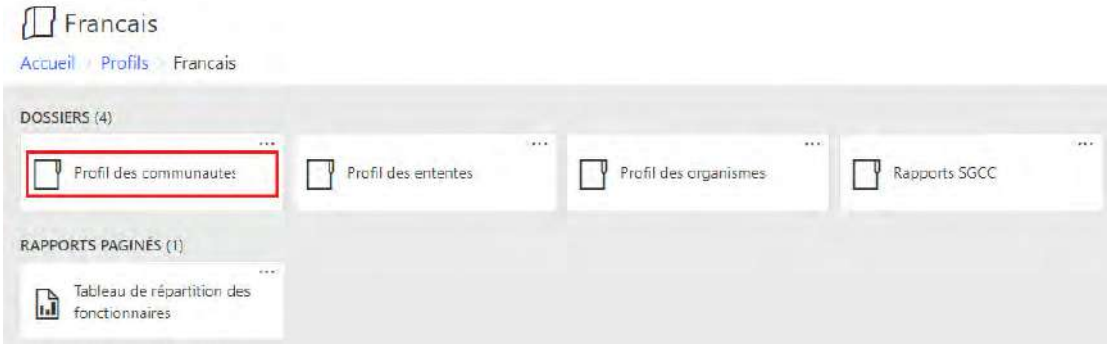
Titre	Nom	Téléphone(s)	Télécopieur	Depuis le
Director of Finances	Mrs. Louise Bonspill			01-Avr-2017
Program Manager	Ms. Leona Bonspille			01-Déc-2019
Finance	Ms. Christine Meilleur			15-Mai-2019

Conseil : En choisissant l'option « **sélectionner tout** » au filtre des « **onglet (s) à ouvrir** », toutes les informations pour cette communauté apparaîtront.

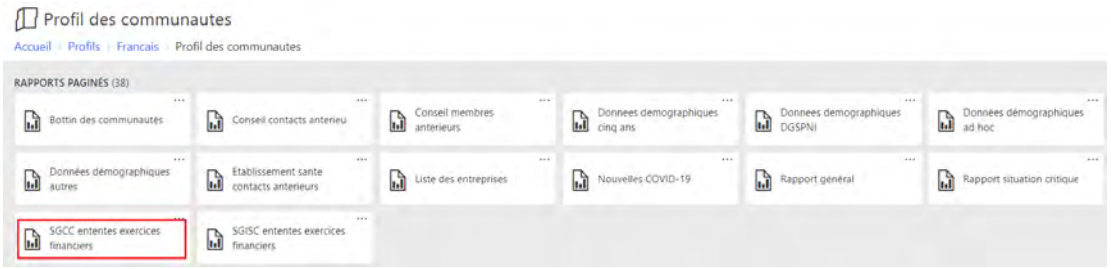
Cas # 2 : Recherche de l'historique des ententes par communauté

Objectif : Afficher la liste des ententes (programmes financés, activités, budget et paiements) incluant les amendements par exercice financier pour la communauté Kitigan Zibi dans la région du Québec.

Étape 2.1 : Sélectionner le dossier « **Profil des communautés** » :



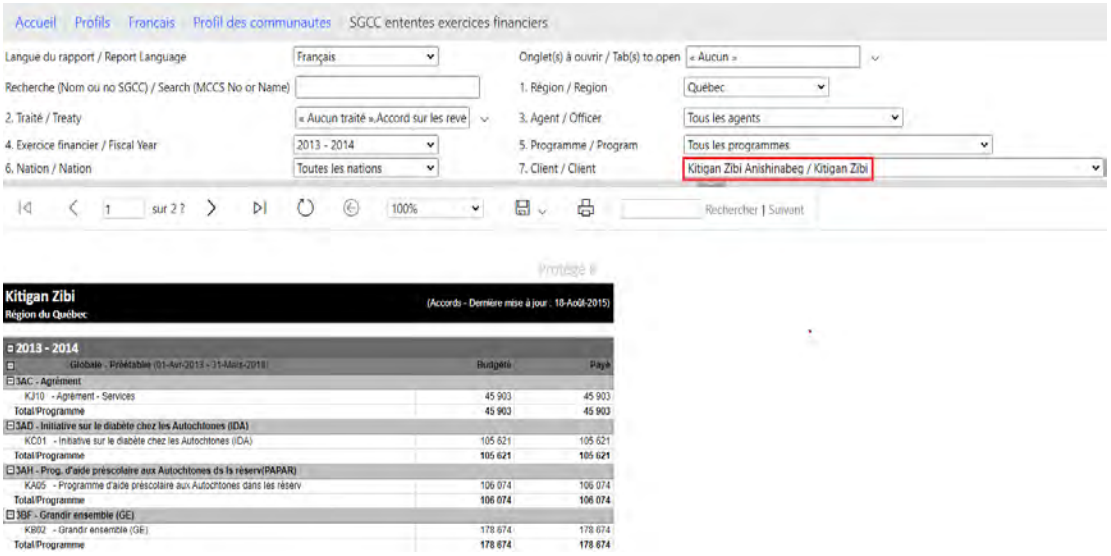
Étape 2.2 : Sélectionner le dossier « **SGCC ententes exercices financiers** » (ce rapport affichera toutes les ententes en vigueur jusqu'à l'exercice financier 2014-2015 seulement) :



Étape 2.3 : Sélectionner les filtres appropriés et cliquer sur « **Afficher le rapport** » :

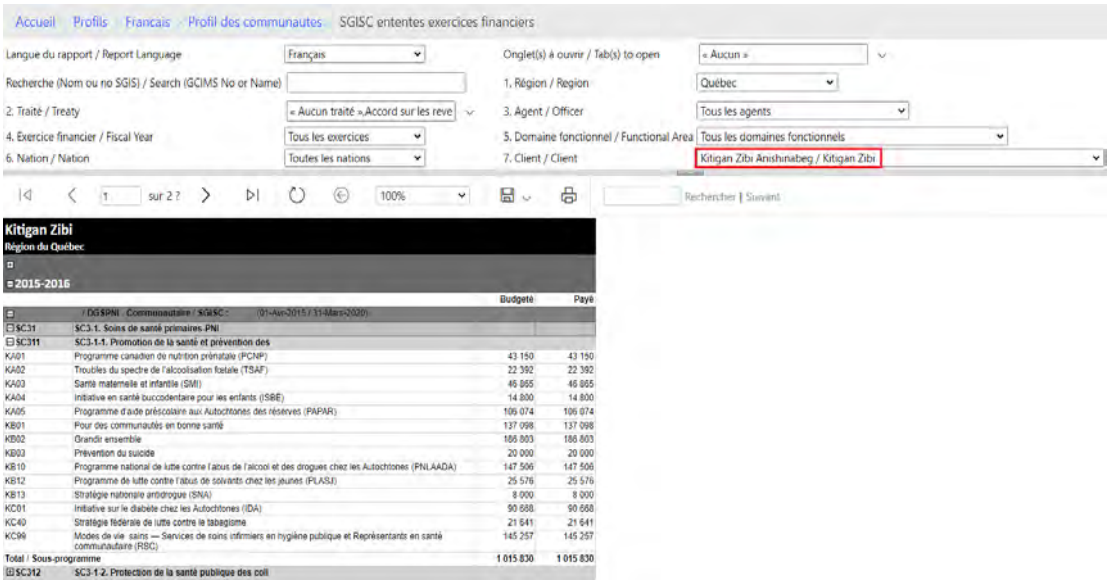
Il est possible d'utiliser l'une des options montrées au cas précédent pour sélectionner un client (rechercher ou réduire la liste en choisissant d'abord la région)

Sélectionner la communauté « **Kitigan Zibi** » et cliquer sur « **Afficher le rapport** »



Résultat : Le rapport affichera l'information financière (*Budgété* et *Payé*) des ententes en vigueur pour la période 2014-2015 seulement.

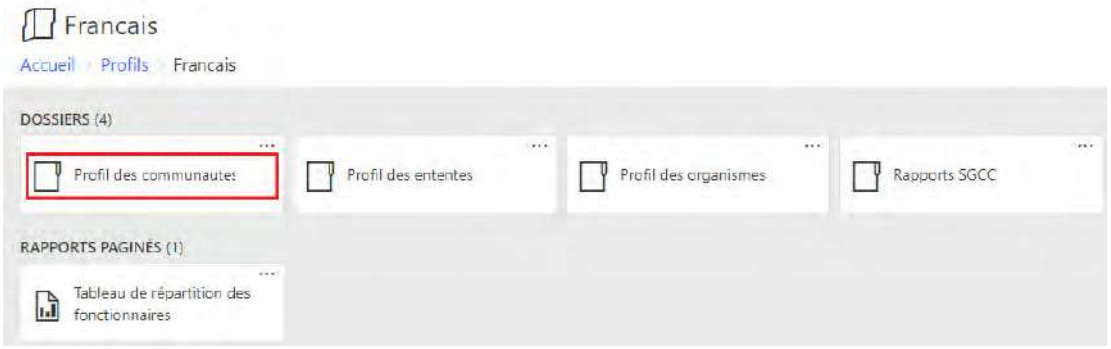
Étape 2.4 : Sélectionner le rapport « **SGISC ententes exercices financiers** » pour chercher la même information pour la même communauté mais pour les exercices financiers 2015-2016 et après.



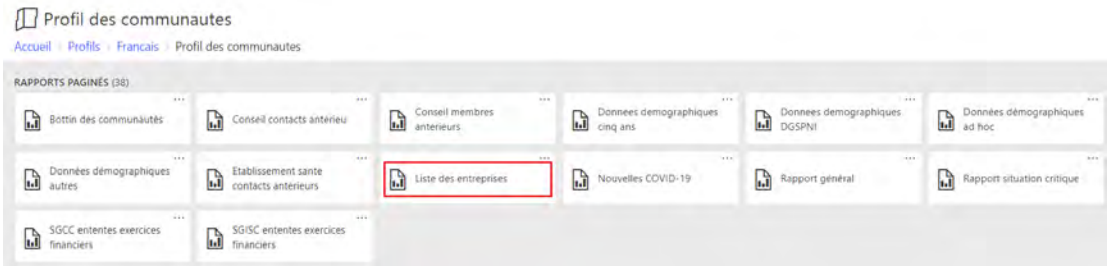
Cas # 3 : Recherche d'hébergement dans une communauté

Objectif : Permettre de visualiser rapidement les options d'hébergement telles que les hôtels, les motels et les autres services d'hébergement disponibles au sein de la communauté de **Kahnawake** au Québec.

Étape 3.1 : Sélectionner le dossier « **Profil des communautés** » :

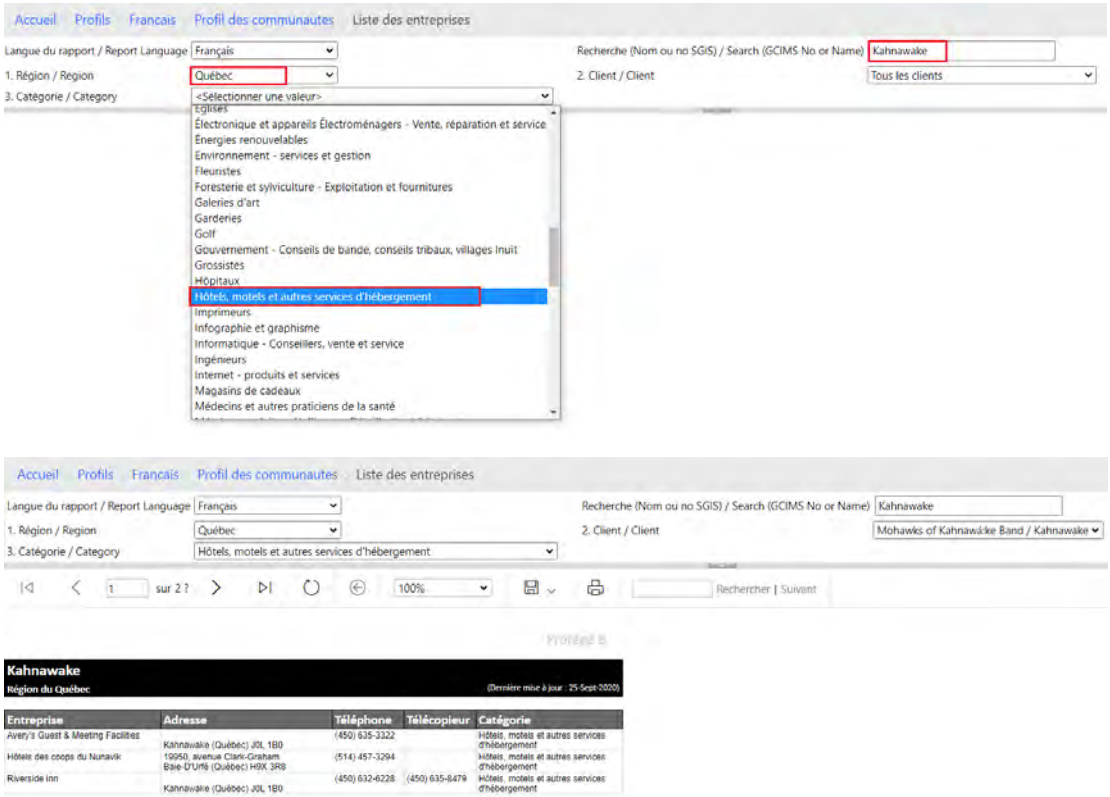


Étape 3.2 : Sélectionner le dossier « **Liste des entreprises** » :



Étape 3.3 : Sélectionner les options appropriées dans les filtres et cliquer sur « **Afficher le rapport** » :

Appendix CC. SIA Community Profiles Database Guide *(continued)*



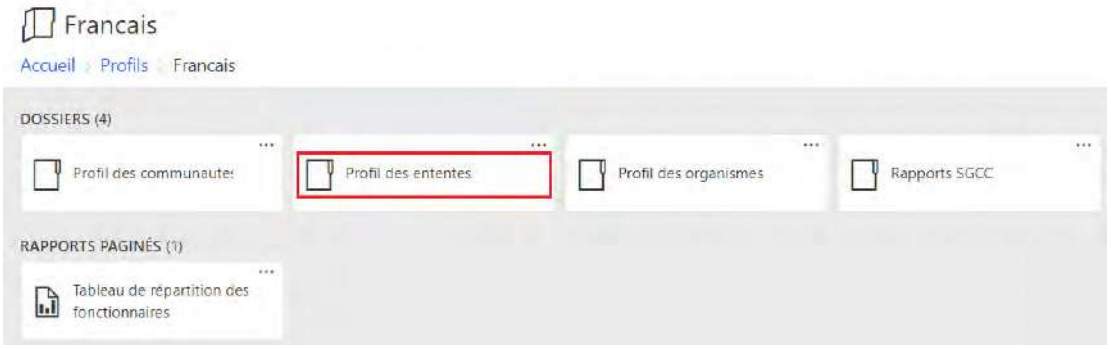
Résultat : Ce rapport affichera la liste des hébergements dans la région avec leurs nom, adresse, numéros de téléphone et fax. Ceci fournit rapidement des informations consolidées sur les différentes entreprises, les logements et les commodités de la communauté.

Cas # 4 : Rechercher les engagements, le budget et l'historique des paiements pour une entente de financement

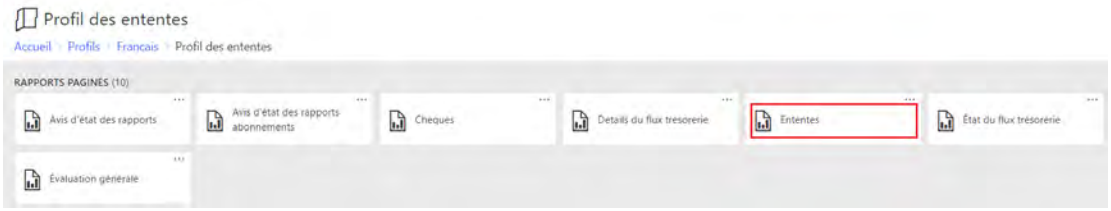
Objectif : Chercher de l'information financière (budget, paiements effectués et solde) par exercice financier.

Pour une entente financière débutant **en 2015-2016 ou après**

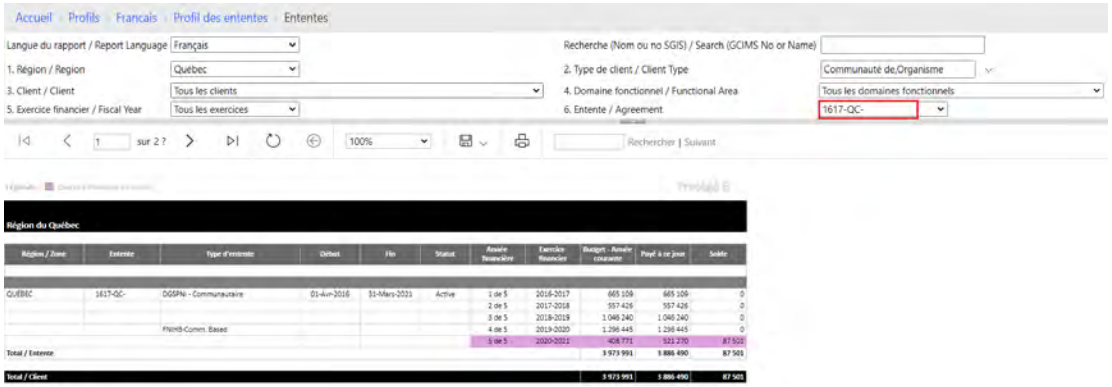
Étape 4.1a : Sélectionner le dossier « **Profil des ententes** » :



Étape 4.2a : Sélectionner le rapport « **Ententes** » qui présente le résumé des ententes par exercice financier :



Étape 4.3a : Sélectionner les options pertinentes dans les filtres et cliquer sur « **Afficher le rapport** » :

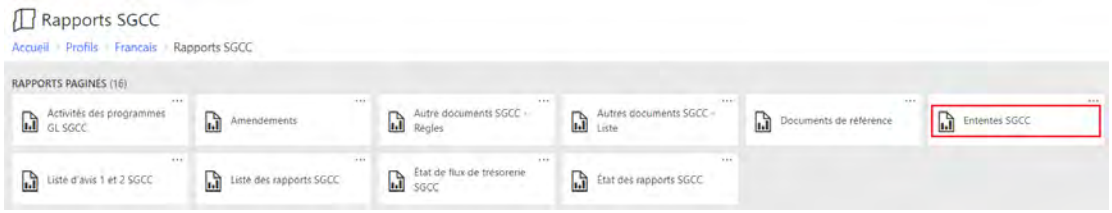


Résultat : Ce rapport affichera un résumé des montants approuvés, payés, engagés et encore disponibles pour la durée de l'entente. Il présentera aussi le **financement total de l'entente.**

<u>Pour une entente de financement débutant **avant 2015-2016**</u>

Étape 4.1b : Sélectionner le dossier « **Rapports SGCC** » :

Étape 4.2b : Sélectionner le rapport « **Ententes SGCC** » qui présente le résumé des ententes par exercice financier :



Étape 4.3b : Sélectionner les options pertinentes dans les filtres et cliquer sur « **Afficher le rapport** » :

Appendix CC. SIA Community Profiles Database Guide *(continued)*

Résultat : Ce rapport présente un résumé des montants approuvés, payés, engagés et encore disponibles pour la durée de l'entente (de la date de début à la date de fin du SGCC). Il présentera aussi le **financement total de l'historique de l'entente selon le SGCC**.

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs

This appendix presents potential data sources that could help identify First Nations children living on and off reserve between December 12 2007 and November 2 2017 who needed an essential service, **but did not submit a request for services**. Specifically, the project team looked for sources of administrative and survey data that document health and non-health needs in Canada between 2007 and 2017. If children with "unmet needs" are eligible for compensation under the recent AIP, these data sources on needs could hypothetically be compared with data sources documenting service provision.

The results of our research showed that none of the data sources examined could systematically identify First Nations children with health and/or non-health needs across Canada between 2007 and 2017. As such, using these databases to identify children with "unmet needs" (i.e., who had a need for essential services, but did not make a request for services), would not be an efficient way of identifying these children.

Health needs (physical and mental health)

Administrative data sources

The table below highlights national administrative data sources that document health needs in Canada along with the limitations to identifying First Nations children with this need between 2007 and 2017.

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs *(continued)*

Table 1 National administrative data sources that document health needs of children and the limitations to identifying potential claimants with "unmet needs"

	Children's Oral Health Initiative (ISC)[i]	Hospital Mental Health Database (CIHI)[ii]	Canadian Chronic Disease Surveillance System (PHAC)[iii]	National autism spectrum disorder Surveillance System (PHAC)[iv]	Canadian Paediatric Surveillance Program (PHAC)[v]	Canadian Tuberculosis Reporting System (PHAC)[vi]	National Epidemiologic Database for the Study of Autism in Canada (CIHR)[vii]	National Ambulatory Care Reporting System[viii]
Information collected	- Early childhood tooth decay prevention program aimed at children aged 0 to 7, their caregivers and pregnant women living on-reserve or accessing on-reserve resources - Data on decayed, missing, and filled teeth	- Data from all provinces and territories in Canada on hospitalizations for mental illness and addiction both in general and psychiatric hospitals - Data from 2003-2004 to 2019-2020 - Collects information on primary diagnosis at separation and secondary diagnosis at separation (see here for data dictionary)	- Collaborative network of provincial and territorial surveillance systems, supported by the PHAC. - Collects data on all residents who are eligible for provincial or territorial health insurance on the following chronic diseases: o Cardiovascular diseases o Chronic respiratory diseases (i.e., Asthma) o Mental illnesses o Diabetes o Musculoskeletal disorders o Neurological conditions - Collect data on health outcomes (i.e., morbidity/mortality, health events/complications and use of health services)	- Collects anonymized case-level data to examine and report Autism Spectrum Disorder (ASD) prevalence, incidence, characteristics, and related outcomes from participating provincial and territorial partners, from administrative records. - Use data from provincial and territorial health, education, and social service sectors.	- Established in 1996 to monitor diseases and conditions in Canadian children that are relatively low in frequency but are of public health importance, with high disability, morbidity, mortality, and economic cost to society. -Gather data from paediatricians and paediatric subspecialists	- National surveillance of new and re-treatment cases of active TB conducted in partnership with all provinces and territories by the Public Health Agency of Canada (PHAC). - Objective of the Canadian Tuberculosis Reporting System (CTBRS), Canada's national case-based surveillance system, is to monitor and report on the number of cases and on the rates of active TB in Canada	- Cycles in 2003/2005/2008/2010, children ages 2-14 - Monitor the number of children diagnosed with ASD in different regions of Canada - Identified children with ASD through agencies which provide services to this population	- Data available from 2001/02 onward - Contains data for hospital and community-based ambulatory care - Includes emergency departments, day surgery, outpatient and community-based clinics.
Limitations to identifying First Nations children with this need between December 2007 and	- Only on-reserve - Only in British Columbia - Data on decayed, missing, and filled teeth likely	- Only collects data on hospitalizations (i.e., does not reflect when a child is not able to access mental health services at	- This refers to a selection of chronic health conditions (missing information on conditions such as autism that are commonly found in children)	- Data collection began in 2015 - Youth 5-17 years - Only captures children/youth with a diagnosis OR who is receiving services for ASD	- Only for rare conditions - Collects non-nominal data - Data is anonymized (only reporting physician is	- Specific to TB, no data on other health conditions. - Tracks First Nations status (both on and off reserve)	- Only identified children receiving services for their ASD diagnosis - Only included Manitoba, South Eastern Ontario, Prince Edward Island, Newfoundland &	- Possibly traceable through health card # - Doesn't appear to include facilities in

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs *(continued)*

November 2017	not systematically collected	a hospital or less serious mental health needs) - Excludes populations under 15 years old (PHAC) - Only collects de-identified demographic information (age, sex, region, etc.) - Does not seem to include First Nations status - May be traceable through health card #	- Specific to residents eligible for provincial or territorial health insurance (i.e., those not eligible for NIHB) - Information seems to be collected annually - Individuals may be identifiable by health card # - Age 1+ -Yukon data excluded before 2010-2011 -Does not seem to include First Nations status.	- Only from participating provinces/territories (missing Ontario, Northwest Territories, Nunavut, Alberta, Manitoba, Saskatchewan) - All data de-identified, no personal information is collected. -Unlikely that we can use this database to find individuals	aware of the patient's identity, CPSP can't link any child to a report)	- Retain all raw data (patients may be identifiable through these) - First Nations status missing from British Columbia data in 2016 - Tracks treatment outcomes	Labrador, British Columbia - In Manitoba excluded children on reserve - Information anonymized, unlikely we can use to track individuals	Northwest Territories or Nunavut - Doesn't include First Nations status

There also exist possible administrative databases from provinces:

- British Columbia's Integrated Case Management System[ixx]
  - Launched in 2008 to integrate systems from Ministry of Social Development and Social Innovation/Ministry of Children and Family Development
  - Improve information sharing and case management, stores data and personal information of 2.5 million individuals
- Manitoba Population Research Data Repository[xi]
  - Developed to describe and explain patterns of healthcare and profiles of health and illness
  - Data come from government administrative databases (health, education, social services, etc.)
  - Data is de-identified (may not be able to track individuals through this database)
- Ontario - Institute for Clinical Evaluative Sciences[xii]
  - Includes numerous databases (i.e., Ontario Paediatric Inflammatory Bowel Disease Dataset, Ontario Diabetes Dataset, Ontario Asthma Dataset)
  - May be traceable by health card # depending on the database

Survey data sources

The table below highlights national survey data sources that document health needs in Canada along with the limitations to identifying First Nations children with this need between 2007 and 2017.

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs *(continued)*

Table 2. National survey data sources that document health needs of children and the limitations to identifying potential claimants with "unmet needs"

	First Nations Regional Health Survey (FNIGC)[xiii]	Canadian Survey on Disability (Statistics Canada)[xiv]	Participation and Activity Limitation Survey (Statistics Canada)[xv]	Aboriginal Peoples Survey 2012 (Statistics Canada)[xvi]
Information collected	- Cross-sectional survey conducted in 2002/03, 2008/09 and 2015/16 of First Nations children, youth and adults living on First Nations reserves and in Northern communities across Canada. - Collects information on health and wellbeing (including dental, disability, chronic conditions) – see table below for full list of indicators -Reports on percentage of individuals with a diagnosed health condition who are not receiving treatment, those who sought treatment for addiction or drug use, etc.	- Survey conducted in 2012 and 2017 of Canadians aged 15 and over whose everyday activities are limited because of a long-term condition or health-related problem - Focuses on activity limitations related to hearing, vision, mobility, flexibility, dexterity, pain, learning, mental health, memory and developmental disabilities - Includes data on the use of aids and assistive devices, daily help received or required by respondents (including unmet needs for accommodation); the use of various therapies and social service supports; the education and employment experiences of persons with disabilities; and methods used to access government services	- National survey conducted 2001 and 2006 that gathers information about Canadian adults and children whose everyday activities may be limited because of a health-related condition or problem - Purpose is to determine the number of Canadians with activity limitations, what type of limitations they experience and most importantly, what barriers they might face. - Questions concern daily activities such as walking, standing, carrying an object, communicating, learning, etc. - Survey two groups: children ages 0-14 and adults 15+ - Does include unmet needs	- A national survey on the social and economic conditions of First Nations people living off reserve, Metis, and Inuit. - The 2012 cycle focused on issues of education, employment, and health. - Access to and use of healthcare services by Aboriginal identity - Includes categories for "unmet needs" (i.e., healthcare required but not received, does not have a doctor – has not tried to contact one)[xvii] - Children ages 6-14 years old
Limitations to identifying First Nations children with this need between December 2007 and November 2017	- 253 of a total of 630 communities participated in last cycle (sample) (i.e., not full general population) - Cycles take place at approximately 5 to 8-year intervals (data missing in 2007 and between 2009-2014 and 2016-2017) - Only concern First Nations children on-reserve (not off-reserve) and in Northern communities -Individuals are likely un-identifiable through this survey as responses are anonymous	- No data on children aged 14 and younger (starts at 15) - Relative subjectivity of the measure of disability - 5-year interval between the 2 surveys (no information on 2007-2011 and 2013-2016) - Based on a subsample of Census data when population indicated that had an 'activity limitation'- so constrained by same limitations as Census (namely high rates of non-response amongst First Nations communities) - Methodological differences between the 2012 and 2017 CSD - Does not include First Nations reserves (PHAC) - Aboriginal Peoples Survey is considered to be the official source of disability rates for Aboriginal persons.	- Populations living on First Nations reserves were excluded - Relative subjectivity of the measure of disability - Based on a subsample of Census data when population indicated that had an 'activity limitation'- so constrained by same limitations as Census (namely high rates of non-response amongst First Nations communities) - Not in years of interest (i.e. 2007 to 2017) - If able to receive participant consent, could possibly access information	- Data has been de-identified, likely no ability to track individuals - 2012 survey was age 6+, but the 2017 survey was changed to only include age 15+

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs *(continued)*

Other (non-health) needs

Examples of non-health needs include: Respite needs, Social needs, Travel needs, Education needs, Infrastructure needs.

Administrative data sources

The project team was unable to find national administrative data sources documenting non-health needs.

Examples of province-specific administrative data sources documenting non-health needs are the following:

- Yukon - Student Information System[xviii]
  - Yukon Department of Education gathers data on students
  - May be able to access this data with permission from the Department
  - Includes data on students receiving IEP, student performance (i.e., which students "aren't meeting standard")
- Nova Scotia - Technology for Improving Education Network (TIENET)[xix]
  - Records all students requiring additional support/programming
- Prince Edward Island – Department of Education & Department of Social Services and Seniors[xx]
  - Not a database – but the Department holds records of students which may be accessible upon request
  - Some databases (i.e., National Epidemiologic Database for the Study of Autism in Canada) reported contacting the Department of Education in PEI to receive the information of children with ASD)
- British Columbia - Edudata[xxi]
  - Holds BC Ministry of Education data from 1991 onwards
  - Data is accessible upon request

Survey data sources

The table below highlights national survey data sources that document non-health needs in Canada along with the limitations to identifying First Nations children with this need between 2007 and 2017.

Table 3 National survey data sources that document non-health needs of children and the limitations to identifying potential claimants with "unmet needs"

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs *(continued)*

Potential national survey data sources	First Nations Community Survey (FNIGC)[xxii]	Participation and Activity Limitation Survey (Statistics Canada)[xxiii]
Information collected	- Founded in 2005, and conducted again in 2008 and 2015, the First Nations Community Survey provides a portrait of 330 randomly selected communities by surveying select community members on a series of themes - These themes include: o External Environment (environmental issues, such as the proximity of mines and chemical plants, water treatment standards, and emergency coordination) o Shelter and Infrastructure which deals with basic physical structures and facilities needed in the community, like roads, plumbing, power, and internet. o Housing which includes questions about waiting lists for homes, maintenance, heating and energy efficiency. o Food and nutrition explores the availability, accessibility, and quality of fresh, nutritious foods. o Employment and Economic Development examines the economic opportunities that exist inside and outside First Nations communities. o Early childhood development includes issues relating to childcare, education, and skills development for young children. o Education looks at enrolment in high-school and post-secondary education, in addition to First Nations-run schools and pre-school programs. JUSTICE AND SAFETY contains questions related to community policing, fire and ambulance services, and emergency response. o Health services explores the availability of health professionals, hospitals, and health services in First Nation communities. o Social services which deals with income support, safe homes, and youth programs. o First Nations identity which includes issues related to First Nations language, cultural programs, repatriation, and membership. o First Nations Governance which explores questions relating to self-government, and groups with designated authority such as economic development corporations or Council representation.	-See Table 2 - Includes unmet educational needs of children with disabilities (i.e., special education, education aides)
Limitations to identifying First Nations children (on and off reserve with this need) between December 2007 and November 2017	- Randomly selected communities - Select community members respond to the survey - Only First Nations on reserve and Northern communities - Survey conducted in 2005, 2008, and 2015 - Data was likely collected anonymously, and individuals can't be tracked	-See Table 2 -Unclear whether First Nations status was collected

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs *(continued)*

[i] First Nations Health Authority. (n.d.). *Children's Oral Health Initiative.* https://www.fnha.ca/what-we-do/maternal-child-and-family-health/childrens-oral-health-initiative

[ii] Canadian Institute for Health Information. (n.d.). Hospital Mental Health Database (HMHDB). https://www.cihi.ca/en/hospital-mental-health-database-metadata-hmhdb

[iii] Public Health Agency of Canada. (2019). Canadian Chronic Disease Surveillance System (CCDSS), Data Tool 2000–2016, 2018 Edition. Ottawa (ON): Public Health Agency of Canada. https://health-infobase.canada.ca/ccdss/Index

[iv] Ofner, M., Coles, A., Decou, M., Do, M.T., Bienek, A., Snider, J., & Ugnat, A. (2018). Autism Spectrum Disorders Among Children and Youth in Canada 2018: A Report of the National Autism Spectrum Disorder Surveillance System. Ottawa (ON): Public Health Agency of Canada. https://www.canada.ca/en/public-health/services/publications/diseases-conditions/autism-spectrum-disorder-children-youth-canada-2018.html

[v] Canadian Paediatric Surveillance Program. (n.d.). *About the CPSP.* https://cpsp.cps.ca/about-apropos

[vi] Public Health Agency of Canada. (2015). Tuberculosis in Canada 2012. Ottawa (ON): Minister of Public Works and Government Services Canada. https://www.canada.ca/en/public-health/services/infectious-diseases/tuberculosis-canada-2012.html

[vii] Ouellette-Kuntz, H., Coo, H., Yu, C.T., Lewis, M.E., Dewey, D., Hennessey, P.E., Jackman, P.D., Breitenbach, M.M., & Holden, J.J. (2012). Status report - National Epidemiologic Database for the Study of Autism in Canada (NEDSAC). *Chronic Diseases and Injuries in Canada, 32*(2), 84-9. PMID: 22414305.

[viii] Canadian Institute for Health Information. (n.d.). *National Ambulatory Care Reporting System Metadata (NACRS).* https://www.cihi.ca/en/national-ambulatory-care-reporting-system-metadata-nacrs

[ix] Government of British Columbia. (n.d.). *Integrated Case Management Project Overview*. http://docs.openinfo.gov.bc.ca/d41453113a_response_package_msd-2013-00580.pdf

[x] Office of the Auditor General of British Columbia. (2015). Integrated Case Management System. Victoria (BC): Legislative Assembly of British Columbia. https://www.bcauditor.com/sites/default/files/publications/2015/Other/report/OAGBC%20Integrated%20Case%20Mgmt%20System_FINAL.pdf

[xi] University of Manitoba. (n.d.). *The Manitoba Population Research Data Repository*. https://umanitoba.ca/manitoba-centre-for-health-policy/data-repository

[xii] Institute for Clinical Evaluative Sciences (n.d.). *Data Dictionary.* https://datadictionary.ices.on.ca/Applications/DataDictionary/Default.aspx

[xiii] First Nations Information Governance Centre (2018). National Report of the First Nations Regional Health Survey Phase 3: Volume One. Ottawa (ON). Accessed December 6, 2021: https://fnigc.ca/wp-content/uploads/2020/09/713c8fd606a8eeb021debc927332938d_FNIGC-RHS-Phase-III-Report1-FINAL-VERSION-Dec.2018.pdf

[xiv] Statistics Canada. (2018). *Canadian Survey on Disability, 2017.* https://www23.statcan.gc.ca/imdb/p2SV.pl?Function=getSurvey&Id=321555

[xv] Statistics Canada. (2017). *Participation and Activity Limitation Survey.* https://www.statcan.gc.ca/en/survey/household/participation/participation#a1

[xvi] Statistics Canada. (2015). *Aboriginal Peoples Survey, 2012: Concepts and Methods Guide.* https://www150.statcan.gc.ca/n1/pub/89-653-x/89-653-x2013002-eng.htm

[xvii] Statistics Canada. (2015). *Access and use of healthcare services by Aboriginal identity.* https://www150.statcan.gc.ca/t1/tbl1/en/tv.action?pid=4110000301

[xviii] Government of Yukon. (2021). Yukon Wide Department of Education Student Data Report School Year 2019-20. Whitehorse (YT): Department of Education. https://yukon.ca/sites/yukon.ca/files/edu/edu-yukon-wide-education-student-data-report-2019-20_1.pdf

[xix] Government of Nova Scotia. (n.d.). *Nova Scotia Student Information System.* https://inschool.ednet.ns.ca/board-school-administration/tienet

[xx] Government of Prince Edward Island. (n.d.). *Department of Education and Lifelong Learning.* https://www.princeedwardisland.ca/en/topic/education-and-lifelong-learning

[xxi] The University of British Columbia. (n.d.). Edudata Canada. https://edudata.educ.ubc.ca/

Appendix DD. Overview of Administrative and Survey Sources Documenting Needs *(continued)*

[xxii] First Nations Information Governance Centre. (n.d.). *The First Nations Community Survey*. https://fnigc.ca/wp-content/uploads/2020/09/c8678001f227828f264795fc0032bc28_15-fnigc-0580-community_survey-brochure_eng-print.pdf

[xxiii] Statistics Canada. (2008). *Participation and Activity Limitation Survey of 2006: A Profile of Education for Children with Disabilities in Canada.* https://www150.statcan.gc.ca/n1/pub/89-628-x/89-628-x2008004-eng.htm

Appendix EE. Overview of Canadian and International Compensation Schemes

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Canadian Settlement Processes

Indian Residential Schools Settlement Agreement

Notice Plan

As part of the settlement agreement, the Government was responsible for creating and executing a National Outreach Strategy for the IAP and CEP. One prong of the plan was to provide notice to eligible claimants wherever possible. The Government of Canada funded a "Notice Plan"[1] that was designed and implemented in four phases by Hilsoft Notifications – a legal notification company.[2] According to the Government of Canada, the Notice Plan reached 98% of the target population an average of 14 times.[3]

The notice plan consisted of four phases outlined below:

These included:

- Phase I: Hearing Notice: Affected people residing on reserve, within another Aboriginal community or settlement, or within the general population were targeted for a hearing notice about approval of the settlement. The launch included radio and television advertisements and direct mailings to Band Offices, Tribal Council Offices, and Friendship Centres. In addition, Phase I included the creation of a public website and toll-free information line.[4] All known applicants were mailed CEP and IAP applications.[5]
- Phase II: Provided "more information" to as many eligible claimants as possible about the closure of the opt-out period.
- Phase III CEP Application Deadline Notice: Television, radio, print, and other advertising was purchased to convey that the Common Experience Deadline was September 19, 2011. Both Aboriginal and mainstream outlets were targeted.
- Phase IV: IAP Application Deadline: The intended purpose of this campaign was to raise awareness about the September 2021 IAP application deadline. Every known claimant and "other interested persons" were mailed a cover letter and advised to call a toll-free number to learn about their rights, potential benefits and other application information. Like Phase III, both mainstream and Aboriginal print, radio, television, Internet banner, outdoor transit shelter notices, and Homeless shelter outreach were used to target applications. Additionally, and similar to other campaigns, the notice communications were produced in appropriate languages for each vehicle and targeted many different Indigenous and First Nations communities.

Hilsoft Communications targeted Indigenous peoples over aged 25+ as part of a broader recognition that the target population was "older." Tactics to reach the target community can be divided into two categories: direct mailings and general advertising. Hilsoft directly wrote letters to known individuals who had "come forward and provided their contact information in Phase 1" in addition to "numerous lists provided by the Assembly of First Nations, Inuit, lawyer, and government databases, as well as mailing individual organizations likely to contain eligible recipients of CEP and IAP. General advertising included newspaper advertisements, informational news releases, Indigenous publications, and other multi-channel strategies.

The IRSAS – the Government of Canada's oversight body of the compensation agreement – also developed its own National Outreach Strategy. The purpose of the additional communications campaign was to "provide accurate, relevant information on the IAP and to raise awareness about available support services." [6] The problem was that there was a large gap between the number of CEP recipients and IAP recipients. Therefore, the information program prioritized locations where either there were 200 CEP applicants with fewer than 10% claimants applying to the IAP; and (2) where there had

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[1] *Hilsoft Notifications. (2007). In re Residential Schools Class Action Litigation: Settlement Notice Plan, Phase I – Hearing Notice, Phase II – Opt-Out/Claims Notice. http://www.residentialschoolsettlement.ca/Notice_Plan.pdf*

[2] *Indian Residential Schools Adjudication Secretariat. (n.d.). The Indian Residential Schools Adjudication Secretariat's Independent Assessment Process (IAP) Outreach Activity Report Raising Awareness About the IAP and the IAP Application Deadline. http://www.iap-pei.ca/pub-eng.php?act=iapmisc-2011-out-sens-eng.php#t3a*

[3] *Ibid.*

[4] *Ibid.*

[5] *Ibid.*

[6] *Indian Residential Schools Adjudication Secretariat. (n.d.). The Indian Residential Schools Adjudication Secretariat's Independent Assessment Process (IAP) Outreach Activity Report Raising Awareness About the IAP and the IAP Application Deadline. http://www.iap-pei.ca/pub-eng.php?act=iapmisc-2011-out-sens-eng.php#t3a*

been less than 1% uptake in the IAP program. The program was, however, unable to reach all communities where there was a gap in applications because of a lack of time and resources. In total, there were 314 IAP information sessions held in various languages. In addition, IRSAS revitalized the content to be "in plain language" and initiated public service announcements in four languages (English, French, Cree, Inuktitut).[7]

Given the large participation of different communities in the process, the outreach of the IRSSA could be characterized as a success. However, given Canada's acknowledgement that the IAP program was misunderstood, largely because of misinformation, claims of success should be tempered.

The Common Experience Payment

Application design

The Common Experience Payment (CEP) provided every eligible claimant with a lump sum payment for attending a recognized residential school.[8] Students received an initial sum of $10,000 for the first year attended, and then an additional $3,000 for each additional year attended (or part thereof).[9] All former students who resided at a recognized "Indian Residential School" and were alive on May 30, 2005 were eligible for CEP. Applicants had five years to apply. The deadline was September 19, 2011.[10] The purpose of the payment was to recognize the experience of residing at a residential school and the impact to culture, language, and other losses.[11]

The burden of proof was mixed. Claimants were required to complete an application that asked for basic biographical information, governmental identification, and information about the time, place, and duration of time spent at a residential school.[12] Applications were required to be notarized and needed to be witnessed.[13] Once the application was completed, the government first evaluated the application using an automated system that used an algorithmic search engine to determine if the claimant was eligible. If the automated system was unable to reach a conclusion, the application was then reviewed manually by the National Research Analysis Unit of INAC.[14]

Claimants could supplement information by seeking reconsideration of their initial application by INAC. After reconsideration was rejected, claimants could appeal their claim to the National Administration Committee (NAC) by submitting an appeals form.[15] Claimants could appeal if their claim was either partially or completely denied.[16] The NAC was a seven-member voting body consisting of five members who represented former students, Canada, and the churches. NAC strove to reach "consensus-based" decisions on appeals, but approved only a small percentage of the

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[7] *Ibid.*

[8] Indian Residential Schools Resolution Canada. (2007). *Indian Residential Schools Settlement Agreement (IRSSA).* http://www.nrsss.ca/Resource_Centre/IndianAffairs/IRSRC_SettlementAgreementPresentation_Oct_EN_wm.pdf

[9] *Ibid.*

[10] Government of Canada. (2013). *Common Experience Payments*. https://www.rcaanc-cirnac.gc.ca/eng/1100100015594/1571582431348#sct1

[11] Indian Residential Schools Resolution Canada. (2007). *Indian Residential Schools Settlement Agreement (IRSSA).* http://www.nrsss.ca/Resource_Centre/IndianAffairs/IRSRC_SettlementAgreementPresentation_Oct_EN_wm.pdf

[12] Government of Canada. (2006). *Application for Common Experience Payment for Former Students Who Resided at Indian Residential School(s).* http://www.residentialschoolsettlement.ca/Schedule_%20A-CEPApplication%205-8-06.PDF

[13] Indian Residential Schools Resolution Canada. (2007). *Indian Residential Schools Settlement Agreement (IRSSA).* http://www.nrsss.ca/Resource_Centre/IndianAffairs/IRSRC_SettlementAgreementPresentation_Oct_EN_wm.pdf

[14] *Ibid.*

[15] Indian Residential Schools Settlement. (2006). *Schedule "D" Independent Assessment Process (IAP) For Continuing Indian Residential School Abuse Claims*. http://www.residentialschoolsettlement.ca/Schedule_D-IAP.PDF

[16] *Ibid.*

appeals they reviewed. If a claimant was deemed ineligible after both reconsideration and appeal, they could petition the Court to consider an appeal of their claim, however, few claimants did.[17]

Providing support to claimants

The Government of Canada, and mainly Indigenous and Northern Affairs Canada (INAC), were responsible for overseeing and administering the CEP program. To support applicants, the Government created a toll-free telephone number to answer application questions and also provide mental health and emotional support services.[18] Additionally, religious and secular organizations were also available to survivors throughout the entire process. No law firm that signed the settlement agreement could charge survivors eligible for CEP with any costs associated with the CEP payment.[19]

Processing of claims

Over 105,000 people applied for CEP, and 75 percent of all CEP claimants received compensation.[20] The average claimant received approximately $19,000.[21] Almost 80,000 claimants were paid at the outset while 23,927 were deemed ineligible. INAC processed more than 27,000 reconsideration requests, while NAC processed 5,000 subsequent appeals. Only approximately 20 percent of NAC appeals were successful.[22] There were slightly over 700 court appeals and only 13 were successful.[23]

Electronic databases with digitized records and algorithmic searching functions were used extensively to process applications for the IRSSA's Common Experience Payment (CEP).[24] The process was completed in three steps. First, claimants submitted their application, and it was recorded in the Single Access Dispute Resolution Enterprise (SADRE). Second, the claimant's information was inputted into the Computer Assisted Research System (CARS). CARS would subsequently search over one million digitized, coded records using over 600 calculations to determine eligibility. If CARS was unable to reach a decision on the claim, the application was reviewed by a member of the National Research Analysis Unit of the Office of Indian and Residential Schools Canada (OIRSC). After a decision was reviewed, the compensation decision was subsequently recorded in the SADRE system. The SADRE database therefore included the ultimate compensation decision and all citations of the summation research used to reach that decision.[25]

CARS was able to process tens of thousands of applications and make automated compensation decisions. In fact, CARS determined a claimants' eligibility in approximately 44 percent of over 110,000 applications. This amounts to approximately 48,000 applications. According to Government of Canada employees, CARS "consistently deployed" the expertise of a trained researcher at a "fraction of the time and cost it took to undertake manual research." Therefore, at its best, CARS could process claims quickly, or at least faster than manual review, determine if a claimant was eligible, and begin the payment process.[26] When accurate data is available, a useful and efficient algorithm benefits claimants too by limiting the time, energy, and effort expended to the initial application.

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[17] Indian Residential Schools Settlement. (2006). *Schedule "D" Independent Assessment Process (IAP) For Continuing Indian Residential School Abuse Claims*. http://www.residentialschoolsettlement.ca/Schedule_D-IAP.PDF

[18] *Ibid.*

[19] Indian Residential Schools Settlement. (2006). *Indian Residential Schools Settlement Agreement.* http://www.residentialschoolsettlement.ca/IRS%20Settlement%20Agreement-%20ENGLISH.pdf

[20] Government of Canada. (2019). *Statistics on the Implementation of the Indian Residential Schools Settlement Agreement*. https://www.rcaanc-cirnac.gc.ca/eng/1315320539682/1571590489978

[21] *Ibid.*

[22] *Ibid.*

[23] Government of Canada. (2019). *Statistics on the Implementation of the Indian Residential Schools Settlement Agreement*.https://www.rcaanc-cirnac.gc.ca/eng/1315320539682/1571590489978

[24] *Indian Residential Schools Settlement. (2006). Indian Residential Schools Settlement Agreement. http://www.residentialschoolsettlement.ca/IRS%20Settlement%20Agreement-%20ENGLISH.pdf*

[25] *Government of Canada. (2017). Lessons Learned Study of the Common Experience Payment Process. https://www.rcaanc-cirnac.gc.ca/eng/1468333119050/1537890150719#chp4*

[26] *Ibid.*

Appendix EE. Overview of Canadian and International Compensation Schemes *(continued)*

However, the implementation of CARS was imperfect because it was less effective than predicted. CARS had structural, design flaws. It could not identify gaps of time in student claims. The dataset also only consisted of a limited number of years, and therefore the algorithm could not accommodate the unanticipatedly high number of applicants early in the process.[27]

The algorithm was not designed to respond to the volume of applications that the CEP process generated in the first three months. Almost 80 percent of the 105,000 applications were submitted during the first three months. Consequently, delivery of cheques was delayed because the IT systems lacked the capacity to "handle the vast amount of information that had to be collected and processed."[28]

To add to these volume-related issues, CARS was unintegrated with SADRE and other CEP Information Technology (IT) systems. This meant that information across systems and across the departments responsible for validating and assessing claims was un-shareable.[29] Consequently, CARS was "slower, less productive and effective" than suspected. The Government of Canada believes these issues were not as costly because of the "dedication of employees" in meeting goals. However, the lack of integration problems were exacerbated by the three different systems used by OIRSC. These systems were managed by separate units and led "to tensions" because they were developed by different stakeholders.[30] As a result, because CARS and SADRE were unintegrated and used different IT systems, employees had to manually review many more applications than initially forecasted.

CARS was also launched too fast, with too little time to test for bugs, and without the necessary licensing approval. The algorithm was developed one summer prior to the launch of the CEP in just three months. Because of the limited testing window, technicians were unable to resolve issues in a timely manner leading to "glitches [that] effected efficiency in delivery."[31] CARS was therefore far less effective than anticipated because it was inadequately tested. Additionally, CITRIX – a security platform – was not approved for use, therefore, "available researchers were unable to access the system to process applications."

SADRE was also problematic. It "required a high level of management." Recall, SADRE was the system used to notate when an application was received, what the decision was, and the citations and research used to determine eligibility for CEP compensation. Manual data collected in SADRE was "not always consistent" with source documentation. One audit found that 20 percent of files tested in the first sample did not match SADRE information. 1,500 applications were lost because of system updates. Consequently, eight percent of *all applications* did not have mailing addresses, because of a system conversion necessitated by the volume-related issues.[32]

The unintended consequence of these CARS and SADRE issues was that they led to divergences in the level of trust and efficiency between the two offices responsible for processing applications. Put simply, CARS was used less and less effectively by one office than another office. Two OIRSC offices were responsible for processing claims: the National Capital Region office and a Vancouver office. To respond to problems processing the higher-than-anticipated volume of CEP claims, the National Capital Region "standardized its processes" in centralizing files to deploy CARS more effectively and developing and using a standardized process to input data manually. The Vancouver office did not, leading to slower processing times between the offices. These inefficiencies created undesirable perversions for claimants. Compensation was therefore predicated on who processed the claimant's application, not whether the claim was meritorious.[33]

As a result of delays and inconsistencies processing claims, there was a negative reaction to the CEP. Claimants were frustrated by the delays in processing checks. Survivors went public with "many of their complaints," explaining how long delays were retraumatizing. These complaints generated negative reports and, ultimately, Minister-level intervention. Although the problems were resolved because multiple technicians were deployed to fix the volume-related challenges, the public's view of the project soured, and political intervention was required to expedite fixes.

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[27] *Ibid.*
[28] *Ibid.*
[29] *Ibid.*
[30] *Ibid.*
[31] *Ibid.*
[32] *Ibid.*
[33] *Ibid.*

Appendix EE. Overview of Canadian and International Compensation Schemes *(continued)*

Long delays continue to cause problems in the implementation of other major compensation frameworks, namely the Federal Indian Schools and Sixties Scoop settlement agreement. For IRSSA, this meant that they had to hire workers – while the process had started – to "redesign the IT system" and even explored "going back to manual research."[34]

The Independent Assessment Process

Application design

The Independent Assessment Process (IAP) was a non-adversarial, out-of-court process to resolve claims of sexual abuse, serious physical abuse, and other wrongful acts that caused serious psychological harm.[35] Victims received a lump sum payment between $5,000 and $430,000, that depended on the "level of abuse."[36]

Claimants were required to have suffered from sexual and/or physical assaults resulting from a residential school's operation either occurring on premises, by an employee, or by a church entity.[37] Second, sexual or physical assaults committed by one student against another.[38] Finally, any other wrongful act or acts committed by adult employees by the government or church entity which has "proven to result in serious psychological harm."[39]

Assessors used a point system to rank the level of abuse and, in turn, the amount of compensation the claimant would receive.[40] For example, sexual intercourse or interference received the most points, while child pornography received fewer points. The more points a claimant received, the higher the amount of IAP compensation.[41] On the right, is a compensation table used by assessors in the IAP which illustrates how points were assigned. The more points a claimant received, the higher the amount of compensation.

Claimants bore the burden of proof and were encouraged to hire a lawyer to navigate the complex process. The civil standard of proof – "balance of probabilities" – was used to determine if the claim was more likely true than false.[42] The Government contributed to legal fees but did not cover IAP fees.[43] All applicants were asked "who abused you," and subjectively assessed what harm category they fell into. Survivors named, dated, and described the type and frequency of

II: COMPENSATION RULES

	Acts Proven	Compensation Points
SL5	• Repeated, persistent incidents of anal or vaginal intercourse. • Repeated, persistent incidents of anal/vaginal penetration with an object.	45-60
SL4	• One or more incidents of anal or vaginal intercourse. • Repeated, persistent incidents of oral intercourse. • One or more incidents of anal/vaginal penetration with an object.	36-44
SL3	• One or more incidents of oral intercourse. • One or more incidents of digital anal/vaginal penetration. • One or more incidents of attempted anal/vaginal penetration (excluding attempted digital penetration). • Repeated, persistent incidents of masturbation.	26-35
PL	• One or more physical assaults causing a physical injury that led to or should have led to hospitalization or serious medical treatment by a physician; permanent or demonstrated long-term physical injury, impairment or disfigurement; loss of consciousness; broken bones; or a serious but temporary incapacitation such that bed rest or infirmary care of several days duration was required. Examples include severe beating, whipping and second-degree burning.	11-25
SL2	• One or more incidents of simulated intercourse. • One or more incidents of masturbation. • Repeated, persistent fondling under clothing.	11-25
SL1	• One or more incidents of fondling or kissing. • Nude photographs taken of the Claimant. • The act of an adult employee or other adult lawfully on the premises exposing themselves. • Any touching of a student, including touching with an object, by an adult employee or other adult lawfully on the premises which exceeds recognized parental contact and violates the sexual integrity of the student.	5-10
OWA	• Being singled out for physical abuse by an adult employee or other adult lawfully on the premises which was grossly excessive in duration and frequency and which caused psychological consequential harms at the H3 level or higher. • Any other wrongful act committed by an adult employee or other adult lawfully on the premises which is proven to have caused psychological consequential harms at the H4 or H5 level.	5-25

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[34] *Ibid.*

[35] Government of Canada. (2021). *Indian Residential Schools Settlement Agreement*. https://www.rcaanc-cirnac.gc.ca/eng/1100100015576/1571581687074

[36] *Ibid.*

[37] *Ibid.*

[38] *Ibid.*

[39] *Ibid.*

[40] Indian Residential Schools Adjudication Secretariat. (n.d.). *Application Form: Independent Assessment Process.* http://www.iap-pei.ca/media/information/publication/pdf/pub/iap_app_4_2019-05-08-fill-eng.pdf

[41] *Ibid.*

[42] *Ibid.*

[43] *Indian Residential Schools Settlement. (2006). Indian Residential Schools Settlement Agreement. http://www.residentialschoolsettlement.ca/IRS%20Settlement%20Agreement-%20ENGLISH.pdf*

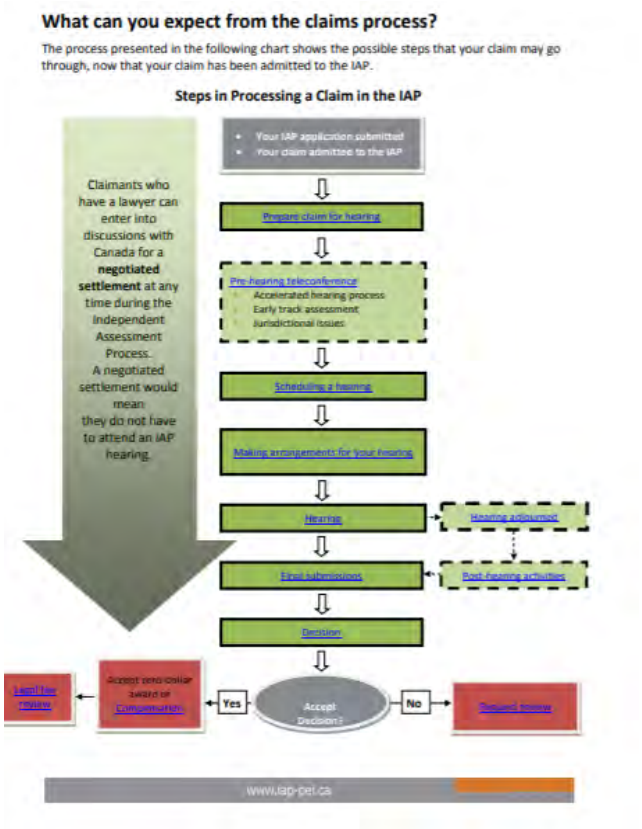
abuse.[44]Additionally, written applications asked how and if the abuse affected them, if they planned or wished to get supplemental treatment, and if they had received traditional counselling or psychological assessments.[45]

If an applicant rated their abuse above a certain level, from Level 3 – 5, they were required to provide specific types of evidence. This evidence included: hospital, treatment, and psychological records. Additionally, if they claimed that their abuse had caused a "loss of opportunity," they were required to supply income tax, workmen's compensation, and educational attainment records.[46] If there was other contemporaneous or circumstantial proof of the abuse – like a journal entry or testimony against the abuser – the IAP applicant was recommended to produce that information prior to their hearing.

Processing of claims

IAP application review was a multi-step process. The Assessor first categorized the application based on complexity into: a standard issue, a complex issue, or court track (for the most complex claims.)[47] Most claimants proceeded via the standard track.[48] Once a standard track application was submitted, the parties would have a pre-claim conference to discuss a potential settlement and determine the timing and/or necessity of an accelerated hearing. If the claimant chose to proceed with a hearing an independent adjudicator would be assigned. The independent adjudicator's function was to ensure a uniform process, set compensation, and determine the "actual income" lost by the complainant.[49] At any point where a claimant did not wish to proceed with their claim, they could negotiate a settlement.[50]

Hearings were intended to be "culturally sensitive and safe."[51] They were private, held within the claimant's community (if requested), could begin with a traditional prayer, and up to two support persons could be available – including an elder or religious person.[52] Breaks were provided as needed, and claimants were not required to



[44] *Ibid.*

[45] *Ibid.*

[46] *Ibid.*

[47] Indian Residential Schools Adjudication Secretariat. (n.d.). *Hearings.* http://www.iap-pei.ca/former-ancien/iap/hearings-eng.php#rec

[48] *Indian Residential Schools Adjudication Secretariat. (n.d.). Hearings. http://www.iap-pei.ca/former-ancien/iap/hearings-eng.php*

[49] Indian Residential Schools Settlement. (2006). *Indian Residential Schools Settlement Agreement.* http://www.residentialschoolsettlement.ca/IRS%20Settlement%20Agreement-%20ENGLISH.pdf

[50] *Indian Residential Schools Adjudication Secretariat. (n.d.). Hearings. http://www.iap-pei.ca/former-ancien/iap/hearings-eng.php*

[51] Indian Residential Schools Adjudication Secretariat. (n.d.). *About the Independent Assessment Process.* http://www.iap-pei.ca/former-ancien/iap/about-eng.php

[52] *Ibid.*

face their accused abuser.[53] An IAP information line was available for all claimants and their counsel to answer questions about the process prior to the hearing. [54]

Claimants unsatisfied with their decision had the right to appeal, and, generally, had two grounds for appeal. First, claimants could claim that the adjudicator made a "palpable and overriding error." This is a high bar and is the *de facto* legal standard of appellate review. The claimant bears the burden of showing that there was a "clear and telling error." For example, if the adjudicator said that the appellant suffered abuse for two years, but they actually suffered abuse for five years, that would be grounds for overturning the decision on a palpable and overriding error standard.[55] Second, a claimant could appeal if they believed that the adjudicator applied the point system incorrectly by, for example, assigning a lower number of points than the claimant deserved despite correctly understanding the facts.[56]

The Independent Assessment Process was popular, despite the relatively high procedural and emotional barriers to entry for claimants. The IAP process received 38,276 applications, and 89 percent of claims were successful with an average amount of compensation of $91,466.40. The total amount of compensation paid out was over $3.2 billion.[57]

Sixties Scoop Settlement Agreement

Notice Plan

Both the Federal Day School and Sixties Scoop Settlement Agreements have also included similar strategies to reach claimants. These include publicly accessible websites, videos informing claimants about their rights, and hotlines for mental health supports and assistance processing claims. The Sixties Scoop Settlement Agreement retained Argyle PR on May 26, 2020 to provide notice to claimants on eligible claims.[58] Argyle's mandate is broad, consisting of a number of responsibilities including:

- Messaging around key milestones.
- Media engagement, including providing accurate information to the media.
- Developing organic (e.g., Facebook and Twitter) and earned (e.g., print and television) to engage the public and raise awareness about the Sixties Scoop process.
- Drafting advertising and direct communications copy in both French and English.

The notice plan was intended to provide "the best notice practicable under the circumstances."[59] Repeatedly, in the Settlement Agreement, it states that there is a notice plan attached to Schedule B, however, the full executed agreement does not contain that information.

Consequently, it appears that there was no notice plan executed until Argyle PR[60] was engaged to support the Administrators' and Class Counsel with communications outreach, and after there were multiple complaints about Collectiva's role in the administration of the settlement agreement.[61]

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[53] *Ibid.*

[54] *Ibid.*

[55] Indian Residential Schools Adjudication Secretariat. (n.d.). *Review of an adjudicator's decision*. http://www.iap-pei.ca/former-ancien/iap/decisions-rvw-eng.php

[56] Indian Residential Schools Adjudication Secretariat. (n.d.). *Review of an adjudicator's decision*. http://www.iap-pei.ca/former-ancien/iap/decisions-rvw-eng.php

[57] *Indian Residential Schools Adjudication Secretariat. (n.d.). Independent Assessment Process (IAP) Statistics: From September 19, 2007 to September 30, 2020. http://www.iap-pei.ca/stats-eng.php*

[58] *Argyle. (2020). 60s Scoop Claimant Communications Plan. https://sixtiesscoopsettlement.info/wp-content/uploads/2020/07/Argyle-60s-Scoop-Claimant-Communication-Plan-prepared-for-the-Federal-Court-of-Canada-May-26-2020.pdf*

[59] *Class Action Sixties Scoop Settlement. (2017). Sixties Scoop Settlement Agreement. https://sixtiesscoopsettlement.info/wp-content/uploads/2020/06/Agreement-in-Principle-fully-executed-November-30-2017-w_Schedules.pdf*

[60] *Argyle*

[61] *Argyle. (2020). 60s Scoop Claimant Communications Plan. https://sixtiesscoopsettlement.info/wp-content/uploads/2020/07/Argyle-60s-Scoop-Claimant-Communication-Plan-prepared-for-the-Federal-Court-of-Canada-May-26-2020.pdf*

Since this process is ongoing, there is no data about how effective it was at implementing the agreement. Anecdotal information suggests that there have been communication breakdowns, especially since claimants have found receiving responses to their requests and answers to questions difficult to ascertain.

Application design

The amount of compensation varies by the number of claimants. If there are 20 million or fewer claimants the amount of compensation will be between $500 million and $750 million divided by the number of claimants, but no more than $50,000 per claimant. According to the Government of Canada, eligible class members will receive an estimated $25,000 per claimant.[62] Canada, like both the IRSSA and Day Schools settlements, also financed ongoing education projects to promote reconciliation and healing.[63] Emotional and mental health supports were available 24-7 via a phoneline.[64]

Claimants are required to complete an application form and bear partially the burden of proof, by providing biographical information, Indian or Inuit status forms, records of adoption, and have the option to write their personal story and experience.[65] Different law firms are available to assist claimants with completion of their applications free-of-charge, depending on where the claimant is based.[66]

Processing of claims

The Claims Administrator – Collectiva – is then responsible for confirming: 1) whether the applicant was adopted and 2) that the individual is a registered Indian or Inuit. The Administrator can confirm that the applicant is eligible, send a Notice of Intent to Reject (indicating that they need more information to reach a conclusion) or send an Official Rejection denying the application.[67] If an application is officially rejected, the applicant has 30 days to file a reconsideration request.

The applicant's request is reviewed by the reconsideration officer – Dr. James Igloliotore, a former Newfoundland and Labrador judge – who makes a final decision.[68] When reviewing an application, Collectiva and Dr. Igloiotore are expected to draw all favorable inferences to the applicant.[69] In some circumstances, and like the other processes, the Exceptions Committee, consisting of the parties and an Indigenous community member, is responsible for determining an application sent to them. The Exceptions Committee is generally responsible for implementing the agreement, overseeing the process, and making policies on accepting and reviewing applications.

Federal Indian Schools Settlement Agreement (Day Schools)

Notice Plan

The Day School process was different than both the IRSSA implementation and the Sixties Scoop implementation. The notice plan provides an estimate that there 140,000 class members alive at the commencement of the *Mclean* claim that led to the settlement agreement. Unlike the IRSSA process, Gowlings WLG took responsibility for contacting a large group of class members directly, given the size of the registered class. Gowlings had contact information for approximately 80,000 members of the class. Therefore, they conducted direct outreach to class members, Band Offices and other on-reserve points of contacts, the Assembly of First Nations, and Tribal Councils, in addition to other forms of communication.

Like the Sixties Scoop Settlement agreement, Argyle PR was retained to develop and upload media services and create a communications strategy targeting Indigenous and mainstream earned and paid media, using English, French, and four

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[62] *Government of Canada. (2020). Are you part of the Sixties Scoop class litigation?* https://www.rcaanc-cirnac.gc.ca/eng/1517425414802/1559830290668?wbdisable=true

[63] *Ibid.*

[64] *Class Action Sixties Scoop Settlement. (n.d.). Frequently Asked Questions.* https://sixtiesscoopsettlement.info/faq/

[65] *Koskie Minsky. (n.d.). Individual Payment Application Form.* https://kmlaw.ca/wp-content/uploads/2018/08/Claim-Form.pdf

[66] *Class Action Sixties Scoop Settlement. (n.d.). Are you a Sixties Scoop survivor?* https://sixtiesscoopsettlement.info/wp-content/uploads/2020/06/A-copy-of-the-Notice-of-settlement-long-form1.pdf

[67] *Class Action Sixties Scoop Settlement. (2017). Sixties Scoop Settlement Agreement.* https://sixtiesscoopsettlement.info/wp-content/uploads/2020/06/Agreement-in-Principle-fully-executed-November-30-2017-w_Schedules.pdf

[68] *Class Action Sixties Scoop Settlement. (n.d.). Are you a Sixties Scoop survivor?* https://sixtiesscoopsettlement.info/wp-content/uploads/2020/06/A-copy-of-the-Notice-of-settlement-long-form1.pdf

[69] *Class Action Sixties Scoop Settlement. (2017). Sixties Scoop Settlement Agreement.* https://sixtiesscoopsettlement.info/wp-content/uploads/2020/06/Agreement-in-Principle-fully-executed-November-30-2017-w_Schedules.pdf

other Indigenous languages.[70] Since the beginning of the process there have been close to 100,000 applications, or approximately 70% of the total estimated size of the community.

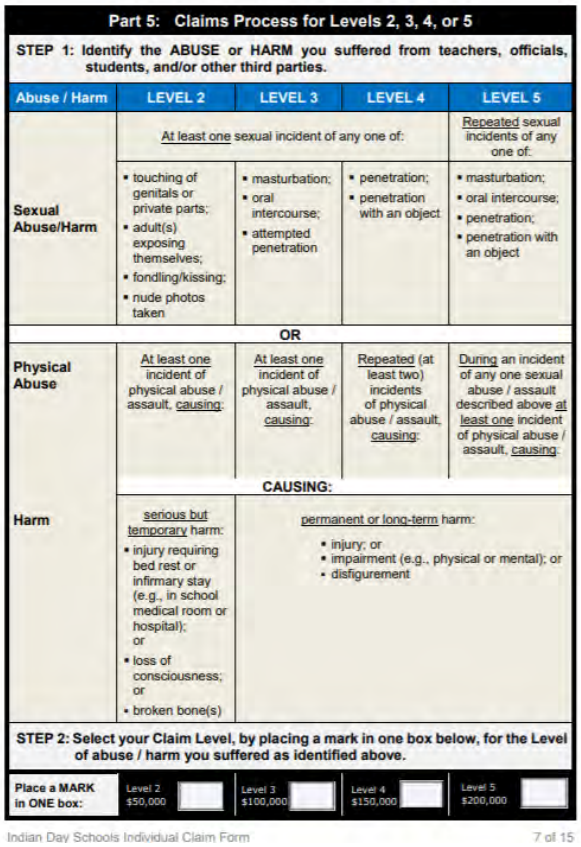
Application design

Applicants must complete a form that provides biographical information, proof of attendance, and outlines the type of abuse suffered. Like the IAP settlement process, the amount of compensation offered depends on the type of abuse suffered and the severity of abuse.

The burden of proof is on the applicant, and they must self-identify, subjectively, the level of harm incurred.[71] Although claimants have the burden of proof, the agreement intends to "minimize the burden" on them and "mitigate any likelihood of retraumatization."[72] This process, however, differed from the IAP because there were no oral hearings required.

The claimant must provide a complete narrative of sexual, physical, and other abuse and also supply evidence of the school attended. Their statement must be sworn.[73] The amount of documentation also varied by the type of harm claimed. For higher levels of harm (like Level 4 or 5), claimants were required to provide friend and family narratives, medical, dental, nursing, and therapy records. Whereas, for Levels 2-3, all that was required was evidence of the school attended, family, and a personal narrative.[74]

The level of compensation varies by the type of harm. Claimants are eligible for Level 1 if they were mocked, denigrated, threatened with violence, unreasonably or disproportionately punished, or received sexual comments or provocations from teachers, students, officials or third parties. Level 2-5 represented more egregious forms of physical or sexual abuse and is outlined in the chart above. Compensation is tiered based on the assessed from Level 1 ($10,000) to Level 5 ($200,000).



Part 5: Claims Process for Levels 2, 3, 4, or 5

STEP 1: Identify the ABUSE or HARM you suffered from teachers, officials, students, and/or other third parties.

Abuse / Harm	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Sexual Abuse/Harm	At least one sexual incident of any one of: ▪ touching of genitals or private parts; ▪ adult(s) exposing themselves; ▪ fondling/kissing; ▪ nude photos taken	▪ masturbation; ▪ oral intercourse; ▪ attempted penetration	▪ penetration; ▪ penetration with an object	Repeated sexual incidents of any one of: ▪ masturbation; ▪ oral intercourse; ▪ penetration; ▪ penetration with an object
	OR			
Physical Abuse	At least one incident of physical abuse / assault, causing:	At least one incident of physical abuse / assault, causing:	Repeated (at least two) incidents of physical abuse / assault, causing:	During an incident of any one sexual abuse / assault described above at least one incident of physical abuse / assault, causing:
	CAUSING:			
Harm	serious but temporary harm: ▪ injury requiring bed rest or infirmary stay (e.g., in school medical room or hospital); or ▪ loss of consciousness; or ▪ broken bone(s)	permanent or long-term harm: ▪ injury; or ▪ impairment (e.g., physical or mental); or ▪ disfigurement		

STEP 2: Select your Claim Level, by placing a mark in one box below, for the Level of abuse / harm you suffered as identified above.

Place a MARK in ONE box:	Level 2 $50,000	Level 3 $100,000	Level 4 $150,000	Level 5 $200,000

Indian Day Schools Individual Claim Form 7 of 15

Processing of claims

After completing the written application, applications were reviewed by Deloitte, the Claims Administrator for all Level 1 claims.[75] For self-identified Level 2-5 claims, Canada has between 60 and 90 days to review the application.[76] During Canada's review of the application, they can provide the Claims Administrator with supplemental factual information regarding eligibility, however, they can only provide that supplemental information in a limited number of cases. Once Canada's review is complete, the Claims Administrator – Deloitte – reviews the claim and has three options. Either the

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[70] *Federal Indian Day School Class Action. (n.d.). Notice Plan: Federal Indian Day School Class Action (Phase Two).* https://indiandayschools.com/en/wp-content/uploads/notice-plan-phase-two-post-settlement-approval.pdf

[71] *Federal Indian Day School Class Action. (2018). Settlement Agreement.* https://indiandayschools.com/en/wp-content/uploads/Settlement-Agreement.pdf

[72] *Federal Indian Day School Class Action. (2018). Settlement Agreement.* https://indiandayschools.com/en/wp-content/uploads/Settlement-Agreement.pdf

[73] *Deloitte Class Action Matters. (n.d.). Indian Day Schools Class Action Settlement.* https://www.classaction.deloitte.ca/en-ca/Documents/indiandayschoolsclaims/Indian%20Day%20Schools%20Claim%20Form_EN.pdf

[74] *Ibid.*

[75] *Federal Indian Day School Class Action. (2018). Settlement Agreement.* https://indiandayschools.com/en/wp-content/uploads/Settlement-Agreement.pdf

[76] *Ibid.*

claimant met, exceeded, or did not meet their self-identified criteria. If the claim did not meet the self-identified criteria, the Claims Administrator could reject the claim entirely or reassign the claim to a lower level. Applicants can request, however, that the Claims Administrator review their application.

Deloitte's – the Claims Administrator – decision is not final;[77] applicants had the right to elect Third Party review after the Claims Administrator's decision, within 120 days of receiving the initial decision.[78] The intent was to provide claimants who received downward classification with recourse for their claims. The Third-Party Assessor Reva E. Devins, an arbitrator and mediator focusing on human rights matters, *inter alia*, was responsible for reviewing all reconsideration requests.[79] The Third-Party Assessor could request additional audio or video statements from claimants to supplement the claimants' application. The Third-Party Assessor's determination was final, however, the they could refer cases to the Exceptions Committee – a body consisting of the parties, including an eligible class member, that was responsible for overseeing and monitoring the Claims Assessment process. [80]

The claims administration process is ongoing. Deloitte has received 110,864 claims and has paid slightly more than 60 percent of claims. Over 30,000 claims are still in process. 10,000 claims are required to have more information. [81]

Overall, many of the issues identified in IRSSA were changed in the Sixties Scoop & Day School Settlement. These included:

1. Survivors can work free-of-charge with lawyers to complete claims forms. In the IRSSA process, survivors only received full funding of legal fees for CEP, not for IAP.
2. Although the compensation tiered structure remained, survivors no longer had to attend in-person hearings with a lawyer. Only if additional information was requested would claimants have the option, not requirement, to share their story.
3. The Day School form somewhat improves the IRSSA form because it includes a much clearer disclaimer about retraumatization and clearly articulates that legal counsel is available free-of-charge.
4. The burden on claimants was partially alleviated. The Government bore the burden of producing documentation to prove the claim. However, claimants were still required to produce documents of abuse for more serious claims. This process was less of a burden than the IAP process, where claimants were expected to work with lawyers to complete applications.
5. The Exceptions Committee - a body consisting of the parties, including an eligible class member, that was responsible for overseeing and monitoring the Claims Assessment process - included members of the class, rather than merely including class agents (e.g., lawyers).
6. Unlike the IRSSA, claimants had the option to submit a "sworn declaration" where if they did not have all the documents, they could merely swear that their application was complete.

Motherisk

Notice Plan

The Motherisk team had a triaged approach to identifying claimants and reviewing cases that differed based on priority. Phase I involved identifying cases where decisions about the future of children via custody order, Crown wardship, or adoption had been made. Phase II involved reviewing publicly available court FRANK (Ontario Court Tracking System) files where adoption orders had been made. To identify claimants, the Motherisk Commission leveraged governmental directives, public calls for action, and database references. They referred to several sources of information as there was no central database. These information sources included test results from SickKids databases containing the names of people and birth dates (although these tests were out-of-date, unreliable, and difficult to use), files from the Ministry of the Attorney General, and Children's Aid Society files where drug testing had been requested. Additional resources from the Ministry were included where Children's Aid Societies did not have sufficient resources. They disseminated information regarding

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[77] *Deloitte Class Action Matters. (n.d.). Indian Day Schools Class Action Administration. https://www.classaction.deloitte.ca/en-ca/Pages/indiandayschoolsclaims.aspx*

[78] *Deloitte Class Action Matters. (n.d.). Indian Day Schools Class Action Administration. https://www.classaction.deloitte.ca/en-ca/Pages/indiandayschoolsclaims.aspx*

[79] *Reva Devins. (n.d.). Home. https://revadevins.com/*

[80] *Federal Indian Day School Class Action. (2018). Settlement Agreement. https://indiandayschools.com/en/wp-content/uploads/Settlement-Agreement.pdf*

[81] *Deloitte Class Action Matters. (n.d.). Indian Day Schools Class Action Administration. https://www.classaction.deloitte.ca/en-ca/Pages/indiandayschoolsclaims.aspx*

the process on social media, radio, print media, and through presentations and outreach to legal, child welfare, education, advocacy, community, government and "other organizations".

International Settlement Processes

Canada's harmful past of Indigenous peoples is not anomalous. Other jurisdictions – namely Australia and New Zealand – have similar legacies of systemic mistreatment via the removal of children from their families. Their approach has differed. Many similar issues – both philosophical and practical – remain. This section focuses on the approaches taken in Australia, New Zealand, and between Germany and Israel while briefly discussing some other jurisdictions' approaches to articulate some lessons learned and determine whether these models are scalable in Canada.

Australia Compensation Regimes

Tasmanian Compensation Regime

In 2006, the state of Tasmania's legislature established a $5 million fund to compensate members of the Stolen Generation. The Act became operational at the beginning of 2007, and in total there were 151 claims received, and 86 claimants were eligible. 84 members received slightly over $58,000, while two deceased members of the Stolen Generation received either $5000 or $4000. The fund was the first of its kind in Australia.

Notice Plan

Advertisements appeared in the Australian, Mercury, Examiner, Advocate, Koori Mail, and the National Indigenous Times.

- The Act was also promoted through the Circular Head Chronicle, Cygnet and Channel Classifieds, Flinders Island News, Huon News, Kentish Chronicle, King Island Courier, and the North Eastern Advertiser, and articles were placed in Indigenous media.
- Aboriginal organizations received correspondence regarding the process and were asked to inform members and contacts. Information packages were widely distributed through Service Tasmania and other government outlets. Information sessions were held in all major Tasmanian centres for potential applicants, attracting over 70 participants.
- A website was established and received in excess of 1000 visitors before the close of applications in July 2007 as well as through the phone line.

Application design

To be eligible, claimants needed to 1) self-identify as Aboriginal, 2) have Aboriginal ancestry, and 3) there must be communal recognition of the applicant as Aboriginal.[82] Compensation depended on whether the applicant was a Category 1, Category 2, or Category 3 claimant. This criterion consisted of: [83]

- Category 1: Aboriginal persons who were removed from their families between 1935 and 1975 under the Tasmanian Infants Welfare Act 1935 or the Child Welfare Act 1960.[84]
    - Additional Conditions: Children must have been removed for a continuous period of 12 months or more and must not have been in the care of an Aboriginal family. Additionally, the child needed to be removed without the approval of parents *or* undue duress or influence was applied by the State Agency to bring the removal.[85]
- Category 2: applied to Aboriginal people who were living on 16 October 2006, and who were removed while under the age of 18 years from their family between 1935 and 1975 as a result of the active intervention of a State Government agency. The same additional conditions apply to Category 2. [86]
- Category 3: Any living biological children of a deceased Aboriginal person who would have otherwise been eligible under Category 1 or 2 of the Act. [87]

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[82] *Note: this is exceptionally similar to the criteria adopted by the Supreme Court of Canada for determining Métis heritage in Pajamewon.*

[83] *Tasmania Department of Premier and Cabinet. (2008). Report of the Stolen Generations Assessor: Stolen Generations of Aboriginal Children Act 2006.* http://www.dpac.tas.gov.au/__data/assets/pdf_file/0020/306191/Stolen_Generations_Assessor_final_report.pdf

[84] *Ibid.*

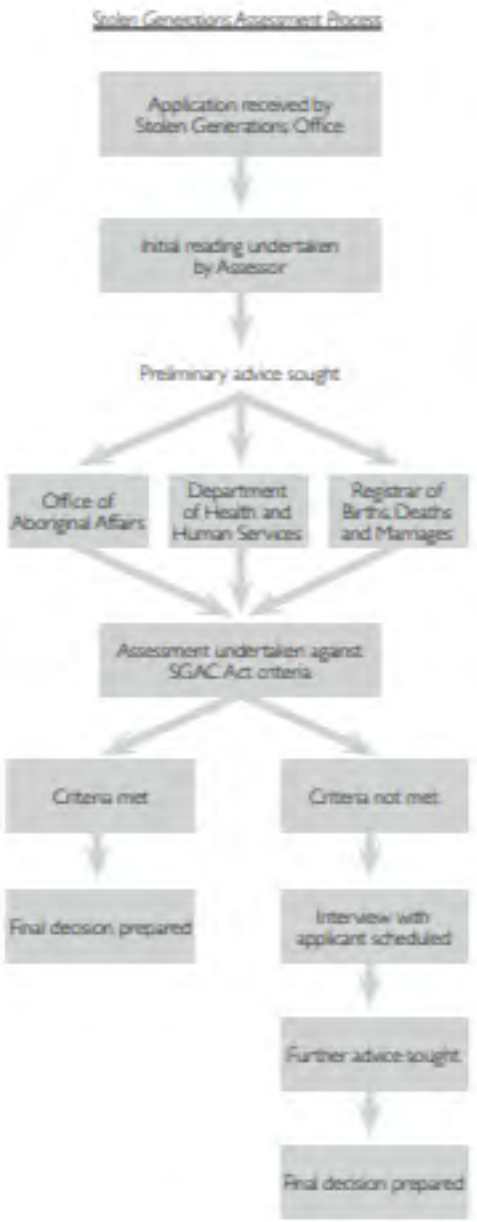
[85] *Ibid.*

[86] *Ibid.*

[87] *Ibid.*

Appendix EE. Overview of Canadian and International Compensation Schemes *(continued)*

Unlike Canadian processes, an Independent Assessor – appointed to determine each of the claims - had broad discretion to review applications and develop a process as the Act did not "set out detailed procedures to be followed."[88] Claimants only had 12 months to apply, once applications opened.[89] An independent assessor was appointed to review all of the applications, and bore the burden of searching for government records to corroborate the claimants' claim. Applicants, however, were required to complete a form and supplied various levels of proof ranging from "only the essential information" (e.g., proof of Aboriginal status and birth/identity information) to "significant amounts of supporting information" including welfare records, family trees, and detailed written statements.



Processing of claims

Once the application was received, the Independent Assessor sought information from three governmental departments and then assessed the application. If the criteria were met, no further action was needed, and the claim was processed. If, however, the Independent Assessor determined the criteria was not met, the applicant was informed about deficiencies in their application and "afforded an opportunity to meet informally with an assessor to discuss those issues" and supplement the information provided to "overcome deficiencies." [90] The meetings were intended to be friendly and cooperative, with both parties sometimes agreeing to make further inquiries to determine eligibility. However, it occasionally became obvious that the claimant would not meet the eligibility criteria. There was no formal appeals process, but the Minister was responsible for ultimately approving or rejecting claims – although they deferred almost exclusively to the Independent Assessor's recommendations.

The standard of proof, applied by the assessor, was that on a balance of probabilities the claimant was more likely than not to be Aboriginal and removed by a Tasmanian state authority. Claims were rejected for five prominent reasons – mostly relating to the eligibility criteria. The most common reasons for rejection were that there was no Tasmanian state agency intervention to place the individual in a residential home, or aboriginality could not be confirmed. However, claims were also rejected because the placement occurred after 1975 or claimants were not removed from their family for 12 months.[91]

Claimants who were removed from their family as a result of criminal conviction were excluded. The Assessor's reflections, if read by a community member who was removed, could easily retraumatize victims. Unlike Canada's settlement agreements, the Assessor's language is equivocal and acknowledges, on multiple occasions, that the individuals who removed children were well-intentioned and meant to "integrate." This is not a complete recognition of the cultural genocide and serious harm caused to Australia's Indigenous community.

Tasmania's compensation framework is unlikely to be applicable in Canada due to the different scale of potential applicants. Tasmania's compensation framework only attracted 151 claimants, whereas Canadian compensation regimes have attracted tens of thousands of applicants However, many of the challenges of implementing the compensation

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[88] *Tasmania Department of Premier and Cabinet. (2008). Report of the Stolen Generations Assessor: Stolen Generations of Aboriginal Children Act 2006.* http://www.dpac.tas.gov.au/__data/assets/pdf_file/0020/306191/Stolen_Generations_Assessor_final_report.pdf

[89] *Ibid.*

[90] *Ibid.*

[91] *Ibid.*

scheme illustrate how narrow eligibility criteria can impede the goals of most settlement agreements: to recognize, repair, and heal Indigenous people's relationships with settler governments.

New South Wales & South Australia

The New South Wales and South Australian processes began in 2017 and 2015, respectively. They were very similar to one another – and had similar features to the Tasmanian agreement because it required applicants to be Aboriginal and removed from their family before 1975.

The application process closely resembled the Tasmanian process, with applicants providing biographical information and documents to prove their identity, and the independent assessor making application assessments and providing recommendations to the Minister who decided whether or not to approve settlements. However, there are differences between these processes and the Tasmanian process. Compared with the Tasmanian compensation scheme, the New South Wales and South Australian processes placed more of the burden on the government to source documents and less of a burden on claimants. Rather than having claimants provide varying amounts of source documents and proof, claimants merely signed a release enabling the government to search for documents to provide proof of the claim. Further, claimants were almost always given an opportunity to meet with the assessor, and most did meet with him. The independent assessor's decisions were final, and there was no meaningful opportunity to petition for reconsideration in either process.

The amount of compensation was much lower for the South Australian scheme (~$20,000) and higher for the New South Wales scheme (~$75,000). Additionally, the New South Wales process also included a healing fund and a longer timeline, running for five years. The length of time for the application process, twelve months, was the same for the South Australian and Tasmanian scheme but was a five-year process for the New South Wales scheme.[92]

Other Australian Settlement Agreements

Territories

In 2021, approximately 800 survivors of the stolen generation in the Northern Territory of Australia filed a class action settlement demanding similar compensation for being taken away from their families. Previously, the Federal government had refused to compensate victims in the Northern Territory.[93] Shortly thereafter, the federal government announced that they were compensating victims for the first time. Eligibility includes "the Stolen Generations survivors who were forcibly removed in the Northern Territory and the Australian Capital Territory prior to their respective self-government, and in the Jervis Bay Territory (collectively known as the territories)."[94]

The scheme will compensate individuals with $75,000 AUD for causing the forced removal from their homes and families and also provide an additional $7,000 to support healing. The compensation will be a one-time payment. In addition, Australia's federal government will create a ~$380 million fund that will provide payment and run for four years.[95]

Unlike other compensation regimes, survivors will be able to share their stories "face-to-face" with senior government officials or receive written apologies.[96] Individuals are responsible for assisting with the healing of this trauma for the Stolen Generations survivors who were forcibly removed in the Northern Territory and the Australian Capital Territory prior to their respective self-government, and in the Jervis Bay Territory (collectively known as the territories). Details on application processes are forthcoming and the application will begin on March 1, 2022.[97]

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[92] *New South Wales Independent Assessor (2020, December 31), Stolen Generations Reparations Scheme Interim Report. New South Wales. https://www.aboriginalaffairs.nsw.gov.au/healing-and-reparations/stolen-generations/2021-SGRS-Interim-Report-(Final)-[accessible].pdf*

[93] *Gooley, C. (2021, April 27). Hundreds of Stolen Generation survivors to sue the federal government for compensation. ABC News. https://www.abc.net.au/news/2021-04-28/class-action-stolen-generation-survivors-descendants/100098608*

[94] *Australian Government, National Indigenous Australians Agency. (n.d.). Territories Stolen Generations redress scheme. https://www.niaa.gov.au/indigenous-affairs/community-safety/national-redress-scheme/territories-stolen-generations-redress-scheme*

[95] *Gooley, C. (2021, August 5). Territory Stolen Generations survivors to share $380 million reparation scheme. The Sydney Morning Herald. https://www.smh.com.au/politics/federal/territory-stolen-generations-survivors-to-share-380-million-reparation-scheme-20210804-p58fsn.html*

[96] *Ibid.*

[97] *National Redress Scheme. (n.d.). Territories Stolen Generation Redress Scheme. https://www.nationalredress.gov.au/resources/information/territories-stolen-generations*

Victoria

In addition, in January 2021 the Victoria Government announced that they would give $6 million to the Koorie Heritage Trust and Connecting Home Limited with assistance.[98] Unlike other programs, it will provide a range of compensation options instead of merely one-time payments. The scheme will cover an expected 1,200 residents of Victoria and includes payments, counselling, and a funeral fund.[99]

Lessons Learned from Australia

In sum, Australia has taken a similar approach to Canada, but with some slight variations. Rather than leverage court processes to affect compensation, territorial governments have passed schemes and implemented them. Australia has generally taken a local, rather than national, approach to compensating Aboriginal victims. These schemes have, however, reached a smaller universe of claimants, had narrower compensation criteria, and required victims to have oral hearings, which can often be retraumatizing.

The application process was intended to, and compared with Canadian class action settlement processes was, "low-documentation." However, any Australian compensation regime served only hundreds or a couple thousand of applicants, not tens of thousands of applications like Canada's class action settlements. The compensation scheme has no appeals process, does not provide applicants with legal advice, and there are sparingly few details about counselling and mental health supports – all of which are available in some Canadian compensation frameworks. The assessor's discretionary power has led compensation definitions to be implemented in a narrow manner. In fact, counsel for many Lost Generation survivors have highlighted that Canada has a more inclusionary model.

Members of Australia's "Stolen Generations" have complex – and sometimes contradictory – views on compensation. Some community members have highlighted that the compensation represents justice and acknowledgement of government-sanctioned harm. In addition, compensation has provided people with – anecdotally – the first opportunity in their lives to purchase a home. Compensation constitutes recognition of trauma resulting from forced removal and acknowledges that the forced removal was wrong. However, Stolen Generation survivors also believe that compensation was misguided in different ways. One survivor highlighted that "nothing can be done now" for recognition of compensation to make a material difference. Others believed that "symbolism can be a cop out" and must be linked with positive governmental action, therefore, compensation is intrinsically incomplete. Some claimants compared the amount of compensation to other class action settlements where there was widespread child abuse and highlighted the substantially lower compensation offered to Stolen Generation survivors.[100] Others advocated for alternative remedies, like healing centers or more expanded counselling, to provide compensation.

New Zealand Process

The Waitangi Tribunal

New Zealand takes a different approach to processing claims about Indigenous child removal by creating a "permanent commission of inquiry" designed to make recommendations of claims brought by Māori related to alleged breaches of the Treaty of Waitangi – a major treaty governing Crown-Māori relations in New Zealand.

The Tribunal has three primary powers. First, it makes recommendations on the dispensation of violations of the Waitangi treaty. Although the Tribunal can make recommendations, those recommendations are not binding – a stark difference from compensation decisions in previous regimes. Second, and importantly, the Tribunal is a specialized body that has exclusive jurisdiction over the treaty and its legal effect. Although Tribunal recommendations are not required to be implemented, its interpretation of the treaty is binding. Finally, the Tribunal can make determinations on certain legal issues (e.g., land/water rights) between the Crown and Māori. In sum, the major difference between other compensatory frameworks and the Waitangi Tribunal is its specialized interpretative function and its inability to make binding determinations on compensation processes.

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[98] *Premier of Victoria. (2021, January 4). Healing For The Stolen Generations. https://www.premier.vic.gov.au/healing-stolen-generations*

[99] *Longmore, J. (2020, March 18). Stolen Generations redress scheme announced in Victoria. ABC News. https://www.abc.net.au/news/2020-03-18/stolen-generations-redress-scheme-announced-in-victoria/12067572*

[100] *Koroff, J. (2021, August 8). Compensation for Stolen Generation members. Creative Spirits. https://www.creativespirits.info/aboriginalculture/politics/stolen-generations/compensation-for-stolen-generation-members#suing-governments-is-brutally-hard*

Procedurally, the process bears multiple similarities to other compensatory processes. Claimants bear the burden of proof and are required to file complaints outlining the Crown's impugned conduct and proposing remedies. However, the body is intended to be bi-cultural and not exclusively operated by legal practitioners. The Tribunal is bi-national, meaning "about half the members are Māori and half are Pākehā, and at any sitting of the Tribunal, at least one Māori member must be present." Another important distinction between the Waitangi Tribunal and other compensation processes is that the process is inquisitorial rather than adversarial. Although the complainant has the burden of describing and producing their claims, a primary function of the commission is to do its own research to make recommendations. Further, the collection of evidence involves taking both Indigenous and settler forms of evidence to shape the evidentiary record.

The claims process is open only to Māori individuals. To lodge a claim, claimants must complete a "claims form."[101] The claims form asks which treaty rights were violated by the Crown (meaning the central New Zealand government) and also asks who to notify about the creation of the claim – meaning the claimant can ensure that the Tribunal directly contacts parties. Legal assistance is not guaranteed; however, legal aid can be provided. The Tribunal does not, therefore, directly call on applicants to begin a claims process; however, if one is commenced relevant parties are notified directly at the discretion of the claimant.

Once a claim is registered, the Tribunal may include the claim as part of a "current inquiry" that the Tribunal is already addressing. The Tribunal classifies its inquiries into different categories. These categories include:

- District Inquiries: Inquiries into the use of land and constitutionality of the Crown's actions on Māori lands.
- Kaupapa Inquires: These are issues not specific to any district in New Zealand. These include, but are not limited to, cultural services, social services, and justice issues that affect Crown-Māori relations and engage the Treaty of Waitangi.

The Waitangi Tribunal gives priority to claims it classifies as urgent (including the child removal issue discussed below) and remedy applications where the Tribunal investigates whether they can make urgent remedies. The Tribunal has discretion to prioritize these claims. Note that for remedy applications, claimants bear the burden of explaining the relationship to other claims so that the Tribunal can hear these claims together, and thereby conveying the claims' urgency.

The documentation required to prove claims is variable – depending on the type of claim lodged. However, the research of the claim can be conducted by all interested parties – including the Tribunal itself. Historical and technical research is often conducted by Tribunal staff and commissioned directly by the Tribunal. One major function of the tribunal is to collect a "casebook." According to the Tribunal, this involves:

"The casebook research of professional or technical evidence involves working in Crown archives or records, libraries, with private papers and other sources of historical records. The research itself can range from a brief of evidence on a specific topic of a few pages to comprehensive historical reports covering issues raised in multiple claims across a whole district which may contain several hundred pages of writing and take a year or more to prepare."

Rather than placing the burden of proof solely on claimants, technical research is conducted with in-person researchers. They work in concert with claimants and the Crown to develop the factual record needed to "build understanding of their claim issues" and "gather advice" on what resources they should use to gather the "casebook."

The evidentiary burden is much lighter than traditional common law systems – and a wide variety of claimant evidence is acceptable. The most important thing to claimants is that the evidence "is directed to helping the Tribunal understand the claimant community." These can include modern evidence-gathering (e.g., PowerPoint presentations) to traditional oral histories.

The Waitangi Tribunal is a unique body in the common law world – and has been lauded as a future model. The Tribunal was created against a backdrop of complete neglect for the treaty by the settler government, and now provides a unique, expert body for mediating claims. The bi-national design of the institution also has been lauded as a model for inclusivity. However, critics have highlighted that the Government often ignores Tribunal recommendations – rendering the commission somewhat feckless and inept.

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[101] *Government of New Zealand, Waitangi Tribunal. (n.d.). Sample Claim Form.* https://waitangitribunal.govt.nz/assets/Documents/Forms/WT-Sample-claim-form.pdf

Child Removal Issue

Throughout 2020, the Waitangi Tribunal heard claims that a disproportionate number of Māori children (tamariki Māori) had been taken into state care. As of 2017, Māori children constituted more than 60 percent of the children in care, and recently, Māori children were five times more likely to be in state care than their non-Māori counterparts. The inquiry was largely triggered after the Oranga Tamariki took a newborn from a teenage mother at Hawke's Bay Hospital in 2019.

The Tribunal, therefore, explored three questions:

1. Why is there a disparity between Māori and non-Māori taken into state care?
2. To what extent did legislative policy improve?
3. What changes are required to conform the state care regime that are consistent with Waitangi treaty principles?

At the hearings, the tribunal heard multiple stories from parents whose children were taken without their consultation. After hearing submissions by interested parties, claimants of treaty violations, and the Government of New Zealand, the Tribunal released its report in April, 2021, finding and recommending that:

1. The disparity between Māori and non-Māori children in Oranga Tamariki care is unacceptable and there is a "need for essential and radical change to the care and protection system." [102]
2. The Treaty guarantees that Māori have "chief authority" over where and how they live, which includes the right to "care and raise for the next generation." The disproportionate removal of Māori children, therefore, constituted a breach of the treaty. [103]
3. Power and control over the Oranga Tamariki should be returned to the Māori people. The Commission recommended creating a new care and protection system via a Transition Authority that functions to "identify changes necessary to eliminate the state care of tamariki." The Transition Authority will oversee the Oranga Tamariki regime and propose systemic improvements to ensure that the new system is "by Māori for Māori delivery." The primary objective of the transition would be to "design a reformed system" for Māori children in conjunction with the Crown to "ensure a modified system is properly implemented." [104]

Overall, the New Zealand compensation framework provides a comprehensive, and fundamentally distinctive means of managing child removal and remediating harm. The specialized, bi-national body has complete jurisdiction over treaty interpretation. However, it can only recommend – it cannot enforce.

Israel & Germany Compensation Schemes

In the early 1950s, the German government and Jewish organizations, the United States, and Israel, *inter alia*, provided funding for the formation of the Conference on Jewish Material Claims against Germany (the Claims Conference). The Claims Conference is a quasi-private organization responsible for negotiating reparative compensation for Holocaust survivors and memorialization of the Holocaust. The organization's function is two-fold: 1) to obtain funds for the relief, rehabilitation and resettlement of Jewish victims of Nazi persecution, and 2) to aid in rebuilding Jewish communities and institutions that were devastated by the Nazis.[105]

Since the formation of the Claims Conference their role has evolved and expanded – often to obtain compensation for a larger universe of Holocaust survivors and to provide compensation and support for survivors to meet evolving needs. There are three general forms of compensation available to survivors, which include:

1. Indemnification: The payments to Nazi victims are known as indemnification, which is compensation for specific personal losses or damages. The original German indemnification program provided one-time settlements as well as monthly payments, known as pensions, for a variety of persecution-related damages, including harm to a victim's health or loss of professional opportunity.[106]

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[102] *Government of New Zealand, Waitangi Tribunal. (2021). He Pāharakeke, He Rito Whakakīkīnga Whāruarua: Oranga Tamariki Urgent Inquiry. https://forms.justice.govt.nz/search/Documents/WT/wt_DOC_171027305/He%20Paharakeke%20W.pdf*

[103] *Ibid.*

[104] *Ibid.*

[105] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). 65 Years of the Claims Conference. http://forms.claimscon.org/chronology/Chronology-65-web.pdf*

[106] *Henry, M. (2002). Fifty years of Holocaust compensation. American Jewish Year Book, 102, 3-84. https://www.bjpa.org/content/upload/bjpa/102c/102compensation.pdf*

Appendix EE. Overview of Canadian and International Compensation Schemes *(continued)*

2. Reparations: Reparations are payments in money or materials from one nation to another for damages inflicted during a conflict, and in this case, a genocide. Thus, reparations generally refer to the war-related debts of a defeated aggressor nation, and may entail a punitive element, as well.
3. Restitution: The return or recovery of identifiable assets, including machinery, real estate, business enterprises, and cultural properties that are restored to the original owners—nations, communities, institutions or individuals. (There were parallel claims for compensation in lieu of restitution for assets that could not be restored.) For Nazi-era properties, international Jewish organizations lodged claims after the war only against Germany and Austria for properties that were looted, confiscated, and "Aryanized." Restitution in Western Europe was a domestic matter; the states in the Soviet bloc did not believe in restitution. Since the collapse of communism, there have been claims to recover Jewish properties in Central and Eastern Europe. These have been fraught with legal and economic difficulties because of the difficulties of distinguishing between Nazi- and Soviet-era confiscation.

Over the last 30 years, compensation has focused on reparation – providing ongoing support to survivors for varying needs and recognizing their harm. For example, as the COVID-19 pandemic ravaged the world, the Claims Conference negotiated and funded a compensation program to provide survivors and/or their spouses with compensation to navigate the pandemic.

Application design

There are seven major funds that provide compensation. Compensation structure varies. Some funds provide lifelong support for survivors of concentration camps. Others, provide one-time payments to specific groups of survivors (e.g., children transported to concentration camps from specific countries).

Each fund is described in greater detail below, as well as its eligibility criteria[107]:

Fund Name	Eligibility Criteria
Kindertransport Fund[108]	Age: Under 21 years old. Eligibility: Unaccompanied by their parents and took part in a transport that was not organized by the German government in order to escape potentially threatening persecution by German forces; Eligibility: The individuals were transported from somewhere within the German Reich or from territories that had been annexed or occupied at the time; Time Horizon: Between November 9, 1938 and September 1, 1939 or was approved by the German authorities after November 9, 1938 but before September 1, 1939.
Child Survivor Fund[109]	Eligibility: Jewish Nazi victims who were persecuted as Jews and were born January 1, 1928 or later AND who suffered one of the following types of persecution: (I) were in a concentration camp; or (II) were in a ghetto (or similar place of incarceration in accordance with the German Slave Labor Program); or (III) were in hiding or living under false identity/illegality for a period of at least 4 months in Nazi-occupied or Axis countries; (as defined by the Article 2/CEE Fund agreement); or (IV) were a fetus during the time that their mother suffered persecution as described above.
Hardship Fund[110]	Claimants must satisfy one of these criteria:

[107] *Note: there are two other funds, however, they are mostly duplicative of the eligibility categories discussed here.*

[108] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Kindertransport Fund. http://www.claimscon.org/what-we-do/compensation/background/kindertransport-fund/#:~:text=The%20Kindertransport%20Fund%20will%20open,from%20receiving%20this%20new%20benefit; Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Kindertransport FAQs. http://www.claimscon.org/what-we-do/compensation/background/kindertransport-fund/kindertransport-faqs/*

[109] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Child Survivor Fund. http://www.claimscon.org/what-we-do/compensation/background/child-survivor-fund/*

[110] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Hardship Fund. http://www.claimscon.org/what-we-do/compensation/background/hardship/*

Appendix EE. Overview of Canadian and International Compensation Schemes *(continued)*

	- Suffered deprivation of liberty (such as, ghetto, forced labor, camp, hiding or false identity); or - Fled from the Nazi regime; or - Fled between June 22, 1941 and January 27, 1944 from areas of the Soviet Union that were generally up to 100 kilometers from the most easterly advance of the German army (Wehrmacht) but were not later occupied by the Nazis; or - Stayed in Leningrad at some time between September 1941 and January 1944 or if they fled from there during this period; or - Suffered "restriction of liberty" as defined by the German Government, (such as were forced to wear the Star of David); or - Were restricted in movement, lived under curfew, suffered compulsory registration with limitation of residence, or - Suffered during the period of Nazi persecution in Algeria such as loss of education, loss of property or economic, professional, and social restrictions; or - Were a fetus at the time that their mother suffered persecution described above. - Anybody who received prior compensation.
Central and Eastern European Fund (CEEF)[111]	Nearly identical to the structure and eligibility criteria for the Article 2 Fund. However, the major difference is that the CEEF serves survivors living in "former communist-bloc countries of Eastern Europe or the former Soviet Union."
Spouse of the Holocaust Survivor Fund[112]	Eligibility Criteria: i) Must have been married to the Article 2/CEE Fund beneficiary at the time they passed away (ii) Be alive as of January 1, 2020, or the date of the application, whichever is the latter.
Article 2 Fund[113]	Administration: The Article 2 fund eligibility criteria is established by the German government and administered by the Claims Conference. Eligibility: Eligibility under the Article 2 Fund is limited to Jewish Nazi victims who were persecuted as Jews and who meet the following eligibility criteria: • Were incarcerated in a concentration camp* or labor battalion during specific time periods as defined by the German Ministry of Finance on its website. ; or • Were imprisoned for at least 3 months in a ghetto as defined by the German Ministry of Finance; or • Were imprisoned for at least 3 months in certain "open ghettos" as defined by the German Ministry of Finance; or • Were in hiding for at least 4 months, under inhumane conditions, without access to the outside world in German Nazi-occupied territory or Nazi satellite states (Nazi instigation); or • Lived illegally under false identity or with false papers for at least 4 months under inhumane conditions in German Nazi-occupied territory or Nazi satellite states (Nazi instigation); or • Were a fetus during the time that their mother suffered persecution as described above. Limitations: • The Article 2 fund is subject to income and asset limits.

[111] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Central and Eastern European Fund: Overview & History.* http://www.claimscon.org/what-we-do/compensation/background/ceef/

[112] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Spouse of Holocaust Survivor Fund.* http://www.claimscon.org/what-we-do/compensation/background/spouse-of-holocaust-survivor-fund/

[113] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Article 2 Fund.* http://www.claimscon.org/what-we-do/compensation/background/article2-article2/

Appendix EE. Overview of Canadian and International Compensation Schemes *(continued)*

	• Recipients of other funds (e.g., The German Federal Indemnification Law, Israeli Pensions, Central and Eastern European Fund).
COVID-19 Emergency Fund	Anyone who is alive and has been approved for a Hardship Fund Payment and does not receive a pension as compensation for persecution during the Holocaust.

Dates of compensation scheme & Quantum of Compensation

Kindertransport Fund[114]	Child Survivor Fund[115]	Hardship Fund[116]	COVID-19 Emergency Fund[117]	Article 2 Fund[118]	CEEF[119]	Spousal Survivor Fund[120]
Fixed: One-time payments. Quantum: €2,500	**Fixed:** One-time payments. Quantum: €2,500	**Fixed:** One-time payments. Quantum: €2,556.46	**Fixed:** Two supplemental payments in addition to the hardship fund. **Quantum:** 2,400 EUR total, in two installments.	**Ongoing:** Monthly payments. **Quantum:** 580 EUR per month, paid in aggregate quarterly.	**Ongoing:** Monthly payments. **Quantum:** 580 EUR per month, paid quarterly.	**Ongoing:** recipients receive payments until they pass away. **Quantum:** quarterly payments of $1,539 EUR.

The Compensation Claims committee uses three different forms: Kindertransport, Spousal Survivor, and a general form for all others, including if the claimant does not know which fund to apply to. Claimants bear the burden of proof. They are required – via applications available online – to provide descriptions of the concentration camp, and rough timelines. Claimants are required to produce "documentary proof of their persecution." However, the Claims Conference, relying on Holocaust historians and archival documentary evidence, examines claims to verify their legitimacy.

Processing of claims

Oversight of identifying beneficiaries and the compensation distribution process. The claims committee generally has numerous, multinational oversight bodies that ensure that compensation agreements are correct:

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[114] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Kindertransport Fund.* http://www.claimscon.org/what-we-do/compensation/background/kindertransport-fund/

[115] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Child Survivor Fund.* http://www.claimscon.org/what-we-do/compensation/background/child-survivor-fund/

[116] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Hardship Fund.* http://www.claimscon.org/what-we-do/compensation/background/hardship/

[117] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Supplemental Hardship Fund Payment: Frequently Asked Questions.* http://www.claimscon.org/what-we-do/compensation/background/hardship/supplemental-hardship-fund-payment/supplemental-hardship-fund-frequently-asked-questions/

[118] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Hardship Fund.* http://www.claimscon.org/what-we-do/compensation/background/article2-article2/

[119] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Central and Eastern European Fund: Overview & History.* http://www.claimscon.org/what-we-do/compensation/background/ceef/

[120] *Conference on Jewish Material Claims Against Germany (Claims Conference). (n.d.). Spouse of Holocaust Survivor Fund.* http://www.claimscon.org/what-we-do/compensation/background/spouse-of-holocaust-survivor-fund/

Appendix EE. Overview of Canadian and International Compensation Schemes *(continued)*

- German Federal Audit Office: Has discretionary authority to review how funds are distributed to the Claims Committee by the German government.
- Audit: The Claims Conference is audited by KPMG annually and produces claims conference financial statements.
- Controller: The Claims Committee has a controller that produces periodic reports on funding to specific organizations and oversight of the funds. Furthermore, they make recommendations on expanding coverage in specific places.
- Office of the Ombusdman: The Ombudsman's responsibilities are to assist in reviewing particular cases in which claimants seek clarification or may have a concern or grievance about a claim or application filed with the organization.

Appeals process and procedure for dealing with missing evidence. There is an appeals procedure for claimants whose claims are denied. Claimants can file for an independent review of applications. Currently, that review is conducted by a retired Chief Justice of Israel's National Labor Court and an American Historian. Claimants who are rejected have one year to file an appeal.

The Claims Conference is distinctive – especially vis-à-vis Canadian and Australian settlement processes. First, the Claims Conference is ongoing. Reparative payments to survivors – while smaller than the compensation schemes in Canada and Australia – provide a consistent source of funds for survivors. Second, the evolution of the scheme distinguishes it. From providing COVID-19 relief to expanding the eligibility criteria of some funds to include spouses of survivors, the Claims Conference has attempted to evolve the compensation needs of survivors to meet their needs. Additionally, compensation provides a material benefit – especially for indigent Holocaust survivors. For instance, one survivor was able to afford higher quality food after receiving compensation payments.

This is Exhibit "K" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

First Nations Child and Family Services, Jordan's Principle, Trout Class Settlement Agreement

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SETTLEMENT AGREEMENT

THIS AGREEMENT is dated effective as of March 31, 2022 ("**Effective Date**").

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE by his Litigation Guardian, Jonavon Joseph Meawasige, and JONAVON JOSEPH MEAWASIGE

(together, the "**Moushoom Plaintiffs**")

AND:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

(together, the "**AFN Plaintiffs**")

AND:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

(together, the "**Trout Plaintiffs**")

AND:

HER MAJESTY THE QUEEN IN RIGHT OF CANADA

("**Canada**")

(collectively, "**Parties**")

WHEREAS:

A. On March 4, 2019, the Moushoom Plaintiffs commenced a proposed class action in the Federal Court under Court File Number T-402-19 (the "**Moushoom Action**"), seeking compensation for discrimination dating back to April 1, 1991.

B. On January 28, 2020, the AFN Action Plaintiffs also filed a proposed class action in the Federal Court under Court File Number T-141-20 (the "**AFN Action**") regarding similar allegations dating back to April 1, 1991.

C. On July 7, 2021, the Honourable Justice St-Louis ordered that the Moushoom Action and the AFN Action be consolidated with certain modifications (the "**Consolidated Action**").

D. The parties to the Consolidated Action engaged in mediation in accordance with the Federal Court Guidelines for Aboriginal Law Proceedings (dated April 2016) to resolve all or some of the outstanding issues in the Consolidated Action. The Honourable Leonard Mandamin acted as mediator from November 1, 2020 to November 10, 2021.

E. On July 16, 2021, the Trout Plaintiffs filed a proposed class action in the Federal Court under Court File Number T-1120-21 (the "**Trout Action**") regarding the Crown's discriminatory provision of services and products between April 1, 1991 and December 11, 2007.

F. On September 29, 2021, in reasons indexed at 2021 FC 969, Justice Favel of the Federal Court of Canada upheld the Canadian Human Rights Tribunal (the "**Tribunal**") decision made in Tribunal File: T1340/7008 (the "**CHRT Proceeding**") indexed at 2019 CHRT 39 (the "**Compensation Order**") in which the Tribunal awarded compensation to Children and their caregiving parents or caregiving grandparents impacted by Canada's systemic discrimination in the underfunding of child and family services on reserve and in the Yukon, and its narrow interpretation of Jordan's Principle.

G. On or about November 1, 2021, the parties entered into negotiations outside of the Federal Court mediation process.

H. The parties, by agreement, appointed the Honourable Murray Sinclair to act as chair of the negotiations.

I. The parties worked collaboratively to determine the class sizes of the Consolidated Action and the Trout Action.

J. The parties separately engaged experts ("**Experts**") to prepare a joint report on the estimated size of the Removed Child Class, as defined herein, on which the parties would rely for settlement discussions (the "**Joint Report**").

K. The Experts relied on data provided by Indigenous Services Canada ("**ISC**") in preparing the Joint Report. ISC communicated to the experts and plaintiffs counsel that the data often came from third-party sources and was in some cases incomplete and inaccurate. The Joint Report referred to and took into account these factors.

L. The Experts estimated that there were 106,200 Removed Child Class Members from 1991 to March 2019. The Experts advised that this class size must be adjusted to 115,000 to cover the period from March 2019 to March 2022 (the "**Estimated Removed Child Class Size**"). The Estimated Removed Child Class Size was determined based on the data received from ISC and modelling taking into account gaps in the data.

M. Canada provided to the plaintiffs estimates of the Jordan's Principle Class Size, which were between 58,385 and 69,728 for the period from December 12, 2007 to November 2, 2017 (the "**Jordan's Principle Class Size Estimates**"). The Parties understand that the Jordan's Principle Class Size Estimates were based on a single 2019-2020 quarter.

N. Based on the Jordan's Principle Class Size Estimates, the plaintiffs estimated the size of the Trout Class, as defined below, to be approximately 104,000.

O. Based on the Parliamentary Budget Officer Report, *Compensation For The Delay and Denial of Services to First Nations Children*, dated February 23, 2021, there are 1.5 primary caregivers per First Nations child.

P. On November 26, 2021, the Federal Court granted certification of the Consolidated Action on consent of the parties.

Q. On February 11, 2022, the Federal Court granted certification of the Trout Action on consent of the parties.

R. The Moushoom Plaintiffs, the AFN Plaintiffs and the Trout Plaintiffs (collectively, the "**Representative Plaintiffs**") and Canada concluded an agreement in principle ("**AIP**") on December 31, 2021 which set out the principal terms of their agreement to settle the Consolidated Action and the Trout Action (collectively, the "**Actions**") and which forms the basis of this Agreement.

S. On March 24, 2022, the Tribunal established March 31, 2022, as the end date for compensation to individuals included in the Removed Child Class and the Family of Removed Child Class.

T. In drafting this Agreement, the Parties:

i) Intend a fair, comprehensive and lasting settlement of all claims raised or capable of being raised in the consolidated action, the Trout action and the CHRT proceeding including that:

(a) Canada knowingly underfunded child and family services for First Nations Children living on Reserve and in the Yukon;

(b) Canada's failure to comply with Jordan's Principle, a legal requirement designed to safeguard First Nations Children's existing substantive equality rights guaranteed in the *Canadian Charter of Rights and Freedoms ("**Charter**")*; and

(c) Canada's failure to provide First Nations Children with essential services available to non-First Nations Children or which would have been required to ensure substantive equality under the *Charter*;

ii) Intend that the Claims Process be administered in an expeditious, cost-effective, user-friendly, culturally sensitive, and trauma-informed manner;

iii) Desire to:

(a) safeguard the best interests of the Class Members who are minors and Persons under Disability;

(b) minimize the administrative burden on Class Members; and

(c) ensure culturally informed and trauma-informed mental health and cultural support services, as well as navigational assistance are available to Class Members.

U. This settlement agreement is designed such that some Class Members, or subsets of Class Members, receive direct compensation, while some others indirectly benefit from the settlement agreement without receiving direct compensation.

NOW THEREFORE in consideration of the mutual agreements, covenants, and undertakings set out herein, the Parties agree as follows:

ARTICLE 1 – INTERPRETATION

1.01 Definitions

In this Agreement, the following definitions apply:

"**Abuse**" means sexual abuse or serious physical abuse causing bodily injury, but does not include neglect nor emotional maltreatment.

"**Actions**" has the meaning set out in the Recitals.

"**Actuary**" means the actuary or firm of actuaries appointed by the Court on the recommendation of the Settlement Implementation Committee who is, or in the case of a firm of actuaries, at least one of the principals of which is, a Fellow of the Canadian Institute of Actuaries.

"**Administrator**'' means the administrator appointed by the Court and its successors appointed from time to time pursuant to the provisions of Article 3.

"**AFN**" means the Assembly of First Nations.

"**AFN Supports**" has the meaning set out in Article 8.

"**Age of Majority**" means the age at which a Class Member is legally considered an adult under the provincial or territorial law of the province or territory where the Class Member resides, attached hereto as Schedule D.

"**Agreement**" means this settlement agreement, including the Schedules attached hereto.

"**AIP**" has the meaning set out in the Recitals.

"**Approved Jordan's Principle Class Member**" means a Jordan's Principle Class Member whose Claim has been accepted by the Administrator, or on appeal by the Third-Party Assessor.

"**Approved Jordan's Principle or Trout Family Class Member**" means a Jordan's Principle or Trout Family Class Member whose Claim has been accepted by the Administrator, or on appeal by the Third-Party Assessor.

"**Approved Removed Child Class Member**" means a Removed Child Class Member whose Claim has been accepted by the Administrator, or on appeal by the Third-Party Assessor.

"**Approved Removed Child Family Class Member**" means the Caregiving Parent or Caregiving Grandparent of a Removed Child Class member, whose Claim has been accepted by the Administrator, or on appeal by the Third-Party Assessor.

"**Approved Trout Child Class Member**" means a Trout Child Class Member whose Claim has been accepted by the Administrator, or on appeal by the Third-Party Assessor.

"Assessment Home" means a home designed for an initial short-term placement where the needs of a Child are being assessed in order to match them to a longer term placement.

"**Auditors**" means the auditors appointed by the Court and their successors appointed from time to time pursuant to the provisions of Article 15.

"**Band List**" has the meaning set out in sections 10-12 of the *Indian Act*.

"**Band**" has the meaning set out in the *Indian Act*.

"**Base Compensation**" means the amount of compensation (excluding any applicable Enhancement Payment) approved by the Court as agreed to by the Plaintiffs, or the Settlement Implementation Committee based on advice from the Actuary, as part of the Claims Process, to be paid to an Approved Removed Child Class Member, an Approved Jordan's Principle Class Member, an Approved Trout Child Class Member, an Approved Removed Child Family Class Member, or an Approved Jordan's Principle or Trout Family Class Member. Such Base Compensation may be different for different Classes and may be made in more than one installment as the implementation of the Claims Process may require.

"**Budget**" means each of the Budgets set out in Article 6.

"**Business Day**'' means a day other than a Saturday or a Sunday or a day observed as a holiday under the laws of the province or territory in which the person who needs to take action pursuant to this Agreement is ordinarily resident or a holiday under the federal laws of Canada applicable in the said province or territory.

"**Canada**" has the meaning set out in the preamble.

"**Caregiving Grandparent**" and "**Caregiving Grandparents**" means a biological or adoptive caregiving grandmother or caregiving grandfather who lived with and assumed and exercised parental responsibilities over a Removed Child Class Member at the time of removal of the Child, or a Jordan's Principle Class Member or a Trout Child Class Member at the time of the Child's Confirmed Need for an Essential Service. Relationships

of a foster parent or stepparent to a Child are excluded from giving rise to a Caregiving Grandparent relationship under this Agreement.

"**Caregiving Parent**" and "**Caregiving Parents**" means the caregiving mother or caregiving father, living with, and assuming and exercising parental responsibilities over a Removed Child Class Member at the time of removal of the Child, or a Jordan's Principle Class Member or a Trout Child Class Member at the time of the Child's Confirmed Need for an Essential Service. Caregiving Parent includes biological parents, adoptive parents and Stepparents. A foster parent is excluded as a Caregiving Parent under this Agreement.

"**Certification Orders**" mean collectively the order of the Court dated November 26, 2021, certifying the Consolidated Action as a class proceeding and the order of the Court dated February 11, 2022, certifying the Trout Action as a class proceeding, copies of which are attached hereto as Schedules A and B.

"Child" or **"Children"** for the purposes of the Removed Child Class means a person who was, at the time of removal, under the Age of Majority of the person's place of residence as set out in Schedule D, Provincial and Territorial Ages of Majority, and for the purposes of the Jordan's Principle Class and Trout Child Class means a person under the provincial and territorial Age of Majority of the person's place of residence as set out in Schedule D, Provincial and Territorial Ages of Majority at the time of the existence of the Confirmed Need for an Essential Service.

"**Claim**" means a claim for compensation made by or on behalf of a Class Member.

"**Claimant**" means a person who makes a Claim by completing and submitting a Claims Form to the Administrator, or on whose behalf a Claim is made by such Class Member's Estate Executive, Estate Claimant or Personal Representative.

"**Claims Deadline**" means the date that is:

(a) three (3) years following the delivery of the initial notice of approval of settlement for Class Members who have reached the Age of Majority by the date on which notice is delivered;

(b) for class members under the Age of Majority, three (3) years after reaching the Age of Majority, so long as that date is at least three years from the date in (a); or

(c) a reasonable extension of the Claims Deadline for individual Class Members approved on request by the Administrator on the grounds that the Claimant faced extenuating personal circumstances and was unable to submit a Claim as a result of physical or psychological illness or challenges, including homelessness, incarceration or addiction, or due to unforeseen community circumstances such as epidemics, community internet connectivity, pandemics, natural disasters,

community-based emergencies or service disruptions at a national, regional or community level.

"**Claims Form**" means a written declaration in respect of a Claim by a Class Member with Supporting Documentation or such other form as may be recommended by the Administrator and agreed to by the Settlement Implementation Committee.

"**Claims Process**" means the process, including a distribution protocol, to be further designed and detailed in accordance with this Agreement for the distribution of compensation under this Agreement to eligible Class Members. The Claims Process also includes, but is not limited to, the Incarcerated Class Members Process and such other processes as may be recommended by the Administrator and experts, agreed to by the Plaintiffs and approved by the Court, for the submission of Claims, determination of eligibility, assessment, verification, determination of possible enhancement, payment of compensation to Class Members, and the role of the Third-Party Assessor.

"**Class**" means Jordan's Principle Class, Jordan's Principle Family Class, Removed Child Class, Removed Child Family Class, Trout Child Class, and Trout Family Class, collectively. Reference to a "class" or "classes" with a lower case "c" is to any of the Jordan's Principle Class, Jordan's Principle Family Class, Removed Child Class, Removed Child Family Class, Trout Child Class, or Trout Family Class as may apply within the context of such reference.

"**Class Counsel**" means Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Company, Nahwegahbow Corbiere, and Fasken LLP, collectively.

"**Class Member**" and "**Class Members**" means any one or more individual members of the Class.

"**Confirmed Need**" means the need of a member of the Jordan's Principle Class or Trout Child Class as confirmed by Supporting Documentation as defined for Jordan's Principle Class or Trout Child Class.

"**Court**" means the Federal Court of Canada.

"**Cy-près Fund**" has the meaning set out in Article 7, established to primarily benefit Class Members who may not receive direct compensation under this Agreement.

"**Delay**" means where a member of the Jordan's Principle Class or Trout Child Class requested an Essential Service from Canada and they received a determination on their request beyond a timeline to be agreed to by the Parties and specified in the Claims Process.

"**Denial**" means where a member of the Jordan's Principle Class or Trout Child Class requested an Essential Service from Canada and that request was either denied or the member of the Jordan's Principle Class or Trout Child Class did not receive a response as to acceptance or denial.

"**Eligible Deceased Class Member**" has the meaning set out in Article 13.02.

"**Eligibility Decision**" has the meaning set out in Article 5.02.

"**Enhancement Factor**" means any objective criterion agreed to by the Plaintiffs and approved by the Court that may be used by the Administrator to enhance the Base Compensation of some members of the Removed Child Class, Jordan's Principle Class or Trout Child Class.

"**Enhancement Payment**" means an amount, based on Enhancement Factors, that may be payable to an Approved Removed Child Class Member, an Approved Jordan's Principle Class Member, or a Trout Child Class Member, in addition to a Base Payment.

"**Essential Service**" means a service that was required due to the Child's particular condition or circumstance, the failure to provide which would have resulted in material impact on the Child, as assessed in accordance with the Framework of Essential Services.

"**Estate Administrator**" includes an executor or administrator appointed or designated under federal, provincial or territorial legislation, as applicable under the circumstances.

"**Estate Executor**" means the executor, administrator, trustee or liquidator of an Eligible Deceased Class Member's estate.

"**First Nations**" means:

(a) with respect to the Removed Child Class, Jordan's Principle Class, Trout Child Class, and Stepparents: individuals who are registered pursuant to the Indian Act;

(b) with respect to the Removed Child Class, Jordan's Principle Class, and Trout Child Class: individuals who were entitled to be registered under sections 6(1) or 6(2) of the *Indian Act*, as it read as of February 11, 2022 (the latter date of the Certification Orders);

(c) with respect to the Removed Child Class: individuals who met Band membership requirements under sections 10-12 of the *Indian Act* by February 11, 2022 (the latter date of the Certification Orders) such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List;

(d) with respect to the Jordan's Principle Class only: individuals who met Band membership requirements under sections 10-12 of the *Indian Act* pursuant to paragraph (c), above, AND who suffered a Delay, Denial, or Service Gap between January 26, 2016 and November 2, 2017;

(e) with respect to the Jordan's Principle Class only: individuals who were recognized as citizens or members of their respective First Nation by February 11, 2022 (the

latter date of the Certification Orders) as confirmed by First Nations Council Confirmation, whether under final agreement, self-government agreement, treaties or First Nations' customs, traditions and laws, AND who suffered a Delay, Denial, or Service Gap between January 26, 2016 and November 2, 2017.

"**First Nations Council Confirmation**" means a written confirmation, the form and contents of which will be agreed upon amongst the Plaintiffs subject to the Court's approval, from a First Nation designed for the purposes of the Claims Process to the effect that an individual is recognized as a citizen or member of their respective First Nation whether under treaty, agreement or First Nations' customs, traditions or laws.

"**Framework of Essential Services**" is an approach to Essential Services to be agreed to by the Plaintiffs for the purposes of the Claims Process, with assistance from experts, in order to assess those Essential Services that, if subject to Delay, Denial or a Service Gap, would have resulted in material impact on the Child.

"**Group Home**" means a staff operated home funded by ISC where several Children are living together. Some Group Homes are parent-operated, where a couple with professional youth care training operate a Group Home together.

"**Implementation Date**" means the later of:

(a) the day following the last day on which a Class Member may appeal or seek leave to appeal the Settlement Approval Order; or

(b) the date on which the last of any appeals of the Settlement Approval Order is finally determined.

"**Incarcerated Class Members Process**" means the process for notice and claims specific to Class Members incarcerated in federal penitentiaries, provincial prisons, and other penal and correctional institutions.

"***Income Tax Act***" means the *Income Tax Act*, R.S.C. 1985, c. 1 (5th Supp).

"***Indian Act***" means the *Indian Act*, R.S.C. 1985, c. 1-5.

"**Investment Committee**" means an advisory body constituted in accordance with this Agreement and Schedule G, Investment Committee Guiding Principles.

"**ISC**" has the meaning in the Recitals and includes any predecessor or successor department.

"**Jordan's Principle Class**" or "**Jordan's Principle Class Member**" means First Nations individuals who, during the period between December 12, 2007 and November 2, 2017 (the "**Jordan's Principle Class Period**"), did not receive from Canada (whether by reason of a Denial or a Service Gap) an Essential Service relating to a Confirmed Need, or whose receipt of said Essential Service relating to a Confirmed Need was delayed by Canada, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or

as a result of a Service Gap or jurisdictional dispute with another government or governmental department while they were under the Age of Majority.

"**Jordan's Principle Family Class**" means all persons who are the brother, sister, mother, father, grandmother or grandfather of a member of the Jordan's Principle Class at the time of Delay, Denial or Service Gap. Amongst the Jordan's Principle Family Class, only the Caregiving Parents or Caregiving Grandparents may receive direct compensation if otherwise eligible under this Agreement.

"**Jordan's Principle**" means a child-first substantive equality principle named after the late Jordan River Anderson that applies equally to all First Nations Children whether resident on or off reserve, including the Northwest Territories.

"**Non-kin Foster Home**" means any family-based care funded by ISC.

"**Non-paid Kin or Community Home**" means an informal placement that has been arranged within the family support network; the child welfare authority does not have temporary custody and the placement is not funded by ISC.

"**Northern or Remote Community**" means a community as agreed upon by the Plaintiffs and set out in the Claim Process.

"**Notice Plan**" means the Notice Plan as recommended by the Administrator and agreed by the Parties, subject to the Court's approval.

"**Ongoing Fees**" has the meaning set out in Article 16.03.

"**Opt-Out**" means: (a) the delivery by a Class Member to the Administrator of an opt-out form or a written request to be removed from the Actions before the Opt-Out Deadline; or (b) after the Opt-Out Deadline, a Class Member obtaining leave of the Court to opt out of the Actions in accordance with this Agreement.

"**Opt-Out Deadline**" means the one hundred eightieth (180th) day following the publication of the notice of certification, after which Class Members may no longer Opt-Out of the Actions, except with leave from the Court.

"**Ordinarily Resident on Reserve**" means:

(a) a First Nations individual who lives in a permanent dwelling located on a First Nations Reserve at least 50% of the time and who does not maintain a primary residence elsewhere;

(b) a First Nations individual who is living off-Reserve while registered full-time in a post-secondary education or training program who is receiving federal, Band or Aboriginal organization education/training funding support and who:

a. would otherwise reside on-Reserve;

b. maintains a residence on-Reserve;

c. is a member of a family that maintains a residence on-Reserve; or

d. returns to live on-Reserve with parents, guardians, caregivers or maintainers when not attending school or working at a temporary job.

(c) a First Nations individual who is temporarily residing off-Reserve for the purpose of obtaining care that is not available on-Reserve and who, but for the care, would otherwise reside on-Reserve;

(d) a First Nations individual who is temporarily residing off-Reserve for the primary purpose of accessing social services because there is no reasonably comparable service available on-Reserve and who, but for receiving said services, would otherwise reside on-Reserve;

(e) a First Nations individual who at the time of removal met the definition of ordinarily resident on reserve for the purpose of receiving child welfare and family services funding pursuant to a funding agreement between Canada and the province/territory in which the individual resided (including, but not limited to, ordinarily resident on reserve individuals funded through the cost-shared model under the Canada-Ontario 1965 Indian Welfare Agreement).

"**Out-of-home Placement**" means a distinct location where a Removed Child Class Member has been placed pursuant to a removal, such as an Assessment Home, Non-kin Foster-home, Paid Kinship-home, Group Home, a Residential Treatment Facility, or other similar placement funded by ISC.

"**Paid Kinship Home**" means a formal placement that has been arranged within the family support network and paid for by ISC, where the child welfare authority has temporary or full custody.

"**Parties**" means the Plaintiffs and Canada;

"**Person Under Disability**" means:

(a) a person under the Age of Majority under the legislation of their province or territory of residence; or

(b) an individual who is unable to manage or make reasonable judgments or decisions in respect of their affairs by reason of mental incapacity including those for whom a Personal Representative has been appointed, or designated by operation of the law, pursuant to the applicable provincial, territorial or federal legislation.

"**Personal Representative**" means the Person appointed, or designated by operation of the law, pursuant to the applicable provincial, territorial or federal legislation to manage or make reasonable judgments or decisions in respect of the affairs of a Person Under Disability who is an eligible claimant and includes an administrator for property.

"**Plaintiffs**" means collectively the Moushoom Plaintiffs, the AFN Plaintiffs and the Trout Plaintiffs.

"**Professional**" means a professional with expertise relevant to a Child's Confirmed Need(s), for example: a medical professional or other registered professionals available to a Class Member in their place of residence and community (particularly in a Northern or Remote Community where there may not have been, or be, access to specialists, but there may have been access to community health nurses, social support workers, and mental health workers), or an Elder or Knowledge Keeper who is recognized by the Child's specific First Nations community.

"**Recitals**" means the recitals to this Agreement.

"**Removed Child Class**" or "**Removed Child Class Member**" means First Nations individuals who, at any time during the period between April 1, 1991 and March 31, 2022 (the "**Removed Child Class Period**"), while they were under the Age of Majority, were removed from their home by child welfare authorities or voluntarily placed into care, and whose placement was funded by ISC, such as an Assessment Home, a Non-kin Foster Home, a Paid Kinship Home, a Group Home, or a Residential Treatment Facility or another ISC-funded placement while they, or at least one of their Caregiving Parents or Caregiving Grandparents, were Ordinarily Resident on a Reserve or were living in the Yukon, but excluding children who lived in a Non-paid Kin or Community Home through an arrangement made with their caregivers and excluding individuals living in the Northwest Territories at the time of removal.

"**Removed Child Family Class**" means all persons who are the brother, sister, mother, father, grandmother or grandfather of a member of the Removed Child Class at the time of removal.

"**Reserve**" means a tract of land, as defined under the *Indian Act*, the legal title to which is vested in the Crown and has been set apart for the use and benefit of a Band.

"**Residential Treatment Facility**" means a treatment program for several Children living in the treatment facility with 24 hours a day trained staff, including locked or secure and unlocked residences, funded by ISC.

"**Service Gap**" means each of the Essential Services that are identified as a Service Gap in accordance with the Framework of Essential Services.

"**Settlement Approval Hearing**" means a hearing of the Court to determine a motion to approve this Agreement.

"**Settlement Approval Order**" means the draft order submitted to the Court regarding the approval of this Agreement, the form and content of which will be agreed upon amongst the Parties.

"**Settlement Funds**" means a total of $20,000,000,000 ($20 billion), which Canada will pay to settle the claims of the Class in accordance with this Agreement.

"**Settlement Implementation Committee**" or "**Settlement Implementation Committee and its Members**" means a committee established pursuant to Article 12.

"**Settlement Implementation Report**" has the meaning set out in Article 12.03.

"**Spell in Care**" means a continuous period in care, which starts when a Child is taken into out-of-home care and ends when the Child is discharged from care, by returning home, moving into another arrangement in a Non-paid Kin or Community Home, being adopted, or living independently at the Age of Majority. ISC data considers a Spell in Care by the start and end dates of each continuous period of Out-of-home Placement.

"Stepparent" means a person who is a First Nations spouse of the biological parent of a Removed Child Class Member, Jordan's Principle Class Member, or Trout Child Class Member, and lived with that Child's biological parent and contributed to the support of the Child for at least three (3) years prior to the removal of the Child, or the occurrence of the Delay, Denial or the Service Gap.

"**Supporting Documentation**" means:

(a) for the Removed Child Class: such documentation as may be required to be submitted by a Removed Child Class Member in accordance with this Agreement to substantiate eligibility and compensation under the applicable Claims Form;

(b) for the Jordan's Principle Class and Trout Child Class: such documentation as may be required to be submitted by a member of the Jordan's Principle Class and Trout Child Class in accordance with this Agreement to substantiate eligibility and compensation under the applicable Claims Form;

(c) for the Removed Child Family Class: such documentation as may be required to be submitted by a member of the Removed Child Family Class in accordance with this Agreement to substantiate eligibility and compensation under the applicable Claims Form;

(d) for the Jordan's Principle Family Class: such documentation as may be required to be submitted by a member of the Jordan's Principle Family Class in accordance with this Agreement to substantiate eligibility and compensation, if any, under the applicable Claims Form;

(e) for the Trout Family Class: the documentation to be required to be submitted by a member of the Trout Family Class in accordance with this Agreement to substantiate eligibility and compensation, if any, under the applicable Claims Form; and

(f) for Eligible Deceased Class Members: the documentation to be required to be submitted in accordance with this Agreement to substantiate eligibility and compensation, if any, under the applicable Claims Form.

"**Time in Care**" means the total amount of time that a Removed Child Class Member spent in care regardless of the number of Spells in Care.

"**Third-Party Assessor**" means the person or persons appointed by the Court to carry out the duties of the Third-Party Assessor as stated in this Agreement, to be particularized in the Claims Process and their successors appointed from time to time, as approved by the Court.

"**Trout Child Class**" or "**Trout Child Class Member**" means First Nations individuals who, during the period between April 1, 1991 and December 11, 2007 (the "**Trout Child Class Period**"), while they were under the Age of Majority, did not receive from Canada (whether by reason of a Denial or a Service Gap) an Essential Service relating to a Confirmed Need, or whose receipt of said Essential Service was delayed by Canada, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a Service Gap or jurisdictional dispute with another government or governmental department.

"**Trout Family Class**" means all persons who are the brother, sister, mother, father, grandmother or grandfather of a member of the Trout Child Class at the time of Delay, Denial or Service Gap. Amongst the Trout Family Class, only the Caregiving Parents or Caregiving Grandparents may receive direct compensation if otherwise eligible under this Agreement.

"**Trust**" means the trust established pursuant to Article 14.

"**Trust Fund**" has the meaning set out in Article 4.

"**Trustee**" means the trustee appointed by the Court pursuant to Article 14 for the purposes of this Agreement.

1.02 Headings

The division of this Agreement into paragraphs and the use of headings are for convenience of reference only and do not affect the construction or interpretation of this Agreement.

1.03 Extended Meanings

In this Agreement, words importing the singular number include the plural and vice versa, and words importing any gender or no gender include all genders. The term "including" means "including without limiting the generality of the foregoing". Any reference to a

government ministry, department or position will include any predecessor or successor government ministry, department or position.

1.04 Interpretation

The Parties acknowledge that they have reviewed and participated in settling the terms of this Agreement and they agree that there will be no presumptive rule of construction to the effect that any ambiguity in this Agreement is to be resolved in favour of any particular Party.

1.05 Statutory References

In this Agreement, unless something in the subject matter or context is inconsistent therewith or unless otherwise herein provided, a reference to any statute is to that statute as enacted on the date of such reference and not as the statute may from time to time be amended, re-enacted, or replaced, and the same applies to any regulations made thereunder.

1.06 Business Day

Where the time on or by which any action required to be taken hereunder expires or falls on a day that is not a Business Day, such action may be done on the next succeeding day that is a Business Day.

1.07 Currency

All references to currency herein are to lawful money of Canada.

1.08 Compensation Inclusive

The amounts payable to Class Members under this Agreement are inclusive of any prejudgment or post-judgment interest.

1.09 Schedules

The following Schedules to this Agreement are incorporated into and form part of this Agreement:

Schedule A: Consolidated Action Certification Order

Schedule B: Trout Action Certification Order

Schedule C: Framework for Supports for Claimants in Compensation Process

Schedule D: Provincial and Territorial Ages of Majority

Schedule E: Summary Chart of Jordan’s Principle / Trout Approach

Schedule F: Examples Chart of Removed Child Family Class Approach

Schedule G: Investment Committee Guiding Principles

1.10 Benefit of the Agreement

This Agreement will inure to the benefit of and be binding upon the Parties, and for Canada and Class Members, upon their estates, heirs, Estate Executors, Estate Claimants, and Personal Representatives, subject to eligibility criteria herein.

1.11 Applicable Law

This Agreement will be governed by the laws of Canada, together with the laws of the province or territory where the Class Member is ordinarily resident, as applicable, save where otherwise specified in this Agreement.

1.12 Counterparts

This Agreement may be executed electronically and in any number of counterparts, each of which will be deemed to be an original and all of which taken together will be deemed to constitute one and the same Agreement.

1.13 Official Languages

As soon as practicable after the execution of this Agreement Class Counsel will arrange for the preparation of an authoritative French version. The French version will be of equal weight and force at law.

1.14 Ongoing Supervisory Role of the Court

Notwithstanding any other provision of this Agreement, the Court will maintain jurisdiction to supervise the implementation of this Agreement in accordance with its terms, including the adoption of protocols and statements of procedure, and the Parties attorn to the jurisdiction of the Court for that purpose. The Court may give any directions or make any orders that are necessary for the purposes of this Article.

ARTICLE 2 - EFFECTIVE DATE OF AGREEMENT

2.01 Date when Binding and Effective

On the Implementation Date, this Agreement will become binding on all Class Members who have not Opted-Out in accordance with Article 11.

2.02 Effective Upon Approval

None of the provisions of this Agreement will become effective unless and until the Court approves this Agreement.

2.03 Legal Fees Severable

Class Counsel's fees for prosecuting the Actions have been or will be negotiated separately from this Agreement and remain subject to approval by the Court. The Court's decision on Class Counsel's fees will have no effect on the implementation of this

Agreement. If the Court refuses to approve the fees of Class Counsel, the remainder of the provisions of this Agreement will remain in full force and effect and in no way will be affected, impaired or invalidated.

ARTICLE 3 – ADMINISTRATION

3.01 Designation of Administrator

Initially on the recommendation of the Plaintiffs based on advice received from experts, the Court will appoint an Administrator to administer the Claims Process with such powers, rights, duties and responsibilities as are set out in Article 3 and such other powers, rights, duties and responsibilities as are determined by the Settlement Implementation Committee and approved by the Court. Following the establishment of the Settlement Implementation Committee and on the recommendation of the Settlement Implementation Committee, the Court may replace the Administrator at any time.

3.02 Duties of the Administrator

1) The Administrator's duties and responsibilities include the following:

   (a) in consultation with the Settlement Implementation Committee, developing, installing, and implementing systems, forms, information, guidelines and procedures for processing Claims and appeals of the decisions of the Administrator to the Third-Party Assessor in accordance with this Agreement and the Claims Process;

   (b) in consultation with the Settlement Implementation Committee, developing, installing, and implementing systems and procedures for making payments of compensation in accordance with this Agreement and the Claims Process;

   (c) receiving funds from the Trust and the Trustee to make payments to Class Members in accordance with this Agreement and the Claims Process;

   (d) ensuring adequate staffing for the performance of its duties under this Agreement, and training and instructing personnel;

   (e) ensuring, in consultation with the Settlement Implementation Committee, First Nations participation and the reflection of First Nations perspectives, appropriate cultural knowledge, use of proper experts, and a trauma-informed approach to the Class;

   (f) keeping or causing to be kept accurate accounts of its activities and its administration and preparing annual audited financial statements, as well as reports, and records as are required by the Settlement Implementation Committee, the Auditors and the Court;

   (g) reporting to the Settlement Implementation Committee on a monthly basis

respecting:

i) Claims received and determined;

ii) Claims deemed ineligible and the reason(s) for that determination; and

iii) appeals from the Administrator's decisions and the outcomes of those appeals.

(h) identifying and reporting to the Settlement Implementation Committee systemic issues in the implementation of the Agreement and the Claims Process as such issues arise and in any event no later than on a quarterly basis, and working with the Settlement Implementation Committee and any experts as may be required to find a resolution to such systemic issues—a systemic issue being an issue that affects more than one Class Member;

(i) responding to inquiries from Claimants respecting Claims and Claims Forms;

(j) providing navigational supports to Class Members in the Claims Process as outlined out in Schedule C: Framework for Supports for Claimants in Compensation Process, including assistance with the filling out and submission of Claims Forms, assistance with obtaining Supporting Documentation, and assistance with appeals to the Third-Party Assessor pursuant to this Agreement, reviewing Claims Forms, Supporting Documentation, and First Nations Council Confirmations, and determining a Claimant's eligibility for compensation in the Class;

(k) maintaining a database with all information necessary to permit the Settlement Implementation Committee and the Actuary to assess the financial sufficiency of the Trust Fund;

(l) in appropriate circumstances, requiring further Supporting Documentation in relation to a claimed Confirmed Need from a different Professional. In case of doubt, the Administrator will consult with the Settlement Implementation Committee for direction;

(m) communicating with Claimants in either English or French, as the Claimant elects, and if a Claimant expresses the desire to communicate in a language other than English or French, making best efforts to accommodate such Claimant;

(n) annually report to the Court on the Administrator's above tasks;

(o) determining requests for the extension of the Claims Deadline by individual Class Members facing extenuating personal circumstances, such as where a Claimant was unable as a result of physical or psychological illness or challenges, including homelessness, incarceration or addiction, or due to unforeseen

circumstances such as epidemics, community internet connectivity, pandemics, natural disasters, community based emergencies or service disruptions at a national, regional, or community level, to submit a Claim before the Claims Deadline, subject to further direction on such circumstances from the Settlement Implementation Committee; and

(p) such other duties and responsibilities as the Court or the Settlement Implementation Committee may from time to time direct.

2) In carrying out its duties and responsibilities outlined in this Agreement, the Administrator will:

(a) act in accordance with the principles governing the administration of Claims set out in this Article, in particular that the Claims Process intends to be cost-effective, user-friendly, culturally sensitive, trauma-informed, and non-traumatizing to Class Members;

(b) ensure quality assurance processes are documented and transparent;

(c) comply with the service standards established by the Parties; and

(d) perform other duties and responsibilities as the Court or the Settlement Implementation Committee may from time to time direct.

3) Except as otherwise provided in this Agreement and the Claims Process, the Administrator will request on a monthly basis such funds from the Trustee as may be necessary to pay approved Claims. The Trustee will provide such funds to the Administrator, and the Administrator will pay such funds to the Class Members in accordance with this Agreement and the Claims Process.

3.03 Appointment of the Third-Party Assessor

On the recommendation of the Parties until the approval of this Agreement and of the Settlement Implementation Committee thereafter, the Court will appoint as necessary from time to time one or more Third-Party Assessors composed of experts, including First Nations experts, with demonstrated knowledge of, and experience in, First Nations child and family services and Jordan's Principle. On the recommendation of the Settlement Implementation Committee, the Court may replace a Third-Party Assessor at any time. The Third-Party Assessor will perform the duties of the Third-Party Assessor set out in this Agreement and the Claims Process.

3.04 Responsibility for Costs

1) Canada will pay:

(a) the reasonable costs of giving notice in accordance with the Notice Plans to be developed by the Parties, including Canada and the Settlement Implementation Committee, as approved and ordered by the Court;

(b) the reasonable costs and disbursements of the Administrator, the Third-Party Assessor, the Trustee, the Auditor, and any experts, advisors or consultants retained by the Settlement Implementation Committee for the purpose of implementing this Agreement;

(c) the costs of the administration of the Trust;

(d) legal fees pursuant to Article 16;

(e) the costs of the supports for Class Members throughout the Claims Process as outlined in Schedule C: Framework for Supports for Claimants in Compensation Process; and

(f) the costs of the Dispute Resolution Process in accordance with Article 17.

2) The Settlement Implementation Committee will provide a forecast of the costs and disbursements of the administration of this Agreement to Canada on an annual basis, on or before December 1 of each year regarding the year ahead, which forecast may be revised due to unforeseen circumstances. In such case, the Settlement Implementation Committee will advise Canada in writing. Canada may dispute the reasonableness of the forecast or any revision of it.

3) None of the costs payable by Canada pursuant to this Article will be deducted from the Settlement Funds.

ARTICLE 4 - TRUST FUND

4.01 Establishment of the Trust Fund

1) As soon as practicable after the appointment and settlement of the Trust in accordance with Article 14, the Trustee will establish investment trust account(s) at a Schedule 1 Canadian Bank for the purposes of paying compensation to eligible Class Members.

2) No later than thirty (30) Business Days following the Implementation Date, and in accordance with the terms of Article 1.01, Canada will make a contribution to the Trust of Settlement Funds in the amount of $20 billion.

4.02 Distribution of the Trust Fund

The Trustee will periodically, on request based on approved Claims, pay the Administrator from the trust account(s) under Article 4.01 for the purpose of distributing the Trust Fund for the benefit of the Class Members in accordance with this Agreement, including by paying compensation in accordance with Article 6 through the Claims Process.

ARTICLE 5 - CLAIMS PROCESS

5.01 Principles Governing Claims Administration

1) The design and implementation of the distribution protocol within the Claims Process will be within the sole discretion of the Plaintiffs, subject to the approval of the Court. The Plaintiffs will establish the Claims Process and may seek input from the First Nation Child and Family Caring Society, as well as from experts and First Nations stakeholders as the Plaintiffs deem in the best interests of the Class Members. The Plaintiffs will finalize the distribution protocol within the Claims Process in accordance with this Agreement, and will submit same for approval of the Court at a hearing scheduled for December 20, 2022.

2) Notwithstanding Article 5.01(1), Canada will have standing to make submissions on the distribution protocol at the hearing on the motion to approve same before the Court.

3) The Claims Process is intended to be expeditious, cost-effective, user-friendly, culturally sensitive, trauma-informed, and non-traumatizing to participants. The Administrator will identify and implement service standards for the Claims Process no later than 30 days after the Implementation Date.

4) The Administrator and the Third-Party Assessor will, in the absence of reasonable grounds to the contrary, presume that a Claimant is acting honestly and in good faith with respect to any Claim.

5) In considering a Claims Form, Supporting Documentation, or a First Nations Council Confirmation, the Administrator and the Third-Party Assessor will draw all reasonable inferences that can be drawn in favour of the Claimant.

6) The Administrator will make reasonable efforts to obtain verification of each Claim within six months of the receipt of the completed Claim, with all required elements. If the Administrator identifies systemic issues with its ability to verify Claims in accordance with the Claims Process within six months, the Administrator will refer the matter to the Settlement Implementation Committee to determine whether a different service standard should be applied to the Class.

7) In designing the Claims Process, the Administrator and the Plaintiffs will develop standards relating to the processing of Claims in compliance with Article 6.06 of this Agreement, insofar as it recognizes that Class Members' circumstances may require flexibility in the type of documentation necessary to support the Claims Forms due to challenges such as, but not limited to, the Child's age or developmental status at the time of the events, the disappearance of records over time, retirement or death of professionals involved in a Child's case, systemic barriers to accessing professionals, and therefore, for example, allows for Supporting Documentation that is contemporaneous or current.

8) The Claims Process regarding the determination of Claims from members of the Jordan's Principle Class and the Trout Child Class will include a review for the purpose of making a recommendation on eligibility and compensation to the Administrator by an individual with specific culturally appropriate health and social training on Jordan's Principle, Essential Services, Confirmed Needs, Professionals, and Supporting Documentation.

5.02 Eligibility Decisions and Enhanced Compensation Decisions

1) The Administrator will make the decision on eligibility and compensation.

2) The Administrator will review each Claims Form, Supporting Documentation, First Nations Council Confirmation, recommendation under Article 5.01(8), and such other information as the Administrator considers relevant to determine whether each Claimant is eligible for compensation.

3) A First Nations Council Confirmation is required for Jordan's Principle Class and Trout Child Class Claimants who solely meet the definition of First Nation as defined in Article 1 based on having been recognized as a member or citizen by their respective First Nations under agreement, treaties or First Nations' customs, traditions and laws by February 11, 2022 (the latter date of the Certification Orders).

4) Within six months of the receipt of a completed Claim with all required elements, the Administrator will provide written reasons to a Claimant in any case of:

    (a) an Eligibility Decision;

    (b) a decision that a member of the Removed Child Family Class is not entitled to receive compensation due to indication of Abuse;

    (c) a decision that a Claimant is not entitled to an Enhancement Payment available to that Class; or

    (d) a decision to refuse to extend the Claims Deadline with respect to a Class Member.

5) Only a Claimant approved by an Eligibility Decision may be entitled to compensation pursuant to Article 6.

6) A Claimant will have 30 days to commence an appeal to the Third-Party Assessor in accordance with the Claims Process after receiving:

    (a) an Eligibility Decision that a Claimant is not a Class Member;

    (b) a decision that a Claimant is not entitled to an Enhancement Payment as defined in the Claims Process;

    (c) a refusal to extend the Claims Deadline with respect to an individual Class Member; or

    (d) a dispute amongst Approved Removed Child Family Members receiving a pro rata share of a Base Compensation under Article 6.04.01.

7) The Third-Party Assessor's decision on an appeal pursuant to Article 5.02(6) will be final and not subject to judicial review, further appeal or any other remedy by legal action.

8) The Third-Party Assessor will comply with the procedure and timeline standards established in the Claims Process for an appeal from a decision of the Administrator.

9) There will be no right of appeal by a Class Member who belongs to a category, such as brothers and sisters, that is not entitled to receive direct payment under this Agreement.

ARTICLE 6 - COMPENSATION

6.01 General Principles Governing Compensation

1) The Plaintiffs will design a Claims Process with the goal of minimising the risk of causing trauma to Class Members.

2) No member of the Removed Child Class, Jordan's Principle Class or Trout Child Class will be required to submit to an interview, examination or other form of *viva voce* evidence taking.

3) The Plaintiffs will agree to require fair and culturally appropriate Supporting Documentation in accordance with this Agreement tailored to each different class for the purposes of the Claims Process.

4) A Class Member may claim compensation starting one year before they reach the Age of Majority, provided that no compensation is paid to that Class Member until after the Age of Majority. A Class Member may only receive compensation under the terms of this Agreement after the Age of Majority, except in the case of an Exceptional Early Payment in accordance with Article 6.07.01. The Claims Process will include a means by which a Child may register with the Administrator at any time in order to receive updates on the implementation of this Agreement.

5) Enhancement Factors have been selected as appropriate proxies for harm, based on expert opinion, and are designed to enable proportionate compensation to the Removed Child Class, the Jordan's Principle Class, and the Trout Child Class.

6) Compensation under this Agreement will take the form of either direct payment to eligible Class Members who have claimed through the Claims Process and been approved by the Administrator or indirect benefit to the Class through the Cy-près Fund.

7) A Class Member who qualifies for compensation as a member of more than one class will receive the higher amount for which the Class Member qualifies amongst the applicable classes, and compensation under the classes will not be combined, with the following exception: a Class Member who qualifies as a member of the Removed Child Class and the Removed Child Family Class will be entitled to a combined amount of compensation as a member of both of those classes.

6.02 Governing Principles on Removed Children

1) This Agreement seeks to adopt a trauma-informed and culturally sensitive approach to compensating the Removed Child Class and the Caregiving Parents or Caregiving Grandparents of the Removed Child Class.
2) To the extent possible and based on objective criteria, the Agreement seeks to bring proportionality to the compensation process such that members of the Removed Child Class who suffered the most harm may receive higher compensation in the Claims Process.
3) For the Removed Child Class, eligibility for compensation and Enhancement Factors will be based on objective criteria and data primarily from ISC and Supporting Documentation as the case may be.

6.03 Removed Child Class Compensation

1) Base Compensation payable to an Approved Removed Child Class Member will not be multiplied by the number of Spells in Care.
2) An Approved Removed Child Class Member will be entitled to receive Base Compensation of $40,000.
3) An Approved Removed Child Class Member may be entitled to an Enhancement Payment based on the following Enhancement Factors ("**Removed Child Enhancement Factors**"):
    (a) the age at which the Removed Child Class Member was removed for the first time;
    (b) the Time in Care;
    (c) the age of a Removed Child Class Member at the time they exited the child welfare system;
    (d) whether a Removed Child Class Member was removed to receive an Essential Service relating to a Confirmed Need;
    (e) whether the Removed Child Class Member was removed from a Northern or Remote Community; and
    (f) the number of Spells in Care for a Removed Child Class Member and/or, if possible, the number of Out-of-home Placements applicable to a Removed Child Class Member who spent more than one (1) year in care.
4) The Plaintiffs will design a system of weighting the Removed Child Enhancement Factors for the Removed Child Class based on the input of experts that will reflect the relative importance of each Enhancement Factor as a proxy for harm.
5) The Plaintiffs have estimated a Budget of $7.25 billion for the Removed Child Class.

6.04 Caregiving Parents or Caregiving Grandparents of Removed Child Class

1) Amongst the Removed Child Family Class, only the Caregiving Parents or Caregiving Grandparents may receive direct compensation if otherwise eligible under this Agreement. Brothers and sisters are not entitled to direct compensation but may benefit indirectly from this Agreement through the Cy-près Fund.

2) A foster parent is not entitled to compensation under this Agreement and is not entitled or permitted to claim compensation on behalf of a Child under this Agreement.

3) The Base Compensation of an Approved Removed Child Family Class Member will not be multiplied based on the number of removals or Spells in Care for a Child or the number of Children in care. No Approved Removed Child Family Class Member will receive more than one Base Compensation.

4) A Caregiving Parent or Caregiving Grandparent who has committed Abuse that has resulted in the Removed Child Class member's removal is not eligible for compensation in relation to that Removed Child. However, a Caregiving Parent or Caregiving Grandparent is not barred from receiving compensation if the Caregiving Parent or Caregiving Grandparent is otherwise eligible for compensation as a member of another class defined under this Agreement.

5) The Plaintiffs have estimated a Budget of $5.75 billion for the Removed Child Family Class.

6) If a Child lived with a Caregiving Grandparent at the time of removal, such a Caregiving Grandparent may be eligible to seek compensation.

7) A maximum compensation amount of two Base Compensation payments per Child among Caregiving Parents and Caregiving Grandparents of a Child, regardless of number of Spells in Care or removals, may be distributed under this Agreement, if otherwise eligible, according to the following priority list:

    (a) Category A: Caregiving Parents who are biological parents; then

    (b) Category B: Caregiving Parents who are adoptive parents or Stepparents, if applicable; then

    (c) Category C: Caregiving Grandparent(s).

8) The Parties have budgeted the Base Compensation for an Approved Removed Child Family Class Member to be $40,000.

9) An Approved Removed Child Family Class Member may receive an increased Base Compensation in the event that more than one Child of the Approved Removed Child Family Class Member has been removed. Such Base Compensation is budgeted to be $60,000.

10) If the Settlement Implementation Committee has allocated a Trust Fund Surplus to Approved Removed Child Family Class Members pursuant to Article 6.08(5), the Settlement Implementation Committee may determine that the maximum combined amount of base and additional compensation to be awarded to an Approved Removed Child Family Class Member who has had more than one Child removed may be greater than $60,000.

11) The final quantum of Base Compensation to be paid to each Approved Removed Child Family Class Member will be determined by the Settlement Implementation Committee in consultation with the Actuary, having regard to the number of Approved Removed Child Family Class Members and the Budget for the Removed Child Family Class under this Article, subject to Court approval.

12) Payments to Approved Removed Child Family Class Members who may be entitled to receive compensation under this Article before the expiration of the Claims Deadline may be staggered into installments in order to ensure sufficient funds exist to pay like amounts to like Claimants regardless of when they submitted their Claim.

6.04.01 Priorities in Compensation for Removed Child Family Class Members

1) Where one or two Category A Caregiving Parents have submitted a Claim, the Administrator will determine their Claim in accordance with the timelines specified in Article 5.02(4), and if they are determined to be Approved Removed Child Family Class Members, the Administrator will pay their compensation in accordance with the timelines specified in Article 6.11, subject to all other applicable limitations under this Agreement.

2) The Administrator will not pay any Claims by adoptive or Stepparent Caregiving Parents (Category B) or Caregiving Grandparents (Category C) until after the expiration of the Claims Deadline in order to determine:

   (a) whether more than two Caregiving Parents or Caregiving Grandparents have submitted a Claim with respect to the same Child; and

   (b) the amount of compensation, if any, payable to each such Claimant in accordance with this Article.

3) Where two Category A Caregiving Parents have submitted Claims that have been approved (including if separated with joint custody of the Removed Child Class member), Category B adoptive or Stepparent Caregiving Parents and Category C Caregiving Grandparents of one Removed Child Class Member will not receive a Base Compensation under this Agreement.

4) In the following situations, the Category B adoptive or Stepparent Caregiving Parents and the Category C Caregiving Grandparents of one Removed Child Class Member will share pro rata the Base Compensation available:

(a) Category C Caregiving Grandparents will share pro rata two times the Base Compensation where all the following conditions are met:

i) greater than two Category C Caregiving Grandparents are approved for compensation; and

ii) no Category A biological Caregiving Parent or Category B adoptive or Stepparent Caregiving Parent has been approved for compensation.

(b) Category C Caregiving Grandparents will share pro rata one Base Compensation where all the following conditions are met:

i) no Category A biological Caregiving Parent has been approved for compensation;

ii) Only one Category B adoptive or Stepparent Caregiving Parent has been approved for compensation; and

iii) greater than one Category C Caregiving Grandparents is approved for compensation.

(c) Category B adoptive or Stepparent Caregiving Parents or Category C Caregiving Grandparents will share pro rata one Base Compensation where all the following conditions are met:

i) only one Category A biological Caregiving Parent is approved for compensation; and

ii) greater than one Category B adoptive or Stepparent Caregiving Parent or greater than one Category C Caregiving Grandparent is approved for compensation.

(d) Category B adoptive or Stepparent Caregiving Parents will share pro rata two times the Base Compensation where all the following conditions are met:

i) no Category A biological Caregiving Parent is approved for compensation; and

ii) more than two Category B adoptive and Stepparent Caregiving Parents are approved for compensation.

5) The Claims Process may include provisions for exceptional circumstances to the following effect: The Administrator may determine a Claim by an adoptive or Stepparent Caregiving Parent (Category B) or a Caregiving Grandparent (Category C) before the expiration of the Claims Deadline in accordance with the timelines specified in Article 5.02(4), and if they are determined to be Approved Removed Child Family Class Members, the Administrator will pay their compensation in accordance with the timelines specified in Article 6.11, subject to all other applicable limitations under this Agreement only if the

Claimant has submitted Claims Forms and Supporting Documentation substantiating that all other biological parent(s), adoptive parent(s), Stepparent(s), if applicable, and grandparent(s) of the Child have become deceased or have expressly renounced their entitlement to make a Claim under this Agreement.

6) Any dispute amongst Caregiving Parents or Caregiving Grandparents will be subject to a summary adjudicative determination by the Third-Party Assessor in accordance with the Claims Process.

7) A summary of this Article as an interpretive aid is attached as Schedule F: Examples Chart of Removed Child Family Class Approach. In the case of a conflict, the Articles in this Agreement will govern.

6.05 Governing Principles Regarding Jordan's Principle and Trout Classes

1) To the extent possible, this Agreement applies the same methodology to the Jordan's Principle Class and Trout Child Class.

2) This Agreement intends to:

   (a) be trauma-informed regarding the Jordan's Principle Class and the Trout Child Class;

   (b) avoid subjective assessments of harm, individual trials, or other cumbersome methods of making Eligibility Decisions with respect to this class; and

   (c) use objective criteria to assess Class Members' needs and circumstances as a proxy for the significant harm inflicted on such Class Members in a discriminatory system.

3) The Base Compensation of an Approved Jordan's Principle Class Member or an Approved Trout Child Class Member will not be multiplied based on the number of Essential Services that have been confirmed to have been needed by the Child.

6.06 Jordan's Principle and Trout

1) The Plaintiffs will design the portion of the Claims Process with respect to members of the Jordan's Principle Class, Jordan's Principle Family Class, the Trout Child Class, and the Trout Family Class in accordance with this Article. A summary of the approach in this Article as an interpretive aid is attached as Schedule E: Summary Chart of Jordan's Principle / Trout Approach. In the case of a conflict, the Articles in this Agreement will govern.

2) Eligibility for compensation for members of the Jordan's Principle Class and the Trout Child Class will be determined based on those Class Members' Confirmed Need for an Essential Service if:

   (a) a Class Member's Confirmed Need was not met because of a Denial of a requested Essential Service;

(b) a Class Member experienced a Delay in the receipt of a requested Essential Service for which they had a Confirmed Need; or

(c) a Class Member's Confirmed Need was not met because of a Service Gap even if the Essential Service was not requested.

3) The Framework of Essential Services will establish a method to assess two categories of Essential Services based on advice from experts relating to objective criteria:

(a) Essential Services relating to Children whose circumstances, based on an Essential Service that they are confirmed to have needed, are expected to have included significant impact ("**Significant Impact Essential Service**"); and

(b) Essential Services that are not expected to have necessarily related to significant impact ("**Other Essential Service**").

4) The Plaintiffs will follow the following timeline in collaborating to create the Framework of Essential Services:

(a) The Plaintiffs will confer with experts to review the Framework of Essential Services by June 15, 2022, or such other date as agreed to by the Parties.

(b) The Plaintiffs will prepare a final Framework of Essential Services by August 5, 2022.

(c) The Plaintiffs will have an expert report in support of the finalized Framework of Essential Services by August 19, 2022.

5) A Claimant will be considered to have established a Confirmed Need if the Claimant has provided Supporting Documentation and has been approved by the Administrator.

6) Supporting Documentation will include proof of a recommendation by a Professional consistent with the following principles:

(a) Permissible proof includes contemporaneous and/or current proof of assessment, referral or recommendation to account for the difficulties in retaining and obtaining historic records during the Trout Child Class Period and Jordan's Principle Class Period.

(b) Permissible proof includes proof of assessment, referral or recommendation from a Professional within that Professional's expertise as may be available to the Class Member in their place of residence, including those in a Northern and Remote Community.

(c) In order to establish a Confirmed Need, the proof from a Professional must specify in all cases the Essential Service that the Claimant needed, and the reason for the need, and when the need existed.

(d) A Claimant may establish that they requested an Essential Service from Canada during the Trout Child Class Period or Jordan's Principle Class Period by way of a statutory declaration. Proof of a request for an Essential Service is the only instance where a statutory declaration may be adduced as Supporting Documentation for the purposes of the Trout Child Class, Jordan's Principle Class, Jordan's Principle Family Class, and the Trout Family Class.

7) If the Administrator, or the Third-Party Assessor on appeal, determines that a Class Member has provided Supporting Documentation establishing a Confirmed Need for an Essential Service, the Administrator, or the Third-Party Assessor on appeal, will determine whether the Claimant faced a Denial, Delay or a Service Gap.

8) Where a Class Member has provided Supporting Documentation establishing a Confirmed Need for an Essential Service and where the Administrator has determined that the Class Member experienced a Denial, Delay or a Service Gap, that Class Member will be:

(a) an Approved Jordan's Principle Class Member if the Claimant's Confirmed Need occurred within the Jordan's Principle Class Period; or

(b) an Approved Trout Child Class Member if the Claimant's Confirmed Need occurred within the Trout Child Class Period.

9) The Plaintiffs have estimated a Budget of $3.0 billion dollars for the Jordan's Principle Class, subject to Articles 6.08, 6.09 and 6.10 ("**Jordan's Principle Budget**").

10) The Plaintiffs have estimated a Budget of $2.0 billion dollars for the Trout Child Class, subject to Articles 6.08, 6.09 and 6.10 ("**Trout Child Budget**").

11) An Approved Jordan's Principle Class Member will receive a minimum of $40,000 in compensation if:

(a) They have established a Confirmed Need for a Significant Impact Essential Service; or

(b) They have established a Confirmed Need for an Other Essential Service and have suffered higher levels of impact than other Jordan's Principle Claimants with a Confirmed Need for an Other Essential Service including, but not limited to, impact by reason of conditions and circumstances such as an illness, disability or impairment. Such impact is to be measured based on objective factors assessed through culturally sensitive Claims Forms and a questionnaire designed in consultation with experts. Subject to the Court's approval, the selection of which Claimants qualify under this category will be based on objective factors such as the severity of impact on the Child and the number of eligible Claimants.

12) An Approved Trout Child Class Member will receive a minimum of $20,000 in compensation if:

(a) They have established a Confirmed Need for a Significant Impact Essential Service; or

(b) They have established a Confirmed Need for an Other Essential Service and have suffered higher levels of impact than other Trout Child Claimants with a Confirmed Need for an Other Essential Service including, but not limited to, impact by reason of conditions and circumstances such as an illness, disability or impairment. Such impact is to be measured based on objective factors assessed through culturally sensitive Claims Forms and a questionnaire designed in consultation with experts. Subject to the Court's approval, the selection of which Claimants qualify under this category will be based on objective factors such as the severity of impact on the Child and the number of eligible Claimants.

13) An Approved Jordan's Principle Class Member who has shown a Confirmed Need for Other Essential Services and has not established a claim under Article 6.06(11)(b) will receive up to but not more than $40,000 in compensation based on a pro rata share of the Jordan's Principle Budget after deducting the total estimated amount of compensation to be paid to Approved Jordan's Principle Class Members who have established a claim under Article 6.06(11).

14) An Approved Trout Child Class Member who has shown a Confirmed Need for Other Essential Services and has not established a claim under Article 6.06(12)(b) will receive up to but not more than $20,000 in compensation having regard to the Trout Child Class Budget, based on a pro rata share of the Trout Child Budget after deducting the total amount of compensation to be paid to Approved Trout Child Class Members who have established a claim under Article 6.06(12).

15) In the event of a Trust Fund Surplus pursuant to Article 6.08 based on advice from the Actuary after approved Claims under Article 6.06(13) and Article 6.06(14) are paid, the Approved Jordan's Principle Class Members and Approved Trout Child Class Members who have established a claim under Article 6.06(11) and Article 6.06(12) may be entitled to an Enhancement Payment.

16) Only Caregiving Parents or Caregiving Grandparents of the Approved Jordan's Principle Class Members and Approved Trout Child Class Members who have established a Claim under Article 6.06(11), Article 6.06(12), Article 6.07(3) or Article 6.07(4) may be entitled to compensation (i.e. "Approved Jordan's Principle and Trout Family Class"). All other Caregiving Parents or Caregiving Grandparents of the Approved Jordan's Principle Class Members and Approved Trout Child Class Members will not receive direct compensation under this Agreement.

17) The Approved Jordan's Principle and Trout Family Class will receive a fixed amount of $2.0 billion dollars in compensation under this Agreement ("**Jordan's Principle and**

Trout Family Budget"). There will be no reallocation to these classes of any surpluses or revenues.

6.07 Safety Clause for Exceptional Jordan's Principle and Trout Cases

1) The non-inclusion of a service on the Framework of Essential Services may not be grounds for the exclusion of a Claimant from eligibility if the following circumstances are established in accordance with this Agreement:

   (a) The Claimant has submitted Supporting Documentation identifying a service and establishing a Confirmed Need for that service during the Class Period;

   (b) The service identified in Article 6.07(1)(a) does not qualify as an Essential Service according to the Framework of Essential Services;

   (c) The Supporting Documentation satisfactorily establishes the reason(s) why the service identified in Article 6.07(1)(a) was essential to the Claimant as a Child; and

   (d) The Claimant requested the service identified in Article 6.07(1)(a) from Canada but the request was subject to a denial or unreasonable delay taking into consideration the context and the Child's needs.

2) Where a Claimant has met all the conditions in Article 6.07(1), that Claimant will be:

   (a) an Approved Jordan's Principle Class Member if the Claimant's Confirmed Need occurred within the Jordan's Principle Class Period; or

   (b) an Approved Trout Child Class Member if the Claimant's Confirmed Need occurred within the Trout Child Class Period.

3) An Approved Jordan's Principle Class Member under this Article will receive a minimum of $40,000 in compensation if they have established a Confirmed Need in accordance with Article 6.07(1), and have suffered higher levels of impact than Class Members in Article 6.06(13) including, but not limited to, impact by reason of conditions and circumstances such as an illness, disability or impairment. Such impact is to be measured based on objective factors assessed through culturally sensitive Claims Forms and a questionnaire designed in consultation with experts. Subject to the Court's approval, the selection of which Claimants qualify under this category will be based on objective factors such as the severity of impact on the Child and the number of eligible Claimants.

4) An Approved Trout Child Class Member under this Article will receive a minimum of $20,000 in compensation if they have established a Confirmed Need in accordance with Article 6.07(1), and have suffered higher levels of impact than Class Members in Article 6.06(14) including, but not limited to, impact by reason of conditions and circumstances such as an illness, disability or impairment. Such impact is to be measured based on objective factors assessed through culturally sensitive Claims Forms and a questionnaire designed in consultation with experts. Subject to the Court's approval, the selection of

which Claimants qualify under this category will be based on objective factors such as the severity of impact on the Child and the number of eligible Claimants.

5) An Approved Jordan's Principle Class Member who has not met the conditions in Article 6.07(3), will receive up to but not more than $40,000 in compensation based on a pro rata share of the Jordan's Principle Budget after deducting the total estimated amount of compensation to be paid to Approved Jordan's Principle Class Members who have established a claim under Article 6.06(11) and Article 6.07(3), collectively.

6) An Approved Trout Child Class Member who has not met the conditions in Article 6.07(4), will receive up to but not more than $20,000 in compensation having regard to the Trout Child Class Budget, based on a pro rata share of the Trout Child Budget after deducting the total amount of compensation to be paid to Approved Trout Child Class Members who have established a claim under Article 6.06(12) and Article 6.07(4), collectively.

6.07.01 Exceptional Early Payment of Compensation Funds

1) Notwithstanding Article 6.01(4), the Administrator may exceptionally approve the payment of compensation prior to a Claimant having reached the Age of Majority in accordance with this Article.

2) An individual under the Age of Majority may be eligible to receive an amount of compensation to fund or reimburse the cost of a life-changing or end-of-life wish experience (the "**Exceptional Early Payment**"), if they provide Supporting Documentation establishing that:

   (a) they meet the requirements, other than age, to be an Approved Removed Child Class Member or an Approved Jordan's Principle Class Member; and

   (b) they are suffering from a terminal or non-curable life-threatening condition that has placed their life in jeopardy.

3) An individual who establishes eligibility for an Exceptional Early Payment in accordance with this Article must provide reasonable proof of a chosen life-changing or end-of-life wish experience and the approximate cost of that experience.

4) The Administrator will assess a Claimant's eligibility for an Exceptional Early Payment to fund or reimburse the cost in an amount up to, but no more than $40,000.

5) The Administrator will determine the Claim for an Exceptional Early Payment in the best interests of the Child and on an expedited basis. The Administrator will require such documentation in good faith as is required to assess:

   (a) the Claimant's eligibility;

   (b) the Claimant's terminal or non-curable life-threatening condition;

   (c) the validity of the Claimant's life-changing or end-of-life experience request;

(d) the age and circumstances of the Child and whether the Child needs any protection; and

(e) the approximate cost of the life-changing or end-of-life wish experience.

6) Where a Class Member has received an Exceptional Early Payment and later submits a Claim for compensation, the amounts paid as Exceptional Early Payment will be deducted from that Claimant's total entitlement, if any, to compensation under this Agreement.

6.08 Priorities in Distribution of Surplus

1) On the advice of the Actuary or a similar advisor, the Settlement Implementation Committee may determine at any time or from time to time that there are unallocated or surplus funds on the Settlement Funds in the Trust Fund (a "**Trust Fund Surplus**").

2) The Settlement Implementation Committee may propose that a Trust Fund Surplus be designated and that there be a distribution of any Trust Fund Surplus for the benefit of the Class Members in accordance with this Article and the Claims Process, subject to the approval of the Court.

3) The Settlement Implementation Committee, having proposed that a surplus be designated and that there be a distribution of such Trust Fund Surplus, will bring motions before the Court for approval of the designation of a surplus and the proposed distribution of any Trust Fund Surplus. The designation and any allocation of a Trust Fund Surplus will be effective on the later of:

(a) the day following the last day on which an appeal or a motion seeking leave to appeal of either of the approval orders in respect of such designation and allocation may be brought under the *Federal Courts Rules*, SOR /98-106; and

(b) the date on which the last of any appeals of either of the approval orders in respect of such designation and allocation is finally determined.

4) In no event will any amount from the Trust Fund, including any Trust Fund Surplus, revert to Canada, and Canada will not be an eligible recipient of any Trust Fund Surplus.

5) In allocating the Trust Fund Surplus, the Settlement Implementation Committee will have due regard to the order of priorities set out below:

i) Approved Removed Child Class Members;

ii) Approved Jordan's Principle Class Members;

iii) Approved Trout Child Class Members;

iv) Approved Removed Child Family Class Members.

6.09 Reallocation of Budgets

1) The Settlement Implementation Committee will adopt the budgets with respect to compensation allocated to different classes (each, a "**Budget**") in accordance with the amounts listed in Article 6.03, 6.04, and 6.06.

2) The Settlement Implementation Committee will arrange for an actuarial review of the Trust Fund to be conducted at least once every three years and more frequently if the Settlement Implementation Committee considers it appropriate. The actuarial review will be conducted by the Actuary in accordance with accepted actuarial practice in Canada. The actuarial review will determine:

    (a) the value of the assets available to meet all outstanding and future expected Claims;

    (b) the present value of all outstanding and future expected Claims using where necessary such reasonable assumptions as determined by the Actuary to be appropriate;

    (c) an actuarial buffer to provide a reasonable margin of protection due to adverse deviations from the assumptions utilised; and

    (d) the actuarial surplus and/or the actuarial deficit of funds in a Budget.

3) If based on the Actuary's advice the total compensation to be paid to the number of approved Class Members within a class is, or is expected to be, below the Budget, the Settlement Implementation Committee may transfer some amount from that Budget to another Budget, which, on the Actuary's advice, has a higher than estimated total compensation to be paid to approved Class Members.

4) If more than one (1) Budget has a higher than estimated total compensation to be paid to the number of approved Class Members, the Settlement Implementation Committee may make such transfer of funds in accordance with the following order of priorities, subject to Court approval:

    i) Approved Removed Child Class Members;

    ii) Approved Jordan's Principle Class Members;

    iii) Approved Trout Child Class Members;

    iv) Approved Removed Child Family Class Members.

6.10 Income on Trust Fund

The Settlement Implementation Committee may allocate income earned by the Trust Fund to any class, in its discretion, in accordance with the following order of priorities, favouring those classes where higher than estimated total compensation to be paid to the approved Class Members exists:

i) Approved Removed Child Class Members;

ii) Approved Jordan's Principle Class Members;

iii) Approved Trout Child Class Members;

iv) Approved Removed Child Family Class Members.

6.11 Option to invest compensation funds

1) The Administrator will provide payment to Approved Removed Child Class Members and Approved Jordan's Principle Class Members within nine (9) months of the approval of the Class Member's Claim, but in all cases, only after taking the following steps:

   (a) At least six months prior to issuing payment, the Administrator will contact the Approved Class Member to ask whether the Class Member wishes to maintain or direct a portion or all of the amount to which the Class Member is entitled to an investment vehicle.

   (b) The form of notice to the Class Member will be determined by the Settlement Implementation Committee.

   (c) If the Class Member indicates their desire that a certain amount be invested, the funds will be held or directed to a separate account for the benefit of the Class Member.

   (d) Once the Class Member's investment account is established, the fees, costs and taxes payable on the investment capital or returns will be borne by the Class Member's individual investment, as applicable.

6.12 Adjustment for Time Value of Compensation Money

The compensation payable to an Approved Removed Child Class Member or an Approved Jordan's Principle Class Member who has not reached Age of Majority by delivery of the notice of approval of settlement may be adjusted having regard to the period of time that passes before the Class Member reaches the Age of Majority. The Settlement Implementation Committee, upon the advice of the Investment Committee and the Actuary will determine a consistent method for calculating the adjustment subject to the Court's approval.

ARTICLE 7 – CY-PRÈS FUND

7.01 Governing Principles

1) The Plaintiffs will design a Cy-près Fund with the assistance of experts, subject to the Court's approval.

2) The Cy-près Fund's purpose is primarily to benefit Class Members who do not receive direct payment under this Agreement.

3) Upon formation or selection of an existing entity and after the Implementation Date, the Trustee will endow the Cy-près Fund with $50 million from the Trust Fund.

4) The Cy-près Fund will be First Nations led.

5) The objective of the Cy-près Fund is to provide culturally sensitive and trauma-informed supports to the Class, including, but not limited to, the following:

    (a) Establish a fund, foundation or other similar vehicle whose leadership may include First Nations youth and children in care, formerly in care, their allies and those who experienced a Delay, Denial or Service Gap under Jordan's Principle, to offer grant-based supports to facilitate access to culture-based, community-based and healing-based programs, services and activities to Class Members and the Children of First Nations parents who experienced a Delay, Denial or Service Gap under Jordan's Principle.

        i) Such grant-based supports may include, but are not limited to funding the following:

            (1) Family and community unification, reunification, connection and reconnection for youth in care and formerly in care:

                i. facilitating First Nations youth in care and formerly in care to identify birth family and their First Nation, which may include accessing records or files, meeting family members or travelling to their First Nation;

                ii. accessing holistic wellness supports for First Nations youth in care and formerly in care during the family and community reunification and reconnection process; and

                iii. reducing the costs associated with travel and accommodations to visit community and family, including for First Nations youth in care and formerly in care, support person(s) or family members.

            (2) Cultural access:

                i. facilitating access to cultural programs, activities and supports, including, but not limited to: youth groups, ceremony, language, Elders and Knowledge Keepers, mentors, land-based activities, and culturally-based arts and recreation.

            (3) Transition and Navigation supports:

                i. Facilitating access for First Nations youth in care and formerly in care to transition supports for First Nations youth in care and formerly in care

who are either not eligible for post-majority care and services under the reformed First Nations Child and Family Services Program or that are not covered elsewhere, in their transition to adulthood, including, but not limited to: safe and accessible housing, life skills and independent living, financial literacy, planning and services, continuing education, health and wellness supports.

ii. Facilitating access to navigational supports for Class Members and the children of First Nations parents who experienced a Delay, Denial or Service Gap under Jordan's Principle who are not eligible to receive post-majority services under Jordan's Principle or are not covered elsewhere.

iii. Facilitating access to a scholarship for the Jordan's Principle Class and the children of First Nations parents who experienced a Delay, Denial or Service Gap in the provision of services under Jordan's Principle. The scholarship will be designed to acknowledge the adverse effects associated with the experience of a Delay, Denial or Service Gap under Jordan's Principle.

(b) A National First Nations Youth In/From Care Network may also be established through the grants, or through the formation of a fund, foundation or similar organization, which may include a national network and regional networks. The networks would share best practices and updates, provide advocacy, discuss and make recommendations on policy. The structure, scope and membership of the networks is to be determined by First Nations Youth In/From Care.

ARTICLE 8 – SUPPORTS TO CLASS IN CLAIMS PROCESS

1) The Parties will agree to culturally sensitive health, information, and other supports to be provided to Class Members in the Claims Process, as well as funding for health care professionals to deliver support to Class Members who suffer or may suffer trauma for the duration of the Claims Process, consistent with Schedule C: Framework for Supports for Claimants in Compensation Process, and the responsibilities of the Administrator in providing navigational and other supports under Article 3.02.

2) Canada will provide funding to the AFN in the amount of $2,550,000 to provide supports to First Nations claimants for a five (5) year term beginning April 1, 2024, and ending March 31, 2029. This Process will include administering a help desk with AFN line liaisons and providing culturally safe assistance to Claimants in completing relevant Claims Forms if not covered by the supports available to Class Members by the Administrator (the "**AFN Supports**"). By April 2028, the AFN may approach the Settlement Implementation

Committee for an extension of the funding for the AFN Supports. Subject to the Settlement Implementation Committee's approval to an extension of the AFN Supports, Canada will provide further block funding to the AFN to continue the AFN Supports for a period agreeable to the AFN, the Settlement Implementation Committee, and Canada.

3) Canada will fund the enhancement of the Hope for Wellness Line to include training to their call operators and counsellors on the Actions and promote this service to Class Members as soon as possible and prior to the approval of the Settlement. The Parties will recommend that the Court will appoint a third-party Indigenous organization funded by Canada, to provide a culturally-safe, youth-specific support line that would provide counselling services for youth and young adult class members and to refer to post-majority care services when appropriate.

4) Without limitation to the foregoing, Canada will pay for mental health, and cultural supports, navigators to promote communications and provide referrals to health services, help desk with AFN line liaisons, reasonable costs incurred by First Nations service providers in providing access to records to support Claimant eligibility from provinces, territories, and agencies, and professional services (taxonomy and actuarial services), and reasonable fees relating to a structured settlement (if applicable) to be agreed. Canada will fund mental health and cultural supports based on evolving needs of the Class, with over half of the Class Members being adults expected to access compensation in the first five years, and transitioning to a focus on young adults in the remaining years of implementation of the Agreement, building on the existing suite of First Nations mental wellness services. Canada will work with the Parties to also adapt supports to include innovative, First Nations-led mental health and wellness initiatives.

5) The costs of supports pursuant to this Article are payable by Canada and will not be deducted from the Settlement Funds.

6) Canada will provide annual reports to the Settlement Implementation Committee on the health supports, trauma-informed mental supports set out in Schedule C: Framework for Supports for Claimants in Compensation Process.

ARTICLE 9 - EFFECT OF AGREEMENT

9.01 Releases

1) The Settlement Approval Order issued by the Court will declare that, except as otherwise agreed to in this Agreement and in consideration for Canada's obligations and liabilities under this Agreement, each Class Member or their Estate Executor, Estate Claimant, or Personal Representative on behalf of such Individual Class Member or their estate and each First Nation Class Member (hereinafter collectively the "**Releasors**") has fully, finally and forever released Canada and its servants, agents, officers and employees,

predecessors, successors, and assigns (hereinafter collectively the "**Releasees**"), from any and all actions, causes of action, claims, and demands of every nature or kind available, whether or not known or anticipated, which the Releasers had, now have or may in the future have against the Releasees in respect of the claims asserted or capable of being asserted in the Actions, including any claim with regard to the costs referred to under Article 12.02(3).

2) It is understood that Class Members retain their rights to make claims against third parties for the physical, sexual or emotional abuse they suffered, restricted to whatever liability such third party may have severally, not including any liability that the third party may have jointly or otherwise with Canada, such that the third party will have no basis to seek contribution, indemnity or relief over by way of equitable subrogation, declaratory relief or otherwise against Canada for the physical, sexual or emotional abuse they suffered. No compensation paid to a Class Member under this settlement will be imputed to payment for injuries suffered as a result of physical, sexual abuse or emotional abuse.

3) For greater certainty, each Releasor is deemed to agree that, if they make any claim or demand or take any action or proceeding against another person, persons or entity in which any claim could arise against Canada for damages or contribution or indemnity and/or other relief over, whether by statute, common law, or Quebec civil law, in relation to allegations and matters set out in the Actions, including for physical, sexual or emotional abuse they suffered while in care, the Releasor will expressly limit their claim so as to exclude any portion of Canada's responsibility, and in the event Canada is found to have any such liability, the Releasors will indemnify Canada to the full extent of any such liability including any liability as to costs.

4) Upon a final determination of a Claim made under and in accordance with the Claims Process, the Releasors are also deemed to fully and finally release the Parties, counsel for the Parties, Class Counsel, counsel for Canada, the Settlement Implementation Committee and its Members, the Administrator, and the Third-Party Assessor with respect to any claims that have arisen, arise or could arise out of the implementation of the Claims Process, including any claims relating to the calculation of compensation, the sufficiency of the compensation received, and the allocation and distribution of a Trust Fund Surplus.

9.02 Continuing Remedies

1) The Parties acknowledge and agree that, notwithstanding any provision of this Agreement, Class Members do not release, and specifically retain, their claims or causes of action for any breach by Canada of its ongoing obligations under this Agreement, including:

   (a) failing to pay the Settlement Funds in their entirety;

   (b) funding reasonable notice and other administration fees involved in carrying out this Agreement, including, but not limited to, information and notice to the Class

Members about certification, this Agreement, settlement approval, and the Claims Process, as well as third-party administration costs;

(c) paying reasonable legal fees to Class Counsel, over and above the Settlement Funds;

(d) communicating with provincial and territorial Deputy Ministers responsible for child and family services, health, and education, as well as other relevant Deputy Ministers regarding taxation, Children's Special Allowance, social assistance payments, post-majority care or other provincial/territorial benefits "claw backs" without affecting funding received through a Jordan's Principle request, whether pending or approved;

(e) proposing a public apology by the Prime Minister;

(f) working toward the intention of the Parties that the Settlement Funds, including any income earned on the Settlement Funds awaiting distribution, will be distributed to Class Members as compensation, as opposed to "income" subject to taxation; and

(g) jointly seeking an order from the Tribunal declaring that the Order for compensation has been fully satisfied.

2) The Parties agree that, subject to the *Crown Liability and Proceedings Act*, R.S.C. 1985, c. C-50, the Parties will be entitled to seek relief to prevent breaches or threatened breaches of this Agreement, and to enforce compliance with the terms of this Agreement, without any requirement for the securing or posting of any bond in connection with the obtaining of any such injunctive or other equitable relief allowed by law, this being in addition to damages and any other remedy to which the Parties may be entitled at law or in equity for any breach of this Agreement.

9.03 Canadian Income Tax and Social Benefits

1) Canada will make best efforts to ensure that any Class Member's entitlement to federal social benefits or social assistance benefits will not be negatively affected in any manner by the Class Member's receipt, directly or indirectly, of any payment in accordance with this Agreement, and that no such payment will be considered taxable income within the meaning of the *Income Tax Act*.

2) The Parties agree that the payments to Class Members, including payments of any income earned on the Settlement Funds, are in the nature of personal injury damages and are not taxable income and Canada will make best efforts to obtain a technical interpretation to the same effect from the Income Tax Rulings Directorate of the Canada Revenue Agency.

3) Upon approval of this Agreement by the Court, Canada will write to all provincial and territorial Deputy Ministers responsible for child and family services, health, and

education, as well as other relevant Deputy Ministers, to encourage them to collaborate in:

(a) exempting Class Member claims payouts under this Agreement from taxation, including payments of any income earned on the Settlement Funds, the Children's Special Allowance, social assistance payments, post-majority care or other provincial/territorial benefits "claw backs"; and

(b) ensuring that receipt of any compensation under this Agreement will in no way affect funding received through a Jordan's Principle request, whether pending or approved.

4) Canada will not in any way consider receipt of compensation under this Agreement as a factor in deciding any pending, approved or future requests pursuant to Jordan's Principle or with respect to individual entitlements under ISC programs where ISC makes a decision with respect to an individual's eligibility for funding.

ARTICLE 10 - IMPLEMENTATION OF THIS AGREEMENT

10.01 Settlement Approval Order

1) This Agreement is conditional upon the Tribunal confirming the satisfaction of its Compensation Order and the Compensation Framework Order (2021 CHRT 7), as well as the approval by the Court of this Agreement.

2) Prior to seeking the Settlement Approval Order from the Court, the AFN and Canada will jointly seek an order from the Tribunal declaring that the Compensation Order has been fully satisfied. The Parties will take all reasonable steps to support the application before the Tribunal, including filing such evidence and submissions as may be required.

3) The AFN agrees to act as the lead applicant before the Tribunal in seeking the above order, and to take all reasonable steps to publicly promote and defend the Agreement.

4) The Representative Plaintiffs, or any of them, in the Consolidated Action and the Trout Action may seek interested party status and/or standing to make representations before, and to answer questions posed by, the Tribunal in respect of the satisfaction of the Compensation Order and Canada consents to them obtaining such standing.

5) The Parties will consent to the issuance of the Settlement Approval Order.

6) The Parties will take all reasonable measures to cooperate in requesting that the Court issue the Settlement Approval Order and related orders on notice of certification, Settlement Approval Hearing, and any other orders required for the implementation of this Agreement.

7) The Parties will schedule the Settlement Approval Hearing as soon as practicable considering the requirements of the Notice Plan, the decision required from the Tribunal

and the Court's availability, noting that such hearing is currently scheduled for five days beginning on September 19, 2022.

8) The Parties will consider seeking orders from provincial superior courts to obtain relevant data from provinces and territories should that become necessary and agree to cooperatively approach the provinces and territories to encourage their compliance.

9) The Parties will take all reasonable measures to cooperate in seeking federal, provincial and territorial privacy legislation exemptions and consents as may be needed to implement the Agreement.

10.02 Notice Plan

The Parties will seek approval from the Court of the Notice Plan as the means by which Class Members will be provided with notice of settlement and settlement approval, and of the Opt-Out Period, as applicable.

ARTICLE 11 - OPTING OUT

11.01 Opting Out

A Class Member may Opt-Out of the Actions by:

(a) delivery to the Administrator of an Opt-Out form or a written request to be removed from the Actions before the Opt-Out Deadline; or

(b) after the Opt-Out Deadline, by obtaining leave of the Court to Opt-Out of the Actions if the Claimant was unable, as a result of physical or psychological illness or challenges, including homelessness or addiction, or other significant obstacles as found by the Court, to take steps to Opt-Out within the Opt-Out Deadline.

11.02 Automatic Exclusion for Individual Claims

A Class Member will be excluded from the Actions if the Class Member does not, before the expiry of the Opt-Out Deadline, discontinue a proceeding brought by the Class Member against Canada to the extent that the separate proceeding raises the common questions set out in the Certification Orders.

ARTICLE 12 - SETTLEMENT IMPLEMENTATION COMMITTEE

12.01 Composition of Settlement Implementation Committee

1) A Settlement Implementation Committee will be formed in accordance with this Article, subject to approval by the Court.

2) The Settlement Implementation Committee will consist of five (5) members as follows:

(a) Two First Nations members ("**Non-Counsel SIC Members**"); and

(b) Three Counsel members ("**Counsel SIC Members**").

3) All Non-Counsel SIC Members and all Counsel SIC Members are subject to the Court's order appointing them as such.

4) No person will serve for more than two (2) five-year terms, consecutive or cumulative, as one of the Non-Counsel SIC Members and/or of the Counsel SIC Members.

5) The terms of the five members of the Settlement Implementation Committee will be staggered such that the end of their terms does not occur all at the same time. For that purpose, the first term of one (1) Non-Counsel SIC Members and one (1) Counsel SIC Members will not exceed three (3) years, which terms may be renewed for a subsequent term of five (5) years. The first term of the balance of the members of the Settlement Implementation Committee will be for five years.

6) The two Non-Counsel SIC Members will be First Nations individuals only, as defined in Article 1.

7) The two Non-Counsel SIC Members will be selected through a solicitation for applications conducted by the AFN Executive Committee.

8) For the first round of nominations prior to the establishment of the Settlement Implementation Committee, the AFN Executive Committee will recommend to the Court for approval two Non-Counsel SIC Members selected in accordance with this Article, one for an initial term of three years and one for an initial term of five years.

9) After the establishment of the Settlement Implementation Committee, the AFN Executive Committee will recommend to the Settlement Implementation Committee any necessary replacement Non-Counsel SIC Members as those positions become vacant from time to time under this Article for the purposes of seeking the Court's approval of the appointment of such members.

10) The three Counsel SIC Members will consist of one (1) lawyer appointed by Sotos LLP, one (1) lawyer appointed by Kugler Kandestin LLP, and one (1) lawyer appointed by the AFN Executive Committee.

11) For the first round of nominations prior to the establishment of the Settlement Implementation Committee, Sotos LLP, Kugler Kandestin LLP, and the AFN Executive Committee will each recommend one lawyer to the Court for approval in accordance with this Article. One of these three lawyers will be nominated for an initial term of three years and the other two for an initial term of five years in accordance with this Article. If Sotos LLP, Kugler Kandestin LLP, and the AFN Executive Committee cannot agree on which lawyer will be recommended to the Court for an initial term of three years, they will ask the Court to select any one of the three recommended lawyers for a term of three years in the Court's full discretion.

12) After the establishment of the Settlement Implementation Committee, Sotos LLP, Kugler Kandestin LLP, and the AFN Executive Committee will recommend to the Settlement

Implementation Committee the necessary number of replacement Counsel SIC Members separately for each of their respective counsel as those positions become vacant from time to time in accordance with this Article for the purposes of seeking the Court's approval of the appointment of such members.

13) A member of the Settlement Implementation Committee may be removed prior to the expiry of their term with a special majority vote of four (4) members of the Settlement Implementation Committee. Such a removal is not effective unless and until approved by the Court.

14) The Court may substitute any member of the Settlement Implementation Committee in accordance with this Article in the best interests of the Class.

15) A meeting of the Settlement Implementation Committee may be held if at least four (4) members are present. In making decisions under this Agreement, the Settlement Implementation Committee will make reasonable efforts to reach consensus. If consensus is not possible, the Settlement Implementation Committee will decide by majority vote unless specified otherwise in this Agreement.

16) If any member of the Settlement Implementation Committee believes that the majority of the Settlement Implementation Committee has taken a decision that is not in the best interests of the Class, that Member may refer the decision to confidential mediation in accordance with the ADR Chambers Mediation Rules. If the members of the Settlement Implementation Committee cannot agree on a mediator, they may ask the Court to appoint one. The reasonable costs of the mediation will be a disbursement of the Settlement Implementation Committee payable in accordance with Article 3.04(1). If the matter cannot be resolved at mediation, the matter may be referred to the Court for determination.

17) For the first two (2) years following the Implementation Date of this Agreement, the Settlement Implementation Committee will meet monthly, either in-person or virtually, and thereafter, the Settlement Implementation Committee will meet quarterly, unless the Settlement Implementation Committee believes that more frequent meetings are required. Notwithstanding this Article, the Settlement Implementation Committee may deal with administrative and urgent issues, if and when necessary.

18) The Settlement Implementation Committee, all Non-Counsel SIC Members, and all Counsel SIC Members will at all times act solely in the best interests of the Class, and not in the interests of any other party, stakeholder or entity.

19) In the event that either Sotos LLP or Kugler Kandestin LLP merges with another law firm, this Agreement will be binding on the successor firm.

20) If after the Implementation Date, Sotos LLP, Kugler Kandestin LLP or the AFN Executive Committee determine in their respective sole and unfettered discretion that they no longer

need or want to nominate members to the Settlement Implementation Committee in accordance with this Article, they will advise the Settlement Implementation Committee in writing. In that event, the Court will determine a prospective replacement for such members in the best interests of the Class on the recommendation of the Settlement Implementation Committee.

12.02 Settlement Implementation Committee Fees

1) Canada's liability for the fees of Counsel SIC Members and any other counsel to whom work is delegated will be negotiated by the Parties by way of the process identified in Article 16, Legal Fees.

2) Counsel SIC Members may delegate the legal work reasonably necessary for the fulfillment of the Settlement Implementation Committee's responsibilities under this Agreement among Class Counsel or retain other counsel as Counsel SIC Members consider necessary.

3) Canada will pay a total of $750,000, separate and in addition to any other amounts in this Agreement to be paid at the direction of the AFN Executive Committee to fund an honorarium of $200 per hour to each of the Non-Counsel SIC Members for reasonable participation in the work of the Settlement Implementation Committee, up to a maximum of $1000 per day, subject to the Court's approval. The Settlement Implementation Committee may propose, and the Court may implement a change in the quantum of such honoraria from time to time.

12.03 Settlement Implementation Committee Responsibilities

1) In addition to matters specified elsewhere in this Agreement, the Settlement Implementation Committee's responsibilities will include the following:

   (a) monitoring the work of the Administrator and the Third-Party Assessor, and the Claims Process overall;

   (b) receiving and considering reports from the Administrator, including on administrative costs;

   (c) engaging experienced practitioners as needed who are familiar with family and child welfare documents and records in each province and territory to assist with the work of the Administrator and the Third-Party Assessor, where necessary to substantiate allegations of Abuse or conduct isolated audits of some Claims Forms where ISC data is insufficient or lacking;

   (d) giving such process directions to the Administrator or the Third-Party Assessor as may be necessary in accordance with the mandate of the Settlement Implementation Committee and the provisions of this Agreement;

(e) proposing for the Court's approval such protocols as may be necessary for the implementation of this Agreement, including any amendments to the Claims Process and distribution protocol as may be necessary;

(f) addressing any other matter referred to the Settlement Implementation Committee by the Court;

(g) receiving, through the Investment Committee, and seeking Court approval on advice from the Actuary and investment experts on the investment of the Trust Fund;

(h) recommending to the Court any change of the Administrator;

(i) setting Terms of Reference for the Investment Committee regarding investment objectives and strategy (the "**Investment Committee Terms of Reference**") in accordance with the principles set out in Schedule G: Investment Committee Guiding Principles;

(j) engaging experts as reasonably needed including, but not limited to, experts in First Nations data governance, trauma, community relations, health and social services, and actuaries to assist with the Claims Process;

(k) receiving annual reports from Canada on the health supports, trauma-informed mental supports, and Claims Process supports provided to Class Members;

(l) providing an annual Settlement Implementation Report to the Court, which includes updates on the implementation of the Agreement, actuarial reporting on the Trust Fund and distribution, annual audited financial reporting, any issues with the Trust, any systemic issues in implementation and proposed or approved resolution to such issues, etc.; and

(m) providing the AFN Executive Committee with a concurrent copy of the annual Settlement Implementation Report.

2) The Settlement Implementation Committee may retain experts and consultants as reasonably required for the implementation of this Agreement. The fees and disbursements of such experts and consultants will be a disbursement of the Settlement Implementation Committee payable by Canada in accordance with Article 3.04.

3) The Settlement Implementation Committee may bring or respond to whatever motions or institute whatever proceedings it considers necessary to advance its responsibilities under this Agreement and the interests of Class Members.

12.04 Investment Committee

1) The Investment Committee will adhere to the Investment Committee Terms of Reference as set by the Settlement Implementation Committee.

2) The Investment Committee will be constituted of up to two (2) members that are not investment professionals but have relevant board experience regarding the management of funds and one (1) independent investment professional (the "**Investment Professional Member**").

3) The Investment Committee members will be nominated by the Settlement Implementation Committee to five (5) year renewable terms, subject to approval by the Court.

4) The reasonable fees of the Investment Committee, including the Investment Professional Member, will be payable by Canada to a maximum of four quarterly meetings per annum and will be subject to Court approval. The reasonable fees of any investment consultant retained by the Investment Committee will be payable by Canada, subject to Court Approval. Canada will not be responsible for the payment of fees for investment managers retained by the Investment Committee.

5) The Investment Committee will meet quarterly, or more frequently as required, during the first five (5) years following its establishment. In subsequent years, the Investment Committee will meet at least once annually, or more frequently if required and approved by the Settlement Implementation Committee. The Investment Committee will periodically, and no less than annually, review the viability of the investment strategy of the Trust Fund and submit such a review to the Settlement Implementation Committee.

ARTICLE 13 - PAYMENTS FOR DECEASED INDIVIDUAL CLASS MEMBERS AND PERSONS UNDER DISABILITY

13.01 Persons Under Disability

If a Claimant who submitted a Claim to the Administrator within the Claims Deadline is or becomes a Person Under Disability prior to their receipt of compensation, the Personal Representative of the Claimant will be paid the compensation to which the Claimant would have been entitled under the Claims Process.

13.02 General Principles for Compensation if Deceased

Only the Estates of the deceased members of the Removed Child Class, Jordan's Principle Class or Trout Child Class may be eligible for compensation under this Agreement ("**Eligible Deceased Class Member**" or "**Eligible Deceased Class Members**"). The Estates of the Removed Child Family Class, the Jordan's Principle Family Class or the Trout Family Class are not eligible for compensation, unless a complete Claim was submitted by the member of the Removed Child Family Class, the Jordan's Principle Family Class or the Trout Family Class prior to death.

13.03 Compensation if Deceased: Grant of Authority or the Like

1) Where an Estate Executor or Estate Administrator of an Eligible Deceased Class Member has been appointed under the *Indian Act* or under the governing provincial or territorial legislation, the Estate Executor or Estate Administrator may submit a Claim for compensation in accordance with this Agreement.

2) In support of a Claim made pursuant to Article 13.01, the Estate Executor or Estate Administrator for an Eligible Deceased Class Member will submit to the Administrator, in each case in a form acceptable to the Administrator:

   (a) A Claims Form (if a Claims Form was not submitted by such Eligible Deceased Class Member or their Personal Representative prior to their death);

   (b) Evidence that such Eligible Deceased Class Member is deceased and the date on which such Eligible Deceased Class Member died;

   (c) Evidence in the following form identifying such representative as having the legal authority to receive compensation on behalf of the estate of the Eligible Deceased Class Member:

      i) If the claim to entitlement to receive compensation on behalf of a decedent estate is based on a will or other testamentary instrument or on intestacy, a copy of a grant of probate or a grant and letters testamentary or other document of like import, or a grant of letters of administration or other document of like import, issued by any court or authority in Canada; or

      ii) If in Quebec, a notarial will, a probated holograph will, a probated or other document of like import made in the presence of witnesses in accordance with the *Civil Code of Quebec* and the *Indian Act*.

13.04 Compensation if Deceased: No Grant of Authority or the Like

1) For the purpose of this Article a “spouse” means a person who:

   (a) is legally married;

   (b) persons who are not married, but:
      i) have a common law relationship for a period of not less than one year, the time prescribed in accordance with the *Indian Act*, at the time of death; or
      ii) have a relationship of some permanence if they are the parents of a child.

2) If a Claims Form is submitted to the Administrator on behalf of an Eligible Deceased Class Member without proof of a will or the appointment of an Estate Executor or Estate Administrator, the Administrator may, upon receiving Supporting Documentation, treat the Eligible Deceased Class Member’s Claim in accordance with

the priority level of heirs under the *Indian Act* in respect of distribution of property on intestacy as follows:

(a) The spouse of the Eligible Deceased Class Member at the time of death.

(b) Where the Eligible Deceased Class Member has no spouse, the Child or Children of the eligible Deceased Class Member. Any Child of the Eligible Deceased Class Member will be able to submit a Claim to the Administrator if so entitled pursuant to the priorities herein. The compensation will be divided pro rata amongst all the Children of the Eligible Deceased Class Member who are living at the time when the Claim is received by the Administrator.

(c) Where the Eligible Deceased Class Member has no spouse and no child/children, the Caregiving Parents or Caregiving Grandparents of the Eligible Deceased Class Member, as applicable. Any surviving Caregiving Parent or Caregiving Grandparent of the Eligible Deceased Class Member may advance a claim to the Administrator if so entitled pursuant to the priorities herein. The compensation will be divided pro rata between the Caregiving Parents or Caregiving Grandparents of the Eligible Deceased Class Member who are alive when the Claim is received by the Administrator.

(d) Where an Eligible Deceased Class Member leaves no spouse, child, or Caregiving Parent or Caregiving Grandparent, the sibling(s) of the Eligible Deceased Class Member. Any sibling of the Eligible Deceased Class Member may advance a Claim to the Administrator if so entitled pursuant to the priorities herein. The compensation will be distributed equally among the siblings of the Eligible Deceased Class Member who are alive when the claim is received by the Administrator.

3) Subject to sections 4(3) and 42 to 51 of the *Indian Act*, Canada, as represented by the Minister of Indigenous Services Canada, may administer or appoint administrators for the estates of Eligible Deceased Class Members who are under Canada's jurisdiction and who have or are entitled to receive direct compensation under this Agreement.

4) Canada may consult with the Settlement Implementation Committee to utilize the existing ISC framework for the administration of the estates of Eligible Deceased Class Members consistent with the exercise of Ministerial discretion considering individual circumstances. Canada will conduct the administration process in a trauma-informed manner and with a view to ensuring that it is as expeditious, cost-effective, user-friendly, and culturally sensitive as possible. This may include:

(a) where Canada is advised that an Estate Executor or Estate Administrator has not already been appointed on behalf of the estate of an Eligible Deceased Class Member, Canada may appoint an Estate Administrator as needed who will act in accordance with their fiduciary and statutory duties, which may include submitting a Claim on behalf of such Class Member; and

(b) where Canada administers an estate of an Eligible Deceased Class Member, there will be no cost recovery against the estate for doing so and, except in exceptional circumstances, Canada will seek to minimize or eliminate any related third-party costs.

5) Subject to issues that may arise in individual cases, Canada may, but is not obligated to, exercise its discretion under the *Indian Act* to assume jurisdiction over the administration of the estates referred to above. Nothing in this Article should be taken to extend the jurisdiction under the *Indian Act* over the administration of estates.

13.05 Canada, Administrator, Class Counsel, Third-Party Assessor, Settlement Implementation Committee, and Investment Committee Held Harmless

Canada and its counsel, the Administrator, Class Counsel, AFN in-house counsel, the Third-Party Assessor, the Settlement Implementation Committee and its members, and the Investment Committee will be held harmless from any and all claims, counterclaims, suits, actions, causes of action, demands, damages, penalties, injuries, setoffs, judgments, debts, costs, expenses (including legal fees and expenses) or other liabilities of every character whatsoever by reason of or resulting from a payment or non-payment to or on behalf of a Eligible Deceased Class Member or a Person Under Disability, or to an Estate Executor, estate, or Personal Representative pursuant to this Agreement, and this Agreement will be a complete defence.

ARTICLE 14 - TRUSTEE AND TRUST

14.01 Trust

1) Subject to advice received by third-party professionals, the Parties agree to the following provisions.

2) No later than thirty (30) days following the appointment by the Court of the Trustee, Canada will settle a single trust (the "**Trust**") with ten dollars ($10), to be held by the Trustee in accordance with the terms of this Agreement.

3) The Plaintiffs will submit the initial investment strategy created with help from experts to the Court for approval together with this Agreement.

14.02 Trustee

1) The Court will appoint the Trustee to act as the trustee of the Trust, with such powers, rights, duties, and responsibilities as the Court orders. Without limiting the generality of the foregoing, the duties and responsibilities of the Trustee will include:

   (a) to hold the Trust Fund;

   (b) to invest the Settlement Funds in accordance with the Statement of Investment Policies and Procedures as instructed by the Investment Committee, having regard to the best interests of Class Members and the ability of the Trust to meet its financial obligations, subject to the Court's ongoing supervision;

   (c) upon instructions from the Administrator and approval of the Settlement Implementation Committee in accordance with the policies of the Settlement Implementation Committee, to provide such amounts from the Trust to the Administrator and any other person as described in Article 3.02, Article 4.02, Article 7.01, and Article 17(3), as required from time to time in order to give effect to any provision of this Agreement, including the payment of compensation to Approved Class Members in the Claims Process;

   (d) to engage, upon consultation with and approval of the Settlement Implementation Committee, the services of professionals to assist in fulfilling the Trustee's duties;

   (e) to exercise the care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances;

   (f) to keep such books, records and accounts as are necessary or appropriate to document the assets held in the Trust, and each transaction of the Trust;

   (g) to take all reasonable steps and actions required under the *Income Tax Act* as set out in the Agreement;

   (h) to report to the Administrator, Canada and the Settlement Implementation Committee on a quarterly basis the assets held in the Trust at the end of each such quarter, or on an interim basis if so requested; and

   (i) to do such other acts and things as are incidental to the foregoing, and to exercise all powers that are necessary or useful to carry on the activities of the Trust or to carry out the provisions of this Agreement.

14.03 Trustee Fees

Canada will pay the reasonable fees, disbursements, and other costs of the Trustee relating to the management of the Trust Fund.

14.04 Nature of the Trust

1) The Trust will be established for the following purposes:

(a) to acquire the Settlement Funds payable by Canada;

(b) to hold the Settlement Funds in the Trust;

(c) to pay compensation in accordance with this Agreement;

(d) to invest cash in investments in the best interests of Class Members, as provided in this Agreement; and

(e) to do such other acts and things as are incidental to the foregoing, and to exercise all powers that are necessary or useful to carry out the provisions of this Agreement.

14.05 Legal Entitlements

The legal ownership of the assets of the Trust, including the Trust Fund, and the right to conduct the activities of the Trust, including the activities with respect to the Trust Fund, will be, subject to the specific limitations and other terms contained herein, vested exclusively in the Trustee, and the Class Members or any other beneficiaries of the Trust have no right to compel or call for any partition, division or distribution of any of the assets of the Trust or a rendering of accounts. No Class Member or any other beneficiary of the Trust will have or is deemed to have any right of ownership in any of the assets of the Trust.

14.06 Records

The Trustee will keep such books, records, and accounts as are necessary or appropriate to document the assets of the Trust and each transaction of the Trust. Without limiting the generality of the foregoing, the Trustee will keep at its principal office records of all transactions of the Trust and a list of the assets held in trust, including each Fund, and a record of each Fund's account balance from time to time.

14.07 Quarterly Reporting

The Trustee will deliver to the Administrator, Canada, and the Settlement Implementation Committee, within thirty (30) days after the end of each calendar quarter, a quarterly report setting forth the assets held as at the end of such quarter in the Trust and each Fund (including the term, interest rate or yield and maturity date thereof) and a record of the Trust's account balance during such quarter.

14.08 Annual Reporting

The Auditors will deliver to the Administrator, the Trustee, Canada, the Settlement Implementation Committee, the AFN Executive Committee and the Court, within sixty (60) days after the end of each anniversary of the date that the Trust was funded, which date will be the fiscal year-end for the Trust:

(a) the audited financial statements of the Trust for the most recently completed fiscal year, together with the report of the Auditors thereon;

(b) a report setting forth a summary of the assets held in trust as at the end of the fiscal year for each Fund and the disbursements made by the Trust during the preceding fiscal year; and

(c) the audited financial statements of the Administrator.

14.09 Method of Payment

The Trustee will have sole discretion to determine whether any amount paid or payable out of the Trust is paid or payable out of the income of the Trust or the capital of the Trust.

14.10 Additions to Capital

Any income of the Trust not paid out in a fiscal year will at the end of such fiscal year be added to the capital of the Trust.

14.11 Tax Elections

For each taxation year of the Trust, the Trustee will file any available elections and designations under the *Income Tax Act* and equivalent provisions of the *Income Tax Act* of any province or territory and take any other reasonable steps such that the Trust and no other person is liable to taxation on the income of the Trust, including the filing of an election under the *Income Tax Act* and equivalent provisions of the *Income Tax Act* of any province or territory for each taxation year of the Trust and the amount to be specified under such election will be the maximum allowable under the *Income Tax Act* or the *Income Tax Act* of any province or territory, as the case may be.

14.12 Canadian Income Tax

1) Canada will make best efforts to exempt any income earned by the Trust from federal taxation, and Canada will take into account the measures that it took in similar circumstances for the class action settlements addressed in section 81 (1) (g.3) of the *Income Tax Act*.

2) The Parties agree that the payments to Class Members, including payments of any income earned on the Settlement Funds, are in the nature of personal injury damages and are not taxable income and Canada will make best efforts to obtain a technical interpretation to the same effect from the Income Tax Rulings Directorate of the Canada Revenue Agency.

ARTICLE 15 – AUDITORS

15.01 Appointment of Auditors

On the recommendation of the Settlement Implementation Committee, the Court will appoint Auditors with such powers, rights, duties and responsibilities as the Court directs. On the recommendation of the Parties, or of their own motion, the Court may replace the

Auditors at any time. Without limiting the generality of the foregoing, the duties and responsibilities of the Auditors will include:

(a) to audit the accounts for the Trust in accordance with generally accepted auditing standards on an annual basis;

(b) to provide the reporting set out in Article 14.08;

(c) to audit the financial statements of the Administrator in relation to the administration of this Agreement; and

(d) to file the financial statements of the Trust together with the Auditors' report thereon with the Court and deliver a copy thereof to Canada, the Settlement Implementation Committee, the Administrator, and the Trustee within sixty (60) days after the end of each financial year of the Trust.

15.02 Payment of Auditors

Canada will pay the reasonable fees, disbursements, and other costs of the Auditors in accordance with Article 3.04, as approved by the Court.

ARTICLE 16 - LEGAL FEES

16.01 Class Counsel Fees

1) Canada will pay Class Counsel the amount approved by the Court, plus applicable taxes, in respect of their legal fees and disbursements for the prosecution of the Actions to the date of the Settlement Approval Hearing, together with advice to Class Members regarding the Agreement and Acceptance, over and above the Settlement Funds. Subject to Article 12.02(1), Canada will also pay the reasonable legal fees of Class Counsel for their work on or for the Settlement Implementation Committee and the Investment Committee. A disagreement between the Parties over legal fees will not prevent the Parties from signing this Agreement. Canada and Class Counsel will participate in mediation if they are unable to agree upon the legal fees, to be presided over by a mediator to be agreed upon by and between Canada and Class Counsel or, failing agreement, appointed by the Court. In the event that Canada and Class Counsel are not able to agree upon legal fees during mediation, fees will be subject to the approval of the Court, subject to appeal. Canada will have standing to make submissions to the Court regarding such fees.
2) No such amounts will be deducted from the Settlement Funds.
3) Class Counsel will not charge individual Class Members any amounts for legal services rendered in accordance with this Agreement. Such assistance to Class Members will not be considered to constitute or be cause for a conflict.

16.02 Ongoing Legal Services

1) Following the Implementation Date, responsibility for representing the interests of the Class as a whole (as distinct from assisting a particular Class Member or Class Members, as reasonably requested) will pass from Class Counsel to the Settlement Implementation Committee, and Class Counsel will have no further obligations in that regard.

2) In addition to the legal services provided to the Settlement Implementation Committee in Article 12, Counsel SIC Members may also respond to legal inquiries from Class Members about this Agreement that are beyond the training and/or competence of the navigational support services provided by the Administrator. Legal fees for such services are subject to Article 12.02(1).

16.03 Ongoing Fees

1) The Settlement Implementation Committee will maintain appropriate records of payment, fees and disbursements for Ongoing Legal Services.

2) The Settlement Implementation Committee may submit the bills relating to Counsel SIC Members to Canada for payment on a monthly basis, subject to Article 12.02(1).

3) The Settlement Implementation Committee will seek approval of its accounts from the Court on an annual basis.

ARTICLE 17 - GENERAL DISPUTE RESOLUTION

1) Where a dispute arises regarding any right or obligation under this Agreement ("**Dispute**"), the parties to the Dispute will refer the Dispute to confidential mediation in accordance with the ADR Chambers Mediation Rules. If the parties to the Dispute cannot agree on a mediator, they may ask the Court to appoint one (the "**Dispute Resolution Process**").

2) If the Dispute cannot be resolved through the Dispute Resolution Process, it can be referred to the Court for determination.

3) The costs of dispute resolution amongst members of the Settlement Implementation Committee, in accordance with the Dispute Resolution Process, or by referral to the Court, may be paid out of the Trust Fund in circumstances where deemed appropriate by the mediator or the Court.

4) Where Canada is a party to a matter referred to the Dispute Resolution Process, the mediator will have the discretion to award costs of the mediation against any party.

5) For greater certainty, this Article will not apply to disputes regarding Claimants in the Claims Process, including eligibility for membership in the Class, extension of the Claims Deadline for an individual Class Member or compensation due to any Class Member.

ARTICLE 18 - TERMINATION AND OTHER CONDITIONS

18.01 Termination of Agreement

1) Except as set forth in Article 18.01(2), this Agreement will continue in full force and effect until all obligations under this Agreement are fulfilled and the Court orders that the Agreement has terminated.

2) Notwithstanding any other provision in the Agreement, the following provisions will survive the termination of this Agreement:

    (a) Article 9.01 – Releases

    (b) Article 20 – Confidentiality

    (c) Article 22 – Immunity

18.02 Amendments

Except as expressly provided in this Agreement, no amendment may be made to this Agreement unless agreed to by the Parties in writing, and if the Court has issued the Settlement Approval Order, then any amendment will only be effective once approved by the Court. A material amendment to the Schedules hereto will require the Court's approval.

18.03 Non-Reversion of Settlement Funds

No amount or earned interest that remains after the distribution of the Settlement Funds will revert to Canada. Such amounts will instead be further distributed in accordance with the distribution protocol designed and approved for the Claims Process.

18.04 No Assignment

1) No compensation payable under this Agreement to a Class Member can be assigned, charged, pledged, hypothecated and any such assignment, charge, pledge, or hypothecation is null and void except as expressly provided for in this Agreement.

2) No portion of the Settlement Funds or amounts accrued thereon that remain will be charged to a Claimant for completing Claims Forms or providing Supporting Documentation.

3) Any payment to which a Claimant is entitled will be made to such Claimant in accordance with the direction that such Claimant provides to the Administrator unless a court of competent jurisdiction has ordered otherwise.

4) Any payments in respect of a Deceased Class Member or a Person Under Disability will be made in accordance with Article 13.

5) In the absence of fraud, any amount paid pursuant to this Agreement is not refundable in the event that it is later determined that the Claimant was not entitled to receive or be paid all or part of the amount so paid, but the Claimant may be required to account for any amount that they were not entitled to receive against any future payments that they would otherwise be entitled to receive pursuant to this Agreement.

ARTICLE 19 – WARRANTIES AND REPRESENTATIONS ON SIZE OF THE CLASS

1) The Parties acknowledge that, in preparing the Joint Report, the Experts relied on data from ISC to determine the Estimated Removed Child Class Size. Both the Plaintiffs and Canada were aware that parts of this data came from third parties, was incomplete and, in some cases, inaccurate. The Parties, including Canada, took account of the nature of this data in entering into this Agreement.
2) Canada warrants and represents that it provided to the Experts all of the data in Canada's possession relating to the Estimated Removed Child Class Size. However, Canada does not represent or warrant the accuracy of the data it provided nor the accuracy of the Joint Report of the Experts.

ARTICLE 20 – CONFIDENTIALITY

20.01 Confidentiality

Any information provided, created, or obtained in the course of implementing this Agreement will be kept confidential and will not be used for any purpose other than this Agreement unless otherwise agreed by the Parties.

20.02 Destruction of Class Member Information and Records

1) Subject to Article 20.02(2), two years after completing the payment of all compensation under this Agreement, the Administrator will destroy all Class Member information and documentation in its possession, unless a Class Member or their Estate Executor or Estate Claimant specifically requests the return of such information within the two-year period. Upon receipt of such request, the Administrator will forward the Class Member information as directed. Before destroying any information or documentation in accordance with this Article, the Administrator will prepare an anonymized statistical analysis of the Class in accordance with the Claims Process.
2) Prior to destruction of the records, the Administrator will create and provide to Canada a list showing the Approved Class Member's: (i) name (ii) Indian registration number, (iii) Band or First Nation affiliation, (iv) birthdate, (v) class membership, and (vi) amount and date of payment with respect to each compensation payment made. Notwithstanding anything else in this Agreement, this list must be retained by Canada in strict confidence

and can only be used in a legal proceeding or settlement where it is relevant to demonstrating that a claimant received a payment under this Agreement.

3) The destruction of records in the possession or control of Canada is subject to the application of any relevant provincial or federal legislation such as the *Privacy Act*, the *Access to Information Act*, the *Personal Information Protection and Electronic Documents Act* and the *Library and Archives of Canada Act*.

20.03 Confidentiality of Negotiations

Save as may otherwise be agreed between the Parties, the undertaking of confidentiality as to the discussions and all communications, whether written or oral, made in and surrounding the negotiations leading to the AIP and this Agreement continues in force. The Parties expressly agree that the AIP and the materials and discussions related to it are inadmissible as evidence to determine the meaning and scope of this Agreement, which supersedes the AIP.

ARTICLE 21 – COOPERATION

21.01 Cooperation on Settlement Approval and Implementation

Upon execution of this Agreement, the Representative Plaintiffs in the Actions, the AFN, Class Counsel, and Canada will make best efforts to obtain approval of this Agreement by the Court and to support and facilitate participation of Class Members in all aspects of this Agreement. If this Agreement is not approved by the Court, the Parties will negotiate in good faith to attempt to cure any defects identified by the Court but will not be obligated to agree to any material amendment to the Agreement executed by the Parties.

21.02 Public Announcements

Upon the issuance of the Settlement Approval Order, the Parties will release a joint public statement announcing the settlement in a form to be agreed by the Parties and, at a mutually agreed time, will make public announcements in support of this Agreement. The Parties will continue to speak publicly in favour of the Agreement as reasonably requested by any Party.

ARTICLE 22 – IMMUNITY

Canada and its counsel, Class Counsel, AFN and its in-house counsel, the Administrator, the Settlement Implementation Committee and its Members and counsel, the Investment Committee, and the Third-Party Assessor will be released from, be immune to, and be held harmless from any and all claims, counterclaims, suits, actions, causes of action, demands, damages, penalties, injuries, setoffs, judgments, debts, costs, expenses (including legal fees and expenses) or other liabilities of every character whatsoever by

any reason, except fraud relating to the Actions and to this Agreement, and this Agreement will be a complete defence.

ARTICLE 23 – PUBLIC APOLOGY

Upon execution of this Agreement, Canada will propose to the Office of the Prime Minister that the Prime Minister make a public apology for the discriminatory conduct underlying the Class Members' claims and the past and ongoing harm it has caused.

ARTICLE 24 – COMPLETE AGREEMENT

This Agreement constitutes the entire agreement among the Parties with respect to the subject matter hereof and cancels and supersedes any prior or other understandings and agreements between or among the Parties with respect thereto, including the AIP. There are no representations, warranties, terms, conditions, undertakings, covenants or collateral agreements, express, implied or statutory between or among the Parties with respect to the subject matter hereof other than as expressly set forth or referred to in this Agreement.

[The remainder of this page is left intentionally blank. Signature pages follow.]

Signed at Ottawa, this 30th day of June 2022.

CANADA, as represented by the Attorney General of Canada
BY:

Attorney General of Canada
for the defendant

THE PLAINTIFFS, as represented by class counsel
BY:

Sotos LLP/ Kugler Kandestin LLP/Miller Titerle + Co
for the plaintiffs
Xavier Moushoom, Jeremy Meawasige (by his litigation guardian Jonavon Meawasige), Jonavon Joseph Meawasige, and Zacheus Joseph Trout

Nahwegahbow, Corbiere/ Fasken LLP/ Stuart Wuttke
for the plaintiffs
Assembly of First Nations, Ashley Dawn Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson by His Litigation Guardian, Carolyn Buffalo, Carolyn Buffalo and Dick Eugene Jackson Also Known as Richard Jackson

Date signed June 30, 2022

Signed at Montreal, this 30th day of June 2022.

CANADA, as represented by the Attorney General of Canada
BY:

_____
Attorney General of Canada
for the defendant

THE PLAINTIFFS, as represented by class counsel
BY:

Robert Kugler
Sotos LLP/ Kugler Kandestin LLP/Miller Titerle + Co
for the plaintiffs
Xavier Moushoom, Jeremy Meawasige (by his litigation guardian Jonavon Meawasige), Jonavon Joseph Meawasige, and Zacheus Joseph Trout

_____
Nahwegahbow, Corbiere/ Fasken LLP/ Stuart Wuttke
for the plaintiffs
Assembly of First Nations, Ashley Dawn Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson by His Litigation Guardian, Carolyn Buffalo, Carolyn Buffalo and Dick Eugene Jackson Also Known as Richard Jackson

Date signed June 30, 2022

Signed at Rama First Nation , this 30th day of June 2022.

CANADA, as represented by the Attorney General of Canada
BY:

_____
Attorney General of Canada
for the defendant

THE PLAINTIFFS, as represented by class counsel
BY:

_____
Sotos LLP/ Kugler Kandestin LLP/Miller Titerle + Co
for the plaintiffs
Xavier Moushoom, Jeremy Meawasige (by his litigation guardian Jonavon Meawasige), Jonavon Joseph Meawasige, and Zacheus Joseph Trout

_____
Nahwegahbow, Corbiere/ Fasken LLP/ Stuart Wuttke
for the plaintiffs
Assembly of First Nations, Ashley Dawn Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson by His Litigation Guardian, Carolyn Buffalo, Carolyn Buffalo and Dick Eugene Jackson Also Known as Richard Jackson

Date signed June 30, 2022

Schedule A - Consolidated Action Certification Order

(provided in English and French)

Federal Court Cour fédérale

Date: 20211126

Docket: T-402-19
T-141-20

Citation: 2021 FC 1225

Ottawa, Ontario, November 26, 2021

PRESENT: The Honourable Madam Justice Aylen

CLASS PROCEEDING

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, JONAVON JOSEPH MEAWASIGE) AND JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (by his litigation guardian, CAROLYN BUFFALO), CAROLYN BUFFALO AND DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN

AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER AND REASONS

UPON MOTION by the Plaintiffs, on consent and determined in writing pursuant to Rule 369 of the *Federal Courts Rules*, for an order:

(a) Granting the Plaintiffs an extension of time to make this certification motion past the deadline in Rule 334.15(2)(b);

(b) Certifying this proceeding as a class proceeding and defining the class;

(C) Stating the nature of the claims made on behalf of the class and the relief sought by the class;

(d) Stipulating the common issues for trial;

(e) Appointing the Plaintiffs specified below as representative plaintiffs;

(f) Approving the litigation plan; and

(g) Other relief;

CONSIDERING the motion materials filed by the Plaintiffs;

CONSIDERING that the Defendant has advised that the Defendant consents in whole to the motion as filed;

CONSIDERING that the Court is satisfied, in the circumstances of this proceeding, that an extension of time should be granted to bring this certification motion past the deadline prescribed in Rule 334.15(2)(b);

CONSIDERING that while the Defendant's consent reduces the necessity for a rigorous approach to the issue of whether this proceeding should be certified as a class action, it does not relieve the Court of the duty to ensure that the requirements of Rule 334.16 for certification are met [see *Varley v Canada (Attorney General)*, 2021 FC 589];

CONSIDERING that Rule 334.16(1) of the *Federal Courts Rules* provides:

Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if	Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies :
(a) the pleadings disclose a reasonable cause of action;	a) les actes de procédure révèlent une cause d'action valable;
(b) there is an identifiable class of two or more persons;	b) il existe un groupe identifiable formé d'au moins deux personnes;
(c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members;	c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre;
(d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and	d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs;
(e) there is a representative plaintiff or applicant who	e) il existe un représentant demandeur qui :
(i) would fairly and adequately represent the interests of the class,	(i) représenterait de façon équitable et adéquate les intérêts du groupe,

(ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing,	(ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement,
(iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and	(iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs,
(iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record.	(iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier.

CONSIDERING that, pursuant to Rule 334.16(2), all relevant matters shall be considered in a determination of whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact, including whether: (a) the questions of law or fact common to the class members predominate over any questions affecting only individual members; (b) a significant number of the members of the class have a valid interest in individually controlling the prosecution of separate proceedings; (c) the class proceeding would involve claims that are or have been the subject of any other proceeding; (d) other means of resolving the claims are less practical or less efficient; and (e) the administration of the class proceeding would create greater difficulties than those likely to be experienced if relief were sought by other means;

CONSIDERING that:

(a) The conduct of the Crown at issue in this proposed class action proceeding, as set out in the Consolidated Statement of Claim, concerns two alleged forms of

discrimination against First Nations children: (i) the Crown's funding of child and family services for First Nations children and the incentive it has created to remove children from their homes; and (ii) the Crown's failure to comply with Jordan's Principles, a legal requirement that aims to prevent First Nations children from suffering gaps, delays, disruptions or denials in receiving necessary services and products contrary to their *Charter*-protected equality rights.

(b) As summarized by the Plaintiffs in their written representations, at its core, the Consolidated Statement of Claim alleges that:

(i) The Crown has knowingly underfunded child and family services for First Nations children living on Reserve and in the Yukon, and thereby prevented child welfare service agencies from providing adequate Prevention Services to First Nations children and families.

(ii) The Crown has underfunded Prevention Services to First Nations children and families living on Reserve and in the Yukon, while fully funding the costs of care for First Nations children who are removed from their homes and placed into out-of-home care, thereby creating a perverse incentive for First Nations child welfare service agencies to remove First Nations children living on Reserve and in the Yukon from their homes and place them in out-of-home care.

(iii) The removal of children from their homes caused severe and enduring trauma to those children and their families.

(iv) Not only does Jordan's Principle embody the Class Members' equality rights, the Crown has also admitted that Jordan's Principle is a "legal requirement" and thus an actionable wrong. However, the Crown has disregarded its obligations under Jordan's Principle and thereby denied crucial services and products to tens of thousands of First Nations children, causing compensable harm.

(v) The Crown's conduct is discriminatory, directed at Class Members because they were First Nations, and breached section 15(1) of the *Charter*, the Crown's fiduciary duties to First Nations and the standard of care at common and civil law.

(c) With respect to the first element of the certification analysis (namely, whether the pleading discloses a reasonable cause of action), the threshold is a low one. The question for the Court is whether it is plain and obvious that the causes of action are doomed to fail [see *Brake v Canada (Attorney General)*, 2019 FCA 274 at para 54]. Even without the Crown's consent, I am satisfied that the Plaintiffs have pleaded the necessary elements for each cause of action sufficient for purposes of this motion, such that the Consolidated Statement of Claim discloses a reasonable cause of action.

(d) With respect to the second element of the certification analysis (namely, whether there is an identifiable class of two or more persons), the test to be applied is whether the Plaintiffs have defined the class by reference to objective criteria such that a person can be identified to be a class member without reference to the merits

of the action [see *Hollick v Toronto (City of)*, 2001 SCC 68 at para 17]. I am satisfied that the proposed class definitions for the Removed Child Class, Jordan's Class and Family Class (as set out below) contain objective criteria and that inclusion in each class can be determined without reference to the merits of the action.

(e) With respect to the third element of the certification analysis (namely, whether the claims of the class members raise common questions of law or fact), as noted by the Federal Court of Appeal in *Wenham v Canada (Attorney General)*, 2018 FCA 199 at para 72, the task under this part of the certification determination is not to determine the common issues, but rather to assess whether the resolution of the issues is necessary to the resolution of each class member's claim. Specifically, the test is as follows:

> The commonality question should be approached purposively. The underlying question is whether allowing the suit to proceed as a representative one will avoid duplication of fact-finding or legal analysis. Thus an issue will be "common" only where its resolution is necessary to the resolution of each class member's claim. It is not essential that the class members be identically situated vis-à-vis the opposing party. Nor is it necessary that common issues predominate over non-common issues or that the resolution of the common issues would be determinative of each class member's claim. However, the class members' claims must share a substantial common ingredient to justify a class action. Determining whether the common issues justify a class action may require the court to examine the significant of the common issues in relation to individual issues. In doing so, the court should remember that it may not always be possible for a representative party to plead the claims of each class member with the same particularity as would be required in an individual suit. (*Western Canadian Shopping Centres*, above at para 39; see also *Vivendi Canada Inc. v. Dell'Aniello*, 2014 SCC 1, [2014] 1 S.C.R. 3 at paras 41 and 44-46.)

Having reviewed the common issues (as set out below), I am satisfied that the issues share a material and substantial common ingredient to the resolution of each class

member's claim. Moreover, I agree with the Plaintiff that the commonality of these issues is analogous to the commonality of similar issues in institutional abuse claims which have been certified as class actions (such as the Indian Residential Schools and the Sixties Scoop class action litigation). Accordingly, I find that the common issue element is satisfied.

(f) With respect to the fourth element of the certification analysis (namely, whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law), the preferability requirement has two concepts at its core: (i) whether the class proceeding would be a fair, efficient and manageable method of advancing the claim; and (ii) whether the class proceeding would be preferable to other reasonably available means of resolving the claims of class members. A determination of the preferability requirement requires an examination of the common issues in their context, taking into account the importance of the common issues in relation to the claim as a whole, and may be satisfied even where there are substantial individual issues [see *Brake*, *supra* at para 85; *Wenham*, *supra* at para 77 and *Hollick*, *supra* at paras 27-31]. The Court's consideration of this requirement must be conducted through the lens of the three principle goals of class actions, namely judicial economy, behaviour modification and access to justice [see *Brake*, *supra* at para 86, citing *AIC Limited v Fischer*, 2013 SCC 69 at para 22].

(g) Having considered the above-referenced principles and the factors set out in Rule 334.16(2), I am satisfied a class proceeding is the preferable procedure for the just

and efficient resolution of the common questions of fact and law. Given the systemic nature of the claims, the potential for significant barriers to access to justice for individual claimants and the Plaintiffs' stated concerns regarding the other means available for resolving the claims of class members, I am satisfied that the proposed class action would be a fair, efficient and manageable method of advancing the claims of the class members.

(h) With respect to the fifth element of the certification analysis (namely, whether there are appropriate proposed representatives), I am satisfied, having reviewed the affidavit evidence filed on the motion together with the detailed litigation plan, that the proposed representative plaintiffs (as set out below) meet the requirements of Rule 334.16(1)(e);

CONSIDERING that the Court is satisfied that all of the requirements for certification are met and that the requested relief should be granted;

THIS COURT ORDERS that:

1. The Plaintiffs are granted an extension of time, *nunc pro tunc*, to bring this certification motion past the deadline in Rule 334.15(2)(b) of the *Federal Courts Rules*.

2. For the purpose of this Order and in addition to definitions elsewhere in this Order, the following definitions apply and other terms in this Order have the same meaning as in the Consolidated Statement of Claim as filed on July 21, 2021:

(a) **"Class"** means the Removed Child Class, Jordan's Class and Family Class, collectively.

(b) **"Class Counsel"** means Fasken Martineau Dumoulin LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere and Sotos LLP.

(c) **"Class Members"** mean all persons who are members of the Class.

(d) **"Class Period"** means:

(i) For the Removed Child Class members and their corresponding Family Class members, the period of time beginning on April 1, 1991 and ending on the date of this Order; and

(ii) For the Jordan's Class members and their corresponding Family Class members, the period of time beginning on December 12, 2007 and ending on the date of this Order.

(e) **"Family Class"** means all persons who are brother, sister, mother, father, grandmother or grandfather of a member of the Removed Child Class and/or Jordan's Class.

(f) **"First Nation"** and **"First Nations"** means Indigenous peoples in Canada, including the Yukon and the Northwest Territories, who are neither Inuit nor Métis, and includes:

(i) Individuals who have Indian status pursuant to the *Indian Act*, R.S.C., 1985, c.I-5 [*Indian Act*];

(ii) Individuals who are entitled to be registered under section 6 of the *Indian Act* at the time of certification;

(iii) Individuals who met band membership requirements under sections 10-12 of the *Indian Act* and, in the case of the Removed Child Class members, have done so by the time of certification, such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List; and

(iv) In the case of Jordan's Class members, individuals, other than those listed in sub-paragraphs (i)-(iii) above, recognized as citizens or members of their respective First Nations whether under agreement, treaties or First Nations' customs, traditions and laws.

(g) **"Jordan's Class"** means all First Nations individuals who were under the applicable provincial/territorial age of majority and who during the Class Period were denied a service or product, or whose receipt of a service or product was delayed or disrupted, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a jurisdictional dispute with another government or governmental department.

(h) **"Removed Child Class"** means all First Nations individuals who:

(i) Were under the applicable provincial/territorial age of majority at any time during the Class Period; and

(ii) Were taken into out-of-home care during the Class Period while they, or at least one of their parents, were ordinarily resident on a Reserve.

(i) **"Reserve"** means a tract of land, as defined under the *Indian Act*, the legal title to which is vested in the Crown and has been set apart for the use and benefit of an Indian band.

3. This proceeding is hereby certified as a class proceeding against the Defendant pursuant to Rule 334.16(1) of the *Federal Courts Rules*.

4. The Class shall consist of the Removed Child Class, Jordan's Class and Family Class, all as defined herein.

5. The nature of the claims asserted on behalf of the Class against the Defendant is constitutional, negligence and breach of fiduciary duty owed by the Crown to the Class.

6. The relief claimed by the Class includes damages, *Charter* damages, disgorgement, punitive damages and exemplary damages.

7. The following persons are appointed as representative plaintiffs:

(a) For the Removed Child Class: Xavier Moushoom, Ashley Dawn Louise Bach and Karen Osachoff;

(b) For the Jordan's Class: Jeremy Meawasige (by his litigation guardian, Jonavon Joseph Measwasige) and Noah Buffalo-Jackson (by his litigation guardian, Carolyn Buffalo); and

(c) For the Family Class: Xavier Moushoom, Jonavon Joseph Meawasige, Melissa Walterson, Carolyn Buffalo and Dick Eugene Jackson (also known as Richard Jackson),

all of whom are deemed to constitute adequate representative plaintiffs of the Class.

8. Class Counsel are hereby appointed as counsel for the Class.

9. The proceeding is certified on the basis of the following common issues:

(a) Did the Crown's conduct as alleged in the Consolidated Statement of Claim [Impugned Conduct] infringe the equality right of the Plaintiffs and Class Members under section 15(1) of the *Canadian Charter of Rights and Freedoms*? More specifically:

(i) Did the Impugned Conduct create a distinction based on the Class Members' race, or national or ethnic origin?

(ii) Was the distinction discriminatory?

(iii) Did the Impugned Conduct reinforce and exacerbate the Class Members' historical disadvantages?

(iv) If so, was the violation of section 15(1) of the *Charter* justified under section 1 of the *Charter*?

(v) Are *Charter* damages an appropriate remedy?

(b) Did the Crown owe the Plaintiffs and Class Members a common law duty of care?

(i) If so, did the Crown breach that duty of care?

(c) Did the Crown breach its obligations under the *Civil Code of Québec*? More specifically:

(i) Did the Crown commit fault or engage its civil liability?

(ii) Did the Impugned Conduct result in losses to the Plaintiffs and Class Members and if so, do such losses constitute injury to each of the Class Members?

(iii) Are Class Members entitled to claim damages for the moral and material damages arising from the foregoing?

(d) Did the Crown owe the Plaintiffs and Class Members a fiduciary duty?

(i) If so, did the Crown breach that duty?

(e) Can the amount of damages payable by the Crown be determined partially under Rule 334.28(1) of the *Federal Courts Rules* on an aggregate basis?

(i) If so, in what amount?

(f) Did the Crown obtain quantifiable monetary benefits from the Impugned Conduct during the Class Period?

(i) If so, should the Crown be required to disgorge those benefits?

(ii) If so, in what amount?

(g) Should punitive and/or aggravated damages be awarded against the Crown?

(i) If so, in what amount?

10. The Plaintiffs' Fresh as Amended Litigation Plan, as filed November 2, 2021 and attached hereto as Schedule "A", is hereby approved, subject to any modifications necessary as a result of this Order and subject to any further orders of this Court.

11. The form of notice of certification, the manner of giving notice and all other related matters shall be determined by separate order(s) of the Court.

12. The opt-out period shall be six months from the date on which notice of certification is published in the manner to be specified by further order of this Court.

13. The timetable for this proceeding through to trial shall also be determined by separate order(s) of the Court.

14. Pursuant to Rule 334.39(1) of the *Federal Courts Rules*, there shall be no costs payable by any party for this motion.

"Mandy Aylen"
Judge

ANNEX A

Court File Nos. T-402-19 / T-141-20

FEDERAL COURT
PROPOSED CLASS PROCEEDING

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
PROPOSED CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON,
NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

FRESH AS AMENDED LITIGATION PLAN

November 2, 2021

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I. DEFINITIONS

1. The definitions below will be used throughout this Litigation Plan. Any term defined in the Consolidated Statement of Claim that is also used in this Litigation Plan has the same meaning as that included in the Consolidated Statement of Claim or as otherwise defined by the Court.

Aggregate Damages Distribution Process means the system directed by the Court for the **Class Action Administrator** to distribute aggregate damages to **Approved Class Members**;

Approved Class Member(s) means **Approved Removed Child Class Member(s)** and/or **Approved Jordan's Class Member(s)** and/or **Approved Family Class Members**;

Approved Family Class Member(s) means a Family Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Family Class Member, including the brother, sister, mother, father, grandmother or grandfather of an Approved Removed Child Class Member (regardless of whether the Approved Removed Child Class Member is alive) and whose approval as a Family Class Member has not been successfully challenged;

Approved Jordan's Class Member(s) means a Jordan's Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Jordan's Class Member and whose approval as a Jordan's Class Member has not been successfully challenged;

Approved Removed Child Class Member(s) means a Removed Child Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Removed Child Class Member and whose approval as a Removed Child Class Member has not been successfully challenged;

Certification Notice means the information set out in Schedule A to this Litigation Plan, as may be subsequently amended and as approved by the Court;

CHRT Decision means the decision of the **CHRT** in the **CHRT Proceeding** dated January 26, 2016, bearing citation 2016 CHRT 2;

CHRT means the Canadian Human Rights Tribunal;

CHRT Proceeding means the proceeding before the **CHRT** under file number T1340/7008;

Claim Form means the form set out in Schedule C to this Litigation Plan used by the Removed Child Class Members and/or the Jordan's Class Members and/or the Family Class Members to submit a claim, as may be subsequently amended and as approved by the Court;

Class Action Administrator means any settlement administrator or other appropriate firm appointed by the Court to assist in the administration of the class proceeding;

Class Counsel means the consortium of law firms acting as co-counsel in this class proceeding, with the firms of Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Company, Nahwegahbow, Corbiere and Faskens LLP as Solicitors of Record;

Class Member(s) means an individual who falls within the definition of the Removed Child Class and/or the Jordan's Class and/or the Family Class, as pleaded in the Consolidated Statement of Claim and as approved by the Court;

Common Issues means the issues listed in the Notice of Motion for Certification, or as found by the Court, as may be subsequently amended and as approved by the Court;

Common Issues Notice means the information set out in the notice regarding the **Common Issues** to be certified by the Court at Certification, as may be subsequently amended and as approved by the Court;

Crown Class Member Information means information to be provided by the Crown, at the request of the plaintiffs and/or as ordered by the Court, to the **Class Action Administrator** and/or **Class Counsel** regarding the names and last known contact information of all individuals who meet the criteria of Class Members as set out in the Consolidated Statement of Claim or as otherwise defined by the Court, including: (a) a list of all known Class Members' names and last known addresses using the information in the Crown's possession or under its control[1] as well as all individuals who received a product or service pursuant to Jordan's Principle following the CHRT Decision (estimated by the Crown in its representations to the CHRT to be individuals having received over 165,000 services under Jordan's Principle as of October 2018).

Individual Damage Assessment Form means the form set out in Schedule D to this Litigation Plan, as may be subsequently amended and as approved by the Court, to be used by **Approved Class Member(s)** to elect an individual assessment of their damages and commence an individual damage assessment under the **Individual Damage Assessment Process**;

Individual Damage Assessment Process means the procedure and system to be approved by the Court following the **Common Issues** trial to be used to assess and distribute damages to **Approved Class Member(s)** who have requested an individual damage assessment by submitting an **Individual Damage Assessment Form**;

Notice Program means the process, set out in the Litigation Plan, for communicating the **Certification Notice** and/or the **Common Issues Notice** to **Class Members**, as may be subsequently amended and as approved by the Court;

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[1] Where Class Members are known to be represented by counsel, only their name should be provided along with their counsel's name and address.

Opt Out Form means the form set out in Schedule B to this Litigation Plan used by Class Members to opt out of the class proceeding, as may be subsequently amended and as approved by the Court;

Opt Out Period means the deadline, proposed by the plaintiffs as six months from the date on which notice of certification to the Class is published in the manner to be specified by the Court or as otherwise determined by the Court, to opt out of the class proceeding;

Opt Out Procedures means the procedures, set out in the Litigation Plan, for Class Members to opt out of this class proceeding, as may be subsequently amended and as approved by the Court; and

Special Opt Out Procedures means the procedures, set out in the Litigation Plan, for Class Members who have already commenced a civil proceeding in Canada or who are known by the Crown to have already retained legal counsel to opt out of this class proceeding, as may be subsequently amended and as approved by the Court.

II. OVERVIEW

2. The plaintiffs have commenced this action on behalf of First Nations individuals who allege that the Crown has engaged in the discriminatory underfunding of child and family services and breached the equality obligations underlying Jordan's Principle. The class action advances the rights of tens of thousands of First Nations children, former children and family members.

3. This Litigation Plan is advanced as a workable method of advancing the proceeding on behalf of the Class and of notifying Class Members as to how the class proceeding is progressing, pursuant to rule 334.16(1)(e)(ii) of the *Federal Court Rules*. The Litigation Plan is modelled on the class action relating to the Indian Residential Schools.[2]

4. This Litigation Plan sets out a detailed plan for the common stages of this litigation, and sets out, on a without prejudice basis, an early plan for how the individual stage of the action may progress. Given the early stage of the litigation, the plan is necessarily subject to substantial revisions as the case progresses.

5. The plaintiffs are mindful that the CHRT has awarded statutory compensation to a subset of the Class Members pursuant to the CHRA (*First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada)*, 2019 CHRT 39). If CHRT compensation is paid to any Class Members, the plaintiffs will seek a determination from the Court as to whether the Crown is entitled to a set-off or deduction of damages in this action for such amounts.

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[2] See *Baxter v Canada (Attorney General)*, 2006 CanLII 41673 (Ont Sup Ct), and subsequent orders of the Court. See also information available on the website of the Indian Residential Schools Adjudication Secretariat, online <http://www.iap-pei.ca/home-eng.php>.

III. PRE-CERTIFICATION PROCESS

A. The Parties

i. The Plaintiffs

6. The plaintiffs have proposed three classes:

   (a) the Removed Child Class, represented by Xavier Moushoom, Ashley Dawn Louise Bach, and Karen Osachoff;

   (b) the Family Class, represented by Xavier Moushoom, Jonavon Joseph Meawasige, Melissa Walterson, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson; and

   (c) the Jordan's Class, represented by Jeremy Meawasige, by his litigation guardian, Jonavon Joseph Meawasige; and Noah Buffalo-Jackson, by his litigation guardian, Carolyn Buffalo.

ii. The Defendant

7. The defendant is the Crown.

B. The Pleadings

i. Consolidated Statement of Claim

8. The plaintiffs have delivered a Consolidated Statement of Claim issued with leave of the Honourable Justice St-Louis dated July 7, 2021.

ii. Statement of Defence

9. The Crown has not delivered a Statement of Defence.

iii. Third Party Claim

10. The Crown has not issued any Third Party Claim.

C. Pre-Certification Communication Strategy

i. Responding to Inquiries from Putative Class Members

11. Both before and since the commencement of this class proceeding, Class Counsel have received many communications from Class Members affected by this class proceeding.

12. With respect to each inquiry, the individual's name, address, email and telephone number is added to a confidential database. Class Members are asked to register on the websites of Class Counsel. Once registered, they receive regular updates on the progress of the class proceeding in French and English. Any individual Class Members who contact Class Counsel are responded to in their preferred language.

ii. Pre-Certification Status Reports

13. In addition to responding to individual inquiries, Class Counsel have created a webpage concerning the class proceeding in English and French (see: https://sotosclassactions.com/cases/current-cases/first-nations-youth/). The most current information on the status of the class proceeding is posted and is updated regularly in English and French.

14. Copies of the publicly filed court documents and court decisions are accessible from the webpage. In addition, phone numbers for Class Counsel in Quebec and Ontario as well as email contact information are provided.

15. Class Counsel send update reports to Class Members who have provided their contact information and have indicated an interest in being notified of further developments in the class proceeding.

iii. Pre-certification outreach

16. Class Counsel have presented the proposed class action to a council of First Nations social services delivery personnel for the Province of Québec and the region of Labrador, as well as the First Nations youth directors forum in British Columbia. Class Counsel are in the process of arranging similar presentations to affected communities in Québec and elsewhere in Canada.

D. Settlement Conference

i. Pre-Certification Settlement Conference

17. The plaintiffs have participated in a pre-Certification mediation to determine whether any or all of the issues arising in the class proceeding can be resolved. Mediation is ongoing and may require that some of the targeted timelines in this Litigation Plan be amended on agreement of the parties or as otherwise ordered by the Court to allow negotiations to advance.

E. Timetable

IV. POST-CERTIFICATION PROCESS

A. Timetable

i. Plaintiffs' Timetable for the Post-Certification Process

18. The plaintiffs intend to proceed to trial on an expedited basis or a hybrid summary judgment/*viva voce* trial. It is anticipated that all of the documentary evidence produced by the Crown in the CHRT Proceeding will be relevant and producible in this class proceeding. Because of the extensive documentary production in the CHRT Proceeding, the plaintiffs expect few, if any, disputes as to documentary productions in this case relating to the time period covered by the CHRT Proceeding (*i.e.*, 2006-present). Furthermore, in light of the extensive testimony given at the CHRT Proceeding, it is anticipated that oral discovery can proceed quickly after certification and can be completed in a limited period of time. The plaintiffs have less clarity at this time regarding productions pertaining to the 1991-2006 period.

19. The plaintiffs propose that the following post-Certification process timetable, as explained in detail below:

Certification Notice to Class Members commences	at a date to be determined by the Court after certification
Exchange Affidavits of Documents within	90 days after Certification Notice to Class Members

Motions for Production of Documents, Multiple Examinations of Crown representatives or for Examinations of Non-Parties to be conducted within	120 days after Certification Notice to Class Members
Examinations for Discovery to be conducted within	150 days after Certification Notice to Class Members
Certification Notice to Class Members completed within	60 days from a date to be determined by the Court
Trial Management Conference re: Expert Evidence	180 days after Certification Notice to Class Members
Motions arising from Examinations for Discovery within	180 days after Certification Notice to Class Members
Undertakings answered within	200 days after Certification Notice to Class Members
Further Examinations, if necessary, within	240 days after Certification Notice to Class Members
Common Issues Pre-Trial to be conducted	290 days after Certification Notice to Class Members
Opt Out Period deadline	Six months after Notice of Certification to Class Members
Common Issues Trial or Hybrid Trial to be conducted within	330 days after Certification Notice to Class Members

B. Certification Notice, Notice Program and Opt Out Procedures

i. Certification Notice

20. The Certification Notice and all other notices to Class Members provided by the plaintiffs will, once finalized and approved by the Court, be translated into French. The plaintiffs will explore whether it will be necessary to translate the Certification Notice and/or other notices into some First Nations languages, subject to Court approval.

21. The Certification Notice will, subject to further amendments, be in the form set out in Schedule A hereto.

ii. Notice Program

22. The plaintiffs propose to communicate the Certification Notice to Class Members through the following Notice Program.

23. The plaintiffs will provide Certification Notice to Class Members by arranging to have the Certification Notice (and its translated versions whenever possible) communicated/published in the following media starting on a date to be determined by the Court, as frequently as may be reasonable or as directed by the Court under rule 334.32 of the *Federal Courts Rules*. In particular, the plaintiffs propose the following means of providing Certification Notice:

(a) A press release on the start date of notice of certification to the Class to be determined by order of the Court;

(b) Direct communication with Class Members:

(i) by email or regular mail to the last known contact information of Class Members provided by the Crown (*i.e.*, Crown Class Member Information);

(ii) by email or regular mail to all Class Members who have provided their contact information to Class Counsel, including through the Class Proceeding's webpage;

(iii) by regular mail to the last known addresses of all Status Card holders in Canada born on or after April 1, 1991;

(c) Distribution by the Assembly of First Nations to its membership of First Nations bands across Canada;

(d) Email to First Nations children's aid societies across Canada;

(e) Circulation through the following media:

(i) Aboriginal newspapers/publications such as First Nations Drum, The Windspeaker, Mi'kmaq Maliseet Nations News, APTN National News;

(ii) radio outlets, such as Aboriginal radio CFWE, CBC national and CBC regional;

(iii) television outlets, such as on The Aboriginal Peoples Television Network; and / or

(iv) social media outlets, such as Facebook and Instagram.

iii. Opt Out Procedures

24. The plaintiffs propose Opt Out Procedures for Class Members who do not wish to participate in the class proceeding.

25. The Certification Notice will include information about how to Opt Out of the class proceeding and will provide information about how to obtain and submit the appropriate Opt Out Forms to the Class Action Administrator and/or Class Counsel.

26. There will be one standard Opt Out Form for all Class Members.

27. Class Members will be required to file the Opt Out Form with the Class Action Administrator and/or Class Counsel within the Opt Out Period.

28. The Class Action Administrator or Class Counsel shall, within 30 days after the expiration of the Opt Out Period, deliver to the Court and the Parties an affidavit listing the names of all persons who have opted out of the Class Action.

iv. Special Opt Out Procedures

29. The plaintiffs propose Special Opt Out Procedures for Class Members who are either named party plaintiffs in a civil proceeding in Canada or who are known by the Crown to have retained legal counsel in respect of the subject matter of this action with the express purpose of starting a separate action against the Crown.

30. Ongoing civil actions by Class Members who do not opt out of the Class Action should be dealt with in a manner to be determined by this Court or by the Court in which such proceedings are brought.

C. Identifying and Communicating with Class Members

i. Identifying Class Members

31. As stated above, the plaintiffs intend to request the Crown Class Member Information.

ii. Database of Class Members

32. Class Counsel will maintain a confidential database of all Class Members who contact Class Counsel. The database will include each individual's name, address, telephone number, and/or email address where available.

iii. Responding to Inquiries from Class Members

33. Class Counsel and their staff respond to each inquiry by Class Members.

34. Class Counsel have a system in place to allow for responses to inquiries by Class Members in their language of choice whenever possible.

iv. Post Certification Status Reports

35. In addition to responding to individual inquiries, Class Counsel will continually update the webpage dedicated to this class action with information concerning the status of the class proceeding.

36. Class Counsel will send update reports to Class Members who have provided their contact information. These update reports will be sent as necessary or as directed by the Court.

D. Documentary Production

i. Affidavit/List of Documents

37. The plaintiffs will be required to deliver an Affidavit of Documents within 90 days after after notice of certification is given to Class Members. The Crown will similarly be required to deliver a List of Documents within 90 days after notice of certification is given to Class Members.

38. The Parties are expected to serve Supplementary Affidavits (or Lists) of Documents as additional relevant documents are located.

ii. Production of Documents

39. All Parties are expected to provide, at their own expense, electronic copies of all Schedule "A" productions at the time of delivering their Affidavit of Documents. All productions are to be made in electronic format.

40. Documentary productions are to include, but not be limited to, all documents produced and exhibits tendered in the CHRT Proceedings.

iii. Motions for Documentary Production

41. Any motions for documentary production shall be made within 120 days after certification notice is given to Class Members.

iv. Document Management

42. The Parties will each manage their productions with a compatible document management system, or as directed by the Court. All documents are to be produced in OCR format.

43. All productions should be numbered and scanned electronically to enable quick access and efficient organization of documents.

E. Examinations for Discovery

44. Examinations for Discovery will take place within 150 days after certification notice is given to Class Members.

45. The plaintiffs expect to request the Crown's consent to examine more than one Crown representative. In the event that a dispute arises in this regard, the plaintiffs propose to bring a motion within 120 days after certification notice is given to Class Members.

46. The plaintiffs anticipate that the Examination for Discovery of a properly selected and informed officer of the Crown will take approximately 10 days, subject to refusals and undertakings.

47. The plaintiffs anticipate that the Examination for Discovery of the representative plaintiffs will take approximately one day, subject to refusals and undertakings.

F. Interlocutory Matters

i. Motions for Refusals and Undertakings

48. Specific dates for motions for undertakings and refusals that arise from the Examinations for Discovery will be requested upon Certification. Motions for refusals and undertakings will be heard within 180 days after certification notice is given to Class Members.

ii. Undertakings

49. Undertakings are to be answered within 200 days after certification notice is given to Class Members.

iii. Re-attendances and Further Examinations for Discovery

50. Any re-attendances or further Examinations for Discovery required as a result of answers to undertakings or as a result of the outcome of the motions for refusals and undertakings should be completed within 240 days after certification notice is given to Class Members.

G. Expert Evidence

i. Identifying Experts and Issues

51. A Trial Management Conference will take place following Examinations for Discovery at which guidelines for identifying experts and their proposed evidence at trial will be determined.

H. Determination of the Common Issues

i. Pre-Trial of the Common Issues

52. Upon Certification, the Court will be asked to assign a date for a Pre-Trial relating to the Common Issues trial.

53. The plaintiffs expect that a full day will be required for a Pre-Trial and will request that the Pre-Trial be held within 290 days after certification notice is given to Class Members and, in any event, at least 90 days before the date of the Common Issues trial.

ii. Trial of the Common Issues

54. Upon Certification, the Court will be asked to assign a date for the Common Issues trial.

55. The plaintiffs propose that the trial of the Common Issues be held 330 days after certification notice is given to Class Members.

56. The length of time required for the Common Issues trial will depend on many factors and will be determined at the Trial Management Conference.

V. POST COMMON ISSUES DECISION PROCESS

A. Timetable

i. Plaintiffs' Timetable for the Post-Common Issues Decision Process

57. The plaintiffs propose that the following timetable be imposed by the Court following the Court's judgment on the Common Issues:

Common Issues Notice provided	Within 90 days of Common Issues decision
Individual Issue Hearings, if any, begin	120 days after decision
Individual Damage Assessments, if any, begin	240 days after decision
Deadline to Submit Claim Forms (as of right)	Within 1 year of decision
Deadline to Submit Claim Forms (as of right in prescribed circumstances or with leave of the Court)	1 year after decision

B. Common Issues Notice

i. Notifying Class Members

58. The Common Issues Notice will, subject to further amendments, be substantially in the form approved by the Court at the Common Issues trial. The Common Issues Notice may contain, amongst others, information on any aggregate damages awarded and any issues requiring individual determination, as approved by the Court.

59. The plaintiffs propose to circulate the Common Issues Notice within 90 days after the Common Issues judgment.

60. The Common Issues Notice will be circulated in the same manner as set out above dealing with the Certification Notice or as directed by the Court.

C. Claim Forms

i. Use of Claim Forms

61. The Court will be asked to approve under rule 334.37 the use of standardized Claim Forms by Class Members who may be entitled to a portion of the aggregate damage award or who may be entitled to have an individual assessment.

ii. Obtaining and Filing Claim Forms

62. The procedure for obtaining and filing Claim Forms will be set out in the Common Issues Notice.

63. The plaintiffs propose to use a single standard Claim Form, substantially in the form attached as Schedule C, for all three classes, subject to further amendments and as approved by the Court.

64. The plaintiffs propose that counselling be made available to Class Members in need of support and assistance when completing the Claim Forms. Where necessary, a process for appointing a guardian or trustee to assist the Class Members will be developed.

65. Before completing a Claim Form, Class Members will be able to review information about them in the possession of Canada relevant to their claim (the Crown Class Member Information). That information may include:

(a) any records relating to the Class Member's voluntary or involuntary placement in out-of-home care during the Class Period;

(b) any records relating to a need by the Class Member for a service or product;

(c) any records relating to a request made by the Class Member for a service or product;

(d) any records relating to the denial of a service or product to the Class Member;

(e) any records relating to any service(s) or product(s) provided by the Crown to the Class Member; and/or

(f) any records relating to the family status or family relationship between a Family Class Member and a Removed Child Class Member or a Jordan's Class Member.

66. Class Members will be required to file the appropriate Claim Form with the Class Action Administrator and/or Class Counsel within the deadlines set out below or as directed by the Court.

67. The Class Action Administrator will be responsible for receiving all Claim Forms.

iii. Deadline for Filing Claim Forms

68. Class Members will be advised of the deadline for filing Claim Forms in the Common Issues Notice.

69. The plaintiffs propose that Class Members be given one year, or such period as set out by the Court, after the Common Issues judgment to file Claim Forms as of right.

70. The plaintiffs propose that Class Members be entitled to file Claim Forms more than one year after the Court's judgment on the Common Issues in certain circumstances prescribed by the Court (*i.e.*, lack of awareness of entitlement, etc.) or with leave of the Court (*i.e.*, based on mental or physical health issues, etc.).

D. Determining and Categorizing Class Membership

i. Approving Removed Child Class Members

71. The Class Action Administrator will determine whether an individual submitting a Claim Form as a Removed Child Class Member properly qualifies as a Class Member.

72. In addition, the Class Action Administrator will determine and categorize the duration of the Removed Child Class Member's presence in out-of-home care. The Class Action Administrator will also determine the number of out-of-home care locations that the Removed

Child Class Member was placed in, as well as whether such locations were on or off Reserve and whether such locations were within the community of the Class Member.

73. The Class Action Administrator will make these determinations by referring to the information set out in the Claim Form as well as the Crown Class Member Information.

74. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual filing the Removed Child Class Claim Form or the Crown to make these determinations.

ii. Approving Jordan's Class Members

75. The Class Action Administrator will determine whether an individual submitting a Claim Form as a Jordan's Class Member properly qualifies as a Class Member.

76. The Class Action Administrator will make these determinations following guidelines determined by the Court at the Common Issues trial in part by referring to the information set out in the Claim Form. Such guidelines may include: (a) whether the Class Member needed a service or product at any point during the Class Period; (b) whether the Class Member was denied that service or product; (c) whether the Class Member's receipt of a service or product was delayed or disrupted; (d) whether such denial, delay or disruption was based on lack of funding, lack of jurisdiction or a jurisdictional dispute between governments or government departments; and/or (e) whether such denial, disruption or delay happened while the Class Member was under the applicable provincial/territorial age of majority.

77. The Class Action Administrator will also make these determinations in part by referring to the Crown Class Member Information regarding the number of Class Members who have received a service or product under Jordan's Principle since the CHRT Decision.

78. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual submitting the Jordan's Class Claim Form or the Crown to make these determinations.

iii. Approving Family Class Members

79. The Class Action Administrator will determine whether an individual submitting a Family Class Claim Form properly qualifies as a Family Class Member.

80. These determinations will be made by the Class Action Administrator by referring to Crown Class Member Information and the information set out in the Claim Form with respect to the relationship of the proposed Family Class Member with an Approved Removed Child Class Member.

81. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual filing the Claim Form to make these determinations.

iv. Deceased Class Members

82. The estate of a deceased Class Member may submit a Claim Form if the deceased Class Member died on or after April 1, 1991.

83. If the deceased Class Member would otherwise have qualified as an Approved Class Member, the estate will be entitled to be compensated in accordance with the Aggregate Damages Distribution Process. The estate will not have the option to proceed under the Individual Damage Assessment Process except with leave of the Court.

v. Notifying Class Members, Challenging and Recording Decisions

84. Within 30 days of receipt of a Claim Form, the Class Action Administrator will notify the individual of its decision on whether the individual is an Approved Class Member. Individuals

who are not approved as Class Members will be provided with information on the procedures to follow to challenge the decision of the Class Action Administrator. The plaintiffs propose that these procedures include an opportunity to resubmit an amended Claim Form with supporting documentation capable of verifying that the individual is a Class Member.

85. All interested parties will be provided with the ability to appeal a decision by the Class Action Administrator to the Court or in a manner to be prescribed. Class Counsel may challenge the decision on behalf of affected individuals.

86. The Class Action Administrator will keep records of all Approved Class Members and their respective Claim Forms and will provide this information to Class Counsel, the Crown and other interested parties on a monthly basis. Class Counsel and/or other interested parties will have 30 days after receiving this information to challenge the Class Action Administrator's decision by advising the Class Action Administrator and the other affected parties in writing of the basis for their challenge. The responding party will be given 30 days thereafter to respond in writing to the challenge at which time the Class Action Administrator will reconsider its decision and advise all parties.

E. Aggregate Damages Distribution Process

i. Distribution of Aggregate Damages

87. The Class Action Administrator will distribute the aggregate damages to all Approved Class Members in the manner directed by the Court.

88. The plaintiffs will propose that Approved Class Members be entitled to a proportion of the aggregate damages as determined by the Class Action Administrator based on factors to be approved by the Court, including but not limited to: (a) the duration of the Class Member's

presence in out-of-home care; (b) the number of out-of-home care locations where the Class Member was placed as a child; (c) the duration of deprivation from a service or product as a result of a delay, denial or disruption contrary to Jordan's Principle; and (d) the family relationship of the Family Class Member to a given Removed Child Class Member.

89. The Class Action Administrator, upon advising Approved Class Members of its decision on their membership as set out above, will within a reasonable period of time to be determined by the Court, advise the Approved Class Members of the proportion of aggregate damages owing to each Approved Class Member under the Aggregate Damages Distribution Process to be approved by the Court.

90. In addition, if applicable, the Class Action Administrator will provide Approved Class Members with a package of materials including: information on how to collect their aggregate damage awards, information on Class Members' ability to proceed through the Individual Damage Assessment Process, copies of the Individual Damage Assessment Form along with a guide on how to complete the form, and contact information for obtaining independent legal advice and counselling. Such information is to be provided in a culturally responsive and appropriate style, making full use of interactive media, including video tutorials.

ii. Seeking an Individual Damage Assessment

91. Approved Class Members, when notified of their entitlement to aggregate damages, may be given information on their right to have their compensation individually assessed under the Individual Damage Assessment Process set out below.

F. Individual Damage Assessment Process

i. Individual Damage Assessment Forms

92. When Approved Class Members are notified of their aggregate damage entitlement and information on their right to proceed under the Individual Damage Assessment Process, they will be provided with an Individual Damage Assessment Form as set out in Schedule D.

93. If applicable, the plaintiffs propose that a request for individual damages be made by sending an Individual Damage Assessment Form to the Class Action Administrator, and that only those individuals who wish to proceed through the Individual Damage Assessment Process be required to submit Individual Damage Assessment Forms.

ii. Individual Damage Assessments

94. The Court may be asked to approve the use of an Individual Damage Assessment Process after a judgment on the Common Issues or otherwise as directed by the Court.

95. The Individual Damage Assessment Process would be available to all Approved Class Members except those who are found by the Court not to be entitled to individual damages following the Common Issues trial.

iii. Individual Issue Hearings

96. The Court will be asked to provide directions, or to appoint persons to conduct references under rule 334.26 of the *Federal Courts Rules* or appoint a judge to conduct test cases involving selected Approved Class Members who are proceeding under the Individual Damage Assessment Process to assist with the matters that may or may not remain in issue after the determination of the Common Issues, such as:

(a) Hearing rules for individual assessments;

(b) A compensation matrix for individual damages;

(c) Assistance in resolving disputes relating to the definitions of key terms such as "cultural and language loss", "pain and suffering", "physical abuse", and "sexual abuse"; and

(d) Other matters raised by the Court or the parties during the Common Issues litigation.

G. Class Proceeding Funding and Fees

i. Plaintiffs' Legal Fees

97. The plaintiffs' fees are to be paid on a contingency basis, subject to the Court's approval under rule 334.4 of the *Federal Courts Rules*.

98. The agreement between the representative plaintiffs and Class Counsel states that legal fees and disbursements to be paid to Class Counsel shall be on the following basis:

(a) Aggregate damages recovery: 20% of the first two hundred million dollars ($200,000,000) in recovery by settlement or judgment, plus 10% of any amounts recovered by settlement or judgment beyond the first two hundred million dollars; and

(b) Individual damages recovery: 25% of settlement or judgment.

ii. Funding of Disbursements

99. Funding of legal disbursements for the representative plaintiffs has been, and will continue to be, available through Class Counsel, unless the plaintiffs and Class Counsel subsequently deem it to be in the best interests of the Class to obtain third-party funding. Class Counsel will advise the Court of such third-party funding and seek approval thereof.

H. Settlement Issues

i. Settlement Offers and Negotiations

100. The plaintiffs have been conducting settlement negotiations with the Crown with a view to achieving a fair and timely resolution.

ii. Mediation and Other Non Binding Dispute Resolution Mechanisms

101. The plaintiffs have been participating in mediation and negotiations in an effort to try to resolve the dispute or narrow the issues in dispute between the Parties.

I. Review of the Litigation Plan

i. Flexibility of the Litigation Plan

102. This Litigation Plan will be reconsidered on an ongoing basis and may be revised under the continued case management authority of the Court before or after the determination of the Common Issues or as the Court sees fit.

October 29, 2021

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SCHEDULE "A"

FIRST NATIONS YOUTH CARE (THE MILLENNIUM SCOOP) CLASS ACTION

PROPOSED NOTICE OF CERTIFICATION

THIS NOTICE MAY AFFECT YOUR RIGHTS. PLEASE READ CAREFULLY.

The Nature of the Lawsuit

In March 2019, Sotos LLP, Kugler Kandestin LLP and Miller Titerle + Co. (collectively "Class Counsel") commenced an action on behalf of First Nations plaintiffs in the Federal Court of Canada in Montreal, against the Attorney General of Canada (the "Crown").

The lawsuit claims that starting in 1991 the Crown instituted discriminatory funding policies across Canada that led to First Nations children being removed from their homes and communities and placed in out-of-home care. The lawsuit also claims that the Crown delayed, disrupted or denied the delivery of needed public services and products to First Nations youth contrary to Jordan's Principle.

The action was brought on behalf of a Class of:

(a) all First Nations youths who were taken into out-of-home care since April 1, 1991, while they or at least one of their parents were ordinarily resident on a Reserve;

(b) all First Nations youths who were denied a public service or product, or whose receipt of a public service or product was delayed or disrupted, on the grounds of lack of funding or lack of jurisdiction, or as a result of a jurisdictional dispute with another government or governmental department (contrary to Jordan's Principle);

(c) family members of the Class Members cited in (a) above.

By order dated [**INSERT DATE**], The Honourable Justice St-Louis certified the action as a class proceeding, appointing Xavier Moushoom and Jeremy Meawasige (by his litigation guardian, Maurina Beadle) as representative plaintiffs for the class.

The Court found that the following issues affecting the Class will be tried at a Common Issues trial:

- [**INSERT CERTIFIED COMMON ISSUE**]
- …

Participation in the Class Action

If you fall within the class definition, you are automatically included as a member of the Class, unless you choose to opt out of the Class Action, as explained below. All members of the Class will be bound by the judgment of the Court, or any settlement reached by the parties and approved by the Court.

At this juncture, the Court has not taken a position as to the likelihood of recovery for the representative plaintiffs or the Class, or with respect to the merits of the claims or defences asserted by the Crown.

Fees and Disbursements

You do not need to pay any legal fees out of your own pocket. A retainer agreement has been entered into between the representative plaintiffs and Class Counsel with respect to legal fees. The agreement provides that the law firms have been retained on a contingency fee basis, which means they will only be paid their fees in the event of a successful result in the litigation or a Court-approved settlement.

You will not be responsible for Defendant's legal costs if the class action is unsuccessful. Any fee paid to lawyers for the Class is subject to the Court's approval.

Opt Out

If you are a class member and wish to exclude yourself from this class proceeding ("opt out"), you must complete and return the "Class Member Opt Out" form by no later than [**INSERT DATE**]. The Opt Out form may be downloaded at: [**INSERT WEBSITE ADDRESS**].

Class members who choose to opt out within the above noted deadline will not recover any monies if the representative plaintiffs are successful in this action. If class members do not choose to opt out by the deadline, they will be bound by any judgment ultimately obtained in this class action, whether favourable or not, or any settlement if approved by the Court.

Contact Information

If you have any questions or concerns about the matters in this Notice or the status of the class action, you may contact Class Counsel in a number of ways.

By phone: [**INSERT PHONE NUMBER**]

By email: [**INSERT EMAIL**]

Toll-Free Hotline: [**INSERT TELEPHONE**]

By mail: [**INSERT ADDRESS**]

SCHEDULE "B"

OPT OUT FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I do not want to participate in the class action styled as ***Xavier Moushoom et al v. The Attorney General of Canada*** regarding the claims of discrimination against First Nations children. I understand that by opting out, I will not be eligible for the payment of any amounts awarded or paid in the class action, and if I want an opportunity to be compensated, I will have to make an individual claim and decide whether to engage a lawyer at my own expense.

Dated: _____

_____
Signature

_____
Full Name

_____
Address

_____
City, Province, Postal Code

_____
Telephone

_____
Email

This Notice must be delivered by regular mail, email or fax on or before_____, 201_ to be effective.

SCHEDULE "C"

CLAIM FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I, _____ (insert full name(s), including maiden name if applicable), have received Notice of the National Class Action styled as ***Xavier Moushoom et al v. The Attorney General of Canada*** regarding the claims of discrimination against First Nations children. My date of birth is _____ (insert day, month, year of birth).

I believe that I am a Class Member and I wish to submit a claim as a member of the following Class or Classes (mark the applicable item(s) with an X):

[_] Removed Child Class

[_] Jordan's Class

[_] Family Class

If you selected the Removed Child Class, please summarize below your placement(s) in out-of-home care since April 1, 1991:

Number of foster home(s)	**Number of years of placement in foster home(s)**	**Was foster home(s) on-reserve or off-reserve?**	**Was foster home(s) within your own First Nations community?**

If you selected the Jordan's Class, please summarize below the public services or products that you needed since April 1, 1991, and that were denied, delayed or disrupted:

Product(s) or service(s) needed	**Was a request made for the**	**Was the service(s) or product(s) denied, delayed or disrupted?**	**The date(s) of need, request, and/or denial,**

	service(s) or product(s)?		delay or disruption

If you selected the Family Class, please summarize below your relationship to the member(s) of the Removed Child Class:

Full name(s) and claim number of the Approved Removed Child Class Member in your family	Your relationship to the Class Member (only the brother, sister, mother, father, grandmother or grandfather of an Approved Removed Child Class Member)

My mailing address is:

_____
Street name, Apartment #

_____
City, Province

_____
Postal Code

_____
Telephone Number(s)

_____
Email address

Signed: _____ Date: _____

SCHEDULE "D"

INDIVIDUAL DAMAGE ASSESSMENT FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I, _____ [insert full name(s), including maiden name if applicable], have been notified that I am an Approved Removed Child Class Member or Approved Jordan's Class Member. My claim number is _____ [insert assigned claim number].

I have been provided with a package of information outlining and explaining my option to request an individual damage assessment in accordance with the Individual Damage Assessment Process.

I am also aware that I can obtain independent legal advice with respect to this request and can obtain assistance to complete this form at no charge to me by contacting [insert assigned contact #].

Below is information relating to my experience in out-of-home care and the impacts and harms that resulted from my experience:

[The Individual Damage Assessment Form will be designed after a Court decision on the Common Issues. The goal of the Individual Damage Assessment Form though will be to obtain, amongst others, the following information from Approved Class Members:

- *Information relating to the Class Member's age at apprehension, the foster households where the Class Member was placed, duration of out-of-home care;*
- *Information relating to any abuse on the Class Member, including each incident of a compensable harm/wrong, such as the dates, places, times of the incidents and information about the alleged perpetrator for each incident;*
- *Information relating to compensable impacts, including cultural and language impacts;*
- *A narrative relating to the experience of the individual while in care;*
- *The reason(s) for apprehension;*
- *Whether expert evidence will be provided to support a claim for certain consequential harms such as past and future income loss;*

- *Information on the treatment records including records of customary or traditional counsellors or healers they will be submitting to assist in proving either the abuse or the harm suffered or both;*
- *Authorizations for the Crown to obtain documents; and*
- *Such further and other information that is deemed necessary and appropriate.]*

Below is information relating to my experience with the denial/delay/disruption of the receipt of a public service or product and the impacts and harms that resulted from my experience:

[The Individual Damage Assessment Form will be designed after a Court decision on the Common Issues. The goal of the Individual Damage Assessment Form though will be to obtain, amongst others, the following information from Approved Class Members:

- *Any conditions or circumstances that required a public service or product;*
- *Reasons for denial of a public service or product;*
- *Department(s) of contact;*
- *Authorizations for the Crown to obtain documents; and*
- *Such further and other information that is deemed necessary and appropriate.]*

Signed: _____ Date: _____

Cour fédérale Federal Court

Date : 20211126

Dossier : T-402-19
T-141-20

Référence : 2021 CF 1225

[TRADUCTION FRANÇAISE]

Ottawa (Ontario), le 26 novembre 2021

En présence de madame la juge Aylen

RECOURS COLLECTIF

ENTRE :

XAVIER MOUSHOOM, JEREMY MEAWASIGE (représenté par son tuteur à l'instance, JONAVON JOSEPH MEAWASIGE) ET JONAVON JOSEPH MEAWASIGE

demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

défendeur

ENTRE :

ASSEMBLÉE DES PREMIÈRES NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (représenté par sa tutrice à l'instance, CAROLYN BUFFALO), CAROLYN BUFFALO ET DICK EUGENE JACKSON, également connu sous le nom de RICHARD JACKSON

demandeurs

et

SA MAJESTÉ LA REINE
REPRÉSENTÉE PAR LE PROCUREUR GÉNÉRAL DU CANADA

défenderesse

ORDONNANCE ET MOTIFS

VU LA REQUÊTE déposée par les demandeurs, sur consentement et à l'égard de laquelle la décision a été prise uniquement sur la base de prétentions écrites conformément à l'article 369 des *Règles des Cours fédérales*, en vue d'obtenir une ordonnance :

a) accordant aux demandeurs une prorogation du délai pour qu'ils puissent déposer la présente requête en autorisation après le délai prévu à l'alinéa 334.15(2)b);

b) autorisant la présente instance comme recours collectif et définissant le groupe;

c) énonçant la nature des réclamations présentées au nom du groupe et les réparations demandées par le groupe;

d) précisant les points de droit et de fait communs en litige;

e) nommant les demandeurs indiqués ci-après à titre de représentants demandeurs;

f) approuvant le plan de déroulement de l'instance;

g) accordant toute autre réparation;

VU les documents relatifs à la requête déposés par les demandeurs;

VU que la défenderesse donne son consentement à l'ensemble de la requête déposée;

VU que la Cour est convaincue que, dans les circonstances de l'espèce, une prorogation du délai doit être accordée pour que la présente requête en autorisation puisse être déposée après le délai prévu à l'alinéa 334.15(2)b);

VU que, même si le consentement de la défenderesse rend moins nécessaire une approche rigoureuse quant à la question de savoir si la présente instance devrait être autorisée comme recours collectif, il ne dispense toutefois pas la Cour de l'obligation de veiller au respect des exigences relatives à l'autorisation prescrites à l'article 334.16 [voir *Varley c Canada (Procureur général)*, 2021 CF 589];

VU que le paragraphe 334.16(1) des *Règles des Cours fédérales* prévoit ce qui suit :

Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies :	Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if
a) les actes de procédure révèlent une cause d'action valable;	(a) the pleadings disclose a reasonable cause of action;
b) il existe un groupe identifiable formé d'au moins deux personnes;	(b) there is an identifiable class of two or more persons;
c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre;	(c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members;

d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs;	(d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and
e) il existe un représentant demandeur qui :	(e) there is a representative plaintiff or applicant who
(i) représenterait de façon équitable et adéquate les intérêts du groupe,	(i) would fairly and adequately represent the interests of the class,
(ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement,	(ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing,
(iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs,	(iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and
(iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier.	(iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record.

VU que conformément au paragraphe 334.16(2), pour décider si le recours collectif est le meilleur moyen de régler les points de droit ou de fait communs de façon juste et efficace, tous les facteurs pertinents sont pris en compte, notamment les suivants : a) la prédominance des points de droit ou de fait communs sur ceux qui ne concernent que certains membres; b) la proportion de membres du groupe qui ont un intérêt légitime à poursuivre des instances séparées; c) le fait que le recours collectif porte ou non sur des réclamations qui ont fait ou qui font l'objet d'autres instances; d) l'aspect pratique ou l'efficacité moindres des autres moyens de régler les réclamations; et e) les difficultés accrues engendrées par la gestion du recours collectif par rapport à celles associées à la gestion d'autres mesures de redressement;

VU que :

a) La conduite de la Couronne en cause dans le présent recours collectif envisagé, telle qu'elle est exposée dans la déclaration commune, porte sur deux formes de discrimination alléguées à l'égard d'enfants des Premières Nations : i) le financement par la Couronne des services à l'enfance et à la famille destinés aux enfants des Premières Nations et l'incitation ainsi créée à retirer les enfants de leur milieu familial; ii) le fait que la Couronne n'ait pas respecté le principe de Jordan, qui est une obligation juridique visant à éviter les lacunes, les retards, les interruptions ou les refus dans les services et les produits que doivent recevoir les enfants des Premières Nations, ce qui serait contraire à leurs droits à l'égalité garantis par la Charte.

b) Comme les demandeurs l'ont résumé dans leurs observations écrites, la déclaration commune contient essentiellement les allégations suivantes :

   i) La Couronne a sciemment sous-financé les services à l'enfance et à la famille destinés aux enfants des Premières Nations vivant sur une réserve et au Yukon, ce qui a empêché les organismes de services d'aide à l'enfance d'offrir des services de prévention adéquats aux enfants et aux familles des Premières Nations.

   ii) La Couronne a sous-financé les services de prévention destinés aux enfants et aux familles des Premières Nations vivant sur une réserve et au Yukon, alors qu'elle finançait intégralement les coûts liés aux soins des enfants des

Premières Nations qui étaient retirés de leur milieu familial et placés dans des foyers d'accueil, ce qui a produit un effet pervers en incitant les organismes de services d'aide à l'enfance des Premières Nations à retirer les enfants des Premières Nations vivant sur une réserve et au Yukon de leur milieu familial et à les placer dans des foyers d'accueil.

iii) Le retrait des enfants de leur milieu familial a causé à ces enfants et à leur famille de graves traumatismes persistants.

iv) Non seulement le principe de Jordan incarne les droits à l'égalité des membres du groupe, mais la Couronne a également reconnu que ce principe est une [TRADUCTION] « obligation juridique » et donc une faute donnant ouverture à un droit d'action. Cependant, la Couronne a manqué à ses obligations découlant du principe de Jordan et a ainsi privé de services et de produits essentiels des dizaines de milliers d'enfants des Premières Nations, ce qui leur a causé un préjudice indemnisable.

v) La conduite de la Couronne est discriminatoire, vise les membres du groupe, car ils sont membres des Premières Nations, et contrevient au paragraphe 15(1) de la Charte, aux obligations fiduciaires de la Couronne envers les Premières Nations et à la norme de diligence en common law et en droit civil.

c) En ce qui a trait à la première condition de l'analyse concernant l'autorisation (à savoir si les actes de procédure révèlent une cause d'action valable), les exigences

minimales ne sont pas élevées. La Cour doit trancher la question de savoir s'il est manifeste et évident que les causes d'action sont vouées à l'échec [voir *Brake c Canada (Procureur général)*, 2019 CAF 274 au para 54]. Même sans le consentement de la Couronne, je suis persuadée que les demandeurs ont suffisamment plaidé les éléments nécessaires pour chaque cause d'action aux fins de la présente requête, de sorte que la déclaration commune révèle une cause d'action raisonnable.

d) Pour ce qui est de la deuxième condition de l'analyse concernant l'autorisation (à savoir s'il existe un groupe identifiable formé d'au moins deux personnes), le critère à appliquer consiste à établir si les demandeurs ont défini le groupe en recourant à un critère objectif, c'est-à-dire que l'on peut décider si une personne est membre du groupe sans se référer au fond de l'action [voir *Hollick c Toronto (Ville)*, 2001 CSC 68 au para 17]. Je suis convaincue que les définitions proposées pour le groupe des enfants inutilement pris en charge, le groupe des enfants lésés par le non-respect du principe de Jordan et le groupe des familles touchées (énoncées ci-après) présentent des critères objectifs et que l'inclusion dans chaque groupe peut être déterminée sans se référer au fond de l'action.

e) Quant à la troisième condition de l'analyse concernant l'autorisation (à savoir si les réclamations des membres du groupe soulèvent des points de droit ou de fait communs), comme l'a indiqué la Cour d'appel fédérale au paragraphe 72 de l'arrêt *Wenham c Canada (Procureur général)*, 2018 CAF 199, l'objectif de cette étape de la détermination de l'autorisation n'est pas de déterminer les points communs, mais

plutôt d'évaluer si la résolution des points est nécessaire pour régler les réclamations de chaque membre du groupe. Plus précisément, les exigences sont les suivantes :

> Il faut aborder le sujet de la communauté en fonction de l'objet. La question sous-jacente est de savoir si le fait d'autoriser le recours collectif permettra d'éviter la répétition de l'appréciation des faits ou de l'analyse juridique. Une question ne sera donc « commune » que lorsque sa résolution est nécessaire pour le règlement des demandes de chaque membre du groupe. Il n'est pas essentiel que les membres du groupe soient dans une situation identique par rapport à la partie adverse. Il n'est pas nécessaire non plus que les questions communes prédominent sur les questions non communes ni que leur résolution règle les demandes de chaque membre du groupe. Les demandes des membres du groupe doivent toutefois partager un élément commun important afin de justifier le recours collectif. Pour décider si des questions communes motivent un recours collectif, le tribunal peut avoir à évaluer l'importance des questions communes par rapport aux questions individuelles. Dans ce cas, le tribunal doit se rappeler qu'il n'est pas toujours possible pour le représentant de plaider les demandes de chaque membre du groupe avec un degré de spécificité équivalant à ce qui est exigé dans une poursuite individuelle. (*Western Canadian Shopping Centres*, précité, au paragraphe 39; voir aussi *Vivendi Canada Inc. c. Dell'Aniello*, 2014 CSC 1, [2014] 1 R.C.S. 3, aux paragraphes 41 et 44 à 46.)

Après avoir examiné les points communs (énoncés ci-après), je suis convaincue que les points partagent un élément commun important au règlement des réclamations de chaque membre du groupe. De plus, je conviens avec les demandeurs que ces points communs s'apparentent aux points communs similaires soulevés dans les demandes fondées sur des cas d'abus institutionnel qui ont été autorisées comme recours collectifs (par exemple, les recours collectifs liés aux pensionnats autochtones et à la rafle des années soixante). Je conclus donc que la condition liée aux points communs est remplie.

f) Pour ce qui est de la quatrième condition de l'analyse concernant l'autorisation (à savoir si le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs), le critère du meilleur moyen comporte deux concepts fondamentaux : i) la question de savoir si le recours collectif serait un moyen juste, efficace et pratique de faire progresser l'instance; ii) la question de savoir si le recours collectif serait préférable à tous les autres moyens raisonnables offerts pour régler les réclamations des membres du groupe. Pour statuer sur le critère du meilleur moyen, il faut examiner les points communs dans leur contexte, en tenant compte de l'importance de ceux-ci par rapport à l'instance dans son ensemble. Il peut être satisfait à ce critère même lorsqu'il y a d'importantes questions individuelles [voir *Brake*, précité, au para 85; *Wenham*, précité, au para 77, et *Hollick*, précité, aux para 27-31]. La Cour doit effectuer l'analyse de ce critère à la lumière des trois principaux objectifs du recours collectif : l'économie des ressources judiciaires, la modification des comportements et l'accès à la justice [voir *Brake*, précité, au para 86, citant *AIC Limitée c Fischer*, 2013 CSC 69 au para 22].

g) Après avoir examiné les principes mentionnés précédemment et les facteurs prévus au paragraphe 334.16(2), je suis convaincue que le recours collectif est le meilleur moyen de régler les points de droit ou de fait communs de façon juste et efficace. Compte tenu de la nature systémique des réclamations, des obstacles majeurs à l'accès à la justice auxquels pourrait être confronté chacun des réclamants ainsi que des préoccupations exprimées par les demandeurs à l'égard des autres moyens qui existent pour régler les réclamations des membres du groupe, je suis persuadée que

le recours collectif envisagé est un moyen juste, efficace et pratique de faire progresser l'instance des membres du groupe.

h) En ce qui a trait à la cinquième condition de l'analyse concernant l'autorisation (à savoir s'il y a des représentants proposés adéquats), après avoir examiné la preuve par affidavit produite à l'appui de la requête ainsi que le plan de déroulement de l'instance détaillé, je considère que les représentants demandeurs proposés (indiqués ci-après) satisfont aux exigences énoncées à l'alinéa 334.16(1)e);

VU que la Cour est convaincue que toutes les conditions d'autorisation sont remplies et que les réparations demandées doivent être accordées;

LA COUR ORDONNE :

1. Les demandeurs ont droit à une prorogation du délai pour pouvoir déposer la présente requête en autorisation après le délai prévu à l'alinéa 334.15(2)b) des *Règles des Cours fédérales.*

2. Aux fins de la présente ordonnance et en plus des définitions figurant ailleurs dans la présente ordonnance, les définitions suivantes s'appliquent et d'autres termes utilisés dans la présente ordonnance ont le même sens que dans la déclaration commune déposée le 21 juillet 2021 :

a) **« avocats du groupe »** s'entend de Fasken Martineau Dumoulin LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere et Sotos LLP;

b) **« groupe »** s'entend collectivement du groupe des enfants inutilement pris en charge, du groupe des enfants lésés par le non-respect du principe de Jordan et du groupe des familles touchées;

c) **« groupe des enfants inutilement pris en charge »** s'entend de tous les membres des Premières Nations qui :

i) n'avaient pas atteint l'âge de la majorité de la province ou du territoire concerné à tout moment pendant la période visée par le recours collectif;

ii) ont été placés dans des foyers d'accueil pendant la période visée par le recours collectif alors qu'ils résidaient ordinairement sur une réserve ou qu'au moins un de leurs parents y résidait ordinairement;

d) **« groupe des enfants lésés par le non-respect du principe de Jordan »** s'entend de tous les membres des Premières Nations qui n'avaient pas atteint l'âge de la majorité de la province ou du territoire concerné et qui, pendant la période visée par le recours collectif, ont été privés d'un service ou d'un produit ou dont le service ou le produit reçu a été retardé ou interrompu en raison notamment d'un manque de financement ou d'un défaut de compétence ou par suite d'un conflit de compétence avec un autre gouvernement ou ministère;

e) **« groupe des familles touchées »** s'entend de toutes les personnes qui sont le frère, la sœur, la mère, le père, la grand-mère ou le grand-père d'un membre du groupe des enfants inutilement pris en charge et/ou du groupe des enfants lésés par le non-respect du principe de Jordan;

f) **« membres du groupe »** s'entend de toutes les personnes qui sont membres du groupe;

g) **« période visée par le recours collectif »** s'entend :

i) pour les membres du groupe des enfants inutilement pris en charge et les membres du groupe des familles touchées correspondants, de la période commençant le 1er avril 1991 et se terminant à la date de la présente ordonnance;

ii) pour les membres du groupe des enfants lésés par le non-respect du principe de Jordan et les membres du groupe des familles touchées correspondants, de la période commençant le 12 décembre 2007 et se terminant à la date de la présente ordonnance;

h) **« Première Nation »** et **« Premières Nations »** s'entendent des peuples autochtones du Canada, y compris au Yukon et dans les Territoires du Nord-Ouest, qui ne sont ni Inuits ni Métis et comprennent :

i) les personnes qui possèdent le statut d'Indien en vertu de la *Loi sur les Indiens*, LRC 1985, c I-5;

ii) les personnes qui ont droit à l'inscription en vertu de l'article 6 de la *Loi sur les Indiens* au moment de l'autorisation;

iii) les personnes qui ont satisfait aux critères d'appartenance à une bande prévus aux articles 10 à 12 de la *Loi sur les Indiens* et qui, dans le cas des

membres du groupe des enfants inutilement pris en charge, ont satisfait à ces exigences au moment de l'autorisation, par exemple lorsque leur communauté de Première Nation respective a décidé de l'appartenance à ses effectifs en fixant les règles et que les personnes ont été considérées comme ayant satisfait aux exigences prévues par ces règles d'appartenance et que leur nom a été consigné dans la liste de bande;

iv) dans le cas des membres du groupe des enfants lésés par le non-respect du principe de Jordan, les personnes, outre celles visées aux alinéas i) à iii) ci-dessus, qui sont reconnues comme citoyens ou membres de leur Première Nation respective en vertu d'ententes ou de traités, de coutumes, de traditions et de lois autochtones;

i) **« réserve »** s'entend d'une parcelle de terrain, au sens de la *Loi sur les Indiens*, dont la Couronne est propriétaire et qui a été mise de côté à l'usage et au profit d'une bande d'Indiens.

3. L'instance est donc autorisée comme recours collectif contre la défenderesse en vertu du paragraphe 334.16(1) des *Règles des Cours fédérales*.

4. Le groupe est composé du groupe des enfants inutilement pris en charge, du groupe des enfants lésés par le non-respect du principe de Jordan et du groupe des familles touchées, tous au sens défini dans la présente ordonnance.

5. Les réclamations présentées au nom du groupe à l'encontre de la défenderesse sont de nature constitutionnelle et ont trait à la négligence et au manquement à l'obligation fiduciaire de la Couronne envers le groupe.

6. La réparation demandée par le groupe comprend des dommages-intérêts, des dommages-intérêts fondés sur la Charte, la restitution, des dommages-intérêts punitifs et des dommages-intérêts exemplaires.

7. Les personnes suivantes sont nommées à titre de représentants demandeurs :

   a) Pour le groupe des enfants inutilement pris en charge : Xavier Moushoom, Ashley Dawn Louise Bach et Karen Osachoff;

   b) Pour le groupe des enfants lésés par le non-respect du principe de Jordan : Jeremy Meawasige (représenté par son tuteur à l'instance, Jonavon Joseph Measwasige) et Noah Buffalo-Jackson (représenté par sa tutrice à l'instance, Carolyn Buffalo);

   c) Pour le groupe des familles touchées : Xavier Moushoom, Jonavon Joseph Meawasige, Melissa Walterson, Carolyn Buffalo et Dick Eugene Jackson (également connu sous le nom de Richard Jackson),

   qui sont tous réputés constituer des représentants demandeurs adéquats du groupe.

8. Les avocats du groupe sont nommés avocats pour le groupe.

9. L'instance est autorisée sur la base des points communs suivants :

a) La conduite de la Couronne telle qu'elle est alléguée dans la déclaration commune [la conduite reprochée] a-t-elle porté atteinte aux droits à l'égalité garantis aux demandeurs et aux membres du groupe par le paragraphe 15(1) de la *Charte canadienne des droits et libertés*? Plus précisément :

   i) La conduite reprochée a-t-elle créé une distinction fondée sur la race ou l'origine nationale ou ethnique des membres du groupe?

   ii) La distinction était-elle discriminatoire?

   iii) La conduite reprochée a-t-elle renforcé ou accentué les désavantages historiques subis par les membres du groupe?

   iv) Dans l'affirmative, la violation du paragraphe 15(1) de la Charte était-elle justifiée au regard de l'article premier de la Charte?

   v) Les dommages-intérêts fondés sur la Charte constituent-ils une réparation appropriée?

b) La Couronne avait-elle une obligation de diligence prévue par la common law envers les demandeurs et les membres du groupe?

   i) Dans l'affirmative, la Couronne a-t-elle manqué à cette obligation de diligence?

c) La Couronne a-t-elle manqué à ses obligations prévues au *Code civil du Québec*? Plus précisément :

i) La Couronne a-t-elle commis une faute ou engagé sa responsabilité civile?

ii) La conduite reprochée a-t-elle donné lieu à des pertes pour les demandeurs et les membres du groupe et, dans l'affirmative, ces pertes constituent-elles un préjudice pour chacun des membres du groupe?

iii) Les membres du groupe ont-ils le droit de demander des dommages-intérêts pour les dommages moraux et matériels découlant de ce qui précède?

d) La Couronne avait-elle une obligation fiduciaire envers les demandeurs et les membres du groupe?

i) Dans l'affirmative, la Couronne a-t-elle manqué à cette obligation?

e) Le montant des dommages-intérêts payables par la Couronne peut-il être partiellement déterminé de façon globale en vertu du paragraphe 334.28(1) des *Règles des Cours fédérales*?

i) Dans l'affirmative, quel devrait en être le montant?

f) La Couronne a-t-elle tiré des avantages pécuniaires quantifiables de la conduite reprochée pendant la période visée par le recours collectif?

i) Dans l'affirmative, la Couronne devrait-elle être tenue de restituer ces avantages?

ii) Dans l'affirmative, quel devrait en être le montant?

g) La Couronne devrait-elle être condamnée à verser des dommages-intérêts punitifs et/ou majorés?

i) Dans l'affirmative, quel devrait en être le montant?

10. Le nouveau plan de déroulement de l'instance modifié des demandeurs, déposé le 2 novembre 2021 et ci-joint à titre d'annexe A, est approuvé, sous réserve des modifications devant y être apportées par suite de la présente ordonnance et de toute autre ordonnance rendue par la Cour.

11. La forme de l'avis d'autorisation, les modalités de l'avis ainsi que toutes les autres questions connexes seront déterminées par la Cour dans une ou des ordonnances distinctes.

12. Le délai d'exclusion sera de six mois à compter de la date à laquelle l'avis d'autorisation est publié selon les modalités énoncées dans une autre ordonnance de la Cour.

13. Le calendrier procédural jusqu'au moment du procès sera également fixé par la Cour dans une ou des ordonnances distinctes.

14. Conformément au paragraphe 334.39(1) des *Règles des Cours fédérales*, aucuns dépens ne seront adjugés à l'une ou l'autre des parties pour la présente requête.

« Mandy Aylen »
Juge

Traduction certifiée conforme
Sophie Reid-Triantafyllos

ANNEXE A

TRADUCTION NON OFFICIELLE

Numéros de dossiers de Cour : T-402-19 / T-141-20

COUR FÉDÉRALE
RECOURS COLLECTIF PROJETÉ

ENTRE :

XAVIER MOUSHOOM, JEREMY MEAWASIGE (représenté par son tuteur à l'instance, Jonavon Joseph Meawasige) et JONAVON JOSEPH MEAWASIGE

Demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

Défendeur

COUR FÉDÉRALE
RECOURS COLLECTIF PROPOSÉ

ENTRE :

L'ASSEMBLÉE DES PREMIÈRES NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (représenté par sa tutrice à l'instance, Carolyn Buffalo), CAROLYN BUFFALO et DICK EUGENE JACKSON (aussi connu sous le nom de RICHARD JACKSON)

Demandeurs

et

SA MAJESTÉ LA REINE,
TELLE QUE REPRÉSENTÉE PAR LE PROCUREUR GÉNÉRAL DU CANADA

Défenderesse

PLAN DE POURSUITE MODIFIÉ

Le deux (2) novembre 2021

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I. DÉFINITIONS

1. Les mots et expressions définis ci-dessous seront utilisés tout au long du présent Plan de Poursuite. Les mots et expressions définis à l'Acte introductif d'instance et qui se retrouvent également au présent Plan de Poursuite doivent, s'ils n'ont pas autrement été définis par la Cour, se voir attribuer le sens qui leur est donné à l'Acte introductif d'instance.

Administrateur du Recours Collectif (« *Class Action Administrator* ») : tout administrateur du règlement ou toute autre firme compétente désigné(e) par la Cour en vue d'assurer l'administration du recours collectif;

Avis de Certification (« *Certification Notice* ») : les informations se trouvant à l'Annexe A du présent Plan de Poursuite, telles qu'elles pourront ultérieurement être modifiées et telles qu'elles auront été approuvées par la Cour;

Avis de Détermination des Questions Communes (« *Common Issues Notices* »): les informations figurant à l'avis portant sur les **Questions Communes** devant être certifié par la Cour à l'étape de la Certification, tel qu'il pourrait être ultérieurement modifié et tel qu'il aura été approuvé par la Cour;

Décision du TCDP (« *CHRT Decision* ») : décision rendue par le **TCDP** dans le cadre du Dossier du TCPD datée du 26 janvier 2016 (et portant la référence 2016 TCDP 2);

Dossier du TCDP (« *CHRT Proceeding* »): dossier du **TCDP** portant le numéro T1340/7008;

Formulaire de Détermination de Compensation Individuelle (« *Individual Damage Assessment Form* »): formulaire se trouvant à l'Annexe D du présent Plan de Poursuite (tel qu'il pourrait ultérieurement être modifié et tel qu'il aura été approuvé par la Cour) et devant être utilisé par les **Membres du Groupe Approuvés** en vue de permettre l'évaluation de leurs dommages et d'amorcer le **Processus de Détermination de Compensation Individuelle**;

Formulaire d'Exclusion (« *Opt out Form* »): formulaire se trouvant à l'Annexe B du présent Plan de Poursuite et utilisé par les Membres du Groupe souhaitant s'exclure du recours collectif (tel qu'il pourrait ultérieurement être modifié et tel qu'il aura été approuvé par la Cour);

Formulaire de Réclamation (« *Claim Form* ») : formulaire se trouvant à l'Annexe C du présent Plan de Poursuite et utilisé par les Membres du Groupe des Enfants retirés de leurs foyers et/ou les Membres du Groupe Jordan et/ou les Membres du Groupe des Familles en vue de soumettre une réclamation (tel qu'il pourrait être ultérieurement amendé et tel qu'il aura été approuvé par la Cour);

Informations de la Couronne (« ***Crown Class Member Information*** »): informations devant être communiquées par la Couronne à l'**Administrateur du Recours Collectif** et/ou aux **Procureurs du Groupe**, à la demande des demandeurs et/ou suivant une ordonnance de la Cour), au sujet des noms et des coordonnées les plus récentes de toutes les personnes répondant à la définition de Membres du Groupe (telle qu'elle figure à l'Acte introductif d'instance ou telle qu'elle aura autrement été déterminée par la Cour), y compris : (a) une liste des noms et coordonnées de tous les Membres du Groupe connus (provenant des informations que la Couronne a en sa possession ou sous son contrôle[1]), de même qu' une liste de toutes les personnes ayant reçu un produit ou un service en vertu du Principe de Jordan tel qu'il a été appliqué dans le cadre de la **Décision du TCDP** (la Couronne, lors de ses représentations au **TCDP**, estimait que plus de 165,000 services avaient ainsi été rendus en date d'octobre 2018);

Membre Approuvé du Groupe des Enfants retirés de leurs foyers (« ***Approved Removed Child Class Member(s)*** ») : tout Membre du Groupe des Enfants retirés de leurs foyers ayant été approuvé par l'**Administrateur du Recours Collectif** puisqu'il rencontre les critères pour être un Membre du Groupe des Enfants retirés de leurs foyers, pour autant qu'une telle approbation n'ait pas été contestée avec succès;

Membre Approuvé du Groupe des Familles (« ***Approved Family Class Member(s)*** »): tout Membre du Groupe des Familles ayant été approuvé par l'**Administrateur du Recours Collectif** puisqu'il rencontre les critères pour être un Membre Approuvé du Groupe des Familles incluant le frère , la sœur, le père, la grand-mère ou le grand-père d'un **Membre Approuvé du Groupe des Enfants retirés de leurs foyers** – que ce dernier soit toujours vivant ou non – pour autant qu'une telle approbation n'ait pas été contestée avec succès;

Membre Approuvé du Groupe Jordan (« ***Approved Jordan's Class Member(s)*** »): tout Membre du Groupe Jordan ayant été approuvé par l'**Administrateur du Recours Collectif** puisqu'il rencontre les critères pour être un Membre Approuvé du Groupe Jordan, pour autant qu'une telle approbation n'ait pas été contestée avec succès;

Membre du Groupe (« ***Class Member(s)*** »): toute personne répondant à la définition d'un Membre du Groupe des Enfants retirés de leurs foyers et/ou d'un Membre du Groupe des Familles et/ou d'un Membre du Groupe Jordan, tel qu'allégué à l'Acte introductif d'instance et approuvé par la Cour;

Membre du Groupe Approuvé (« ***Approved Class Member(s)*** »): tout **Membre Approuvé du Groupe des Enfants retirés de leurs foyers** et/ou **Membre Approuvé du Groupe des Familles** et/ou **Membre Approuvé du Groupe Jordan**;

Période d'Exclusion (« ***Opt Out Period*** »): la date limite pour s'exclure du recours collectif, que les demandeurs proposent de fixer à six (6) mois suivant la date à laquelle l'avis de certification à l'intention du Groupe est publié selon la procédure à être déterminée par la

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[1] Lorsqu'un Membre du Groupe est représenté par un procureur, seuls son nom et le nom et l'adresse de son procureur devraient être communiqués.

Cour, ou la date limite pour s'exclure du recours collectif telle qu'autrement déterminée par la Cour;

Procédures d'Exclusions (« *Opt Out Procedures* »): les procédure, telles que définies au Plan de Poursuite, permettant à des **Membres du Groupe** de s'exclure du présent recours collectif, telle qu'elles pourraient être ultérieurement modifiées et telles qu'elles auront été approuvées par la Cour;

Procédures d'Exclusions Particulières (« *Special Opt Out Procedures* »): les procédures, telles que définies au Plan de Poursuite, applicables aux **Membres du Groupe** ayant déjà entrepris des recours civils au Canada ou ayant déjà, à la connaissance de la Couronne, retenu les services d'un procureur en vue de s'exclure du présent recours collectif, telles qu'elles pourront ultérieurement être modifiées et telles qu'elles auront été approuvées par la Cour;

Processus de Détermination de Compensation Individuelle (« *Individual Damage Assessment Process* »): la procédure et la méthodologie devant être approuvées par la Cour à l'issue de l'audition portant sur les **Questions Communes,** et qui seront utilisées pour quantifier et distribuer les dommages aux **Membres du Groupe Approuvés** ayant demandé une détermination de compensation individuelle en soumettant un **Formulaire de Détermination de Compensation Individuelle**;

Processus de Distribution des Dommages (« *Aggregate Damages Distribution Process* »): système établi par la Cour en vertu duquel l'**Administrateur du Recours Collectif** doit distribuer l'ensemble des dommages aux **Membres du Groupe Approuvés**.

Procureurs du Groupe (« *Class Counsel* »): le regroupement de cabinets juridiques agissant en tant que procureurs au dossier dans le cadre du présent recours collectif, c'est-à-dire Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Company, Nahwegahbow Corbiere, et Fasken LLP.

Méthode de Notification (« *Notice Program* »): la procédure, telle que définie au Plan de Poursuite, pour la communication de l'**Avis de Certification** et/ou l'**Avis de Détermination des Questions Communes** aux **Membres du Groupe**, tel qu'elle pourrait être ultérieurement modifiée et telle qu'elle aura été approuvée par la Cour;

Questions Communes (« *Common Issues* ») : les questions énumérées à l'Avis de Demande de Certification (ou à quel qu'autre document exigé ou émis par la Cour), telles qu'elles pourraient être ultérieurement modifiées et telles qu'approuvées par la Cour;

TCDP (« *CHRT* »): le Tribunal Canadien des Droits de la Personne.

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II. SOMMAIRE

2. Les demandeurs ont introduit la présente action en justice au nom de membres de Premières Nations qui allèguent que la Couronne a, de manière discriminatoire, sous-financé certains services destinés aux familles et aux enfants et, par voie de conséquence, a contrevenu à l'obligation d'égalité qui sous-tend le Principe de Jordan. De fait, le présent recours collectif vise l'avancement des droits fondamentaux de dizaines de milliers de familles, d'enfants et d'anciens enfants des Première Nations.

3. Le présent Plan de Poursuite (qui s'inspire en grande partie de l'action collective portant sur les pensionnats indiens[2]) se veut un échéancier régissant l'évolution des procédures et mettant de l'avant certaines méthodes de communication avec les Membres du Groupe conformément aux dispositions du sous-paragraphe 334.16(1)(e)(ii) des *Règles des cours fédérales*.

4. Le présent Plan de Poursuite définit en détail les principales étapes des procédures à venir et établit d'entrée de jeu, quoique sous toutes réserves, de quelle manière ces étapes se dérouleront. Étant donné que le dossier en est à ses débuts, il est entendu que le Plan fera l'objet de révisions substantielles au fur et à mesure que le dossier progressera.

5. Les demandeurs sont conscients que le TCDP a déjà octroyé une indemnisation statutaire à une portion des Membres du Groupe conformément aux dispositions de la Loi canadienne sur les droits de la personne (*First Nations Child & Family Caring Society of Canada et als. c. Procureur Général du Canada (représentant le Ministre des Affaires Autochtones et du Nord*

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[2] Voir *Baxter c. Canada (Procureur Général)*, 2006 CanLII 41673 (Cour supérieure de l'Ontario), de même que les ordonnances rendues subséquemment par la Cour. Veuillez consulter également les informations disponibles sur le site web du *Secrétariat d'Adjudication des Pensionnats Indiens* (SAPI) : www.iap-pei.ca/home-eng.php.

Canada), 2019 CHRT 39). S'il s'avère qu'une indemnité est payée par le TCDP à quelque Membre du Groupe, les demandeurs demanderont à la Cour de déterminer si la Couronne a droit à une déduction ou autre forme de réduction correspondant au montant déjà reçu.

III. PROCÉDURES PRÉ-CERTIFICATION

A. Les Parties

i. Les demandeurs

6. Les demandeurs ont suggéré que le Groupe soit divisé en trois (3) sous-groupes :

   (a) le **Groupe des Enfants retirés de leurs foyers**, représenté par Xavier Moushoom, Ashley Dawn Louise Bach et Karen Osachoff;

   (b) le **Groupe des Familles**, représenté par Xavier Moushoom, Jonavon Joseph Meawasige, Melissa Walterson, Carolyn Buffalo et Dick Eugene Jackson (aussi connu sous le nom de Richard Jackson); et

   (c) le **Groupe Jordan**, représenté par Jeremy Meawasige (lui-même représenté par son tuteur à l'instance, Jonavon Joseph Meawasige) et Noah Buffalo-Jackson (lui-même représenté par sa tutrice à l'instance, Carolyn Buffalo).

ii. La défenderesse

7. La Couronne est la défenderesse en la présente instance.

B. Les prétentions

i. L'acte introductif d'instance

8. Les demandeurs ont produit un Acte introductif d'instance conformément au jugement rendu par l'Honorable juge St-Louis le 7 juillet 2021.

ii. Énoncé des moyens de défense

9. La Couronne n'a produit aucun Énoncé des moyens de défense.

iii. Réclamation d'un tiers

10. La Couronne n'a produit aucune Réclamation d'un tiers

C. Stratégie de communication préalable à la certification

i. Demandes formulées par des membres potentiels du groupe

11. Les Procureurs du Groupe ont, tant avant que depuis l'introduction du présent recours collectif, reçu diverses communications de la part de Membres du Groupe concernés par les procédures.

12. Le nom, l'adresse, le numéro de téléphone et l'adresse courriel de chaque Membre Potentiel du Groupe ayant contacté les Procureurs du Groupe ont été ajoutés à une base de données confidentielle. De fait, chaque Membre du Groupe est invité à s'enregistrer sur l'un ou l'autre des sites web des Procureurs du Groupe. Une fois enregistrés, les Membres du Groupe reçoivent, sur une base régulière et tant en français qu'en anglais, des mises à jour au sujet de l'évolution du recours collectif. Tout Membre du Groupe qui contacte les Procureurs du Groupe se voit répondre dans la langue qu'il préfère.

ii. Rapports d'Évolution Préalables à la Certification

13. En plus de répondre aux demandes individuelles qui leur sont adressées, les Procureurs du Groupe ont mis sur pied une page web, accessible tant en anglais qu'en français, portant spécifiquement sur le présent recours collectif : https://sotosclassactions.com/cases/current-cases/first-nations-youth/). Toutes les informations relatives à l'état du dossier sont postées et mises à jour régulièrement, tant en français qu'en anglais.

14. Des copies des documents de Cour produit publiquement et de toutes les décisions rendues par la Cour sont disponibles sur le site web. Les numéros de téléphone et les adresses courriel des Procureurs du Groupe se trouvant au Québec et en Ontario sont également affichés.

15. Les Procureurs du Groupe transmettent des rapports d'évolution aux Membres du Groupe ayant fourni leurs coordonnées et manifesté leur désir d'être tenus informés des développements survenant dans le cadre du recours collectif.

iii. Démarches de sensibilisation préalables à la certification

16. Les Procureurs du Groupe ont soumis les grandes lignes du recours collectif envisagé au personnel d'un centre de services sociaux d'un Conseil des Premières Nations siégeant au Québec et au Labrador, ainsi qu'à une assemblée des Directeurs de la Jeunesse de Premières Nations de la Colombie-Britannique. Les Procureurs du Groupe organisent présentement d'autres présentations similaires auprès de communautés concernées du Québec et d'autres provinces et territoires.

D. Conférence de Règlement

i. Conférence de Règlement Préalable à la Certification

17. Les demandeurs ont participé à un processus de médiation préalable à la Certification en vue de déterminer si une ou plusieurs des questions soulevées dans le cadre du recours collectif pouvaient être résolues. Le processus de médiation demeure pendant, ce qui pourrait faire en sorte que certaines des échéances indiquées au présent Plan de Poursuite doivent être modifiées d'un commun accord entre les Parties ou conformément à d'éventuelles ordonnances de la Cour, afin de permettre aux négociations d'avancer.

E. Échéancier

IV. PROCÉDURES POST-CERTIFICATION

A. Échéancier

i. Échéancier soumis par les demandeurs pour les démarches postérieures à la certification

18. Les demandeurs entendent tenir le procès soit selon une formule accélérée, soit en fonction d'une combinaison hybride de jugement sommaire et de la tenue d'un procès *viva voce*. Il est prévu

que toute la preuve documentaire soumise par la Couronne dans le cadre du Dossier du TCDP sera pertinente et recevable dans le cadre du présent recours collectif. Puisque la preuve documentaire produite dans le cadre du Dossier du TCDP est volumineuse, les demandeurs prévoient très peu – ou pas - d'objections à la production d'une telle preuve dans le présent recours collectif quant à la période couverte par le Dossier du TCDP (c'est-à-dire de 2006 à aujourd'hui). Par ailleurs, à la lumière des nombreux témoignages rendus dans le Dossier du TCDP, il est prévu qu'une fois la certification accordée, les interrogatoires préalables oraux procéderont rapidement et seront complétés à l'intérieur de délais relativement courts. À l'heure actuelle, les demandeurs ne peuvent se prononcer avec la même certitude eu égard à la preuve documentaire couvrant les années 1991 à 2006.

19. Les demandeurs suggèrent que l'échéancier "post-Certification" ci-dessous soit retenu:

Début du processus de notification de la Certification aux Membres du Groupe	Date à être fixée par la Cour une fois la Certification obtenue
Échange des déclarations assermentées	Dans les 90 jours suivant la Notification de la Certification aux Membres du Groupe
Requêtes portant sur la production de documents, les interrogatoires des nombreux représentants de la Couronne, ou les interrogatoires de tiers	Dans les 120 jours suivant la Notification de la Certification aux Membres du Groupe
Interrogatoires préalables	Dans les 150 jours suivant la Notification de la Certification aux Membres du Groupe
Fin du processus de notification de la Certification aux Membres du Groupe	Dans les 60 jours de la date fixée par la Cour
Conférence de gestion de l'instance portant sur la présentation de la preuve d'experts	180 jours après la Notification de la

	Certification aux Membres du Groupe
Requêtes présentées à la suite de la tenue des interrogatoires préalables	Dans les 180 jours suivant la Notification de la Certification aux Membres du Groupe
Transmission des engagements	Dans les 200 jours suivant la Notification de la Certification aux Membres du Groupe
Tenue d'interrogatoires additionnels, si nécessaire	Dans les 240 jours suivant la Notification de la Certification aux Membres du Groupe
Tenue de l'audition préliminaire portant sur les Questions Communes	290 jours après la Notification de la Certification aux Membres du Groupe
Expiration du délai d'exclusion	Six (6) mois après la Notification de la Certification aux Membres du Groupe
Audition portant sur les Questions Communes ou procès hybride	330 jours après la Notification de la Certification aux Membres du Groupe

B. Avis de Certification, Méthode de Notification et Procédures d'Exclusions

i. Avis de Certification

20. L'Avis de Certification et tous les autres avis devant être transmis par les demandeurs aux Membres du Groupe seront traduits en français une fois finalisés et approuvés par la Cour. Les demandeurs verront, toujours sous réserve de l'approbation de la Cour, s'il est nécessaire de traduire l'Avis de Certification et/ou quelque autre avis dans un ou plusieurs langage(s) des Premières Nations.

21. Sous réserve de modifications subséquentes, l'Avis de Certification sera émis en la forme présentée à l'Annexe A du présent Plan de Poursuite.

ii. Méthode de Notification

22. Les demandeurs prévoient transmettre l'Avis de Certification conformément à la Méthode de Notification définie ci-dessous.

23. Les demandeurs communiqueront et/ou publieront l'Avis de Certification (de même que toute version traduite de celui-ci aussitôt que disponible) dans les médias suivants à compter de la date fixée par la Cour, et ce aussi fréquemment qu'il s'avèrera raisonnable de le faire selon les ordonnances rendues par la Cour en vertu de l'article 334.32 des *Règles des Cours Fédérales*. Les demandeurs prévoient, à cette fin, retenir les Méthodes de Notification suivantes :

(a) Un communiqué de presse adressé aux Membres du Groupe, dûment approuvé par la Cour et publié le premier jour de la période de notification;

(b) Communications directes avec les Membres du Groupe :

(i) transmises par courrier ordinaire ou électronique aux coordonnées les plus récentes des Membres du Groupe fournies par la Couronne (i.e. Informations de la Couronne);

(ii) transmises par courrier ordinaire ou électronique à tous les Membres du Groupe ayant fourni leurs coordonnées aux Procureurs du Groupe (notamment par l'entremise de la page web portant sur le recours collectif);

(iii) transmises par courrier ordinaire à tous les détenteurs d'une Carte de Statut émise au Canada nés le ou après le 1er avril 1991;

(c) Informations distribuées par l'Assemblée des Premières Nations à l'échelle de toutes les bandes membres des Premières Nations situées au Canada;

(d) Informations transmises par courrier électronique aux sociétés d'aide aux enfants de Premières Nations situées au Canada;

(e) Informations circulées au moyen des médias suivants:

(i) Journaux et autres périodiques indiens tels que *First Nations Drum*, *The Windspeaker*, *Mi'kmaq Maliseet Nations News* et *APTN National News*;

(ii) Chaînes de radio telles que CFWE et CBC (de portés régionale et nationale);

(iii) Chaînes de télévision telles que *The Aboriginal Peoples Television Network*; et/ou

(iv) Réseaux sociaux en ligne tels que *Facebook* et *Instagram*.

iii. Procédures d'Exclusions

24. Les demandeurs suggèrent que les Procédures d'Exclusions définies ci-dessous s'appliquent aux Membres du Groupe qui ne souhaitent pas être liés par le recours collectif.

25. L'Avis de Certification indiquera aux Membres du Groupe de quelle manière il leur est possible de s'exclure du recours collectif en produisant un Formulaire d'Exclusion auprès de l'Administrateur du Recours Collectif et/ou des Procureurs du Groupe.

26. Un seul Formulaire d'Exclusion standard s'appliquera à tous les Membres du Groupe.

27. Tout Membre du Groupe désirant s'exclure du recours collectif devra obligatoirement soumettre un Formulaire d'Exclusion à l'Administrateur du Recours Collectif et/ou aux Procureurs du Groupe à l'intérieur de la Période d'Exclusion.

28. L'Administrateur du Recours Collectif ou les Procureurs du Groupe devront, dans les trente (30) jours suivant l'expiration de la Période d'Exclusion, produire de la Cour et des Parties une déclaration assermentée contenant la liste de toutes les personnes ayant choisi de s'exclure du recours collectif.

iv. Procédures d'Exclusions Particulières

29. Les demandeurs suggèrent que les Procédures d'Exclusions Particulières définies ci-dessous s'appliquent à tous les Membres du Groupe désignés comme une partie demanderesse à quelque action civile introduite au Canada ou ayant déjà (à la connaissance de la Couronne) retenu les services d'un procureur en vue d'introduire à l'encontre de la Couronne une action civile distincte fondées sur les faits et les circonstances faisant l'objet du recours collectif.

30. Toute action civile introduite par un Membres du Groupe n'ayant pas eu recours aux procédures d'exclusions devra être gérée de la manière établie par la Cour ou par le tribunal saisi d'une telle action civile.

C. Identification des (et communication avec les) Membres du Groupe

i. Identification des Membres du Groupe

31. Tel qu'indiqué plus haut, les demandeurs entendent exiger les informations que la Couronne détient au sujet des Membres du Groupe.

ii. Base de données relative aux Membres du Groupe

32. Les Procureurs du Groupe maintiendront à jour une base de données confidentielle au sujet de tous les Membres du Groupe qui les auront contactés. Une telle base de données contiendra, s'ils sont disponibles, le nom, l'adresse, le numéro de téléphone et/ou l'adresse courriel de chaque individu concerné.

iii. Réponses aux demandes formulées par les Membres du Groupe

33. Les Procureurs du Groupe, et le personnel de leur cabinet, répondront à toutes les demandes soumises par des Membres du Groupe.

34. Les Procureurs du Groupe ont mis en place une structure leur permettant de répondre aux demandes soumises par les Membres du Groupe dans la langue de leur choix, dans la mesure du possible.

iv. Rapports d'évolution postérieurs au Processus de Certification

35. En plus de répondre aux demandes soumises par les Membres du Groupe, les Procureurs du Groupe mettront régulièrement à jour la page web dédiée au recours collectif en y indiquant le stade d'avancement des procédures.

36. Les Procureurs du Groupe transmettront des rapports d'évolution à tous les Membres du Groupe ayant communiqué leurs coordonnées, et ce aussi souvent que nécessaire ou selon les ordonnances de la Cour.

D. Production des documents

i. Affidavits et listes de documents

37. Les demandeurs devront produire un Affidavit de Documents dans les quatre-vingt-dix (90) jours de la publication de l'Avis de Certification adressé aux Membres du Groupe. La

Couronne, pour sa part, devra produire une Liste de Documents dans les quatre-vingt-dix (90) jours de la publication de l'Avis de Certification adressé aux Membres du Groupe.

38. Il est à prévoir que les Parties produiront des Affidavits (ou des Listes) de Documents additionnels au fur et à mesure que de nouveaux documents seront identifiés.

ii. Production de documents

39. Chacune des Parties devra à ses frais, au moment de transmettre ses Affidavits de Documents, fournir des copies électroniques de tous les documents produits en vertu de l'Annexe A (qui devront eux-mêmes être soumis sous forme électronique).

40. Les documents produits dans le cadre du présent recours collectif devront comprendre (notamment et sans s'y limiter) les actes de procédure et les pièces versés au Dossier du TCDP.

iii. Requêtes portant sur la production de documents

41. Toute requête portant sur la production de documents devra être présentée au cours des cent-vingt (120) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe.

iv. Gestion des documents

42. Chaque Partie assurera la gestion des documents qu'elle produit au moyen d'un système de gestion compatible ou en conformité avec les directives émises par la Cour. Tous les documents devront être produits en format « reconnaissance optique de caractères » (ROC).

43. Chaque production de documents devrait être numérotée et numérisée en vue de permettre le repérage et la classification rapide de la documentation.

E. Interrogatoires préalables

44. Tous les Interrogatoires Préalables devront se tenir dans les cent cinquante (150) jours suivant la publication de l'Avis de Certification adressée aux Membres du Groupe.

45. Les demandeurs prévoient demander à la Couronne de consentir à l'interrogatoire de plus d'un représentant. Dans l'éventualité où un désaccord survenait à ce sujet, les demandeurs suggèrent de présenter une requête dans les cent vingt (120) jours de la publication de l'Avis de Certification adressée aux Membres du Groupe.

46. Les demandeurs prévoient que, sous réserve des objections et des engagements, l'Interrogatoire Préalable d'un officier de la Couronne adéquatement sélectionné et informé requerra plus ou moins dix (10) jours.

47. Les demandeurs prévoient que sous réserve des objections et des engagements, l'Interrogatoire Préalable des représentants du Groupe requerra plus ou moins une (1) journée.

F. Considérations interlocutoires

i. Requêtes portant sur des objections ou des engagements

48. Les dates d'audition des requêtes portant sur les Objections ou les Engagements soulevés au cours d'Interrogatoires Préalables seront demandées une fois la Certification obtenue. De telles requêtes devront être présentées dans les cent-quatre-vingts (180) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe.

ii. Engagements

49. Tous les engagements souscrits devront être communiqués dans les deux cents (200) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe.

iii. Nouvelles comparutions et interrogatoires préalables additionnel

50. Les nouvelles comparutions ou Interrogatoires Préalables additionnels requis à la suite de la communication des réponses aux engagements ou en raison de jugements rendus sur les requêtes portant sur des objections et/ou des engagements devront avoir lieu au cours des deux cent quarante (240) jours suivant la publication de l'Avis de Certification adressée au Membres du Groupe.

G. Preuve d'experts

i. Désignation des experts et identification des questions à l'étude

51. Une fois les Interrogatoires Préalables dûment complétés, une Conférence de Gestion de l'Instance devra être tenue au sujet des experts devant participer au procès et à la preuve qu'ils seront appelés à y présenter.

H. Détermination des Questions Communes

i. Audition préliminaire portant sur les Questions Communes

52. Une fois la Certification accordée, il sera demandé à la Cour de fixer la date de l'Audition Préliminaire portant sur les Question Communes.

53. Les demandeurs prévoient qu'une (1) journée complète d'audition sera requise dans le cadre de l'Audition Préliminaire. Ils suggéreront que l'Audition Préliminaire ait lieu dans les deux cent quatre-vingt-dix (290) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe, ou au moins quatre-vingt-dix (90) jours avant la tenue de l'audition portant sur les Questions Communes.

ii. Audition portant sur les Questions Communes

54. Une fois la Certification obtenue, il sera demandé à la Cour de fixer la date de l'audition portant sur les Questions Communes.

55. Les demandeurs suggèrent que l'audition portant sur les Questions Communes ait lieu trois cent trente (330) jours après la publication de l'Avis de Certification adressé aux Membres du Groupe.

56. Parce qu'elle variera en fonction d'une multitude de facteurs, la durée de l'audition portant sur les Questions Communes sera déterminée au cours de la Conférence de Gestion d'Instance.

V. PROCÉDURES POSTÉRIEURES À LA DÉTERMINATION DES QUESTIONS COMMUNES

A. Échéancier

i. Échéancier des demandeurs

57. Les demandeurs suggèrent à la Cour d'ordonner que l'échéancier ci-dessous s'appliquera suite au jugement portant sur les Questions Communes :

Émission de l'Avis de Détermination des Questions Communes	Dans les 90 jours de la décision portant sur les Questions Communes
Début des auditions portant sur les Questions Individuelles, le cas échéant	Débute 120 jours après que la décision ait été rendue
Début du Processus de détermination de compensations individuelles	Débute 240 jours après que la décision ait été rendue
Expiration (de plein droit) du délai de production des Formulaires de Réclamation	Un (1) an après que la décision ait été rendue
Expiration (de plein droit en certaines circonstances ou en vertu d'une permission de la Cour) du délai de production des Formulaires de Réclamation	Un (1) an après que la décision ait été rendue

B. Avis de détermination des Questions Communes

i. Notification aux Membres du Groupe

58. Sous réserve de modifications subséquentes, l'Avis de Détermination des Questions Communes sera substantiellement dans la forme approuvée par la Cour lors de l'audition portant sur les Questions Communes. Il pourra contenir, entre autres choses et sous réserve de

l'approbation de la Cour, certaines informations au sujet de dommages accordés et de circonstances justifiant la détermination de compensations individuelles.

59. Les demandeurs soumettent que l'Avis de Détermination des Questions Communes devrait circuler dans les quatre-vingt-dix (90) jours suivant le jugement portant sur les Questions Communes.

60. L'Avis de Détermination des Questions Communes sera mis en circulation de la même manière que l'Avis de Certification, ou de la façon déterminée par la Cour.

C. Formulaires de réclamation

i. Utilisation des formulaires de réclamation

61. Il sera demandé à la Cour d'approuver (conformément aux dispositions de l'article 334.37 des *Règles des Cours Fédérales*) l'utilisation d'un Formulaire de Réclamation standardisé par tout Membre du Groupe susceptible d'avoir droit à une portion des dommages octroyés ou à quelque forme de compensation individuelle.

ii. Obtention et production d'un formulaire de réclamation

62. La procédure d'obtention et de production d'un Formulaire de Réclamation sera décrite en détail à l'Avis de Détermination des Questions Communes.

63. Sous réserve de modifications subséquentes et de l'approbation de la Cour, les demandeurs suggèrent qu'un seul et même Formulaire de Réclamation standardisé (respectant le gabarit se trouvant à l'Annexe C) s'applique aux trois (3) sous-groupes du Groupe.

64. Les demandeurs suggèrent également que les Membres du Groupe ayant besoin d'aide ou de soutien au moment de compléter un Formulaire de Réclamation puissent bénéficier de conseils

adéquats. Si nécessaire, un processus visant à désigner un tuteur ou un fiduciaire chargé d'apporter de l'aide ou du soutien aux Membres du Groupe sera mis sur pied.

65. Avant de compléter un Formulaire de Réclamation, le Membre du Groupe pourra passer en revue les renseignements détenus par Canada pertinents à sa réclamation (autrement dit, les Informations de la Couronne), qui pourront inclure :

(a) tous les dossiers en lien avec le placement volontaire ou forcé du Membre du Groupe au sein d'un environnement hors-foyer au cours de la Période du Recours Collectif;

(b) tous les dossiers indiquant que le Membre du Groupe a eu besoin d'un produit ou d'un service;

(c) tous les dossiers confirmant que le Membre du Groupe a requis un produit ou un service;

(d) tous les dossiers relatif au fait que le produit ou le service public demandé par le Membre du Groupe lui a été refusé;

(e) tous les dossiers relatifs aux produits et/ou aux services que la Couronne a effectivement fournis au Membre du Groupe; et/ou

(f) tous les dossiers faisant état d'une quelconque relation familiale entre un Membre du Groupe des Familles et un Membre du Groupe des Enfants retirés de leurs foyers ou un Membre du Groupe Jordan.

66. Tous les Membres du Groupe devront produire le Formulaire de Réclamation prescrit auprès de l'Administrateur du Recours Collectif et/ou des Procureurs du Groupe à l'intérieur des délais indiqués ci-dessous, ou tels que déterminés par la Cour.

67. Il sera de la responsabilité de l'Administrateur du Recours Collectif de recueillir tous les Formulaires de Réclamation.

iii. Délai de Production des Formulaires de Réclamation

68. Les Membres du Groupe seront informés du délai de production des Formulaires de Réclamation par le biais de l'Avis de Détermination des Questions Communes.

69. Les demandeurs soumettent que les Membres du Groupe devraient bénéficier d'un délai d'un an à compter jugement portant sur les Questions Communes afin de déposer un Formulaire de Réclamation de plein droit, ou selon le délai déterminé par la Cour.

70. Les demandeurs soumettent également que les Membres du Groupe devraient, en certaines circonstances particulières définies par la Cour (par exemple : le fait qu'ils n'étaient pas au courant de leurs droits) ou avec la permission de la Cour (par exemple : en raison de l'état de santé physique ou mentale), avoir le droit de produire un Formulaire de Réclamation plus d'un an après le jugement sur les Questions Communes.

D. Détermination et classification des Membres du Groupe

i. Approbation des Membres du Groupe des Enfants retirés de leurs foyers

71. Il reviendra à l'Administrateur du Recours Collectif de déterminer si la personne qui soumet un Formulaire de Réclamation en tant que Membre du Groupe des Enfants retirés de leurs foyers se qualifie effectivement comme Membre du Groupe.

72. L'Administrateur du Recours Collectif déterminera et classifiera également la durée que le Membre du Groupe des Enfants retirés de leurs foyers a passé au sein d'un emplacement hors-foyer. L'Administrateur du Recours Collectif déterminera aussi le nombre d'emplacements hors-foyer au sein desquels le Membre du Groupe des Enfants retirés de leurs foyers a été placé, et il déterminera aussi si de tels emplacements étaient, d'une part, situés à l'intérieur ou à l'extérieur de sa Réserve, et d'autre part, situés à l'intérieur ou à l'extérieur de la communauté habituelle du Membre du Groupe.

73. L'Administrateur du Recours Collectif procédera aux déterminations dont il est question au paragraphe 72 sur les renseignements figurant au Formulaire de Réclamation et sur les Informations qu'aura fournies la Couronne au sujet du Membre du Groupe.

74. L'Administrateur du Recours Collectif devra, lorsque cela s'avèrera nécessaire et adéquat, requérir par écrit que la Couronne et/ou le Membre du Groupe des Enfants retirés de leurs foyers ayant soumis un Formulaire de Réclamation lui communique(nt) davantage d'informations.

ii. Approbation des Membres du Groupe Jordan

75. Il reviendra à l'Administrateur du Recours Collectif de déterminer si la personne qui soumet un Formulaire de Réclamation en tant que Membre du Groupe Jordan se qualifie effectivement comme Membre du Groupe.

76. L'Administrateur du Recours Collectif fondera la détermination dont il est question au paragraphe 75 sur les informations figurant au Formulaire de Réclamation et sur les directives émises par la Cour lors de l'Audition portant sur les Questions Communes. De telles directives pourront, entre autres choses, répondre aux questions suivantes: (a) si le Membre du Groupe a eu besoin d'un produit ou d'un service à quelque moment que ce soit de la Période du Recours Collectif; (b) si le Membre du Groupe s'est vu refuser le produit ou service en question; (c) si la livraison du produit ou service requis s'est vue retardée ou perturbée; (d) si un(e) tel(le) refus, retard ou perturbation était attribuable à un manque de fonds, à une absence de juridiction ou à un conflit de compétence entre paliers ou départements gouvernementaux; et/ou (e) si un(e) tel(le) refus, retard ou perturbation est survenu(e) après que le Membre du Groupe eût atteint l'âge de la majorité applicable au sein de la province ou du territoire pertinent.

77. L'Administrateur du Recours Collectif procédera également à ces déterminations en fonction des Informations de la Couronne relatives au nombre de Membres du Groupe ayant reçu un produit ou un service en vertu du Principe Jordan (depuis le prononcé de la Décision du TCDP).

78. L'Administrateur du Recours Collectif devra, lorsque cela s'avèrera nécessaire et adéquat, requérir par écrit que la Couronne et/ou le Membre du Groupe Jordan ayant soumis un Formulaire de Réclamation lui communique(nt) davantage d'informations.

iii. Approbation des Membres du Groupe des Familles

79. Il reviendra à l'Administrateur du Recours Collectif de déterminer si la personne qui soumet un Formulaire de Réclamation en tant que Membre du Groupe des Familles se qualifie effectivement comme Membre du Groupe des Familles.

80. L'Administrateur du Recours Collectif procédera à la détermination dont il est question au paragraphe 79 sur les renseignements figurant au Formulaire de Réclamation et sur les Informations qu'aura fournies la Couronne au sujet de la relation existant entre le potentiel Membre du Groupe des Familles et un Membre Approuvé du Groupe des Enfants retirés de leurs foyers.

81. L'Administrateur du Recours Collectif devra, lorsque cela s'avèrera nécessaire et adéquat, requérir par écrit que le Membre du Groupe Jordan ayant soumis un Formulaire de Réclamation lui communique davantage d'informations.

iv. Membres du Groupe décédés

82. La succession de tout Membre du Groupe décédé le ou après le 1er avril 1991 peut soumettre un Formulaire de Réclamation dans le cadre du présent recours collectif.

83. S'il appert que le Membre du Groupe Décédé se serait qualifié en tant que Membre du Groupe Approuvé, sa succession aura le droit d'être indemnisée conformément au Processus de Distribution des Dommages. À moins qu'elle n'y soit explicitement autorisée par la Cour, aucune succession ne pourra être indemnisée en vertu du Processus d'Évaluation de Compensations Individuelles.

v. Notification des Membres du Groupe / Enregistrement et Contestation des Décisions

84. Dans les trente (30) jours de la réception d'un Formulaire de Réclamation, l'Administrateur du Recours Collectif devra aviser le requérant de sa décision de le reconnaître ou de le rejeter en tant que Membre du Groupe Approuvé. Les personnes dont le statut de Membre du Groupe n'aura pas été reconnu se verront expliquer de quelle manière elles peuvent contester la décision rendue par l'Administrateur du Recours Collectif. Les demandeurs suggèrent que la procédure de contestation inclut la possibilité de soumettre un Formulaire de Réclamation modifié, accompagné de pièces justificatives permettant de démontrer que le requérant est bel et bien un Membre du Groupe.

85. Toutes les parties intéressées auront l'opportunité d'en appeler de toute décision rendue par l'Administrateur du Recours Collectif devant la Cour, ou selon une façon à être déterminée. Les Procureurs du Groupe pourront interjeter appel d'une décision pour et au nom des personnes concernées.

86. L'Administrateur du Recours Collectif conservera tous les dossiers des Membres du Groupe Approuvés ainsi que les Formulaires de Réclamation qu'ils auront soumis, et il communiquera une fois par mois ces informations aux Procureurs du Groupe, à la Couronne et à toute autre partie intéressée. Les Procureurs du Groupe et/ou toute partie intéressée pourront, dans

les trente (30) jours de la réception des informations, contester la décision rendue par l'Administrateur du Recours Collectif en transmettant à ce dernier (et à toute autre partie concernée) un exposé de leurs motifs de contestation. La partie répondante aura alors trente (30) jours pour répliquer par écrit à la demande de contestation, à l'expiration desquels l'Administrateur du Recours Collectif devra reconsidérer la décision qu'il a prise et assurer un suivi auprès de toutes les parties.

E. Processus de distribution des dommages

i. Distribution des dommages

87. L'Administrateur distribuera de la manière déterminée par la Cour les dommages obtenus au bénéfice de tous les Membres du Groupe Approuvés.

88. Les demandeurs proposeront que les Membres du Groupe Approuvés aient droit à une certaine proportion des dommages déterminée par l'Administrateur du Recours Collectif en fonction de critères à être approuvés par la Cour, lesquels comprennent, sans s'y limiter : (a) le temps qu'un Membre du Groupe a passé au sein d'un emplacement hors-foyer; (b) le nombre d'emplacements hors-foyer au sein desquels le Membre du Groupe des Enfants retirés de leurs foyers a été placé alors qu'il était enfant; (c) la période de temps au cours de laquelle le Membre du Groupe a été privé d'un produit ou d'un service en raison d'un refus, d'un délai ou d'une perturbation (le tout en contravention du Principe de Jordan); et (d) la relation familiale existant entre un Membre du Groupe des Familles et un Membre du Groupe des Enfants retirés de leurs foyers .

89. Une fois qu'il les aura informés de la décision qu'il a prise au sujet de leur appartenance à un groupe ou à un autre, l'Administrateur du Recours Collectif devra, à l'intérieur d'un délai raisonnable que la Cour aura fixé, aviser les Membres du Groupe Approuvés de la proportion de

dommages à laquelle chacun a droit en vertu du Processus de Distribution des Dommages approuvé par la Cour.

90. L'Administrateur du Recours Collectifs devra également, le cas échéant, transmettre à chaque Membre du Groupe Approuvé une série de documents comprenant : de l'information quant à la façon de percevoir les dommages auquel il a droit; de l'information quant à l'opportunité pour le Membre du Groupe de recourir au Processus d'Évaluation de Compensations Individuelles; des copies du Formulaire d'Évaluation de Compensation Individuelle accompagnées d'un guide indiquant comment compléter le Formulaire en question; et les coordonnées de ressources susceptibles de fournir des conseils juridiques indépendants. De telles informations seront communiquées selon une forme et un style appropriés à la culture des interlocuteurs, au moyen de médiums interactifs tels que des capsules vidéo d'apprentissage.

ii. Évaluation individuelle des dommages

91. Une fois informés de leur droit au paiement de dommages, les Membres du Groupe Approuvés pourraient être avisés de l'opportunité de bénéficier d'une compensation individuelle établie conformément au Processus d'Évaluation de Compensations Individuelles, tel que défini ci-après.

F. Processus d'Évaluation de Compensations Individuelles

i. Formulaire d'Évaluation de Compensation Individuelle

92. Lorsqu'un Membre du Groupe Approuvé est informé de son droit de percevoir des dommages et de recourir au Processus d'Évaluation de Compensations Individuelles, il recevra un exemplaire du Formulaire d'Évaluation de Compensation Individuelle se trouvant à l'Annexe D.

93. Les demandeurs suggèrent qu'une demande de dommages individuels soit valablement formée par l'envoi d'un Formulaire d'Évaluation de Compensation Individuelle à l'attention de

l'Administrateur du Recours Collectif, étant entendu et convenu que seules les personnes désirant recourir au Processus d'Évaluation de Compensations Individuelles seront tenues de produire un Formulaire d'Évaluation de Compensation Individuelle.

ii. Évaluation des Compensations Individuelles

94. Il pourrait être demandé à la Cour d'approuver la structure d'un Processus d'Évaluation de Compensations Individuelles une fois rendu le jugement portant sur les Questions Communes, ou au moment autrement déterminé par la Cour.

95. Un tel Processus d'Évaluation de Compensations Individuelles serait mis à la disposition de tous les Membres du Groupe Approuvés, à l'exception de ceux qui, de l'avis de la Cour à l'issue de l'audition portant sur les Questions Communes, n'ont pas droit à une Compensation Individuelle.

iii. Auditions portant sur les Points Individuels

96. Il sera demandé à la Cour d'émettre des directives, ou de désigner certaines personnes devant lui faire rapport en vertu de l'article 334.26 des *Règles des Cours Fédérales*, ou encore de nommer un juge chargé de réaliser un échantillonnage de test impliquant des Membres du Groupe Approuvés sélectionnés et qui ont choisi de recourir au Processus d'Évaluation de Compensations Individuelles, et cela en vue d'éclaircir les points qui pourraient demeurer pertinents à la suite de la détermination des Questions Communes – par exemple :

(a) Règles d'audition régissant les évaluations individuelles;

(b) Grille de compensations individuelles;

(c) Résolution de différends portant sur la définition de concepts essentiels tels que "perte de la culture et du langage", "peine et souffrance", "maltraitance physique" et "exploitation sexuelle"; et

(d) Toute autre question soulevée par la Cour ou une partie au cours des débats entourant la détermination des Questions Communes.

G. Coût et financement des procédures

i. Frais juridiques des demandeurs

97. Les frais juridiques encourus par les demandeurs seront payés suivant une formule à pourcentage, sujet à l'approbation de la Cour conformément à l'article 334.4 des *Règles des Cours Fédérales*.

98. L'entente intervenue entre les Représentants du Groupe et les Procureurs du Groupe stipule que les honoraires et déboursés payables à ces derniers seront établis de la manière suivante :

(a) Recouvrement collectifs: vingt pour cent (20%) des premiers deux cent millions de dollars ($200,000.000) recueillis par voie de règlement ou en vertu d'un jugement, plus dix pour cent (10%) de tout montant recueilli en excédent de la somme de deux cent millions de dollars ($200,000,000) par voie de règlement ou en vertu d'un jugement; ET

(b) Recouvrement individuels: vingt-cinq pour cent (25%) des montants recueillis par voie de règlements ou en vertu d'un jugement.

ii. Financement des dépenses et débours

99. Tous les dépenses et débours de nature juridique encourus par les Représentants du Groupe ont été (et continueront à être) financés par les Procureurs du Groupe – à moins que les Représentants du Groupe et les Procureurs du Groupe n'en viennent éventuellement à la conclusion qu'il est dans le meilleur intérêt du Groupe d'obtenir du financement auprès de

tierces parties. En pareil cas, les Procureurs du Groupe aviseraient la Cour de la situation et requerraient son approbation.

H. *Règlement*

i. Négociations et offres de règlement

100. Les demandeurs ont entretenu des négociations avec la Couronne en vue de parvenir à un règlement équitable du litige, dans un délai raisonnable.

ii. Médiation et autres modes de résolution de conflits volontaires

101. Les demandeurs ont participé à des séances de médiation et d'autres négociations en vue de résoudre le litige ou de circonscrire les questions en litige.

I. Réévaluation du Plan de Poursuite

i. Flexibilité du Plan de Poursuite

102. Le présent Plan de Poursuite sera réévalué sur une base régulière et pourrait faire l'objet de modifications, avant ou après la détermination des Questions Communes, en fonction de gestion de l'instance continue assurée par la Cour, ou de toute autre manière que la Cour estime appropriée.

29 octobre 2021

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ANNEXE "A"

RECOURS COLLECTIF PORTANT SUR LES SERVICES DE PROTECTION DE LA JEUNESSE (LA RAFLE DU MILLÉNIUM) OFFERTS AUX PREMIÈRES NATIONS (« FIRST NATIONS YOUTH CARE / MILLENIUM SCOOP »)

AVIS DE CERTIFICATION SUGGÉRÉ

VEUILLEZ LIRE LE PRÉSENT AVIS AVEC ATTENTION PUISQU'IL POURRAIT AVOIR UN IMPACT SUBSTANTIEL SUR L'EXERCICE DE VOS DROITS

Nature de la Poursuite

En mars 2019, Sotos LLP, Kugler Kandestin LLP et Miller Titerle + Co. (collectivement, les "Procureurs du Groupe") ont introduit (devant la Cour Fédérale du Canada siégeant dans le district judiciaire de Montréal) un recours collectif à l'encontre du Procureur Général du Canada (la "Couronne") pour et au nom de demandeurs membres des Premières Nations.

Le recours collectif allège qu'à compter de 1991, la Couronne a mis en place, à l'échelle du territoire canadien, des politiques de financement discriminatoires ayant eu pour conséquence que plusieurs enfants de Premières Nations ont été retirés de leur foyer et de leur communauté en vue d'être confiés à divers organismes. Le recours collectif allègue également que la Couronne a refusé ou indûment tardé à fournir certains produits et services publics aux jeunes membres de Premières Nations qui en avaient besoin, le tout en contravention du Principe de Jordan.

Le recours collectif a été intenté au bénéfice des membres du Groupe suivant :

(a) tous les jeunes membres de Premières Nations ayant été retirés de leur foyer depuis le 1er avril 1991, alors qu'ils vivaient habituellement sur une réserve ou qu'au moins un (1) de leurs parents résidait habituellement sur une Réserve;

(b) tous les jeunes membres des Premières Nations qui se sont vu refuser un produit ou un service public ou à l'égard desquels la livraison d'un produit ou service public s'est vue retardée ou perturbée en raison d'un manque de fonds, d'une absence de juridiction ou d'un conflit de compétence entre paliers ou départements gouvernementaux, le tout en contravention du Principe de Jordan;

(c) les membres de la famille immédiate d'un membre du sous-groupe défini au paragraphe (a) ci-dessus.

Par ordonnance rendue le [**INSCRIRE LA DATE**], l'honorable juge _____ a certifié l'action intentée à titre de recours collectif et a désigné Xavier Moushoom et Jeremy Meawasige (représenté par sa tutrice à l'instance, Maurina Beadle) à titre de représentants du Groupe.

La Cour a également décidé que les questions suivantes, qui s'appliquent à l'ensemble du Groupe, seront débattues lors d'une audition portant sur les Questions Communes :

- [**INSCRIRE LES QUESTIONS COMMUNES RECONNUES PAR LE TRIBUNAL**]
- …

Participation au recours collectif

Si vous correspondez à la définition du Groupe, vous êtes automatiquement considéré(e) comme un Membre du Groupe, à moins de vous exclure du recours collectif de la manière décrite ci-dessous. Tous les Membres du Groupe seront liés par le jugement rendu par la

Cour, ou tout règlement conclu par les Parties et subséquemment approuvé par la Cour.

À ce stade des procédures, la Cour ne s'est pas prononcée sur les chances de recouvrement des demandeurs ou du Groupe, ni sur le mérite des allégations des demandeurs et/ou des moyens de défense invoqués par la Couronne.

Honoraires, Déboursés et Autres Frais

Vous n'aurez jamais à payer quelque honoraire, déboursé ou autre frais. Lorsqu'il question des honoraires et déboursés judiciaires à prévoir, les Représentants du Groupe et les Procureurs du Groupe ont convenu d'un mandat de représentation prévoyant que les cabinets juridiques concernés seront rémunérés suivant une formule à pourcentage – ce qui signifie en pratique qu'ils ne seront payés qu'en cas de jugement favorable ou d'un règlement hors Cour approuvé.

Vous ne serez d'aucune manière tenu(e) responsable des frais de justice de la partie défenderesse en cas d'échec du recours collectif. Tous les honoraires professionnels payés aux Procureurs du Groupe sont assujettis à l'approbation de la Cour.

Exclusion

Si vous souhaitez, en tant que Membre du Groupe, vous exclure du recours collectif, vous devez compléter et acheminer un « Formulaire d'Exclusion » au plus tard le [**INSCRIRE LA DATE-LIMITE**]. Il vous est possible de télécharger le Formulaire d'Exclusion à partir du site web [**INSCRIRE L'ADRESSE DU SITE WEB**].

Les Membres du Groupe ayant choisi de s'exclure du recours collectif à l'intérieur du délai stipulé ci-dessus ne recevront aucune des sommes qui pourraient être obtenues par les demandeurs dans ce recours collectif. Tous les Membres du Groupe qui n'auront pas demandé à être exclus du recours collectif avant l'expiration du délai seront liés par tout jugement rendu à l'issue des procédures (qu'il soit ou non favorable aux demandeurs), de même que par tout règlement intervenu et subséquemment approuvé par la Cour.

Coordonnées

Si vous avez quelque question ou préoccupation au sujet du contenu du présent Avis ou de l'évolution du recours collectif, il vous est possible de contacter les Procureurs du Groupe de différentes manières :

Téléphone: [**NUMÉRO DE TÉLÉPHONE**]

Courriel: [**ADRESSE COURRIEL**]

Ligne d'information sans frais: [**NUMÉRO**]

Courrier ordinaire: [**ADRESSE POSTALE**]

ANNEXE "B"

FORMULAIRE D'EXCLUSION

À L'ATENTION DE:
[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]
[Adresse postale]
[Adresse courriel]
[Numéro de téléphone]
[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je ne souhaite pas participer au recours collectif connu sous le nom de ***Xavier Moushoom et als c. Procureur Général du Canada*** et portant sur certains actes de discrimination commis à l'encontre d'enfants de Premières Nations. Je comprends qu'une fois exclu(e), je ne pourrai d'aucune manière participer à la distribution des sommes octroyées ou payées dans le cadre du recours collectif, et que si je souhaite obtenir compensation, je devrai introduire une action civile distincte et décider si j'engage un avocat pour me représenter à mes propres frais.

Date: _____ _____
Signature

_____
Nom complet

_____
Numéro civique, numéro d'appt.

_____
Ville, province, code postal

_____
Numéro de téléphone

_____
Adresse courriel

Le présent avis doit être transmis par voie de courrier ordinaire, de télécopieur ou de courriel au plus tard le _____ 2021 pour être considéré valide.

ANNEXE "C"

FORMULAIRE DE RÉCLAMATION

À L'ATENTION DE:
[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]
[Adresse postale]
[Adresse courriel]
[Numéro de téléphone]
[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je, soussigné(e), _____ (inscrivez votre nom complet, incluant votre nom de jeune fille le cas échéant), confirme avoir reçu l'Avis du Recours Collectif National connu sous le nom de ***Xavier Moushoom et als c. Procureur Général du Canada*** et portant sur certains actes de discrimination commis à l'encontre d'enfants de Premières Nations. Ma date de naissance est le _____ (Inscrire le jour, le mois et l'année)

J'estime être un Membre du Groupe et souhaite, en cette qualité, soumettre une réclamation en tant que membre du(des) sous-groupe(s) ci-dessous. (Veuillez cocher d'un X la ou les cases appropriée(s))

[_] Groupe des Enfants retirés de leurs foyers

[_] Groupe Jordan

[_] Groupe des Familles

Si vous estimez appartenir au Groupe des Enfants retirés de leurs foyers, veuillez résumer ci-dessous l'historique de vos emplacements hors-foyer à compter du 1er avril 1991 :

Nombre de foyers d'accueil	**Nombre d'années de placement au sein des foyers d'accueil**	**Les foyers d'accueil se trouvaient-il à l'intérieur de la Réserve?**	**Les foyers d'accueil se trouvaient-ils à l'intérieur de votre communauté des Premières Nations?**

Si vous estimez appartenir au Groupe Jordan, veuillez résumer ci-dessous les produits et/ou services publics dont vous aviez besoin à compter du 1er avril 1991 mais qui vous ont été refusés ou ont été livrés tardivement ou de manière inadéquate.

Produits et/ou services dont vous aviez besoin	**Avez-vous fait la demande de tels produits et/ou services?**	**Les produits et/ou services en question ont-ils été refusés ou livrés tardivement ou de manière inadéquate?**	**Date(s) du besoin, de la demande et du refus, du retard ou de la perturbation**

Si vous estimez appartenir au Groupe des Familles, veuillez décrire ci-dessous la relation existant entre vous et un ou plusieurs Membres du Groupe des Enfants retirés de leurs foyers :

Nom complet et numéro de réclamation de chaque Membre Approuvé du Groupe des Enfants retirés de leurs foyers faisant partie de votre famille	**Relation existant entre vous et cette personne (i.e. la mère, le frère, la soeur, le grand-père ou la grand-mère d'un Membre Approuvé du Groupe des Enfants retirés de leurs foyers)**

Mon adresse postale est la suivante:

_____
Numéro civique, numéro d'appt.

_____
Ville, province

_____
Code postal

_____
Numéro(s) de téléphone

_____
Adresse courriel

Signature: _____ Date: _____

ANNEXE "D"

FORMULAIRE D'ÉVALUATION DE COMPENSATION INDIVIDUELLE

À L'ATENTION DE:
[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]
[Adresse postale]
[Adresse courriel]
[Numéro de téléphone]
[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je, soussigné(e), _____ (inscrivez votre nom complet, incluant votre nom de jeune fille le cas échéant) confirme avoir été informé(e) du fait que je suis un Membre Approuvé du Groupe des Enfants retirés de leurs foyers ou un Membre Approuvé du Groupe Jordan. Mon numéro de réclamation est _____[inscrivez le numéro de réclamation qui vous a été attribué]

Je confirme également qu'on m'a bien expliqué dans quelle mesure et de quelle manière je peux exiger une évaluation de compensation individuelle conformément aux paramètres du Processus d'Évaluation de Compensations Individuelles.

Je reconnais et conviens que j'ai l'opportunité d'obtenir des conseils juridiques indépendants au sujet du processus et qu'il m'est possible d'obtenir de l'assistance gratuite en vue de compléter le présent formulaire en contactant [inscrire les coordonnées du point de contact].

Je résume ci-dessous l'expérience que j'ai vécue au sein d'emplacements hors-foyer de même que les conséquences d'une telle expérience.

[La forme du Formulaire d'Évaluation de Compensation Individuelle sera établie une fois qu'un jugement aura été rendu à propos des Questions Communes, étant entendu que l'objectif du document sera de recueillir les informations suivantes auprès de Membres du Groupe Approuvés]:

- *Âge du Membre du Groupe au moment de sa prise en charge, foyers d'accueil au sein desquels le Membre du Groupe a été placé, et durée des placements hors-foyer;*
- *Abus dont le Membre du Groupe a été victime (i.e. toute information relative à des événements ayant entraîné un préjudice indemnisable, telle que la date, l'emplacement, l'heure et l'infracteur responsable);*
- *Conséquences indemnisables (y compris tout impact sur la culture ou la langue);*
- *Un exposé narratif de l'expérience vécue par la personne placée au sein d'un environnement hors-foyer;*
- *Les raisons de la prise en charge;*

- *Si oui ou non une preuve d'experts sera fournie au soutien d'une réclamation fondée sur un préjudice conséquentiel (tel qu'une perte de revenus passée et future);*

- *Archives relatives aux soins (incluant les dossiers constitués par des conseillers ou des guérisseurs traditionnels ou coutumiers) qui seront soumises au soutien d'une preuve d'abus et/ou de préjudice;*

- *Autorisations permettant à la Couronne d'obtenir certains documents; et*

- *Toutes autres informations jugées nécessaires ou utiles.]*

Je résume ci-dessous l'expérience que j'ai vécue lorsque les produits et/ou services publics dont j'avais besoins m'ont été refusés ou ont été livrés tardivement ou de manière inadéquate, de même que les conséquences d'une telle expérience.

[La forme du Formulaire d'Évaluation de Compensation Individuelle sera établie une fois qu'un jugement aura été rendu à propos des Questions Communes, étant entendu que l'objectif du document sera de recueillir les informations suivantes auprès de Membres du Groupe Approuvés]:

- *Faits, situations et circonstances ayant justifié la demande d'un produit ou d'un service public;*

- *Raisons expliquant le refus de livraison du produit ou service;*

- *Département(s) de contact;*

- *Autorisations permettant à la Couronne d'obtenir certains documents; et*

- *Toutes autres informations jugées nécessaires ou utiles.]*

Signature: _____ Date: _____

Schedule B - Trout Action Certification Order

(provided in English and French)

Federal Court Cour fédérale

Date: 20220211

Docket: T-1120-21

Citation: 2022 FC 149

Ottawa, Ontario, February 11, 2022

PRESENT: The Honourable Madam Justice Aylen

CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER AND REASONS

UPON MOTION by the Plaintiffs, on consent and determined in writing pursuant to Rule 369 of the *Federal Courts Rules*, for an order:

(a) Granting the Plaintiffs an extension of time to make this certification motion past the deadline in Rule 334.15(2)(b);

(b) Certifying this proceeding as a class proceeding and defining the class;

(c) Stating the nature of the claims made on behalf of the class and the relief sought by the class;

(d) Stipulating the common issues for trial;

(e) Appointing the Plaintiff, Zacheus Joseph Trout, as representative plaintiff;

(f) Approving the litigation plan; and

(g) Other relief;

CONSIDERING the motion materials filed by the Plaintiffs;

CONSIDERING that the Defendant has advised that the Defendant consents in whole to the motion as filed;

CONSIDERING that the Court is satisfied, in the circumstances of this proceeding, that an extension of time should be granted to bring this certification motion past the deadline prescribed in Rule 334.15(2)(b);

CONSIDERING that while the Defendant's consent reduces the necessity for a rigorous approach to the issue of whether this proceeding should be certified as a class action, it does not relieve the Court of the duty to ensure that the requirements of Rule 334.16 for certification are met [see *Varley v Canada (Attorney General)*, 2021 FC 589];

CONSIDERING that Rule 334.16(1) of the *Federal Courts Rules* provides:

Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if

(a) the pleadings disclose a reasonable cause of action;

(b) there is an identifiable class of two or more persons;

(c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members;

(d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and

(e) there is a representative plaintiff or applicant who

(i) would fairly and adequately represent the interests of the class,

(ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing,

(iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and

(iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record.

Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies :

a) les actes de procédure révèlent une cause d'action valable;

b) il existe un groupe identifiable formé d'au moins deux personnes;

c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre;

d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs;

e) il existe un représentant demandeur qui :

(i) représenterait de façon équitable et adéquate les intérêts du groupe,

(ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement,

(iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs,

(iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier.

CONSIDERING that, pursuant to Rule 334.16(2), all relevant matters shall be considered in a determination of whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact, including whether: (a) the questions of law or fact common to the class members predominate over any questions affecting only individual members; (b) a significant number of the members of the class have a valid interest in individually controlling the prosecution of separate proceedings; (c) the class proceeding would involve claims that are or have been the subject of any other proceeding; (d) other means of resolving the claims are less practical or less efficient; and (e) the administration of the class proceeding would create greater difficulties than those likely to be experienced if relief were sought by other means;

CONSIDERING that:

(a) The conduct of the Crown at issue in this proposed class action proceeding, as set out in the Statement of Claim, concerns discrimination against First Nations children in the provision of essential services and the Crown's failure to prevent First Nations children from suffering gaps, delays, disruptions or denials in receiving services and products contrary to their *Charter*-protected equality rights. The Plaintiffs allege that the Crown's conduct was discriminatory, directed at Class Members because they were First Nations, and breached section 15(1) of the *Charter*, the Crown's fiduciary duties to First Nations and the standard of care at common and civil law.

(b) With respect to the first element of the certification analysis (namely, whether the pleading discloses a reasonable cause of action), the threshold is a low one. The question for the Court is whether it is plain and obvious that the causes of action are doomed to fail [see

Brake v Canada (Attorney General), 2019 FCA 274 at para 54]. Even without the Crown's consent, I am satisfied that the Plaintiffs have pleaded the necessary elements for each cause of action sufficient for purposes of this motion, such that the Statement of Claim discloses a reasonable cause of action.

(c) With respect to the second element of the certification analysis (namely, whether there is an identifiable class of two or more persons), the test to be applied is whether the Plaintiffs have defined the class by reference to objective criteria such that a person can be identified to be a class member without reference to the merits of the action [see *Hollick v Toronto (City of)*, 2001 SCC 68 at para 17]. I am satisfied that the proposed class definitions for the Child Class and Family Class (as set out below) contain objective criteria and that inclusion in each class can be determined without reference to the merits of the action.

(d) With respect to the third element of the certification analysis (namely, whether the claims of the class members raise common questions of law or fact), as noted by the Federal Court of Appeal in *Wenham v Canada (Attorney General)*, 2018 FCA 199 at para 72, the task under this part of the certification determination is not to determine the common issues, but rather to assess whether the resolution of the issues is necessary to the resolution of each class member's claim. Specifically, the test is as follows:

> The commonality question should be approached purposively. The underlying question is whether allowing the suit to proceed as a representative one will avoid duplication of fact-finding or legal analysis. Thus an issue will be "common" only where its resolution is necessary to the resolution of each class member's claim. It is not essential that the class members be identically situated vis-à-vis the opposing party. Nor is it necessary that common issues predominate over non-common issues or that the resolution of the common issues would be determinative of each class member's claim. However, the class members' claims must

> share a substantial common ingredient to justify a class action. Determining whether the common issues justify a class action may require the court to examine the significant of the common issues in relation to individual issues. In doing so, the court should remember that it may not always be possible for a representative party to plead the claims of each class member with the same particularity as would be required in an individual suit. (Western Canadian Shopping Centres, above at para 39; see also Vivendi Canada Inc. v. Dell'Aniello, 2014 SCC 1, [2014] 1 S.C.R. 3 at paras 41 and 44-46.)

Having reviewed the common issues (as set out below), I am satisfied that the issues share a material and substantial common ingredient to the resolution of each class member's claim. Moreover, I agree with the Plaintiffs that the commonality of these issues is analogous to the commonality of similar issues in institutional abuse claims which have been certified as class actions (such as the Indian Residential Schools and the Sixties Scoop class action litigation), as well as those certified in the Moushoom class action (T-402-19/T-141-20). Accordingly, I find that the common issue element is satisfied.

(e) With respect to the fourth element of the certification analysis (namely, whether a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law), the preferability requirement has two concepts at its core: (i) whether the class proceeding would be a fair, efficient and manageable method of advancing the claim; and (ii) whether the class proceeding would be preferable to other reasonably available means of resolving the claims of class members. A determination of the preferability requirement requires an examination of the common issues in their context, taking into account the importance of the common issues in relation to the claim as a whole, and may be satisfied even where there are substantial individual issues [see *Brake*, *supra* at para 85; *Wenham*, *supra* at para 77 and *Hollick*, *supra* at paras 27-31]. The

Court's consideration of this requirement must be conducted through the lens of the three principle goals of class actions, namely judicial economy, behaviour modification and access to justice [see *Brake*, *supra* at para 86, citing *AIC Limited v Fischer*, 2013 SCC 69 at para 22].

(f) Having considered the above-referenced principles and the factors set out in Rule 334.16(2), I am satisfied a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of fact and law. Given the systemic nature of the claims, the potential for significant barriers to access to justice for individual claimants and the concerns regarding the other means available for resolving the claims of class members, I am satisfied that the proposed class action would be a fair, efficient and manageable method of advancing the claims of the class members.

(g) With respect to the fifth element of the certification analysis (namely, whether there are appropriate proposed representatives), I am satisfied, having reviewed the affidavit evidence filed on the motion together with the detailed litigation plan, that the proposed representative plaintiff meets the requirements of Rule 334.16(1)(e);

CONSIDERING that the Court is satisfied that all of the requirements for certification are met and that the requested relief should be granted;

THIS COURT ORDERS that:

1. The Plaintiffs are granted an extension of time, *nunc pro tunc*, to bring this certification motion past the deadline in Rule 334.15(2)(b) of the *Federal Courts Rules*.

2. For the purpose of this Order and in addition to definitions elsewhere in this Order, the following definitions apply and other terms in this Order have the same meaning as in the Statement of Claim:

(a) **"Child Class"** means all First Nations individuals who were under the applicable provincial/territorial age of majority and who, during the Class Period, did not receive (whether by reason of a denial or a gap) an essential public service or product relating to a confirmed need, or whose receipt of said service or product was delayed, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or as a result of a service gap or jurisdictional dispute with another government or governmental department.

(b) **"Class" means** the Child Class and Family Class, collectively.

(c) **"Class Counsel"** means Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere and Fasken Martineau Dumoulin LLP.

(d) **"Class Members"** mean all persons who are members of the Class.

(e) **"Class Period"** means the period of time beginning on April 1, 1991 and ending on December 11, 2007.

(f) **"Family Class"** means all persons who are brother, sister, mother, father, grandmother or grandfather of a member of the Child Class.

(g) **"First Nation"** and **"First Nations"** means Indigenous peoples in Canada, including the Yukon and the Northwest Territories, who are neither Inuit nor Métis, and includes:

i. Individuals who have Indian status pursuant to the *Indian Act*, R.S.C., 1985, c.I-5 [*Indian Act*];

ii. Individuals who are entitled to be registered under section 6 of the *Indian Act* at the time of certification;

iii. Individuals who met band membership requirements under sections 10-12 of the *Indian Act*, such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List; and

iv. Individuals, other than those listed in sub-paragraphs (i)-(iii) above, recognized as citizens or members of their respective First Nations whether under agreement, treaties or First Nations' customs, traditions and laws by the date of trial or resolution otherwise of this action.

3. This proceeding is hereby certified as a class proceeding against the Defendant pursuant to Rule 334.16(1) of the *Federal Courts Rules*.

4. The Class shall consist of the Child Class and Family Class, all as defined herein.

5. The nature of the claims asserted on behalf of the Class against the Defendant is constitutional, negligence and breach of fiduciary duty owed by the Crown to the Class.

6. The relief claimed by the Class includes damages, *Charter* damages, disgorgement, punitive damages and exemplary damages.

7. Zacheus Joseph Trout is appointed as representative plaintiff and is deemed to constitute an adequate representative of the Class, complying with the requirements of Rule 334.16(1)(e).

8. Class Counsel are hereby appointed as counsel for the Class.

9. The proceeding is certified on the basis of the following common issues:

   (a) Did the Crown's conduct as alleged in the Statement of Claim [Impugned Conduct] infringe the equality right of the Class under section 15(1) of the *Canadian Charter of Rights and Freedoms*? More specifically:

      i. Did the Impugned Conduct create a distinction based on the Class' race, or national or ethnic origin?

      ii. Was the distinction discriminatory?

      iii. Did the Impugned Conduct reinforce and exacerbate the Class' historical disadvantages?

iv. If so, was the violation of section 15(1) of the *Charter* justified under section 1 of the *Charter*?

v. Are *Charter* damages an appropriate remedy?

(b) Was the Crown negligent towards the Class? More specifically:

i. Did the Crown owe the Class a duty of care?

ii. If so, did the Crown breach that duty of care?

(c) Did the Crown breach its obligations under the *Civil Code of Québec*? More specifically:

i. Did the Crown commit fault or engage its civil liability?

ii. Did the Impugned Conduct result in losses to the Class and if so, do such losses constitute injury to each of the members of the Class?

iii. Are members of the Class entitled to claim damages for the moral and material damages arising from the foregoing?

(d) Did the Crown owe the Class a fiduciary duty? If so, did the Crown breach that duty?

(e) Can the amount of damages payable by the Crown be determined partially under Rule 334.28(1) of the *Federal Courts Rules* on an aggregate basis? If so, in what amount?

(f) Did the Crown obtain quantifiable monetary benefits from the Impugned Conduct during the Class Period? If so, should the Crown be required to disgorge those benefits and if so, in what amount?

(g) Should punitive and/or aggravated damages be awarded against the Crown? If so, in what amount?

10. The Litigation Plan attached hereto as Schedule "A" is hereby approved, subject to any modifications necessary as a result of this Order and subject to any further orders of this Court.

11. The form of notice of certification, the manner of giving notice and all other related matters shall be determined by separate order(s) of the Court.

12. Notice of certification shall be given at the same time as the notice of certification of the companion Moushoom class action (Court File Nos. T-402-19/T-141-20), which shall be determined by separate order of this Court.

13. The opt-out period shall be six months from the date on which notice of certification is published in the manner to be specified by further order of this Court.

14. Pursuant to Rule 334.39(1) of the *Federal Courts Rules*, there shall be no costs payable by any party for this motion.

"Mandy Aylen"
Judge

ANNEX A

Court File No. T-1120-21

FEDERAL COURT
PROPOSED CLASS PROCEEDING

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

LITIGATION PLAN

September 24, 2021

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Lawyers for the plaintiff, Assembly of First Nations

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I. DEFINITIONS

1. The definitions below will be used throughout this Litigation Plan. Any term defined in the Statement of Claim that is also used in this Litigation Plan has the same meaning as that included in the Statement of Claim or as otherwise defined by the Court.

Aggregate Damages Distribution Process means the system directed by the Court for the **Class Action Administrator** to distribute aggregate damages to **Approved Class Members**;

Approved Class Member(s) means **Approved Child Class Member(s)** and/or **Approved Family Class Members**;

Approved Family Class Member(s) means a Family Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Family Class Member, including the brother, sister, mother, father, grandmother or grandfather of an Approved Child Class Member (regardless of whether the Approved Child Class Member is alive) and whose approval as a Family Class Member has not been successfully challenged;

Approved Child Class Member(s) means a Child Class Member who has been approved by the **Class Action Administrator** as meeting the criteria for being a Child Class Member and whose approval as a Child Class Member has not been successfully challenged;

Certification Notice means the information set out in Schedule A to this Litigation Plan, as may be subsequently amended and as approved by the Court;

CHRT Proceeding means the proceeding before the **CHRT** under file number T1340/7008;

Claim Form means the form set out in Schedule C to this Litigation Plan used by the Child Class Members and/or the Family Class Members to submit a claim, as may be subsequently amended and as approved by the Court;

Class Action Administrator means any settlement administrator or other appropriate firm appointed by the Court to assist in the administration of the class proceeding;

Class Counsel means the consortium of law firms acting as co-counsel in this class proceeding, with the firms of Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Company, Nahwegahbow Corbiere, and Fasken LLP as Solicitors of Record;

Class Member(s) means an individual who falls within the definition of the Child Class and/or the Family Class, as pleaded in the Statement of Claim and as approved by the Court;

Common Issues means the issues listed in the Notice of Motion for Certification, or as found by the Court, as may be subsequently amended and as approved by the Court;

Common Issues Notice means the information set out in the notice regarding the **Common Issues** to be certified by the Court at Certification, as may be subsequently amended and as approved by the Court;

Crown Class Member Information means information to be provided by the Crown, at the request of the plaintiffs and/or as ordered by the Court, to the **Class Action Administrator** and/or **Class Counsel** regarding the names and last known contact information of all individuals who meet the criteria of Class Members as set out in the Statement of Claim or as otherwise defined by the Court, including a list of all known Class Members' names and last known addresses using the information in the Crown's possession or under its control.[1]

Individual Damage Assessment Form means the form set out in Schedule D to this Litigation Plan, as may be subsequently amended and as approved by the Court, to be used by **Approved Class Member(s)** to elect an individual assessment of their damages and commence an individual damage assessment under the **Individual Damage Assessment Process**;

Individual Damage Assessment Process means the procedure and system to be approved by the Court following the **Common Issues** trial to be used to assess and distribute damages to **Approved Class Member(s)** who have requested an individual damage assessment by submitting an **Individual Damage Assessment Form**;

Notice Program means the process, set out in this Litigation Plan, for communicating the **Certification Notice** and/or the **Common Issues Notice** to **Class Members**, as may be subsequently amended and as approved by the Court;

Opt Out Form means the form set out in Schedule B to this Litigation Plan used by Class Members to opt out of the class proceeding, as may be subsequently amended and as approved by the Court;

Opt Out Period means the deadline, proposed by the plaintiffs as 180 days post Certification or as determined by the Court, to opt out of the class proceeding;

Opt Out Procedures means the procedures, set out in the Litigation Plan, for Class Members to opt out of this class proceeding, as may be subsequently amended and as approved by the Court; and

Special Opt Out Procedures means the procedures, set out in the Litigation Plan, for Class Members who have already commenced a civil proceeding in Canada or who are known

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[1] Where Class Members are known to be represented by counsel, only their name should be provided along with their counsel's name and address.

by the Crown to have already retained legal counsel to opt out of this class proceeding, as may be subsequently amended and as approved by the Court.

II. OVERVIEW

2. The plaintiffs have commenced this action on behalf of First Nations individuals who allege that the Crown has breached their equality rights, depriving them of public services and products. The class action advances the rights of thousands of First Nations children and family members.

3. This Litigation Plan is advanced as a workable method of advancing the proceeding on behalf of the Class and of notifying Class Members as to how the class proceeding is progressing, pursuant to rule 334.16(1)(e)(ii) of the *Federal Court Rules*. The Litigation Plan is modelled on the class action relating to the Indian Residential Schools,[2] with numerous alterations made in order to streamline the procedure and to take into account lessons learned from that settlement.

4. This Litigation Plan sets out a detailed plan for the common stages of this litigation, and sets out, on a preliminary without prejudice basis, an early plan for how the individual stage of the action may progress. Given the early stage of the litigation, the plan is necessarily subject to substantial revisions as the case progresses.

III. PRE-CERTIFICATION PROCESS

5. The plaintiffs are litigating this action in parallel with a closely interrelated consolidated class action (Court File Nos. T-402-19 / T-141-20) about First Nations child and family services

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[2] See *Baxter v Canada (Attorney General)*, 2006 CanLII 41673 (Ont Sup Ct), and subsequent orders of the Court. See also information available on the website of the Indian Residential Schools Adjudication Secretariat, online <http://www.iap-pei.ca/home-eng.php>.

and Jordan's Principle. Therefore, much of the work and processes are shared between the two actions.

A. The Parties

i. The Plaintiffs

6. The plaintiffs have proposed two classes:

   (a) the Child Class; and

   (b) the Family Class.

7. The proposed representative plaintiff is Zacheus Joseph Trout.

ii. The Defendant

8. The defendant is the Crown.

B. The Pleadings

i. Statement of Claim

9. The plaintiffs have delivered a Statement of Claim.

ii. Statement of Defence

10. The Crown has not delivered a Statement of Defence.

iii. Third Party Claim

11. The Crown has not issued any Third Party Claim.

C. Preliminary Motions

12. The plaintiffs propose that any preliminary motions be dealt with at the Motion for Certification or as directed by the Court.

D. Pre-Certification Communication Strategy

i. Responding to Inquiries from Putative Class Members

13. Both before and since the commencement of this class proceeding, Class Counsel have received many communications from Class Members affected by this class proceeding.

14. With respect to each inquiry, the individual's name, address, email and telephone number are added to a confidential database. Class Members are asked to register on the websites of Class Counsel. Once registered, they receive updates on the progress of the class proceeding in French and English. Any individual Class Members who contact Class Counsel are responded to in their preferred language.

ii. Pre-Certification Status Reports

15. In addition to responding to individual inquiries, Class Counsel have created a webpage concerning the class proceeding in English and French (see: https://sotosclassactions.com/cases/current-cases/first-nations-youth/). The most current information on the status of the class proceeding is posted and is updated regularly in English and French.

16. Copies of the publicly filed court documents and court decisions are accessible from the webpage. In addition, phone numbers for Class Counsel in Quebec and Ontario as well as email contact information are provided.

17. Class Counsel sends update reports to Class Members who have provided their contact information and have indicated an interest in being notified of further developments in the class proceeding.

iii. Pre-certification outreach

18. Class Counsel have presented the proposed class action to a council of First Nations social services delivery personnel for the Province of Québec and the region of Labrador, as well as the First Nations youth directors forum in British Columbia. Class Counsel are in the process of arranging similar presentations to affected communities in Québec and elsewhere in Canada.

E. Settlement Conference

i. Pre-Certification Settlement Conference

19. The plaintiffs will participate in a pre-Certification Settlement Conference to determine whether any or all of the issues arising in the class proceeding can be resolved.

20. The plaintiffs propose that a pre-Certification Settlement Conference be conducted at least one month after the Motion for Certification and responding materials, if any, have been filed with the Court.

F. Timetable

i. Plaintiffs' Proposed Timetable for the Pre-Certification Process

21. The plaintiffs propose that the pre-Certification process timetable set out below be imposed by Court Order at an early case conference.

	Deadline
Plaintiffs' Certification Motion Record	Date of Serving and Filing the Notice of Motion for Certification and Motion Record ("**DOF**")
Respondent's Motion Record, if any	Within 90 days from DOF
Plaintiffs' Reply Motion Record, if any	Within 120 days from DOF

Cross-examinations, if any, to be completed	Within 150 days from DOF
Undertakings answered	Within 180 days from DOF
Motions arising from cross-examinations, if any, heard	Within 210 days from DOF
Further cross-examinations, if necessary, completed by	Within 230 days from DOF
Plaintiffs' Memorandum of Fact and Law	Within 250 days from DOF
Respondent's Memorandum of Fact and Law	Within 280 days from DOF
Plaintiffs' Reply, if any	Within 300 days from DOF
Motion for Certification and all other Motions commencing	Within 310 days from DOF

IV. POST-CERTIFICATION PROCESS

A. Timetable

i. Plaintiffs' Timetable for the Post-Certification Process

22. The plaintiffs intend to proceed to trial on an expedited basis or a hybrid summary judgment/*viva voce* trial.

23. The plaintiffs propose that the following post-Certification process timetable, as explained in detail below, be imposed by the Court upon Certification:

Certification Notice to Class Members commences	Upon Certification
Exchange Affidavits of Documents within	70 days from certification
Motions for Production of Documents, Multiple Examinations of Crown representatives or for Examinations of Non-Parties to be conducted within	110 days from certification

Examinations for Discovery to be conducted within	140 days from certification
Certification Notice to Class Members completed within	90 days from certification
Trial Management Conference re: Expert Evidence	170 days from certification
Motions arising from Examinations for Discovery within	190 days from certification
Undertakings answered within	160 days from certification
Further Examinations, if necessary, within	210 days from certification
Common Issues Pre-Trial to be conducted	250 days from certification
Opt Out Period deadline	180 days from certification
Common Issues Trial or Hybrid Trial to be conducted within	300 days from certification

B. Certification Notice, Notice Program and Opt Out Procedures

i. Certification Notice

24. The Certification Notice and all other notices to Class Members provided by the plaintiffs will, once finalized and approved by the Court, be translated into French. The plaintiffs will explore whether it will be necessary to translate the Certification Notice and/or other notices into some First Nations languages, subject to Court approval.

25. The Certification Notice will, subject to further amendments, be in the form set out in Schedule A hereto.

ii. Notice Program

26. The plaintiffs propose to communicate the Certification Notice to Class Members through the following Notice Program.

27. The plaintiffs will provide Certification Notice to Class Members by arranging to have the Certification Notice (and its translated versions whenever possible) communicated/published in the following media within 90 days of Certification, as frequently as may be reasonable or as directed by the Court under rule 334.32 of the *Federal Courts Rules*. In particular, the plaintiffs propose the following means of providing Certification Notice:

(a) A press release within 15 days of the Certification order being issued;

(b) Direct communication with Class Members:

(i) by email or regular mail to the last known contact information of Class Members provided by the Crown (*i.e.*, Crown Class Member Information);

(ii) by email or regular mail to all Class Members who have provided their contact information to Class Counsel, including through the Class Proceeding's webpage;

(c) Distribution to the Assembly of First Nations for circulation to its membership of First Nations bands across Canada;

(d) Email to First Nations children's aid societies across Canada;

(e) Circulation through the following media:

(i) Aboriginal newspapers/publications such as First Nations Drum, The Windspeaker, Mi'kmaq Maliseet Nations News, APTN National News; and

(ii) social media outlets, such as Facebook and Instagram.

iii. Opt Out Procedures

28. The plaintiffs propose Opt Out Procedures for Class Members who do not wish to participate in the class proceeding.

29. The Certification Notice will include information about how to Opt Out of the class proceeding and will provide information about how to obtain and submit the appropriate Opt Out Forms to the Class Action Administrator and/or Class Counsel.

30. There will be one standard Opt Out Form for all Class Members.

31. Class Members will be required to file the Opt Out Form with the Class Action Administrator and/or Class Counsel within the Opt Out Period, proposed by the plaintiffs as 180 days post Certification or as directed by the Court.

32. The Class Action Administrator or Class Counsel shall, within 30 days after the expiration of the Opt Out Period, deliver to the Court and the Parties an affidavit listing the names of all persons who have opted out of the Class Action.

iv. Special Opt Out Procedures

33. The plaintiffs propose Special Opt Out Procedures for Class Members who are either named party plaintiffs in a civil proceeding in Canada or who are known by the Crown to have retained legal counsel in respect of the subject matter of this action with the express purpose of starting a separate action against the Crown.

C. Identifying and Communicating with Class Members

i. Identifying Class Members

34. As stated above, the plaintiffs intend to request the Crown Class Member Information.

ii. Database of Class Members

35. Class Counsel will maintain a confidential database of all Class Members who contact Class Counsel. The database will include each individual's name, address, telephone number, and email address where available.

iii. Responding to Inquiries from Class Members

36. Class Counsel and their staff will respond to each inquiry by Class Members.

37. Class Counsel will have a system in place to allow for responses to inquiries by Class Members in their language of choice whenever possible.

iv. Post Certification Status Reports

38. In addition to responding to individual inquiries, Class Counsel will continually update the webpage dedicated to this class action with information concerning the status of the class proceeding.

39. Class Counsel will send update reports to Class Members who have provided their contact information. These update reports will be sent as necessary or as directed by the Court.

D. Documentary Production

i. Affidavit/List of Documents

40. The plaintiffs will be required to deliver an Affidavit of Documents within 70 days after Certification. The Crown will similarly be required to deliver a List of Documents within 70 days after Certification.

41. The Parties are expected to serve Supplementary Affidavits (or Lists) of Documents as additional relevant documents are located.

ii. Production of Documents

42. All Parties are expected to provide, at their own expense, electronic copies of all Schedule "A" productions at the time of delivering their Affidavit of Documents. All productions are to be made in electronic format.

iii. Motions for Documentary Production

43. Any motions for documentary production shall be made within 110 days of Certification.

iv. Document Management

44. The Parties will each manage their productions with a compatible document management system, or as directed by the Court. All documents are to be produced in OCR format.

45. All productions should be numbered and scanned electronically to enable quick access and efficient organization of documents.

E. Examinations for Discovery

46. Examinations for Discovery will take place within 140 days of Certification.

47. The plaintiffs expect to request the Crown's consent to examine more than one Crown representative. In the event that a dispute arises in this regard, the plaintiffs propose to bring a motion within 110 days after Certification.

48. The plaintiffs anticipate that the Examination for Discovery of properly selected and informed officers of the Crown will take approximately 10 days, subject to refusals and undertakings.

49. The plaintiffs anticipate that the Examination for Discovery of the representative plaintiffs will take approximately one day, subject to refusals and undertakings.

F. Interlocutory Matters

i. Undertakings

50. Undertakings are to be answered within 160 days of Certification.

ii. Motions for Refusals and Undertakings

51. Specific dates for motions for undertakings and refusals that arise from the Examinations for Discovery will be requested upon Certification. Motions for refusals and undertakings will be heard within 190 days of Certification.

iii. Re-attendances and Further Examinations for Discovery

52. Any re-attendances or further Examinations for Discovery required as a result of answers to undertakings or as a result of the outcome of the motions for refusals and undertakings should be completed within 210 days of Certification.

G. Expert Evidence

i. Identifying Experts and Issues

53. A Trial Management Conference will take place following Examinations for Discovery at which guidelines for identifying experts and their proposed evidence at trial will be determined.

H. Determination of the Common Issues

i. Pre-Trial of the Common Issues

54. Upon Certification, the Court will be asked to assign a date for a Pre-Trial Conference relating to the Common Issues trial.

55. The plaintiffs expect that a full day will be required for a Pre-Trial Conference and will request that the Pre-Trial be held 250 days after Certification and, in any event, at least 90 days before the date of the Common Issues trial.

ii. Trial of the Common Issues

56. Upon Certification, the Court will be asked to assign a date for the Common Issues trial.

57. The plaintiffs propose that the trial of the Common Issues be held 300 days after Certification.

58. The length of time required for the Common Issues trial will depend on many factors and will be determined at the Trial Management Conference.

V. POST COMMON ISSUES DECISION PROCESS

A. Timetable

i. Plaintiffs' Timetable for the Post-Common Issues Decision Process

59. The plaintiffs propose that the following timetable be imposed by the Court following the Court's judgment on the Common Issues:

Common Issues Notice provided	Within 90 days of Common Issues decision
Individual Issue Hearings, if any, begin	120 days after decision
Individual Damage Assessments, if any, begin	240 days after decision
Deadline to Submit Claim Forms (as of right)	Within 1 year of decision
Deadline to Submit Claim Forms (as of right in prescribed circumstances or with leave of the Court)	1 year after decision

B. Common Issues Notice

i. Notifying Class Members

60. The Common Issues Notice will, subject to further amendments, be substantially in the form approved by the Court at the Common Issues trial. The Common Issues Notice may contain, amongst others, information on any aggregate damages awarded and any issues requiring individual determination, as approved by the Court.

61. The plaintiffs propose to circulate the Common Issues Notice within 90 days after the Common Issues judgment.

62. The Common Issues Notice will be circulated in the same manner as set out above dealing with the Certification Notice or as directed by the Court.

C. Claim Forms

i. Use of Claim Forms

63. The Court will be asked to approve under rule 334.37 the use of standardized Claim Forms by Class Members who may be entitled to a portion of the aggregate damage award or who may be entitled to have an individual assessment.

ii. Obtaining and Filing Claim Forms

64. The procedure for obtaining and filing Claim Forms will be set out in the Common Issues Notice.

65. The plaintiffs propose to use a single standard Claim Form, substantially in the form attached as Schedule C, for all three classes, subject to further amendments and as approved by the Court.

66. The plaintiffs propose that counselling be made available to Class Members in need of support and assistance when completing the Claim Forms. Where necessary, a process for appointing a guardian or trustee to assist the Class Members will be developed.

67. Before completing a Claim Form, Class Members will be able to review information about them in the possession of Canada relevant to their claim (the Crown Class Member Information). That information may include:

(a) any records relating to the Class Member's voluntary or involuntary placement in out-of-home care during the Class Period;

(b) any records relating to a need by the Class Member for a service or product;

(c) any records relating to a request made by the Class Member for a service or product;

(d) any records relating to the denial of a service or product to the Class Member;

(e) any records relating to any service(s) or product(s) provided by the Crown to the Class Member; and/or

(f) any records relating to the family status or family relationship between a Family Class Member and a Child Class Member.

68. Class Members will be required to file the appropriate Claim Form with the Class Action Administrator and/or Class Counsel within the deadlines set out below or as directed by the Court.

69. The Class Action Administrator will be responsible for receiving all Claim Forms.

iii. Deadline for Filing Claim Forms

70. Class Members will be advised of the deadline for filing Claim Forms in the Common Issues Notice.

71. The plaintiffs propose that Class Members be given one year, or such period as set out by the Court, after the Common Issues judgment to file Claim Forms as of right.

72. The plaintiffs propose that Class Members be entitled to file Claim Forms more than one year after the Court's judgment on the Common Issues in certain circumstances prescribed by the Court (*i.e.*, lack of awareness of entitlement, etc.) or with leave of the Court (*i.e.*, based on mental or physical health issues, etc.).

D. Determining and Categorizing Class Membership

i. Approving Child Class Members

73. The Class Action Administrator will determine whether an individual submitting a Claim Form as a Child Class Member properly qualifies as a Class Member.

74. The Class Action Administrator will make these determinations following guidelines determined by the Court at the Common Issues trial in part by referring to the information set out in the Claim Form. Such guidelines may include: (a) whether the Class Member needed a service or product at any point during the Class Period; (b) whether the Class Member was denied that service or product; (c) whether the Class Member's receipt of a service or product was delayed or disrupted; (d) whether such denial, disruption or delay was based on lack of funding, lack of jurisdiction or a jurisdictional dispute between governments or government departments; and/or (e) whether such denial, disruption or delay happened while the Class Member was under the applicable provincial/territorial age of majority.

75. The Class Action Administrator will also make these determinations in part by referring to the Crown Class Member Information regarding the number of Class Members who have received a service or product under Jordan's Principle under orders made in the CHRT Proceeding.

76. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual submitting the Child Class Claim Form or the Crown to make these determinations.

ii. Approving Family Class Members

77. The Class Action Administrator will determine whether an individual submitting a Family Class Claim Form properly qualifies as a Family Class Member.

78. These determinations will be made by the Class Action Administrator by referring to Crown Class Member Information and the information set out in the Claim Form with respect to the relationship of the proposed Family Class Member with an Approved Child Class Member.

79. The Class Action Administrator will, where appropriate and necessary, request in writing further information from the individual filing the Claim Form to make these determinations.

iii. Deceased Class Members

80. The estate of a deceased Class Member may submit a Claim Form if the deceased Class Member died on or after April 1, 1991.

81. If the deceased Class Member would otherwise have qualified as an Approved Class Member, the estate will be entitled to be compensated in accordance with the Aggregate Damages Distribution Process. The estate will not have the option to proceed under the Individual Damage Assessment Process except with leave of the Court.

iv. Notifying Class Members, Challenging and Recording Decisions

82. Within 30 days of receipt of a Claim Form, the Class Action Administrator will notify the individual of its decision on whether the individual is an Approved Class Member. Individuals who are not approved as Class Members will be provided with information on the procedures to follow to challenge the decision of the Class Action Administrator. The plaintiffs propose that these procedures include an opportunity to resubmit an amended Claim Form with supporting documentation capable of verifying that the individual is a Class Member.

83. All interested parties will be provided with the ability to appeal a decision by the Class Action Administrator to the Court or in a manner to be prescribed. Class Counsel may challenge the decision on behalf of affected individuals.

84. The Class Action Administrator will keep records of all Approved Class Members and their respective Claim Forms and will provide this information to Class Counsel, the Crown and other interested parties on a monthly basis. Class Counsel and/or other interested parties will have 30 days after receiving this information to challenge the Class Action Administrator's decision by advising the Class Action Administrator and the other affected parties in writing of the basis for their challenge. The responding party will be given 30 days thereafter to respond in writing to the challenge at which time the Class Action Administrator will reconsider its decision and advise all parties.

E. Aggregate Damages Distribution Process

i. Distribution of Aggregate Damages

85. The Class Action Administrator will distribute the aggregate damages to all Approved Class Members in the manner directed by the Court.

86. The plaintiffs will propose that Approved Class Members be entitled to a proportion of the aggregate damages as determined by the Class Action Administrator based on factors to be approved by the Court, including but not limited to: (a) the duration of deprivation from a service or product as a result of a delay, denial or disruption; (b) the importance of the service or product to the child; and (c) the family relationship of the Family Class Member to a given Child Class Member.

87. The Class Action Administrator, upon advising Approved Class Members of its decision on their membership as set out above, will within a reasonable period of time to be determined by the Court, advise the Approved Class Members of the proportion of aggregate damages owing to each Approved Class Member under the Aggregate Damages Distribution Process to be approved by the Court.

88. In addition, if applicable, the Class Action Administrator will provide Approved Class Members with a package of materials including: information on how to collect their aggregate damage awards, information on Class Members' ability to proceed through the Individual Damage Assessment Process, copies of the Individual Damage Assessment Form along with a guide on how to complete the form, and contact information for obtaining independent legal advice and counselling. Such information is to be provided in a culturally responsive and appropriate style, making full use of interactive media, including video tutorials.

ii. Seeking an Individual Damage Assessment

89. Approved Class Members, when notified of their entitlement to aggregate damages, may be given information on their right to have their compensation individually assessed under the Individual Damage Assessment Process set out below.

F. Individual Damage Assessment Process

i. Individual Damage Assessment Forms

90. When Approved Class Members are notified of their aggregate damage entitlement and information on their right to proceed under the Individual Damage Assessment Process, they will be provided with an Individual Damage Assessment Form as set out in Schedule D.

91. If applicable, the plaintiffs propose that a request for individual damages be made by sending an Individual Damage Assessment Form to the Class Action Administrator, and that only those individuals who wish to proceed through the Individual Damage Assessment Process be required to submit Individual Damage Assessment Forms.

ii. Individual Damage Assessments

92. The Court may be asked to approve the use of an Individual Damage Assessment Process after a judgment on the Common Issues or otherwise as directed by the Court.

93. The Individual Damage Assessment Process would be available to all Approved Class Members except those who are found by the Court not to be entitled to individual damages following the Common Issues trial.

iii. Individual Issue Hearings

94. The Court will be asked to provide directions, or to appoint persons to conduct references under rule 334.26 of the *Federal Courts Rules* or appoint a judge to conduct test cases involving selected Approved Class Members who are proceeding under the Individual Damage Assessment Process to assist with the matters that may or may not remain in issue after the determination of the Common Issues, such as:

(a) Hearing rules for individual assessments;

(b) A compensation matrix for individual damages;

(c) Assistance in resolving disputes relating to the definitions of key terms such as "essential service", "delay", and "jurisdictional dispute"; and

(d) Other matters raised by the Court or the parties during the Common Issues litigation.

G. Fees

i. Plaintiffs' Legal Fees

95. The plaintiffs' fees are to be paid on a contingency basis, subject to the Court's approval under rule 334.4 of the *Federal Courts Rules*.

96. The agreement between the representative plaintiffs and Class Counsel states that legal fees and disbursements to be paid to Class Counsel shall be on the following basis:

(a) Aggregate damages recovery: 20% of the first two hundred million dollars ($200,000,000) in recovery by settlement or judgment, plus 10% of any amounts recovered by settlement or judgment beyond the first two hundred million dollars; and

(b) Individual damages recovery: 25% of settlement or judgment.

ii. Funding of Disbursements

97. Funding of legal disbursements for the representative plaintiffs has been, and will continue to be, made through Class Counsel, unless the plaintiffs and Class Counsel subsequently deem it to be in the best interests of the Class to obtain third-party funding, in which case Class Counsel will advise the Court of such third-party funding and seek approval thereof.

H. Settlement Issues

i. Settlement Offers and Negotiations

98. The plaintiffs will conduct settlement negotiations with the Crown from time to time with a view to achieving a fair and timely resolution.

ii. Mediation and Other Non Binding Dispute Resolution Mechanisms

99. The plaintiffs will participate in mediation or other non-binding dispute resolution mechanisms, if and when appropriate, in an effort to try to resolve the dispute or narrow the issues in dispute between the Parties.

I. Review of the Litigation Plan

i. Flexibility of the Litigation Plan

100. This Litigation Plan will be reconsidered on an ongoing basis and may be revised under the continued case management authority of the Court before or after the determination of the Common Issues or as the Court sees fit.

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SCHEDULE "A"

PROPOSED NOTICE OF CERTIFICATION

THIS NOTICE MAY AFFECT YOUR RIGHTS. PLEASE READ CAREFULLY.

The Nature of the Lawsuit

As of March 2019, Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere, and Fasken LLP (collectively "Class Counsel") have prosecuted an action on behalf of First Nations plaintiffs in the Federal Court of Canada in Montreal, against the Attorney General of Canada (the "Crown").

The lawsuit claims that between April 1, 1991 and December 11, 2007 the Crown instituted discriminatory policies across Canada, delaying, disrupting or denying the delivery of needed public services and products to First Nations youth.

The action was brought on behalf of a Class of:

(a) all First Nations youths who were denied a public service or product, or whose receipt of a public service or product was delayed or disrupted, on the grounds of lack of funding or lack of jurisdiction, or as a result of a jurisdictional dispute with another government or governmental department between April 1, 1991 and December 11, 2007;

(b) family members of the Class Members cited in (a) above.

By order dated **[INSERT DATE]**, The Honourable Justice **[INSERT NAME]** certified the action as a class proceeding, appointing Zacheus Joseph Trout as representative plaintiffs for the class.

The Court found that the following issues affecting the Class will be tried at a Common Issues trial:

- **[INSERT CERTIFIED COMMON ISSUE]**
- …

Participation in the Class Action

If you fall within the class definition, you are automatically included as a member of the Class, unless you choose to opt out of the Class Action, as explained below. All members of the Class will be bound by the judgment of the Court, or any settlement reached by the parties and approved by the Court.

At this juncture, the Court has not taken a position as to the likelihood of recovery for the representative plaintiffs or the Class, or with respect to the merits of the claims or defences asserted by the Crown.

Fees and Disbursements

You do not need to pay any legal fees out of your own pocket. A retainer agreement has been entered into between the representative plaintiffs and Class Counsel with respect to legal fees. The agreement provides that the law firms have been retained on a contingency fee basis, which means they will only be paid their fees in the event of a successful result in the litigation or a Court-approved settlement.

You will <u>not</u> be responsible for Defendant's legal costs if the class action is unsuccessful. Any fee paid to lawyers for the Class is subject to the Court's approval.

Opt Out

If you are a class member and wish to exclude yourself from this class proceeding ("opt out"), you must complete and return the "Class Member Opt Out" form by no later than **[INSERT DATE]**. The Opt Out form may be downloaded at: **[INSERT WEBSITE ADDRESS]**.

Class members who choose to opt out within the above noted deadline will not recover any monies if the representative plaintiffs are successful in this action. If class members do not choose to opt out by the deadline, they will be bound by any judgment ultimately obtained in this class action, whether favourable or not, or any settlement if approved by the Court.

Contact Information

If you have any questions or concerns about the matters in this Notice or the status of the class action, you may contact Class Counsel in a number of ways.

By phone: [**INSERT PHONE NUMBER**]

By email: [**INSERT EMAIL**]

Toll-Free Hotline: [**INSERT TELEPHONE**]

By mail: [**INSERT ADDRESS**]

48

SCHEDULE "B"

OPT OUT FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I do not want to participate in the class action entitled ***Zacheus Joseph Trout et al v. The Attorney General of Canada*** regarding the claims of discrimination against First Nations children. I understand that by opting out, I will not be eligible for the payment of any amounts awarded or paid in the class action, and if I want an opportunity to be compensated, I will have to make an individual claim and decide whether to engage a lawyer at my own expense.

Dated: _____

_____
Signature

_____
Full Name

_____
Address

_____
City, Province, Postal Code

_____
Telephone

_____
Email

This Notice must be delivered by regular mail or email on or before_____, 202_ to be effective.

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SCHEDULE "C"

CLAIM FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I, _____ (insert full name(s), including maiden name if applicable), have received Notice of the National Class Action entitled ***Zacheus Joseph Trout et al v. The Attorney General of Canada*** regarding the claims of discrimination against First Nations children. My date of birth is _____ (insert day, month, year of birth).

I believe that I am a Class Member and I wish to submit a claim as a member of the following Class or Classes (mark the applicable item(s) with an X):

[_] Child Class

[_] Family Class

If you selected the Child Class, please summarize below the public services or products that you needed between April 1, 1991 and December 11, 2007, and that were denied, delayed or disrupted:

Product(s) or service(s) needed	**Was a request made for the service(s) or product(s)?**	**Was the service(s) or product(s) denied, delayed or disrupted?**	**The date(s) of need, request, and/or denial, delay or disruption**

If you selected the Family Class, please summarize below your relationship to the member(s) of the Child Class:

Full name(s) and claim number of the Approved Child Class Member in your family	**Your relationship to the Class Member (only the brother, sister, mother, father, grandmother or grandfather of an Approved Child Class Member)**

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My mailing address is:

Street name, Apartment #

City, Province

Postal Code

Telephone Number(s)

Email address

Signed: _____ Date: _____

53

SCHEDULE "D"

INDIVIDUAL DAMAGE ASSESSMENT FORM

TO:
[CLASS ACTION ADMINISTRATOR TO BE APPOINTED]
[Address]
[Email]
[Fax]
[Phone number]

ATTN: [CLASS ACTION ADMINISTRATOR TO BE APPOINTED]

I, _____ [insert full name(s), including maiden name if applicable], have been notified that I am an Approved Child Class Member. My claim number is _____ [insert assigned claim number].

I have been provided with a package of information outlining and explaining my option to request an individual damage assessment in accordance with the Individual Damage Assessment Process.

I am also aware that I can obtain independent legal advice with respect to this request and can obtain assistance to complete this form at no charge to me by contacting [insert assigned contact #].

Below is information relating to my experience with the denial/delay/disruption of the receipt of a public service or product and the impacts and harms that resulted from my experience:

[The Individual Damage Assessment Form will be designed after a Court decision on the Common Issues. The goal of the Individual Damage Assessment Form though will be to obtain, amongst others, the following information from Approved Class Members:

- *Any conditions or circumstances that required a public service or product;*
- *Reasons for denial of a public service or product;*
- *Department(s) of contact;*
- *Authorizations for the Crown to obtain documents; and*
- *Such further and other information that is deemed necessary and appropriate.]*

Signed: _____ Date: _____

Cour fédérale Federal Court

Dossier : 20220211

Dossier : T-1120-21

Référence : 2022 CF 149

[TRADUCTION FRANÇAISE]

Ottawa (Ontario), le 11 février 2022

En présence de madame la juge Aylen

RECOURS COLLECTIF

ENTRE :

ASSEMBLÉE DES PREMIÈRES NATIONS et ZACHEUS JOSEPH TROUT

demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

défendeur

ORDONNANCE ET MOTIFS

VU LA REQUÊTE déposée par les demandeurs, sur consentement et tranchée sur la base de prétentions écrites conformément à l'article 369 des *Règles des Cours fédérales*, en vue d'obtenir une ordonnance :

a) accordant aux demandeurs une prorogation du délai pour qu'ils puissent déposer la présente requête en autorisation après le délai prévu à l'alinéa 334.15(2)b);

b) autorisant la présente instance comme recours collectif et définissant le groupe;

c) énonçant la nature des réclamations présentées au nom du groupe et les réparations demandées par le groupe;

d) précisant les points de droit et de fait communs en litige;

e) nommant le demandeur, Zacheus Joseph Trout, à titre de représentant demandeur;

f) approuvant le plan de déroulement de l'instance;

g) accordant toute autre réparation;

VU les documents relatifs à la requête déposés par les demandeurs;

VU que le défendeur donne son consentement à l'ensemble de la requête déposée;

VU que la Cour est convaincue que, dans les circonstances de l'espèce, une prorogation du délai doit être accordée pour que la présente requête en autorisation puisse être déposée après le délai prévu à l'alinéa 334.15(2)b);

VU que, même si le consentement du défendeur rend moins nécessaire l'adoption d'une démarche rigoureuse pour trancher la question de savoir si la présente instance devrait être autorisée comme recours collectif, il ne dispense toutefois pas la Cour de l'obligation de veiller au respect des exigences relatives à l'autorisation prescrites à l'article 334.16 [voir *Varley c Canada (Procureur général)*, 2021 CF 589];

VU que le paragraphe 334.16(1) des *Règles des Cours fédérales* prévoit ce qui suit :

Sous réserve du paragraphe (3), le juge autorise une instance comme recours collectif si les conditions suivantes sont réunies :

a) les actes de procédure révèlent une cause d'action valable;

b) il existe un groupe identifiable formé d'au moins deux personnes;

c) les réclamations des membres du groupe soulèvent des points de droit ou de fait communs, que ceux-ci prédominent ou non sur ceux qui ne concernent qu'un membre;

d) le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs;

e) il existe un représentant demandeur qui :

(i) représenterait de façon équitable et adéquate les intérêts du groupe,

(ii) a élaboré un plan qui propose une méthode efficace pour poursuivre l'instance au nom du groupe et tenir les membres du groupe informés de son déroulement,

(iii) n'a pas de conflit d'intérêts avec d'autres membres du groupe en ce qui concerne les points de droit ou de fait communs,

(iv) communique un sommaire des conventions relatives aux honoraires et débours qui sont intervenues entre lui et l'avocat inscrit au dossier.

Subject to subsection (3), a judge shall, by order, certify a proceeding as a class proceeding if

(a) the pleadings disclose a reasonable cause of action;

(b) there is an identifiable class of two or more persons;

(c) the claims of the class members raise common questions of law or fact, whether or not those common questions predominate over questions affecting only individual members;

(d) a class proceeding is the preferable procedure for the just and efficient resolution of the common questions of law or fact; and

(e) there is a representative plaintiff or applicant who

(i) would fairly and adequately represent the interests of the class,

(ii) has prepared a plan for the proceeding that sets out a workable method of advancing the proceeding on behalf of the class and of notifying class members as to how the proceeding is progressing,

(iii) does not have, on the common questions of law or fact, an interest that is in conflict with the interests of other class members, and

(iv) provides a summary of any agreements respecting fees and disbursements between the representative plaintiff or applicant and the solicitor of record.

VU que conformément au paragraphe 334.16(2), pour décider si le recours collectif est le meilleur moyen de régler les points de droit ou de fait communs de façon juste et efficace, tous les facteurs pertinents sont pris en compte, notamment les suivants : a) la prédominance des points de droit ou de fait communs sur ceux qui ne concernent que certains membres; b) la proportion de membres du groupe qui ont un intérêt légitime à poursuivre des instances séparées; c) le fait que le recours collectif porte ou non sur des réclamations qui ont fait ou qui font l'objet d'autres instances; d) l'aspect pratique ou l'efficacité moindres des autres moyens de régler les réclamations, et e) les difficultés accrues engendrées par la gestion du recours collectif par rapport à celles associées à la gestion d'autres mesures de redressement;

VU que :

a) La conduite de la Couronne en cause dans le présent recours collectif envisagé, telle qu'elle est exposée dans la déclaration commune, concerne la discrimination dont ont été victimes les enfants des Premières Nations dans la prestation de services essentiels et du fait que la Couronne a échoué à faire en sorte que les enfants des Premières Nations ne souffrent pas de lacunes, de retards, d'interruptions ou de refus dans les services et les produits, et ce, de façon contraire à leurs droits à l'égalité garantis par la Charte. Les demandeurs allèguent que la conduite de la Couronne était discriminatoire, visait les membres du groupe, car ils étaient membres des Premières Nations, et contrevenait au paragraphe 15(1) de la Charte, aux obligations fiduciaires de la Couronne envers les Premières Nations et à la norme de diligence en common law et en droit civil.

b) En ce qui a trait à la première condition de l'analyse concernant l'autorisation (à savoir si les actes de procédure révèlent une cause d'action valable), les exigences minimales ne

sont pas élevées. La Cour doit trancher la question de savoir s'il est manifeste et évident que les causes d'action sont vouées à l'échec [voir *Brake c Canada (Procureur général)*, 2019 CAF 274 au para 54]. Même sans le consentement de la Couronne, je suis persuadée que les demandeurs ont suffisamment plaidé les éléments nécessaires pour chaque cause d'action aux fins de la présente requête, de sorte que la déclaration commune révèle une cause d'action raisonnable.

c) Pour ce qui est de la deuxième condition de l'analyse concernant l'autorisation (à savoir s'il existe un groupe identifiable formé d'au moins deux personnes), le critère à appliquer consiste à établir si les demandeurs ont défini le groupe en recourant à un critère objectif, c'est-à-dire que l'on peut décider si une personne est membre du groupe sans se référer au fond de l'action [voir *Hollick c Toronto (Ville)*, 2001 CSC 68 au para 17]. Je suis convaincue que les définitions proposées pour le groupe des enfants et le groupe des familles (énoncées ci-après) présentent des critères objectifs et que l'inclusion dans chaque groupe peut être déterminée sans se référer au fond de l'action.

d) Quant à la troisième condition de l'analyse concernant l'autorisation (à savoir si les réclamations des membres du groupe soulèvent des points de droit ou de fait communs), comme l'a indiqué la Cour d'appel fédérale au paragraphe 72 de l'arrêt *Wenham c Canada (Procureur général)*, 2018 CAF 199, l'objectif de cette étape de la détermination de l'autorisation n'est pas de déterminer les points communs, mais plutôt d'évaluer si la résolution des points est nécessaire pour régler les réclamations de chaque membre du groupe. Plus précisément, les exigences sont les suivantes :

> Il faut aborder le sujet de la communauté en fonction de l'objet. La question sous-jacente est de savoir si le fait d'autoriser le recours collectif permettra d'éviter la répétition de l'appréciation des faits ou de l'analyse juridique. Une question ne sera donc « commune » que lorsque sa résolution est nécessaire pour le règlement des demandes de chaque membre du groupe. Il n'est pas essentiel que les membres du groupe soient dans une situation identique par rapport à la partie adverse. Il n'est pas nécessaire non plus que les questions communes prédominent sur les questions non communes ni que leur résolution règle les demandes de chaque membre du groupe. Les demandes des membres du groupe doivent toutefois partager un élément commun important afin de justifier le recours collectif. Pour décider si des questions communes motivent un recours collectif, le tribunal peut avoir à évaluer l'importance des questions communes par rapport aux questions individuelles. Dans ce cas, le tribunal doit se rappeler qu'il n'est pas toujours possible pour le représentant de plaider les demandes de chaque membre du groupe avec un degré de spécificité équivalant à ce qui est exigé dans une poursuite individuelle (*Western Canadian Shopping Centres*, précité, au paragraphe 39; voir aussi *Vivendi Canada Inc. c. Dell'Aniello*, 2014 CSC 1, [2014] 1 R.C.S. 3, aux paragraphes 41 et 44 à 46.)

Après avoir examiné les points communs (énoncés ci-après), je suis convaincue que les points partagent un élément commun important au règlement des réclamations de chaque membre du groupe. De plus, je conviens avec les demandeurs que ces points communs s'apparentent aux points communs similaires soulevés dans les demandes fondées sur des cas d'abus institutionnel qui ont été autorisées comme recours collectifs (par exemple, les recours collectifs liés aux pensionnats autochtones et à la rafle des années soixante), tout comme celles qui ont été autorisées dans le recours collectif de Moushoom (T-402-19/T-141-20). Je conclus donc que la condition liée aux points communs est remplie.

e) Pour ce qui est de la quatrième condition de l'analyse concernant l'autorisation (à savoir si le recours collectif est le meilleur moyen de régler, de façon juste et efficace, les points de droit ou de fait communs), le critère du meilleur moyen comporte deux concepts

fondamentaux : i) la question de savoir si le recours collectif serait un moyen juste, efficace et pratique de faire progresser l'instance; ii) la question de savoir si le recours collectif serait préférable à tous les autres moyens raisonnables offerts pour régler les réclamations des membres du groupe. Pour statuer sur le critère du meilleur moyen, il faut examiner les points communs dans leur contexte, en tenant compte de l'importance de ceux-ci par rapport à l'instance dans son ensemble. Il peut être satisfait à ce critère même lorsqu'il y a d'importantes questions individuelles [voir *Brake*, précité, au para 85; *Wendham*, précité, au para 77, et *Hollick*, précité, aux para 27-31]. La Cour doit effectuer l'analyse de ce critère à la lumière des trois principaux objectifs du recours collectif : l'économie des ressources judiciaires, la modification des comportements et l'accès à la justice [voir *Brake*, précité, au para 86, citant *AIC Limitée c Fischer*, 2013 CSC 69 au para 22].

f) Après avoir examiné les principes mentionnés précédemment et les facteurs prévus au paragraphe 334.16(2), je suis convaincue que le recours collectif est le meilleur moyen de régler les points de droit ou de fait communs de façon juste et efficace. Compte tenu de la nature systémique des réclamations, des obstacles majeurs à l'accès à la justice auxquels pourrait être confronté chacun des réclamants ainsi que des préoccupations exprimées par les demandeurs à l'égard des autres moyens qui existent pour régler les réclamations des membres du groupe, je suis persuadée que le recours collectif envisagé est un moyen juste, efficace et pratique de faire progresser l'instance des membres du groupe.

g) En ce qui a trait à la cinquième condition de l'analyse concernant l'autorisation (à savoir s'il y a des représentants proposés adéquats), après avoir examiné la preuve par affidavit produite à l'appui de la requête ainsi que le plan de déroulement de l'instance détaillé, je

considère que le représentant demandeur proposé satisfait aux exigences énoncées à l'alinéa 334.16(1)e);

VU que la Cour est convaincue que toutes les conditions d'autorisation sont remplies et que les réparations demandées doivent être accordées;

LA COUR ORDONNE :

1. Les demandeurs ont droit à une prorogation du délai pour pouvoir déposer la présente requête en autorisation après le délai prévu à l'alinéa 334.15(2)b) des *Règles des Cours fédérales.*

2. Aux fins de la présente ordonnance et en plus des définitions figurant ailleurs dans la présente ordonnance, les définitions suivantes s'appliquent et d'autres termes utilisés dans la présente ordonnance ont le même sens que dans la déclaration commune :

   a) **« Avocats du groupe »** s'entend de Fasken Martineau Dumoulin LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere et Sotos LLP;

   b) **« groupe »** s'entend collectivement du groupe des enfants et du groupe des familles;

   c) **« groupe des enfants »** s'entend de tous les membres des Premières Nations qui n'avaient pas atteint l'âge de la majorité de la province ou du territoire concerné et qui, durant la période visée par le recours collectif, ont été privés (que ce soit à cause d'un refus ou d'une lacune) d'un service ou d'un produit public essentiel relié à un besoin confirmé ou pour qui le service ou le produit a été retardé en

raison notamment d'un manque de financement ou d'un défaut de compétence ou par la suite d'une lacune de service ou d'un conflit de compétence avec un autre gouvernement ou ministère;

d) **« groupe des familles »** s'entend de toutes les personnes qui sont le frère, la sœur, la mère, le père, la grand-mère ou le grand-père d'un membre du groupe des enfants;

e) **« membres du groupe »** s'entend de toutes les personnes qui sont membres du groupe;

f) **« période visée par le recours collectif »** s'entend de la période commençant le 1er avril 1991 et se terminant le 11 décembre 2007;

g) **« Première Nation »** et **« Premières Nations »** s'entendent des peuples autochtones du Canada, y compris au Yukon et dans les Territoires du Nord-Ouest, qui ne sont ni Inuits ni Métis et comprennent :

   i. les personnes qui possèdent le statut d'Indien en vertu de la *Loi sur les Indiens*, LRC 1985, c I-5;

   ii. les personnes qui ont droit à l'inscription en vertu de l'article 6 de la *Loi sur les Indiens* au moment de l'autorisation;

   iii. les personnes qui ont satisfait aux critères d'appartenance à une bande prévus aux articles 10 à 12 de la *Loi sur les Indiens*, de sorte que leur communauté de Première Nation respective a décidé de l'appartenance à

ses effectifs en fixant les règles et que les personnes ont été considérées comme ayant satisfait aux exigences prévues par ces règles d'appartenance et que leur nom a été consigné dans la liste de bande;

iv. les personnes, outre celles visées aux alinéas i) à iii) ci-dessus, qui sont reconnues comme citoyens ou membres de leur Première Nation respective en vertu d'ententes ou de traités, de coutumes, de traditions et de lois autochtones à la date du procès ou du règlement du présent litige.

3. L'instance est donc autorisée comme recours collectif contre la défenderesse en vertu du paragraphe 334.16(1) des *Règles des Cours fédérales.*

4. Le groupe est composé du groupe des enfants et du groupe des familles, tous au sens défini dans la présente ordonnance.

5. Les réclamations présentées au nom du groupe à l'encontre de la défenderesse sont de nature constitutionnelle et ont trait à la négligence et au manquement à l'obligation fiduciaire de la Couronne envers le groupe.

6. La réparation demandée par le groupe comprend des dommages-intérêts, des dommages-intérêts fondés sur la Charte, la restitution, des dommages-intérêts punitifs et des dommages-intérêts exemplaires.

7. Zacheus Joseph Trout est nommé comme représentant demandeur et est réputé constitué un représentant demandeur adéquat du groupe, conformément avec les exigences de l'alinéa 334.16(1)e).

8. Les avocats du groupe sont par les présentes nommés avocats pour le groupe.

9. L'instance est autorisée sur la base des points communs suivants :

   a) La conduite de la Couronne telle qu'elle est alléguée dans la déclaration commune [la conduite reprochée] a-t-elle porté atteinte aux droits à l'égalité garantis aux membres du groupe par le paragraphe 15(1) de la *Charte canadienne des droits et libertés*? Plus précisément :

      i. La conduite reprochée a-t-elle créé une distinction fondée sur la race ou l'origine nationale ou ethnique des membres du groupe?

      ii. La distinction était-elle discriminatoire?

      iii. La conduite reprochée a-t-elle renforcé ou accentué les désavantages historiques subis par les membres du groupe?

      iv. Dans l'affirmative, la violation du paragraphe 15(1) de la Charte était-elle justifiée au regard de l'article premier de la Charte?

      v. Les dommages-intérêts fondés sur la Charte constituent-ils une réparation appropriée?

   b) La Couronne a-t-elle été négligente les membres du groupe? Plus précisément :

      i. La Couronne avait-elle une obligation de diligence envers les membres du groupe?

ii. Dans l'affirmative, la Couronne a-t-elle manqué à cette obligation de diligence?

c) La Couronne a-t-elle manqué à ses obligations prévues au *Code civil du Québec*? Plus précisément :

i. La Couronne a-t-elle commis une faute ou engagé sa responsabilité civile?

ii. La conduite reprochée a-t-elle donné lieu à des pertes pour les membres du groupe et, dans l'affirmative, ces pertes constituent-elles un préjudice pour chacun des membres du groupe?

iii. Les membres du groupe ont-ils le droit de demander des dommages-intérêts pour les dommages moraux et matériels découlant de ce qui précède?

d) La Couronne avait-elle une obligation fiduciaire envers les membres du groupe? Dans l'affirmative, la Couronne a-t-elle manqué à cette obligation?

e) Le montant des dommages-intérêts payables par la Couronne peut-il être partiellement déterminé de façon globale en vertu du paragraphe 334.28(1) des *Règles des Cours fédérales*? Dans l'affirmative, quel devrait en être le montant?

f) La Couronne a-t-elle tiré des avantages pécuniaires quantifiables de la conduite reprochée pendant la période visée par le recours collectif? Dans l'affirmative, la Couronne devait-elle être tenue de restituer ces avantages, et, le cas échéant, quel devrait en être le montant?

g) La Couronne devrait-elle être condamnée à verser des dommages-intérêts punitifs et/ou majotés? Dans l'affirmative, quel devrait en être le montant?

10. Le plan de déroulement de l'instance joint à l'annexe « A » est par les présentes approuvé, sous réserve des modifications devant y être apportées par suite de la présente ordonnance et de toute autre ordonnance rendue par la Cour.

11. La forme de l'avis d'autorisation, les modalités de l'avis ainsi que toutes les autres questions connexes seront déterminées par la Cour dans une ou des ordonnances distinctes.

12. L'avis d'autorisation sera communiqué au même moment que l'avis d'autorisation du recours collectif complémentaire Moushoom (dossiers de la Cour T-402-19/T-141-20) dont les modalités seront déterminées par une ordonnance distincte de la Cour.

13. Le délai d'exclusion sera de six mois à compter de la date à laquelle l'avis d'autorisation est publié selon les modalités énoncées dans une autre ordonnance de la Cour.

14. Conformément au paragraphe 334.39(1) des *Règles des Cours fédérales*, aucuns dépens ne seront adjugés à l'une ou l'autre des parties pour la présente requête.

« Mandy Aylen »
Juge

Traduction certifiée conforme

M. Deslippes

ANNEXE A

TRADUCTION NON OFFICIELLE

Numéro de dossier de Cour : T-1120-21

COUR FÉDÉRALE
RECOURS COLLECTIF PROJETÉ

ENTRE :

L'ASSEMBLÉE DES PREMIÈRES NATIONS et ZACHEUS JOSEPH TROUT

Demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

Défendeur

PLAN DE POURSUITE PROPOSÉ

Le vingt quatre (24) septembre 2021

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Avocats de la demanderesse l'Assemblée des Premières Nations

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I. DÉFINITIONS

1. Les mots et expressions définis ci-dessous seront utilisés tout au long du présent Plan de Poursuite. Les mots et expressions définis à l'Acte introductif d'instance et qui se retrouvent également au présent Plan de Poursuite doivent, s'ils n'ont pas autrement été définis par la Cour, se voir attribuer le sens qui leur est donné à l'Acte introductif d'instance.

Administrateur du Recours Collectif (« *Class Action Administrator* ») : tout administrateur du règlement ou toute autre firme compétente désigné(e) par la Cour en vue d'assurer l'administration du recours collectif;

Avis de Certification (« *Certification Notice* ») : les informations se trouvant à l'Annexe A du présent Plan de Poursuite, telles qu'elles pourront ultérieurement être modifiées et telles qu'elles auront été approuvées par la Cour;

Avis de Détermination des Questions Communes (« *Common Issues Notices* »): les informations figurant à l'avis portant sur les **Questions Communes** devant être certifié par la Cour à l'étape de la Certification, tel qu'il pourrait être ultérieurement modifié et tel qu'il aura été approuvé par la Cour;

Dossier du TCDP (« *CHRT Proceeding* »): dossier du **TCDP** portant le numéro T1340/7008;

Formulaire de Détermination de Compensation Individuelle (« *Individual Damage Assessment Form* »): formulaire se trouvant à l'Annexe D du présent Plan de Poursuite (tel qu'il pourrait ultérieurement être modifié et tel qu'il aura été approuvé par la Cour) et devant être utilisé par les **Membres du Groupe Approuvés** en vue de permettre l'évaluation de leurs dommages et d'amorcer le **Processus de Détermination de Compensation Individuelle**;

Formulaire d'Exclusion (« *Opt out Form* »): formulaire se trouvant à l'Annexe B du présent Plan de Poursuite et utilisé par les Membres du Groupe souhaitant s'exclure du recours collectif (tel qu'il pourrait ultérieurement être modifié et tel qu'il aura été approuvé par la Cour);

Formulaire de Réclamation (« *Claim Form* ») : formulaire se trouvant à l'Annexe C du présent Plan de Poursuite et utilisé par les Membres du Groupe des Enfants et/ou les Membres du Groupe des Familles en vue de soumettre une réclamation (tel qu'il pourrait être ultérieurement amendé et tel qu'il aura été approuvé par la Cour);

Informations de la Couronne (« *Crown Class Member Information* »): informations devant être communiquées par la Couronne à l'**Administrateur du Recours Collectif** et/ou aux **Procureurs du Groupe**, à la demande des demandeurs et/ou suivant une ordonnance de la Cour), , au sujet des noms et des coordonnées les plus récentes de toutes les personnes

répondant à la définition de Membres du Groupe (telle qu'elle figure à l'Acte introductif d'instance ou telle qu'elle aura autrement été déterminée par la Cour), y compris une liste des noms et coordonnées de tous les Membres du Groupe connus (provenant des informations que la Couronne a en sa possession ou sous son contrôle);

Membre Approuvé du Groupe des Familles (« *Approved Family Class Member(s)* »): tout Membre du Groupe des Familles ayant été approuvé par l'**Administrateur du Recours Collectif** puisqu'il rencontre les critères pour être un Membre Approuvé du Groupe des Familles incluant le frère , la sœur, le père, la grand-mère ou le grand-père d'un **Membre Approuvé du Groupe des Enfants** – que ce dernier soit toujours vivant ou non – pour autant qu'une telle approbation n'ait pas été contestée avec succès;

Membre Approuvé du Groupe des Enfants (« *Approved Child Class Member(s)* »): tout Membre du Groupe des Enfants ayant été approuvé par l'**Administrateur du Recours Collectif** puisqu'il rencontre les critères pour être un Membre Approuvé du Groupe des Enfants, pour autant qu'une telle approbation n'ait pas été contestée avec succès;

Membre du Groupe (« *Class Member(s)* »): toute personne répondant à la définition d'un Membre du Groupe des Enfants ou d'un Membre du Groupe des Familles, tel qu'allégué à l'Acte introductif d'instance et approuvé par la Cour;

Membre du Groupe Approuvé (« *Approved Class Member(s)* »): tout **Membre Approuvé du Groupe des Enfants** et/ou **Membre Approuvé du Groupe des Familles**;

Période d'Exclusion (« *Opt Out Period* »): la date limite pour s'exclure du recours collectif, que les demandeurs proposent de fixer à six (6) mois suivant la date à laquelle l'avis de certification à l'intention du Groupe est publié selon la procédure à être déterminée par la Cour, ou la date limite pour s'exclure du recours collectif telle qu'autrement déterminée par la Cour;

Procédures d'Exclusions (« *Opt Out Procedures* »): les procédure, telles que définies au Plan de Poursuite, permettant à des **Membres du Groupe** de s'exclure du présent recours collectif, telle qu'elles pourraient être ultérieurement modifiées et telles qu'elles auront été approuvées par la Cour;

Procédures d'Exclusions Particulières (« *Special Opt Out Procedures* »): les procédures, telles que définies au Plan de Poursuite, applicables aux **Membres du Groupe** ayant déjà entrepris des recours civils au Canada ou ayant déjà, à la connaissance de la Couronne, retenu les services d'un procureur en vue de s'exclure du présent recours collectif, telles qu'elles pourront ultérieurement être modifiées et telles qu'elles auront été approuvées par la Cour;

Processus de Détermination de Compensation Individuelle (« *Individual Damage Assessment Process* »): la procédure et la méthodologie devant être approuvées par la Cour à l'issue de l'audition portant sur les **Questions Communes,** et qui seront utilisées pour quantifier et distribuer les dommages aux **Membres du Groupe Approuvés** ayant demandé une détermination de compensation individuelle en soumettant un **Formulaire de Détermination de Compensation Individuelle**;

Processus de Distribution des Dommages (« *Aggregate Damages Distribution Process* »): système établi par la Cour en vertu duquel l'**Administrateur du Recours Collectif** doit distribuer l'ensemble des dommages aux **Membres du Groupe Approuvés**.

Procureurs du Groupe (« *Class Counsel* »): le regroupement de cabinets juridiques agissant en tant que procureurs au dossier dans le cadre du présent recours collectif, c'est-à-dire Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Company, Nahwegahbow Corbiere, et Fasken LLP.

Méthode de Notification (« *Notice Program* »): la procédure, telle que définie au présent Plan de Poursuite, pour la communication de l'**Avis de Certification** et/ou l'**Avis de Détermination des Questions Communes** aux **Membres du Groupe**, tel qu'elle pourrait être ultérieurement modifiée et telle qu'elle aura été approuvée par la Cour;

Questions Communes (« *Common Issues* ») : les questions énumérées à l'Avis de Demande de Certification (ou à quel qu'autre document exigé ou émis par la Cour), telles qu'elles pourraient être ultérieurement modifiées et telles qu'approuvées par la Cour.

II. SOMMAIRE

2. Les demandeurs ont introduit la présente action en justice au nom de membres de Premières Nations qui allèguent que la Couronne a contrevenu à l'obligation d'égalité, les privant ainsi de produits et services d'utilités publiques. De fait, le présent recours collectif vise l'avancement des droits fondamentaux de milliers d'enfants et des membres de famille des Premières.

3. Le présent Plan de Poursuite se veut un échéancier régissant l'évolution des procédures et mettant de l'avant certaines méthodes de communication avec les Membres du Groupe conformément aux dispositions du sous-paragraphe 334.16(1)(e)(ii) des *Règles des cours fédérales*. Le présent Plan de Poursuite s'inspire en grande partie de l'action collective portant sur les pensionnats indiens[1], avec de nombreuses modifications afin de rendre la procédure plus efficace et de tenir compte des leçons acquises suite au règlement de ce dossier.

4. Le présent Plan de Poursuite définit en détail les principales étapes des procédures à venir et établit d'entrée de jeu, quoique sous toutes réserves et de façon préliminaire, de quelle manière ces étapes se dérouleront. Étant donné que le dossier en est à ses débuts, il est entendu que le Plan fera l'objet de révisions substantielles au fur et à mesure que le dossier progressera.

III. PROCÉDURES PRÉ-CERTIFICATION

5. Les demandeurs poursuivent cette action parallèlement au dossier de l'action collective consolidée liée (numéros de dossier de cour : T-402-19/T-141-20), qui concerne les services à

[1] Voir *Baxter c. Canada (Procureur Général)*, 2006 CanLII 41673 (Cour supérieure de l'Ontario), de même que les ordonnances rendues subséquemment par la Cour. Voir également le site web du *Secrétariat d'Adjudication des Pensionnats Indiens* (SAPI) : www.iap-pei.ca/home-eng.php.

l'enfant et à la famille des Premières Nations et le Principe de Jordan. Par conséquent, une grande partie du travail et des procédures sont communs à ces deux dossiers.

A. Les Parties

i. Les demandeurs

6. Les demandeurs ont suggéré que le Groupe soit divisé en deux (2) sous-groupes :

   (a) le Groupe des Enfants; et

   (b) le Groupe des Familles.

7. Le demandeur représentant est Zacheus Joseph Trout.

ii. La défenderesse

8. La Couronne est la défenderesse en la présente instance.

B. Les prétentions

i. L'acte introductif d'instance

9. Les demandeurs ont produit un Acte introductif d'instance.

ii. Énoncé des moyens de défense

10. La Couronne n'a produit aucun Énoncé des moyens de défense.

iii. Réclamation d'un tiers

11. La Couronne n'a produit aucune Réclamation d'un tiers

C. Requêtes préliminaires

12. Les demandeurs proposent que toute requête préliminaire soit traitée lors de la demande de certification ou tel qu'ordonnée par la Cour.

D. Stratégie de communication préalable à la certification

i. Demandes formulées par des membres potentiels du groupe

13. Les Procureurs du Groupe ont, tant avant que depuis l'introduction du présent recours collectif, reçu diverses communications de la part de Membres du Groupe concernés par les procédures.

14. Le nom, l'adresse, le numéro de téléphone et l'adresse courriel de chaque Membre Potentiel du Groupe ayant contacté les Procureurs du Groupe ont été ajoutés à une base de données confidentielle. De fait, chaque Membre du Groupe est invité à s'enregistrer sur l'un ou l'autre des sites web des Procureurs du Groupe. Une fois enregistrés, les Membres du Groupe reçoivent, sur une base régulière et tant en français qu'en anglais, des mises à jour au sujet de l'évolution du recours collectif. Tout Membre du Groupe qui contacte les Procureurs du Groupe se voit répondre dans la langue qu'il préfère.

ii. Rapports d'Évolution Préalables à la Certification

15. En plus de répondre aux demandes individuelles qui leur sont adressées, les Procureurs du Groupe ont mis sur pied une page web, accessible tant en anglais qu'en français, portant spécifiquement sur le présent recours collectif : https://sotosclassactions.com/cases/current-cases/first-nations-youth/). Toutes les informations relatives à l'état du dossier sont postées et mises à jour régulièrement, tant en français qu'en anglais.

16. Des copies des documents de Cour produit publiquement et de toutes les décisions rendues par la Cour sont disponibles sur le site web. Les numéros de téléphone et les adresses courriel des Procureurs du Groupe se trouvant au Québec et en Ontario sont également affichés.

17. Les Procureurs du Groupe transmettent des rapports d'évolution aux Membres du Groupe ayant fourni leurs coordonnées et manifesté leur désir d'être tenus informés des développements survenant dans le cadre du recours collectif.

iii. Démarches de sensibilisation préalables à la certification

18. Les Procureurs du Groupe ont soumis les grandes lignes du recours collectif envisagé au personnel d'un centre de services sociaux d'un Conseil des Premières Nations siégeant au Québec et au Labrador, ainsi qu'à une assemblée des Directeurs de la Jeunesse de Premières Nations de la Colombie-Britannique. Les Procureurs du Groupe organisent présentement d'autres présentations similaires auprès de communautés concernées du Québec et d'autres provinces et territoires.

E. Conférence de Règlement

i. Conférence de Règlement Préalable à la Certification

19. Les demandeurs participeront à un processus de médiation préalable à la Certification en vue de déterminer si une ou plusieurs des questions soulevées dans le cadre du recours collectif pouvaient être résolues.

20. Les demandeurs proposent que la médiation préalable à la Certification se tienne un mois après le dépôt de la demande de certification et des documents à son appui, le cas échéant.

F. Échéancier

21. Les demandeurs proposent que l'échéancier pré-certification ci-dessous soit ordonné par la Cour lors d'une conférence de gestion.

	Délai
Dossier de demande de certification des demandeurs	Date de la signification et du dépôt de l'avis de la demande de certification et du dossier

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	de demande de certification (« DSD »)
Dossier de l'intimé, le cas échéant	Dans les 90 jours suivant la DSD
Dossier de réplique des demandeurs, le cas échéant	Dans les 120 jours suivant la DSD
Contre-interrogatoires, le cas échéant	Dans les 150 jours suivant la DSD
Transmission des engagements	Dans les 180 jours suivant la DSD
Requêtes présentées à la suite de la tenue des interrogatoires préalables	Dans les 120 jours suivant la DSD
Tenue d'interrogatoires additionnels, si nécessaire	Dans les 230 jours suivant la DSD
Mémoire de fait et de droit des demandeurs	Dans les 250 jours suivant la DSD
Mémoire de fait et de droit de l'intimé	Dans les 280 jours suivant la DSD
Mémoire en réplique, le cas échéant	Dans les 300 jours suivant la DSD
Demande de certification et toute autre requête	Dans les 310 jours suivant la DSD

IV. PROCÉDURE POST-CERTIFICATION

A. Échéancier

i. Échéancier soumis par les demandeurs pour les démarches postérieures à la certification

22. Les demandeurs entendent tenir le procès soit selon une formule accélérée, soit en fonction d'une combinaison hybride de jugement sommaire et d'audition de vive voix.

23. Les demandeurs suggèrent que l'échéancier "post-Certification" ci-dessous soit retenu:

Début du processus de notification de la Certification aux Membres du Groupe	Date à être fixée par la Cour une fois la Certification obtenue
Échange des déclarations assermentées	Dans les 70 jours suivant la Notification de la Certification aux Membres du Groupe
Requêtes portant sur la production de documents, les interrogatoires des nombreux représentants de la Couronne, ou les interrogatoires de tiers	Dans les 110 jours suivant la notification de la Certification aux Membres du Groupe
Interrogatoires préalables	Dans les 140 jours suivant la notification de la Certification aux Membres du Groupe
Fin du processus de notification de la Certification aux Membres du Groupe	Dans les 90 jours de la date fixée par la Cour
Conférence de gestion de l'instance portant sur la présentation de la preuve d'experts	170 jours après la notification de la Certification aux Membres du Groupe
Requêtes présentées à la suite de la tenue des interrogatoires préalables	Dans les 190 jours suivant la notification de la Certification aux Membres du Groupe
Transmission des engagements	Dans les 160 jours suivant la notification de la Certification aux Membres du Groupe

Tenue d'interrogatoires additionnels, si nécessaire	Dans les 210 jours suivant la notification de la Certification aux Membres du Groupe
Tenue de l'audition préliminaire portant sur les Questions Communes	250 jours après la notification de la Certification aux Membres du Groupe
Expiration du délai d'exclusion	180 jours après la notification de la Certification aux Membres du Groupe
Audition portant sur les Questions Communes ou procès hybride	300 jours après la notification de la Certification aux Membres du Groupe

B. Avis de Certification, Méthode de Notification et Procédures d'Exclusions

i. Avis de Certification

24. L'Avis de Certification et tous les autres avis devant être transmis par les demandeurs aux Membres du Groupe seront traduits en français une fois finalisés et approuvés par la Cour. Les demandeurs verront, toujours sous réserve de l'approbation de la Cour, s'il est nécessaire de traduire l'Avis de Certification et/ou quelque autre avis dans un ou plusieurs langage(s) des Premières Nations.

25. Sous réserve de modifications subséquentes, l'Avis de Certification sera émis en la forme présentée à l'Annexe A du présent Plan de Poursuite.

ii. Méthode de Notification

26. Les demandeurs prévoient transmettre l'Avis de Certification conformément à la Méthode de Notification définie ci-dessous.

27. Les demandeurs communiqueront et/ou publieront l'Avis de Certification (de même que toute version traduite de celui-ci aussitôt que disponible) dans les médias suivants à compter de la date fixée par la Cour, et ce aussi fréquemment qu'il s'avèrera raisonnable de le faire selon les

ordonnances rendues par la Cour en vertu de l'article 334.32 des *Règles des Cours Fédérales*. Les demandeurs prévoient, à cette fin, retenir les Méthodes de Notification suivantes :

(a) Un communiqué de presse adressé aux Membres du Groupe, dûment approuvé par la Cour et publié le premier jour de la période de notification;

(b) Communications directes avec les Membres du Groupe :

(i) transmises par courrier ordinaire ou électronique aux coordonnées les plus récentes des Membres du Groupe fournies par la Couronne (i.e. Informations de la Couronne);

(ii) transmises par courrier ordinaire ou électronique à tous les Membres du Groupe ayant fourni leurs coordonnées aux Procureurs du Groupe (notamment par l'entremise de la page web portant sur le recours collectif);

(c) Informations distribuées par l'Assemblée des Premières Nations à l'échelle de toutes les bandes membres des Premières Nations situées au Canada;

(d) Informations transmises par courrier électronique aux sociétés d'aide aux enfants de Premières Nations situées au Canada;

(e) Informations circulées au moyen des médias suivants:

(i) Journaux et autres périodiques indiens tels que *First Nations Drum*, *The Windspeaker*, *Mi'kmaq Maliseet Nations News* et *APTN National News*;

(ii) Chaînes de télévision telles que *The Aboriginal Peoples Television Network*; et/ou

(iii) Réseaux sociaux en ligne tels que *Facebook* et *Instagram*.

iii. Procédures d'Exclusions

28. Les demandeurs suggèrent que les Procédures d'Exclusions définies ci-dessous s'appliquent aux Membres du Groupe qui ne souhaitent pas être liés par le recours collectif.

29. L'Avis de Certification indiquera aux Membres du Groupe de quelle manière il leur est possible de s'exclure du recours collectif en produisant un Formulaire d'Exclusion auprès de l'Administrateur du Recours Collectif et/ou des Procureurs du Groupe.

30. Un seul Formulaire d'Exclusion standard s'appliquera à tous les Membres du Groupe.

31. Tout Membre du Groupe désirant s'exclure du recours collectif devra obligatoirement soumettre un Formulaire d'Exclusion à l'Administrateur du Recours Collectif et/ou aux Procureurs du Groupe à l'intérieur de la Période d'Exclusion.

32. L'Administrateur du Recours Collectif ou les Procureurs du Groupe devront, dans les trente (30) jours suivant l'expiration de la Période d'Exclusion, produire de la Cour et des Parties une déclaration assermentée contenant la liste de toutes les personnes ayant choisi de s'exclure du recours collectif.

iv. Procédures d'Exclusions Particulières

33. Les demandeurs suggèrent que les Procédures d'Exclusions Particulières définies ci-dessous s'appliquent à tous les Membres du Groupe désignés comme une partie demanderesse à quelque action civile introduite au Canada ou ayant déjà (à la connaissance de la Couronne) retenu les services d'un procureur en vue d'introduire à l'encontre de la Couronne une action civile distincte fondées sur les faits et les circonstances faisant l'objet du recours collectif.

C. Identification des (et communication avec les) Membres du Groupe

i. Identification des Membres du Groupe

34. Tel qu'indiqué plus haut, les demandeurs entendent exiger les informations que la Couronne détient au sujet des Membres du Groupe.

ii. Base de données relative aux Membres du Groupe

35. Les Procureurs du Groupe maintiendront à jour une base de données confidentielle au sujet de tous les Membres du Groupe qui les auront contactés. Une telle base de données contiendra, s'ils sont disponibles, le nom, l'adresse, le numéro de téléphone et/ou l'adresse courriel de chaque individu concerné.

iii. Réponses aux demandes formulées par les Membres du Groupe

36. Les Procureurs du Groupe, et le personnel de leur cabinet, répondront à toutes les demandes soumises par des Membres du Groupe.

37. Les Procureurs du Groupe ont mis en place une structure leur permettant de répondre demandes soumises par les Membres du Groupe dans la langue de leur choix, dans la mesure du possible.

iv. Rapports d'évolution postérieurs au Processus de Certification

38. En plus de répondre aux demandes soumises par les Membres du Groupe, les Procureurs du Groupe mettront régulièrement à jour la page web dédiée au recours collectif en y indiquant le stade d'avancement des procédures.

39. Les Procureurs du Groupe transmettront des rapports d'évolution à tous les Membres du Groupe ayant communiqué leurs coordonnées, et ce aussi souvent que nécessaire ou selon les ordonnances de la Cour.

D. Production des documents

i. Affidavits et listes de documents

40. Les demandeurs devront produire un Affidavit de Documents dans les soixante-dix (70) jours de la publication de l'Avis de Certification adressé aux Membres du Groupe. La Couronne, pour sa part, devra produire une Liste de Documents dans les soixante-dix (70) jours de la publication de l'Avis de Certification adressé aux Membres du Groupe.

41. Il est à prévoir que les Parties produiront des Affidavits (ou des Listes) de Documents additionnels au fur et à mesure que de nouveaux documents seront identifiés.

ii. Production de documents

42. Chacune des Parties devra à ses frais, au moment de transmettre ses Affidavits de Documents, fournir des copies électroniques de tous les documents produits en vertu de l'Annexe A (qui devront eux-mêmes être soumis sous forme électronique).

iii. Requêtes portant sur la production de documents

43. Toute requête portant sur la production de documents devra être présentée au cours des cent-dix (110) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe.

iv. Gestion des documents

44. Chaque Partie assurera la gestion des documents qu'elle produit au moyen d'un système de gestion compatible ou en conformité avec les directives émises par la Cour. Tous les documents devront être produits en format « reconnaissance optique de caractères » (ROC).

45. Chaque production de documents devrait être numérotée et numérisée en vue de permettre le repérage et la classification rapide de la documentation.

E. Interrogatoires préalables

46. Tous les Interrogatoires Préalables devront se tenir dans les cent quarante (140) jours suivant la publication de l'Avis de Certification adressée aux Membres du Groupe.

47. Les demandeurs prévoient demander à la Couronne de consentir à l'interrogatoire de plus d'un représentant. Dans l'éventualité où un désaccord survenait à ce sujet, les demandeurs suggèrent de présenter une requête dans les cent dix (110) jours de la publication de l'Avis de Certification adressée aux Membres du Groupe.

48. Les demandeurs prévoient que, sous réserve des objections et des engagements, l'Interrogatoire Préalable d'un officier de la Couronne adéquatement sélectionné et informé requerra plus ou moins dix (10) jours.

49. Les demandeurs prévoient que sous réserve des objections et des engagements, l'Interrogatoire Préalable des représentants du Groupe requerra plus ou moins une (1) journée.

F. Moyens préliminaires

i. Engagements

50. Tous les engagements souscrits devront être communiqués dans les cent soixante (160) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe.

ii. Requêtes portant sur des objections ou des engagements

51. Les dates d'audition des requêtes portant sur les Objections ou les Engagements soulevés au cours d'Interrogatoires Préalables seront demandées une fois la Certification obtenue. De telles requêtes devront être présentées dans les cent-quatre-vingts-dix (190) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe.

iii. Nouvelles comparutions et interrogatoires préalables additionnel

52. Les nouvelles comparutions ou Interrogatoires Préalables additionnels requis à la suite de la communication des réponses aux engagements ou en raison de jugements rendus sur les requêtes portant sur des objections et/ou des engagements devront avoir lieu au cours des cent cinquante (150) jours suivant la publication de l'Avis de Certification adressée au Membres du Groupe.

G. Preuve d'experts

i. Désignation des experts et identification des questions à l'étude

53. Une fois les Interrogatoires Préalables dûment complétés, une Conférence de Gestion de l'Instance devra être tenue au sujet des experts devant participer au procès et à la preuve qu'ils seront appelés à y présenter.

H. Détermination des Questions Communes

i. Audition préliminaire portant sur les Questions Communes

54. Une fois la Certification accordée, il sera demandé à la Cour de fixer la date de l'Audition Préliminaire portant sur les Question Communes.

55. Les demandeurs prévoient qu'une (1) journée complète d'audition sera requise dans le cadre de l'Audition Préliminaire. Ils suggéreront que l'Audition Préliminaire ait lieu dans les deux cents cinquante (250) jours suivant la publication de l'Avis de Certification adressé aux Membres du Groupe, ou au moins quatre-vingt-dix (90) jours avant la tenue de l'audition portant sur les Questions Communes.

ii. Audition portant sur les Questions Communes

56. Une fois la Certification obtenue, il sera demandé à la Cour de fixer la date de l'audition portant sur les Questions Communes.

57. Les demandeurs suggèrent que l'audition portant sur les Questions Communes ait lieu trois cent (300) jours après la publication de l'Avis de Certification adressé aux Membres du Groupe.

58. Parce qu'elle variera en fonction d'une multitude de facteurs, la durée de l'audition portant sur les Questions Communes sera déterminée au cours de la Conférence de Gestion d'Instance.

V. PROCÉDURES POSTÉRIEURES À LA DÉTERMINATION DES QUESTIONS COMMUNES

A. Échéancier

i. Échéancier des demandeurs

59. Les demandeurs suggèrent à la Cour d'ordonner que l'échéancier ci-dessous s'appliquera suite au jugement portant sur les Questions Communes :

Émission de l'Avis de Détermination des Questions Communes	Dans les 90 jours de la décision portant sur les Questions Communes
Début des auditions portant sur les Questions Individuelles, le cas échéant	Débute 120 jours après que la décision ait été rendue
Début du Processus de détermination de compensations individuelles	Débute 240 jours après que la décision ait été rendue
Expiration (de plein droit) du délai de production des Formulaires de Réclamation	Un (1) an après que la décision ait été rendue
Expiration (de plein droit en certaines circonstances ou en vertu d'une permission de la Cour) du délai de production des Formulaires de Réclamation	Un (1) an après que la décision ait été rendue

B. Avis de détermination des Questions Communes

i. Notification aux Membres du Groupe

60. Sous réserve de modifications subséquentes, l'Avis de Détermination des Questions Communes sera substantiellement dans la forme approuvée par la Cour lors de l'audition portant sur les Questions Communes. Il pourra contenir, entre autres choses et sous réserve de

l'approbation de la Cour, certaines informations au sujet de dommages accordés et de circonstances justifiant la détermination de compensations individuelles.

61. Les demandeurs soumettent que l'Avis de Détermination des Questions Communes devrait circuler dans les quatre-vingt-dix (90) jours suivant le jugement portant sur les Questions Communes.

62. L'Avis de Détermination des Questions Communes sera mis en circulation de la même manière que l'Avis de Certification, ou de la façon déterminée par la Cour.

C. Formulaires de réclamation

i. Utilisation des formulaires de réclamation

63. Il sera demandé à la Cour d'approuver (conformément aux dispositions de l'article 334.37 des *Règles des Cours Fédérales*) l'utilisation d'un Formulaire de Réclamation standardisé par tout Membre du Groupe susceptible d'avoir droit à une portion des dommages octroyés ou à quelque forme de compensation individuelle.

ii. Obtention et production d'un formulaire de réclamation

64. La procédure d'obtention et de production d'un Formulaire de Réclamation sera décrite en détail à l'Avis de Détermination des Questions Communes.

65. Sous réserve de modifications subséquentes et de l'approbation de la Cour, les demandeurs suggèrent qu'un seul et même Formulaire de Réclamation standardisé (respectant le gabarit se trouvant à l'Annexe C) s'applique aux trois (3) sous-groupes du Groupe.

66. Les demandeurs suggèrent également que les Membres du Groupe ayant besoin d'aide ou de soutien au moment de compléter un Formulaire de Réclamation puissent bénéficier de conseils

adéquats. Si nécessaire, un processus visant à désigner un tuteur ou un fiduciaire chargé d'apporter de l'aide ou du soutien aux Membres du Groupe sera mis sur pied.

67. Avant de compléter un Formulaire de Réclamation, le Membre du Groupe pourra passer en revue les renseignements détenus par Canada pertinents à sa réclamation (autrement dit, les Informations de la Couronne), qui pourront inclure :

(a) tous les dossiers en lien avec le placement volontaire ou forcé du Membre du Groupe au sein d'un environnement hors-foyer au cours de la Période du Recours Collectif;

(b) tous les dossiers indiquant que le Membre du Groupe a eu besoin d'un produit ou d'un service;

(c) tous les dossiers confirmant que le Membre du Groupe a requis un produit ou un service;

(d) tous les dossiers relatif au fait que le produit ou le service public demandé par le Membre du Groupe lui a été refusé;

(e) tous les dossiers relatifs aux produits et/ou aux services que la Couronne a effectivement fournis au Membre du Groupe; et/ou

(f) tous les dossiers faisant état d'une quelconque relation familiale entre un Membre du Groupe des Familles et un Membre du Groupe des Enfants.

68. Tous les Membres du Groupe devront produire le Formulaire de Réclamation prescrit auprès de l'Administrateur du Recours Collectif et/ou des Procureurs du Groupe à l'intérieur des délais indiqués ci-dessous, ou tels que déterminés par la Cour.

69. Il sera de la responsabilité de l'Administrateur du Recours Collectif de recueillir tous les Formulaires de Réclamation.

iii. Délai de Production des Formulaires de Réclamation

70. Les Membres du Groupe seront informés du délai de production des Formulaires de Réclamation par le biais de l'Avis de Détermination des Questions Communes.

71. Les demandeurs soumettent que les Membres du Groupe devraient bénéficier d'un délai d'un an à compter jugement portant sur les Questions Communes afin de déposer un Formulaire de Réclamation de plein droit, ou selon le délai déterminé par la Cour.

72. Les demandeurs soumettent également que les Membres du Groupe devraient, en certaines circonstances particulières définies par la Cour (par exemple : le fait qu'ils n'étaient pas au courant de leurs droits) ou avec la permission de la Cour (par exemple : en raison de l'état de santé physique ou mentale), avoir le droit de produire un Formulaire de Réclamation plus d'un an après le jugement sur les Questions Communes.

D. Détermination et classification des Membres du Groupe

i. Approbation des Membres du Groupe des Enfants

73. Il reviendra à l'Administrateur du Recours Collectif de déterminer si la personne qui soumet un Formulaire de Réclamation en tant que Membre du Groupe des Enfants se qualifie effectivement comme Membre du Groupe.

74. L'Administrateur du Recours Collectif fondera la détermination dont il est question au paragraphe 75 sur les informations figurant au Formulaire de Réclamation et sur les directives émises par la Cour lors de l'Audition portant sur les Questions Communes. De telles directives pourront, entre autres choses, répondre aux questions suivantes: (a) si le Membre du Groupe a eu besoin d'un produit ou d'un service à quelque moment que ce soit de la Période du Recours Collectif; (b) si le Membre du Groupe s'est vu refuser le produit ou service en question; (c) si la livraison du produit ou service requis s'est vue retardée ou perturbée; (d) si un(e) tel(le) refus,

retard ou perturbation était attribuable à un manque de fonds, à une absence de juridiction ou à un conflit de compétence entre paliers ou départements gouvernementaux; et/ou (e) si un(e) tel(le) refus, retard ou perturbation est survenu(e) après que le Membre du Groupe eût atteint l'âge de la majorité applicable au sein de la province ou du territoire pertinent.

75. L'Administrateur du Recours Collectif procédera également à ces déterminations en fonction des Informations de la Couronne relatives au nombre de Membres du Groupe ayant reçu un produit ou un service en vertu du Principe Jordan (depuis le prononcé de la Décision du TCDP).

76. L'Administrateur du Recours Collectif devra, lorsque cela s'avèrera nécessaire et adéquat, requérir par écrit que la Couronne et/ou le Membre du Groupe des Enfants ayant soumis un Formulaire de Réclamation lui communique(nt) davantage d'informations.

ii. Approbation des Membres du Groupe des Familles

77. Il reviendra à l'Administrateur du Recours Collectif de déterminer si la personne qui soumet un Formulaire de Réclamation en tant que Membre du Groupe des Familles se qualifie effectivement comme Membre du Groupe des Familles.

78. L'Administrateur du Recours Collectif procédera à la détermination dont il est question au paragraphe 79 sur les renseignements figurant au Formulaire de Réclamation et sur les Informations qu'aura fournies la Couronne au sujet de la relation existant entre le potentiel Membre du Groupe des Familles et un Membre Approuvé du Groupe des Enfants.

79. L'Administrateur du Recours Collectif devra, lorsque cela s'avèrera nécessaire et adéquat, requérir par écrit que le Membre du Groupe Jordan ayant soumis un Formulaire de Réclamation lui communique davantage d'informations.

iii. Membres du Groupe décédés

80. La succession de tout Membre du Groupe décédé le ou après le 1er avril 1991 peut soumettre un Formulaire de Réclamation dans le cadre du présent recours collectif.

81. S'il appert que le Membre du Groupe Décédé se serait qualifié en tant que Membre du Groupe Approuvé, sa succession aura le droit d'être indemnisée conformément au Processus de Distribution des Dommages. À moins qu'elle n'y soit explicitement autorisée par la Cour, aucune succession ne pourra être indemnisée en vertu du Processus d'Évaluation de Compensations Individuelles.

iv. Notification des Membres du Groupe / Enregistrement et Contestation des Décisions

82. Dans les trente (30) jours de la réception d'un Formulaire de Réclamation, l'Administrateur du Recours Collectif devra aviser le requérant de sa décision de le reconnaître ou de le rejeter en tant que Membre du Groupe Approuvé. Les personnes dont le statut de Membre du Groupe n'aura pas été reconnu se verront expliquer de quelle manière elles peuvent contester la décision rendue par l'Administrateur du Recours Collectif. Les demandeurs suggèrent que la procédure de contestation inclut la possibilité de soumettre un Formulaire de Réclamation modifié, accompagné de pièces justificatives permettant de démontrer que le requérant est bel et bien un Membre du Groupe.

83. Toutes les parties intéressées auront l'opportunité d'en appeler de toute décision rendue par l'Administrateur du Recours Collectif devant la Cour, ou selon une façon à être déterminée. Les Procureurs du Groupe pourront interjeter appel d'une décision pour et au nom des personnes concernées.

84. L'Administrateur du Recours Collectif conservera tous les dossiers des Membres du Groupe Approuvés ainsi que les Formulaires de Réclamation qu'ils auront soumis, et il communiquera une fois par mois ces informations aux Procureurs du Groupe, à la Couronne et à toute autre partie intéressée. Les Procureurs du Groupe et/ou toute partie intéressée pourront, dans les trente (30) jours de la réception des informations, contester la décision rendue par l'Administrateur du Recours Collectif en transmettant à ce dernier (et à toute autre partie concernée) un exposé de leurs motifs de contestation. La partie répondante aura alors trente (30) jours pour répliquer par écrit à la demande de contestation, à l'expiration desquels l'Administrateur du Recours Collectif devra reconsidérer la décision qu'il a prise et assurer un suivi auprès de toutes les parties.

E. Processus de distribution des dommages

i. Distribution des dommages

85. L'Administrateur distribuera de la manière déterminée par la Cour les dommages obtenus au bénéfice de tous les Membres du Groupe Approuvés.

86. Les demandeurs proposeront que les Membres du Groupe Approuvés aient droit à une certaine proportion des dommages déterminée par l'Administrateur du Recours Collectif en fonction de critères à être approuvés par la Cour, lesquels comprennent, sans s'y limiter : (a) le temps qu'un Membre du Groupe a été privé d'un produit ou d'un service en raison d'un refus, d'un délai ou d'une perturbation (le tout en contravention du Principe de Jordan); (b) l'importance, pour l'enfant, du produit ou du service, et (c) la relation familiale existant entre un Membre du Groupe des Familles et un Membre du Groupe des Enfants.

87. Une fois qu'il les aura informés de la décision qu'il a prise au sujet de leur appartenance à un groupe ou à un autre, l'Administrateur du Recours Collectif devra, à l'intérieur d'un délai

raisonnable que la Cour aura fixé, aviser les Membres du Groupe Approuvés de la proportion de dommages à laquelle chacun a droit en vertu du Processus de Distribution des Dommages approuvé par la Cour.

88. L'Administrateur du Recours Collectifs devra également, le cas échéant, transmettre à chaque Membre du Groupe Approuvé une série de documents comprenant : de l'information quant à la façon de percevoir les dommages auquel il a droit; de l'information quant à l'opportunité pour le Membre du Groupe de recourir au Processus d'Évaluation de Compensations Individuelles; des copies du Formulaire d'Évaluation de Compensation Individuelle accompagnées d'un guide indiquant comment compléter le Formulaire en question; et les coordonnées de ressources susceptibles de fournir des conseils juridiques indépendants. De telles informations seront communiquées selon une forme et un style appropriés à la culture des interlocuteurs, au moyen de médiums interactifs tels que des capsules vidéo d'apprentissage.

ii. Évaluation individuelle des dommages

89. Une fois informés de leur droit au paiement de dommages, les Membres du Groupe Approuvés pourraient être avisés de l'opportunité de bénéficier d'une compensation individuelle établie conformément au Processus d'Évaluation de Compensations Individuelles, tel que défini ci-après.

F. Processus d'Évaluation de Compensations Individuelles

i. Formulaire d'Évaluation de Compensation Individuelle

90. Lorsqu'un Membre du Groupe Approuvé est informé de son droit de percevoir des dommages et de recourir au Processus d'Évaluation de Compensations Individuelles, il recevra un exemplaire du Formulaire d'Évaluation de Compensation Individuelle se trouvant à l'Annexe D.

91. Les demandeurs suggèrent qu'une demande de dommages individuels soit valablement formée par l'envoi d'un Formulaire d'Évaluation de Compensation Individuelle à l'attention de l'Administrateur du Recours Collectif, étant entendu et convenu que seules les personnes désirant recourir au Processus d'Évaluation de Compensations Individuelles seront tenues de produire un Formulaire d'Évaluation de Compensation Individuelle.

ii. Évaluation des Compensations Individuelles

92. Il pourrait être demandé à la Cour d'approuver la structure d'un Processus d'Évaluation de Compensations Individuelles une fois rendu le jugement portant sur les Questions Communes, ou au moment autrement déterminé par la Cour.

93. Un tel Processus d'Évaluation de Compensations Individuelles serait mis à la disposition de tous les Membres du Groupe Approuvés, à l'exception de ceux qui, de l'avis de la Cour à l'issue de l'audition portant sur les Questions Communes, n'ont pas droit à une Compensation Individuelle.

iii. Auditions portant sur les Points Individuels

94. Il sera demandé à la Cour d'émettre des directives, ou de désigner certaines personnes devant lui faire rapport en vertu de l'article 334.26 des *Règles des Cours Fédérales*, ou encore de nommer un juge chargé de réaliser un échantillonnage de test impliquant des Membres du Groupe Approuvés sélectionnés et qui ont choisi de recourir au Processus d'Évaluation de Compensations Individuelles, et cela en vue d'éclaircir les points qui pourraient demeurer pertinents à la suite de la détermination des Questions Communes – par exemple :

(a) Règles d'audition régissant les évaluations individuelles;

(b) Grille de compensations individuelles;

(c) Résolution de différends portant sur la définition de concepts essentiels tels que « service essentiel », « retard » et « conflit de juridiction » et

(d) Toute autre question soulevée par la Cour ou une partie au cours des débats entourant la détermination des Questions Communes.

G. Coût et financement des procédures

i. Frais juridiques des demandeurs

95. Les frais juridiques encourus par les demandeurs seront payés suivant une formule à pourcentage, sujet à l'approbation de la Cour conformément à l'article 334.4 des *Règles des Cours Fédérales*.

96. L'entente intervenue entre les Représentants du Groupe et les Procureurs du Groupe stipule que les honoraires et déboursés payables à ces derniers seront établis de la manière suivante :

(a) Recouvrement collectif: vingt pour cent (20%) des premiers deux cent millions de dollars ($200,000.000) recueillis par voie de règlement ou en vertu d'un jugement, plus dix pour cent (10%) de tout montant recueilli en excédent de la somme de deux cent millions de dollars ($200,000,000) par voie de règlement ou en vertu d'un jugement; ET

(b) Recouvrement individuel: vingt-cinq pour cent (25%) des montants recueillis par voie de règlements ou en vertu d'un jugement.

ii. Financement des dépenses et débours

97. Tous les dépenses et débours de nature juridique encourus par les Représentants du Groupe ont été (et continueront à être) financés par les Procureurs du Groupe – à moins que les Représentants du Groupe et les Procureurs du Groupe n'en viennent éventuellement à la conclusion qu'il est dans le meilleur intérêt du Groupe d'obtenir du financement auprès de

tierces parties. En pareil cas, les Procureurs du Groupe aviseraient la Cour de la situation et requerraient son approbation.

H. *Règlement*

i. Négociations et offres de règlement

98. Les demandeurs ont entretenu des négociations avec la Couronne en vue de parvenir à un règlement équitable du litige, dans un délai raisonnable.

ii. Médiation et autres modes de résolution de conflits volontaires

99. Les demandeurs ont participé à des séances de médiation et d'autres négociations en vue de résoudre le litige ou de circonscrire les questions en litige.

I. Réévaluation du Plan de Poursuite

i. Flexibilité du Plan de Poursuite

100. Le présent Plan de Poursuite sera réévalué sur une base régulière et pourrait faire l'objet de modifications, avant ou après la détermination des Questions Communes, en fonction de gestion de l'instance continue assurée par la Cour, ou de toute autre manière que la Cour estime appropriée.

Le vingt quatre (24) septembre 2021

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Avocats et procureurs de la demanderesse Assemblée des Premières Nations

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ANNEXE "A"

AVIS DE CERTIFICATION SUGGÉRÉ

VEUILLEZ LIRE LE PRÉSENT AVIS AVEC ATTENTION PUISQU'IL POURRAIT AVOIR UN IMPACT SUBSTANTIEL SUR L'EXERCICE DE VOS DROITS

Nature de la Poursuite

En mars 2019, Sotos LLP, Kugler Kandestin LLP, et Miller Titerle + Co. (collectivement, les "Procureurs du Groupe") ont introduit (devant la Cour Fédérale du Canada siégeant dans le district judiciaire de Montréal, un recours collectif à l'encontre du Procureur Général du Canada (la "Couronne") pour et au nom de demandeurs membres des Premières Nations.

Le recours collectif allège qu'entre le 1er avril 1991 et le 11 décembre 2007, la Couronne a mis en place, à l'échelle du territoire canadien, des politiques de financement discriminatoires ayant eu pour conséquence que plusieurs enfants de Premières Nations se sont vus refusés ou ont reçu tardivement certains produits et services publics.

Le recours collectif a été intenté au bénéfice des membres du Groupe suivant :

(a) tous les jeunes membres des Premières Nations qui se sont vu refuser un produit ou un service public ou à l'égard desquels la livraison d'un produit ou service public s'est vue retardée ou perturbée en raison d'un manque de fonds, d'une absence de juridiction ou d'un conflit de compétence entre paliers ou départements gouvernementaux, entre le 1er avril 1991 et le 11 décembre 2007;

(b) les membres de la famille immédiate d'un membre du sous-groupe défini au paragraphe (a) ci-dessus.

Par ordonnance rendue le **[INSCRIRE LA DATE]**, l'honorable juge **[INSCRIRE LE NOM]** a certifié l'action intentée à titre de recours collectif et a désigné Zacheus Joseph Trout à titre de représentant du Groupe.

La Cour a également décidé que les questions suivantes, qui s'appliquent à l'ensemble du Groupe, seront débattues lors d'une audition portant sur les Questions Communes :

- **[INSCRIRE LES QUESTIONS COMMUNES RECONNUES PAR LE TRIBUNAL]**
- …

Participation au recours collectif

Si vous correspondez à la définition du Groupe, vous êtes automatiquement considéré(e) comme un Membre du Groupe, à moins de vous exclure du recours collectif de la manière décrite ci-dessous. Tous les Membres du Groupe seront liés par le jugement rendu par la Cour, ou tout règlement conclu par les Parties et subséquemment approuvé par la Cour.

À ce stade des procédures, la Cour ne s'est pas prononcée sur les chances de recouvrement des demandeurs ou du Groupe, ni sur le mérite des allégations des demandeurs et/ou des moyens de défense invoqués par la Couronne.

Honoraires, Déboursés et Autres Frais

Vous n'aurez jamais à payer quelque honoraire, déboursé ou autre frais. Lorsqu'il question des honoraires et déboursés judiciaires à prévoir, les Représentants du Groupe et les Procureurs du Groupe ont convenu d'un mandat de représentation prévoyant que les cabinets juridiques concernés seront rémunérés suivant une formule à pourcentage – ce qui signifie en pratique qu'ils ne seront payés qu'en cas de jugement favorable ou d'un règlement hors Cour approuvé.

Vous ne serez d'aucune manière tenu(e) responsable des frais de justice de la partie défenderesse en cas d'échec du recours collectif. Tous les honoraires professionnels payés aux Procureurs du Groupe sont assujettis à l'approbation de la Cour.

Exclusion

Si vous souhaitez, en tant que Membre du Groupe, vous exclure du recours collectif, vous devez compléter et acheminer un « Formulaire d'Exclusion » au plus tard le [**INSCRIRE LA DATE-LIMITE**]. Il vous est possible de télécharger le Formulaire d'Exclusion à partir du site web [**INSCRIRE L'ADRESSE DU SITE WEB**].

Les Membres du Groupe ayant choisi de s'exclure du recours collectif à l'intérieur du délai stipulé ci-dessus ne recevront aucune des sommes qui pourraient être obtenues par les demandeurs dans ce recours collectif. Tous les Membres du Groupe qui n'auront pas demandé à être exclus du recours collectif avant l'expiration du délai seront liés par tout jugement rendu à l'issue des procédures (qu'il soit ou non favorable aux demandeurs), de même que par tout règlement intervenu et subséquemment approuvé par la Cour.

Coordonnées

Si vous avez quelque question ou préoccupation au sujet du contenu du présent Avis ou de l'évolution du recours collectif, il vous est possible de contacter les Procureurs du Groupe de différentes manières :

Téléphone: [**NUMÉRO DE TÉLÉPHONE**]

Courriel: [**ADRESSE COURRIEL**]

Ligne d'information sans frais: [**NUMÉRO**]

Courrier ordinaire: [**ADRESSE POSTALE**]

ANNEXE "B"

FORMULAIRE D'EXCLUSION

À L'ATENTION DE:
[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]
[Adresse postale]
[Adresse courriel]
[Numéro de téléphone]
[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je ne souhaite pas participer au recours collectif connu sous le nom de ***Zacheus Joseph Trout et als c. Procureur Général du Canada*** et portant sur certains actes de discrimination commis à l'encontre d'enfants de Premières Nations. Je comprends qu'une fois exclu(e), je ne pourrai d'aucune manière participer à la distribution des sommes octroyées ou payées dans le cadre du recours collectif, et que si je souhaite obtenir compensation, je devrai introduire une action civile distincte et décider si j'engage un avocat pour me représenter à mes propres frais.

Date: _____

_____
Signature

_____
Nom complet

_____
Numéro civique, numéro d'appt.

_____
Ville, province, code postal

_____
Numéro de téléphone

_____
Adresse courriel

Le présent avis doit être transmis par voie de courrier ordinaire ou de courriel au plus tard le _____ 2022 pour être considéré valide.

ANNEXE "C"

FORMULAIRE DE RÉCLAMATION

À L'ATENTION DE:
[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]
[Adresse postale]
[Adresse courriel]
[Numéro de téléphone]
[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je, soussigné(e), _____ (inscrivez votre nom complet, incluant votre nom de jeune fille le cas échéant), confirme avoir reçu l'Avis du Recours Collectif National connu sous le nom de ***Zacheus Joseph Trout et als c. Procureur Général du Canada*** et portant sur certains actes de discrimination commis à l'encontre d'enfants de Premières Nations. Ma date de naissance est le _____ (Inscrire le jour, le mois et l'année)

J'estime être un Membre du Groupe et souhaite, en cette qualité, soumettre une réclamation en tant que membre du(des) sous-groupe(s) ci-dessous. (Veuillez cocher d'un X la ou les cases appropriée(s))

[_] Groupe des Enfants

[_] Groupe des Familles

Si vous estimez appartenir au Groupe des Enfants, veuillez résumer ci-dessous les produits et/ou services publics dont vous aviez besoin entre le 1er avril 1991 et le 11 décembre 2007 mais qui vous ont été refusés ou ont été livrés tardivement ou de manière inadéquate.

Produits et/ou services dont vous aviez besoin	**Avez-vous fait la demande de tels produits et/ou services?**	**Les produits et/ou services en question ont-ils été refusés ou livrés tardivement ou de manière inadéquate?**	**Date(s) du besoin, de la demande et du refus, du retard ou de la perturbation**

Si vous estimez appartenir au Groupe des Familles, veuillez décrire ci-dessous la relation existant entre vous et un ou plusieurs Membres du Groupe des Enfants:

Nom complet et numéro de réclamation de chaque Membre Approuvé du Groupe des Enfants faisant partie de votre famille	**Relation existant entre vous et cette personne (i.e. la mère, le frère, la soeur, le grand-père ou la grand-mère d'un Membre Approuvé du Groupe des Enfants)**

Mon adresse postale est la suivante:

_____
Numéro civique, numéro d'appt.

_____
Ville, province

_____
Code postal

_____
Numéro(s) de téléphone

_____
Adresse courriel

Signature: _____ Date: _____

ANNEXE "D"

FORMULAIRE D'ÉVALUATION DE COMPENSATION INDIVIDUELLE

À L'ATENTION DE:
[ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]
[Adresse postale]
[Adresse courriel]
[Numéro de téléphone]
[Numéro de télécopieur]

ATTN: [ADMINISTRATEUR DU RECOURS COLLECTIF À ÊTRE DÉSIGNÉ]

Je, soussigné(e), _____ (inscrivez votre nom complet, incluant votre nom de jeune fille le cas échéant) confirme avoir été informé(e) du fait que je suis un Membre Approuvé du Groupe des Enfants. Mon numéro de réclamation est _____[inscrivez le numéro de réclamation qui vous a été attribué]

Je confirme également qu'on m'a bien expliqué dans quelle mesure et de quelle manière je peux exiger une évaluation de compensation individuelle conformément aux paramètres du Processus d'Évaluation de Compensations Individuelles.

Je reconnais et conviens que j'ai l'opportunité d'obtenir des conseils juridiques indépendants au sujet du processus et qu'il m'est possible d'obtenir de l'assistance gratuite en vue de compléter le présent formulaire en contactant [inscrire les coordonnées du point de contact].

Je résume ci-dessous l'expérience que j'ai vécue lorsque les produits et/ou services publics dont j'avais besoins m'ont été refusés ou ont été livrés tardivement ou de manière inadéquate, de même que les conséquences d'une telle expérience.

[La forme du Formulaire d'Évaluation de Compensation Individuelle sera établie une fois qu'un jugement aura été rendu à propos des Questions Communes, étant entendu que l'objectif du document sera de recueillir les informations suivantes auprès de Membres du Groupe Approuvés]:

- *Faits, situations et circonstances ayant justifié la demande d'un produit ou d'un service public;*
- *Raisons expliquant le refus de livraison du produit ou service;*
- *Département(s) de contact;*
- *Autorisations permettant à la Couronne d'obtenir certains documents; et*
- *Toutes autres informations jugées nécessaires ou utiles.]*

Signature: _____ Date: _____

Schedule C - Framework for Supports for Claimants in Compensation Process

Holistic Wellness Supports Relating to Compensation Under the Class Actions on First Nations Child and Family Services and Jordan's Principle

The parties to the compensation settlement negotiations regarding First Nations Child and Family Services (FNCFS) and Jordan's Principle recognize the need to provide trauma-informed, culturally safe, and accessible health and cultural supports to class members as they navigate the compensation process, as well as supports they may require following the claims process and over the course of their lives. Given that First Nations partners have emphasized the cultural appropriateness of the Indian Residential Schools Resolution Health Support Program (IRS-RHSP), the presented components are services that mirror the IRS-RHSP with special consideration for the needs of children, youth and families. The approach would seek to build from and emphasize the best practices and innovation demonstrated through the IRS-RHSP and support the First Nations mental wellness continuum and continuity of services for class members. Funding provided to First Nations service providers under the IRS-RHSP does not exclude other community members from accessing cultural and emotional supports. This approach would continue in the current claims process. Fee for service mental health counselling is available to class members regardless of their eligibility for Non-Insured Health Benefits.

Components for the approach are based on the following considerations:

- Ensuring services are aligned with the First Nations Mental Wellness Continuum Framework (FNMWCF), which is widely endorsed and developed with First Nations partners, to guide culture as foundation and holistic navigation supports.
- Supporting the largest class action client cohort to date, and unique given the focus on children and youth and/or adverse childhood experiences.
- Recognizing the generational nature of this compensation, mental health and cultural supports will need to be available over the duration of the claims process and flexible to accommodate differing timelines on compensation and support needs as class members reach the age of majority. The approach outlined in this annex builds on the existing network of service providers to enable access to a continuity of services, including First Nations community-based programs, mental wellness teams, Non-Insured Health Benefits counselling and other services.
- Supporting, including funding, regional First Nations partners and First Nations governments to implement supports in the claims process.
- Mental health and cultural supports provided by service providers under contribution agreement will be accessible to all impacted community members.
- Adult class members will be appropriately served by the existing network of health and cultural supports with enhancements to capacity.
- Children and youth will be better served by specialized trauma-informed services, provided through existing First Nations organizations that are already serving children, youth, and families.
- Lessons learned from the Missing and Murdered Indigenous Women and Girls (MMIWG) Inquiry are that client utilization ramped up more quickly than in the first years of the IRS-RHSP. This is likely due to increased awareness and availability of services.
- There is a need for a specific line with chat/text function and case management supports for class members on a confidential basis to easily navigate access to trauma-informed services supported by culturally relevant assessments and comprehensive case management.
- The role of case management is to prevent class members having to repeat their stories and minimize re-traumatization.
- Collaboration with Correctional Services of Canada (CSC), provincial and territorial correctional services and youth detention centers (YDC) is needed to ensure services are provided to class members that are in custody.
- Collaboration with a variety of educational providers (community based, federal, and provincial and territorial) is needed to ensure that services are provided/referred in a way that is accessible to school-aged children, including leveraging expertise in existing youth programs and mental wellness teams that work closely with schools.

DRAFT

Guiding principles for building options:

PRINCIPLES	DESCRIPTION
Child & youth focus, competent service	Healthy child [and youth] development is a key social determinant of health and is linked to improved health outcomes in First Nations families and communities. Successful services for Indigenous children and youth include programs that: are holistic, community-driven and owned; build capacity and leadership; emphasize strengths and resilience; address underlying health determinants; focus on protective factors; incorporate Indigenous values, knowledge and cultural practices; and meaningfully engage children, youth, families and the community (FNMWCF, p. 16 & Considerations for Indigenous child and youth population mental health promotion in Canada). Creating safe and welcoming environments where First Nations children, youth and families are assured their needs will be addressed in a timely manner is essential. Child development expertise, neuro-diverse services and other considerations must be accounted for.
Client-centred care within holistic family and community circle/context	Services and supports build on individual, family and community strengths, considers the wholistic needs of the person, [family and community] (e.g., physical, spiritual, mental, cultural, emotional and social) and are offered in a range of settings (Honouring Our Strengths, p. 41). Services are accessible regardless of status eligibility and place of residence. Services consider neuro-diversity, especially in the case of children and youth.
Trauma-informed, Child development-informed	Trauma-informed care involves understanding, recognizing, and responding to the effects of all types of trauma experienced as individuals at different development stages of life and understands trauma beyond individual impact to be long-lasting, transcending generations of whole families and communities. A trauma-informed care approach emphasizes physical, psychological and emotional safety for both consumers and providers, and helps survivors (individuals, families, and communities) rebuild a sense of control and empowerment. Trauma-informed services recognize that the core of any service is genuine, authentic and compassionate relationships. With trauma-informed care, communities, service providers or frontline workers are equipped with a better understanding of the needs and vulnerabilities of First Nations clients affected by trauma (FNMWCF: Implementation Guide, p. 81).
Provision of culturally safe assessments	Assessment frameworks, tests, and processes must be developed from an Indigenous perspective, including culturally appropriate content (Thunderbird Partnership Foundation's *A Cultural Safety Toolkit for Mental Health and Addiction Workers In-Service with First Nations People*).
Provision of coordinated & comprehensive continuum of services (i.e. awareness of other programs & services)	Active planned support for individuals and families to find services in the right element of care transition from one element to another and connect with a broad range of services and supports to meet their needs. A comprehensive continuum of essential services includes: Health Promotion, Prevention, Community Development, Education, Early Identification and Intervention, Crisis Response, Coordination of Care and Care Planning, Withdrawal Management, Trauma-informed Treatment, Support and Aftercare (Honouring Our Strengths, p.3 & FNMWCF, p. 45). The Continuum of Services will aim to prevent class members needing to repeat their stories.
Enhanced care coordination & planning	Ensure timely connection, increased access, and cultural relevancy [and safety] across services and supports. It is intended to maximize the benefits achieved through effective planning, use, and follow-up of available services. It includes collaborative and consistent communication, as well as planning and monitoring among various care options specific to individual's holistic needs. It relies upon a range of individuals to provide ongoing support to facilitate access to care (Honouring Our Strengths, p. 60 & FNMWCF, p. 17).
Culturally competent workforce through ongoing self-reflection	Awareness of one's own worldviews and attitudes towards cultural differences, including both knowledge of and openness to the cultural realities and environments of the individuals served. A process of ongoing self-reflection and organizational growth for service providers and the system as a whole to respond effectively to First Nations people (Honouring Our Strengths, p. 8).

PRINCIPLES	DESCRIPTION
Culturally-informed and sustainable workforce: long-term development of First Nations service providers	Education, training and professional development are essential building blocks to a qualified and sustainable workforce of First Nations service providers through long-term approaches, whereby ensuring service continuity. Building and refining the skills of the workforce can be realized by ensuring workers are aware of what exists through both informal and formal learning opportunities, supervision, as well as sharing knowledge within and outside the community (FNMWCF, p. 48).
Community-based multi-disciplinary teams (i.e. Mental Wellness Teams)	Grounded in culture and community development, multi-disciplinary teams are developed and driven by communities, through community engagement and partnerships. It supports an integrated approach to service delivery (multi-jurisdictional, multi-sectoral) to build a network of services for First Nations people living on and off reserve (FNMWCF, p. 52, Honouring Our Strengths, p. 79). This approach could link with, or build within, navigation supports for class members to assess their eligibility and access the claims process.
Community-based programming	Comprehensive, culturally relevant, and culturally safe community-based services and supports are developed in response to community needs. Community-based programs considers all levels of knowledge, expertise and leadership from the community (FNMWCF, p. 44).
Flexible service delivery	Services are developed to embrace diversity and are flexible, responsive, accessible and adaptable to multiple contexts to meet the needs of First Nations peoples, family, and community across the lifespan (FNMWCF, p. 45). There will need to be special consideration for remote communities.

Component 1: Service Coordination and Care Teams approach for supports to claimants

Elements	FNMWCF Alignment
• Interdisciplinary Care Teams for class members to support coordinated, seamless access to services and supports, wherever possible. • Service Coordinators housed in First Nations organizations across the country to exercise case management role and pull assigned team leads for administrative, financial literacy and health and cultural supports (including professional oversight/supervision when necessary) depending on the class member's needs. Service Coordinators would not be delivering the services themselves but acting as the central point of contact for class members. • Care Teams are based on partnerships between various local/regional organizations (e.g., First Nations financial institutions, IRS-RHSP providers, peer support networks, etc.). • The Final Settlement Agreement would indicate what the base standard for Care Team services must include and the description of Service Coordination functions. • Wherever possible, services are available in local/regional First Nations languages. • Community contact person to be identified as an extension of the sub-regional Care Team. • A national/regional network of Service Coordinators would be brought together for feedback and this would be shared with the Settlement Implementation Committee. These networks would also offer peer support, training, evaluation.	• Effective and innovative way to increase access to and enhance the consistency of services; outreach, assessment, treatment, counselling, case management, referral, and aftercare. • Culture as foundation. • Developed and driven by communities. • Based on community needs and strengths. • Effective model for developing relationships that support service delivery collaborations both with provinces and territories and between community, cultural, and clinical service providers.

Component 2: Bolstering existing network of health and cultural supports

Elements	FNMWCF Alignment
• Leveraging and expanding the existing network of health and cultural supports housed within First Nations and Indigenous organizations, with an emphasis on child and family-focused supports, to provide trauma-informed care while class members navigate the settlement process. Some of the organizations would be part of the existing network of IRS-RHSP, MMIWG, day schools and other service providers, while others could be new providers, particularly to increase access for children and youth.	• Enhanced flexible funding. • Community development, ownership and capacity building. • Self-determination. • Culture as foundation. • First Nations play key role in hiring of personnel to ensure personnel is recognized by their community. • Communities can ensure service provision are culturally safe and appropriate.

Component 3: Access to mental health counselling to all class members

Elements	FNMWCF Alignment
• Mental health counselling for individuals, families and communities is provided by regulated health professionals (i.e. psychologists, social workers, culture-based practitioners/ceremonialists) who are in good standing with their respective regulatory body and are enrolled with ISC. Access to counselling is not dependent on residence or Non-Insured Health Benefits eligibility. • Counselling would be provided in health professionals, culture-based practitioners/ceremonialists private practice and are primarily paid by ISC on a fee-for-service basis. Counsellors can travel into communities and be reimbursed on a per diem basis. • Virtual mental health counselling will be eligible, depending on regulatory college specifications.	• Enhanced flexible funding. • Community development, ownership and capacity building. • Self-determination. • To increase access to services to class members and their families as defined by First Nations partners.

Component 4: Support enhancement to the Hope for Wellness Help Line or dedicated line

Elements	FNMWCF Alignment
• Dedicated support team for class action members that is accessible in First Nations languages, including: o Access to specialized child and youth expertise, including trauma-informed, child development perspective. o Case management function. o Referrals to dedicated Care Teams through Service Coordinators (component 1). o Referral to information line relating to the application process. • Phone line employees will receive training on the class actions, the course of the CHRT complaint and other related legal, policy and social documentation.	• Quality care system and competent service delivery. • Increase access to necessary services.

Schedule D - Provincial and Territorial Ages of Majority

Province / Territory	Age of Majority	Governing Statute / Provision
Alberta	18 years old	"Every person attains the age of majority and ceases to be a minor on attaining the age of 18 years" Source: *Age of Majority Act*, RSA 2000, c A-6, s 1
British Columbia	19 years old	"From April 15, 1970, (a) a person reaches the age of majority on becoming age 19 instead of age 21, and (b) a person who on that date has reached age 19 but not 21 is deemed to have reached majority on that date" Source: *Age of Majority Act*, RSBC 1996, c 7, s 1(1)
Manitoba	18 years old	"Every person attains the age of majority, and ceases to be a minor, on attaining the age of 18 years" Source: *The Age of Majority Act*, CCSM 1988, c A-7, s 1
New Brunswick	19 years old	"A person attains the age of majority and ceases to be a minor on attaining the age of 19 years" Source: *Age of Majority Act*, RSNB 2011, c 103, s 1(1)
Newfoundland And Labrador	19 years old	"Every person who attains the age of 19 years (a) attains the age of majority; and (b) ceases to be a minor person" Source: *Age Of Majority Act*, SNL 1995, c A-4.2, s 2
Northwest Territories	19 years old	"Every person attains the age of majority, and majority ceases to be a minor, on attaining the age of 19 years" Source: *Age of Majority Act*, RSNWT 1988, c A-2, s 2

Nova Scotia	19 years old	"Every person attains the age of majority, and ceases to be a minor, on attaining the age of nineteen years" Source: *Age of Majority Act*, RSNS 1989, c 4, s 2(1)
Nunavut	19 years old	"Every person attains the age of majority, and ceases to be a minor, on attaining the age of 19 years" Source: *Age of Majority Act*, RSNWT (Nu) 1988, c A-2, s 2
Ontario	18 years old	"Every person attains the age of majority and ceases to be a minor on attaining the age of eighteen years" Source: *Age of Majority and Accountability Act*, RSO 1990, c A.7, s 1
Prince Edward Island	18 years old	"Every person attains the age of majority and ceases to be a minor on attaining the age of eighteen years" Source: *Age of Majority Act*, RSPEI 1988, c A-8, s 1
Quebec	18 years old	"Full age or the age of majority is 18 years. On attaining full age, a person ceases to be a minor and has the full exercise of all his civil rights" Source: *Civil Code of Quebec*, c CCQ-1991, c 64, s 153
Saskatchewan	18 years old	"Every person attains the age of majority and ceases to be a minor on attaining the age of eighteen years" Source: *Age of Majority Act*, RSS 1978, c A-6, s 2(1)
Yukon	19 years old	"Every person reaches the age of majority, and ceases to be a minor, on reaching the age of 19 years" Source: *Age of Majority Act*, RSY, c 2, s 1

Schedule E - Summary Chart of Jordan's Principle / Trout Approach

CLASS	CRITERIA	AMOUNT
Jordan's Principle Class (2007-2017)	Significant Impact due to Essential Service Gap/Delay/Denial as determined by Framework of Essential Services **OR** Highest Level of Impact on the Questionnaire[1] **OR** Service Gap/ Denial/Delay outside of Framework of Essential Services but satisfies Article 6.07 AND Highest Impact on Questionnaire[1]	Minimum $40,000
	Lower Impact due to Essential Service Gap/Delay/Denial as determined by Framework of Essential Services **OR** Service Gap/Denial/Delay outside of Framework of Essential Services but satisfies requirements of Article 6.07 BUT not Highest Level of Impact on Questionnaire[1]	Up to $40,000 maximum[2]
Trout Class (1991-2007)	Significant Impact due to Essential Service Gap/Delay/Denial as determined by Framework of Essential Services **OR** Highest Level of Impact on the Questionnaire[1] **OR** Service Gap/ Denial/Delay outside of Framework of Essential Services but satisfies requirements of Article 6.07 AND Highest Impact on Questionnaire[1]	Minimum $20,000
	Lower Impact due to Essential Service Gap/Delay/Denial as determined by Framework of Essential Services **OR** Service Gap/Denial/Delay outside of Framework of Essential Services but satisfies requirements of Article 6.07 BUT not Highest Level of Impact on Questionnaire[1]	Up to $20,000 maximum[3]

[1] To be determined based on a review of Supporting Documentation and Questionnaire responses.
[2] Amount will depend on number of claimants sharing within Jordan's Principle Class budget of $3 billion.
[3] Amount will depend on number of claimants sharing within Trout Class budget of $2 billion.

Schedule F - Examples Chart of Removed Child Family Class Approach

Examples Chart of Removed Child Family Class Approach

This table sets out examples of various scenarios where multiple Caregiving Parents or Caregiving Grandparents apply for, and are approved for compensation with respect to one (1) Removed Child.

# of Approved Category A: Caregiving Parents (biological)	# of Approved Category B: Caregiving Parents (adoptive or Stepparent)	# of Approved Category C: Caregiving Grandparent(s)	Disposition
2	2	4	• Category A parents receive one (1) Base Compensation each. • Other categories receive no compensation.
1	2	4	• Category A parent receives one (1) Base Compensation. • Category B parents **share** the one (1) remaining Base Compensation **pro rata**. • Category C grandparents receive no compensation.
1	1	4	• Category A parent receives one (1) Base Compensation. • Category B parent receives one (1) Base Compensation. • Category C grandparents receive no compensation.
0	2	4	• Category B parents receive one (1) Base Compensation each. • Category C grandparents receive no compensation.
0	3	4	• Category B parents **share** two (2) Base Compensations **pro rata**. • Category C grandparents receive no compensation.
0	1	1	• Category B parent receives one (1) Base Compensation. • Category C grandparent receives one (1) Base Compensation.

0	1	2 or more	• Category B parent receives one (1) Base Compensation. • Category C grandparents **share** one (1) Base Compensation **pro rata**.
0	0	1 or 2	• Category C grandparent receives one (1) Base Compensation each.
0	0	3 or more	• Category C grandparents **share** two (2) Base Compensations **pro rata**.

Schedule G - Investment Committee Guiding Principles

SCHEDULE [●]

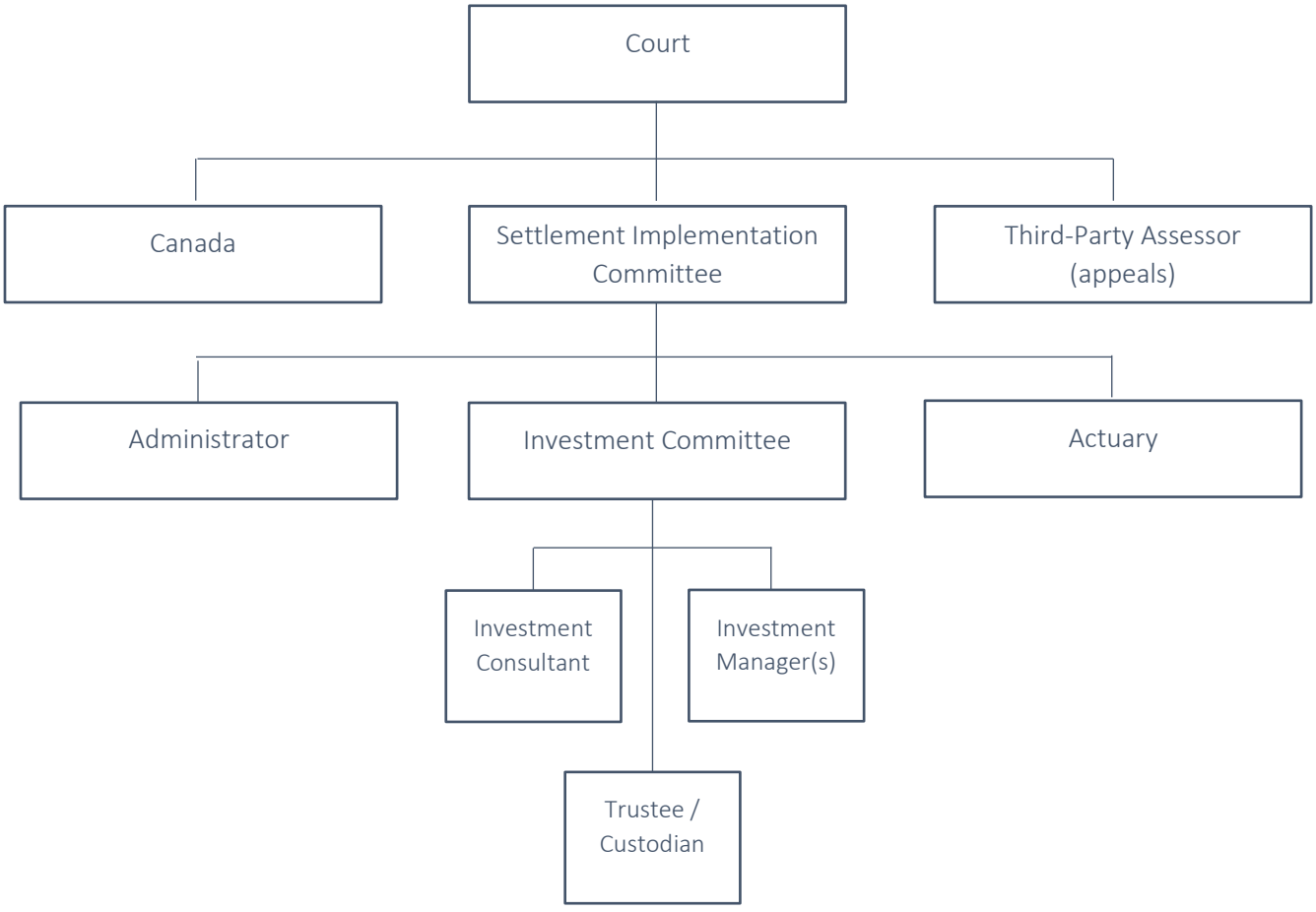
Investment Committee Guiding Principles

This Schedule sets out the principles that shall inform the drafting of the Investment Committee Terms of Reference by the Settlement Implementation Committee, as set out in the Final Settlement Agreement.

Basic Governance Structure relating to Investment Committee:

1. **In order to facilitate the effective management of the Settlement Funds, the Investment Committee should be constituted in a manner that is directly overseen by the Settlement Implementation Committee.** The Investment Committee should be permitted to make decisions within the scope of the Terms of Reference with independence, but is accountable to the Settlement Implementation Committee and, ultimately, the Court. The Investment Committee must be able to communicate with both the Administrator and the Actuary, whether independent of, or through the Settlement Implementation Committee.

2. **The Settlement Implementation Committee should be responsible for oversight of the entire process, including resolving any issues that may arise from time to time.** Where necessary, the Settlement Implementation Committee is the body responsible for seeking guidance from the Court, on behalf of the Class, the Administrator, the Actuary or the Investment Committee.



3. **The Investment Committee should be guided by a statement of investment goals established by the Settlement Implementation Committee.** These goals should not be prescriptive of methods, but rather establish desired outcomes, with the implementation to achieve these outcomes assigned to the Investment Committee.

4. **The Investment Committee should be empowered, through its Terms of Reference to take the following actions:**

    a. Establish, review and maintain a Statement of Investment Policies and Procedures, consistent with the investment goals established by the Settlement Implementation Committee;

    b. Review investment goals and recommending changes to the investment goals to the Settlement Implementation Committee;

    c. On advice from the Investment Consultant and the Actuary, review the asset mix of the Trust to ensure it is consistent with the Trust's return objectives and risk tolerances. As required, modify the asset allocation to ensure the Trust remains prudently invested and diversified to achieve its long-term objectives.

    d. Identify and recommend to the Settlement Implementation Committee an Investment Consultant and corporate trustee for the Fund and for an expenses fund, in the case that implementation expenses are pre-paid by Canada.

    e. Determine the number of investment managers to use from time to time. Select and appoint investment manager(s), set the mandate for each investment manager, terminate investment manager(s) and/or rebalance the funds among the investment manager(s), all based on the advice of the Investment Consultant.

    f. Periodically (bi-annually, annually, semi-annually, or quarterly) review the performance of the Investment Consultant, custodian and corporate trustee and report the results of the review to the Settlement Implementation Committee.

    g. Engage the Investment Consultant to provide advice as considered appropriate from time to time.

    h. Receive, review and approval of reports from the Investment Consultant, investment manager(s) and corporate trustee for the Fund.

    i. Direct the Investment Consultant and/or investment manager(s) to implement any decisions of the Investment Committee.

j. Delegate to the investment manager(s) such decisions regarding the investment of the Fund consistent with the Statement of Investment Policies and Procedures.

k. Monitor compliance of the Trust's investment and investment procedures with the Statement of Investment Policies and Principles.

l. With assistance from the Investment Consultant, monitor the investment performance of the Fund as a whole. Monitor and review all aspects of the performance and services of the Investment Manager(s) including style, risk profile and investment strategies.

m. Monitor risks to the Fund with respect to the overall compensation plan.

    i. With assistance from the Investment Consultant, conduct an annual risk review of the Fund in conjunction with the review by the Settlement Implementation Committee and at such other times as the Investment Committee considers prudent.
    ii. Implement such risk mitigation strategies as considered prudent and report results to the Settlement Implementation Committee.

n. Provide assistance to the Auditor as required.

o. Make recommendations to the Settlement Implementation Committee regarding any Court Approved Protocols and policies that affect the investments of the Fund, including adoption, amendment and termination.

p. Receive periodic reports from the Actuary regarding expected future compensation payments (amount and timing) and based on advice from the Investment Consultant, determine whether any changes to the Statement of Investment Policies and Procedures is necessary or if any changes to the mandates given to the investment manager(s) is necessary.

q. Take direction from and being responsive to the Settlement Implementation Committee on a timely basis.

This is Exhibit “L” referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Government of Canada / Gouvernement du Canada

Statistics on the Implementation of the Indian Residential Schools Settlement Agreement

Information update on the Independent Assessment Process From September 19, 2007 to March 31, 2019

- **The deadline to apply to the Independent Assessment Process (IAP) was September 19, 2012**
- The IAP is administered by the Indian Residential Schools Adjudication Secretariat (IRSAS)
- The Government of Canada is responsible for conducting research and disclosing its documents to the IRSAS according to Schedule D of the Indian Residential Schools Settlement Agreement (IRSSA). In addition, the Government of Canada is responsible for negotiating settlements, attending all IAP hearings, and compensating eligible claimants. Statistics shown below reflect how Canada fulfills its obligations. Further statistics are available from IRSAS

Statistics about the IAP

1727

Process Summary		Total
IAP applications received by the IRSAS		**38,257**
IAP claims for which Canada has disclosed its documents to the IRSAS		**30,825**
IAP claims resolved (% (percent) of applications received)		**38,178 (99%)**
	through decisions following a hearing	26,693
	through negotiated settlements	4,165
	through negotiated settlements: post hearing	245
	not admitted or withdrawn or dismissed	7,075
Total IAP payments approved		**$3.180 billion**
Average IAP payment, including legal costs		**$111,265**
Statistics include continuing Alternative Dispute Resolution (ADR) claims as per the IRSSA.		

Other updates on the implementation of the Indian Residential Schools Settlement Agreement

Requests to add new Indian residential schools to the IRSSA

- Article 12 of the IRSSA sets out a two-part test that is used to assess

each requested institution to determine if it should be recognized as an Indian residential school

- To date, 9,471 people have asked for 1,531 distinct institutions to be added to the IRSSA. Since implementation of the IRSSA, CIRNAC has determined that 7 requested institutions meet the Article 12 test criteria and have been added as Indian Residential Schools for specific periods of time. The court has also added 3 institutions, the last of which, Kivalliq Hall (Nunavut), was added on December 14, 2016, by the Nunavut Court of Justice, and upheld on appeal by the Nunavut Court of Appeal via decision dated July 20, 2018. Canada did not appeal this decision, and therefore, the total number of eligible Indian Residential Schools under the IRSSA is now 140. There are no remaining Article 12 challenges
- The Order of Madam Justice Brown regarding the Designated Amount Fund (DAF) Wind-Up was entered July 27, 2015. In order to begin transfer of unused funds in the DAF (Designated Amount Fund) to the National Indian Brotherhood Trust Fund and Inuvialuit Education Foundation for educational programs, a bar was placed on any new forms of application or Request for Direction that will have the effect of creating a demand or liability on the DAF, such as seeking to add an institution to Schedule F under Article 12
- For information on institutions requested through Article 12, please visit the official IRSSA web site

Outreach

- The Advocacy and Public Information Program began in 2007 and is a contribution funding program managed by CIRNAC to encourage the sharing of information and ensure that the Aboriginal

community, particularly former students and their families, are aware of all aspects of the IRSSA, including CEP (Common Experience Payment) and IAP. Other objectives include supporting healing and reconciliation, with a particular focus on youth and intergenerational issues

- From 2007 to 2014, over $28 million was fully invested into 140 regional and national projects across Canada. All of these projects were completed by March 31, 2014

Commemoration

- The IRSSA identifies $20 million for commemoration to provide former students, their families and communities the opportunity to pay tribute to, honour, educate, remember, and memorialize their experiences by acknowledging the systemic impacts of the residential school system. CIRNAC and the Truth and Reconciliation Commission (TRC) are jointly responsible for the development and implementation of commemoration
- All project funding under the commemoration initiative was allocated by March 31, 2014

Resolution Health Support Program: Indigenous Services Canada

- The Indian Residential Schools Resolution Health Support Program (IRS RHSP) provides mental health and emotional support services to former students and their families before, during and after their participation in IRSSA processes, including CEP, IAP, TRC events and commemoration activities
- The following services are provided:

- **emotional support**: Resolution Health Support workers to listen, talk and provide support through all phases of the IRSSA
- **cultural support**: Elders and traditional healers for teachings, ceremonies, dialogue and traditional healing
- **professional counselling**: psychologists and social workers that are registered with Health Canada, for individual or family counselling
- **assistance with transportation** may be offered when professional counselling and cultural support services are not locally available

- For more information on the program and its services, please visit the Indigenous Services Canada website.

Information update on the Common Experience Payment From September 19, 2007 to March 31, 2016

The deadline for applying to the Common Experience Payment (CEP) was September 19, 2011. The deadline to apply for the CEP under exceptional circumstances was September 19, 2012. After March 31, 2016, updates will be made to the CEP statistics below only when there are significant changes, such as the addition of an institution under Article 12 of the Indian Residential Schools Settlement Agreement or the official completion of the program.

Statistics and information concerning the CEP

Process summary		Total
Projected number of CEP applications at launch of process		**110,000**
Projected number of eligible CEP applications at launch of process		**80,000**
Original amount of the CEP Trust Fund		**$1,900,000,000**
Total CEP payments, including advance payments		**$1,622,422,106**
Average CEP payment		**$20,457**
Total CEP applications received since 2007		**105,530**
Total CEP applications received since 2007*		**105,524**
Total CEP applications completed: paid or ineligible		**103,236**
	applications paid	79,309
	applications ineligible	23,927
Complete CEP applications in progress		**6**

* Includes applications where research has been conducted, but authentication requires additional information from applicants.

Appeal process summary		Total
Total reconsideration requests received		**27,798**
	reconsideration processed eligible	9,771
	reconsideration processed ineligible	18,022
	reconsideration in progress	5

1732

Appeal process summary		Total
Total National Administrative Committee (NAC) appeals received		**5,259**
	NAC appeals processed eligible	1,164
	NAC appeals processed ineligible	3,511
	NAC appeals in progress	7
Total court appeals received		**741**
	court appeals processed eligible	13
	court appeals processed ineligible	723
	court appeals in progress	5

CEP remainder

- In accordance with the Indian Residential Schools Settlement Agreement, an audit of the Designated Amount Fund was conducted after September 19, 2011. The audit disclosed a balance in excess of $40 million which triggered the requirement to disburse amounts to CEP recipients, upon application, as personal credits
- Personal credits are non-cash credits that are redeemable at approved educational entities and groups for individual or group educational services. Personal credits have a maximum value of $3,000 per individual CEP recipient. Personal credits can be used by the CEP recipient and by certain members of the CEP recipient's

family

- Terms and conditions in respect to the administration of personal credits were negotiated by Canada, and the Assembly of First Nations and by Canada and the Inuit Representatives. The terms and conditions were approved by the Supreme Court of British Columbia on October 31, 2013. The implementation of the personal credits process began in January 2014
- Following the October 31, 2014 deadline to apply for personal credits originally approved by the court and agreed to by all parties, an Order of the Supreme Court of British Columbia extending personal credits deadlines was entered on January 7, 2015. New deadlines are as follows:
    - acknowledgement forms: extended from October 31, 2014, to March 9, 2015
    - redemption forms: extended from December 1, 2014, to June 8, 2015
    - completion of educational activities: extended from April 30, 2015, to August 31, 2015
- As of March 31, 2016, 30,042 personal credits applications had been received and a total of 23,774 redemption forms totaling over $57 million had been processed
- In order to begin transfer of unused funds in the Designated Amount Fund (DAF) to the National Indian Brotherhood Trust Fund and Inuvialuit Education Foundation for educational programs, Madam Justice Brown issued an Order regarding the DAF Wind-Up on July 27, 2015. A bar was placed on future CEP applications, personal

credits applications and any forms of application or Request for Direction that will have the effect of creating a demand or liability on the DAF, such as seeking to add an institution to Schedule F under Article 12. After extensive efforts by Canada, the Assembly of First Nations and the Inuit Representatives to attempt to locate applicants with whom Canada had lost contact, the court also dismissed over 2,300 incomplete CEP applications

- Any amount remaining in the DAF after all demands and liabilities are satisfied will be distributed in percentage installments approved by the court to the National Indian Brotherhood Trust Fund and the Inuvialuit Education Foundation

Date modified: 2019-02-19

This website is available for archival purposes only and is no longer being updated or monitored. Click here for more information. (information-eng.php?act=2021-03-29-eng.php)

Indian Residential Schools
Adjudication Secretariat
Secrétariat d'adjudication
des pensionnats indiens

(/home-eng.php)

Independent Assessment Process (IAP) Statistics

FROM SEPTEMBER 19, 2007 TO SEPTEMBRE 30, 2020

- This table shows progress in resolving IAP claims
- To date, 100% of all IAP claims have been resolved
- Close to 90% of all IAP claimants have received compensation under the IAP

Please swipe table to the right to see full info

Province	All claims received	Claims Resolved	Claims in Progress
British Columbia	6,640	6,640	0
Alberta	8,376	8,376	0
Saskatchewan	8,897	8,897	0
Manitoba	5,492	5,492	0
Ontario	3,368	3,368	0
Québec	2,200	2,200	0
Yukon Territory	556	556	0
Northwest Territories	1,545	1,545	0
Nunavut	529	529	0
Atlantic	305	305	0
Outside of Canada	368	369	0
Total	38,276	38,276	0
CLAIMS IN PROGRESS			**0**
Claims at Post Hearing Stage			**0**

1736

Province	All claims received	Claims Resolved	Claims in Progress
Claims with Hearings Scheduled			**0**
Other claims to be resolved			**0**
Hearings to be scheduled (ESTIMATED)			0
Claims that may be resolved through other means (estimate)			0
CLAIMS RESOLVED IN THE LAST SIX MONTHS			**12**
TOTAL IAP HEARINGS HELD			**26,707**
SUCCESSFUL CLAIMS			**89%**
AVERAGE COMPENSATION			**$91,466.40**
AWARDS BY ADJUDICATORS			**$2.141 Billion**
TOTAL PAYMENTS			**$3.233 Billion**

The compensation amount is provided by Canada.

The number of in-progress claims excludes claims that are post-decision which may have legal fee rulings or review activities pending.

This is Exhibit "M" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Federal Court Cour fédérale

Date: 20220624

Docket: T-402-19
T-141-20
T-1120-21

Ottawa, Ontario, June 24, 2022

PRESENT: The Honourable Madam Justice Aylen

CLASS PROCEEDING

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige) AND JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

T-141-20

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (by his litigation guardian, Carolyn Buffalo), CAROLYN BUFFALO AND DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN

Defendant

T-1120-21

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER

UPON MOTION by the Plaintiffs, heard at a special sitting of the Court on June 22, 2022, for an order approving the Short-Form and Long-Form Notices of Certification and Settlement Approval Hearing, and the Opt-out Form;

CONSIDERING the Plaintiffs' motion record and the submissions of counsel for the parties at the hearing of the motion;

AND CONSIDERING that the Defendant consents to the relief sought;

THIS COURT ORDERS that:

1. The Short-Form Notice of Certification and Settlement Approval Hearing, the Long-Form Notice of Certification and Settlement Approval Hearing, and the Opt-out Form substantially in the forms attached respectively hereto as Schedules "A", "B", and "C" are hereby approved, subject to the right of the parties to make non-material amendments as may be necessary or desirable, and subject to necessary language translations of the Short-Form Notice of Certification and Settlement Approval Hearing, the Long-Form Notice of Certification and Settlement Approval Hearing, and the Opt-out Form into Cree, Ojibwe, Dene and Mi'kmaq prior to publication, as agreed on by the parties.

2. Individuals seeking to opt out of the class proceedings in Court File Numbers T-402-19 and T-141-20, or the class proceeding in Court File Number T-1120-21, shall do so by either sending the Opt-out Form to the Claims Administrator, postmarked on or before the opt-out deadline, or by opting out online using the opt-out coupon on the class website at www.fnchildcompensation.ca. The opt-out deadline shall be six months from the date on which the notices are published.

3. Where the postmark is not visible or legible, the request to opt out shall be deemed to have been postmarked four (4) business days prior to the date that it is received by the Claims Administrator.

4. The election to opt out, whether in paper format or online, must be signed by the person or the person's designee, and must include the following information as prescribed in Schedule "C" to this Order:

    a. The person's full name, current address, telephone number, and Indian Registry/Status Number (if available);

    b. The approved statement to the effect that the person wishes to be excluded from the class action and understands that opting out of the class action means the individual will not receive payment under the class action; and

    c. The reason for wanting to opt out.

5. Any class member who opts out of the proceedings shall have no further right to participate in the proceedings or to share in the distribution of any funds received as a result of a judgment or settlement in the proceedings.

6. Within thirty (30) days of the opt-out deadline, the Claims Administrator shall provide to class counsel and the Defendant a report containing the names of each person who has validly and timely opted out of the proceedings and a summary of the information delivered by such persons pursuant to paragraph 4 above.

7. Any person exercising the opt-out right on behalf of a person under the applicable age of majority or otherwise lacking legal capacity shall seek approval of this Court, and such opt-out is not valid without the Court's approval. The procedure

for obtaining such Court approval shall be the subject of a further order of the Court.

8. The notice plan and the appointment of the Claims Administrator shall be the subject of a further order of this Court.

"Mandy Aylen"
Judge

SCHEDULE "A"

Short Form Notice of Certification and Settlement

Federal Child Welfare and Jordan's Principle Class Action

The Federal Court of Canada has approved this notice.

The plaintiffs and Canada have reached a $20 billion settlement of this class action taken on behalf of First Nations children and some of their family members. If you qualify, you may be entitled to payment under this settlement.

This notice provides information about the lawsuit and the settlement. More detailed information is available online here. You can also sign up to receive updates on the compensation process at the same link.

This notice also gives you a chance to remove yourself (opt out) from the class action. You should only remove yourself from the class action if you do not want to receive payment in this settlement and be bound by the settlement.

If you want to stay in the class action and be eligible to submit a claim for payment in this settlement, you do not need to do anything now.

If you would like help to better understand this notice, there is contact information below. You can make an appointment for a call with someone who will explain it to you and answer your questions.

What is the class action about?

The class action claims that from April 1, 1991 until March 31, 2022, Canada discriminated against First Nations children living on reserves or in the Yukon who were removed from their homes by child welfare agencies operating in First Nations communities and placed in out-of-home care.

The class action also covers claims that between 1991 and November 2, 2017, where Canada failed to provide (or delayed in providing) essential services to First Nations children who had a confirmed need for such essential services. This treatment discriminated against the children and broke a legal rule known as Jordan's Principle.

Are you included in the class action?

In general, you are included in the class action if you are in one of the following groups:

> **Category 1:** First Nations children living on-reserve or in the Yukon who were removed from their homes by child welfare agencies and placed into state care, foster care or group homes at any time between April 1, 1991 and March 31, 2022. This group also includes First Nations children who were not living on-reserve but one of their parents was ordinarily resident on a reserve at the time of their removal.

Category 2: First Nations children (living both on-reserve and off-reserve) who were confirmed to need an essential service but faced a delay, denial or a gap in receiving that essential service between April 1, 1991 and November 2, 2017;

Category 3: The parents, grandparents or siblings of one of the individuals above.

More details about who is included in the class action can be found here.

What is the proposed settlement?

The plaintiffs and Canada have agreed to a settlement that requires that Canada pay $20 billion in compensation. The settlement must be approved by the court before it becomes effective.

If the settlement is approved by the court, each removed child described in Category 1 may receive $40,000 or more in compensation depending on how many people are approved for compensation. Parents or grandparents who were caring for a person in Category 1 at the time of removal may also be entitled to up to $40,000 or up to a maximum of $60,000 in cases of multiple removed children. Siblings of a removed child will not be entitled to any payment under the settlement.

Each person in Category 2 who:

(a) lacked timely access to, or experienced a denial or gap in receiving an essential service that they were confirmed to have needed between December 12, 2007 and November 2, 2017 (under Jordan's Principle) are entitled to compensation. Those who suffered significant impact as a result of this may receive $40,000 or more. Others may receive less than $40,000 and up to $40,000, depending on how many claimants are approved. The actual amounts that each claimant will receive cannot be determined until a later date when the number of people making a claim is known.

OR

(b) lacked timely access to, or experienced a denial or gap in receiving an essential service that they were confirmed to have needed between April 1, 1991 and December 11, 2007 are entitled to receive compensation. Those who suffered significant impact as a result of this may receive $20,000 or more. Others may receive less than $20,000 and up to $20,000, depending on how many claimants are approved. The actual amounts that each claimant will receive cannot be determined until a later date when the number of people making a claim is known.

Caregiving parent(s) or caregiving grandparent(s) of the persons in Category 2 who suffered the most significant hardship may also be entitled to compensation, under Category 3.

A fund of $50 million will be established to assist First Nations children and families impacted by Canada's discrimination.

What are my options?

1. **Stay in the class action**: If you wish to stay in the class and be eligible to submit a claim for payment under the settlement, you do not need to do anything at this time.

2. **Remove yourself from the class action (opt out)**: If you do not want to participate in this class action, and you do not want to receive a payment under the settlement, you need to remove yourself by submitting an Opt-Out Form by this date: _____.

   If you submit the Opt-Out Form, you will not receive compensation from the settlement.

   To remove yourself from the lawsuit, please visit [URL] to fill out and submit an Opt-Out Form online, or mail a print copy of the Opt-Out Form to [ADDRESS] requesting to be removed from this class action. You can also receive a copy of the Opt-Out Form from the Administrator by contacting [1-800 NUMBER].

   The deadline to submit an Opt-out Form and remove yourself from the lawsuit is **[DATE].**

What if I want to object to or comment on the settlement?

The Federal Court will hold a hearing to decide if the $20 billion settlement and the lawyers' fees should be approved. It is expected that the hearing will take place on **September 19-23, 2022** in Ottawa, but it is possible that this date might change. If the date changes, a new date will be posted here. Register here to receive notification by email of any change to the hearing date and/or place.

The hearing will take place in person and will be broadcasted online. Details of the hearing will be posted here.

You do not have to attend the hearing or provide any comments on the settlement in order to be eligible to receive compensation.

If you want to object to or comment on the settlement or the lawyers' fees that will be requested, you have two options:

1. **Object or provide comments in writing:** You may send any comments to _____. Your comments will be sent to the Federal Court before the hearing.

2. **Object in person:** Ask to speak in court about the proposed settlement or the lawyers' fees on September 19-23, 2022, either in person at the Federal Court in Ottawa or by videoconference.

If you want to object, you must send your written comments or request to speak at the hearing by **September 12, 2022**.

Canadian Human Rights Tribunal decision

The settlement of the lawsuit will also be reviewed by the Canadian Human Rights Tribunal (Tribunal). A hearing before the Tribunal is expected to take place in June or July of 2022.

The Tribunal will be asked to make a ruling that the $20 billion settlement of the lawsuit satisfies its previous compensation order against Canada (2019 CHRT 39). If the Tribunal finds that the $20 billion settlement satisfies its compensation order against Canada, then the $20 billion settlement will replace the compensation order, and you will not be allowed to claim a payment under the Tribunal's order. Also, if the Tribunal finds that the $20 billion settlement of this lawsuit satisfies its compensation order, and if the Federal Court approves the settlement, then you will not be able to claim compensation under the Tribunal's compensation order even if you opt out of this lawsuit.

If the Tribunal does not find that the settlement satisfies its compensation order, then the settlement will come to an end and the September hearing before the Federal Court will not proceed. If that happens, you will receive another notice.

It is possible that some people who are entitled to a payment under the Tribunal's compensation order, in particular those persons in Category 3 above, may not receive direct compensation under the settlement of this lawsuit, or they may receive less money than they would be entitled to under the Tribunal's compensation order.

Are there any negative consequences of staying in the class action?

By staying in the class action, you will be eligible to submit a claim for compensation. However, by staying in the class action you will not be able to sue Canada. You can still sue an agency, foster parent or group home. You cannot apply to the Canadian Human Rights Tribunal for compensation, about the same discriminatory conduct that is the subject of the class action.

Who is representing the class?

The class is represented by the following plaintiffs: Xavier Moushoom, Jeremy Meawasige (by his litigation guardian, Jonavon Joseph Meawasige), Jonavon Joseph Meawasige, Ashley Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson (by his litigation guardian, Carolyn Buffalo), Carolyn Buffalo, Dick Eugene Jackson, and Zacheus Joseph Trout. The Assembly of First Nations is also a plaintiff in the class action.

The plaintiffs are represented by five law firms from across Canada: Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere and Fasken Martineau Dumoulin LLP.

You do not have to pay the lawyers, or anyone else, to be a part of this lawsuit or to receive payment in the settlement.

How will the lawyers be paid?

The lawyers will be paid by Canada. No amount paid to the lawyers will be taken from the $20 billion settlement or from any payments that are made to class members.

The amount that the lawyers will be paid will be negotiated between the plaintiff lawyers and Canada. If they agree to an amount of fees, then the lawyers will ask the Court to approve the amount at the hearing currently scheduled for September 19-23, 2022.

More details on the legal fees that will be requested will be posted here after the negotiations have concluded.

Want more information about the class action or the settlement?

More information about the case _____

Need support or assistance?

Support services are available _____

To learn more about your options and determine if you are included, please visit: [URL] or call [1-800 NUMBER].

For more information about the settlement and your options, please contact: _____

SCHEDULE "B"

Long Form Notice of Certification and Settlement

Federal Child Welfare and Jordan's Principle Class Action

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INTRODUCTION

The Federal Court of Canada has approved this notice.

The plaintiffs and Canada have reached a $20 billion settlement of this class action taken on behalf of First Nations children and some of their family members. If you qualify, you may be entitled to payment under this settlement.

This notice provides information about the lawsuit and the settlement. More detailed information is available online here. You can also sign up to receive updates on the compensation process at the same link.

This notice also gives you a chance to remove yourself from the class action. **You should only remove yourself from the class action if you do not want to receive payment in this settlement.**

If you want to stay in the class action and be eligible to submit a claim for payment in this settlement, you do not need to do anything now.

If you would like help to better understand this notice, there is contact information below. You can make an appointment for a call with someone who will explain it to you and answer your questions.

THE CLASS ACTION

WHAT IS A CLASS ACTION?

A class action is a lawsuit brought by one or more persons on behalf of a large group of people.

WHAT IS THIS CLASS ACTION ABOUT?

This class action is about discrimination by the Canadian government against First Nations children in providing child welfare, health care, and other essential services.

The class action claims that from 1991 until 2022, Canada discriminated against First Nations children living on reserves who were removed from their homes and placed in out-of-home care.

The class action also claims that between 1991 and 2017, Canada failed to provide (or delayed in providing) essential services to First Nations children who had a confirmed need for such essential services. This treatment discriminated against the children and broke a legal rule known as Jordan's Principle.

In the winter of 2022, the parties' intensive negotiations led to Canada committing **$20 billion** to victims of discrimination to resolve the class action (the **Settlement**). The goal of the Settlement is to offer compensation to survivors and their families in recognition of the harms they've endured – while knowing that no amount of money can make up for their pain and suffering.

WHO IS INCLUDED IN THE CLASS ACTION?

Three (3) groups may receive compensation under the Settlement:

Category 1	First Nations children who were removed from their homes on reserve and placed in care at any time between April 1, 1991 and March 31, 2022.
Category 2	First Nations children who faced a service gap or were denied or delayed access to an essential service between April 1, 1991 and November 2, 2017.

Category 3 Their caregiving parents or caregiving grand-parents.

CATEGORY 1: REMOVED CHILDREN

Under the Settlement, First Nations children on reserve or those who had at least one parent living on reserve, or lived in the Yukon, and who were placed in care between April 1, 1991 and March 31, 2022 may be able to receive money. To find out more about compensation under the Settlement, click here.

You may qualify for payment if you:

- Are First Nations;
- Lived on reserve or had at least one parent living on reserve, or in the Yukon as a child (except in the Northwest Territories)
- Were placed into care as a child between April 1, 1991 and March 31, 2022; and
- Your placement was funded by Canada.

Covered	Not Covered
First Nations children	Non- First Nations children
Children living on reserve or had at least one parent living on reserve, or lived in the Yukon	Children living off-reserve, or in the Northwest Territories
Children who were placed into care between April 1, 1991 and March 31, 2022, including in: • **Foster Homes** • **Assessment Homes** • **Non-kin Foster Homes**	Children who were placed into care *prior* to April 1, 1991, or who were placed into: • Non-paid Kin Homes • Non-paid Community Homes

• **Paid Kinship Homes** • **Group Homes** • **Residential Treatment Facilities** • **Others**	
Funded by Canada	Funded by a province

Children who were removed from their homes prior to 1991 are the subject of other class actions such as the "Sixties' Scoop" settlement. These are separate class actions, distinct from this one.

WHAT DOES "FIRST NATIONS" MEAN UNDER THE SETTLEMENT WITH RESPECT TO REMOVED CHILDREN?

Under the Settlement, "First Nations" means Indigenous peoples who:

(i) Are registered under the *Indian Act*;
(ii) Were entitled to be registered under the *Indian Act* as of February 11, 2022; or
(iii) Met band membership requirements as of at least February 11, 2022 (i.e., they were included on the Band List of their community)

I AM FIRST NATIONS BUT WAS NOT LIVING ON RESERVE AT THE TIME THAT I WAS REMOVED FROM MY HOME. CAN I STILL RECEIVE COMPENSATION?

If one or both of your parents were ordinarily resident on a reserve when you were placed into care, you may be able to get compensation. But, if neither you nor your parents were living on reserve, you are not entitled to compensation unless Canada funded your removal under an agreement with a province or territory.

Take this quiz to find out if you qualify in this category:

1. Are you First Nations?

☐ Yes ☐ No

2. Did you live on a reserve or had at least one parent living on reserve, or lived in the Yukon?

(N.B. if you lived in the Northwest Territories, select "No")

☐ Yes ☐ No

4. Were you placed in care at any time between April 1, 1991 and March 31, 2022?

☐ Yes ☐ No

If you answered "Yes" to all of these questions, you may qualify for payment. Contact the Assembly of First Nations Helpline at **[contact]** to learn more.

CATEGORY 2: JORDAN'S PRINCIPLE / TROUT

Under the Settlement, First Nations children who faced a service gap or were denied or delayed access to an essential service between 1991 and 2017 may be able to receive money. This group is commonly referred to as "Jordan's Principle" class, in honour of Jordan River Anderson. (Although Jordan's Principle did not exist until 2007, this category dates back to April 1, 1991 under the name of Trout.)

WHAT IS "JORDAN'S PRINCIPLE"?

"Jordan's Principle" is a legal rule that requires the government to treat First Nations children in the same manner as non-First Nations children, and not deprive them of important services that they need. The government must put the interests of the child first, before any jurisdictional or funding dispute.

This principle was named in honour of Jordan River Anderson, who did not receive the services he desperately needed because the governments were arguing about who should pay for Jordan's needs. Jordan's Principle is intended to ensure that what happened to Jordan does not happen to other First Nations children.

To find out more about compensation under the Settlement, click here.

You may qualify for payment if:

- You are First Nations (whether you lived on or off reserve, including in the Yukon and Northwest Territories);
- You needed an essential service between April 1, 1991 and November 2, 2017; and
- You requested the service but were denied or delayed access to this service, or you did not request the service but there was a service gap, because of a:
    1. lack of funding
    2. lack of jurisdiction
    3. jurisdictional dispute between Canada and the provincial / territorial government
    4. other reasons

Covered	Not Covered
First Nations children	Non-First Nations children
Children who were confirmed by a professional with relevant expertise to have needed an essential service	Children who needed a non-essential service
Were denied or delayed access to this service or faced a service gap	Were denied or delayed access to this service
Because of a: • **lack of funding** • **lack of jurisdiction** • **service gap** • **jurisdictional dispute** • **other**	For any reason
Between April 1, 1991 and November 2, 2017	Before April 1, 1991 or after November 2, 2017

WHAT DOES "FIRST NATIONS" MEAN UNDER THE SETTLEMENT WITH RESPECT TO JORDAN'S PRINCIPLE CHILDREN?

Under the Settlement, "First Nations" means Indigenous peoples across Canada (including the Yukon and Northwest Territories) who:

(i) Are registered under the Indian Act;

(ii) Were entitled to be registered under the Indian Act as of February 11, 2022; or

(iii) Were recognized as citizens or band members of a First Nations community as of February 11, 2022, and faced a delay, denial or service gap with respect to an essential service between January 26, 2016 and November 2, 2017.

Take this quiz to find out if you may qualify in this category:

1. Are you First Nations?

☐ Yes ☐ No

2. Did a professional with relevant expertise confirm that you needed an essential service between April 1,1991 and November 2, 2017? (For more information on the list of essential services, click here)

☐ Yes ☐ No

3. Were you denied access to this service, or did you experience a delay in receiving this service?

☐ Yes ☐ No

4. Were you unable to obtain this service due to a service gap?

☐ Yes ☐ No

If you answered "Yes" to these questions, you may qualify for payment.

CATEGORY 3: FAMILIES

The caregiving parents or the caregiving grandparents of children who were removed from their homes or denied access to an essential service may also be able to receive compensation. This includes the biological or adoptive parent(s), or grand-parent(s), of the child. Foster parents are not included.

Covered	Not Covered
Caregiving biological parent(s)	Foster parent(s)
Caregiving adoptive parent(s)	
Step-parent(s)	
Caregiving biological grand-parent(s)	
Caregiving adoptive grand-parent(s)	

Importantly, only those parent(s) or grand-parent(s) who were caring for the child at the time of removal are entitled to compensation – i.e., the *primary caregivers* – to a maximum of two (2) caregivers.

Siblings and other family members of the affected children will not receive direct compensation under this Settlement.

THE SETTLEMENT

OVERVIEW

Under the settlement Canada will pay committing **$20 billion** to class members. In addition, Canada pledged an additional **$20 billion** to fund long-term reform to eliminate systemic discrimination against First Nations children. However, that pledge is not part of this settlement.

The Settlement must be approved by the courts. If it is approved by the courts, individuals falling within Category 1, Category 2, or Category 3 may be able to receive compensation.

Is this case different from the Canadian Human Rights Tribunal compensation decision ordering Canada to pay $40,000 to each affected individual?

The Settlement of the class action partly overlaps with the Tribunal compensation decision. The Tribunal will be asked to confirm that this settlement satisfies its compensation order. If the Federal Court then approves the Settlement, this Settlement will cover all claims under both the Tribunal and the class action. You will only need to make one application for compensation.

HOW MUCH COMPENSATION CAN I GET?

The amount of money you may receive will vary based on different factors. Each Category provides for an estimated minimum base payment. In addition, you may be able to receive additional payments, if certain factors are present.

CATEGORY 1: REMOVED CHILDREN

Minimum Payment

Under the Settlement, individuals who were removed from their homes and placed into care as children, between April 1, 1991 and March 31, 2022, are each entitled to a minimum payment of **$40,000**.

Additional Payments

Some individuals will also be able to get more compensation, based on several factors. These include, for example:

- The age when you were first placed into care;
- The total amount of time spent in care;
- Whether you were removed from your home due to lack of access to an essential service;
- Whether you lived in a Northern or remote community;

- The number of times you were placed into care; and
- The number of out of home placements.

These factors are intended to acknowledge the harm suffered by each child, in light of their individual circumstances.

The availability and the amount of additional payments may vary depending on the number of applicants.

CATEGORY 2: JORDAN'S PRINCIPLE / TROUT

Minimum Payment

The minimum amount available for members of Category 2 depends on *when* the essential service gap or the denial or delay of an essential service happened:

Between April 1, 1991 – December 11, 2007 **up to $20,0000 or more**

Between December 12, 2007 – November 2, 2017 **up to $40,000 or more**

The actual amount each person can receive will depend on the severity of the impact on the child, the number of approved claimants, and the availability of funds.

Additional Payments

Individuals may also be able to get more money, in certain circumstances, if the denial or delay of an essential service had a severe impact on them. Any additional payments will depend on the severity of the impact, the number of approved claimants, and the availability of funds.

CATEGORY 3: FAMILIES

The caregiving parents or the caregiving grandparents of children who were removed from their homes or denied access to an essential service may also be able to receive compensation. The amount of money a caregiver may be entitled to depends on the Category.

Category 1: Caregivers of removed children	**$40,000 per child** up to a **maximum of $60,000**
Category 2: Caregivers of Jordan's Principle and Trout children	The amount is not determined at this time. It is expected that the caregiving parents or caregiving grandparents of the children who were most significantly impacted will receive direct compensation. The amount each caregiver may receive will depend on the number of approved claimants.

Siblings and other family members of the affected children will not receive direct compensation under this Settlement.

To find out how you can get money, click here.

WILL MY MONEY BE TAXED?

Money received under the Settlement is not subject to federal income tax. In addition, Canada has agreed to work with provinces and territories to exempt these amounts from provincial taxes or other deductions.

ARE THERE ADDITIONAL SUPPORTS FOR CHILDREN & FAMILIES?

In addition to the above, a **$50 million** trust fund will be created to support First Nations children and families in different ways. This includes, for example:

- Grants to facilitate culture, community and healing-based services to class members and their children;
- Supports for children in care, or formerly in care, including funding for family and community reunification;
- Funding to facilitate access to cultural programs, activities and supports (ex. youth groups, ceremonies, languages, Elders and Knowledge Keepers, mentors, land-based

activities, and culturally-based arts and recreation);

- Supports for children transitioning out of care (ex. safe and accessible housing, life skills and independent living, financial literacy, continuing education, health and wellness supports, etc.);

- Facilitating the creation of a scholarship for the Jordan's Principle Class and their children; and

- The creation of a national network for First Nations children in care.

APPROVAL OF SETTLEMENT

WHEN WILL THE SETTLEMENT BE APPROVED?

FEDERAL COURT

The Federal Court will hold a hearing to decide if the Settlement should be approved. This hearing will take place in Ottawa on **September 19 to 23, 2022**. Details of the hearing will be posted here as well as details on how to attend a virtual hearing if available.

It is possible that this date might change. Sign up here to receive notifications by email of any change to the time and place of the hearing.

CANADIAN HUMAN RIGHTS TRIBUNAL

The Settlement must also be reviewed by the Canadian Human Rights Tribunal. A hearing before the Tribunal is expected to take place before the hearing at the Federal Court.

At this hearing, the Tribunal will be asked to confirm if the Settlement satisfies its previous compensation order against Canada (the **Compensation Order**). If it does, the Settlement will replace the Compensation Order. This means that claimants will have to seek compensation through the Settlement rather than the Compensation Order.

CAN I COMMENT OR OBJECT TO THE SETTLEMENT?

You do not have to attend the hearing to provide any comments on the Settlement, but you can if you want to.

If you want to provide comments or object to the Settlement, there are two (2) ways you can do so:

In writing: You can provide comments in writing to this address: [insert]. Your comments will be sent to the Federal Court before the hearing. To be included, all written comments must be received by **September 12, 2022**.

In person: You can ask to speak in court about the Settlement on September 19 to 23, 2022 in person or by videoconference. If you want to comment or object in person, you must send your request to speak at the hearing by **September 12, 2022**.

You will also have an opportunity to comment on the fees for the lawyers who worked on the class action. For more information about the lawyers and their fees, click here.

WHAT HAPPENS AFTER THE SETTLEMENT IS APPROVED?

Participation in the Settlement is voluntary. You can decide if you would like to participate and make a claim for payment. The following are your options:

OPTION 1: STAY IN THE CLASS ACTION

If you want to stay in the class and submit a claim for payment under the Settlement, you do not need to do anything at this time. Once the Settlement is approved by the court, you will be provided with information about how to make a claim.

ARE THERE ANY NEGATIVE CONSEQUENCES OF STAYING IN THE CLASS ACTION?

Staying in the class action will not impact any government supports that you may be receiving or may be entitled to receive in the future from any government.

By staying in the class action, you can submit a claim for compensation under the Settlement. But, you will not be able to sue Canada again, or make an application to the Canadian Human Rights Tribunal, regarding the same discriminatory conduct.

Nothing in the Settlement prevents you from taking legal action for any other harms not included in this class action, or starting a claim against a province, territory or agency.

OPTION 2: REMOVE YOURSELF FROM THE CLASS ACTION

If you do not want to participate in the class action, you can ask to be removed from the lawsuit. You can do so by filling out an Opt-Out Form online or mailing a copy to this address: [insert]. **If you remove yourself from the class action, you will NOT receive any compensation under this Settlement.**

You can also contact the Administrator of the Settlement by contacting [1-800-NUMBER].

The last day to remove yourself from the class action is: **[date]**.

IF I OPT-OUT OF THE SETTLEMENT, CAN I STILL GET MONEY FROM THE CANADIAN HUMAN RIGHTS TRIBUNAL COMPENSATION ORDER?

No. If approved by the Canadian Human Rights Tribunal, the Settlement will replace the Compensation Order process altogether. This means that claimants can only request money through the Settlement. If you opt-out of the Settlement, you will not be able to claim compensation for this discriminatory conduct.

CLASS ACTION TEAM

WHO IS REPRESENTING THE CLASS?

YOUR REPRESENTATIVE PLAINTIFFS

The Assembly of First Nations is a plaintiff. The class action was brought by the following individuals on behalf of affected First Nations across Canada:

- Xavier Moushoom
- Jeremy Meawasige
- Jonavon Joseph Meawasige
- Ashley Dawn Louise Bach
- Karen Osachoff

- Melissa Walterson
- Noah Buffalo-Jackson
- Carolyn Buffalo
- Dick Eugene Jackson
- Zacheus Joseph Trout

These are your representative plaintiffs. They act as representatives of the entire class.

YOUR LEGAL TEAM

The class is represented by five (5) law firms across Canada:

- Sotos LLP
- Kugler Kandestin LLP
- Miller Titerle + Co.
- Nahwegahbow Corbiere
- Fasken Martineau Dumoulin LLP

HOW WILL THE LAWYERS BE PAID?

You do not have to pay the lawyers, or anyone else, to be a part of this lawsuit or to receive payment in the Settlement.

The lawyers will be paid by Canada, separate and apart from the Settlement. These fees will not be taken from the Settlement, or from any payments to be made to class members. The settlement funds ($20 billion) have been set aside for the class *only*.

The amount to be paid to the lawyers will be negotiated separately between the lawyers and Canada, and will be subject to court approval. The amount will have no impact on your ability to get money under the Settlement.

More details on the legal fees that will be requested will be posted here after the negotiations have concluded.

CONTACT US

WANT MORE INFORMATION ABOUT THE CLASS ACTION OR THE SETTLEMENT?

More information about the case _____

NEED SUPPORT OR ASSISTANCE?

Support services are available _____

You can contact the class action administrator for help at: [**contact**]

You can also contact the Assembly of First Nations Helpline at: [**contact**]

To learn more about your options and determine if you are included, please visit: [URL] or call [1-800 NUMBER].

For more information about the Settlement and your options, please contact: _____

You can contact the class action administrator for help at: [**contact**]

You can also contact the Assembly of First Nations Helpline at: [**contact**]

SCHEDULE "C"

OPT-OUT FORM

TO: [CLASS ACTION ADMINISTRATOR]
[Address]
[Email]
[Fax]
[Phone number]

I do not want to participate in the class actions styled as ***Xavier Moushoom et al v. The Attorney General of Canada*** and ***Zacheus Trout et al v. The Attorney General of Canada*** regarding the claims of discrimination against First Nations children and families. I understand that by opting out, **I will NOT be eligible for the payment of any amounts** awarded or paid in the class actions, and those associated with the Canadian Human Rights Tribunal File No.: T1340/7008. If I want an opportunity to be compensated, I will have to make a separate individual claim and if I decide to pursue my own claim, and I want to engage a lawyer this will be at my own expense.

Please state your reason for opting out: _____

If you are sending this form on behalf of someone else, what is your full name and relationship to that person: Full Name: _____ Relationship: _____

Date: _____ _____
Signature

_____
Full Name of the Person Opting Out

_____
Date of Birth of the Person Opting Out

_____
Indian Registry/Status Number (if available)
of the Person Opting Out

_____
Address of the Person Opting Out

_____
Reserve/Town/City, Province, Postal Code

_____
Telephone

_____
Email

This notice must be delivered on or before [DATE] to be effective.

Cour fédérale Federal Court

Date : 20220624

Dossier : T-402-19
T-141-20
T-1120-21

[TRADUCTION FRANÇAISE]

Ottawa (Ontario), le 24 juin 2022

En présence de madame la juge Aylen

RECOURS COLLECTIF

ENTRE :

XAVIER MOUSHOOM, JEREMY MEAWASIGE (représenté par son tuteur à l'instance, Jonavon Joseph Meawasige) ET JONAVON JOSEPH MEAWASIGE

demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

défendeur

T-141-20

ENTRE :

ASSEMBLÉE DES PREMIÈRES NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (représenté par sa tutrice à l'instance, Carolyn Buffalo), CAROLYN BUFFALO ET DICK EUGENE JACKSON, également connu sous le nom de RICHARD JACKSON

demandeurs

et

SA MAJESTÉ LA REINE

défenderesse

T-1120-21

ENTRE :

ASSEMBLÉE DES PREMIÈRES NATIONS et ZACHEUS JOSEPH TROUT

demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

défendeur

ORDONNANCE

VU LA REQUÊTE déposée par les demandeurs, entendue lors d'une séance spéciale de la Cour le 22 juin 2022, en vue d'obtenir une ordonnance approuvant la version abrégée et la version détaillée de l'avis d'audience de certification et de règlement, ainsi que le formulaire de retrait;

ET VU le dossier de requête des demandeurs, ainsi que les observations formulées par les avocats des parties lors de l'audition de la requête;

ET VU que le défendeur consent à la mesure de redressement demandée;

LA COUR ORDONNE :

1. La version abrégée de l'avis d'audience de certification et de règlement, la version détaillée de l'avis d'audience de certification et de règlement ainsi que le formulaire de retrait essentiellement sous les formes ci-jointes respectivement en tant qu'annexes « A », « B » et « C » sont approuvées, sous réserve du droit des parties d'apporter des modifications non importantes selon ce qui est nécessaire ou souhaitable, et sous réserve de la traduction de la version abrégée de l'avis d'audience de certification et de règlement, de la version détaillée de l'avis d'audience de certification et de règlement ainsi que du formulaire de retrait en cri, en ojibwé, en déné et en mi'kmaq avant la publication, tel que les parties en auront convenu.

2. Les personnes qui souhaitent se retirer du recours collectif dans les dossiers de la Cour numéros T-402-19 et T-141-20 ou du recours collectif dans le dossier de la Cour numéro T-1120-21 doivent, pour ce faire, envoyer à l'administrateur des réclamations le formulaire de retrait au plus tard à la date limite de retrait, le cachet de la poste faisant foi, ou se retirer en ligne en utilisant le document de retrait qui se trouve sur le site Web du recours collectif, à l'adresse http://www.fnchildcompensation.ca/?lang=fr. Le délai de retrait doit être de six mois à compter de la date à laquelle les avis sont publiés.

3. Lorsque le cachet de la poste n'est pas visible ou est illisible, on considérera que la demande de retrait a été postée quatre (4) jours ouvrables avant la date à laquelle elle a été reçue par l'administrateur des réclamations.

4. Le choix de se retirer, qu'il soit formulé sur papier ou en ligne, doit être signé par la personne concernée ou par son délégué et doit inclure les renseignements suivants, tel qu'il est indiqué à l'annexe C de la présente ordonnance :

    a. le nom complet de la personne, son adresse actuelle, son numéro de téléphone, ainsi que son numéro au registre des Indiens ou son numéro d'attestation du statut autochtone (le cas échéant);

    b. la déclaration approuvée indiquant que la personne souhaite se retirer du recours collectif et qu'elle comprend que ce retrait fera en sorte qu'elle ne recevra pas de paiement dans le cadre du recours collectif;

    c. la raison pour laquelle la personne souhaite se retirer du recours collectif.

5. Tout membre du recours collectif qui se retire de l'instance n'aura plus le droit de participer à l'instance ni d'obtenir une part des fonds reçus à la suite d'un jugement ou d'un règlement dans l'instance.

6. Dans les trente (30) jours suivant la date limite de retrait, l'administrateur des réclamations doit remettre aux avocats du groupe et au défendeur un rapport contenant les noms de toutes les personnes qui se sont retirées de l'instance à temps et de façon valide, ainsi qu'un résumé des renseignements fournis par ces personnes conformément au paragraphe 4 ci-dessus.

7. Toute personne qui exerce le droit de retrait au nom d'une personne qui n'a pas atteint l'âge applicable de la majorité ou qui, pour une autre raison, n'a pas la

capacité juridique d'exercer elle-même le droit de retrait doit demander l'approbation de la Cour; dans ces cas, le retrait ne sera valide qu'avec l'approbation de la Cour. La procédure d'obtention de l'approbation de la Cour fera l'objet d'une autre ordonnance de la Cour.

8. Le programme de notification et la désignation de l'administrateur des réclamations feront l'objet d'une autre ordonnance de la Cour.

« Mandy Aylen »
Juge

ANNEXE A

Avis d'autorisation et d'approbation du règlement (forme courte)

Action collective relative à la protection de l'enfance au niveau fédéral et au principe de Jordan

La Cour fédérale du Canada a approuvé cet avis.

Les demandeurs et le gouvernement du Canada (« **Canada** ») ont conclu un règlement de 20 milliards de dollars pour cette action collective intentée au nom des enfants des Premières Nations et de certains membres de leur famille. Si vous êtes admissible, vous pourriez avoir droit à un paiement en vertu de ce règlement.

Cet avis fournit des informations sur l'action collective et son règlement. Des informations plus détaillées sont disponibles en ligne ici. Vous pouvez également vous inscrire pour recevoir des mises à jour sur le processus d'indemnisation à ce même lien.

Cet avis vous donne également la possibilité de vous retirer (vous exclure) de l'action collective. Vous devez vous retirer de l'action collective uniquement si vous ne voulez pas recevoir de paiement dans le cadre de ce Règlement ni être lié par lui.

Si vous voulez rester dans l'action collective et être admissible à soumettre une demande de paiement dans ce règlement, vous n'avez rien à faire maintenant.

Si vous souhaitez obtenir de l'aide pour mieux comprendre cet avis, vous trouverez les coordonnées pour le faire ci-dessous. Vous pouvez prendre rendez-vous pour un appel avec une personne qui vous l'expliquera et répondra à vos questions.

Sur quoi porte cette action collective ?

Cette action collective allègue que, du 1er avril 1991 au 31 mars 2022, Canada a fait preuve de discrimination envers les enfants des Premières Nations vivant dans une réserve ou au Yukon qui ont été retirés de leur foyer par les agences de protection de l'enfance opérant dans les collectivités des Premières Nations et placés à l'extérieur de leur foyer.

L'action collective allègue également qu'entre 1991 et le 2 novembre 2017, Canada n'a pas fourni (ou a tardé à fournir) des services essentiels aux enfants des Premières Nations qui en avaient un besoin confirmé. Ce traitement était discriminatoire envers les enfants et enfreignait une règle juridique connue sous le nom de « principe de Jordan ».

Êtes-vous inclus(e) dans l'action collective ?

En général, vous êtes inclus(e) dans l'action collective si vous faites partie de l'un des groupes suivants :

> **1re catégorie :** Enfants des Premières Nations vivant dans une réserve ou au Yukon qui ont été retirés de leur foyer par les agences de protection de l'enfance opérant dans les

collectivités des Premières Nations et placés dans une agence, un foyer d'accueil ou un foyer de groupe à tout moment entre le 1er avril 1991 et le 31 mars 2022. Ce groupe comprend également les enfants des Premières Nations qui ne vivaient pas dans une réserve, mais dont l'un des parents résidait habituellement dans une réserve au moment de leur retrait.

2e catégorie : Enfants des Premières Nations (vivant dans une réserve et hors d'une réserve) dont il a été confirmé qu'ils avaient besoin d'un service essentiel, mais qui ont été confrontés à un retard, un refus ou un manque dans la réception de ce service essentiel entre le 1er avril 1991 et le 2 novembre 2017.

3e catégorie : Les parents, grands-parents ou frères et sœurs de l'une des personnes susmentionnées.

Vous trouverez plus de détails sur les personnes concernées par l'action collective ici.

Quel est le règlement proposé ?

Les demandeurs et Canada ont convenu d'un règlement qui exige que Canada verse 20 milliards de dollars en compensation. Le règlement doit être approuvé par le tribunal avant d'entrer en vigueur.

Si le règlement est approuvé par le tribunal, chaque enfant retiré décrit dans la 1re catégorie peut recevoir 40 000 dollars ou plus en compensation, selon le nombre de personnes dont la demande de compensation est approuvée. Les parents ou les grands-parents qui s'occupaient d'une personne de la 1re catégorie au moment de son retrait du foyer peuvent également avoir droit à une indemnité de 40 000 dollars ou à un maximum de 60 000 dollars dans le cas de plusieurs enfants retirés. Les frères et sœurs d'un enfant retiré n'auront droit à aucun paiement au titre du règlement.

Chaque personne appartenant à la 2e catégorie qui :

(a) n'a pas eu accès à un service essentiel en temps voulu, ou a été privé d'un service essentiel dont il a été confirmé qu'elle avait besoin entre le 12 décembre 2007 et le 2 novembre 2017 (en vertu du principe de Jordan) a droit à une indemnisation. Les personnes qui ont subi un impact important à cause de cela peuvent recevoir 40 000 $ ou plus. Les autres peuvent recevoir moins de 40 000 $ et jusqu'à 40 000 $, en fonction du nombre de demandeurs approuvés. Les montants réels que chaque demandeur recevra ne pourront être déterminés qu'à une date ultérieure, lorsque le nombre de personnes présentant une demande sera connu.

OU

(b) n'a pas eu accès en temps voulu à un service essentiel, ou a subi un refus ou un manque dans la réception d'un service essentiel dont il a été confirmé qu'elle avait besoin entre le 1er avril 1991 et le 11 décembre 2007, a droit à une indemnisation. Les personnes qui ont subi un préjudice important de ce fait peuvent recevoir 20 000 $ ou plus. Les autres peuvent recevoir moins de 20 000 $ et jusqu'à 20 000 $, selon le nombre de demandeurs approuvés.

Les montants réels que chaque demandeur recevra ne pourront être déterminés qu'à une date ultérieure, lorsque le nombre de personnes présentant une demande sera connu.

Le(s) parent(s) ou grand-parent(s) qui s'occupaient des personnes de la 2e catégorie qui ont subi les préjudices les plus graves peuvent également avoir droit à une indemnisation au titre de la 3e catégorie.

Un fonds de 50 millions de dollars sera également créé pour aider les enfants et les familles des Premières Nations touchés par la discrimination du Canada.

Quelles sont mes options ?

1. **Rester dans l'action collective :** Si vous souhaitez rester dans le groupe et être admissible à soumettre une demande de paiement en vertu du règlement, vous n'avez rien à faire pour le moment.

2. **Vous retirer de l'action collective (exclusion) :** Si vous ne voulez pas participer à cette action collective, et si vous ne voulez pas recevoir un paiement dans le cadre du règlement, vous devez vous retirer (vous exclure) en soumettant un formulaire d'exclusion avant le : _____.

   Si vous soumettez le formulaire d'exclusion, vous ne recevrez pas d'indemnisation dans le cadre du règlement.

   Pour vous retirer de l'action en justice, veuillez visiter le [URL] pour remplir et soumettre un formulaire d'exclusion en ligne, ou envoyer une copie imprimée du formulaire d'exclusion à [ADRESSE] en demandant à être retiré(e) de cette action collective. Vous pouvez également recevoir une copie du formulaire d'exclusion de l'administrateur en composant le [1 800 NUMÉRO].

   La date limite pour soumettre le formulaire d'exclusion et vous retirer de l'action collective est le : **[DATE]**.

Que se passe-t-il si je veux m'opposer au règlement ou soumettre un commentaire à son sujet ?

La Cour fédérale tiendra une audience pour déterminer si elle approuve le règlement de 20 milliards de dollars et les honoraires des avocats. Il est prévu que l'audience ait lieu **du 19 au 23 septembre 2022** à Ottawa, mais il est possible que cette date change. Si la date change, une nouvelle date sera affichée ici. Inscrivez-vous ici pour recevoir un avis par courriel de tout changement de date et/ou de lieu de l'audience.

L'audience aura lieu en personne et sera diffusée en ligne. Les détails de l'audience seront publiés ici.

Vous n'êtes pas tenu(e) d'assister à l'audience ni de formuler des commentaires sur le règlement pour pouvoir bénéficier d'une indemnisation.

Si vous voulez vous opposer au règlement ou faire des commentaires sur le règlement ou les honoraires d'avocats qui seront demandés, vous avez deux options :

1. **Vous opposer ou soumettre vos commentaires par écrit :** Vous pouvez envoyer vos commentaires à _____. Vos commentaires seront envoyés à la Cour fédérale avant l'audience.

2. **Vous opposer en personne :** Demandez à parler au tribunal du règlement proposé ou des honoraires des avocats entre le 19 et le 23 septembre 2022, soit en personne à la Cour fédérale à Ottawa, soit par vidéoconférence.

Si vous souhaitez vous opposer, vous devez envoyer vos commentaires écrits ou demander de prendre la parole lors de l'audience au plus tard le **12 septembre 2022**.

Décision du Tribunal canadien des droits de la personne

Le règlement de l'action doit également être examiné par le Tribunal canadien des droits de la personne (le Tribunal). Une audience devant le Tribunal devrait avoir lieu en juin ou juillet 2022.

Il sera demandé au Tribunal de rendre une décision selon laquelle le règlement de 20 milliards de dollars de l'action collective satisfait à son ordonnance de compensation antérieure contre le Canada (2019 TCDP 39). Si le Tribunal conclut que le règlement de 20 milliards de dollars satisfait à son ordonnance de compensation contre Canada, alors le règlement de 20 milliards de dollars remplacera l'ordonnance de compensation, et vous ne pourrez pas demander un paiement en vertu de l'ordonnance du Tribunal. De plus, si le Tribunal conclut que le règlement de 20 milliards de dollars de cette poursuite satisfait à son ordonnance d'indemnisation, et si la Cour fédérale approuve le règlement, vous ne pourrez pas demander d'indemnisation en vertu de l'ordonnance d'indemnisation du Tribunal, même si vous vous retirez de cette poursuite.

Si le Tribunal ne conclut pas que le règlement satisfait à son ordonnance d'indemnisation, le règlement prendra fin et l'audience de septembre devant la Cour fédérale n'aura pas lieu. Si cela se produit, vous recevrez un autre avis.

Il est possible que certaines personnes qui ont droit à un paiement en vertu de l'ordonnance d'indemnisation du Tribunal, en particulier les personnes de la 3e catégorie ci-dessus, ne reçoivent pas d'indemnisation directe en vertu du règlement de l'action collective, ou qu'elles reçoivent moins d'argent que ce à quoi elles auraient droit en vertu de l'ordonnance d'indemnisation du Tribunal.

Y a-t-il des conséquences négatives à rester dans l'action collective ?

En demeurant dans l'action collective, vous serez admissible à soumettre une demande d'indemnisation. Cependant, en restant dans l'action collective, vous ne pourrez plus poursuivre Canada. Vous pouvez toujours poursuivre une agence, un foyer d'accueil ou un foyer de groupe. Vous ne pourrez pas demander une indemnisation au Tribunal canadien des droits de la personne pour le même comportement discriminatoire qui fait l'objet de l'action collective.

Qui représente le groupe ?

Le groupe est représenté par les demandeurs suivants : Xavier Moushoom, Jeremy Meawasige (par son tuteur judiciaire, Jonavon Joseph Meawasige), Jonavon Joseph Meawasige, Ashley Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson (par sa tutrice judiciaire, Carolyn Buffalo), Carolyn Buffalo, Dick Eugene Jackson et Zacheus Joseph Trout. L'Assemblée des Premières Nations est également un demandeur dans l'action collective.

Les demandeurs sont représentés par cinq cabinets d'avocats à travers le Canada : Sotos LLP, Kugler Kandestin LLP, Miller Titerle + Co., Nahwegahbow Corbiere et Fasken Martineau Dumoulin LLP.

Vous n'avez pas à payer les avocats, ou qui que ce soit d'autre, pour faire partie de cette action ou pour recevoir un paiement dans le cadre du règlement.

Comment les avocats seront-ils payés ?

Les avocats seront payés par Canada. Aucune somme versée aux avocats ne sera prélevée sur le règlement de 20 milliards de dollars ou sur tout paiement effectué aux membres du groupe.

Le montant que les avocats recevront sera négocié entre les avocats des demandeurs et Canada. S'ils s'entendent sur un montant d'honoraires, les avocats demanderont à la Cour d'approuver ce montant lors de l'audience actuellement prévue du 19 au 23 septembre 2022.

Plus de détails sur les honoraires juridiques qui seront demandés seront publiés ici après la conclusion des négociations.

Vous souhaitez obtenir plus de renseignements au sujet de l'action collective ou du règlement ?

Plus de renseignements au sujet de l'action ____

Vous avez besoin de soutien ou d'assistance ?

Des services de soutien sont offerts _____

Pour en savoir plus sur les options qui s'offrent à vous et déterminer si vous êtes inclus(e), veuillez visiter le : [URL] ou composer le [1 800 NUMÉRO].

Pour plus d'information sur le règlement et sur vos options, veuillez contacter : _____.

ANNEXE B

Avis d'autorisation et d'approbation du règlement (forme longue)

Action collective relative à la protection de l'enfance au niveau fédéral et au principe de Jordan

•

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INTRODUCTION

La Cour fédérale du Canada a approuvé cet avis.

Les demandeurs et le gouvernement du Canada (« **Canada** ») ont conclu un règlement de 20 milliards de dollars pour cette action collective intentée au nom des enfants des Premières Nations et de certains membres de leur famille. Si vous êtes admissible, vous pourriez avoir droit à un paiement en vertu de ce règlement.

Cet avis fournit des informations sur l'action collective et son règlement. Des informations plus détaillées sont disponibles en ligne ici. Vous pouvez également vous inscrire pour recevoir des mises à jour sur le processus d'indemnisation à ce même lien.

Cet avis vous donne également la possibilité de vous retirer (vous exclure) de l'action collective. **Vous devez vous retirer de l'action collective uniquement si vous ne voulez pas recevoir de paiement dans le cadre de ce règlement.**

Si vous voulez rester dans l'action collective et être admissible pour soumettre une demande de paiement dans ce règlement, vous n'avez rien à faire maintenant.

Si vous souhaitez obtenir de l'aide pour mieux comprendre cet avis, vous trouverez les coordonnées pour le faire ci-dessous. Vous pouvez prendre rendez-vous pour un appel avec une personne qui vous l'expliquera et répondra à vos questions.

L'ACTION COLLECTIVE

QU'EST-CE QU'UNE ACTION COLLECTIVE ?

Une action collective est une action en justice déposée par une personne ou plusieurs au nom d'un groupe de personnes.

SUR QUOI PORTE CETTE ACTION COLLECTIVE ?

Cette action collective porte sur la discrimination exercée par le gouvernement canadien à l'égard des enfants des Premières Nations en matière de protection de l'enfance, de soins de santé et d'autres services essentiels.

Cette action collective allègue que, de 1991 à 2022, Canada a fait preuve de discrimination envers les enfants des Premières Nations vivant dans une réserve qui ont été retirés de leur foyer et placés à l'extérieur de leur foyer.

L'action collective allègue également qu'entre 1991 et 2017, Canada n'a pas fourni (ou a tardé à fournir) des services essentiels aux enfants des Premières Nations qui en avaient un besoin confirmé. Ce traitement était discriminatoire envers les enfants et enfreignait une règle juridique connue sous le nom de « principe de Jordan ».

Au cours de l'hiver 2022, les négociations intensives entre les parties ont mené à un engagement du Canada à verser **20 milliards de dollars** aux victimes de discrimination pour régler l'action collective (le **Règlement**). L'objectif du Règlement est d'offrir un dédommagement aux survivants et à leurs familles en reconnaissance des préjudices qu'ils ont subis — tout en sachant qu'aucune somme d'argent ne peut compenser leur douleur et leur souffrance.

QUI EST INCLUS DANS L'ACTION COLLECTIVE ?

Trois (3) groupes peuvent recevoir un dédommagement en vertu du Règlement :

1re catégorie	Enfants des Premières Nations qui ont été retirés de leur foyer dans une réserve et placés entre le 1er avril 1991 et le 31 mars 2022.
2e catégorie	Enfants des Premières Nations qui se sont vu refuser des services essentiels ou ont reçu des services après un retard, entre le 1er avril 1991

et le 2 novembre 2017.

3e catégorie Leurs parents ou grands-parents qui s'occupaient d'eux.

1RE CATÉGORIE : ENFANTS RETIRÉS DE LEUR FOYER

En vertu du règlement, les enfants des Premières Nations vivant dans une réserve ou ceux dont au moins un parent vivait dans une réserve, ou qui vivaient au Yukon, et qui ont été placés entre le 1er avril 1991 et le 31 mars 2022 peuvent être en mesure de recevoir de l'argent. Pour en savoir plus sur les indemnités prévues par le règlement, cliquez ici.

Vous pouvez bénéficier d'un paiement si :

- Vous êtes membre des Premières Nations ;
- Vous viviez dans une réserve ou aviez eu au moins un parent vivant dans une réserve, ou au Yukon pendant votre enfance (sauf dans les Territoires du Nord-Ouest) ;
- Vous avez été placé en tant qu'enfant entre le 1er avril 1991 et le 31 mars 2022 ; et
- Votre placement a été financé par le Canada.

Couvert	Non couvert
Enfants des Premières Nations	Enfants n'appartenant pas aux Premières Nations
Enfants vivant dans une réserve ou ayant au moins un parent vivant dans une réserve, ou au Yukon	Enfants vivant hors réserve ou aux Territoires du Nord-Ouest
Enfants placés entre le 1er avril 1991 et le 31 mars 2022, y compris dans un ou des : • **Foyers d'accueil**	Enfants placés *avant* le 1er avril 1991, ou qui ont été placés dans un ou des : • Foyers familiaux non rémunérés

• **Foyers d'évaluation** • **Foyers d'accueil non familiaux** • **Foyers de parenté rémunérés** • **Foyers de groupe** • **Centres de traitement résidentiel** • **Autres**	• Foyers communautaires non rémunérés
Financement par le Canada	Financement par une province

Les enfants qui ont été retirés de leur foyer avant 1991 font l'objet d'autres actions collectives comme le règlement pour la « Rafle des années soixante ». Il s'agit d'actions collectives distinctes de celle-ci.

QUE SIGNIFIE « PREMIÈRES NATIONS » EN VERTU DU RÈGLEMENT RELATIF AUX ENFANTS RETIRÉS DE LEUR FOYER ?

Dans le cadre du règlement, le terme « Premières Nations » désigne les personnes autochtones qui :

(i) Sont enregistrés en vertu de la *Loi sur les Indiens ;*

(ii) Avaient le droit d'être enregistrés en vertu de la *Loi sur les Indiens* en date du 11 février 2022 ; ou

(iii) Satisfont aux exigences d'appartenance à la bande au moins à partir du 11 février 2022 (c'est-à-dire qu'elles étaient enregistrés sur la liste de la bande de leur collectivité).

JE SUIS MEMBRE D'UNE PREMIÈRE NATION, MAIS JE NE VIVAIS PAS DANS UNE RÉSERVE AU MOMENT OÙ J'AI ÉTÉ RETIRÉ DE MON FOYER. PUIS-JE QUAND MÊME RECEVOIR UNE INDEMNITÉ ?

Si l'un de vos parents ou les deux résidaient ordinairement dans une réserve lorsque vous avez été placé(e), vous pourriez avoir droit à une indemnité. Toutefois, si ni vous ni vos parents ne viviez dans une réserve, vous n'avez pas droit à une indemnité, à moins que Canada n'ait financé votre retrait en vertu d'un accord avec une province ou un territoire.

Répondez à ce questionnaire pour découvrir si vous faites partie de cette catégorie :

1. Êtes-vous membre des Premières Nations ?

☐ Oui ☐ Non

2. Viviez-vous dans une réserve ou aviez-vous au moins un parent vivant dans une réserve, ou au Yukon ? (N. B. Si vous viviez dans les Territoires du Nord-Ouest, sélectionnez « Non ».)

☐ Oui ☐ Non

4. Avez été placé(e) à tout moment entre le 1er avril 1991 et le 31 mars 2022 ?

☐ Oui ☐ Non

Si vous avez répondu « Oui » à toutes ces questions, vous pouvez avoir droit à un paiement. Contactez la ligne d'assistance de l'Assemblée des Premières Nations au [**contact**] pour en savoir plus.

2E CATÉGORIE : PRINCIPE DE JORDAN/TROUT

En vertu du Règlement, les enfants des Premières Nations qui n'ont pas reçu de services, se sont vu refuser des services essentiels ou ont reçu des services après un retard entre 1991 et 2017 peuvent avoir droit de recevoir de l'argent. Ce groupe est communément appelé la catégorie du « principe de Jordan », en l'honneur de Jordan River Anderson. (Bien que le principe de Jordan n'ait pas existé avant 2007, cette catégorie remonte au 1er avril 1991 sous le nom de Trout).

QU'EST-CE QUE LE « PRINCIPE DE JORDAN » ?

Le « principe de Jordan » est une règle juridique qui oblige le gouvernement à traiter les enfants des Premières Nations de la même manière que les autres enfants, et à ne pas les priver des services importants dont ils ont besoin. Le gouvernement doit faire passer les intérêts de l'enfant en premier, avant tout conflit de compétence ou de financement.

Ce principe a été nommé en l'honneur de Jordan River Anderson, qui n'a pas reçu les services dont il avait désespérément besoin parce que les gouvernements se disputaient pour savoir qui devait payer pour combler les besoins de Jordan. Le principe de Jordan vise à garantir que ce qui

est arrivé à Jordan n'arrive pas à d'autres enfants des Premières Nations.

Pour en savoir plus sur les indemnités prévues par le Règlement, cliquez ici.

Vous pouvez être admissible à un paiement si :

- Vous êtes membre des Premières Nations (que vous ayez vécu dans une réserve ou hors réserve, y compris au Yukon et dans les Territoires du Nord-Ouest) ;
- Vous aviez besoin de services essentiels entre le 1er avril 1991 et le 2 novembre 2017 ; et
- Vous avez demandé le service, mais l'accès à ce service vous a été refusé ou retardé, ou vous n'avez pas demandé le service, mais il y a eu un manque de service, en raison :
    1. D'un manque de financement
    2. D'un manque de juridiction
    3. D'une dispute juridictionnelle entre le Canada et le gouvernement provincial ou territorial
    4. D'autres motifs

Couvert	Non couvert
Enfants des Premières Nations	Enfants n'appartenant pas aux Premières Nations
Les enfants dont un professionnel compétent a confirmé qu'ils avaient besoin d'un service essentiel.	Les enfants qui avaient besoin d'un service non essentiel.
L'accès à ce service a été refusé ou retardé, ou il y a eu un manque de service.	L'accès à ce service a été refusé ou retardé.
À cause : • **D'un manque de financement** • **D'un manque de juridiction** • **D'une interruption de service**	Pour toute raison

• **D'une dispute juridictionnelle** • **D'autres motifs**	
Entre le 1er avril 1991 et le 2 novembre 2017.	Avant le 1er avril 1991 ou après le 2 novembre 2017.

QUE SIGNIFIE « PREMIÈRES NATIONS » EN VERTU DU RÈGLEMENT RELATIF AUX ENFANTS CONCERNÉS PAR LE PRINCIPE DE JORDAN ?

Dans le cadre du règlement, le terme « Premières Nations » désigne les personnes autochtones du Canada (y compris du Yukon et des Territoires du Nord-Ouest) qui :

(i) Sont enregistrés en vertu de la *Loi sur les Indiens* ;

(ii) Avaient le droit d'être enregistrés en vertu de la *Loi sur les Indiens* en date du 11 février 2022 ; ou

(iii) Étaient reconnues comme citoyennes ou membres de la bande d'une collectivité des Premières Nations au 11 février 2022, et ont vécu un retard, un refus ou un manque de service en ce qui concerne un service essentiel entre le 26 janvier 2016 et le 2 novembre 2017.

Répondez à ce questionnaire pour découvrir si vous faites partie de cette catégorie :

1. Êtes-vous membre des Premières Nations ?

☐ Oui ☐ Non

2. Un professionnel ayant une expertise pertinente a-t-il confirmé que vous aviez besoin d'un service essentiel entre le 1er avril 1991 et le 2 novembre 2017 ? (Pour plus d'informations sur la liste des services essentiels, cliquez ici).

☐ Oui ☐ Non

3. L'accès à ce service vous a-t-il été refusé, ou avez-vous subi un retard dans l'obtention de ce service ?

☐ Oui ☐ Non

4. Avez-vous été dans l'impossibilité d'obtenir ce service en raison d'un manque de service ?

☐ Oui ☐ Non

Si vous avez répondu « Oui » à ces questions, vous pouvez avoir droit à un paiement.

3E CATÉGORIE : FAMILLES

Les parents ou les grands-parents qui s'occupent des enfants qui ont été retirés de leur foyer ou qui se sont vu refuser l'accès à un service essentiel peuvent également être en mesure de recevoir une indemnisation. Il s'agit du ou des parents biologiques ou adoptifs, ou du ou des grands-parents de l'enfant. Les parents des foyers d'accueil ne sont pas inclus.

Couvert	Non couvert
Parent(s) biologique(s) s'occupant de l'enfant	Parent(s) de foyer d'accueil
Parent(s) adoptif(s) s'occupant de l'enfant	
Beau(x) parent(s)	
Grand-parent(s) biologique(s) s'occupant de l'enfant	
Grand-parent(s) adoptif(s) s'occupant de l'enfant	

Il est important de noter que seuls le(s) parent(s), le(s) grand(s) parent(s) qui s'occupaient de l'enfant au moment du retrait ont droit à une indemnisation — c'est-à-dire les personnes qui s'occupent principalement de l'enfant — jusqu'à un maximum de deux (2) personnes.

Les frères et sœurs et les autres membres de la famille des enfants concernés ne recevront pas de compensation directe dans le cadre de ce règlement.

LE RÈGLEMENT

SURVOL

En vertu du Règlement, Canada versera **20 milliards de dollars** aux membres du groupe. En outre, Canada s'est engagé à verser **20 milliards de dollars** supplémentaires pour financer une réforme à long terme visant à éliminer la discrimination systémique à l'égard des enfants des Premières Nations. Toutefois, cette promesse ne fait pas partie de ce règlement.

Le Règlement devra être approuvé par les tribunaux. S'il est approuvé par les tribunaux, les personnes relevant de la 1re catégorie, de la 2e catégorie ou de la 3e catégorie pourront être en mesure de recevoir une indemnisation.

Cette affaire est-elle différente de la décision d'indemnisation du Tribunal canadien des droits de la personne ordonnant au Canada de verser 40 000 dollars à chaque personne touchée ?

Le Règlement de l'action collective chevauche en partie la décision d'indemnisation du Tribunal. Il sera demandé au Tribunal de confirmer que ce Règlement satisfait à son ordonnance d'indemnisation. Si la Cour fédérale approuve alors le Règlement, celui-ci couvrira toutes les demandes d'indemnisation du Tribunal et de l'action collective. Vous ne devrez faire qu'une seule demande d'indemnisation.

QUEL EST LE MONTANT DE LA COMPENSATION QUE JE PEUX OBTENIR ?

Le montant que vous pouvez recevoir varie en fonction de différents facteurs. Chaque catégorie prévoit un paiement de base minimum estimé. En outre, vous pouvez être en mesure de recevoir des paiements supplémentaires si certains facteurs sont présents.

1RE CATÉGORIE : ENFANTS RETIRÉS DE LEUR FOYER

Paiement minimum

En vertu du Règlement, les personnes qui ont été retirées de leur foyer et placées dans des foyers d'accueil lorsqu'elles étaient enfants, entre le 1er avril 1991 et le 31 mars 2022, ont chacune droit

à un paiement minimum de **40 000 $**.

Paiements additionnels

Certaines personnes pourront également obtenir une indemnisation plus importante, en fonction de plusieurs facteurs. Il s'agit, par exemple, de :

- L'âge auquel vous avez été pris(e) en charge pour la première fois ;
- La durée totale de la prise en charge ;
- Si vous avez été retiré(e) de votre foyer en raison du manque d'accès à un service essentiel ;
- Si vous viviez dans une collectivité nordique ou éloignée ;
- Le nombre de fois où vous avez été pris(e) en charge ; et
- Le nombre de placements hors du foyer.

Ces facteurs visent à reconnaître le préjudice subi par chaque enfant, à la lumière de sa situation individuelle.

La disponibilité et le montant des paiements supplémentaires peuvent varier en fonction du nombre de demandes.

2E CATÉGORIE 2 : PRINCIPE DE JORDAN/TROUT

Paiement minimum

Le montant minimum disponible pour les membres de la 2e catégorie dépend *de la date* à laquelle le manque de service essentiel ou le refus ou le retard d'un service essentiel s'est produit :

Entre le 1er avril 1991 et le 11 décembre 2007	**jusqu'à 20 000 $ ou plus**
Entre le 12 décembre 2007 et le 2 novembre 2017	**jusqu'à 40 000 $ ou plus**

Le montant réel que chaque personne peut recevoir dépend de la gravité de l'impact sur l'enfant,

du nombre de demandeurs approuvés et de la disponibilité des fonds.

Paiements additionnels

Les personnes peuvent également être en mesure d'obtenir plus d'argent, dans certaines circonstances, si le refus ou le retard d'un service essentiel a eu un impact grave sur elles. Tout paiement supplémentaire dépendra de la gravité de l'impact, du nombre de demandeurs approuvés et de la disponibilité des fonds.

3E CATÉGORIE : FAMILLES

Les parents ou les grands-parents qui s'occupaient des enfants qui ont été retirés de leur foyer ou qui se sont vu refuser l'accès à un service essentiel peuvent également être en mesure de recevoir une indemnisation. Le montant auquel un aidant familial peut avoir droit dépend de la catégorie.

1re catégorie : Personnes s'occupant des enfants retirés de leur foyer	**40 000 $ par enfant** jusqu'à un maximum de **60 000 $**
2e catégorie : Personnes s'occupant d'enfants concernés par le principe de Jordan/Trout	Le montant n'est pas encore déterminé à l'heure actuelle. On s'attend à ce que les parents ou grands-parents s'occupant des enfants qui ont été les plus touchés reçoivent une compensation directe. Le montant que chaque aidant peut recevoir dépendra du nombre de demandeurs approuvés.

Les frères et sœurs et les autres membres de la famille des enfants concernés ne recevront pas de compensation directe dans le cadre de ce Règlement.

Pour savoir comment vous pouvez obtenir de l'argent, cliquez ici.

MON ARGENT SERA-T-IL ASSUJETTI À L'IMPÔT ?

Les sommes reçues dans le cadre du Règlement ne sont pas assujetties à l'impôt fédéral sur le revenu. En outre, Canada a accepté de collaborer avec les provinces et les territoires afin d'exempter ces montants des taxes provinciales ou d'autres déductions.

EXISTE-T-IL DE L'AIDE SUPPLÉMENTAIRE POUR LES ENFANTS ET LES FAMILLES ?

En plus de ce qui précède, un fonds fiduciaire de **50 millions de dollars** sera créé pour soutenir les enfants et les familles des Premières Nations de différentes manières. Cela comprend, par exemple :

- Des subventions pour faciliter les services basés sur la culture, la communauté et la guérison pour les membres du groupe et leurs enfants ;
- Du soutien aux enfants pris en charge ou ayant été pris en charge, y compris le financement de la réunification familiale et communautaire ;
- Du financement pour faciliter l'accès aux programmes, activités et soutiens culturels (p. ex. groupes de jeunes, cérémonies, langues, aînés et gardiens du savoir, mentors, activités de la terre, arts et loisirs culturels) ;
- Du soutien aux enfants qui quittent le système de soins (p. ex. logement sûr et accessible, aptitudes à la vie quotidienne et à l'autonomie, éducation financière, formation continue, soutien à la santé et au bien-être, etc.) ;
- La facilitation de la création d'une bourse d'études pour les membres du groupe du principe de Jordan et leurs enfants ; et
- La création d'un réseau national pour les enfants des Premières Nations pris en charge.

APPROBATION DU RÈGLEMENT

QUAND LE RÈGLEMENT SERA-T-IL APPROUVÉ ?

COUR FÉDÉRALE

La Cour tiendra une audience pour déterminer si elle approuve le Règlement. Cette audience aura

lieu à Ottawa **du 19 au 23 septembre 2022**. Les détails de l'audience seront affichés ici ainsi que les détails sur la façon d'assister à une audience virtuelle, si cela est offert.

Il est possible que cette date soit modifiée. Inscrivez-vous ici pour recevoir un avis par courriel de tout changement de l'heure et du lieu de l'audience.

TRIBUNAL CANADIEN DES DROITS DE LA PERSONNE

Le règlement doit également être examiné par le Tribunal canadien des droits de la personne. Une audience devant le Tribunal devrait avoir lieu avant l'audience à la Cour fédérale.

Lors de cette audience, il sera demandé au Tribunal de confirmer si le Règlement satisfait à son ordonnance de compensation antérieure contre le Canada (l'**Ordonnance de compensation**). Si c'est le cas, le Règlement remplacera l'ordonnance d'indemnisation. Cela signifie que les demandeurs devront demander une indemnisation en vertu du Règlement plutôt que de l'ordonnance d'indemnisation.

PUIS-JE COMMENTER LE RÈGLEMENT OU M'Y OPPOSER ?

Vous n'êtes pas obligé d'assister à l'audience pour fournir des commentaires sur le Règlement, mais vous pouvez le faire si vous le souhaitez.

Si vous voulez faire des commentaires ou vous opposer au Règlement, vous pouvez le faire de deux (2) façons :

> **Par écrit :** Vous pouvez transmettre vos commentaires par écrit à cette adresse : [insérer]. Vos commentaires seront envoyés à la Cour fédérale avant l'audience. Pour être pris en compte, tous les commentaires écrits doivent être reçus au plus tard le **12 septembre 2022**.
>
> **En personne :** Vous pouvez demander à parler au tribunal au sujet du Règlement entre le 19 et le 23 septembre 2022, en personne ou par vidéoconférence. Pour pouvoir apporter vos commentaires ou vous objecter au Règlement en personne, votre demande pour ce faire devra être reçue au plus tard le **12 septembre 2022**.

Vous aurez également l'occasion de commenter les honoraires des avocats qui ont travaillé sur

l'action collective. Pour plus d'informations sur les avocats et leurs honoraires, cliquez ici.

QUE SE PASSERA-T-IL UNE FOIS LE RÈGLEMENT APPROUVÉ ?

La participation au Règlement est volontaire. Vous pouvez décider si vous souhaitez participer et faire une demande de paiement. Voici les options qui s'offrent à vous :

1RE OPTION : RESTER DANS L'ACTION COLLECTIVE

Si vous souhaitez rester dans le groupe et soumettre une demande de paiement en vertu du Règlement, vous n'avez rien à faire pour le moment. Une fois que le Règlement sera approuvé par le tribunal, vous recevrez des informations sur la manière de présenter une demande.

Y A-T-IL DES CONSÉQUENCES NÉGATIVES À RESTER DANS L'ACTION COLLECTIVE ?

Le fait de rester dans l'action collective n'aura aucune incidence sur les aides gouvernementales que vous pouvez recevoir ou que vous pouvez être en droit de recevoir à l'avenir de la part d'un gouvernement.

En restant dans l'action collective, vous pouvez soumettre une demande de compensation en vertu du Règlement. Cependant, vous ne pourrez pas poursuivre le Canada à nouveau, ou faire une demande au Tribunal canadien des droits de la personne, concernant la même conduite discriminatoire.

Rien dans le Règlement ne vous empêche d'intenter une action en justice pour tout autre préjudice non inclus dans cette action collective, ou d'entamer une réclamation contre une province, un territoire ou une agence.

2E OPTION : VOUS RETIRER (VOUS EXCLURE) DE L'ACTION COLLECTIVE

Si vous ne voulez pas participer à l'action collective, vous pouvez demander d'être retiré de la poursuite. Vous pouvez vous exclure en remplissant un formulaire de retrait (d'exclusion) en ligne ou en envoyant une copie à cette adresse : [insérer]. **Si vous vous retirez de l'action collective, vous ne recevrez PAS de compensation dans le cadre de ce Règlement.**

Vous pouvez également contacter l'Administrateur du Règlement en appelant le

[1 800 NUMÉRO].

Le dernier jour pour vous retirer de l'action collective est le : **[date]**.

SI JE ME RETIRE DU RÈGLEMENT, PUIS-JE QUAND MÊME RECEVOIR DE L'ARGENT DE L'ORDONNANCE D'INDEMNISATION DU TRIBUNAL CANADIEN DES DROITS DE LA PERSONNE ?

Non. S'il est approuvé par le Tribunal canadien des droits de la personne, le Règlement remplacera complètement le processus de l'ordonnance d'indemnisation. Cela signifie que les demandeurs ne pourront demander de l'argent que par l'entremise du Règlement. Si vous vous retirez du Règlement, vous ne pourrez pas demander d'indemnisation pour cette conduite discriminatoire.

L'ÉQUIPE DE L'ACTION COLLECTIVE

QUI REPRÉSENTE LE GROUPE ?

VOS REPRÉSENTANTS DEMANDEURS

L'Assemblée des Premières Nations est un demandeur. L'action collective a été intentée par les personnes suivantes au nom des Premières Nations touchées à travers le Canada :

- Xavier Moushoom
- Jeremy Meawasige
- Jonavon Joseph Meawasige
- Ashley Dawn Louise Bach
- Karen Osachoff
- Melissa Walterson
- Noah Buffalo-Jackson
- Carolyn Buffalo
- Dick Eugene Jackson
- Zacheus Joseph Trout

Ce sont vos représentants demandeurs. Ils agissent en tant que représentants du groupe entier.

VOTRE ÉQUIPE JURIDIQUE

Le groupe est représenté par cinq (5) cabinets d'avocats à travers le Canada :

- Sotos LLP
- Kugler Kandestin LLP
- Miller Titerle + Co.
- Nahwegahbow Corbiere
- Fasken Martineau Dumoulin LLP

COMMENT LES AVOCATS SERONT-ILS PAYÉS ?

Vous n'avez pas à payer les avocats ni qui que ce soit d'autre, pour faire partie de cette action en justice ou pour recevoir un paiement dans le cadre du Règlement.

Les avocats seront payés par Canada, séparément du Règlement. Ces honoraires ne seront pas prélevés sur le Règlement ni sur les paiements qui seront versés aux membres du groupe. Les fonds du règlement (20 milliards de dollars) ont été mis de côté pour le groupe *uniquement*.

Le montant à payer aux avocats sera négocié séparément entre les avocats et Canada, et sera soumis à l'approbation du tribunal. Le montant n'aura aucune incidence sur votre capacité à obtenir de l'argent dans le cadre du Règlement.

De plus amples détails sur les honoraires d'avocat qui seront demandés seront affichés ici après la conclusion des négociations.

POUR NOUS JOINDRE

VOUS DÉSIREZ OBTENIR POUR PLUS DE RENSEIGNEMENTS AU SUJET DE L'ACTION COLLECTIVE OU DU RÈGLEMENT ?

Plus de renseignements au sujet de l'action _____

VOUS AVEZ BESOIN DE SUPPORT OU D'AIDE ?

Des services de soutien sont disponibles _____

Vous pouvez communiquer avec l'administrateur de l'action collective pour obtenir de l'aide : [**coordonnées**].

Vous pouvez également contacter la ligne d'assistance de l'Assemblée des Premières Nations au numéro suivant : **[coordonnées].**

Pour en savoir plus sur les options qui s'offrent à vous et déterminer si vous êtes inclus(e), veuillez consulter le site : [URL] ou composer le [1 800 NUMÉRO].

Pour plus d'information sur le règlement et sur vos options : _____

Vous pouvez communiquer avec l'administrateur de l'action collective pour obtenir de l'aide : **[coordonnées]**.

Vous pouvez également contacter la ligne d'assistance de l'Assemblée des Premières Nations au numéro suivant : **[coordonnées]**.

ANNEXE C

FORMULAIRE DE RETRAIT (EXCLUSION)

DESTINATAIRE : [ADMINISTRATEUR DE L'ACTION COLLECTIVE]
[Adresse]
[Courriel]
[Télécopieur]
[Numéro de téléphone]

Je ne veux pas participer aux actions collectives intitulées ***Xavier Moushoom et al* c. *Le Procureur général du Canada*** et ***Zacheus Trout et al* c. *Le Procureur général du Canada*** concernant les allégations de discrimination à l'égard des enfants et des familles des Premières Nations. Je comprends qu'en m'excluant, **je ne serai PAS admissible au paiement de tout montant** accordé ou versé dans le cadre des actions collectives ni de tout montant associé au dossier nº T1340/7008 du Tribunal canadien des droits de la personne. Si je veux avoir la possibilité d'être indemnisé(e), je devrai présenter une demande individuelle distincte et si je décide de poursuivre ma propre demande, et si je veux engager un avocat, ce sera à mes propres frais.

Veuillez indiquer la raison de votre retrait :

_____

Si vous envoyez ce formulaire au nom d'une autre personne, veuillez indiquer votre nom complet et votre lien avec cette personne :
Nom complet : _____ Lien avec cette personne : _____

Date : _____ _____
Signature

_____
Nom complet de la personne qui s'exclut

_____
Date de naissance de la personne qui s'exclut

_____
Numéro d'inscription/de statut d'Indien (si disponible) de la personne qui s'exclut

_____
Adresse de la personne qui s'exclut

_____
Réserve/ville/municipalité, province, code postal

_____
Numéro de téléphone :

_____
Courriel

Le présent avis doit être reçu au plus tard le [DATE] pour prendre effet.

This is Exhibit "N" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Federal Court Cour fédérale

Date: 20220811

Docket: T-402-19
T-141-20
T-1120-21

Ottawa, Ontario, August 11, 2022

PRESENT: The Honourable Madam Justice Aylen

CLASS PROCEEDING

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige) AND JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

T-141-20

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (by his litigation guardian, Carolyn Buffalo), CAROLYN BUFFALO AND DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN

Defendant

T-1120-21

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

ORDER

UPON MOTION by the Plaintiffs, heard at a special sitting of the Court on August 8, 2022, for:

(a) An order approving the proposed notice plan for the distribution of the Notices of Certification and Settlement Approval Hearing, substantially in the form appended as Schedule "A" to the Notice of Motion [Notice Plan];

(b) An order that Canada pay the reasonable costs of giving notice in accordance with the Notice Plan;

(c) An order appointing Deloitte LLP as the administrator for notice, opt-out and the claims implementation in the proposed settlement in these class proceedings;

(d) An order that Canada pay the reasonable costs and disbursements of the administrator in accordance with the terms of the proposed settlement agreement, including subject to Canada's right to dispute the reasonableness of such costs and disbursements; and

(e) Such further and other relief as this Honourable Court may deem just and appropriate;

CONSIDERING the Plaintiffs' motion record and the submissions of counsel for the parties at the hearing of the motion;

AND CONSIDERING that the Defendant consents to the relief sought;

AND CONSIDERING that the Court is satisfied that the Notice Plan meets the requirements of Rules 334.32 and 334.34 and shall constitute good and sufficient service upon class members of the certification of these proceedings and of the Settlement Approval Hearing;

AND CONSIDERING that the provision of notice to class members of any approval of the Settlement Agreement will be the subject of a future notice plan to be submitted to the Court for approval;

AND CONSIDERING that the Court is satisfied that the balance of the relief sought should be granted;

THIS COURT ORDERS that:

1. The Notices of Certification and Settlement Approval Hearing shall be delivered in the manner set out in the Notice Plan attached hereto as Schedule "A" commencing immediately upon the issuance of this Order and continuing until the commencement of the Settlement Approval Hearing.

2. The Defendant shall pay the reasonable costs of giving notice in accordance with the Notice Plan, including the costs of translation of the notices.

3. In the event that the proposed settlement agreement is approved, the notice plan for the distribution of the notice of approval of the proposed settlement shall be the subject of a future order of this Court.

4. Deloitte LLP is hereby appointed as the Administrator in the proposed settlement of these class proceedings.

5. The Defendant shall pay the reasonable costs and disbursements of the Administrator in accordance with the terms of the proposed settlement agreement, including subject to the Defendant's right to dispute the reasonableness of such costs and disbursements.

6. The Administrator shall, within ninety days of the date of this Order, provide the parties with a detailed estimate of the anticipated costs in an illustrative budget based on expected claims/services for the administration during the first year of the administration including the anticipated costs of case setup, monthly

overhead, claim intake, claim processing, support centre and distribution and communication/noticing.

7. There shall be no costs of this motion.

"Mandy Aylen"
Judge

SCHEDULE "A"

NOTICE PLAN

(Certification and Settlement Approval Hearing)

First Nations Child and Family Services, Jordan's Principle and Trout Essential Services

I. BACKGROUND

A. Parties

The parties to this matter are as follows:

(a) Xavier Moushoom, Jeremy Meawasige by his litigation guardian, Jonavon Joseph Meawasige, and Jonavon Joseph Meawasige (together, the "**Moushoom Plaintiffs**");

(b) Assembly of First Nations ("**AFN**"), Ashley Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson by his litigation guardian, Carolyn Buffalo, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson (together, the "**AFN Plaintiffs**");

(c) AFN and Zacheus Joseph Trout (together, the "**Trout Plaintiffs**"), and;

(d) Her Majesty the Queen in Right of Canada ("**Canada**") (collectively, "**Parties**").

B. Background of the litigation

The Moushoom Plaintiffs commenced a Federal Court class action against Canada over the discriminatory provision of child and family services and essential services to First Nations dating back to April 1, 1991. The AFN Plaintiffs subsequently commenced a similar action in the Federal Court. The Moushoom Plaintiffs and AFN Plaintiffs later agreed to advance the matter jointly and cooperatively in the best interests of the class.

The Federal Court ordered the consolidation of the claims in July 2021 ("**Consolidated Action**"). The Federal Court also ordered the separate prosecution of the claims relating to delays, denials or gaps in the provision of essential services between 1991 and 2007, and therefore the Trout Plaintiffs commenced an action in July 2021 ("**Trout Action**", and together with the Consolidated Action, "**Actions**").

The Federal Court certified the Consolidated Action on November 26, 2021, and the Trout Action on February 11, 2022.

C. The Class

The Actions and the Final Settlement Agreement affect several groups of people (*i.e.*, the class) as follows: The Removed Child Class, The Removed Child Family Class, The Jordan's Principle Class, The Jordan's Principle Family Class, The Trout Child Class, and The Trout Family Class. These classes were defined in the certification orders.

II. FACTORS AFFECTING NOTICE DISSEMINATION

This plan is designed to notify the class members of certification and the settlement approval hearing in a trauma-informed and culturally sensitive manner, and to provide them with the opportunity to see, read, or hear the notice of certification and settlement approval hearing, understand their rights, and respond if they choose to.

The following factors inform the dissemination method needed to achieve an appropriate notice effort: class size, location of class members, the literacy and education level of class members, and the languages spoken by class members.

A. Targeted Groups

i. First Nations Composition of the Class

The Actions solely concern First Nations people amongst the Indigenous population (not Inuit or Métis).[1] Given the publicity that has surrounded these class proceedings and the overlapping proceedings before the Canadian Human Rights Tribunal, many class members are expected to be aware of the proceedings.

ii. Class Size

The class is primarily a subset of the First Nations population in Canada. The 2016 Census[2] shows that 977,235 individuals identified as being First Nations.[3] The more recent 2021 Census relating to First Nations people is expected to be released on September 21, 2022.[4] Relevant information that becomes available in the 2021 Census will form part of any ongoing notice dissemination at that time, and for the next phase of notice in this proposed settlement further particularized below.

The Parties retained experts to estimate the size of the Removed Child Class. They estimated the size of the Removed Child Class to be 115,000 based on historical data on First Nations children whose out of home care was funded by Indigenous Services Canada between April 1991 and March 2022. The number of Removed Child Family Class members is unknown. The Office of the Parliamentary Budget Officer has estimated that on average there may be 1.5 parents or grandparents per First Nations child.[5]

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[1] With the exception of non-common law caregiving parents and caregiving grandparents, where a First Nations condition does not exist in the class definition and those class members may be from the general population or non-First Nations Indigenous persons.

[2] Statistics Canada. 2018. *Canada [Country]* (table). *Aboriginal Population Profile*. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018. http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=E (accessed July 24, 2022).

[3] Statistics Canada. 2018. *Canada [Country]* (table). Aboriginal Population Profile. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018. http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=E (accessed July 24, 2022).

[4] See Statistics Canada: https://www12.statcan.gc.ca/census-recensement/2021/ref/prodserv/release-diffusion-eng.cfm.

[5] Compensation for the delay and denial of services to First Nations children, February 23, 2021, page 7: <https://publications.gc.ca/collections/collection_2021/dpb-pbo/YN5-219-2021-eng.pdf>.

The information on the size of the Jordan's Principle Class and the Trout Child Class is far less precise because reliable data does not exist. One method of arriving at a rough estimate has been to extrapolate the number of individual service requests accepted under the current Jordan's Principle service delivery program to the past. An extrapolation of this form with a pre-COVID quarter of individual requests since Canada has been found to be compliant with Jordan's Principle yields an estimated Jordan's Principle Class size of between 58,385 and 69,728—with a conservatively high median class size estimate of 65,000 class members. On the same basis as above, the Trout Child Class can be roughly estimated at 104,000 for the period of 1991-2007, by the simple multiplication of the median Jordan's Principle Class size estimate by the longer time period of 1991-2007. The number of Jordan's Principle Family Class and Trout Family Class members is unknown.

iii. Place of Residence

Class members are located throughout Canada, on and off First Nations reserves, within First Nations communities including northern and remote communities, and within the non-Indigenous population. Those residing outside of a First Nation community are in rural and urban areas. A percentage of the class members are incarcerated or currently reside outside of Canada.

The 2016 census data reported that 334,385 First Nations people were living on reserves.[6] This compares to 642,845-First Nations people living outside reserves.[7]

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[6] Statistics Canada. 2018. *Canada [Country]* (table). Aboriginal Population Profile. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018. http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=E (accessed July 24, 2022).

[7] Statistics Canada. 2018. *Canada [Country]* (table). *Aboriginal Population Profile*. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018.nhttp://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=E (accessed July 24, 2022).

Ontario, British Columbia and Alberta are home to the largest First Nations populations in Canada, although most of the First Nations population in Canada is generally concentrated in the prairie provinces and the West Coast. The following chart shows the First Nations population in Canada, by province/territory:[8]

Location	First Nations
Canada	977,235
Ontario	236,680
Quebec	92,655
British Columbia	172,520
Alberta	136,585
Manitoba	130,505
Saskatchewan	114,570
Nova Scotia	25,830
New Brunswick	17,575
Newfoundland and Labrador	28,375
Prince Edward Island	1,875
Northwest Territories	13,185
Nunavut	190
Yukon	6,690

The population reporting of First Nations identity is prevalent both in urban centres and northern and remote communities. Metropolitan areas, such as Toronto, Winnipeg, Edmonton and Vancouver contain large populations of First Nations who live outside reserves: The following chart shows the number of First Nations residents of some metropolitan areas:[9]

Metropolitan Area	Population of First Nations
Toronto	27,805
Ottawa-Gatineau	17,790

[8] Statistics Canada. 2018. Canada [Country] (table). Aboriginal Population Profile. 2016 Census. Statistics Canada. Ottawa. Released Date modified October 2, 2020. http://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=E (accessed July 24, 2022).

[9] Statistics Canada. 2018. *Canada [Ontario]* (table). Aboriginal Population Profile. 2016 Census. Statistics Canada. Ottawa. Released Date modified October 2, 2020. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-fst/abo-aut/Table.cfm?Lang=Eng&T=103&S=102&O=D&RPP=25 (please note to toggle between provinces at the link in order to find the related data for the cities) (accessed July 26, 2022).

Sudbury	7,395
Thunder Bay	11,340
Hamilton	9,695
London	8,725
St. Catherines - Niagara	6, 815
Winnipeg	38,700
Edmonton	33,885
Calgary	17,955
Vancouver	35,765
Victoria	9,935
Prince George	7,050
Kelowna	5,235
Kamloops	6,340
Montreal	16,130
Quebec City	6,230
Saskatoon	15,775
Regina	13,150
Prince Albert	9,045
Halifax	7,955

iv. Anticipated Age of Class Members

Communications will be attentive to different experiences amongst class members to ensure awareness and understanding of all class members. The class members targeted for notice are mostly expected to be youths and young adults.

The experts retained by the Parties estimated that about 44,000 of the Removed Child Class were under the age of majority as of March 2022. Insofar as the Family of Removed Child Class members is concerned: parents and grandparents are expected to be almost exclusively adults. Siblings are expected to include both minors and adults. As such, the class is mostly young but includes several generations of First Nations: children, youth, parents, and grandparents.

The Jordan's Principle Class is likewise expected to include minors for a number of years given that the end date of that class affecting children is November 2, 2017. The Trout Child Class, which ended in 2007, is expected to consist almost entirely of adults. The age range of the

Jordan's Principle Family Class and the Trout Family Class is expected to be similar to the Removed Child Family Class.

In general terms, the 2016 Census showed a national trend toward a younger First Nations population. The following figure shows a breakdown of the age distribution. The age composition of the First Nations population in Canada is generally as follows:[10]

Age	First Nation Population
Total	977,230
0 to 24 years	456,530
25 to 34 years	136,920
35 to 44 years	116,625
45 to 54 years	117,945
55 to 64 years	87,135
65 years and over	62,075
65 to 74 years	43,610
75 years and over	18,460

v. Literacy and Education Level

Literacy and education levels are expected to vary widely amongst the class members. While a significant number of class members did not complete a high school diploma, some have received higher university education. This is further exacerbated by the wide age range of class members, which often interrelates with education levels.

Amongst the general population of First Nations people of 20 years or older, 196,305 individuals had not obtained a high school or equivalent level of education. Conversely, 603,305 individuals

[10] Statistics Canada, 2016 Census of Population, Statistics Canada Catalogue no. 98-400-X2016156. Ottawa. Released Date modified: June 19, 2019. (accessed July 24, 2022). https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/details/page.cfm?Lang=E&Geo1=PR&Code1=01&Data=Count&SearchText=Canada&SearchType=Begins&B1=All&C1=All&SEX_ID=1&AGE_ID=1&RESGEO_ID=1

had obtained that level of education. In percentage terms, this represents 32% and 68% of the First Nations population, respectively.[11]

vi. Languages

The majority of First Nations people (826,295 individuals) have identified English or French as their mother tongue, while approximately 166,120 individuals have identified a First Nations language as their mother tongue.[12] These numbers represent approximately 83% of the First Nations population and 17% of the population, respectively. Those First Nations who identified an Indigenous language as a mother tongue were more likely to reside on reserve, at 74%.[13]

The Federal Court has ordered that the long-form notice, short-form notice and the opt-out form in this case be translated into four First Nations languages: Cree, Dene, Mi'kmaq, and Ojibway. These four languages were spoken as the mother tongue of the largest number of First Nations. Cree has the largest number of speakers, at 89,550, with Ojibway, Dene, and Mi'kmaq, following at 34,835, 9,950, and 7,010, respectively.[14]

III. NOTICE OF CERTIFICATION AND SETTLEMENT APPROVAL HEARING

A. The two phases of notice in the settlement, and the focus of this notice plan

[11] Statistics Canada. 2018. Canada [Country] (table). Aboriginal Population Profile. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018. (accessed July 26, 2022); Statistics Canada. 2018. Canada [Country] (table). Aboriginal Population Profile. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018. (accessed July 26, 2022).

[12] Statistics Canada. 2018. Canada [Country] (table). Aboriginal Population Profile. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018. (accessed July 26, 2022); Statistics Canada. 2018. Canada [Country] (table). Aboriginal Population Profile. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018. (accessed July 26, 2022).

[13] Statistics Canada. 2018. Canada [Country] (table). Aboriginal Population Profile. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018. (accessed July 26, 2022).

[14] Statistics Canada. 2018. Canada [Country] (table). Aboriginal Population Profile. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018. (accessed July 26, 2022); Statistics Canada. 2018. Canada [Country] (table). Aboriginal Population Profile. 2016 Census. Statistics Canada Catalogue no. 98-510-X2016001. Ottawa. Released July 18, 2018. (accessed July 26, 2022).

The Parties anticipate that notice will be given to the class members in two phases. **This plan only deals with the first phase of notice distribution**, further described below, while the distribution of notice regarding the process to claim compensation will be subject to a further plan specific to that purpose and subject to judicial approval at a future date. The two phases of notice are as follows:

(a) **Phase I**: This phase, which is the subject of this notice plan, disseminates the notices already approved by the Court. The approved notices adopt a trauma-informed, culturally and age-appropriate method of communication. They announce that the Actions have been certified pursuant to the Federal Court's certification orders. The notices advise class members of their legal rights as a result of certification, including the binding nature of the Actions on all class members who do not opt out of the settlement. Further, the notices advise of the procedures and deadlines whereby those who wish to opt-out of the settlement may do so. This phase also describes the proposed Final Settlement Agreement, the dates and location for the settlement approval hearing, where and how to access information about the settlement, as well as providing information on how to object, if desired. The Parties expect many class members to already be aware of the Actions and the proposed settlement, and for class members to have significant interest in the settlement approval hearing.

(b) **Phase II**: This phase will be the subject of a further notice plan and includes a more extensive notice plan that is in effect for a longer period. Notice in the second phase announces the approval of the settlement by the Federal Court

and outlines the settlement and its benefits. It also provides information on how to access the claims process. Given that there are multiple distinct classes, this phase will provide instructions and direct class members to dedicated support to assist in clarifying eligibility, filling out claim forms, and obtaining supporting documentation. The Phase II notice plan will be presented to the Court at a later date.

B. Phase I Notice Plan

i. Notice of Certification

In its order certifying the Consolidated Action on November 26, 2021, the Court stated: "The form of notice of certification, the manner of giving notice and all other related matters shall be determined by separate order(s) of the Court." The Federal Court's certification order in the Trout Action dated February 11, 2022 was to the same effect.

The Federal Court approved the short-form and long-form notice of certification and settlement approval hearing on June 24, 2022. This included a short-form notice, a long-form notice, and an opt-out form. The Federal Court's June 24, 2022 order and its schedules is enclosed as **Schedule "A"** to this notice plan.

In this phase of notice, class members are advised that the Federal Court has certified the Actions. The dissemination of this notice triggers the opt-out period and the opt-out right of the class members. The short-form notice and the long-form notice approved by the Federal Court provide accessible information to class members about their options, the implications of opting out of the Actions, and how they can opt out should they choose to.

Any class member who wishes to be excluded from the Actions needs to complete the opt-out form approved by the Federal Court on June 24, 2022 and submit the completed opt-out form to the administrator before the expiry of the six-month deadline from the date on which notice is disseminated to the class pursuant to this notice plan.

Class members who have already commenced a proceeding that raises the common questions of law or fact set out in the certification orders are excluded from the Actions and cannot benefit from the Final Settlement Agreement if those class members do not discontinue such individual proceedings before the opt-out deadline. Class members who do not opt out of the Actions will be bound by the results achieved in the Actions, including the terms of the Final Settlement Agreement if approved by the Federal Court.[15]

ii. Notice of Settlement Approval Hearing

The notices advise of the date that the court has set for the settlement approval hearing and provide specific information about the hearing in order to allow class members to attend in person, participate, or to file objections to the settlement in advance. In this case, class members will have virtual attendance options in order to maximize opportunity for class members across the country to participate in the settlement approval process.

Class members who wish to object to the settlement must send their written objections to the administrator so that the comments can be compiled and sent to the Federal Court in advance of the hearing. The Federal Court can only approve or deny the Final Settlement Agreement and cannot change the terms of the Final Settlement Agreement.

[15] Rule 344.21 of the *Federal Courts Rules*, SOR/98-106.

IV. NOTICE PLAN DELIVERY

The approved short-form and long-form notices direct class members to the extensive mental health and wellness supports that the Parties have negotiated as part of the Final Settlement Agreement. Those supports are summarized in "Schedule C: Framework for Supports for Claimants in Compensation Process" to the Final Settlement Agreement, which is enclosed hereto as **Schedule "B"**.

Given the vulnerability of many class members, notice must take into account that concepts such as opt-out may not be easily understandable to some class members and a real risk exists that such class members think they need to opt out in order to receive compensation under the Final Settlement Agreement. Therefore, the approved notices seek to explain the implications of opting out and the approval of the Final Settlement Agreement clearly and in plain language.

The distribution of notice in this phase is expected to start immediately upon approval by the Federal Court of this notice plan and the appointment of the proposed administrator, both of which are necessary in order to disseminate notice to the class.

The proposed method of disseminating Phase I notice includes four approaches described below. These approaches will enable Phase I notice to reach class members for the purposes of certification and settlement approval.

The notice plan for Phase II will be developed and submitted to the Court for approval at a later date.

A. Direct Communication with Class Members

During the course of this litigation, class counsel have maintained a website dedicated to this case where class members can obtain information, learn how to contact class counsel and register for updates. This website is: https://www.sotosclassactions.com/cases/first-nations-youth/. The

AFN has also created a website where class members can obtain information and register for updates: http://www.fnchildcompensation.ca/.

Through these websites, thousands of interested class members and organizations assisting class members have signed up for updates. The information provided includes name, email address, phone number (optional) and mailing address (optional). Further, when class members contact class counsel by phone and do not have an email, their information and mailing address is recorded and entered into the database.

This information enables direct communication with such class members by email or regular mail, where no email exists. This direct communication will include the short-form and long-form notice of certification and settlement approval under this notice plan.

Further, class counsel and the AFN have travelled and established communication channels with First Nations child and family service providers and First Nations leadership across Canada. Class counsel have presented on the Actions before First Nations child and family stakeholders in British Columbia and Quebec and attended related gatherings in Saskatchewan. The AFN consulted with First Nations leadership to provide updates of the status on the negotiations, the structure of the settlement, and the substance of the Final Settlement Agreement at approximately 50 such briefings across the country. Further meetings and presentations are planned and invitations to provide information sessions across communities are always welcomed.

B. Dissemination by the Assembly of First Nations

The AFN is a national advocacy organization that works to advance the collective aspirations of First Nations individuals and communities across Canada on matters of national or international nature and concern. The AFN hosts two Assemblies a year where mandates and directives for the

organization are established through resolutions directed and supported by elected Chiefs or proxies from member First Nations across Canada.

The AFN is guided by an Executive Committee consisting of an elected National Chief and Regional Chiefs from each province and territory. Representatives from five national councils (Knowledge Keepers, Youth, Veterans, 2SLGBTQQIA+ and Women) support and guide the decisions of the Executive Committee.

The AFN is thus connected to 634 First Nation communities in the country and will circulate the short-form notice and long-form notice to class members through those communications channels.

C. Dissemination through Social Media

Given that the targeted population is generally younger, the notices will be disseminated through targeted advertising on social media, including Facebook and Instagram. These media enable the selection of criteria that ensure that the notices are brought to the attention of individuals and organizations with an interest in the subject matter of this litigation through an efficient, relevant, and trauma-informed process.

Given that internet accessibility will vary across the regions and provinces, the use of social media will complement, where possible, the other dissemination approaches specified in this notice plan.

D. Circulation Through Indigenous Media

Notice will also be published in the following Indigenous newspapers/publications upon approval and may be repeated in some or all of these media during the opt-out period, which is six months from the date of dissemination of notice: First Nations Drum, The Windspeaker, Mi'kmaq Maliseet Nations News, APTN National News.

V. CONCLUSION

The notice plan for the Actions recognizes the scope and breadth of the class members, particularly in terms of age of the target, individual experiences, geographic distribution, language representation and familiarity with traditional and social media means of communication.

The notice plan seeks a proportionate, multi-faceted, culturally appropriate, relevant and trauma-informed approach to notice dissemination, backed by extensive mental health and wellbeing supports available to class members.

As ordered by the Federal Court, the notice plan is intended to commence at least one month prior to the settlement approval hearing date set by the court. As approved by the Federal Court, the notices provide sufficient information on certification and the Final Settlement Agreement in plain language so that class members understand how the Final Settlement Agreement may affect them. The approved notices also specify the terms upon which judicial approval is being sought, providing critical information on the settlement approval hearing itself in terms of logistics and class members' right to participate or file an objection to the proposed settlement.

Cour fédérale Federal Court

Date : 20220811

Dossiers : T-402-19
T-141-20
T-1120-21

[TRADUCTION FRANÇAISE]

Ottawa (Ontario), le 11 août 2022

En présence de madame la juge Aylen

RECOURS COLLECTIF

ENTRE :

XAVIER MOUSHOOM, JEREMY MEAWASIGE (représenté par son tuteur à l'instance, Jonavon Joseph Meawasige) ET JONAVON JOSEPH MEAWASIGE

demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

défendeur

T-141-20

ENTRE :

ASSEMBLÉE DES PREMIÈRES NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON (représenté par sa tutrice à l'instance, Carolyn Buffalo), CAROLYN BUFFALO ET DICK EUGENE JACKSON, également connu sous le nom de RICHARD JACKSON

demandeurs

et

SA MAJESTÉ LA REINE

défenderesse

T-1120-21

ENTRE :

ASSEMBLÉE DES PREMIÈRES NATIONS et ZACHEUS JOSEPH TROUT

demandeurs

et

LE PROCUREUR GÉNÉRAL DU CANADA

défendeur

ORDONNANCE

VU la requête présentée par les demandeurs, entendue lors d'une séance spéciale de la Cour le 8 août 2022, pour obtenir une ordonnance :

a) approuvant le plan de notification proposé pour la distribution des avis d'autorisation et d'audience d'approbation du règlement, essentiellement sous la forme jointe à titre d'annexe A de l'avis de requête [le plan de notification],

b) enjoignant au Canada de payer les coûts raisonnables de la distribution des avis conformément au plan de notification,

c) désignant Deloitte LLP administratrice pour l'avis, l'exclusion et la mise en œuvre des réclamations dans le règlement proposé pour le recours collectif,

d) enjoignant au Canada de payer les honoraires et les débours raisonnables de l'administratrice conformément aux modalités de l'accord de règlement proposé, sous réserve, notamment, du droit du Canada de contester le caractère raisonnable de ces honoraires et débours,

e) accordant toute autre mesure de réparation que la Cour estime juste et appropriée;

VU le dossier de requête des demandeurs et les observations faites par les avocats des parties lors de l'audition de la requête;

VU que le défendeur consent aux mesures de réparation demandées;

VU que la Cour est convaincue que le plan de notification répond aux exigences prévues aux articles 334.32 et 334.34 des *Règles des Cours fédérales* et qu'il constituera une signification valable et suffisante aux membres du groupe de l'autorisation du recours collectif et de l'audience d'approbation du règlement;

VU que la communication aux membres du groupe d'un avis d'approbation de l'accord de règlement fera l'objet d'un plan de notification ultérieur qui sera soumis à l'approbation de la Cour;

ET VU que la Cour est convaincue que les autres mesures de réparation demandées devraient être accordées;

LA COUR ORDONNE :

1. Les avis d'autorisation et d'audience d'approbation du règlement seront délivrés de la manière décrite dans le plan de notification joint aux présentes à titre d'annexe A à compter de la date de la présente ordonnance et jusqu'au début de l'audience d'approbation du règlement.

2. Le défendeur paiera les coûts raisonnables liés à la communication des avis conformément au plan de notification, y compris les coûts de traduction des avis.

3. Advenant que l'accord de règlement proposé soit approuvé, le plan de notification pour la communication de l'avis d'approbation du règlement proposé fera l'objet d'une ordonnance ultérieure de la Cour.

4. Deloitte LLP est par la présente désignée administratrice dans le cadre du règlement proposé du présent recours collectif.

5. Le défendeur doit payer les honoraires et débours raisonnables de l'administratrice conformément aux modalités de l'accord de règlement proposé, sous réserve, notamment, du droit du défendeur de contester le caractère raisonnable de ces honoraires et débours.

6. L'administratrice doit, dans les quatre-vingt-dix jours suivant la date de la présente ordonnance, fournir aux parties une estimation détaillée des coûts prévus dans un budget indicatif basé sur les réclamations et les services prévus pour l'administration au cours de la première année de son mandat à titre

d’administratrice, y compris les frais généraux mensuels et les coûts qu’elle prévoit engager pour l’établissement des dossiers, la réception des réclamations, le traitement des réclamations, le centre de soutien ainsi que la distribution, la communication et la notification.

7. Aucuns dépens ne sont adjugés en ce qui concerne la présente requête.

« Mandy Aylen »
Juge

Traduction certifiée conforme
Karine Lambert

ANNEX « A »

PLAN DE NOTIFICATION

(Audience de certification et d'approbation du règlement)

Services à l'enfance et à la famille des Premières Nations, principe de Jordan et services essentiels Trout

I. CONTEXTE

A. Parties

Les parties à cette affaire sont les suivantes :

(a) Xavier Moushoom, Jeremy Meawasige (par son tuteur judiciaire, Jonavon Joseph Meawasige) et Jonavon Joseph Meawasige (ensemble, les « **demandeurs Moushoom** »)

(b) l'Assemblée des Premières Nations (« l'**APN** »), Ashley Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson (par sa tutrice judiciaire, Carolyn Buffalo), Carolyn Buffalo, et Dick Eugene Jackson, aussi connu sous le nom de Richard Jackson (ensemble, les « **demandeurs de l'APN** ») ;

(c) l'APN et Zacheus Joseph Trout (ensemble, les « **demandeurs Trout** ») ; et

(d) Sa Majesté la Reine du chef du Canada (« **Canada** ») (collectivement, les « **Parties »)**.

B. Historique du litige

Les demandeurs Moushoom ont intenté une action collective devant la Cour fédérale contre le Canada au sujet de la prestation discriminatoire de services à l'enfance et à la famille et de services essentiels aux membres des Premières Nations depuis le 1er avril 1991. Les demandeurs de l'APN ont par la suite intenté une action similaire devant la Cour fédérale. Les demandeurs

Moushoom et les demandeurs de l'APN ont par la suite convenu de faire avancer l'affaire conjointement et en coopération dans le meilleur intérêt du groupe.

La Cour fédérale a ordonné la consolidation des demandes en juillet 2021 (l'« **Action consolidée** »). La Cour fédérale a également ordonné la poursuite séparée des réclamations relatives aux retards, aux refus ou aux lacunes dans la fourniture de services essentiels entre 1991 et 2007, et les demandeurs Trout ont donc intenté une action en juillet 2021 (l'« **Action Trout** » et, conjointement avec l'Action consolidée, les « **Actions** »).

La Cour fédérale a certifié l'Action consolidée le 26 novembre 2021 et l'Action Trout le 11 février 2022.

C. Le groupe

Les Actions et l'Entente de règlement final affectent plusieurs groupes de personnes (c'*est-à-dire* le groupe) comme suit : Le groupe des enfants retirés de leur famille, le groupe des familles des enfants retirés, le groupe du principe de Jordan, le groupe des familles du principe de Jordan, le groupe des enfants Trout et le groupe des familles Trout.

Ces groupes ont été définis dans les ordonnances de certification.

II. LES FACTEURS INFLUANT LA DIFFUSION DE L'AVIS

Le présent plan est conçu pour informer les membres du groupe de l'audience de certification et d'approbation du règlement d'une manière tenant compte des traumatismes et de la culture, et pour leur donner l'occasion de voir, de lire ou d'entendre l'avis de certification et d'audience d'approbation du règlement, de comprendre leurs droits et de répondre s'ils le souhaitent.

Les facteurs suivants ont une influence sur la méthode de diffusion nécessaire pour réaliser un effort de notification approprié : la taille du groupe, la localisation des membres du groupe, le

niveau d'alphabétisation et d'éducation des membres du groupe, et les langues parlées par les membres du groupe.

A. Groupes ciblés

i. Premières Nations — composition du groupe

Les Actions concernent uniquement les membres des Premières Nations parmi la population autochtone (pas les Inuits ni les Métis)[1]. Étant donné la publicité qui a entouré ces actions collectives et les procédures qui se chevauchent devant le Tribunal canadien des droits de la personne, on s'attend à ce que de nombreux membres du groupe soient au courant des procédures.

ii. Taille du groupe

Ce groupe constitue principalement un sous-ensemble de la population des Premières Nations au Canada. Le recensement de 2016[2] montre que 977 235 personnes se sont identifiées comme étant membres des Premières Nations[3].Le recensement de 2021, plus récent, concernant les Premières Nations, devrait être publié le 21 septembre 2022[4].Les informations pertinentes qui seront disponibles dans le cadre du recensement de 2021 feront partie de toute diffusion d'avis en cours

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[1] À l'exception des parents et des grands-parents soignants qui ne relèvent pas de la common law, où la définition du groupe ne comporte pas de condition liée aux Premières Nations et où les membres du groupe peuvent appartenir à la population générale ou à des personnes autochtones qui ne sont pas membres des Premières Nations.

[2] Statistique Canada. 2018. *Canada [Pays]* (tableau). *Profil de la population autochtone*. Recensement de 2016. Numéro de catalogue de Statistique Canada. 98-510-X2016001. Ottawa. Publié le 18 juillet 2018. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=F (consulté le 24 juillet 2022).

[3] Statistique Canada. 2018. *Canada [Pays]* (tableau). Profil de la population autochtone. Recensement de 2016. Numéro de catalogue de Statistique Canada. 98-510-X2016001. Ottawa. Publié le 18 juillet 2018. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=F (consulté le 24 juillet 2022).
https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=F (accessed July 24, 2022).

[4] Voir Statistique Canada : https://www12.statcan.gc.ca/census-recensement/2021/ref/prodserv/release-diffusion-fra.cfm.

à ce moment-là, et pour la prochaine phase d'avis dans le cadre de cette proposition de règlement décrite plus en détail ci-dessous.

Les Parties ont retenu les services d'experts pour estimer la taille du groupe des enfants retirés. Ceux-ci ont estimé la taille du groupe des enfants retirés à 115 000, en se fondant sur les données historiques relatives aux enfants des Premières Nations dont les soins à l'extérieur du foyer ont été financés par les Services aux Autochtones du Canada entre avril 1991 et mars 2022. Le nombre de membres du groupe des familles d'enfants retirés est inconnu. Le Bureau du directeur parlementaire du budget a estimé qu'il y a en moyenne 1,5 parent ou grand-parent par enfant des Premières Nations[5].

Les informations sur la taille du groupe du Principe de Jordan et du groupe des enfants Trout sont beaucoup moins précises, car il n'existe pas de données fiables. Une méthode permettant d'obtenir une estimation approximative a consisté à extrapoler le nombre de demandes de service individuelles acceptées dans le cadre du programme actuel de prestation de services du principe de Jordan par rapport au passé. Une extrapolation de ce formulaire à partir d'un trimestre de demandes individuelles antérieures à la COVID depuis que le Canada a été jugé conforme au principe de Jordan donne une estimation de la taille du groupe du principe de Jordan se situant entre 58 385 et 69 728 — avec une estimation prudente de la taille médiane du groupe de 65 000 membres. Sur la même base que ci-dessus, le groupe des enfants Trout peut être estimé à 104 000 pour la période 1991-2007, par la simple multiplication de l'estimation de la taille médiane du groupe du principe de Jordan par la période plus longue de 1991-2007. On ne connaît pas le nombre de membres du groupe des familles du principe de Jordan et des familles Trout.

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[5] Compensation pour le retard et le refus de services aux enfants des Premières Nations, 23 février 2021, page 7 : < https://publications.gc.ca/collections/collection_2021/dpb-pbo/YN5-219-2021-fra.pdf >.

iii. Lieu de résidence

Les membres du groupe se trouvent partout au Canada, dans les réserves des Premières Nations et à l'extérieur de celles-ci, au sein des collectivités des Premières Nations, y compris les collectivités nordiques et éloignées, et au sein de la population non autochtone. Ceux qui résident en dehors d'une collectivité des Premières Nations se trouvent dans des zones rurales et urbaines. Un pourcentage des membres du groupe est incarcéré ou réside actuellement à l'extérieur du Canada.

Les données du recensement de 2016 ont indiqué que 334 385 membres des Premières Nations vivaient dans des réserves[6].En comparaison, 642 845 membres des Premières Nations vivaient à l'extérieur des réserves[7].

L'Ontario, la Colombie-Britannique et l'Alberta abritent les plus grandes populations de membres des Premières Nations au Canada, bien que la majeure partie de la population des Premières Nations au Canada soit généralement concentrée dans les provinces des Prairies et sur la côte Ouest. Le tableau suivant montre la population des Premières Nations au Canada, par province/territoire[8] :

Emplacement	Premières Nations
Canada	977 235

[6] Statistique Canada. 2018. *Canada [Pays]* (tableau). Profil de la population autochtone. Recensement de 2016. Numéro de catalogue de Statistique Canada. 98-510-X2016001. Ottawa. Publié le 18 juillet 2018. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=F (consulté le 24 juillet 2022).

[7] Statistique Canada. 2018. *Canada [Pays]* (tableau). *Profil de la population autochtone*. Recensement de 2016. Numéro de catalogue de Statistique Canada. 98-510-X2016001. Ottawa. Publié le 18 juillet 2018. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=F (consulté le 24 juillet 2022).

[8] Statistique Canada. 2018. Canada [Pays] (tableau). Profil de la population autochtone. Recensement de 2016. Statistique Canada. Ottawa. Date de publication Date modifiée le 2 octobre 2020. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/index.cfm?Lang=F (consulté le 24 juillet 2022).

Ontario	236 680
Québec	92 655
Colombie-Britannique	172 520
Alberta	136 585
Manitoba	130 505
Saskatchewan	114 570
Nouvelle-Écosse	25 830
Nouveau-Brunswick	17 575
Terre-Neuve-et-Labrador	28 375
Île-du-Prince-Édouard	1 875
Territoires du Nord-Ouest	13 185
Nunavut	190
Yukon	6 690

La déclaration de l'identité autochtone est prévalente tant dans les centres urbains que dans les collectivités nordiques et éloignées. Les régions métropolitaines, telles que Toronto, Winnipeg, Edmonton et Vancouver, comptent d'importantes populations de membres des Premières Nations qui vivent à l'extérieur des réserves. Le tableau suivant indique le nombre de résidents des Premières Nations dans certaines régions métropolitaines[9].

Zone métropolitaine	**Nombre de membres des Premières Nations**
Toronto	27 805
Ottawa-Gatineau	17 790
Sudbury	7 395
Thunder Bay	11 340
Hamilton	9 695
London	8 725
St. Catherines — Niagara	6 815
Winnipeg	38 700
Edmonton	33 885

[9] Statistique Canada. 2018. *Canada [Ontario]* (tableau). Profil de la population autochtone. Recensement de 2016. Statistique Canada. Ottawa. Date de publication modifiée le 2 octobre 2020. https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/hlt-fst/abo-aut/Tableau.cfm?Lang=Fra&T=103&SR=1&S=102&O=D&RPP=25&PR=0&D1=1&D2=1&D3=1&TABID=2 (veuillez noter qu'il est nécessaire de basculer entre les provinces au lien afin de trouver les données connexes pour les villes) (consulté le 26 juillet 2022).

Calgary	17 955
Vancouver	35 765
Victoria	9 935
Prince George	7 050
Kelowna	5 235
Kamloops	6 340
Montréal	16 130
Québec	6 230
Saskatoon	15 775
Regina	13 150
Prince Albert	9 045
Halifax	7 955

iv. Âge prévu des membres du groupe

Les communications seront attentives aux différentes expériences des membres du groupe afin de garantir la sensibilisation et la compréhension de tous les membres du groupe. Les membres du groupe visés par la notification devraient être principalement des jeunes et des jeunes adultes. Les experts retenus par les parties ont estimé qu'environ 44 000 membres du groupe des enfants retirés étaient mineurs en mars 2022. En ce qui concerne la famille des membres du groupe des enfants retirés, les parents et les grands-parents devraient être presque exclusivement des adultes. Les frères et sœurs sont censés comprendre des mineurs et des adultes. Ainsi, le groupe est principalement jeune, mais comprend plusieurs générations de membres des Premières Nations : enfants, jeunes, parents et grands-parents.

On s'attend également à ce que le groupe du principe de Jordan comprenne des mineurs pendant un certain nombre d'années, étant donné que la date de fin de ce groupe touchant les enfants est le 2 novembre 2017. Le groupe des enfants Trout, qui a pris fin en 2007, devrait être composé presque entièrement d'adultes. La tranche d'âge du groupe des familles du principe de Jordan et du groupe des familles Trout devrait être similaire à celle du groupe des familles des enfants retirés.

De manière générale, le recensement de 2016 a montré une tendance nationale vers une population des Premières Nations plus jeune. La figure suivante présente une ventilation de la répartition par âge. La composition par âge de la population des Premières Nations au Canada est généralement la suivante[10] :

Âge	Membres des Premières Nations
Total	977 230
0 à 24 ans	456 530
25 à 34 ans	136 920
35 à 44 ans	116 625
45 à 54 ans	117 945
55 à 64 ans	87 135
65 ans et plus	62 075
65 à 74 ans	43 610
75 ans et plus	18 460

v. Niveau d'alphabétisation et d'éducation

Les niveaux d'alphabétisation et d'éducation devraient varier considérablement parmi les membres du groupe. Bien qu'un nombre important de membres du groupe n'aient pas obtenu de diplôme d'études secondaires, certains ont reçu une formation universitaire supérieure. Cette situation est exacerbée par le large éventail d'âges des membres du groupe, qui est souvent lié au niveau d'éducation.

Parmi la population générale des membres des Premières Nations âgés de 20 ans ou plus, 196 305 personnes n'avaient pas obtenu un diplôme d'études secondaires ou un niveau de scolarité équivalent. Inversement, 603 305 personnes avaient obtenu ce niveau de scolarité. En

[10] Statistique Canada, Recensement de la population de 2016, numéro de catalogue de Statistique Canada. 98-400-X2016156. Ottawa. Publié Date modifiée : 19 juin 2019. (consulté le 24 juillet 2022). https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/abpopprof/details/page.cfm?Lang=F&Geo1=PR&Code1=01&Data=Count&SearchText=Canada&SearchType=Begins&B1=All&C1=All&SEX_ID=1&AGE_ID=1&RESGEO_ID=1

termes de pourcentage, cela représente 32 % et 68 % de la population des Premières Nations, respectivement[11].

vi. Langues

La majorité des membres des Premières Nations (826 295 personnes) ont identifié l'anglais ou le français comme leur langue maternelle, tandis qu'environ 166 120 personnes ont déclaré une langue des Premières Nations comme leur langue maternelle[12]. Ces chiffres représentent environ 83 % de la population des Premières Nations et 17 % de la population, respectivement. Les membres des Premières Nations qui ont indiqué une langue autochtone comme langue maternelle étaient plus susceptibles de résider dans une réserve, soit 74 %[13].

La Cour fédérale a ordonné que l'avis détaillé, l'avis abrégé et le formulaire de retrait dans cette affaire soient traduits dans quatre langues des Premières Nations : le cri, le déné, le mi'kmaq et l'ojibway. Ces quatre langues sont la langue maternelle du plus grand nombre de membres des Premières Nations. Le cri compte le plus grand nombre de locuteurs, soit 89 550, suivi de l'ojibway, du déné et du mi'kmaq, qui comptent respectivement 34 835, 9 950 et 7 010 locuteurs[14].

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[11] Statistique Canada. 2018. Canada [Pays] (tableau). Profil de la population autochtone. Recensement de 2016. Numéro de catalogue de Statistique Canada. 98-510-X2016001. Ottawa. Publié le 18 juillet 2018. (consulté le 26 juillet 2022) ; Statistique Canada. 2018. Canada [Pays] (tableau). Profil de la population autochtone. Recensement de 2016. Numéro de catalogue de Statistique Canada. 98-510-X2016001. Ottawa. Publié le 18 juillet 2018. (consulté le 26 juillet 2022).

[12] Statistique Canada. 2018. Canada [Pays] (tableau). Profil de la population autochtone. Recensement de 2016. Numéro de catalogue de Statistique Canada. 98-510-X2016001. Ottawa. Publié le 18 juillet 2018. (consulté le 26 juillet 2022) ; Statistique Canada. 2018. Canada [Pays] (tableau). Profil de la population autochtone. Recensement de 2016. Numéro de catalogue de Statistique Canada. 98-510-X2016001. Ottawa. Publié le 18 juillet 2018. (consulté le 26 juillet 2022).

[13] Statistique Canada. 2018. Canada [Pays] (tableau). Profil de la population autochtone. Recensement de 2016. Numéro de catalogue de Statistique Canada. 98-510-X2016001. Ottawa. Publié le 18 juillet 2018. (consulté le 26 juillet 2022).

[14] Statistique Canada. 2018. Canada [Pays] (tableau). Profil de la population autochtone. Recensement de 2016. Numéro de catalogue de Statistique Canada. 98-510-X2016001. Ottawa. Publié le 18 juillet 2018. (consulté le 26 juillet 2022) ; Statistique Canada. 2018. Canada [Pays] (tableau). Profil de la population autochtone. Recensement de 2016. Numéro de catalogue de Statistique Canada. 98-510-X2016001. Ottawa. Publié le 18 juillet 2018. (consulté le 26 juillet 2022).

III. AVIS D'AUDIENCE DE CERTIFICATION ET D'APPROBATION DU RÈGLEMENT

A. Les deux phases de notification dans le règlement et l'objectif de ce plan de notification

Les Parties prévoient que l'avis sera donné aux membres du groupe en deux phases. Le **présent plan ne traite que de la première phase de distribution de l'avis**, décrite ci-dessous, tandis que la distribution de l'avis concernant le processus de demande d'indemnisation fera l'objet d'un autre plan spécifique à cette fin et soumis à l'approbation judiciaire à une date ultérieure. Les deux phases de la notification sont les suivantes :

(a) **Phase I :** Cette phase, qui fait l'objet du présent plan de notification, diffuse les notifications déjà approuvées par la Cour. Les notifications approuvées adoptent une méthode de communication tenant compte des traumatismes et adaptée à la culture et à l'âge. Ils annoncent que les actions ont été certifiées conformément aux ordonnances de certification de la Cour fédérale. Les avis informent les membres du groupe de leurs droits légaux résultant de la certification, y compris la nature contraignante des Actions pour tous les membres du groupe qui ne se retirent pas du règlement. De plus, les avis indiquent les procédures et les délais par lesquels ceux qui souhaitent se retirer du règlement peuvent le faire. Cette phase décrit également l'Entente de règlement final proposée, les dates et le lieu de l'audience d'approbation du règlement, où et comment accéder à l'information sur le règlement, et fournit des informations sur la façon de s'opposer, si désiré. Les Parties s'attendent à ce que de nombreux membres du groupe soient déjà au courant des Actions et du règlement proposé, et que les membres du groupe aient un intérêt marqué pour l'audience d'approbation du règlement.

(b) **Phase II :** Cette phase fera l'objet d'un autre plan de notification et comprendra un plan de notification plus étendu qui sera en vigueur pendant une période plus longue. La notification de la deuxième phase annonce l'approbation du règlement par la Cour fédérale et décrit le règlement et ses avantages. Il fournit également des informations sur la manière d'accéder au processus de réclamation. Étant donné qu'il y a plusieurs groupes distincts, cette phase fournira des instructions et dirigera les membres du groupe vers un support dédié pour les aider à clarifier leur admissibilité, à remplir les formulaires de réclamation et à obtenir les documents justificatifs. Le plan de notification de la phase II sera présenté à la Cour à une date ultérieure.

B. Plan de notification de la phase I

i. Avis de certification

Dans son ordonnance certifiant l'action consolidée le 26 novembre 2021, la Cour a déclaré : « La forme de l'avis d'autorisation, les modalités de l'avis ainsi que toutes les autres questions connexes seront déterminées par la Cour dans une ou des ordonnances distinctes. » L'ordonnance de certification de la Cour fédérale dans l'Action Trout, datée du 11 février 2022, va dans le même sens.

Le 24 juin 2022, la Cour fédérale a approuvé la version abrégée et la version longue de l'avis d'audience de certification et d'approbation du règlement. Il s'agissait d'un avis abrégé, d'un avis détaillé et d'un formulaire d'exclusion. L'ordonnance de la Cour fédérale du 24 juin 2022 et ses annexes sont jointes à l'**annexe A** du présent plan de notification.

Dans cette phase de notification, les membres du groupe sont informés que la Cour fédérale a certifié les Actions. La diffusion de cet avis déclenche la période d'exclusion et le droit

d'exclusion des membres du groupe. La notification abrégée et la notification détaillée approuvées par la Cour fédérale fournissent des informations accessibles aux membres du groupe sur leurs options, les implications de l'exclusion des Actions et la manière dont ils peuvent s'exclure s'ils le souhaitent.

Tout membre du groupe qui souhaite être exclu des Actions doit remplir le formulaire d'exclusion approuvé par la Cour fédérale le 24 juin 2022 et soumettre le formulaire d'exclusion rempli à l'administrateur avant l'expiration du délai de six mois à compter de la date de diffusion de l'avis au groupe conformément au présent plan d'avis.

Les membres du groupe qui ont déjà entamé une procédure qui soulève les questions communes de droit ou de fait énoncées dans les ordonnances de certification sont exclus des Actions et ne peuvent bénéficier de l'Entente de règlement final si ces membres du groupe ne se désistent pas de ces procédures individuelles avant la date limite d'exclusion. Les membres du groupe qui ne s'excluent pas des Actions seront liés par les résultats obtenus dans les Actions, y compris les termes de l'Entente de règlement final si celle-ci est approuvée par la Cour fédérale[15].

ii. Avis relatif à l'audience d'approbation du règlement

Les avis annoncent la date que le tribunal a fixée pour l'audience d'approbation du règlement et fournissent des informations précises sur l'audience afin de permettre aux membres du groupe d'assister en personne, de participer ou de déposer des objections au règlement à l'avance. Dans ce cas, les membres du groupe auront la possibilité d'assister virtuellement à l'audience afin de maximiser l'occasion pour les membres du groupe à travers le pays de participer au processus d'approbation du règlement.

[15] Règle 344.21 des *Règles des Cours fédérales*, DORS/98-106.

Les membres du groupe qui souhaitent s'opposer au règlement doivent envoyer leurs objections écrites à l'administrateur afin que les commentaires puissent être compilés et envoyés à la Cour fédérale avant l'audience. La Cour fédérale ne peut qu'approuver ou refuser l'Entente de règlement final et ne peut pas changer les modalités de l'Entente de règlement final.

IV. LIVRAISON DU PLAN DE NOTIFICATION

Les notifications abrégées et détaillées approuvées orientent les membres du groupe vers les mesures de soutien étendues en matière de santé mentale et de bien-être que les Parties ont négociées dans le cadre de l'Entente de règlement final. Ces soutiens sont résumés à l'Annexe C : « Cadre de soutien aux demandeurs dans le cadre du processus d'indemnisation » de l'Entente de règlement final, qui est jointe aux présentes en tant qu'**Annexe B**.

Étant donné la vulnérabilité de nombreux membres du groupe, la notification doit tenir compte du fait que des concepts tels que l'exclusion peuvent ne pas être facilement compréhensibles pour certains membres du groupe et qu'il existe un risque réel que ces membres du groupe pensent qu'ils doivent s'exclure afin de recevoir une compensation en vertu de l'Entente de règlement final. Par conséquent, les avis approuvés visent à expliquer les implications de l'option de refus et de l'approbation de l'Entente de règlement final de manière claire et en langage simple.

La diffusion de la notification dans cette phase devrait commencer immédiatement après l'approbation par la Cour fédérale de ce plan de notification et la nomination de l'administrateur proposé, qui sont tous deux nécessaires pour diffuser la notification au groupe.

La méthode proposée pour diffuser la notification de la phase I comprend quatre approches décrites ci-dessous. Ces approches permettront à la notification de la phase I d'atteindre les membres du groupe aux fins de la certification et de l'approbation du règlement.

Le plan de notification pour la phase II sera élaboré et soumis à la Cour pour approbation à une date ultérieure.

A. Communication directe avec les membres du groupe

Au cours de ce litige, les avocats du groupe ont maintenu un site Web consacré à cette affaire où les membres du groupe peuvent obtenir des informations, apprendre comment contacter les avocats du groupe et s'inscrire pour recevoir des mises à jour. Ce site est le suivant : https://www.sotosclassactions.com/cases/jeunes-des-premieres-nations/. L'APN a également créé un site Web où les membres du groupe peuvent obtenir des informations et s'inscrire pour recevoir des mises à jour : http://www.fnchildcompensation.ca/?lang=fr .

Grâce à ces sites Web, des milliers de membres du groupe intéressés et d'organisations aidant les membres du groupe se sont inscrits pour recevoir des mises à jour. Les informations fournies comprennent le nom, l'adresse électronique, le numéro de téléphone (facultatif) et l'adresse postale (facultatif). De plus, lorsque les membres du groupe contactent les avocats du groupe par téléphone et n'ont pas d'adresse électronique, leurs informations et leur adresse postale sont enregistrées et saisies dans la base de données.

Cette information permet de communiquer directement avec ces membres du groupe par courriel ou par courrier ordinaire, s'il n'existe pas de courriel. Cette communication directe comprendra la version abrégée et la version longue de l'avis de certification et d'approbation du règlement en vertu du présent plan de notification.

De plus, les avocats du groupe et l'APN ont voyagé et établi des voies de communication avec les fournisseurs de services à l'enfance et à la famille des Premières Nations et les dirigeants des Premières Nations partout au Canada. Les avocats du groupe ont fait des présentations sur les actions devant des intervenants en matière d'enfance et de famille des Premières Nations en

Colombie-Britannique et au Québec et ont participé à des rencontres connexes en Saskatchewan. L'APN a consulté les dirigeants des Premières Nations pour faire le point sur l'état des négociations, la structure du règlement et la teneur de l'Entente de règlement final lors d'une cinquantaine de séances d'information organisées dans tout le pays. D'autres réunions et présentations sont prévues et les invitations à tenir des séances d'information dans les collectivités sont toujours les bienvenues.

B. Diffusion par l'Assemblée des Premières Nations

L'APN est une organisation nationale de défense des intérêts qui s'efforce de faire avancer les aspirations collectives des individus et des collectivités des Premières Nations du Canada sur des questions de nature et de préoccupation nationales ou internationales. L'APN tient deux assemblées par an, au cours desquelles les mandats et les directives de l'organisation sont établis par l'entremise de résolutions dirigées et soutenues par les Chefs élus ou les mandataires des Premières Nations membres du Canada.

L'APN est dirigée par un Comité exécutif composé d'un Chef national élu et de Chefs régionaux de chaque province et territoire. Les représentants de cinq conseils nationaux (Gardiens du savoir, Jeunes, Anciens combattants, 2SLGBTQQIA+ et Femmes) soutiennent et orientent les décisions du Comité exécutif.

L'APN est ainsi reliée à 634 collectivités des Premières Nations dans le pays et fera circuler l'avis abrégé et l'avis détaillé aux membres du groupe par ces canaux de communication.

C. Diffusion par les médias sociaux

Étant donné que la population ciblée est généralement plus jeune, les avis seront diffusés par l'entremise de publicités ciblées sur les médias sociaux, notamment Facebook et Instagram. Ces médias permettent de sélectionner des critères qui garantissent que les avis sont portés à

l'attention des personnes et des organisations ayant un intérêt dans l'objet de ce litige par l'entremise d'un processus efficace, pertinent et tenant compte des traumatismes.

Étant donné que l'accessibilité à l'Internet variera selon les régions et les provinces, l'utilisation des médias sociaux complétera, dans la mesure du possible, les autres approches de diffusion précisées dans ce plan de notification.

D. Diffusion par l'entremise des médias autochtones

L'avis sera également publié dans les journaux/publications autochtones suivants après approbation et pourra être répété dans certains ou tous ces médias pendant la période d'exclusion, qui est de six mois à compter de la date de diffusion de l'avis : First Nations Drum, The Windspeaker, Mi'kmaq Maliseet Nations News, APTN National News.

V. CONCLUSION

Le plan de notification des Actions tient compte de la diversité des membres du groupe, notamment en termes d'âge, d'expérience individuelle, de répartition géographique, de représentation linguistique et de familiarité avec les moyens de communication traditionnels et les médias sociaux.

Le plan de notification vise une approche proportionnée, à multiples facettes, culturellement appropriée, pertinente et tenant compte des traumatismes pour la diffusion de la notification, appuyée par des soutiens étendus en matière de santé mentale et de bien-être disponibles pour les membres du groupe.

Comme l'a ordonné la Cour fédérale, le plan de notification est destiné à commencer au moins un mois avant la date de l'audience d'approbation du règlement fixée par la Cour. Tels qu'approuvés par la Cour fédérale, les avis fournissent suffisamment d'informations sur la certification et l'Entente de règlement final dans un langage clair et simple afin que les membres

du groupe comprennent comment l'Entente de règlement final peut les affecter. Les avis approuvés précisent également les conditions selon lesquelles l'approbation judiciaire est demandée, fournissant des informations essentielles sur l'audience d'approbation du règlement elle-même en termes de logistique et de droit des membres du groupe à participer ou à déposer une objection au règlement proposé.

This is Exhibit "O" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Canadian Human Rights Tribunal
Tribunal canadien des droits de la personne
Ottawa, Canada K1A 1J4

August 8, 2022

By e-mail

(See Distribution List)

Dear Parties,

Re: First Nations Child and Family Caring Society et al. v. Attorney General of Canada
Tribunal File: T1340/7008

The Panel directs as follows:

The Panel is in receipt of the Federation of Sovereign Indigenous Nations' letter dated August 4, 2022 indicating their intent to make submissions seeking interested party status. The Panel is also in receipt of the Caring Society's letter and affidavit dated August 8, 2022.

Upon consideration of the recent procedural issues in this case and, in keeping with the principles of procedural fairness and expeditiousness and the parties' confirmation that they are all available on **August 15, 2022**, the Panel as Masters of its own house directs the following schedule:

> The Caring Society, the COO, the NAN and the Commission who wish to cross-examine affiants will send their cross-examinations questions for the affiants to the AFN, Canada and the Tribunal by **August 16, 2022 am EDT.** The Panel suggests that August 15, 2022 can be used to finalize the questions given that everyone is available on that date. Cross-examinations of affiants will be made in writing. AFN and Canada will respond no later than **August 23, 2022.**
>
> The Caring Society, the COO, the NAN and the Commission who wish to file and exchange affidavits will do so by **August 30, 2022.** The AFN and Canada will ask questions if any, by **September 2, 2022**.
>
> The responses to the AFN and Canada's questions can be provided alongside the Caring Society, the COO, the NAN and the Commission's written submissions in response to the AFN and Canada's motion.

> All parties who wish to respond to the AFN and Canada's joint motion will do so in writing by **September 9, 2022** and file their submissions with the Tribunal and exchange them with the parties. The AFN and Canada will file their reply by **September 15, 2022.**
>
> The Panel sets aside **September 15 and 16, 2022** for a videoconference hearing for oral arguments if all parties request it. Parties can also indicate that they do not require an oral hearing. The Panel agrees to consider the motion in writing and to make best efforts to issue a ruling with reasons to follow if possible and if so, prior to the Federal Court hearing dated September 19, 2022. Should the parties all opt for the videoconference hearing, the AFN and Canada will file their reply by **September 14, 2022.**

Should this schedule fail to work on the parties' end, the parties are invited to write to the Tribunal to explain their reasons.

This will also need to be explained to the Federal Court in an attempt to obtain another hearing date in the near future, if possible.

Given the above, the Panel will not participate in a conference call on **August 15, 2022.**

Since May, the Panel made best efforts to expedite this matter as best as it could given the circumstances that were outside of its control. In order to do so, it had set aside most of the summer in order to deal with this important matter. The Panel, in crafting the schedule above, balanced procedural fairness with expeditiousness to ensure that parties can proceed at the Federal Court given a hearing as been set aside for **September 19, 2022.**

The Panel will also direct a schedule shortly in order to deal with the Federation of Sovereign Indigenous Nations' request for interested party status.

Should you have any questions, please do not hesitate to contact the Registry Office by e-mail at registry.office@chrt-tcdp.gc.ca by telephone at 613-878-8802 or by fax at 613-995-3484.

Yours truly,

Judy Dubois
Judy Dubois
Ottawa, Ontario
2022.08.08 15:25:19-04'00'

Judy Dubois
Registry Officer

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This is Exhibit "P" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Canadian Human Rights Tribunal
Tribunal canadien des droits de la personne
Ottawa, Canada K1A 1J4

August 16, 2022

By e-mail

(See Distribution List)

Dear Parties,

Re: First Nations Child and Family Caring Society et al. v. Attorney General of Canada
Tribunal File: T1340/7008

The Panel wishes to advise the parties of the following:

The Panel is in receipt of the AFN's letter dated August 10, 2022, the Commission's letter dated August 12, 2022, the Caring Society's letter dated August 15, 2022 and Canada's letter dated August 15, 2022. At the time of writing this message, unfortunately, the Panel has not heard from the COO or the NAN. The Panel was hoping to learn their views before the set schedule's first deadline of August 16, 2022. The Panel has to make a decision given today's deadline.

The Panel thanks the AFN, the Commission, the Caring Society and Canada for their responses. The Panel appreciates the Caring Society's comments of August 15, 2022, regarding the Panel's approach so far in this case.

The Panel was under the impression that no counsel from the Caring Society, the Commission, the COO and the NAN were available in August for a hearing. This was explained to the Panel earlier this month. Therefore, the Panel in trying to move this matter forward, opted for a cross-examination of affiants in writing.

Upon consideration, the Panel requests the parties to comply with the set schedule and may revisit it later if new procedural issues arise.

On the issue of proceeding with an oral hearing of the motion, the Panel made tentative arrangements to secure a hearing room and IT support for videoconferencing and recording on September 15 and 16, 2022 for a hybrid, in-person hearing in Ottawa for the Panel members and all parties who can attend in-person and videoconferencing for the parties who cannot attend in-person and for members of the public. The Panel would also allow the filming of these proceedings. Details can be discussed later. The Panel is mindful that the timing is very short for the reply from the AFN and Canada should we proceed with the oral hearing. The Panel will consider their views once cross-examinations have been completed.

Should you have any questions, please do not hesitate to contact the Registry Office by e-mail at registry.office@chrt-tcdp.gc.ca by telephone at 613-878-8802 or by fax at 613-995-3484.

Yours truly,

Judy Dubois

Judy Dubois
Registry Officer

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This is Exhibit "Q" referred to in the Affidavit of William Colish of the City of Montreal, in the Province of Quebec, affirmed before me at the City of Toronto, in the Province of Ontario on September 2, 2022, in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits (or as may be)

Federal Court Cour fédérale

Date: 20220818

Docket: T-402-19
T-141-20
T-1120-21

Citation: 2022 FC 1212

Ottawa, Ontario, August 18, 2022

PRESENT: Madam Justice McDonald

CLASS PROCEEDINGS

Docket: T-402-19

BETWEEN:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

Docket: T-141-20

BETWEEN:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH,

KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

Docket: T-1120-21

BETWEEN:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

INTERIM ORDER AND REASONS

[1] On this Motion, filed August 15, 2022, the Plaintiffs seek an interim Order against non-parties as follows:

(i) an interim and interlocutory Order that no legal professionals, other than class counsel appointed by this Court, the Plaintiff Assembly of First Nations [AFN], or the Court-appointed administrator, Deloitte LLP, publish a communication to class members relating to these class proceedings without the Court's prior approval obtained on motion made on notice to the parties in these class proceedings; and

(ii) an interim and interlocutory Order that the websites of the Consumer Law Group [CLG] and any other such websites containing communications to class members relating to these class proceedings be removed upon service of the Court's Order herein, pending the disposition by the Court of the Plaintiffs' Motion for relief in the week of November 21, 2022, unless such communications are approved by the Court on motion made on notice to the parties in these class proceedings.

[2] In support of their Motion, the Plaintiffs filed the following Affidavits:

a. Affidavit of Janice Ciavaglia affirmed on August 15, 2022;

b. Affidavits of Wenxin Yu affirmed on August 15, 2022;

c. Affidavit of Kenneth Dennis Brady Dixon sworn on August 11, 2022; and

d. Affidavit of Kim Blanchette sworn on August 15, 2022.

[3] CLG was served with the Motion and filed an Affidavit of Andrea Grass sworn on August 16, 2022. CLG also filed a letter dated August 16, 2022, agreeing to the interim Order.

I. Background

[4] By way of brief background, the underlying class proceedings relate to harms caused by the discriminatory provision of child and family services and essential services to First Nations' children. The class members are children and young adults who have experienced homelessness, substance misuse, disabilities, and encounters with the criminal justice system. The First Nations class members are described by AFN as "some of the most vulnerable individuals in Canadian society".

[5] The parties reached a Final Settlement Agreement (FSA) on June 30, 2022, which, if approved by the Court, will provide $20 billion in compensation to the class members. The Court approval hearing for the FSA is scheduled for September 19, 2022.

[6] In advance of the FSA approval hearing, the Court approved the Notice Plan developed by class counsel to provide class members with detailed information relating to the FSA. This Notice is expected to be published by August 19, 2022.

[7] In the meantime, and prior to the FSA receiving Court approval, CLG, who are not class counsel and who have had no involvement in these proceedings, put information on two websites about the "settlement" and invited class members to "Join this Class Action". Their websites offer contingency fee retainers and request that class members provide personal information - including information about "damages or symptoms experienced".

[8] The Plaintiffs assert the CLG website communications contain misleading information about the class action, the potential settlement agreement, and the prospective claims process. On the CLG websites, there is no reference to or identification of class counsel. Further, the Plaintiffs allege the solicitation of retainer agreements and the request for information about damages or symptoms from class members is exploitative, re-traumatizing, and contrary to the various safeguards built into the FSA and the Notice Plan.

[9] At the hearing of this Motion, legal counsel for CLG confirmed the information relating to these class proceedings has been removed from their websites. A hearing to determine the extent to which non-class counsel may communicate and engage with class members regarding the claims process is set for November 21, 2022. In advance of that hearing, CLG advised the Court that it does not object to the interim Order sought by the Plaintiffs.

II. Issue

[10] The only issue is whether the Court should exercise its discretion and grant the interim Order.

III. Analysis

[11] The relief sought by the Plaintiffs falls within the Court's plenary jurisdiction to manage its own proceedings (*Dugré v Canada (Attorney General)*, 2021 FCA 8 at para 20).

[12] Furthermore, as noted in *Federal Courts Rules*, SOR/98-106, Rule 385(1)(a):

Unless the Court directs otherwise, a case management judge or a prothonotary assigned under paragraph 383(c) shall deal with all matters that arise prior to the trial or hearing of a specially managed proceeding and may	Sauf directives contraires de la Cour, le juge responsable de la gestion de l'instance ou le protonotaire visé à l'alinéa 383c) tranche toutes les questions qui sont soulevées avant l'instruction de l'instance à gestion spéciale et peut :
(a) give any directions or make any orders that are necessary for the just, most expeditious and least expensive outcome of the proceeding;	a) donner toute directive ou rendre toute ordonnance nécessaires pour permettre d'apporter une solution au litige qui soit juste et la plus expéditive et économique possible;

[13] The Affidavit of Janice Ciavaglia, the Chief Executive Officer of the AFN, speaks to how First Nations individuals have been exploited and re-traumatized in other class action settlements, such as the Indian Residential Schools Settlement Agreement (IRSSA). She states as follows at paragraphs 15 and 17 of her Affidavit:

> 15. The AFN and its class counsel have gone to great lengths to ensure that the claims process for this proposed settlement will minimize the risk of re-traumatization to complainants, be as accessible as possible and will not require lawyers to successfully submit a claim. There is no individualized assessment that requires a narrative-form explanation of the claimant's circumstances or the harm suffered in order to establish an entitlement to compensation. Any additional compensation amounts are based upon objective factors. The settlement is designed in accordance with the lessons learned from the IRSSA compensation process, which were documented in a report from the National Centre for Truth and Reconciliation…
>
> …
>
> 17. Thus, the Parties to the proposed settlement agreement negotiated a crucial component through the appointment of "navigators" which are to be funded by Canada. Navigators will offer community-based, culturally competent support in order to

> assist claims members fill out the required documentation and submit a complete claim. This service will not cost anything to the Claimants and no portion of their compensation award will be affected. The involvement of lawyers foreign to the settlement and First Nations communities, acting as "form fillers" is unacceptable to the AFN and raises a serious risk of re-traumatization and revictimization. It may also dissuade some class members from engaging with the claims process at all, as a result of First Nations individuals' past experiences and the legacy of the IRSSA implementation process.

[14] The issues that arose in other First Nations class action settlements are discussed in more detail in *Fontaine Estate v Canada*, [2014] MJ No 159 and *Fontaine v Canada (Attorney General)*, 2016 ONSC 5359.

[15] With respect to accuracy and reliability of the information on the CLG website, the Affidavit of Kenneth Dennis Brady Dixon is telling. Mr. Dixon is First Nations and states he was aware of the class proceedings and had contacted class counsel to discuss the case. However, when he saw the CLG advertisement, he believed this was how the compensation was being provided and that he needed to sign the CLG retainer in order to claim compensation. When his brother told him the retainer stated CLG would charge 25% of the compensation, he contacted class counsel again, only then learning that CLG was not associated with the class action.

[16] The Notice Plan provides as follows:

> …The plan is designed to notify the class members of certification and the settlement approval hearing in a trauma-informed and culturally sensitive manner, and to provide them with the opportunity to see, read, or hear the notice of certification and settlement approval hearing, understand their rights, and respond if they so choose…

> The notice plan seeks a proportionate, multi-faceted, culturally appropriate, relevant and trauma-informed approach to notice dissemination… [Footnotes omitted.]

[17] In keeping with the objectives of the Notice Plan, it is vital that the details of the proposed FSA are sensitively and accurately communicated to the members of the class. This will allow class members to make informed decisions about their rights and the claims process. Importantly, class members will be advised that they will not need to retain legal counsel in order to advance a claim.

[18] Therefore, until the Notice Plan has been communicated to class members, allowing non-class legal counsel to provide information on the proposed FSA in a manner that is outside the Court's purview poses a serious risk to the class proceedings.

[19] Based upon the foregoing and considering the applicable legal test from *RJR-MacDonald Inc v Canada (Attorney General),* [1994] 1 SCR 311 (as cited in *Google Inc v Equustek Solutions Inc*, 2017 SCC 34 at para 25 [*Equustek*]), I am satisfied that:

a. there is a serious issue to be tried considering the history of predatory activity on First Nations class action settlements;
b. the class members will suffer irreparable harm if the Notice Plan is not communicated in a culturally sensitive and trauma-informed manner; and
c. the balance of convenience favours granting the relief.

[20] Accordingly, in my view, it is just and equitable in the circumstances to exercise the Court's jurisdiction and grant the injunctive relief sought against non-parties (*Equustek* at para 28).

IV. Conclusion

[21] The Plaintiffs' Motion is granted.

INTERIM ORDER IN T-402-19, T-141-20, AND T-1120-21

THIS COURT ORDERS that:

1. no legal professionals, other than class counsel appointed by this Court, the Plaintiff, Assembly of First Nations, or the Court-appointed administrator, Deloitte LLP, shall publish a communication to class members relating to these class proceedings without the Court's prior approval obtained on motion made on notice to the parties in these class proceedings; and

2. the websites of the Consumer Law Group and any other such websites containing communications to class members relating to these class proceedings shall be removed upon service of this Order, pending the disposition by the Court of the Plaintiffs' Motion for relief in the week of November 21, 2022, unless such communications are approved by the Court on motion made on notice to the parties in these class proceedings.

"Ann Marie McDonald"
Judge

FEDERAL COURT

SOLICITORS OF RECORD

DOCKET:	T-402-19
STYLE OF CAUSE:	XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE v THE ATTORNEY GENERAL OF CANADA
DOCKET:	T-141-20
STYLE OF CAUSE:	ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON v THE ATTORNEY GENERAL OF CANADA
DOCKET:	T-1120-21
STYLE OF CAUSE:	ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT v THE ATTORNEY GENERAL OF CANADA
PLACE OF HEARING:	HELD BY VIDEOCONFERENCE
DATE OF HEARING:	AUGUST 17, 2022
ORDER AND REASONS:	MCDONALD J.
DATED:	AUGUST 18, 2022

APPEARANCES:

David Sterns Mohsen Seddigh Robert Kugler	FOR THE PLAINTIFFS Xavier Moushoom, Jeremy Meawasige (by his litigation guardian, Jonavon Joseph Meawasige), Jonavon Joseph Meawasige, and Zacheus Joseph Trout

D. Geoffrey Cowper, Q.C. Dianne G. Corbiere Peter N. Mantas	FOR THE PLAINTIFFS Assembly of First Nations, Ashley Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson by his Litigation Guardian, Carolyn Buffalo, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson
Jeff Orenstein	FOR THE RESPONDENT
Jonathan Tarlton	FOR THE DEFENDANT

SOLICITORS OF RECORD:

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CONSUMER LAW GROUP Ottawa, ON	FOR THE RESPONDENT
Attorney General of Canada Ottawa, ON	FOR THE DEFENDANT

Court File Nos. T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

AFFIDAVIT OF DR. LUCYNA M. LACH

(SWORN SEPTEMBER 6, 2022)

I, Dr. Lucyna M. Lach, in the City of Montreal in the Province of Quebec, MAKE OATH AND SAY:

1. I am a Tenured Associate Professor at the University of McGill, Faculty of Arts, School of Social Work, and an Associate Member of the McGill University, Faculty of Medicine, Department of Paediatrics (Child Development Program) and Department of Neurology and Neurosurgery (Division of Neurology). I was retained by Sotos LLP to provide expert evidence in this matter.

2. I prepared a report dated September 6, 2022, a copy of which is attached to this affidavit as **Exhibit "A"**. My curriculum vitae is attached to my report. Attached to this affidavit as **Exhibit "B"** is my signed Form 52.2.

SWORN BEFORE ME BY Dr. Lucyna M. Lach of the City of Montreal, in the Province of Quebec, on September 6, 2022 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits
(or as may be)

POUYA DABIRAN-ZOHOORY
LSO#: 81458L

DR. LUCYNA M. LACH

This is Exhibit "A" to the Affidavit of Dr. Lucyna M. Lach of the City of Montreal, in the Province of Quebec, on September 6, 2022 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.
Commissioner for Taking Affidavits (or as may be)

Report submitted to Moushoom Class Counsel

Regarding Jordan's Principle and Trout Components of Moushoom et al v Canada, Court File Nos. T-402-19/T-141-20 and Trout et al v Canada, Court File No. T-1120-21

By:

Lucyna M. Lach, MSW, PhD
Associate Professor, School of Social Work, Faculty of Arts
Associate Member, Departments of Paediatrics, Neurology and Neurosurgery, Faculty of Medicine
McGill University

September 6, 2022

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Executive Summary

I was retained by Sotos LLP approximately a year ago to assist with the Jordan's Principle and Trout Components of Moushoom et al v Canada, Court File Nos. T-402-19/T-141-20 and Trout et al v Canada, Court File No. T-1120-21. I remained involved and assisted class counsel until the parties eventually signed a Final Settlement Agreement on June 30, 2022. Key principles regarding the application process were identified in that document, but details regarding the application were not defined. I was asked by Sotos LLP to address the following questions:

1. What conceptual frameworks exist to inform our understanding of a claims process that requires an assessment of the impact, on First Nations individuals, of denials, delays, or gaps in essential services that took place between 1991 and 2017?

2. What are the challenges associated with asking about something that occurred in the past?

3. Given the retrospective nature of this inquiry, what proxies can be used to estimate impact?

4. What method would you recommend to assess eligibility and impact and that would allow evaluators to determine greater and lesser levels of compensation?

The following are my responses and recommendations related to these questions.

1. There are 3 conceptual frameworks of health, well-being, and wellness, that inform our understanding of how to understand and evaluate the impact of denials, delays, and gaps in essential services and supports experienced by First Nations individuals during childhood. First is the Culture as Intervention Model from the Thunderbird Partnership Foundation First Nations Mental Wellness Continuum Framework (Health Canada, 2015); second is the International Classification of Functioning, Disability and Health (WHO, 2002); third are the Medical and Social Models of Disability (Shakespeare, 2006).
    a. the first framework emphasizes the importance of *meaning, purpose, belonging and hope* as key concepts that express wellness in the First Nations context;
    b. the second framework treats health as a process that situates *meaningful participation in personal, family and community life* as one that is informed by the environment context, which includes access to services and supports such as technologies, products, and equipment.
    c. although the third framework contrasts medical and social models of disability, it highlights the role that *access to medical supports and services as well as social supports and services* play in the construction of what counts as a disability.

    I recommend that these concepts be central to the development of a claims process for compensation of the denial, delay, and gap in services that First Nations children experienced between 1991 and 2017. These should inform the Framework for Essential

***Services, the Claim Form, the Professional Confirmation of Essential Services Form, and the Impact Assessment Questionnaire*.**

2. This application process is by nature, retrospective. Claimants will be asked to reflect on services that they needed and would have benefited from in the past. They will be asked to submit either historical or contemporaneous documentation from a professional or other type of expert, as to what was needed whilst a child.

   There are at least three primary risks associated with asking claimants to reflect on the past. The first has to do with the emotional impact of asking those who could have or should have benefited from services and supports that they did not receive. At a minimum, claimants may re-experience frustration associated with what they had previously endured. The second has to do with the extent to which current representations of what happened in the past are subject to different forms of recall bias. Two First Nations individuals who had similar needs as a child will subjectively experience them very differently based on their personal and contextual environments. Also, claimants may under-interpret the gravity of their needs and impact in the past. This leads us to the third risk, which is that of over-interpretation of needs and impact. This risk of overinterpretation is that the distribution of impacts across the claimants will be skewed, making it difficult to distinguish between those eligible for greater vs. lesser levels of compensation.

   At the same time, it is important to honour narratives of First Nations claimants' lived experience of the past. The Claim form, the Professional Confirmation form, and the Impact Assessment Questionnaire ask First Nations claimants, as well as experts, to speak to the past. Claimants are also asked to reflect on their present as they are asked about how their lives are now, keeping in mind essential services that were needed in the past. Both approaches are subjective.

   The Impact Assessment Questionnaire or "IAQ" (See Appendix E) asks about both the past and the present allowing both past and present subjective accounts to come forward and be counted. It is through the counting that some level of objectivity is achieved.

   I recommend that the Impact Assessment Questionnaire (IAQ) be piloted to address its feasibility of implementation, understandability, acceptability, and distribution (see questions below).

3. A number of concepts were considered as proxies for greater and lesser impact of denial, delay and gap in essential services and supports. Number of essential services denied, delayed or not provided, child development outcomes, quality of life, and type of diagnosis or impairment, **are not recommended as proxies.** The concept of meaningful participation in personal, family, and community life has been central to the questionnaire that I created for this process. As will be further explained below, the AFN undertook its own process with a Circle of Experts, which subsequently imported a

uniquely First Nations perspective into the IAQ, while preserving aspects of this concept that are located in questions 3 and 4 in the IAQ. Additional concepts of impact that are responsive to First Nations' perspectives were incorporated into the IAQ.

I recommend that instructions for the Impact Assessment Questionnaire describe, in more detail, what is meant by 'life' and that this concept of participation or engagement in personal, family, and community be integrated into those instructions.

Other proxies for assessing impact that I support include remoteness, relocation, and death, subject to the discussion that follows.

4. The Framework for Essential Services outlines eligibility, the claims process, and provides an example of essential services that claimants and professionals or other experts should consider when completing the following forms:
   i. The Claim Form (which is still in development)
   ii. The Professional Confirmation of Essential Services Form (Appendix D)
   iii. Impact Assessment Questionnaire (IAQ) (Appendix E)

I recommend that the Impact Assessment Questionnaire (IAQ) be piloted to address at least the following questions:

- ***i. Does this IAQ fulfill its intended function of distinguishing between class members who experienced more significant impact and those who experienced lesser impact in relation to the subject essential services?***
- ***ii. What is the distribution of scores?***
- ***iii. How easy is the questionnaire to complete?***
- ***iv. How understandable is each question?***
- ***v. Are there any items that are unacceptable or objectionable?***
- ***vi. How much time does it take to complete?***
- ***vii. What instructions are needed to help First Nations claimants complete the forms and questionnaire?***
- ***viii. How much assistance do First Nations claimants need to complete the forms and questionnaire?***
- ***ix. Is there anything that should be added to the questionnaire that would strengthen the evaluation of impact?***
- ***x. How do First Nations experience being asked questions about the past?***

I. Introduction

Canada's failure to provide First Nations children with essential services available to non-First Nations Children or which would have been required to ensure substantive equality under the Charter, is at the heart of this report. The court and tribunal proceedings resulted in a historic landmark settlement that allocated $5B to First Nations individuals for essential services that were denied, delayed, or not available between 1991 and 2017. This expert report responds to a set of questions that were identified to guide the development of a claims method for First Nations claimants. It reflects the results of a review of relevant literature and a comprehensive consultation process with both First Nations and non-First Nations experts.

There is no adequate precedent that can be directly replicated to inform the method for applying for compensation for essential services that were denied, delayed, or not provided during childhood. The method proposed in this report relies on a claimant form, a professional confirmation form, and an impact on health and well-being questionnaire. The general method is laid out in the Framework for Essential Services (see Appendix C).

A. Objectives of this report

This report addresses the following questions:

> 1. What conceptual frameworks exist to inform our understanding of a claims process that requires an assessment of the impact, on First Nations individuals, of denials, delays, or gaps in essential services that took place between 1991 and 2017?
>
> 2. What are the challenges associated with asking about something that occurred in the past?
>
> 3. Given the retrospective nature of this inquiry, what proxies can be used to estimate impact?
>
> 4. What method would you recommend to assess eligibility and impact and that would allow evaluators to determine greater and lesser levels of compensation?

In this report, I identify, and comment on, a method that assesses First Nations claimants' needs and circumstances without the requirement for in-person interviews, cross-examinations, or other more intrusive methods. This method is product of consultations and information sharing sessions held with experts from various disciplines, First Nations and non-First Nations, and in my opinion, sets out a feasible approach for the compensation process. It is important to note that ***there is no precedent for, or existing method to, retrospectively assess First Nations claimants, their needs and their circumstances, and the impact of these on their lives, either past or present.*** Therefore, the proposed method is unique to the circumstances of this case and the provision of compensation to First Nations individuals.

The three-step process that I propose involves the completion of a Claim Form to be completed by the individual seeking compensation, a Professional Confirmation of Essential Service Form to be completed by a professional or someone who can attest to what the claimant needed as a child, and an Impact Assessment Questionnaire (IAQ) to be completed by the claimant. The Claim Form and Professional Confirmation of Essential Service Form will be used to determine and confirm the eligibility of claimants, while the Impact Assessment Form, through a series of questions, determines the extent of compensation provided to claimants.

I co-developed a questionnaire with the Vancouver Circle of Experts, referred to below. The Impact Assessment Questionnaire that is enclosed to this report incorporates First Nations' perspective, which were developed through the AFN's process of Circle of Experts, which I also discuss further below.

Given the unique nature of the proposed method, future pilot testing is essential to establishing feasibility, understandability, and acceptability of the questions as well as variability in distribution of responses to the Impact Assessment Questionnaire. Pilot testing will allow for the method and questions to be refined, and amended in response to the results.

I am a tenured Associate Professor in the School of Social Work, Faculty of Arts, at McGill University, and also hold Associate member appointments in the Faculty of Medicine, Departments of Pediatrics, Neurology and Neurosurgery. My leadership roles in university administration, my strong interdisciplinary research portfolio in the childhood health and disability area, my cross-disciplinary and cross-faculty teaching and mentoring, as well as my deep commitment to community engagement with both government and non-government organizations in Quebec and other Canadian jurisdictions, are qualities that I bring with me into this expert role. To date, I have 70 peer reviewed publications, 13 chapters, have received almost $5M in research funds as principal or co-principal investigator, and another $5.2M as co-investigator. My involvement with Jordan's Principle and First Nations is centred in Manitoba where I have worked with a community (Pinaymootang) and the Assembly of Manitoba Chiefs (AMC) to document implementation of Jordan's Principle in that province.[1] My CV can be reviewed in Appendix A.

This report begins with a description of the relevant historical events leading up to the Final Settlement Agreement, which was signed on July 4, 2022. It is structured by the 4 key questions that comprise my mandate (see Appendix B). A final conclusion summarizes my key opinions, the evidence for which constitutes the body of this report.

---

[1] See The Jordan's Principle Working Group. (2015). Without denial, delay, or disruption: Ensuring First Nation children's access to equitable services through Jordan's Principle. Ottawa, ON: Assembly of First Nations. Retrieved from: https://www.mcgill.ca/crcf/files/crcf/jordans_principle-report.pdf, and
Sinha, V., Sangster, M., Gerlach, A.J., Bennett, M., Lavoie, J.G. & Lach, L., Balfour, M., & Folster, S. (2022). The implementation of Jordan's Principle in Manitoba: Final report. Winnipeg, MB: Assembly of Manitoba Chiefs). Retrieved from https://manitobachiefs.com/wp-content/uploads/22-01-28-The-Implementation-of-Jordans-Principle-in-Manitoba-Final-Report.pdf.

B. Historical Background

1. On December 17, 2007, the House of Commons unanimously passed a motion (M-296). It stated that "the government should immediately adopt a child first principle based on Jordan's Principle, to resolve jurisdictional disputes involving the care of First Nations children". What this meant is that when a First Nations child required services, the government or department to which the request was originally made should pay for the services without delay. Jurisdictional disputes regarding responsibility for payment would ***not*** take precedence over the delivery of services that the child needed. Named after the late Jordan River Anderson, Jordan's Principle is now a child-first substantive equality principle that applies equally to all First Nations children whether resident on- or off-reserve, including the Northwest Territories.

2. That same year, the First Nations Child and Family Caring Society (FNCFCS) and the Assembly of First Nations (AFN) filed a complaint to the Canadian Human Rights Tribunal (CHRT) alleging that the failure to implement Jordan's Principle constituted an indication of ongoing discrimination against First Nations children.

3. In 2016, the CHRT held that the complaint was substantiated and that Jordan's Principle had been breached. Over the course of several subsequent decisions, the CHRT re-focused its analysis on substantive equality and expanded Jordan's Principle to cases beyond jurisdictional disputes amongst governments or levels of government. This expanded scope applied to a broader range of health, education, and social services.

4. On March 4, 2019, Xavier Moushoom commenced a proposed class action under Court File Number T-402-19, seeking compensation for the Class dating back to 1991.

5. On January 28, 2020, the AFN and other plaintiffs also filed a proposed class action under Court File Number T-141-20 dating back to 1991.

6. Both groups of plaintiffs came together to combine efforts in the best interests of the Class. The consolidated action sought compensation for First Nations individuals who were victims of the Crown's systemic discrimination while they were under the age of majority and for family members who suffered the break-up of their families and other harm when their children were removed from their homes and/or their Jordan's Principle substantive equality rights were breached.

7. The consolidated Moushoom et al v Attorney General of Canada (Court File Nos. T-402-19/T-141-20) class action was filed on July 21, 2021. This action sought "compensation for those First Nations children who suffered or died while awaiting the services or products that the Crown was legally required to provide but did not

provide, in breach of Jordan's Principle and the substantive equality rights that it embodies." This is referred to as the Jordan's Principle Class.

8. The Consolidated Statement of Claim removed, with the Court's approval, members of Jordan's Class and their corresponding Family Class members whose claims dated back to between April 1, 1991, and December 11, 2007, that were previously part of Court File Number T402-19 and/or Court File Number T-141-20. Those claims proceeded separately as part of a new Statement of Claim in the Federal Court. This is referred to as the Trout Class.

9. Jordan's Principle Class refers to all First Nations individuals who, during the period between December 12, 2007 and November 2, 2017, did not receive from Canada (whether ***by reason of a denial, delay, or service gap***), an ***essential service*** related to a ***confirmed need***, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or jurisdictional dispute with another government or government department, while they were under the Age of Majority.

10. The Trout Class refers to all First Nations individuals who, during the period between April 1, 1991 and December 11, 2007, and while they were under the Age of Majority, did not receive from Canada (whether ***by reason for denial, delay, or service gap***), an ***essential servic***e related to ***a confirmed need***, on grounds, including but not limited to, lack of funding or lack of jurisdiction, or jurisdictional dispute with another government or government department.

C. Final Settlement Agreement

1. The following are key features of the final settlement agreement:

ii. The design and implementation of the distribution protocol within the Claims Process will be within the sole discretion of the Plaintiffs, subject to the approval of the Court.

iii. The Claims Process is intended to be expeditious, cost-effective, user-friendly, culturally sensitive, trauma-informed, and non-traumatizing to participants.

iv. There is a presumption that a Claimant is acting honestly and in good faith with respect to any Claim and all reasonable inferences will be made in favour of the Claimant.

v. Documentation used to support the application may be historical or contemporaneous.

vi. Those making decisions about Claimant applications will receive training on Jordan's Principle, Essential Services, Confirmed Needs, Professionals, and Supporting Documentation.

vii. The application process intends to:

a. be trauma-informed regarding the Jordan's Principle Class and the Trout Child Class;
b. avoid subjective assessments of harm, individual trials, or other cumbersome methods of making Eligibility Decisions with respect to this class; and
c. use objective criteria to assess Class Members' needs and circumstances as a proxy for the significant harm inflicted on such Class Members in a discriminatory system.

viii. The Plaintiffs have estimated a Budget of $3.0 billion dollars for the Jordan's Principle Class.

ix. The Plaintiffs have estimated a Budget of $2.0 billion dollars for the Trout Child Class.

2. Assumptions regarding scope of the demand for essential services between 1991-2017:

i. The actual prevalence of children who had unmet needs related to essential services between 1991 and 2017 is not known. Furthermore, the prevalence of First Nations children with various types of functional impairments to which essential services may be linked, is not known.

ii. The latest figures from Statistics Canada regarding prevalence of children, age 5-17 years, in Canada with impairments is 12.3% (Statistics Canada, 2019). However, this figure does not include First Nations children who are on-reserve and so is not an accurate or applicable figure. Earlier prevalence figures of non-First Nations children are also not applicable in this case as Statistics Canada has changed how they enquire about functional impairments and limitations.

iii. In 2017, 32% of First Nations people, age 15 and over, living off reserve, had one or more functional impairments that limited them in their daily activities (Hahmann, Badets, & Hudges, 2019).

iv. Estimates of the Jordan's Principle Class Size, were between 58,385 and 69,728 for the period from December 12, 2007 to November 2, 2017; based on the Jordan's Principle Class Size Estimates, the plaintiffs estimated the size of the Trout Class to be approximately 104,000. These estimates are based on an extrapolation from a single quarter of 2019-2020 data, representing current Jordan's Principle service requests, provided by Indigenous Services Canada.

v. Considering $3 billion set aside to compensate the Jordan's Principle children's class (2007 to 2017), if $40,000 was given per Jordan's Principle class member, 75,000 Jordan's Principle class members could be compensated.

vi. Considering $2 billion set aside to compensate the Trout child class (1991 – 2007), if $20,000 was given per Trout class member, 100,000 Trout class members could be compensated.

D. Consultations and Information Sharing Sessions Held

In forming the opinions expressed in this report, I have consulted the following individuals and groups:

- Barbara Fallon - Professor, Faculty of Social Work, University of Toronto
- Nico Trocme - Professor, School of Social Work, McGill University
I met with Drs. Fallon and Trocme to obtain background information on the report they prepared for Indigenous Services Canada entitled *Review and Data Process Considerations for Compensation Under 2019 CHRT39.*

- Molly Churchill – Lawyer
I met with Ms. Churchill to review work she completed on a Jordan's Principle project while a law and social work student at McGill University.

Statistics Canada experts in surveys and measurement:
- Rubab Arim - Chief, Social Analysis and Modelling Division, Analytical Studies, Methodology and Statistical Infrastructure Field, Statistics Canada
- Dafna Kohen - Assistant Director, Health Analysis Division, Statistics Canada
I met with Drs. Arim and Kohen to discuss existing data on First Nations children at Statistics Canada.

Statistics Canada experts in the Canadian Survey on Disability and the Disability Screening Questionnaire:
- Mike Burns, Chief – Disability and Accessibility Program, Diversity and Sociocultural Statistics, Statistics Canada.
- Susan Wallace – Unit Head, Disability and Accessibility Program, Diversity and Sociocultural Statistics, Statistics Canada
- Tara Hahmann - Research Analyst, Statistics Canada
- Hailegh McDonald - Health Analyst, Statistics Canada
I met with this group of experts to discuss the development, structure, implementation and limitations of the Disability Screening Questionnaire.

Statistics Canada experts in the remoteness index:
- Shawn Brule - Health Analyst, Statistics Canada
- Mohan Kumar - Research Analyst, Statistics Canada

- Haaris Jafri - Unit Head, Statistics Canada
- Fatemeh Hosseininasabnajar - Analyst, Statistics Canada
- Anne Munro – Analyst, Statistics Canada

I met with this group of experts to discuss the development and limitations of their work on the remoteness indices.

Vancouver Circle of Experts:
- Peter Rosenbaum - Professor of Paediatrics, McMaster University, Canada Research Chair in Childhood Disability 2001-14, Co-Founder, CanChild Centre for Childhood Disability Research
- David Streiner - Emeritus Professor, McMaster University, Department of Psychiatry & Behavioural Neurosciences; Professor, University of Toronto, Department of Psychiatry Fellow, Canadian Psychological Association, American Psychological Association, Society for Personality Assessment
- Sabrina Eliason - Developmental Pediatrician, Assistant Clinical Professor, Division of Developmental and Behavioral Pediatrics; Department of Pediatrics, University of Alberta; Glenrose Rehabilitation Hospital, Edmonton, Alberta
- Joanna Mills - Executive Director of Indigenous Relations, Community Living British Columbia
- Jackie Watts - Provincial Advisor, Aboriginal Supported Child Development Programs of BC Partnerships Project Coordinator
- Diana Elliott - Provincial Advisor to Aboriginal Infant Development Programs of British Columbia
- Gordon Bruyere - MSW Coordinator, IBSW Program Development, Old Sun Community College, Siksika, Alberta
- Marlyn Bennett - Associate Professor, Faculty of Social Work and Werklund School of Education, University of Calgary
- Richard Sullivan - Professor Emeritus, School of Social Work, University of British Columbia
- Anamaria Richardson - Paediatrician, Clinical Assistant Professor, Wall Scholar (2021-2022), University of British Columbia

This is a group of experts that I brought together to inform the development of the Framework on Essential Services as well as the initial version of the questionnaire for evaluating impact of denial, delay and gaps in essential services on health and well-being.

Information sharing sessions with Assembly of First Nations' Circle of Experts:
I attended several meetings with the Assembly of First Nations' Circle of Experts. These discussions highlighted the importance of drawing on Indigenous knowledge pertaining to denials, delays, and gaps in services as well as health and well-being. I have incorporated my understanding of these views into the report.

Plaintiffs:
- Jonavon Meawasige – Jordan's Principle plaintiff
- Zacheus Trout (and his wife, Veronica Trout) – Trout Plaintiff

I had an opportunity to meet with the plaintiffs, to describe the method that has been developed for the application for compensation process, and to obtain their input.

II. Answers to Questions

This section of the report addresses each of the questions that I have been provided as my mandate.

A. What conceptual frameworks exist to inform our understanding of a claims process that inquires about the impact, on First Nations individuals, of denials, delays, or gaps in essential services that took place between 1991 and 2017?

There are 3 conceptual frameworks that inform our understanding of the proposed claims process in different ways: the Culture as Intervention Model of the Thunderbird Foundation Framework of Mental Wellness Continuum (Health Canada, 2015), the World Health Organization's International Classification of Functioning, Disability, and Health (World Health Organization, 2007; World Health Organization, 2002), and the Social and Medical Models of Disability (Shakespeare, 2006). The Culture as Intervention Model places emphasis on the importance of meaning (mental behaviour), belonging (emotional behavior), hope (spiritual behaviour), and purpose (physical behaviour). The ICF emphasizes health as a process between the body structures and functions, what tasks or person can do (i.e., activities), their level of engagement in personal, family, and community life given what they can or cannot do (i.e. participation) and the assets and constraints of the context within which they are engaged (i.e., personal and environmental). The social and medical models of disability contrast how a person's health challenges are perceived and treated through these different lenses (Shakespeare, 2006). It is indisputable that having essential services be denied, delayed, or not provided during childhood had a negative impact on First Nations children. In order to establish a method to evaluate how much compensation claimants will receive, there are two key questions that must be addressed. First is 'impact on what?'; the second key question is 'how to establish a process of assessing greater vs. lesser impact?'

The development of any method should be based on a theoretical framework(s). The method that I have developed and upon which I am commenting draw on First Nations and non-First Nations understandings of health and well-being to address these questions. ***The approach I recommend and endorse is one that gives consideration to medical, social services and other types of supports that were denied, delayed or not provided, and invites claimants to reflect on how the denial, delay or gap in these services and/or supports are associated with their well-being during childhood and on their current life now.***

The following describes the conceptual frameworks and how they inform the proposed method.

1. Drawing on the Thunderbird Partnership Foundation First Nations Mental Wellness Continuum Framework (Health Canada, 2015)

During an information sharing meeting that I attended with the Assembly of First Nations' Circle of Experts, the Culture as Intervention Model from the Thunderbird Partnership Foundation First Nations Mental Wellness Continuum (Health Canada, 2015) was identified as a conceptual framework that should be considered to inform our collective understanding of impact on health and well-being. This framework draws our attention to central concepts of ***meaning, purpose, belonging, and hope,*** concepts that are key to understanding what is meant by well-being in the First Nations context.

i. **Mental wellness** contributes to the creation of **Meaning**, which arises from a sense of understanding. This understanding arises from a balance between appreciation for intuition (i.e., connection to spirit and creation) and rationale (i.e., mental thought and what one experiences in the world). When intuition and rationale are in balance, they lead to an understanding of how one's life, family, and community are part of creation. *In the questionnaire the extent to which meaning was impacted during childhood through the denial, delay, or gap in essential services is arrived at by asking about* ***impact on learning and understanding*** *(as a child).*

ii. **Purpose** is expressed through **physical wellness**, which is facilitated not only taking care of one's physical body but also by respecting First Nations peoples' unique worldviews and values. *In the questionnaire, the extent to which purpose was impacted during childhood through the denial, delay, or gap in essential services is arrived at by asking about* ***impact on participation in physical and recreational activities*** *(as a child).*

iii. **Belonging** is expressed through **emotional wellness**, which itself is facilitated through attitudes and relationships. Attitudes that are positive, including attitudes that emphasize "living life to the fullest," contribute to a better sense of emotional wellbeing. When combined with connections to family, community, the environment, and the universe that arise from one's relationships, a sense of belonging becomes possible. *In the questionnaire, the extent to which purpose was impacted during childhood through the denial, delay, or gap in essential services is arrived at by asking about* ***impact on relationships with family and community*** *(as a child).*

iv. **Hope** is expressed through spiritual wellness, which is facilitated through one's connection to values, identity, and beliefs. *In the questionnaire the extent to which meaning was impacted during childhood through the denial, delay, or gap in essential services is arrived at by asking about* ***impact on participation in cultural activities, connecting with culture or spirituality*** *(as a child).*

This diagram depicts the Culture as Intervention Model. Holding key concepts of meaning, belonging, purpose, and hope in the center, this diagram demonstrates how culture, Indigenous social determinants of health, personal, family, and community life affect these key concepts of wellness (Health Canada, 2015).

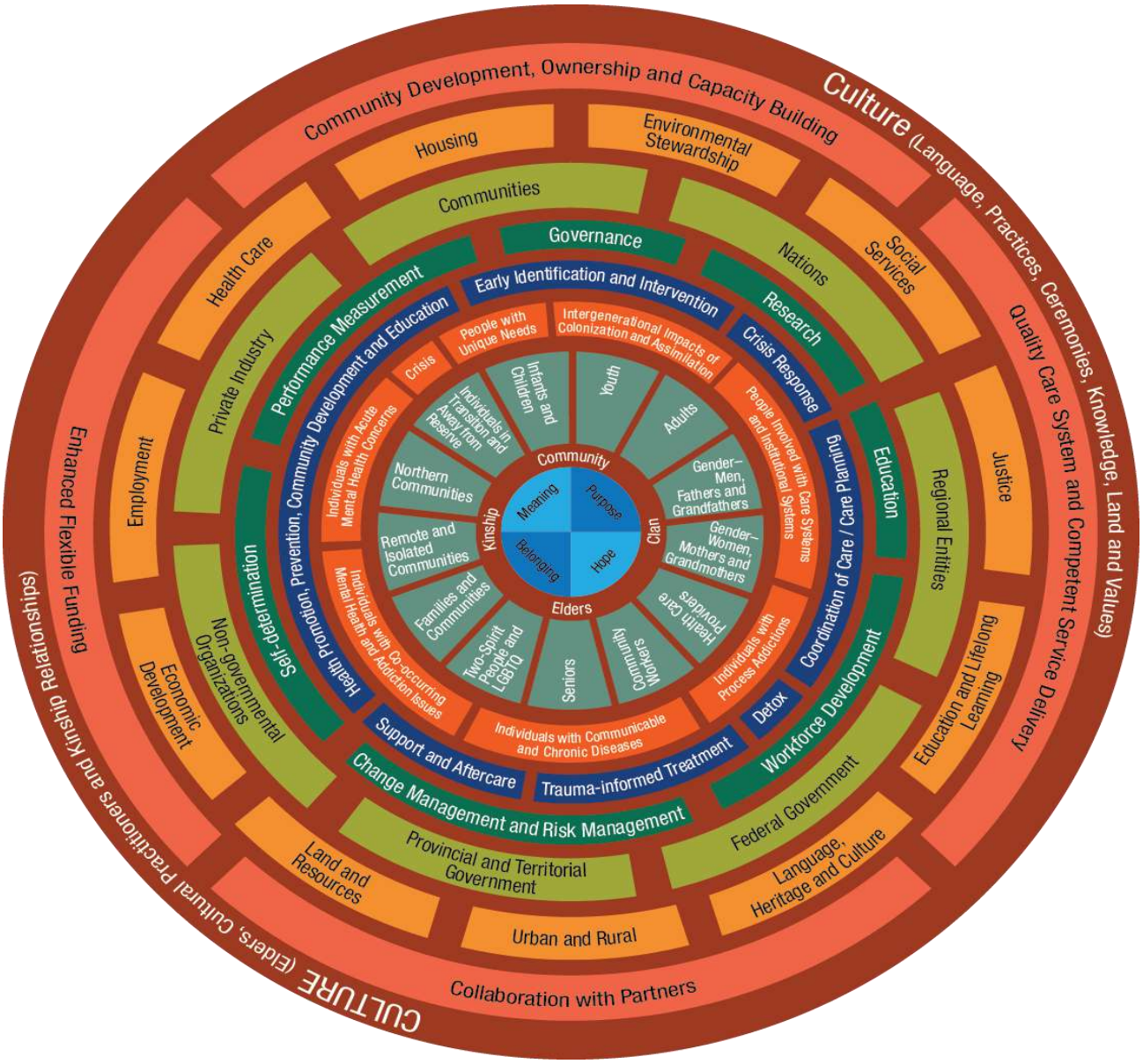


Figure 1. Culture as Intervention Model from the Thunderbird Partnership Foundation First Nations Mental Wellness Continuum Framework

This diagram provides more detail about the key concepts of meaning, purpose, hope and belonging (cited in Restoule, Hopkins, Robinson, & Wiebe, 2016).

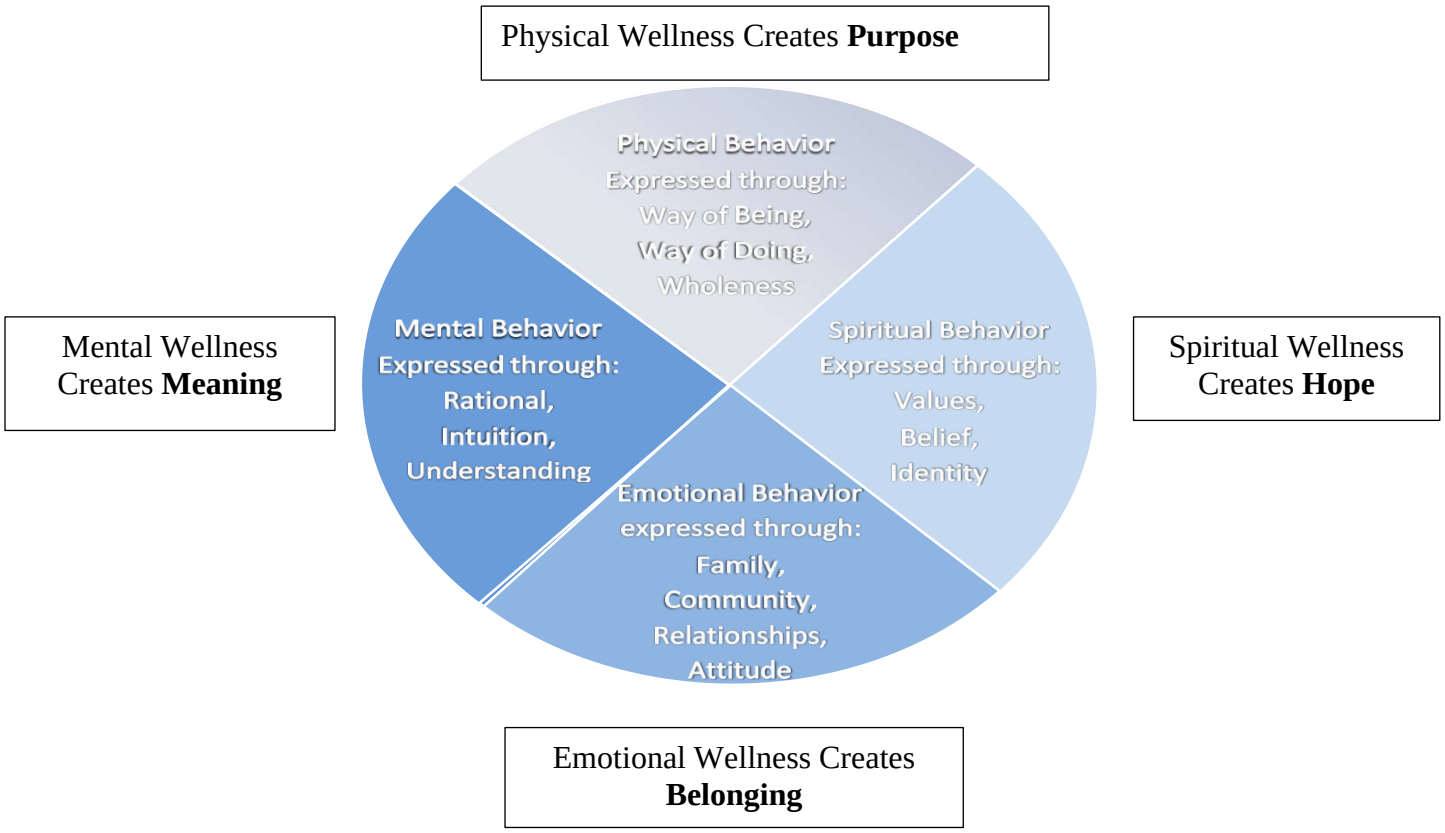


Figure 2. Focus on Meaning, Purpose, Hope and Belonging

Given how integral concepts of purpose, hope, belonging and meaning are to well-being in the First Nations context, questions to the connection between what essential services were needed, and a person's sense of physical, spiritual, emotional, and mental wellness as a child have been integrated into the Impact Assessment questionnaire. ***In my opinion, this is critical, but the understandability of these questions will need to be ascertained through pilot testing.***

2. Drawing on the International Classification of Functioning, Disability, and Health to Understand Health and Well-Being.

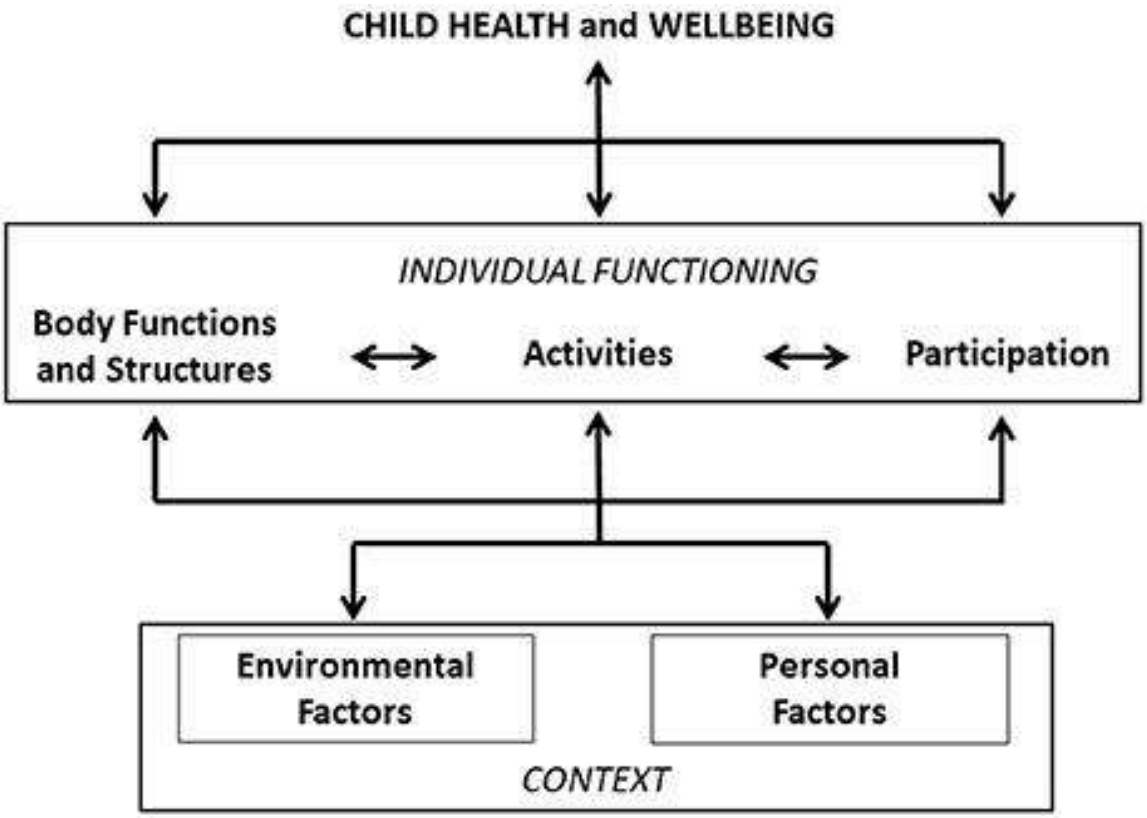
The International Classification of Functioning, Disability, and Health (ICF) is a framework developed by the World Health Organization (WHO) to create common international language and a more shared understanding of what is meant by 'health and well-being'. It incorporates the medical and social models, thereby recognizing the role that the body and environment play in creating health and well-being. The ICF built on the 1948 definition of health which identified health as incorporating physical, social, and mental well-being, and not just the absence of illness or disease. The 2002 version shifted the definition of health to one that is a

process that includes how the body, the whole person, and the person in their social context function (World Health Organization, 2002).

i. One of the key concepts in the ICF is that of participation. Described as "a person's involvement in a life situation", participation in the ICF model highlights the importance of integrating the extent to which aspects of the environment facilitate how well children and adults are meaningfully engaged in their social world (World Health Organization, 2007). Participation is not just a function of what individuals are capable of and how well they perform; it is also a function of the extent to which there are barriers and facilitators in their environment to participation. The concept of meaningful participation in personal, family, and community life was central to the first questionnaire. There are aspects of it that now appear in the AFN's Impact Assessment Questionnaire.

Figure 3. International Classification of Functioning, Disability and Health (WHO, 2002)

This figure depicts the ICF's concept of functioning, disability, and health as a process that involves a number of factors. A child's health and well-being are informed by their functional impairments, activities (ability to execute tasks), participation in life situations, which are also informed by personal and environmental factors (World Health Organization, 2007).



ii. In the ICF, participation refers to the following areas of participation:
- Learning and applying knowledge
- Undertaking general day-to-day tasks and demands
- Communicating
- Self-Care
- Domestic life – acquiring necessities, household tasks, caring for others
- Managing interpersonal interactions and relationships
- Education, work and employment
- Engagement in community, social life

I highly recommend that instructions for the IAQ expand on what is meant by 'life' in question 4 and draw on this concept of participation or engagement in personal, family, and community life.

iii. Claimants completing the claims process may or may not have had (and still may not have), a diagnosis of an illness, chronic health condition, or disability. Requiring a diagnosis would potentially disadvantage claimants who never had access to a professional and/or diagnostic testing to have a diagnosis made. However, a denial, delay, or gap in an essential service can be linked to different areas of function such as seeing, hearing, physically getting around, etc. The International Classification of Functioning, Disability, & Health (ICF) provides some guidance regarding areas of function but is quite complex in its coverage of function. It has 8 areas of function and each of these is subdivided in up to 23 sub-areas of function. I believe that it is a system that is too complex for this purpose.

iv. I explored the structure of the Disability Screening Questionnaire (Statistics Canada, 2017) which enquires into how the frequency and intensity of activities are limited in different areas of function. The DSQ's areas of function were less complex than that of the ICF, but did not include communication. These areas were reviewed by the Vancouver Circle of Experts and one area of functioning pertaining to expressive and receptive language was added. These were considerd comprehensive enough, but not overly complex, and should be used on the Impact Assessment Questionnaire. ***I recommend that Claimants be asked about each area of function currently, keeping in mind essential services that were denied, delayed, or not provided during childhood.***

v. The areas of function from the DSQ are as follows:
- Seeing
- Hearing
- Getting around, dexterity, and other physical activities
- Pain-related
- Learning, remembering, or concentrating
- Developmental
- Emotional/psychological or mental health-related

- Other

These categories inform the architecture of Question #4 in the Impact Assessment Questionnaire. I recommend that pain and chronic health conditions be added to the categories.

3. Drawing on the Social and Medical Models of Disability

In the literature, these perspectives are often presented as dichotomous and as conflicting with one another (Shakespeare, 2006). Given how misleading dichotomies can be (Berlin, 1990), it is important to understand the intended distinction between the two as the emphasis in health and social care policies and practices are uniquely different in one over the other.

i. The medical model of disability views disability as a problem that an individual experiences; symptoms require medical care in the form of treatment typically provided by trained professionals. According to this model, disability is directly caused by something, whether it be trauma, disease, or other health-related conditions. "Cures" and policy responses to disability under this model are mostly healthcare-related, with treatments and therapies being seen as the most effective way to "treat" disability (World Health Organization, 2007). ***In the Framework for Essential Services, a list of services that First Nations children may have needed is provided.*** This list is not exhaustive but provides claimants with examples of services that Jordan's Principle and HRT rulings are meant to address.

ii. The social model of disability views disability not as individualistic but as a socially-created problem. Rather than focusing on the individual pathological elements of disability, this model treats disability as a phenomenon created by barriers in society. Therefore, policy responses under this model are a matter of making environmental adjustments to fully integrate individuals into society (World Health Organization, 2007). Participation and inclusion are enhanced by addressing physical, technological, or attitudinal obstacles (Hahmann et al., 2019). Policy responses to disability under this model involve social actions that enable a better integration of individuals with disabilities into society (World Health Organization, 2007).

iii. In the Framework for Essential Services, examples of equipment, products and technologies, are included as these are examples of environmental adaptations that were denied, delayed, or not provided to First Nations children. Both models of disability inform the creation of the proposed Framework for Essential Services with both medical and social experiences being brought into account.

iv. 'Disability' is a contested term and has been criticized by some as a 'colonial construct that conflicts with Indigenous perspectives of community membership' (Ineese-Nash, 2020). Furthermore, given that many First Nations children have not

had access to services to receive a diagnosis, **there is no requirement for a First Nations person to have a disability to be eligible.**

v. Literature examining how the ICF maps onto or intersects with Indigenous populations worldwide is limited (Alford, Remedios, Webb, & Ewen, 2013). Having said that, the Culture as Intervention Model and the ICF make unique contributions regarding health and well-being. Their elements are present in the questionnaire as well as Framework for Essential Services.

vi. The impact of denial, delay, or gap in services on an individual's 'participation' in their day-to-day life is commensurate with the notion of 'meaningful and purposeful participation in personal, family, and community life'. The WHO construct of 'participation' and the First Nations wellness concepts of meaning, purpose, belonging, and hope, are unique, but also share some common elements. A questionnaire should reflect First Nations ways of knowing and understanding. The connection that I see is that ***meaning, purpose, belonging and hope are created through meaningful participation in life situations at the personal, family, and community levels. This connection should be integrated into the instructions for claimants as well as professionals and other experts.***

B. What are the challenges associated with asking about something that occurred in the past?

The Final Settlement Agreement uses "material impact on the child" as a central concept. While Jordan's Principle cases are based on the denial, delay, or lack of an essential service that was needed as a child, the Vancouver Circle of Experts expressed deep concern about the extent to which professionals would be able to claim retroactively, what the material impact of receiving services that were denied, delayed, or not provided during childhood, would be on an individual, either on a child at the time, or over time. "Material impact on the child," was modified to "impact on a person's health and well-being" in order to better account for how not having received an essential service(s) affected claimants.

1. Retrospective Nature of Claims Process

i. I anticipate that most claimants will not have access to historical documents that provide the evidence needed to demonstrate a confirmed need for an essential service that was either denied or delayed.

ii. The application process for compensation is, by nature, retrospective. The first way in which it is retrospective is that most claimants will need to obtain contemporaneous documentation of an essential service(s) that they needed during childhood and from which they would have benefited.

iii. The second way in which the application process is retrospective is that any evaluation, either by the claimant, or by a professional, will require a reflection on an association between essential services that were needed during childhood and different aspects of that child's life at the time, or an individual's current situation.

2. Considering Temporality and Causality

i. The compensation process is going to ask claimants and professionals to submit forms that identify essential services that are confirmed to have been needed but were denied, delayed or not available, during childhood. The Impact Assessment Questionnaire asks claimants to reflect on the extent to which denials, delays, or lack of those essential services had on different aspects of their well-being (e.g., meaning, purpose, hope, and belonging) during childhood. It also asks about their current function, given the nature of the essential services that were denied, delayed, or not provided during childhood.

ii. The Vancouver Circle of Experts expressed concern about asking First Nations claimants to reflect on the impact of not having received services during childhood on their sense of well-being at that time.

iii. Reflecting on the time when essential services were denied, delayed, or not provided during childhood, and a child's sense of meaning, purpose hope, and belonging, requires adult claimants and professionals to be able to make a link between these two factors. For example, they would need to make a link between not having received services to address mobility issues, and the frequency and intensity of impact this had on their ability to meaningfully engage in learning, recreational activities, cultural activities, and in relationships with their family and community.

iv. The main limitation with this approach is that of recall or reporting bias where the link between the two may be over-interpreted, or under-interpreted. Answering a question about the past requires a claimant to be able to understand the question, recall the time in their life when the essential service was needed, make an inference or estimation of the impact, map their answer onto the response categories provided, and then edit their answer (Streiner, Norman, & Cairney, 2014). The risk with the latter is that claimants may respond in a manner that is most socially desirable, or they may respond in a manner that maximizes benefit. There is a risk of obtaining a skewed distribution whereby the responses of a large proportion of claimants indicate the highest level of impact. The problem with this is that it will make it difficult to differentiate those who are eligible for greater levels of compensation from those eligible for lower levels of compensation.

v. At the same time, it is important to consider the importance of historical narratives in the lives of First Nations claimants (Absolon, 2022; Laurila, 2016). The voices of

those who have a story to tell about the harm they experienced as a child in not obtaining services they would have benefited from, should be given an opportunity to be taken into account. ***I therefore support the idea that questions regarding the connection between not receiving services in the past and impact in the past be considered in a pilot test and that attention be paid to the feasibility, understandability, acceptability, and distribution of responses.***

vi. If a family member was claiming compensation on behalf of someone who had died during childhood, questions regarding essential services not provided and the impact on the child at the time would be the only way to ascertain how denials, delays, or gaps had an impact. Questions regarding the present would be irrelevant.

vii. The Vancouver Circle of Experts were comfortable with drawing an association (as opposed to a causal link) between not receiving services and supports in the past, and how a person's current functional challenges are declared in their current life. Question 4 in the Impact Assessment questionnaire taps into this aspect by asking claimants to keep in mind essential services that were not provided during childhood and how any about trouble seeing, hearing, moving around or using hands or fingers, learning or remember, mental health, communication, and other developmental or chronic health conditions, impact them currently. ***I therefore support the idea that questions regarding the connection between not receiving services in the past and current function be considered in a pilot test and that attention be paid to the understandability, acceptability, and distribution of responses.***

viii. Reflecting on the time when essential services were denied, delayed, or not provided during childhood, and an adult's current functioning requires claimants and professionals to use concurrent function as the indicator of impact. It is important to note that these two factors, denial, delay or gap in services and supports, and concurrent function CANNOT be treated as causal and linear. They should be treated as independent, and possibly associated, phenomena. For example, there may be a claimant whose mobility issues were not addressed during childhood. Now, as an adult, this person's mobility is considerably restricted. These phenomena coexist, but a causal linear relationship cannot be inferred as there may be other factors that contributed to a person's current mobility impairment. An association treats them as co-existing and linked, but not that one caused the other.

The connection between essential services denied, delayed, or not provided during childhood, and a child's well-being at the time, or an adult's life in the present, co-exist, but are not causal and linear phenomena. In other words, one did not LEAD to the other.

C. Given the retrospective nature of this inquiry, what proxies can be used to estimate impact of denial, delay, or lack of provision of an essential service?

A number of proxies were considered to estimate impact: number of essential services denied, delayed or not provided, developmental outcomes, diagnosis or type of impairment, participation in personal, family, and community life, remoteness, relocation, and death.

There are 3 key concepts to unpack in order to fully answer this question. First, what is an 'unmet need for an essential service(s)?' Second, 'what is an essential service?' Third, what is 'impact'?

1. What is an unmet need for an essential service(s)?

i. First Nations individuals and communities often face significant barriers in accessing health, social care, and education services. Colonial legacies and discriminatory policies have created a status quo in which First Nations communities have not been able to provide services that their members need (Greenwood & de Leeuw, 2012; Vives & Sinha, 2019).

ii. Compensation for the denial, delay or gap in receiving essential services is informed by the literature on 'unmet need'. Most of this literature is U.S.-based, and almost exclusively describes the nature or prevalence of unmet need, or examines, correlates or factors that may explain unmet need (Lopez et al., 2019; Ocanto et al., 2020; Parasuraman et al., 2018; Faubert et al., 2020). There is no literature evaluating the longer term 'impact of unmet need'. In this way, there is no precedent, that I am aware of, to guide evaluation of the impact of unmet needs over time.

iii. An example of the absence of the impact of unmet needs for one condition is the recent scoping review of the literature conducted by Gerlach et al. (2022) which found that there was a clear lack of data on Autism Spectrum Disorder (ASD) and unmet health, social, and educational service needs among Indigenous children with ASD in Canada. Therefore, peer-reviewed literature provides minimal guidance in this regard.

iv. Needs become unmet when services and supports are inadequate, inconsistent, or nonexistent (Haller, 2019). There are geographic, administrative, and financial reasons for First Nations children not having their needs met, including remoteness and federal/provincial jurisdictional issues (Vives & Sinha, 2019; Vives et al., 2017). Although the literature acknowledges that children's' needs being unmet pose significant problems for the wellbeing of those children, their families, and their communities (Vives & Sinha, 2019), no studies have tracked the longitudinal impact of unmet need on child or adult well-being.

v. In the United States, lower educational levels, the location of care relative to the location of the family, and socioeconomic factors were explanatory variables for needs not being met (Lopez et al., 2019; Ocanto et al., 2020). The literature on

unmet needs in the United States confirms that there are long-term sequelae associated with unmet needs. These include poorer health outcomes, more frequent disruptions in individual functioning, and increased complications with economic well-being (Faubert et al., 2020).

vi. In this report unmet needs for essential services refer to denials, delays, or gaps in services that First Nations children were confirmed to have needed but did not receive.

2. What is an essential service(s)?

i. I was provided with an initial listing of essential services when the Final Settlement Agreement was being drafted. It was comprised of a list of professionals that claimants could have consulted, different types of medical equipment that could have been provided, educational services and technologies, medical transportation, dietary supplements, mental wellness supports, and supports for oral health that would address different areas of difficulty in function.

ii. Upon consultation with the Vancouver Circle of Experts, it was determined that this list did not adequately account for all services that would qualify claimants for compensation. In fact, it became clear that a list of essential services was more exclusionary than helpful for claimants.

iii. It was therefore recommended that a Framework for Essential Services be developed instead. An adapted list was created and inserted into the Framework as an example of essential services that may have been denied, delayed, or not provided. Working from the initial list, the Vancouver Circle of Expert group recommended the following:

a. rather than listing professionals that could have been consulted, develop a description of what professionals do, rather than who they are. For example, instead of referring to services provided by a physiotherapist, refer to services that help individuals with movement of their hands, arms, and legs (e.g., physiotherapists, adapting mobility devices)
b. add an item pertaining to services and supports that assist with communication (Helping individuals with expressive and receptive language skills (e.g., speech and language pathologists, *augmentative and alternative communication*)
c. add orthotics to medical equipment
d. draw on language from the ICF-CY to describe environmental supports (e.g., Equipment, products, processes, methods and technologies)
e. provide examples of medical equipment for diagnosed illnesses (e.g., percussion vests)
f. add surgeries to the list

3. Can Number of Essential Services Denied, Delayed or Not Provided be Treated as a Proxy?

The relationship between unmet needs for essential services and impact on health and well-being over time is complex and cannot easily be measured. Most importantly the number of unmet needs may not be reflective of the impact on an individual. Some unmet needs may be more important than others, and the impacts on individuals with the same unmet needs will not be the same. Professionals who were not providing care or who had no knowledge of the adult as a child, may not feel comfortable opining on the difference that an essential service would or would not have made with any level of confidence. ***In my opinion, scaling compensation based on the number of essential services that were not provided should not be used as a proxy for impact.*** The existence of an unmet need for essential services can be used as a threshold qualification for claimant compensation.

i. First Nations children needed essential services to address needs that would address different areas of function (e.g., learning, getting around, development) so that their sense of well-being at home with their families, at school with their peers and teachers, and in their community in general, would be optimal. Some of these essential services were considered 'medical' and are related to specific health conditions (e.g., diabetes), while other services were focused on their learning, and sense of belonging.

ii. I do not recommend using number of essential services to evaluate impact and therefore greater and lesser compensation. Compensation should not be based on number of medical or social services and supports not provided as this assumes that they are of equal value. A more holistic understanding of impact would take into account the impact of not receiving services on a person's sense of well-being in their community. This is more consistent with the Culture as Intervention Model as well as the ICF. By asking about how their environment failed to provide them with what was needed to address functional challenges, responsibility for their full inclusion is placed on the denial, delay, and lack of services and supports, rather than on what First Nations individuals were or were not able to do or obtain themselves.

4. Can Child Development Outcomes be Treated as a Proxy?

I do not recommend using retrospective accounting of the impact of denial, delay, or gap in service on child development outcomes. This was not supported by the Vancouver Circle of Experts as they strongly advised that evaluation of the impact of not having received an essential service could not be objectively evaluated on developmental outcomes at the time, nor over time.

i. In order to ascertain the particular impact of a denial, delay, or gap in services on developmental child outcomes, longitudinal studies that follow children who

experienced these denials, delays or gaps over time, would be needed. To the best of my knowledge, as well as the knowledge of the Vancouver Circle of Experts, there are no studies that address any version of this question.

ii. No causal linear inferences can be made between a denial, delay or gap in a specific type of service, and a child's development outcomes as a child, as there are many other potentially confounding factors that inform developmental outcomes in addition to a denial, delay or gap in service. For example, no professional would be willing to testify that speech and language services denied during childhood would have achieved a specific or particular outcome. The difference that speech and language services make varies considerably from child to child and the outcome often is not evident until the service is provided.

iii. Asking professionals to provide an opinion on the particular impact of a shortfall in services on an individual claimant was also considered. For a variety of reasons this alternative was not considered prudent or feasible. A professional would have to believe that it is within their scope of expertise to describe how a denial, delay, or lack of an essential service as a child led to impacts on their physical, emotional, or spiritual development as a child, or as an adult. This would impose a significant burden on those completing the professional confirmation form as they would have to describe how aspects of the claimant's developmental outcomes were affected by the denial, delay, or lack of service. There is no clear scientific understanding to evaluate for example the immediate, intermediate, or longer- term effects of receiving vs. not receiving essential services such as physiotherapy or a psychoeducational assessment. There is no professionally accepted protocol or approach that would permit reliable assessments, and in particular permit them to be used comparatively as between individual claimants.

iv. The Vancouver Circle of Experts expressed concern over retrospective reporting which would require claimants to identify both the shortfall in services and the impact on their lives: both of these can be potentially re-traumatizing. They are certainly complex and subjective. ***A pilot study would enquire about how claimants experienced answering the questions.***

5. Can Quality of Life Be Treated as a Proxy?

Quality of life is a difficult construct to define, assess, and therefore use as a proxy for impact. What one person draws on to generate a representation of their quality of life, is different from what another person would draw on. This makes assessment and comparison of quality of life ratings across individuals meaningless. Existing measures of quality of life have not been validated in the First Nations context. ***I therefore do not recommend that quality of life be used as a proxy for impact.***

i. Quality of life is a very subjective and at the same time complex construct to describe and operationalize. This is especially so since not having received an essential service has the potential to impact the claimant in multiple ways (Lindly et al., 2016). That which constitutes quality of life is contested and factors that inform variability in quality of life are not only a product of biomedical factors, but other social aspects such as the environment, participation in life situations, and personal ties (Alford et al., 2013; Lach et al., 2006). Since quality of life deals with how people experience their health conditions and life overall, it is subjective and therefore difficult to measure (World Health Organization, 2007). The literature on quality of life is diverse, with definitions and descriptions of quality of life vary significantly (Fayed et al., 2012). Although there are multiple measures of quality of life (Janssens et al., 2015) there are no known measures of quality life that apply to First Nations. Thus, it is not a construct that is recommended for use in this context.

ii. The gold standard regarding evaluation of quality of life is to develop measures with and for the population for whom the measurement is intended (Streiner, Norman, & Cairney, 2015). Thus, if quality of life were to be used in this context, a definition would need to be agreed upon and then adapted to the local culture of the group being evaluated (Guillemin et al., 1993). This would take a great deal of time and always be challenging given that there is no quality of life measure specific to First Nations as well as differences amongst First Nations themselves. Those who will be assisting claimants in the application process would need to be able to understand quality of life in the same manner, across the country. This is not feasible.

6. Can Diagnosis or Type of Impairment Be Treated as a Proxy?

Neither diagnosis nor type of impairment should be treated as a proxy for impact as there is considerable variability in the needs of those with any specific diagnosis or type of impairment.

i. According to the International Classification of Functioning, Disability, and Health (WHO, 2002), impairment refers to problems in body function or structure. Functions refer to different systems in the body (e.g., sensory functions such as seeing, hearing, etc.). Impairment in any type of function such as a visual impairment will vary in level of severity between individuals and over time.

ii. When type of impairment is paired with unmet need for essential service, it is difficult to ascertain if 2 individuals with similar functional impairments or diagnoses would have benefited from the essential service in the same manner.

iii. Sometimes type of impairment is another way of saying diagnosis. The problem with using type of diagnosis as a proxy for impact is that there is no hierarchy of diagnoses that identifies 'Diagnosis A' as being more severe than 'Diagnosis B'. Furthermore, there is considerable variability of severity within any type of diagnosis. For example, someone diagnosed with an intellectual disability, may have

a mild level of impairment in cognitive function, whilst others may have more severe levels of impairment. The same is true for other diagnoses such as cerebral palsy or autism spectrum disorder. In this way, diagnosis does not, in and of itself, provide adequate information to infer impact.

iv. Compensation should not be directed at level or type of impairment. However, information about level or type of impairment and diagnosis (if it exists) should be used to describe to whom compensation is being provided.

7. Can Participation in Personal, Family and Community Life be Treated as a Proxy?

Participation in personal, family, and community life is a concept that is closely aligned with the questions in the Impact Assessment questionnaire. It was the central concept in the first questionnaire that I initially developed. However, my understanding is that participation is a construct that may not capture the full suite of First Nations' understandings of well-being. Even though this exact phrase is not specifically used in the Impact Assessment Questionnaire, it is located and inferred in questions 3 and 4. ***I highly recommend that instructions for the questionnaire describe, in more detail, which is meant by 'life' in question 4.*** In that question, if a person has difficulty currently seeing, there are a series of responses asking individuals to reflect on the extent to which difficulty seeing impacts their life. I would recommend that instructions elaborate on what is meant by life: personal life, family life, and life in your community.

8. Can Remoteness be Treated as a Proxy?

To the best of my knowledge, there are no objective indicators of remoteness that apply to the period 1991-2017. ***Respondents should, however, be asked about the time and/or method they used to access essential services. The greater the length of time and the more hardship they experience in getting there, the greater the impact.*** This is reflected in the Impact Assessment questionnaire.

i. Given the role that remoteness plays in accessing services and supports, and given the role that lack of access to services and supports has in the consideration of 'impact', I inquired about ways of integrating measurement of remoteness into the framework and/or questionnaire.

ii. Statistics Canada have developed remoteness indices using population centres and census subdivisions as the nodes. Indices exist for remoteness for the years 2011 and 2016. After consultation with Statistics Canada experts, these indices of remoteness were deemed as not appropriate as population centres may or may not have contained health, social care, or education services and supports.

iii. I was informed that Indigenous Services Canada developed remoteness indicators that were more specific to access to health care. However, these indicators were specific to the years in which they were developed. Their applicability to claimants who were children that were denied, delayed or experienced a gap in services in years other than for when the remoteness indicators were developed would not be relevant.

iv. The effect of remoteness on unmet need has been studied rigorously, particularly for children with high care needs in the United States (Zablotsky & Black, 2020; Lindly et al., 2020; Lindly et al., 2016).

v. In more rural and therefore remote areas, the burden on community service providers increases because they are expected to provide services to address the needs of community members spans across developmental stages and types of impairment and level of need (Vives & Sinha, 2019). Their capacity to meet this level of need is impeded by various contextual factors, not the least of which has been the discriminatory and inequitable funding (Vives & Sinha, 2019).

vi. Moreover, the isolation that individuals face in rural areas results in an increased vulnerability to mental health issues (Kelly & Chakanyuka, 2021). While First Nations communities provide community and social support, the lack of service provision and medical support, understandably, weigh heavily on the shoulders of families and caregivers.

vii. In the absence of objective indicators of remoteness, respondents should be asked about how far they had to travel, and what method they used to access essential services.

9. Can Relocation Be Used As A Proxy?

While some families remained on reserve or in their communities without adequate services and supports, others relocated to access those services and supports. This came at a considerable cost as they were cut off from their local support system and experienced isolation, discrimination, and stigmatization where they moved to. ***I support the inclusion of a question regarding relocation in the Impact Assessment questionnaire.***

i. The care of children with special care needs in First Nations communities has been contingent on the capacity of families and caregivers to meet those needs in a context where there are little to no local resources. They are often left with little choice but to move to urban centres to access those services and supports (Vives & Sinha, 2019).

ii. This relocation carries serious consequences for families and caregivers. Moving to urban centres to access care removes First Nations from their support systems and

communities, and positions them in environments that are unfamiliar and often culturally unsafe (Vives & Sinha, 2019). Given the unavailability of essential services and supports that are nearby, this type of relocation is therefore considered forced.

10. Can Death be Treated as a Proxy?

Death of a child that is related to an essential service that was not provided during childhood is a definite proxy for high impact. For example, if a child needed a medication that would have prolonged their life, or a medical procedure such as dialysis, or a surgery to address a heart condition, and if their death could be related to the denial, delay or lack of service, they should automatically be considered for being in the high impact category.

Furthermore, I recommend that if a child died prior to the age of 18, even if that death cannot be attributed to having been denied, delayed, or not provided essential services, questions pertaining to function as an adult in the IAQ (see question #4), should be adapted to focus on function as a child.

D. What method would you recommend to assess eligibility and impact and that would allow evaluators to determine greater and lesser levels of compensation?

There is no existing method that is reliable and valid to objectively assess eligibility for compensation, and level of impact of denial, delay, or lack of services for First Nations claimants. Agreement has been reached on a Framework for Essential Services that describes who can apply for compensation, how to apply for compensation, documentation that must be provided (if available), and lists examples of types of essential services that should be considered when reflecting on denials, delays and gaps in service(s). It is located in Appendix C.

The method that I recommend has to do with the completion of 3 key documents:

1. **Claim Form**
2. **Professional Confirmation of Essential Service Form (if historical documentation cannot be located)**
3. **Impact Assessment Questionnaire**

1. **The Claim form** is to be completed by the claimant and will ask them to provide brief key identifying information about themselves, the area of function and/or diagnosis for which the essential service was intended, and the type of essential service(s) that was denied, delayed, or not provided.

   i. The claims process is for essential services that are confirmed to have been needed by a First Nations child between 1991 and 2017 but were not provided or were delayed. With some minor exceptions, individuals claiming compensation must be above the age of majority in the province or territory where they live (age 18+ or

19+ depending on the jurisdiction). Where the adult claimant does not have legal capacity, a guardian, tutor or other substitute decision maker may claim compensation on their behalf.

ii. To the extent that is possible, claimants will be encouraged to locate relevant historical records to substantiate their claim. It is highly likely, that in most circumstances, there will either be insufficient historical records, or there will be significant barriers to obtaining those historical records.

iii. In the case where no historical records can be located, accessed, or produced, contemporaneous documentation through the Professional Confirmation of Essential Service Form will need to be completed.

2. **The Professional Confirmation of Essential Service** Form will ask professionals or other types of experts, with relevant expertise, to identify the area of function and/or diagnosis for which the essential service was intended, and the type of essential service that the claimant would have potentially benefited from, and how the claimant would have potentially benefited from this essential service. The professional or other expert completing this form should have the expertise to be able to generate an opinion about what was needed and how the individual would have potentially benefited. The professional or other type of expert will not be required to 'prove' that the First Nations claimant would have definitively benefited from the essential service. Instructions will specify that they should identify services and supports that would have been considered as a best practice at the time for any child.

i. Professionals and other types of experts will have access to online training that will help them to complete the form in a manner that is fair, considers services and supports that were available historically, and that would have been recommended at the time to address the claimant's functional impairment. It is important to highlight that compensation will not be contingent on what was not provided, but rather on the impact on the First Nations claimant's well-being. Professional confirmation will only attest to the First Nations claimant's eligibility for compensation insofar as the "*confirmed* need" element of a Jordan's Principle or Trout claim is concerned.

ii. The range of types of professionals that can complete the Professional Confirmation of Essential Service Form is very broad and include not only health and social care professionals, but also Elders and Knowledge Keepers if such professionals have relevant expertise about the essential service in question. When deciding on what professional should complete the form, expertise, scope of practice as well as accessibility will need to be considered.

3. An Impact Assessment Questionnaire (IAQ) has now been developed with a First Nations lens through the Assembly of First Nations (AFN) while taking into account my initial work

product, my findings through expert consultation and the principles of participation described earlier in this report.

Further, in the IAQ, the death of a child and relocation for more than 1 year entitle claimants to the higher level of compensation. As per above, I fully support using such criteria to differentiate claimants.

i. If the IAQ works as expected, it will generate a total score that can then be standardized to a value between 0 and 1 that should reflect level of impact. Using this method, scores between 0 and 1 may be subdivided into 2 or 3 categories to identify those with higher and lower levels of impact (2 categories), or those with mild, moderate, and severe levels of impact (3 categories). These categories could then be attributed a monetary level of compensation.

ii. Some of the questions in the IAQ lend themselves to using a matrix to arrive at an overall score for each of meaning, purpose, hope and belonging. This, put together with scores from the other questions will generate an overall score, which will then be standardized to a value between 0 and 1. A cut-off score for greater and lesser impact will then need to be identified. The extent to which these scores are aligned with the lived experience of individuals should be further ascertained during the pilot phase by conducting interviews with First Nations claimants who are invited to share their experience based on purposeful criteria (e.g., claimants from a more remote community, claimants who did and did not relocate, claimants who did not receive specific types of services and supports, claimants who have different types of functional challenges).

iii. Assessment, measurement, or evaluation are theoretically-laden and non-neutral processes about what should be taken into account, and what should be counted. Streiner, Norman and Cairney (2014) recommend questions be generated in a number of ways: theory, focus groups and key informant interviews as well as interviews with those for whom the assessment is intended, and expert opinion. This report has drawn on all of these methods except for interviews with First Nations individuals who will be applying for compensation. I recommend that these interviews take place at the piloting stage.

iv. During the piloting stage, the following questions should be addressed:

- ***i. Does the questionnaire fulfill its intended function under the FSA of using objective factors to categorize class members based on greater and lesser impact?***
- ***ii. What is the distribution of scores?***
- ***iii. How easy is the questionnaire to complete?***
- ***iv. How understandable is each question?***
- ***v. Are there any items that are unacceptable or objectionable?***
- ***vi. How much tie does it take to complete?***

vii. What instructions are needed to help First Nations claimants complete the forms and questionnaire?

viii. How much assistance do First Nations claimants need to complete the forms and questionnaire?

ix. Is there anything that should be added to the questionnaire that would strengthen the evaluation of impact?

x. How do First Nations experience being asked questions about the past?

III. Conclusion

1. There is no literature evaluating the longer term 'impact of unmet need'. In this way, there is no precedent, that I am aware of, to guide evaluation of unmet need over time.

2. It is possible to develop a method that will guide implementation of a claims process specific to the Jordan's Principle Class and the Trout Child Class. This method is presented in this report. It involves implementation of a:

    a. Claim Form
    b. Professional Confirmation of Essential Services Form, and
    c. Impact Assessment Questionnaire.

3. The 3 conceptual frameworks identify key concepts that inform the creation of these forms and the method for their implementation.

4. Number of essential services should not be used as a proxy for compensation. Nor should child development outcomes, quality of life, diagnosis, and type of impairment.

5. There are challenges associated with assessing impact about something that occurred in the past. The first is the risk of a strong emotional response; the second is under-interpretation of impact, and; the third is over-interpretation of impact.

6. The Impact Assessment Questionnaire is grounded in an Indigenous perspective, taking into account key indicators of well-being that have to do with meaning, belonging, purpose and hope. It also asks about current functional difficulties and the extent to which they impact a person's life. I highly recommend that the Impact Assessment Questionnaire be piloted. A pilot will inform what support is needed to complete the questionnaire, how understandable and acceptable the questions are, and whether the distribution of scores is skewed or not. The latter is important as an overly skewed distribution will make it more challenging to differentiate between those with greater and less impact.

Appendix A: Dr. Lach's Curriculum Vitae

LUCYNA M. LACH
Curriculum Vitae

My program of research has two main streams, the first focusses on documenting social determinants of living a life of quality among children, youth and young adults with neurodisabilities and their families, and the second focuses on the co-construction of systems of care that promote navigation of and access to supports and services needed by these individuals and their families. Projects addressing social determinants have documented caregiver health, parenting, income trajectories, educational outcomes, and utilization of health services by children and their primary caregivers. Funded by Kids Brain Health Network (KBHN) and using administrative and clinical databases, this work has revealed the heightened challenges faced by this population in the Canadian context. I have collaborated with Dr. David Nicholas (University of Calgary) to increase capacity across and within government and non-government organizations to create transparent and more efficient pathways of care. Organizations that families must navigate access to have come together in Vancouver, Edmonton, Watson Lake (Yukon), and Montreal, to collaborate and innovate through program development and training. In addition, I am part of CHILDBRIGHT, and am co-leading (along with Dr. Patrick McGrath) a randomized control trial entitled Parents Empowering Neurodiverse Kids. This project is evaluating a web-based parenting program that combines group coaching and educational modules, with parent-to-parent support for parents whose children have brain-based development disorders such as Autism Spectrum Disorder or Intellectual Disability AND a mental health problem. I am also a peer-reviewer for numerous journals and funding bodies.

As Associate Dean in the Faculty of Arts (2012-2021), I oversaw the Student Affairs portfolio where I led a number of initiatives to improve support that students receive from their point of entry until graduation. In this role, I provided academic leadership and contributed to various university-wide committees addressing student success and well-being. In the community, I am a board member on the CIUSSS Centre-Ouest Board of Directors, the Board of Governors at Centre Miriam, and the Board of Directors of Dans La Rue. Through my research and community engagement, I am committed to improving the lives of neurodivergent children, youth, and young adults and their families.

CONTACT INFORMATION

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ACADEMIC APPOINTMENTS

June 2009 - Present McGill University, Faculty of Arts, School of Social Work, Associate Professor, Tenured

May 2004 – Present McGill University, Faculty of Medicine, Department of Paediatrics (Child Development Program) and Department of Neurology and Neurosurgery (Division of Neurology), Associate Member

November 2003 – May 2009 McGill University, Faculty of Arts, School of Social Work, Assistant Professor, Tenure Track

September 2001 – October 2003 McGill University, Faculty of Arts, School of Social Work, Assistant Professor, Special Status

January 1999 – Dec. 2000 University of Toronto, Faculty of Social Work, Sessional Lecturer

EDUCATION

Doctor of Philosophy, 2004
University of Toronto, Faculty of Social Work
Thesis: Social Experiences of Children and Adolescents Diagnosed With Intractable Epilepsy; Supervisor: Elsa Marziali

Master of Social Work, 1986
University of Toronto, Faculty of Social Work

Bachelor of Arts (Honours in Sociology), 1984
University of Toronto, University College

ADMINISTRATIVE APPOINTMENTS

2012-2021 McGill University, Faculty of Arts, Associate Dean (Student Affairs)

2020-2021 CO-CHAIR, Committee on Student Services (Subcommittee of Senate), McGill University

2018-2019 CHAIR, Committee for Implementation of the Policy Against Sexual Violence, McGill University

2012-2021 CHAIR, Committee on Student Affairs, Faculty of Arts, McGill University
CHAIR, Scholarship Committee
CO-CHAIR, Curriculum Committee, Faculty of Arts
MEMBER, Senate
MEMBER, Faculty Council, Faculty of Arts
MEMBER, Subcommittee on Student Affairs Policy
MEMBER, Subcommittee on Student Services
MEMBER, Enrolment and Student Affairs Advisory Committee
MEMBER, Exchange and Study Away Steering Committee

2011-2012 GRADUATE PROGRAM DIRECTOR, MSW Program, School of Social Work, Faculty of Arts, McGill University

2010-2016 MEMBER, Staff Selection, Promotion, and Tenure Review Committee, School of Social Work, Faculty of Arts, McGill University

2011-2012 MEMBER, Scholarship Committee, Faculty of Arts

2010-2011 MEMBER, Governance Task Force, Canadian Association for Social Work Education

2006-2010 UNDERGRADUATE PROGRAM DIRECTOR, BSW Program, School of Social Work, Faculty of Arts, McGill University

2006-2007 SUPERVISOR, MSW Student, Child Development Program, Montreal Children's Hospital

2004-2005 DIRECTOR, Centre for Applied Family Studies, Faculty of Arts, McGill University

2004-2006 MEMBER, BSW Committee, School of Social Work, Faculty of Arts, McGill University

2004-2008 MEMBER, Board of Accreditation, Canadian Association of Schools of Social Work

2003-2007 MEMBER, Curriculum Committee, Faculty of Arts, McGill University

2002-2003 ASSOCIATE DIRECTOR, MSW Program, School of Social Work, Faculty of Arts, McGill University

2001-2003 MEMBER, Staff Search Promotion and Tenure Committee (SSPT), School of Social Work, Faculty of Arts, McGill University

2001-2003 MEMBER, MSW Committee, School of Social Work, Faculty of Arts, McGill University

1999-2001 PROJECT DIRECTOR, Hospital For Sick Children, Research Institute. Population Health and Brain and Behaviour Divisions.

1997-1999 CONSULTANT, EARLY INTERVENTION SERVICES OF YORK REGION

1996-1997 MEMBER, STRATEGIC TRANSFORMATION AND REDESIGN TEAM, HSC

1991-1997 SUPERVISOR, MASTER OF SOCIAL WORK GRADUATE STUDENTS, HSC
Faculty of Social Work, University of Toronto
Faculty of Social Work, Sir Wilfred Laurier University
Faculty of Social Work, Washington University

RESEARCH

2020-2022 LES EXPÉRIENCES D'EXCLUSION ET D'INCLUSION SOCIALES CHEZ LES PERSONNES VIEILLISSANT EN SITUATION DE NEURODIVERSITÉ ET LEURS PROCHES. Shari Brotman (PI), Tamara Sussman (McGill), Émilie Raymond (Laval), Marie-Hélène Deshaies (Laval), Lucyna Lach (McGill), Daniel Dickson (Concordia), Laura Pacheco (CIUSSS de l'Ouest-del'île-de-Montréal); Zelda Freitas (CREGES-CIUSSS du Centre-Ouest-de-l'île-de-Montréal), Julien Simard (McGill) (collaborators);
$149,705 awarded by Société et culture (FRQSC) Action concertée – Programme de recherche sur les personnes aînées vivant des dynamiques de marginalisation et d'exclusion sociale
My role is to provide substantive support regarding the neurodisability literature and lived experience of families raising children/young/young adults with neurodisabilities; I will also provide input into the implementation of the project methods.

2020-2022 NOTHING WITHOUT US: TOWARDS INCLUSIVE, EQUITABLE COVID-19 POLICY RESPONSES FOR YOUTH WITH DISABILITIES AND THEIR FAMILIES. Jennifer Zwicker (PI), David Nicholas (Co-PI), Denise Keiko Shikako-Thomas (Co-PI), Chantal Camden, Mayada Elsabbagh, Anne Hudo, Matthew Hunt, Sebastian Jodoin, Lucyna Lach, Raphael Lencucha (Co-applicants), Neil Belander, Krista Carr, Robert Lattanzio, Nicky Lewis, Michael Prince (collaborators).
$199,965 awarded by Canadian Institutes of Health Research (CIHR) COVID-19 Mental Health and Substance Use Service Needs and Delivery Program
Using a mixed methods design, this research maps COVID-19 policies implemented in each province and their alignment with disability-inclusive design that promotes resilience and mental health, describes acute mental health needs of youth with
disabilities and their caregivers and co-designs recommendations using evidence to better match COVID-19 policy responses
My role is to support implementation of the qualitative component of the project.

2018-2020 WHO BENEFITS FROM GOVERNMENT DISABLITY FINANCIAL SUPPORT? AN ASSESSMENT OF HOW DISABILITY BENEFITS SUPPORT CAREGIVERS OF CHILDREN WITH SEVERE DISABILITIES IN CANADA AT DIFFERENT INCOMES. Jennifer Zwicker (PI), Daniel Dutton, Lucyna Lach, David Nicholas (Co-applicants), Rubab Arim, Dafna Kohen, Kathleen O'Grady (collaborators).
$74,675 awarded by Social Sciences and Humanities Research Council (SSHRC) Insight Development Program
This research uses a mixed methods approach to determine the take-up of federal disability benefits and supports among families of children/youth with DD in each province and across income levels.
My role is involves oversight of qualitative component of the project.

2017-2022 INTEGRATED NAVIGATIONAL SUPPORT FOR FAMILIES OF CHILDREN WITH NEURODEVELOPMENTAL DISABILITIES: A PILOT IN ALBERTA, BRITISH COLUMBIA, AND THE YUKON. David Nicholas and Lucyna Lach (Co-PIs), Jenn Zwicker and Community Partners
$199,992 awarded by Kids Brain Health Network
This is a community-based participatory project that involves the development of partnerships between managers/directors in the health, social services, and education sectors, non-government organizations, advocates, and family members. A collective community impact approach is being used to develop a shared understanding of the challenges that families of children with neurodisabilities face accessing services, mapping assets, and developing joint initiatives to improve families' experience of navigating services.
$750,000 (2018-2022) awarded by Azrieli Foundation
$660,000 (2018-2022) awarded by Anonymous Donor

2016-2022 PARENTING PROGRAM FOR CHALLENGING BEHAVIOUR IN CHILDREN WITH NEURODISABILITIES: STRONGEST FAMILIES NEURODEVELOPMENTAL. Patrick McGrath and Lucyna Lach (Co-PIs), Megan Aston, Christine Ellsworth, Anna Huguet, Patricia Lingley-Pottie, Jennifer McLean, Patricia Monaghan, Mike Sangster, Krista Sweet, Lori Wozney and Donna Thomson
$1,395,046 awarded by CIHR Strategic Patient Oriented Research (SPOR) entitled CHILD-BRIGHT: Child Health Initiatives Limiting Disability – Brain Research Improving Growth and Health Trajectories. Annette Majnemer, Steve Miller, Dan Goldowitz (Co-PI's) et al. I am co-principal investigator on one of 13 projects; value of the SPOR $25 Million.
3-arm RCT testing an online and telephone-based parent coaching intervention
Providing co-leadership for all aspects of the project

2016-2018 MECHANISMS OF INTERGENERATIONAL FAMILY VIOLENCE PERPETRATION TRANSMISSION: THE PHENOMENOLOGY OF ADOLESCENT AFFECT REGULATION. Katherine Maurer (PI), Robert Buckley, Lucyna Lach, Delphine Collin-Vezina, Heather MacIntosh (Co-Applicants).
$68,389 awarded by Social Sciences and Humanities Research Council (SSHRC) Insight Development Grant Program

Phenomenological study examining adolescent experience of managing difficult emotions
Contributing to recruitment, analysis and interpretation of data

2016-2019 THE FAMILY NAVIGATOR: A GLOBAL PARTNERSHIP TO EXPAND ACCESS TO CARE FOR AUTISM AND RELATED CONDITIONS. Mayada Elsabbagh , Brigitte Auger, Mimi Israel (Co-PIs), Marie-Josee Fleury, Ridha Joober, Keiko Shikako-Thomas, Peter Szatmari, Wendy Ungar (co-applicants), Jonathon Green, Sebastien Jacquemont, Lucyna Lach, Annette Majnemer, Laurent Mottron, Illina Singh (collaborators). CIUSS Montreal-West, ACCESS Canada, Montreal Children's Hospital, MUHC Technology Assessment Unit, World Health Organization, Autism Speaks (decision makers).
$377,778 awarded by CIHR Patient and Health Systems Improvement (PHSI) Grant Collaborator
RCT to evaluate the efficacy of a family navigator intervention for families of children with autism and other neurodisabilities

2015-2018 HEALTH ECONOMICS AND SOCIAL DETERMINANTS OF HEALTH (HE-SDOH): A FRAMEWORK FOR UNDERSTANDING SOCIOECONOMIC AND QUALITY OF LIFE OUTCOMES AMONG CHILDREN WITH NEURODISABILITIES AND THEIR CAREGIVERS. Lucyna Lach, David Nicholas, Herb Emery, Jennifer Zwicker (CoPI's), David Rothwell, Dafna Kohen, Rubab Arim, Gabriel Ronen, Nora Fayed, & Rachel Birnbaum.
$700,000 awarded by NeuroDevNet (NDN), National Centre of Excellence (funded by Industry Canada) Co-principal investigator role
Multiple projects using existing population-based, administrative, and clinical datasets to document various social determinants of health (income trajectory, ethnocultural status, social support, access to care) of children with neurodisabilities and their caregivers; findings support capacity building for health economic evaluations of NDN projects
Focus groups and individual interviews with parents of children with neurodisabilities at different stages of transition (dx, entry into school, high school, and leaving high school) regarding their experience of and need for support

2014-2017 SOINS EN COLLABORATION EN SANTE MENTAL JEUNESSE: CHARACTERISTIQUES DES INTERVENTIONS THERAPEUTIQUE ET QUALITE DES SERVICES. Lucie Nadeau, Andre Delorme (Co-PIs), Sara Fraser, Vania Jiminez-Siguoin, Lucyna Lach, Nicholas Moreau, Lourdes Rodriguez Del Barrio, & Cecile Rousseau
$477,734 operating grant awarded by CIHR (Partnerships in Health System Improvement)
role purpose of the project is to document outcomes and process indicators associated with 3 different models of delivery of mental health services
co-investigator; providing input into design of study and interpretation of findings

2014-2016 CP2: ENGAGING COMMUNITY PARTNERS FOR CHILDREN'S PARTICIPATION. Keiko Shikako-Thomas, Michael Shevell, Maryam Oskoui, Chantal Camdem, Lucyna Lach, Isabelle Émond, Nathalie Trudelle, Walter Wittich
Doug Maynard, Marie-Claire Major, Margaret Guest (Collaborators)

Nadine Bergeron (Knowledge User)
$12,500 planning grant awarded by CIHR Institute Community Support; OPHQ $17,500 and REPAR $17,500
co-investigator role; contribute to planning and execution of a KT event with community partners invested in facilitating participation of children with CP

2012-2015 POVERTY AND ETHNOCULTURAL DIVERSITY AS THE CONTEXT FOR PARENTING AND SERVICE ACCESS FOR CHILDREN WITH NEURODEVELOPMENTAL DISORDERS IN MONTREAL, QUEBEC. Lucyna M. Lach, David Rothwell, Cecile Rousseau, Sebastien Breau, Monica Ruiz-Casares, Dana Anaby, Daniel Amar, Peter Rosenbaum, Dafna Kohen, David Nicholas.
$20,000 awarded by McGill University; McGill University Collaborative Grant Competition; Additional $15,000 from SSHRC to CIHR internal grant; McGill University
primary investigator
conduct a review of literature, focus groups, and planning grant meeting to prepare submission to CIHR or provincial funding body

2010-2014 THE HEALTH OF CANADIAN CAREGIVERS: USING ADMINSTRATIVE HEALTH SERVICES DATA TO UNDERSTAND DETERMINANTS OF HEALTH. Jamie Brehaut, Dafna Kohen, Peter Rosenbaum, Anton Miller, Lucyna M. Lach, Marni Brownell, Kimberley McGrail, Rochelle Garner, Rubab Arim & Anne Guevremont (Collaborator)
$349,699 awarded by the Canadian Institutes of Health Research; Operating Grant
co-investigator
provide input into design, implementation, analysis, and interpretation of findings

2010-2014 DETERMINANTS OF ACTIVE INVOLVEMENT IN LEISURE FOR YOUTH: DAILY LIVING WITH DISABILITY. Annette Majnemer, Lucyna M. Lach, D. Maltais, Barbara Mazer, Line Nadeau, P. Riley, C. Rohlicek, Norbert Schmitz.
$388,272 awarded by the Canadian Institutes of Health Research; Operating Grant
co-investigator
provide input into design, implementation and analysis of findings

2010 A DIALOGUE ON THE HEALTH OF CAREGIVERS OF CHILDREN WITH DISABILITIES. Jamie C. Brehaut, Dafna E. Kohen, and Rubab G. Arim, Lucyna M. Lach, Peter Rosenbaum, Anton Miller, & Rochelle Garner.
$40,000 awarded by the Canadian Institutes of Health Research; Meetings, Planning, and Dissemination Grant.
co-investigator
presented results related to health of caregivers of children with chronic health conditions and neurodevelopmental disorders to policy makers, institutional and clinical leaders, advocates and parents

2009-2015 CIHR TEAM IN PARENTING MATTERS! THE BIOPSYCHOSOCIAL CONTEXT OF PARENTING CHILDREN WITH NEURODEVELOPMENTAL DISORDERS IN CANADA. Peter

Rosenbaum (Nominated Principal Investigator), Lucyna M. Lach (Co-Principal Investigator); Dafna Kohen (Co-Principal Investigator); Michael Saini, Rochelle Garner, Rachel Birnbaum, David Nicholas, Jamie Brehaut, Delphine Collin-Vezina, Ted McNeill, Alison Niccols, & Michael McKenzie and collaborators
$780,114 awarded by the Canadian Institutes of Health Research; Emerging Team Grant: Children with Disabilities (Bright Futures For Kids With Disabilities) Competition
co-principal investigator – rated as 1st of 8 studies reviewed in this competition
responsible for conceptualizing the grant, managing the research teams, implementation of 4 projects, training and supervision of RAs, interpretation of findings, and dissemination

2009-2011 A SYNTHESIS REVIEW OF INTERVENTIONAL OUTCOMES IN PAEDIATRIC AUTISM. David Nicholas, Lonnie Zwaigenbaum, Sheila Roberts, Joyce Magill-Stevens, Lucyna M. Lach, Margaret Clarke, and Decision Makers Margaret Whelan, Laura Cavanagh, Margaret Spoelstra,
$99,960 awarded by the Canadian Institutes of Health Research Synthesis Grant: Knowledge Translation
co-investigator – rated as 1st of 68 studies submitted to the competition
responsible for developing methods, recruitment, training and supervision of RAs, interpretation of findings.

2009-2014 OUTCOME TRAJECTORIES IN CHILDREN WITH EPILEPSY: WHAT FACTORS ARE IMPORTANT? QUEBEC SUBSAMPLE OF THE CANADIAN STUDY OF PAEDIATRIC EPILEPSY HEALTH OUTCOMES. Lucyna M. Lach (Principal Investigator), Michael Shevell, Lionel Carmant, Gabriel Ronen, David Streiner, Peter Rosenbaum, Charles Cunningham, & Michael Boyle.
$255,820 awarded by the Ministère de la Santé et des Service Sociaux
principal investigator – funding received to collect data in Quebec (Montreal Children's Hospital and Ste. Justine) and to contribute to the pan-Canadian study on HRQL in epilepsy (see below)
responsible for all aspects of implementing this research
additional funding received from CRIR ($15,000), McGill University Faculty of Arts ($7,500), Faculty of Medicine ($5,000), MUHC Research Institute ($2,500), VP Research ($7,500), and CIHR McMaster Team ($50,000)

2008 PARENTING IN A BIOPSYCHOSOCIAL CONTEXT: CHALLENGES, SUCCESSES, AND THE IMPACT OF PARENTING ON THE WELL-BEING OF CHILDREN WITH NEURODEVELOPMENTAL DISORDERS IN CANADA. Peter Rosenbaum (Nominated Principal Investigator), Lucyna M. Lach (Co-Principal Investigator); Jamie Brehaut, Delphine Collin-Vezina, Rochelle Garner, Dafna Kohen, Ted McNeill, David Nicholas, & Michael Saini.
$9,927 awarded by the Canadian Institutes of Health Research Emerging Team Grant Competition: Children with Disabilities (Bright Futures for Kids with Disabilities); Letter of Intent
co-principal investigator – one of 9 studies (out of an original 16) funded to develop a full proposal for funding to be submitted in September 2008.
responsible for team meeting in Ottawa on the 12 and 13th of June, coordinating development of the grant proposal and final submission of the grant proposal.

2008-2009 PARENTING CHILDREN AND ADOLESCENTS WITH CHRONIC HEALTH CONDITIONS AND DISABILITIES: A SYNTHESIS OF THE RESEARCH. Lucyna M. Lach (Principal Investigator), David, Nicholas, Ted McNeill (Michael Saini and Peter Rosenbaum as collaborators)
$36,983 awarded by the Social Sciences and Humanities Research Council – Research Development Initiative (SSHRC-RDI)
primary applicant – study funded to conduct a systematic review of parenting literature and to develop a theoretical model for use in future studies
responsible for project management, develop of algorithm, supervision of students and research assistants, writing up final report.

2008-2013 OUTCOME TRAJECTORIES IN CHILDREN WITH EPILEPSY: WHAT FACTORS ARE IMPORTANT? Gabriel M. Ronen, David L. Streiner, Peter L. Rosenbaum, Lucyna M. Lach, Michael H. Boyle, & Charles E. Cunningham.
$767,485 awarded by the Canadian Institutes for Health Research (CIHR)
co-applicant – study funded to test a theoretical model of determinants of health related quality of life in children and adolescents with epilepsy
responsible for development of theoretical model tested, analysis and interpretation of pilot data, choosing measures, project management.

2007-2011 DETERMINANTS OF PARTICIPATION AND QUALITY OF LIFE AMONG ADOLESCENTS WITH CEREBRAL PALSY. Annette Majnemer, Denise Keiko Thomas, Michael Shevell, Lucyna M. Lach, Mary Law, Norbert Schmitz, (and Allan Colver, Kathleen Montpetit, France Martineau, Michele Gardiner, Louise Koclas as collaborators).
$300,834 awarded by the Canadian Institutes for Health Research (CIHR)
co-applicant – study funded to test a theoretical model of determinants of participation and quality of life
responsible for choosing measures, interpretation of data, publications.

2007-2008 DETERMINANTS OF PARTICIPATION IN LEISURE ACTIVITIES AMONG ADOLESCENTS WITH CEREBRAL PALSY. Annette Majnemer, Denise Keiko Thomas, Michael Shevell, Lucyna M. Lach, Mary Law, Norbert Schmitz, Allan Colver, Kathleen Montpetit, France Martineau, Michele Gardiner, Louise Koclas.
$40,000 awarded by the Réseau provinciale de récherche en adaptation-réadaptation (REPAR)
co-applicant – study funded to test a theoretical model of determinants of participation

2007-2009 REHABILITATION SERVICES FOR PRESCHOOL CHILDREN WITH PRIMARY LANGUAGE IMPAIRMENT: INDIVIDUAL VS DYAD INTERVENTION. Barbara Samuel (Mazer), Annette Majnemer, Lucyna M. Lach, Elin Thordardottir, & Michael Shevell.
$258,632 awarded by the Fonds de Récherche en Santé du Québec (FRSQ- Subventions de Recherches Cliniques ou en Santé des Populations)
co-applicant – study funded to examine effectiveness of dyadic versus traditional approaches to providing rehabilitation services for preschool children with language impairment.

2006-2008 PANDEMIC PLANNING FOR PAEDIATRIC CARE. David Nicholas, Beverley Antle, Donna Koller, Cynthia Bruce-Barrett, Anne Matlow, Randi Shaul Zlotnik, & Lucyna M. Lach.
$159,632 awarded by the Canadian Institutes for Health Research
co-applicant – study funded to review existing institutional, provincial and federal policies and build a consensus for best practices to guide paediatric-based pandemic planning.
responsible for liaison with Quebec-based paediatric hospitals and rehabilitation centres.

2006-2007 CHILDHOOD-DISABILITY – LINK: A WEBSITE LINKING INFORMATION AND NEW KNOWLEDGE TO SERVICE PROVIDERS AND FAMILIES. Annette Majnemer, Jeffrey D Atkinson, Kim Cornish, D Feldman; Eric Jean Fombonne, S Ghosh; Eva Kehayia, Nicole Korner-Bitensky, Lucyna M. Lach, Mindy Levin, Catherine Limperopoulos, F Malouin, Barbara Mazer, Line Nadeau; Michael Shevell; Laurie Snider.
$20,048 awarded by the Réseau Provincial de Récherche en Adaptation-Réadaptation, Fonds de Récherche en Santé du Québec.
co-applicant – study funded to develop plans for a website that will provide a forum for exchange of evidence regarding childhood disability
regular written contribution to web-site regarding research progress, publications

2006-2007 DETERMINANTS OF QUALITY OF LIFE IN ADOLESCENTS WITH CEREBRAL PALSY: A QUALITATIVE STUDY, Annette Majnemer, Lucyna M. Lach, Michael Shevell, Denise Keiko Thomas.
$7,500 awarded by the Montreal Children's Hospital Research Institute
co-applicant – study funded to build a theoretical model of factors that influence quality of life in adolescents with cerebral palsy
project management, training of interviewers and supervision of data analysis

2005-2007 THE HEALTH OF CANADIAN CAREGIVERS: CAN A NATIONAL LONGITUDINAL DATASET BE USED TO MODEL THE HEALTH OF CAREGIVERS OF CHILDREN WITH DISABILITIES? Jamie Brehaut, Dafna Kohen, Anne F. Klassen, Lucyna M. Lach, Anton Miller, Peter Rosenbaum.
$274, 464 grant awarded by the Canadian Institutes for Health Research. Operating Grant – Population Health.
co-applicant – study funded to examine the health of caregivers of Canadian children with chronic health conditions and disabilities using the National Longitudinal Study of Children and Youth (NLSCY) in Canada
team leader for analysis and interpretation of data pertaining to caregivers of children and youth with neurodevelopmental disabilities; contribute to interpretation of SEM pertaining to health of caregivers of children with chronic health conditions and disabilities

2005-2006 LATENCY AGE CHILDREN WITH EPILEPSY AND THEIR PEERS : PERCEPTIONS OF PEER RELATIONSHIPS AND SOCIAL SUPPORT. Lucyna M. Lach, Beverley Antle, Janice Hansen, Catherine Frazee and Karen Yoshida.

$16,000 grant awarded by the Réseau Santé Mentale et Neuroscience, Fonds de Récherche en Santé du Québec
principal applicant - funding received to complete analysis on peer study previously funded by the Bloorview Children's Hospital Foundation
primary responsible for completion of data analysis and dissemination

2004-2006 AN EVALUATION OF THE RELEVANCE, FEASIBILITY AND VALIDITY OF WEB-BASED DATA COLLECTION FOR CHILDREN. David Nicholas, Nancy Young, Catherine Boydell, Ross Hetherington, James Varni, Laurie Snider, Lucyna M. Lach, & Gillian King.
$125,384 grant awarded by the Canadian Institutes for Health Research. Operating Grant – Advancing Theories, Frameworks, Methods and Measurement in Health Services and Policy.
co-applicant – study funded to examine relevance, feasibility and validity of gathered using web-based versus paper and pencil or face to face data gathering techniques;
sharing responsibility for the data gathered from the Montreal site with Laurie Snider

2004-2006 INTERSECTING BARRIERS TO HEALTH FOR IMMIGRANT WOMEN WITH PRECARIOUS STATUS. Jacqueline Oxman-Martinez, Nazilla Khanlou, Swarna Weerasinghe, Vijay Agnew, Lucyna M. Lach, Louise Poulan de Courval, Jill Hanley, Merle Jacobs.
$100,000 grant awarded by the Canadian Institutes for Health Research. Operating Grant – Reducing Health Disparities and Promoting Equity for Vulnerable Populations.
co-investigator – initially invited as a collaborator but status has been officially revised with CIHR to that of a co-applicant;
development, implementation and analysis of interviews conducted with health care providers about services offered to women with precarious immigration status

2003-2006 PRÊT! PAS PRÊT! JE VIEILLIS! COMMENT L'ENTOURAGÉ DE L'ADOLESCENT AYANT UNE INCAPACITÉ MOTRICE LE SOUTIENT DANS SO PARTICIPATION SOCIALE. Sylvie Tétrault, Monique Carriére
$134, 856 grant awarded by the Fonds Québécois de la Recherche sur la Société et la Culture.
collaborator – study funded to examine factors that facilitate and impede transition from adolescence into young adulthood in those with physical disabilities
responsible for Montreal site (English component); supervision of RAs who will be interviewing adolescents, young adults, parents, and health care professionals; supervision of data analysis.

2003-2004 FEASIBILITY STUDY FOR MULTI-SITE RANDOMIZED TRIAL OF INTERVENTION FOR DEPRESSED OLDER PATIENTS IN PRIMARY CARE SETTINGS. Jane McCusker, Martin Cole, Mark Yaffe, Dendukuri Nandini, Maida Sewitch, Martin Dawes, Philippe Cappeliez
$180,812 research grant awarded by the Canadian Institutes For Health Research
collaborator; pilot project funded to examine the feasibility of a randomized trial of problem solving therapy for older patients diagnosed with depression.
I was invited to participate in this project after it was funded. My contribution has included the following: process analysis of the delivery of the intervention; administering focus groups with allied health professionals, primary care physicians, and psychiatrists; analysis of focus group data.

2003-2005 QUALITY OF LIFE IN CHILDREN WITH EPILEPSY: WHAT CONSTELLATION OF FACTORS IS IMPORTANT? Gabriel M. Ronen, David L. Streiner, Charles Cunningham, Michael H. Boyle, Peter L. Rosenbaum, Lucyna M. Lach, and Joan K. Austin.
$80,000 research grant awarded by the Child Neurology Society/Foundation.
co-applicant; pilot project funded to examine the feasibility of launching a longitudinal study of moderators and mediators of quality of life of children between the ages of 8 and 13 diagnosed with epilepsy.
development of the theoretical model; selection of measures to be used in the study.

2000–2003 CHILD AND FAMILY ADAPTATION TO CHILDHOOD CHRONIC HEALTH CONDITIONS: A COMPREHENSIVE CONCEPTUAL FRAMEWORK OF PSYCHOSOCIAL RISK AND RESILIENCE. Judith Globerman, Jan Wallander, Gillian King, Pat McKeever, Jeff Jutai, Beverley Antle, Lucyna M. Lach, Ted McNeill, and David Nicholas
$293,000 research grant awarded by the Social Sciences and Humanities Research Council, Strategic Themes Competition: Society, Culture and the Health of Canadians
co-applicant; development of a theoretical model for the study and understanding of psychosocial risk and resilience factors in the adjustment of children with chronic health conditions and their families
development of the structure for the data collection (both quantitative and qualitative); conceptual analysis of over 500 measures; synthesis of information generated in the meta-analysis and meta-synthesis.

2000–2003 SOCIAL EXPERIENCES IN SCHOOL: PERCEPTIONS OF STUDENTS WITH PHYSICAL DISABILITIES AND CHRONIC HEALTH CONDITIONS. Beverley Antle, Lucyna M. Lach, Janice Hansen, Catherine Frazee, Karen Yoshida
$80,215 research grant awarded by the Bloorview Children's Hospital Foundation
co-principal investigator; study examines perceptions of peer relationships among children with cerebral palsy and epilepsy, and nominated peers
development of methodology; management of data collection; data analysis.

2001-2003 LONGITUDINAL OUTCOME OF PAEDIATRIC EPILEPSY SURGERY. Mary Lou Smith, Lucyna M. Lach, Irene I. Elliott, Sharon Whiting, Lynn McCleary
$117,594 research grant awarded by the Ontario Mental Health Foundation
study examines long term quality of life and neurocognitive outcomes in young adults (18-31) who received epilepsy surgery during childhood or adolescence
co-investigator; involves 2 sites: Hospital For Sick Children in Toronto and Children's Hospital of Eastern Ontario in Ottawa
responsible for qualitative interviews conducted with young adults who have intractable epilepsy but did not undergo epilepsy surgery; data analysis pertaining to social outcomes.

1999–2001 LONGITUDINAL STUDY OF OUTCOME FOR CHILDREN UNDERGOING EPILEPSY SURGERY. Mary Lou Smith, Lucyna M. Lach, Irene Elliott
$100,664 research grant awarded by the Ontario Mental Health Foundation

co-investigator; continuation of a multi-method study examining the biopsychosocial outcome of epilepsy surgery in children, adolescents and their families
shared responsibility for psychosocial (behavioural, emotional and family) component of the study; interviews with caregivers of children with epilepsy; analysis of psychosocial and qualitative data (parent-based).

1997-1999 OUTCOME OF EPILEPSY SURGERY: A MULTI-METHOD MULTIDIMENSIONAL APPROACH. Mary Lou Smith, Lucyna M. Lach, Irene Elliott
$98,000 research grant awarded by the Ontario Mental Health Foundation
co-investigator; a longitudinal, multi-method study examining the biopsychosocial outcome of epilepsy surgery in children, adolescents, their families
shared responsibility for psychosocial (behavioural, emotional and family) component of the study; interviews with caregivers of children with epilepsy; analysis of psychosocial and qualitative data (parent-based).

PUBLICATIONS

Nicholas, D., Mitchell, W., Ciesielski, J., Khan, A., & Lach, L. (accepted). Examining the impacts of the COVID-19 pandemic on service providers working with children and youth with neurodevelopmental disabilities and their families: Results of a focus group study. *Journal of Intellectual Disabilities.*

McCrossin, J., Filipe, A.M., Nicohlas, D., & Lach, L. (2022). The allegory of "navigation as a concept of care: The case of child neurodevelopmental disabilities. *Journal on Developmental Disabilities for the Special Edition focused on Changing Social Welfare Provisions and Shifting Family Dynamics, 27*(2). https://doi.org/10.5281/zenodo.7017122

McCrossin, J., Clancy, A., Grantzidis, F., & Lach, L. (2022). "They may cry, they may get angry, they may not say the right thing": A case study examining the role of peer support when navigating services for children with neurodisabilities. *Journal on Developmental Disabilities for the Special Edition focused on Changing Social Welfare Provisions and Shifting Family Dynamics, 27*(2). https://doi.org/10.5281/zenodo.7017122

Hebert, M., Nicholas, D., Lach, L.M., Mitchell, W., Zwicker, J., Bradley, W., Litman, S., Gardiner, E., & Miller, A.R. (in press). Lifespan navigation-building framework for children/youth with neurodisabilities and their families. *Families in Society.* DOI:10.1177/10443894221081609.

Salvino, C., Spencer, C., Filipe, A., & Lach, L. (in press). Mapping of financial support programs for children with neurodisabilities across Canada: Barriers and discrepancies within a patchwork wystem. *Journal of Disability Policy Studies.* DOI:10.1177/10442073211066776.

McCrossin, J. McGrath, P., & Lach, L. (2022). Content analysis of parent training programs for children with neurodisabilities and mental health or behavioral problems: A scoping review. *Disability & Rehabilitation.* DOI:10.1080/09638288.2021.2017493.

Brotman, S., Sussman, T., Pacheco, L., Dickson, D., Lach, L., Raymond, E., Deshaies, M.H., Freitas, Z., & Milot, E. (2021): The crisis facing older people living with neurodiversity and their aging family carers: A social work perspective. *Journal of Gerontological Social Work,* DOI:10.1080/01634372.2021.1920537

Filipe, A.M., Bogossian, A., Zulla, R., Nicholas, D., & Lach, L.M. (2021). Developing a Canadian framework for social determinants of health and wellbeing among children with neurodisabilities and their families: an ecosocial perspective. *Disability & Rehabilitation, 43*(26), 3856-3867. DOI:10.1080/09638288.2020.1754926.

Gardiner, E., Miller, A., & Lach, L. (2021). Behavioral strength and difficulty profiles among children with neurodisability. *Journal of Developmental and Physical Disabilities, 33*(2), 1-17. DOI:10.1007/s10882-020-09742-0.

Vanderlee, E., Aston, M., Turner, K., McGrath, P., & Lach, L. (2021). Patient-oriented research: A qualitative study of research involvement of parents of children with neurodevelopmental disabilities. *Journal of Intellectual Disabilities*, *25*(4), 567-582. DOI:10.1177/1744629520942015.

Rothwell, D., Lach, L.M., Kohen, D., Findlay, L., & Arim, R. (2020). Income trajectories of families raising a child with a neurodisability. *Disability & Rehabilitation.* DOI: 10.1080/09638288.2020.1811782.

Gardiner, E., Miller, A. R., & Lach, L. M. (2020). Service adequacy and the relation between child behavior problems and negative family impact reported by primary caregivers of children with neurodevelopmental conditions. *Research in Developmental Disabilities*, *104*, 103712. DOI:10.1016/j.ridd.2020.103712.

Gardiner, E., Miller, A., & Lach, L. (2020). Topography of behavior problems among children with neurodevelopmental conditions: Profile differences and overlaps. *Child: Care, Health and Development, 46*(1), 149-153. DOI:10.1111/cch.12720.

Rothwell, D.W., Gariépy, G., Elgar, F.J., & Lach, L.M. (2019). Trajectories of poverty and economic hardship among American families supporting a child with a neurodisability. *Journal of Intellectual Disability Research*, *63*(10), 1273-1284. DOI:10.1111/jir.12666

Arim, R. G., Miller, A. R., Kohen, D. E., Guèvremont, A., Lach, L.M., & Brehaut, J. C. (2019). Changes in the health of mothers of children with neurodevelopmental disabilities: An administrative data study. *Research in Developmental Disabilities, 86,* 76-86. DOI:org/10.1016/j.ridd.2018.12.007.

Brehaut, J. C., Guèvremont, A., Arim, R. G., Garner, R. E., Miller, A. R., McGrail, K. M., ... & Kohen, D. E. (2019). Using Canadian administrative health data to measure the health of

caregivers of children with and without health problems: A demonstration of feasibility. *International Journal of Population Data Science*, *4*(1). DOI:org/10.23889/ijpds.v4i1.584.

Majnemer, A., O'Donnell, M., Ogourtsova, T., Kasaai, B., Ballantyne, M., Cohen, E., ... & Filliter, J. H. (2019). BRIGHT Coaching: A randomised controlled trial on the effectiveness of a developmental coach system to empower families of children with emerging developmental delay. *Frontiers in Pediatrics*, *7*, 332.

Sentenac, M., Lach, L.M., & Elgar, F. (2019). Educational disparities in young people with neurodisabilities. *Developmental Medicine and Child Neurology, 61(2),* 226-231. DOI:10.1111/dmcn.14014.

Gardiner, E., Lach, L.M., & Miller, A. (2018). Family impact of childhood neurodevelopmental disability: Considering adaptive and maladaptive behaviour. *Journal of Intellectual Disability Research, 62*(10), 888-899. DOI:10.1111/jir.12547.

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Ketelaar, M., Bogossian, A., Saini, M., Visser-Meily, A., & Lach, L. (2017). Assessment of the 'family' in the context of practice and research: A state-of-the-art review of pediatric neurodisabilities. *Developmental Medicine and Child Neurology,* 59(3), 259-269. DOI: 10.1111/dmcn.13287

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Majnemer, A., Shikako-Thomas, K., Lach, L.M., Shevell, M., Law, M., Schmitz, N., & The QUALA Group. (2013). Mastery motivation in adolescents with cerebral palsy. *Research in Developmental Disabilities, 34,* 3384-3392, DOI:10.1016/j.ridd.2013.07.002.

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Smith, M.L., Elliott, I., & Lach, L.M. (1999). The neuropsychology of intractable epilepsy in children: Similarities and differences between surgical and non -surgical cases. [Abstract], *Epilepsia*, *40(Suppl 7),* 47.

Elliott, I., Lach, L., & Smith, M.A. (1997). Adolescents' perceptions of their lives after epilepsy surgery. [Abstract], *Epilepsia*, *38(Suppl. 8),* 234.

Krogh, K., Lach, L. & Humphries, T. (1997). Change in parent perceptions: Impact of a clinical classroom program for children with epilepsy. [Abstract], *Epilepsia*, *38(Suppl. 8),* 240.

Lach, L., Elliott, I., & Smith, M.L. (1997). Life after paediatric epilepsy surgery: The parent view. [Abstract], *Epilepsia*, *38(Suppl. 8),* 233.

TEACHING

University Courses Given

Introduction to Practicum, SWRK222, McGill University, Faculty of Arts, School of Social Work, Undergraduate social work course, Winter 2020.

Integrative Seminar, SWRK422, McGill University, Faculty of Arts, School of Social Work, Undergraduate social work course, Winter 2022

Thought and Theory Development in Social Work, SWRK702, McGill University, Faculty of Arts, School of Social Work, PhD level required course, Fall 2020, Fall 2021

Critical Thought and Ethics, SWRK 525, McGill University, Faculty of Arts, School of Social Work, Undergraduate Required course, Fall 2009 to 2019.

Knowledge and Values, SWRK 612, McGill University, Faculty of Arts, School of Social Work, Graduate level required course, Fall 2009

Practice with Individuals and Families, SWRK 320 D1/D2 (changed to SWRK 320 and SWRK 326), McGill University, Faculty of Arts, School of Social Work, Undergraduate Social Work Course, Winter 2007 & Winter 2008

Disabilities and Rehabilitation, SWRK 669, McGill University, Faculty of Arts, School of Social Work, Graduate Social Work Course, Winter, 2005-2009

Family Assessment, SWRK 472, McGill University, Faculty of Arts, School of Social Work, Undergraduate Social Work Course, Fall, 2001-present

Health and Social Work, SWRK-609, McGill University, Faculty of Arts, School of Social Work, Graduate Social Work Course, Fall, 2001-2003

School Social Services, SWRK-465, McGill University, Faculty of Arts, School of Social Work, Undergraduate Social Work Course, Winter, 2002-2004

Social Work in the Health Field, McGill University, Faculty of Arts, School of Social Work, Undergraduate Social Work Course, Winter, 2002-present

Elements and Lab, 4103H, University of Toronto, Faculty of Social Work, Graduate Social Work Course, Fall, 2000.

Social Work Practice With Individuals and Families, SWK 4601S, University of Toronto, Faculty of Social Work, Graduate Social Work Course, Winter, 1999

Graduate Supervision – Post Doctorate

Angela Filipe (2017-2020)
Emily Gardner (2015-2021) – co-supervision with Dr. Anton Miller (UBC/BC Children's Hospital)

Graduate Supervision – PhD Thesis Supervision

Samuel Ragot	2022-present	TBD
Kifah Baniowda	2021-present	Barriers and facilitators to inclusive education for children with neurodisabilties in Palestine.
Jeff McCrossin	2019-present	Parent Training for Children with Neurodisabilities: The Role of Family
Gina Glidden	2013-2019	The Journey of Ladders and Snakes: Help-Seeking Among Mothers and Fathers of Children with Neurodisabilities (ND)
Sara Quirke	2012-2017	Exploring parenting factors as possible predictors and moderators of mothers' cognitive appraisals of the family impact of raising their child with a neurodisability.
Radha MacCulloch	2011-present	Exploring how Transition Programs Understand and Support the Meaningful Transition to Adulthood for Youth with a NDD: Insights from Service Providers,

		Youth, and their Parents
Aline Bogossian	2011-2017	Exploring 'Father Involvement' among Caregiving Fathers of Children and Youth with Neurodisabilities
Anne Ritzema	2010-2015	Predictors of Child Well-Being; Parenting Children with NDD
Sacha Bailey	2009-2017	The experience of hope among parents of children with Neurodisabilities
Judith Sabetti	2009-2013	Employment and Recovery in Mental Illness
Anne Marie Piche	2005-2011	Parental Practices in the Context of Caregiving Disruption: The Case of Post-Institutional Adoption
Janet Kuo	2001-2008	Caregiving Identities of Women with a Brother or Sister with Cerebral Palsy in Taiwan

Graduate Supervision – PhD Thesis Committee Member

John Aspler
(2015-2020) Fetal Alcohol Spectrum Disorder and Cerebral Palsy in the Canadaiin Media: A qualitative analysis of Media Discourse and Stakeholder Perspectives. (Integrated Program in Neuroscience)

Ro'fah Mudzakir
(2003-2011) Education for Children with Disabilities in Indonesia: Moving Toward Inclusion (School of Social Work)

Denise Keiko Thomas
(2007-2012) Determinants of Participation in Leisure Activities in Adolescents with Cerebral Palsy (School of Physical and Occupational Therapy, Faculty of Medicine)
Nancy Miodrag
(2009) Predictors of stress and Symptoms of Psychopathology in Parents of Children with Developmental Disabilities within Early Intervention (Department of Educational and Counselling Psychology)

Jennifer Saracino
(2007-2011) Early Intervention in Canada: Perceptions of Parents and Service Providers (Department of Educational and Counselling Psychology)

Graduate Supervision – MSW Thesis Supervision

Phoebe Johnston
(2016-2018) An Issue of Transparency: Comparing Respite Funding Programs for Families Raising a Child with a Neurodisability Across Canada.

Nadine Powell

(2006-2013) Transitioning from paediatric to adult centred care: A review of the research on transition interventions for adolescents and young adults with chronic conditions

Gina Glidden
(2010-2013) Intensity of Participation Among Children With Epilepsy: An Exploratory Factor Analysis of Child Components

Aline Bogossian
(2011) The Role of Family Environment in Parenting Children with NDD: Results of a Systematic Review

Shirley Hopwood-Wallace
(2010) Documented Symptoms in Children Exposed to Domestic Violence

Linda Shames
(2007) Rate of symptoms of dual diagnosis in the Child Welfare system in Canada: Profile of adolescents and their caregivers in the CIS-2003.

Glenda O'Reilly
(2002) Families in Today's Health Care System: The Experience of Families During a Paediatric Admission.

Tracey Kent
(2002) Evaluation of the National Alliance for the Mentally Ill--Professional Education Program: Changes in Perception and Practice.

Graduate Supervision – Masters Thesis Committee Member

Nathalie Chokron
(2008-2011) Factors associated with participation in leisure activities among school-aged children with developmental delay (School of Physical and Occupational; Faculty of Medicine).

Graduate Supervision – PhD Thesis Examiner

Boychuck, Zachary (2019). *Creating the Content for Knowledge Translation Tools to Prompt Early Referral for Diagnostic Assessment and Rehabilitation Services for Children with Suspected Cerebral Palsy.* School of Physical and Occupational Therapy, Faculty of Medicine, McGill University.

Fontil, Laura (2019). *Transition to School for Children with Autism Spectrum Disorders: Review of the Literature, Policy Implications, and Intervention Efficacy.* Department of Educational Counselling and Psychology, Faculty of Education, McGill University.

Ryan, Stephanie (2018). *Sport Involvement for Youth with Autism Spectrum Disorders and Intellectual Disablities.* Department of Psychology, York University.

Roy St. Jean, Sean Armand (2018). *Today in Light of Yesterday: A Phenomenological Study of Child Protection Workers' Vocational Experiences as Informed by Memories of Childhood.* School of Social Work, UBC (Okanagon).

Foley, Veronique (2017). *Comment les services de santé et de réadaptation permettent-ils de répondre aux besoins des familles d'enfant présentant une déficience physique motrice? Repenser nos services sous l'angle de l'intersectionnalité.* Universite Sherbrooke, Faculté de Médecine et des Sciences de la Santé.

Dahan Oleil, Noemi (2014). *Participation in Leisure Activities Among Adolescents Born Extremely Pre-Term.* McGill University, School of Occupational and Physical Therapy.

Mantulak, Andrew (2012). *The Lived Experience of Mothers of Children Who Have Undergone Kidney Transplantation.* Faculty of Social Work, Wilfrid Laurier University.

Vinay, Marie-Claude (2010). *Le point de vue des enfants diabétiques sur le bien-être.* Department of Psychology, UQAM.

Peterson, Leah (2009). *A Qualitative Examination of the Experiences of Taiwanese Transnational Youth in Vancouver.* Department of Educational and Counselling Psychology, Faculty of Education, McGill University.

August, Pam (2009). *The Role of Expression Recognition in Social Information Processing and Poor Social Adjustment.* Department of Educational and Counselling Psychology, Faculty of Education, McGill University.

Saros, Nicole (2008). *Consultation for Children with Developmental Delays.* Department of Educational and Counselling Psychology, Faculty of Education, McGill University.

Saleh, Maysoun (2007). *Actual versus Best Practices for Young Children with Cerebral Palsy: A Survey of Paediatric Occupational Therapists and Physical Therapists in Quebec, Canada.* School of Occupational and Physical Therapy, Faculty of Medicine, McGill University.

Assunta de Iaco, Gilda (2006). *Juvenile Street Gang Members and Ethnic Identity in Montreal, Canada.* Department of Sociology, Faculty of Arts, McGill University.

O'Shea, Joseph (2006). *Re-Defining Risk Behaviours Among Gay Men: What Has Changed?* Department of Sociology, Faculty of Arts, McGill University.

Sarkissian, Sonia (2006). *Illness Intrusiveness, Quality of Life and Self-Concept in Epilepsy.* Institute of Medical Sciences, Faculty of Medicine, University of Toronto.

Glen, Tamara (2005). *Exploring Perceptions of Attention Deficit Hyperactivity Disorder.* Department of Educational and Counselling Psychology, Faculty of Education, McGill University.

Globe, Patricia (2005). *The Use of Child-Based Consultation: Changing Problematic Behaviours in Children Altering Interactions with Teachers in the Classroom.* Department of Educational and Counselling Psychology, Faculty of Education, McGill University.

Nedlham, Carolyn (2005). *A Narrative Analysis Exploring the Effects of Long-Term Caregiving on the Female Caregiver's Sense of Self.* Department of Counselling Psychology, Faculty of Education, McGill University.

Levy, Jonathan. (2004). *Deviance and Social Control Among Haredi Adolescent Males.* School of Social Work, McGill University.

Malowaniec, Leah. (2003). *Determining Community Attitudes and Concerns with Respect to the Establishment of Safer Injection Facilities in Vancouver's Downtown Eastside.* School of Social Work, McGill University.

Graduate Supervision – MSW Thesis Examiner

Bastien, Laurianne (2021). *Evaluating an Online Mental Health Outreach Program for University Students During the COVID-19 Pandemic.* Department of Educatonal and Counselling Pyschology, Faculty of Education, McGill University.

Quirke, Sara (2011). *Parents' Positive and Negative Cognitive Appraisals in Raising a Child with An Autism Spectrum Disorder.* Department of Educational and Counselling Psychology, Faculty of Education, McGill University.

Knight, Patsi Leila (2007). *Vision Impairment in Older Adults: Adaptation Strategies and the Charles Bonnet Syndrome.* School of Social Work, Faculty of Arts, McGill University.

Cox, Judith (2006). *Children with Developmental Disabilities: Finding Permanent Homes.* School of Social Work, Faculty of Arts, McGill University.

Graziani, Sylvie (2005). *Early Adolescent Experiences of Friendships, Peer Relations and Stress: Drawing on Girls' Impressions.* School of Social Work, Faculty of Arts, McGill University.

Spinner, David (2005). *The Edmonton Arts and Youth Feasibility Study: A Qualitative Look At Running an Arts Education Program for Youth in Conflict with the Law.* School of Social Work, Faculty of Arts, McGill University.

Kromer, Anna (2004). *The Impact of Ethnic Identity on Nursing Home Placement Among Polish Older Adults*

Melrose, Heather (2003). *How Do Resource Foster Parents Conceptualize Concurrent Planning.*

Tanner, Gordon (2003). *Street Outreach Programs For Homeless and Underhoused People: A Grounded Theory Study.*

Presentation – Peer Reviewed Conferences

Kohen, D. E., Arim, R. G., Miller, A. R., Guèvremont, A., Lach, L. M., & Brehaut, J. C. (2018, October). *Children with neurodevelopmental disabilities: Identification and patterns of health services using Canadian administrative data*. Poster presentation at the DEVSEC: Conference on the Use of Secondary and Open Source Data in Developmental Science. Phoenix, Arizona.

Lach, L.M., Kohen, D., Arim, R., Miller, A., Tough, S., McDonald, S., Fayed, N,, Cohen, E., Guttman, A., Kitchen, L., Nicholas, D., Rosenbaum, P., & Bogossian, A. (2017). Indicators for children with neurodisabilities in Canada. Panel presentation given at the 6th Conference of the International Society for Child Indicators (ISCI) entitled 'Children in a World of Opportunities: Innovations in Research, Policy and Practice' in Montreal, Quebec on June 29, 2017

Sentenac M., Lach L., Gariepy G. Elgar F. Social inequalities in educational trajectories of children with neurodisabilities in Canada.Annual Conference of ALTER- European Society of Disability Research. Lausanne, 6-7 July 2017.

Sentenac M., Lach L., Gariepy G. Elgar F. Educational trajectories of children with neurodisabilities in Canada. 6th Conference of the International Society of Child Indicators (ISCI). Montreal, 28-30 June 2017.

Bogossian, A., Lach, L, Nicholas, D., & McNeill, T. (2017). Connecting: The parenting experiences of fathers of children with neurodisabilities. Scientific poster presentation at the 71st annual meeting of the American Academy of Cerebral Palsy and Developmental Medicine, September 13-16, 2017, Montreal, QC.

Nicholas, D., Lach, L., Bogossian, A., & Rosenbaum, P. (2017). The biopsychosocial context of parenting children with neurodevelopmental disorders in Canada. Oral presentation at the 6th Conference of the International Society for Child Indicators, June 28-30, 2017, Montreal, QC.

Gariepy, G., Rothwell, D., & Lach, L. (2017). Does having a child with a neurodevelopmental disorder impact the trajectory of economic hardship of families? Oral presentation at the Society for Social Work Research Conference, January 13, 2017, New Orleans, Louisiana.

Ketelaar, M., Bogossian, A., Saini, M., Visser-Meily, A., & Lach, L. (2016). Why and how to assess family in the context of practice and research. Oral presentation at the joint meeting of the 5th

International Conference of Cerebral Palsy, 28th Annual Meeting of the European Academy of Childhood Disability and the 1st Biennial Meeting of the International Alliance of Academies of Childhood Disability, June 1 – 4, 2016 Stockholm, Sweden.

Lach, L, Bogossian, A, Quirke, S, Nicholas, D. Improving the lives of children with neurodisabilities: Does parenting matter? Oral presentation at ISPCAN International Congress on Child Abuse and Neglect, August 28 – 30, 2016 Calgary, Canada

Lach, L, Bailey, S, Bogossian, A, Panel entitled Artifacts of Catalysts? Moving doctoral dissertations from the shelf to the practice community. (2015) Presentation 1: Disseminating Doctoral Dissertations: State of Affairs in Canada. Presented during the 2015 National CASWE-ACFTS Conference, June 1 – 4, 2015, University of Ottawa, ON, Canada.

Lach, L.M., Ritzema, A., Bailey, S., Bogossian, A., MacCulloch, R., Glidden, G. Kohen, D., & Rosenbaum, R. (2014). The CIHR Team in Parenting Matters! Canadian Family Advisory Network (CFAN) Annual Symposium. Canadian Association of Pediatric Health Centres Annual Conference, October 19, 2014. Calgary, Alberta.

Lach, L.M., Bogossian, A., Bailey, S., Nicholas, D., Kohen, D., & Rosenbaum, P. (2014). Oral Building a model to address the role of parenting in the lives of children with neurodevelopmental disorders (NDD): Does overprotectiveness matter? Paper presented at the 68th Annual Meeting of the American Academy of Cerebral Palsy and Developmental Medicine, September 10-14, 2014, San Diego, California.

Bogossian, A., Rothwell, D., Lach, L., Bailey, S., Nicholas, D., Kohen, D., & Rosenbaum, P. (2014). Financial stress among parents of children with neurodevelopmental disabilities in Canada: The role of 'complexity'. Poster presentation at the 68th Annual Meeting of the American Academy for Cerebral Palsy and Developmental Medicine, September 10 – 14, 2014, San Diego, California.

Lach, L.M., Rothwell, D., & Blumenthal, A. (2014). Scoping review of doctoral scholarship in Canada: Implications for the discipline. Poster presentation at the Society for Social Work Research Conference, January 15-19, 2014, San Antonio, Texas. January 17, 2014. Poster presentation at the Congress for Humanities and Social Sciences, May 25-29, 2014. St. Catharines, Ontario. May 29, 2014.

Kohen, D.E, Arim, R.G., Guevrement, A., Brehaut, J.C., Miller, A.R., McGrail, K., Brownell, M., Lach, L.M., & Rosenbaum, P. (2013). Implementing the children with special health care needs (CHSCN) screener using Canadian administrative health data. Poster presentation at the Canadian Association of Paediatric Health Centres conference, October 20 – 23, 2013. Toronto, Ontario. October 21, 2013.

Arim, R., Guevrement, A., Kohen, D.E., Brehaut, J.C., Miller, A.R., McGrail, K., Brownell, M., Lach, L.M., & Rosenbaum, P. (2013). The implementation of case-mix system approach to

categorizing child health using Canadian administrative health data. Poster presentation at the Canadian Association of Paediatric Health Centres conference, October 20 – 23, 2013. Toronto, Ontario. October 21, 2013.

Bogossian, A., Lach, L.M., & Saini, M. Measures of fathering children with neurodevelopmental disorders: What is known and what is missing? Poster presentation during the Pediatric Scientist Development Program (PSDP) Annual Meeting, February 28 – March 1, 2013 at the Hyatt Regency Atlanta, Atlanta, GA

Lach, L.M., Garner, R., Arim, R., Kohen, D., & Rosenbaum, P. Rates of separation/divorce of children with neurodevelopmental disorders: Results from a Canadian longitudinal population-based study (2012). Paper presented at the American Academy of Cerebral Palsy and Developmental Medicine 66th Annual Meeting. Toronto, Ontario. September 14, 2012.

Shikako-Thomas, K., Majnemer, A., Lach, L.M., Shevell, M., Law, M., Schmitz, N., & Poulin, C. (2012). Personal and environmental factors associated with participation in leisure activities in adolescents with Cerebral Palsy. Poster presented at the American Academy of Cerebral Palsy and Developmental Medicine 66th Annual Meeting. Toronto, Ontario. September 15, 2012.

Bogossian, A., Bailey, S., MacCulloch, R., Cimino, T., Saini, M., Lach, L.M., & Rosenbaum, P. (2012). Distilling the data: Development of a method for data extraction within a systematic review of observational studies. Poster presented at the American Academy of Cerebral Palsy and Developmental Medicine 66th Annual Meeting. Toronto, Ontario. September 15, 2012.

MacCulloch, R., Glidden, G., Birnbaum, R., Lach, L.M., & Rosenbaum, P. (2012). Exploring the tension between written and enacted policy: Provincial legislation, policies and programs that affect Canadian parents of children with a neurodevelopmental disorder. Poster presented at the NeuroDevNet 2012 Brain Development Conference, September 22, 2012, Toronto, Ontario.

MacCulloch, R., Glidden, G., Birnbaum, R., Lach, L.M., & Rosenbaum, P. (2012). Exploring the tension between written and enacted policy: Provincial legislation, policies and programs that affect Canadian parents of children with a neurodevelopmental disorder. Poster presented at the 18th Qualitative Health Research Conference, October 23, 2012, Montreal, QC.

Bogossian, A., Lach, L., Nicholas, D., McNeill, T., Saini, M. (2012). Integrating qualitative research on the experience of fathers of children with neurodevelopmental disorders. Poster presented at the 18th Qualitative Health Research Conference, October 25, 2012, Montreal, QC.

Arim, R.G., Kohen, D.E., Garner, R., & Lach, L.M. (2012). Whether and when children with complex health problems experience parental separation: An application of survival analysis to developmental research. Poster presented at the Society for Research in Child Development Themed Meeting– Positive Development of Minority Children: Developmental Methodology Meeting. Tampa, Florida. February 10, 2012.

Nicholas, D.B., Zwaigenbaum, M., Clarke, M., Roberts, W., Magill-Evans, J., Saini, M., Lach, L., MacCulloch, R., Ing, S., Barrett, D., & Spoelstra, M. (2011). Stage I of a synthesis review of interventional outcomes for Autism: Systematic descriptive mapping. Poster presented at the International Meeting for Autism Research (IMFAR). San Diego, California. May 12, 2011.

Arim, R.G., Kohen, D.E., Garner, R.E., Lach, L.M., MacKenzie, M.J., Brehaut, J.C., & Rosenbaum, P.R. (2011). Longitudinal associations between parenting behaviours and child psychosocial outcomes for children with complex health conditions. Poster presented at the Society for Research in Child Development conference. Montreal, Quebec. April 2, 2011.

Lach, L.M., Saini, M., Bailey, S., Bogossian, A., Cimino, T., Gionfriddo, K., & Nimigon-Young, J. (2010). Systematic review methods for observational studies: Challenges and solutions. Poster session presented at the Joint Colloquium of the Cochrane & Campbell Collaborations Meeting. Keystone Colorado. October 18-22, 2010.

Arim, R. G., Garner, R. E., Kohen D. E., Lach, L.M., Brehaut, J.C., MacKenzie, M., & Rosenbaum, P. L. (2010). Differences in parenting behaviors for children with and without neurodevelopmental disabilities and behavior problems. Poster presented at the Canadian Congenital Anomalies Surveillance Network (CCASN) 8th Annual Scientific Meeting: Environmental & Nutritional Vulnerability for Congenital Anomalies. Ottawa, Ontario. November, 2010.

Lach, L.M., Kohen, D., Rosenbaum P., Arim, R., et al. (2010). Parents of children with chronic health conditions and disabilities: A multi-method approach to studying health and parenting. Presented at Oxford-Brookes University, Oxford, UK (May 18, 2010); Trinity College University of Dublin (May 21, 2010); and at the European Academy of Childhood Disability conference in Brussels, Belgium (May 26-29, 2010). Also presented at the Congress of Humanities and Social Sciences conference. Montreal, Quebec. June 1, 2010.

Shikako-Thomas, K., Lach, L., Majnemer, A., Nimigon, J., Cameron, K., & Shevell, M. Engagement in preferred occupations promotes well-being in adolescents with CP. (2010). Presentation at the Canadian Association of Occupational Therapists National Conference. Halifax, Nova Scotia. May 26-29, 2010.

Nicholas, D., Koller, D., Bruce-Barrett, C., Matlow, A., Zlotnik-Shaul, R., & Lach, L. Pandemic planning for paediatric care. Platform presentation at the Canadian Association of Paediatric Health Centres conference. Edmonton, Alberta. October, 2008.

Shikako-Thomas, K., Majnemer, A., Lach, L., Cameron, K., Nimigon, J., & Shevell, M. (2008). Quality of life in adolescents with Cerebral Palsy – A qualitative study. Poster presentation at the American Academy of Cerebral Palsy and Developmental Medicine. Atlanta, Georgia. September 19, 2008.

Lach, L.M., Elliott, I.M., Smith, M.L., Whiting, S., Olds, J., McCleary, L., Lowe, A., & Snyder, T. (2004). Long term social outcomes of paediatric epilepsy surgery: The Role of seizure control and measures. Platform presentation given at the American Epilepsy Society conference. New Orleans, Louisiana. December 6, 2004.

A 30 Year Review of Paediatric Literature Addressing Psychosocial Adaptation to Chronic Illness: Results of a Meta-Analysis and Meta-Synthesis. Platform presentation given with Dr. David Nicholas and Dr. Beverley Antle at the 4th International Conference on Social Work in Health and Mental Health. Quebec City, Quebec. May 26, 2004.

Social Inclusion? Experiences of Students with Chronic Health Conditions or Disabilities and their Peers. Platform presentation given with Dr. Beverley Antle at the 4th International Conference on Social Work in Health and Mental Health. Quebec City, Quebec. May 26, 2004.

What Really Makes a Difference? 30 Years of Research on How Children and Families Adapt to Chronic Health Conditions and Disabilities. Poster presentation with Dr. Beverley Antle, Dr. J. Globerman, Ms. Laura Beaune and Dr. T. McNeill at the 4th International Conference on Social Work in Health and Mental Health. Quebec City, Quebec. May 26, 2004.

Children and Adolescents With Intractable Epilepsy: How Do These Youth View Their Quality of Life (QOL)? Elliott, I.M., Lach, L.M., & Smith, M.L. Platform presentation given at the 9th International Paediatric Nursing Research Symposium. Montreal, Quebec. April 12, 2002.

Does Life For Children and Families Change After Epilepsy Surgery? Lach, L.M., Smith, M.L., & Elliott, I.M. Platform presentation given at the American Epilepsy Society Conference. Philadelphia, PA. December 5, 2001.

I Just Want To Be Normal: Quality of Life (QOL) In Children With Intractable Epilepsy. Elliott, I.M., Lach, L.M., & Smith, M.L. Presentation given at the Canadian Association of Neuroscience Nurses National Conference, June 13, 2001.

On Becoming A Successful Qualitative Researcher: Integrity, Perseverance…and Then There is Reality. Alaggia, R., Lach, L.M., & Tsang, T. Presentation given at the Qualitative Analysis Conference, McMaster University. May 17, 2001.

Baseline Findings From a Prospective Study of Children Undergoing Epilepsy Surgery - The Gap Between Quantitative and Qualitative Findings: Do Measures Measure Up? Lach, L.M., Elliott, I.M., & Smith, M.L. Platform presentation given at the American Epilepsy Society Conference, Los Angeles, CA, December 4-8, 2000.

Reasoning, Remembering, and Academics in Children With Epilepsy: Does Surgery Make a Difference? Smith, M.L., Lach, L.M., & Elliott, I. Platform presentation given at the American Epilepsy Society Conference, Los Angeles, CA, December 4-8, 2000.

Paddling Upstream: Issues, Opportunities, and Pitfalls in Patient and Family-Focused Care Redesign. Association For The Care of Children's Health Conference. Washington, D.C. May 27, 1997.

Empowerment of Families in a Paediatric Health Care Setting. Lach, L.M., Elliott, I.M. Association For The Care Of Children's Health (ACCH) Conference. Toronto, Ontario. May 1994.

Presentations – Invited Speaker

Neurodevelopmental Disabilities Resources and Navigation Initiative: Building National Capacity. Invited presentation given to Fetal Alcohol Spectrum Disorders group at Policywise in Calgary, AB. February 21, 2019.

Thinking Critically and Pragmatically About Practice with Parents of Children with Neurodisabilities: Research as a Bridge? Presentation given at Sunny Hill Children's Health Centre, Vancouver, BC. July 12, 2018.

Parent Well-Being, Positive Parenting, and Mindfulness. Presentation given at the Implementing Early Detection and Intervention in CP Conference (in collaboration with Courtney Rice). Columbus Ohio. April 6-7 2018.

KBHN-CB November 6, 2017.

CPNet

Community Engagement: Setting an Agenda for ASD Research. 2nd Biennial Winter Institute, Banff Alberta, March 6-9, 2013.

Mothering and Children with Epilepsy: Tensions and Rewards. Presentation at the Hospital For Sick Children, June 22, 2011.

Health, psychosocial function, and parenting of caregivers of children with neurodevelopmental disorders: Results from the NLSCY . Presentation at Department of Pediatrics Grand Rounds, Montreal Children's Hospital, February 23, 2011.

Caring to Caregiving: Parents of Children with Neurodevelopmental Disorders. Homecoming lecture, School of Social Work, McGill University. October 13, 2011.

Families of children with chronic health conditions and disabilities: Operationalizing family-centred care. School of Occupational and Physical Therapy, McGill University. April 7, 2010.

Parenting children with neurodevelopmental disorders: Overview of a program of research and preliminary findings. Centre for Research on Children and Families, McGill University. March

10, 2010. Centre de recherche interdisciplinaire en réadaptation du Montréal. November 16, 2010.

Turning clinical issues into qualitative research questions. Department of Paediatrics Clinical Research Retreat, Faculty of Medicine, McGill University. Brome, QC, September 26 & 27, 2009.

Theoretical frameworks to guide assessment of quality of life and health-related quality of life. Quality of Life in Childhood Onset Chronic Conditions and Disorders. Niagara-on-the-Lake, Ontario, May 3-5, 2009.ity of Life in Childhood Onset Chronic Conditions and Disorders
Health and Psychosocial Functioning of Caregivers of Children with Neurodevelopmental Disorders: Results from the NLSCY. Paper presented at the following:
Clinical Research Rounds, Montreal Children's Hospital, Montreal, QC. March 2, 2007.
Research Seminar, Centre for Research on Children and Families, McGill University, Montreal, QC. April 18, 2007.
Quality of Life Conference, Novartis Foundation. London, UK. May 9, 2007.

Mentoring Students in Research Methodologies that go "Against the Grain" of Conventional Health Research. Panel presentation at the McGill Qualitative Health Research Group (MQHRG) Spring Conference entitled Ensuring Quality in Qualitative Health Research, Montreal, Quebec. April 5, 2007.

Moving the Profession Forward: False Dichotomies and the Future of Social Work in Canada. Keynote Address, Social Work Week, Ottawa, Ontario. March 8, 2007.

Children with Chronic Health Conditions and Their Families: What are the Pressing Research Questions? Child Development Research Group Inaugural Conference, MUHC and Montreal Children's Hospital, April 20, 2005.

A 30-Year Review of Paediatric Literature Addressing Psychosocial Adjustment to Chronic Health Conditions : Preliminary Findings from a Meta-Analysis and Meta-Synthesis. First Annual McGill Psychosocial Oncology Research Day, March 11, 2005.

The Status of Psychosocial Research in Canada: The Case of Epilepsy. Presentation given at the Canadian Epilepsy Research Initiative Meeting, Montreal, May 20, 2004.

Families of Children and Adolescents with Epilepsy: What Matters? Presentation given at the Family: Building, Bridging, and Becoming conference sponsored by St. Amant Centre, Winnipeg, Manitoba. October 8, 2004.

Multi-Systemic Therapy. Presentation given at the Argyle Family Institute, March 31, 2004.

Does Life Improve After Epilepsy Surgery? Presentation given to the School of Occupational and Physical Therapy, McGill University Research Seminar Series, November 18, 2002;

Presentation given at the Montreal Children's Hospital, Rehabilitation Department Lecture Series, November 19, 2002.

Social Sciences and Epilepsy. Presentation given at the Canadian League Against Epilepsy – Canadian Epilepsy Research Initiative Meeting. Vancouver, B.C. June 17, 2002.

Behaviour, Affect and Cognition in Children Diagnosed With Epilepsy: The Complex Interaction of Biologic and Social factors. Presentation given to the Department of Child Psychiatry, Institute for Child and Family, Jewish General Hospital. Montreal, Quebec. January 31, 2002.

Psychosocial and Quality of Life Issues in Epilepsy. Presentation given at the Canadian Epilepsy Consortium Meeting, Montreal, Quebec. September 29, 2001

Neuropsychological and psychosocial adjustment of children and adolescents with intractable epilepsy: A multimethod approach. Lach, L.M., Elliott, I.M., & Smith, M.L. Presented at:
Neurology Grand Rounds, Hospital For Sick Children, November 15, 2000
Bloorview Epilepsy Research Program Grand Rounds, Toronto, July 27, 2000
Research Institute Grand Rounds, Children's Hospital of Eastern Ontario, Ottawa, June 30, 2000.

Quality of Life of Children With Intractable Epilepsy. Presented to Bloorview Parent Support Group, Bloorview Children's Hospital, May 15, 2000.

Psychosocial Outcome of Epilepsy Surgery: Preliminary Findings. Snead, O.C., Lach, L.M., & Elliott, I. Research rounds at the Bloorview MacMillan Centre, April 4, 2000.

Quality of life after paediatric epilepsy surgery: A multidimensional, multi-method study - baseline and preliminary year 1 findings. Grand Rounds, Bloorview MacMillan Centre Research Group. January 18, 2000.

Presentations – Other

Lach, LM., McGrath, P. Thomson, D., & Turner, K. Strongest Families™ Neurodevelopmental: Parent Involvement in Modifying an Online Parenting Program for Children with Neurodisabilities and Challenging Behaviour. Poster presented at Canadian Association for Pediatric Health Centres Conference, October 21-23, 2018.

Lach, L.M. Quality of Life as an Outcome in Children and Youth with Epilepsy. Presentation given to NeuroDevNet trainees on February 16, 2016.

Rosenbaum, P., Lach, L.M., Kohen, D., & Arim, R. Parenting children with neurodevelopmental disorders: What do we know & what are the opportunities? Canadian Association of Paediatric Health Centres
webinar, http://ken.caphc.org/xwiki/bin/view/ChildDevelopmentRehab/Parenting+Matters%21+Part+1+-

+Parenting+Children+with+Neurodevelopmental+Disabilities%3A+What+Do+We+Know%2C%C2%A0and+What+are+the+Opportunities%3F, on February 28, 2012.

Doing Mixed Methods Research: Epistemology, Methodology, and Method. Presentation given to doctoral students at the School of Social Work, McGill University. April 28, 2011.

Mentoring Students in Research Methodologies that go "Against the Grain" of Conventional Health Research. Panel presentation at the McGill Qualitative Health Research Group (MQHRG) Spring Conference entitled Ensuring Quality in Qualitative Health Research, Montreal, Quebec. April 5, 2007.

The Case of Case Management: Case Management in the Context of Chronic Care. Presentation given to Spina Bifida Continuum on May 8, 2006.

Transition from Adolescence to Young Adulthood: Youth With Disabilities. Presentation given to Physical and Occupational Therapy graduate class on March 28, 2006.

The Case of Case Management: Case Management in the Context of Chronic Care. Presentation given to Stroke Network on December 14, 2005.

Social Outcomes and Experiences from Childhood to Young Adulthood: The Case of Intractable Epilepsy. Presentation given at the Constance-Lethbridge Rehabilitation Centre, Member of the Centre for Research in Interdisciplinary Rehabilitation (CRIR). June 7, 2005.

Children With Chronic Health Conditions and Disabilities: An Overview of Current Research Trends. Presentation given at the Child Development Research Group Meeting, April 20, 2005.

Families of Youth with Epilepsy: Practice to Research and Research to Practice. Presentation given in Psychiatry Grand Rounds, Montreal Children's Hospital, April 7, 2005.

Epilepsy in Childhood: Impact on Cognition, Affect/Behaviour and Social Development. Elliott, I., Lach, L., & Smith, M.L. Presentation given at Paediatric Update 2001, Department of Pediatrics, Faculty of Medicine, University of Toronto. May 2-5, 2001.

Does Life Change For Children and Families After Epilepsy Surgery? Lach, L.M. Elliott, I.M. Neurology Subspecialty Rounds, University of Toronto. April 10, 2001.

A Family Centred Approach To The Assessment and Treatment of Children With Intractable Epilepsy. Deutsch, J., Weiss, S., Lach, L.M., & Elliott, I.M. Presented at the 4th Annual Child and Adolescent Psychiatry Update, HSC. November 4, 2000.

Nature and Nurture Issues Surrounding Epilepsy in Children and Youth. Lach, L.M. & Elliott, I.M. Presented to parents and professionals at Epilepsy Mississauga on April 13, 2000 and to professionals at Thistletown Regional Centre in Toronto on May 25, 2000.

Baseline Findings From a Prospective Study of Children Undergoing Epilepsy Surgery: Quantitative and Qualitative Results. Presented at social work rounds, Department of Social Work, Hospital For Sick Children, April 10, 2000.

Psychosocial Adjustment of Children with Epilepsy, Lach, L.M., & Elliott, I. Presentation given at Epilepsy Mississuaga, March, 28, 2000.

CLINICAL APPOINTMENTS

May 1988 -
Aug. 2001 DIVISION OF NEUROLOGY, Hospital For Sick Children
assessment and treatment of children with neurological disorders and their families
crisis, adjustment and supportive counselling regarding developmental, behavioural and illness-related issues experienced by children diagnosed epilepsy, children undergoing epilepsy surgery, and their families
individual, couple, family and group psycho-educational modalities of treatment
consultation to schools regarding classroom management issues
member of an interdisciplinary team
supervise and teach M.S.W. students
conduct clinical research related to psychosocial outcomes and quality of life in this population

Febr. 1990 -
Dec. 1997 PRIVATE PRACTICE
part-time private practice
counselling individuals, couples and families regarding relationship difficulties, loss and bereavement, parenting, school and career problems, adoption issues, anxiety and depression

Febr. 1994 -
May 1996 KINARK CHILD AND FAMILY SERVICES (Newmarket)
part-time contract position
provided brief therapy intervention to clients on waiting list for family therapy

May 1986 -
May 1988 CYSTIC FIBROSIS SERVICE, Hospital For Sick Children
assessment and treatment of children and families
counselling individuals, couples and families regarding issues related to living with a chronic terminal illness
clinical issues included loss and bereavement, behaviour problems, school problems, eating disorders and parent/child interaction
adolescent support group
member of a multidisciplinary team

January 1985 -
May 1986 MEDICAL OUTPATIENT SERVICE, Hospital For Sick Children (MSW Placement)
assessment and treatment of individuals, families and group at medical or psychosocial risk

January 1985 -
May 1986 NEPHROLOGY SERVICE, Hospital For Sick Children (MSW Placement)
assessment and treatment of children who were undergoing life sustaining dialysis treatment or kidney transplants
established a peer support network for parents of children with nephrotic syndrome
group for adolescents

SUMMARY of AWARDS RECEIVED

Li Ka Shing Fellowship, Faculty of Arts, McGill University. May 2019.

Montreal Children's Hospital Research Institute. Rising Researcher Award. February, 2004.

American Epilepsy Society Young Investigator's Award, American Epilepsy Society Conference, Philadelphia, PA. December, 2001.

Hospital For Sick Children, Research Institute, Research Training Competition Graduate Award (RESTRACOMP)
1999-2000 - $35,000; 2000-2001 - $35,000

University of Toronto Fellowship Award
1996-1997 - $10,000; 1995-1996 - $10,000

REVIEWS

Canadian Institutes for Health Research, invited member of Social and Developmental Aspects of Children's & Youth's Health Committee, *Grant Reviewer, May and November 2005, May 2006, November 2010, May 2013, September 2013, May 2014, May 2015, May 2016 (Virtual Chair), May 2017, December 2019, June 2021, November 20201 – Scientific Officer, Child Health Committee*
Social Sciences and Humanities Research Council, *Invited Grant Reviewer*
Brain Canada, *Grant Reviewer*
Canada Research Chair
Canadian Kidney Foundation, *Grant Reviewer*
Hospital For Sick Children Foundation, *Grant Reviewer*
Montreal Children's Hospital Research Institute, *Grant Reviewer*
Montreal University Health Centre (MUHC) Research Institute, *Grant Reviewer*
MITACS, *Grant Reviewer*
Canadian Social Work Journal, *Reviewer for journal*

Child Care Health and Development, *Reviewer for journal*
Child and Youth Services Review, *Reviewer for journal*
Developmental Medicine and Child Neurology, *Reviewer for journal*
Development and Psychopathology, *Reviewer for journal*
Disability & Rehabilitation, *Reviewer for journal*
Epilepsia, *Reviewer for journal*
Epilepsy and Behaviour, *Reviewer for journal*
Human Development, Disability and Social Change, *Editorial Board,* 2008-present
Journal of Abnormal Child Psychology, *Reviewer for journal*
Journal of American Medical Association (JAMA), *Reviewer for journal*
Paediatric Research, *Reviewer for journal*
Psychiatric Research, *Reviewer for journal*
Physical & Occupational Therapy in Pediatrics, *Editorial Board,* 2007-2017
Research for Social Work Practice, *Editorial Board,* 2015-2019
Royal Canadian Society, *Reviewer for journal*

PROFESSIONAL AFFILIATION

Réseau Provincial de Recherche en Adaptation-Réadaptation (REPAR). Full Research Member. 2006-2012.

Canadian Epilepsy Research Initiative – International League Against Epilepsy (CERI-ILAE). 2002-2012
Centre de Recherche Interdisciplinaire en Réadaptation du Montréal Metropolitain (CRIR). Full Research Member of Research Domain 3 (Social Participation and Health Care Delivery). 2004-present.

Centre for Research on Children and Families (CRCF). Full member. 2006-present.

Ontario Association for Professional Social Workers, 1988-2001

Ontario College of Social Workers, 1988-2001

OTHER SERVICE

Integrated University Health and Social Service Centre (CIUSSS- Centre-Ouest Montreal. Board Member; Chair of Vigilance and Quality Committee. November 2015-present.

Centre Miriam, Montreal, QC. Board of Governors, Member. 2014-present.

Dans La Rue, Montreal, QC. Board of Directors, Member. 2016-present.

Yaldei Child Development Centre, Montreal, QC. Member of the Medical Advisory Board. 2004, 2015

˜Canadian Association of Schools of Social Work. Board of Accreditation member. 2004-2008.

Canadian Association for Social Work Education (CASWE). Governance Task Force. 2010 – 2011.

Appendix B: Mandate Letter from Sotos LLP

Dear Lucy,

I am writing to supplement and clarify my previous communications to you outlining your mandate. Please provide a report addressing the following questions:

1. What conceptual frameworks exist to inform our understanding of a claims process that inquires about the impact, on First Nations individuals, of denials, delays, or gaps in essential services that took place between 1991 and 2017?

2. What are the challenges associated with asking about something that occurred in the past?

3. Given the retrospective nature of this inquiry, what proxies can be used to estimate impact?

4. What method would you recommend to assess eligibility and impact and that would allow evaluators to determine greater and lesser levels of compensation?

Thank you kindly.

Mohsen Seddigh
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Appendix C: Essential Services Framework

Framework of Essential Services

Who can claim compensation for not receiving an essential service from Canada or receiving it after delay?

A claim for compensation can be made if:

1. An essential service was needed by the claimant; and

2. The claimant or someone on behalf of the claimant asked Canada for an essential service that was denied or delayed in being provided. Or, the claimant needed the essential service, but it was not available or accessible to them (there was a gap in services), even if they did not ask for the service.

What is an "essential service"?

A service is considered essential if the claimant's condition or circumstances required it and the delay in receiving it, or not receiving it at all, caused material impact on the child.

Examples of types and categories of essential services are attached as an appendix to this Framework.

If the claimant needed a service that is not on the list of examples, it may still be considered an essential service under the settlement if not receiving the service had a material impact on the child.

What timeframe is covered?

Claimants are covered by this settlement if they needed the essential service as a child at any time from April 1, 1991 to November 2, 2017.

How to make a claim?

1. If the claimant requested a service from Canada that was delayed or denied, they may provide a copy of the letter, email or other document submitted to Canada requesting the service. If they do not have a copy, they may provide a statutory declaration confirming that they requested the service.

2. If the claimant did not request a service from Canada but required an essential service that was not available or accessible, they need to provide confirmation from a professional saying what essential service they needed, why it was essential and when they needed it, either through historical documentation or contemporary confirmation by a professional.

Confirmation can be in two forms depending on the answer to the following question:

Does the claimant have any kind of historical document stating that an essential service was needed?

If the answer is **YES**, please follow **Procedure A.**

If the answer is **NO**, please follow **Procedure B.**

Procedure A (to be completed if claimant has historical documentation confirming that an essential service(s) was/were needed)

1. Complete the Claim Form (when available).
2. Provide copies of the historical documentation confirming that an essential service(s) was/were needed.
3. If the historical documentation lacks specifics on the confirmed need for the identified essential service, a professional may complete the Professional Confirmation of Essential Services Form.
4. Complete the questionnaire (when available).

Procedure B (to be completed if the claimant has NO historical documentation stating that an essential service(s) was needed.

1. Complete the Claim Form (when available).
2. A professional completes the Professional Confirmation of Essential Services Form (when available).
3. Complete the questionnaire (when available).

What is historical documentation?

Historical documentation refers to old documents such as a health record or an assessment conducted by a health, social care professional, educator, or other professional or individual with expertise and knowledge of the need for this essential service and/or support.

Is there help in claiming compensation?

Yes. Once the claim form and other supporting documents are available, they will be released online at www.fnchildcompensation.ca. Support in completing these forms will be available through the Administrator.

Appendix – Examples of Essential Services

1. Some services provided by, or under the guidance and direction of, health, social care, and educational professionals who specialize in:

    a) Recommending services and supports with activities of daily living and safety in the home, school and community (e.g., occupational therapists, *adapted feeding devices*)

    b) Helping individuals with expressive and receptive language skills (e.g., speech and language pathologists, *augmentative and alternative communication*)

    c) Helping individuals with movement of their hands, arms, and legs (e.g., physiotherapists, *mobility devices*)

    d) Giving and interpreting hearing tests and recommending assistive devices related to hearing (e.g., assessment of hearing by audiologists, *hearing devices*)

    e) Testing vision and recommending corrective eyewear (e.g., optometrists, *advising on eyewear*)

    f) Teaching children with learning needs (e.g., special needs education teachers; supported child development consultants)

    g) Promoting infant, early childhood or adolescent development[2] (e.g., infant development consultants, child and youth workers, or early childhood educators).

    h) Conducting psychoeducational assessments, and provision of counselling (e.g., psychologists, social workers)

    i) Addressing delayed or problematic behaviours (e.g., early childhood educators, behavioural specialists, child and youth workers, social workers,)

    j) Recommending a specialized diet or nutritional intake (e.g., nutritionist, dietitian)

2. Equipment, products, processes, methods and technologies that are recommended in a cognitive assessment or individualized education plan.

3. Medical equipment, such as:

[2] Development refers to physical, social, cognitive, and mental health development

a) Equipment, products and technology used by people to assist with daily activities (e.g., environmental aids, including lifts and transfer aids and professional installation thereof)

b) Products and technology for personal indoor and outdoor mobility and transportation (e.g., mobility aids that include standing and positioning aids and wheelchairs)

c) Hospital bed

d) Medical equipment related to diagnosed illnesses (e.g., percussion vests, oxygen, insulin pumps, feeding tubes)

e) Prostheses and orthotics

f) Specialized communication equipment (e.g., equipment, products, and technologies that allow people to send and receive information that would otherwise be done verbally)

4. Medical transportation related to access to essential services, supports or products where the lack of transportation prevented access to the recommended service (e.g., people in remote/isolated, semi-isolated communities)

5. Specialized dietary requirements

6. Treatment for mental health and/or substance misuse, including inpatient treatment

7. Oral health (excluding orthodontics), such as:

    a. Oral surgery services, including general

    b. Restorative services, including cavities and crowns

    c. Endodontic services, including root canals

    d. Dental treatment required to restore damage resulting from unmet dental needs

8. Respite care

9. Surgeries

Appendix D: Professional's Confirmation of Essential Service Form

Professional's Confirmation of Essential Service Form

Guidelines for professionals completing this form

1. The purpose of this form is to assist those who are assisting claimants in obtaining official documentation to support their claim for class action compensation for Canada's historic failure to provide access to essential services to First Nations children at all or in a timely manner (e.g. past breaches of Jordan's Principle). First Nations claimants must demonstrate having experienced a denial, delay, or gap in an essential service. Historical documentation may be available for the denial or delay, whereas evidence of a gap can only be demonstrated by the completion of this Professional's Confirmation of Essential Service Form. Similarly, inadequate historical documentation may be supplemented by this Professional's Confirmation of Essential Service Form.

2. This form and the confirmation provided through it rely on a retrospective account of an essential service that was needed and its' association with how the claimant currently functions in, and experiences, their social world. There is no requirement to make a causal link (although in some cases this may be possible) between the essential service that was needed and not provided and how the claimant currently functions in and experiences their social world.

3. The intention in this form is to allow claimants who lack medical records to make a claim for compensation, and to avoid the claims process itself becoming an obstacle to their access to recompense for past harms.

4. Please complete this form if the claimant's identified need is within your general area of expertise. You do not have to be a specialist or medical doctor to complete this form (see list below).

5. If you are not able to complete this form for any reason, please consider referring the claimant to another professional with relevant expertise who may be able to assist the claimant in this regard.

6. It may not be necessary for you to consult archival records if you are comfortable completing the form based on your personal knowledge of the claimant and their needs while they were a child, or based on your current observations and the information provided by the claimant.

7. Please take into consideration what the 'standard of care or support' was at the time that the child needed the essential service(s). Bear in mind, that the nature of the claims in the Final Settlement Agreement will not have an impact on how present or future

care, needs, or health circumstances of the claimant are evaluated under Jordan's Principle.

1. Claimant's information

A. Tell us about the claimant

First name: _____

Last name: _____

Other Name(s): _____

Mailing address: _____

Date of birth: _____

2. Essential Service(s) that the Claimant Needed as a Child

A. Identify one or more specific essential services that the claimant needed when they were a child (Please be specific; for example, if the claimant needed a hospital bed as a child, specify that it was a hospital bed as opposed to "medical equipment". Similarly, if the claimant would have needed or benefitted from Vincristine in relation to childhood leukemia, please specify "Vincristine" as opposed to "anti-cancer medicines". For more information on what constitutes an "essential service", please see the Framework of Essential Services in Schedule A):

a) _____

b) _____

c) _____

d) _____

B. Explain how the claimant may/would have benefitted from the service(s) as a child and how the receipt of the service(s) 'is associated with'[3] the way in which the claimant currently functions in, and experiences, their social world:

_____
_____
_____
_____
_____

[3] The distinction between 'associated with' and 'has had an impact on' is an important distinction. Drawing a causal link between not having received a service or support and a person's functioning as an adult is not possible, as there are other factors that inform a person's current level of function. An 'association' implies that the event during childhood and a person's current level of function co-exist.

_____
_____

C. At approximately what age or age range would the claimant have benefitted from the essential service(s)?

Age: _____ or

Age Range:

- ☐ 0-3
- ☐ 3-6
- ☐ 6-9
- ☐ 9-12
- ☐ 12-15
- ☐ 15-adulthood

C. Specify the claimant's diagnosis/diagnoses, if applicable:

_____
_____
_____
_____

3. The Claimant's Level of Need

A. In what area would the claimant have benefitted from an essential service(s) as a child? (please check all that apply):

- ☐ Seeing
- ☐ Hearing
- ☐ Mobility
- ☐ Communication
- ☐ Dexterity
- ☐ Pain-related
- ☐ Learning

- ☐ Developmental
- ☐ Mental health-related
- ☐ Other: _____

B. How significant is/was the claimant's difficulty associated with the limitation or impairment for which the claimant needed the essential service(s). (You are *not* required in this form to ascertain that the delay, denial, unavailability or inaccessibility of an essential service *caused* the difficulty experienced by the claimant)?

- ☐ No difficulty
- ☐ Some difficulty
- ☐ A lot of difficulty
- ☐ Function is or was impossible

4. Professional's Information

Name: _____

Last name: _____

Medical license, other certification or registration number (if applicable): _____

Telephone number: _____

Address: _____

A. What is the claimant's relationship to you (for example, patient)? _____

B. How long have you known the claimant? _____

C. Do you have medical or other information on file relating to the above matters that you have certified on this form? Yes / No

D. Select the professional type that applies to you (check all that apply)[4]:

- ☐ Aboriginal Disability Case Manager

[4] Terminologies used to describe professions may represent historical terminology that may be outdated. No disrespect is intended. We have no intention to impose specific terminology (e.g., Indigenous vs. First Nations vs. Aboriginal).

- ☐ Assistive Technologist
- ☐ Audiologist
- ☐ Behavioural Consultant/Analysts
- ☐ Chiropractor
- ☐ Community Health Nurse
- ☐ Community Health Representative
- ☐ Counselling Services
- ☐ Dentist
- ☐ Early Childhood Learning and Care and Intervention (e.g., Early Childhood Interventionist/Educator, Aboriginal Headstart)
- ☐ Educational Professional
- ☐ Elder or Knowledge Keeper designated as such by your community
- ☐ Mental Health Professional (e.g., mental health nurse)
- ☐ Mental Health Therapist
- ☐ Midwife/Doula
- ☐ Neuropsychologist
- ☐ Nurse/ Nurse Practitioner
- ☐ Occupational Therapist
- ☐ Ophthalmologist
- ☐ Optometrist
- ☐ Orthodontist
- ☐ Otolaryngologist
- ☐ Pediatrician
- ☐ Physical Therapist

- ☐ Physician/Doctor
- ☐ Physiotherapist
- ☐ Psychiatrist
- ☐ Psychological Associate
- ☐ Psychologist (Clinical/Social/Educational)
- ☐ Psychotherapist
- ☐ Recreational Therapist
- ☐ Speech-Language Pathologist
- ☐ Social Worker
- ☐ Substance Use Professional (e.g., National Native Alcohol and Drug Abuse Program (NNADAP) worker)
- ☐ Other: _____

Professional's Signature: _____

Date: _____

Appendix E: Jordan's Principle Draft Impact Assessment Questionnaire

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
1. **If you are filling this out on behalf of a child's estate, did the claimant pass away from a condition related to the essential service you have identified?** (Y/N) *For example, if a child endured chronic kidney disease and failed to receive appropriate diagnostic or dialysis treatment, check this box.*						Yes	N	Will automatically place in "significant impact" ($40k+) category.
IMPACTS AT TIME OF DENIAL								

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
2. **Did you have to leave your community to access the essential service that you have identified? (Y/N)**							Y/N	This is a threshold question. The subsequent three questions are only presented if the individual answers Yes.
(a) If yes, was your relocation temporary or permanent to obtain an essential service you have identified?	1-2 Days (temporary)	1 week (temporary)	1 Month (temporary)	1 Month to 1 Year (Temporary -Semi-Permanent)	More than 1 year, but less than 2 years) Semi-Permanent	More than 2 years (Permanent)		
3. **When looking back on the time that you needed the essential service:**								

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(a) To what extent did the delay or lack of essential service have on your sense of meaning? (e.g., mental ability to learn and understand)	Limited impact I was able to learn and understand without notable impact.	Some impact Some days I was not able to learn and understand without this essential service. On other days this did not impact my ability to learn and understand.	More impact This continually impacted upon my ability to learn and understand.	Most impact I was not able to learn and understand without this essential service.				From Thunderbird Framework: **meaning** (mental behaviour, expressed through intuition, understanding and rationale) Examples: learning and knowing one's culture, spirituality, access to resources to learn about culture, spirit, traditions, ceremony), etc.

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/ N	NOTES
(i) How long did this impact upon your sense of meaning? (e.g., your mental ability to learn and understand)	Limited impact This impacted upon me for less than 1 month.	Some impact This impacted upon me for more than 1 month, but less than [●] months	More impact This impacted upon me for more than [●] months, but less than [●] years	Most impact This impacted upon me from the time I required this essential service throughout my childhood.				

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(b) To what extent did the delay or lack of essential service impact your sense of purpose? (e.g., your physical ability to participate in educational and recreational activities)	Limited impact I was physically able to participate in educational and recreational activities without notable impact.	Some impact Some days I was not able to physically able to participate in educational and recreational activities without this essential service. On other days this did not impact my physical ability to participate in education and recreational activities.	More impact This continually impacted upon physical ability to participate in educational and recreational activities.	Most impact I was physically not able to participate in educational and recreational activities without this essential service.				From Thunderbird Framework: **Purpose** (physical behaviour expressed through wholeness and way of being) Examples: having access to and participating in spiritual practices such as naming, clan identity, sacred medicines, rights of passage for one's nation (e.g., at puberty, fasting), etc.

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/ N	NOTES
(i) How long did this impact upon your sense of purpose? (e.g., physical ability to participate in education and recreational activities)	Limited impact This impacted upon me for less than 1 month.	Some impact This impacted upon me for more than 1 month, but less than [●] months	More impact This impacted upon me for more than [●] months, but less than [●] years	Most impact This impacted upon me from the time I required this essential service throughout my childhood.				

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(c) To what extent did the delay or lack of essential service impact your sense of hope? (e.g., ability to participate in cultural activities, connect with culture or spirituality)	Limited impact I was able to participate in cultural activities and connect with culture and spirituality without notable impact.	Some impact Some days I was not able to participate in cultural activities and connect with culture and spirituality without this essential service. On other days this did not impact my ability to participate in cultural activities and connect with culture and spirituality.	More impact This continually impacted upon ability to participate in cultural activities and connect with culture and spirituality.	Most impact I was not able to participate in cultural activities and connect with culture and spirituality without this essential service.				From Thunderbird Framework: **Hope** (spiritual behaviour, expressed through belief and identity) Examples: knowledge of the original language of one's nation, knowing one's spirit name, knowing one's clan, knowing one's nation, knowing names of one's ancestors and generations, etc.

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/ N	NOTES
(i) How long did this impact upon your sense of hope? (e.g., ability to participate in cultural activities, connect with culture or spirituality)	Limited impact This impacted upon me for less than 1 month.	Some impact This impacted upon me for more than 1 month, but less than [●] months	More impact This impacted upon me for more than [●] months, but less than [●] years	Most impact This impacted upon me from the time I required this essential service throughout my childhood.				

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(d) To what extent did the delay or lack of essential service impact your sense of belonging? (e.g., relationships with your family or community)	Limited impact I was able to create and maintain my relationships with my family and community without notable impact.	Some impact Some days I was not able to create or maintain my relationships with my family and community without this essential service. On other days this did not impact my ability to create and maintain my relationships with my family and community.	More impact This continually impacted upon my ability to create and maintain my relationships with my family and community.	Most impact I was not able to create and maintain my relationships with my family and community without this essential service.				From Thunderbird Framework: **Belonging** (emotional behaviour, expressed through attitude and relationship) Examples: connections and relationships to the land, culture, family, community one comes from, etc.

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(i) How long did this impact upon your sense of belonging? (e.g., relationships with your family or community)	Limited impact This impacted upon me for less than 1 month.	Some impact This impacted upon me for more than 1 month, but less than [●] months	More impact This impacted upon me for more than [●] months, but less than [●] years	Most impact This impacted upon me from the time I required this essential service throughout my childhood.				
IMPACTS IN CURRENT CIRCUMSTANCES								
4. **In your life now, do you have difficulty with one of the following?** **If so, how does this impact upon your ability to engage with your community currently?**							Y/N	

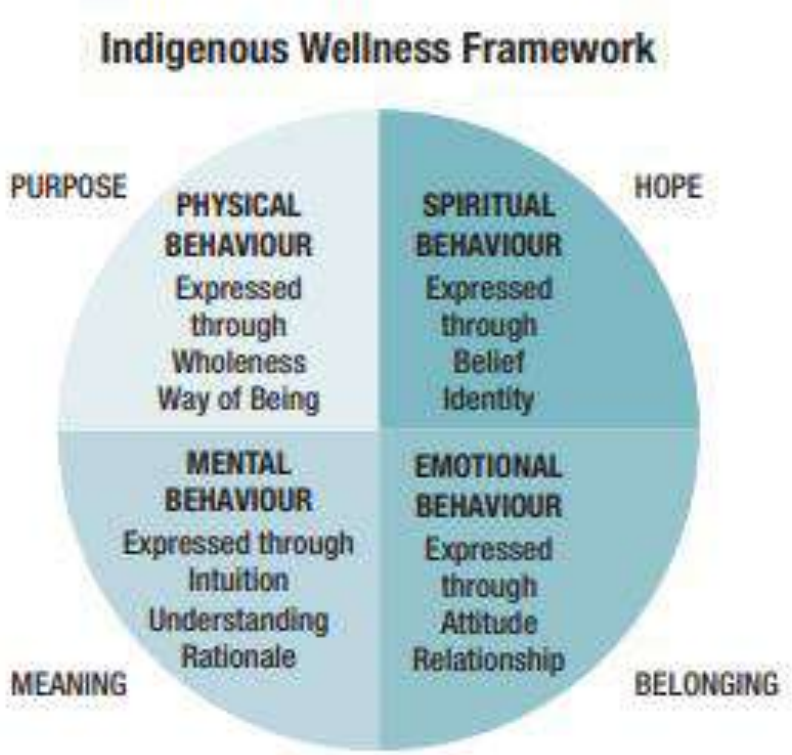
Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(a) I have trouble seeing.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	
(b) I have trouble hearing.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	
(c) I have trouble moving around or using my hands or fingers.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	

Question		Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(d)	I have trouble learning or remembering.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	
(e)	I have trouble with my mental health.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	
(f)	I have trouble understanding people and sharing what I am thinking or feeling.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	

Question	Category 1	Category 2	Category 3	Category 4	Category 5	Category 6	Y/N	NOTES
(g) I have a developmental condition, disability or disorder.	Does not notably impact my current life.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to my difficulties in this area.			N	
5. What is the current impact of the delay or lack of essential service on your relationships with your culture, land, family and community?	Does not currently have a notable impact.	Impacts my life some days, but on other days it does not.	Continually impacts my life on a daily basis.	Cannot engage in certain aspects of daily life due to the impact upon my relationships with my culture, land, family and community.			N	

Appendix “A”: Extract from Thunderbird Partnership First Nations Mental Health and Wellness Framework

FIGURE 1: CULTURE AS INTERVENTION MODEL[1]



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This is Exhibit "B" to the Affidavit of Dr. Lucyna M. Lach of the City of Montreal, in the Province of Quebec, on September 6, 2022 in accordance with O. Reg. 431/20, Administering Oath or Declaration Remotely.

Commissioner for Taking Affidavits
(or as may be)

Court File Nos. T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON

Plaintiffs

and

HER MAJESTY THE QUEEN
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

CERTIFICATE CONCERNING CODE OF CONDUCT FOR EXPERT WITNESSES

I, Lucyna M. Lach, having been named as an expert witness by the plaintiffs, Xavier Moushoom, Jeremy Meawasige (by his litigation guardian, Jonavon Joseph Meawasige), Jonavon Joseph Meawasige, and Zacheus Joseph Trout, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the Federal Courts Rules and also reproduced in the appendix below, and agree to be bound by it.

September 6, 2022

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Appendix - Code of Conduct for Expert Witnesses

(Rule 52.2)

Code of Conduct for Expert Witnesses

General Duty to the Court

- **1** An expert witness named to provide a report for use as evidence, or to testify in a proceeding, has an overriding duty to assist the Court impartially on matters relevant to his or her area of expertise.
- **2** This duty overrides any duty to a party to the proceeding, including the person retaining the expert witness. An expert is to be independent and objective. An expert is not an advocate for a party.

Experts' Reports

- **3** An expert's report submitted as an affidavit or statement referred to in rule 52.2 of the *Federal Courts Rules* shall include
    - **(a)** a statement of the issues addressed in the report;
    - **(b)** a description of the qualifications of the expert on the issues addressed in the report;
    - **(c)** the expert's current *curriculum vitae* attached to the report as a schedule;
    - **(d)** the facts and assumptions on which the opinions in the report are based; in that regard, a letter of instructions, if any, may be attached to the report as a schedule;
    - **(e)** a summary of the opinions expressed;
    - **(f)** in the case of a report that is provided in response to another expert's report, an indication of the points of agreement and of disagreement with the other expert's opinions;
    - **(g)** the reasons for each opinion expressed;
    - **(h)** any literature or other materials specifically relied on in support of the opinions;
    - **(i)** a summary of the methodology used, including any examinations, tests or other investigations on which the expert has relied, including details of the qualifications of the person who carried them out, and whether a representative of any other party was present;

- **(j)** any caveats or qualifications necessary to render the report complete and accurate, including those relating to any insufficiency of data or research and an indication of any matters that fall outside the expert's field of expertise; and
- **(k)** particulars of any aspect of the expert's relationship with a party to the proceeding or the subject matter of his or her proposed evidence that might affect his or her duty to the Court.

- **4** An expert witness must report without delay to persons in receipt of the report any material changes affecting the expert's qualifications or the opinions expressed or the data contained in the report.

Expert Conferences

- **5** An expert witness who is ordered by the Court to confer with another expert witness
  - **(a)** must exercise independent, impartial and objective judgment on the issues addressed; and
  - **(b)** must endeavour to clarify with the other expert witness the points on which they agree and the points on which their views differ.

- SOR/2010-176, s. 13

Court File Nos. T-402-19 / T-141-20 / T-1120-21

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

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Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

FEDERAL COURT
CLASS PROCEEDING

B E T W E E N:

ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT

Plaintiffs

and

THE ATTORNEY GENERAL OF CANADA

Defendant

WRITTEN SUBMISSIONS
(MOTION FOR SETTLEMENT APPROVAL)

September 6, 2022

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1. OVERVIEW

1. This is a motion by the plaintiffs for approval of the proposed final settlement agreement ("**FSA**") in the class proceedings described herein. The Defendant, Her Majesty the Queen in right of Canada ("**Canada**"), represented by the Attorney General of Canada, strongly supports the relief sought on this motion.[1]

2. The FSA provides compensation to class members and some of their family members based on two types of discriminatory treatment by Canada:

a) the chronic underfunding of First Nations child and family services ("**FNCFS**") on reserve and in the Yukon, which incentivized the removal of First Nations children from their families and communities; and

b) failure to comply with Jordan's Principle, a legal requirement that aims to prevent First Nations children from suffering delays, denials or gaps in receiving essential services contrary to their *Charter*-protected equality rights.

3. Class members have suffered a range of harms, including severe and sometimes permanent trauma; cultural alienation; separation from their families and loved ones; and inadequate medical care that led to suffering and even death.

4. The proposed settlement is the result of over two years of extensive and difficult negotiations. It provides $20 billion in payouts to class members pursuant to a claims process that will be designed by the plaintiffs and will avoid any possibility for the defendant to confront class members and challenge their claims. The FSA was drafted to ensure that:

[1] Affidavit of Valerie Gideon Affirmed September 1, 2022 ("**Gideon Affidavit**"), para. 5.

a) compensation and support for child class members is the priority;

b) compensation will be proportionate to the amount of harm suffered by each class member;

c) the claims process will be trauma-informed and culturally sensitive;

d) claims will be based on objective proxies for harm, minimizing the risk of re-traumatization by excusing claimants from having to provide an interview, examination, or other form of *viva voce* or narrative-based evidence;

e) class members will be supported by fully-funded mental health, cultural, administrative, legal and financial supports during the claims process;

f) those class members who are not eligible for direct payments may benefit indirectly from a substantial *cy-près* fund ("**Cy-près Fund**"); and

g) all settlement funds as well as income generated thereon will be distributed to the class, with no reduction for legal or other fees or disbursements, and any remaining funds at the conclusion of the claims period will be used solely for the benefit of the class. No settlement funds will ever revert to the defendant.

5. The FSA is the largest settlement in Canadian history, and one of the largest settlements in world history. It represents a monumental step toward reconciliation and provides life-changing relief to hundreds of thousands of historically marginalized First Nations youths and families. The FSA is also historic in having been First Nations-led throughout its negotiation, design and,

ultimately if approved, its implementation.[2] It is the product of extensive arm's-length negotiations with the defendant, outreach and consultations with First Nations communities and stakeholders, and the extensive use of experts' assistance throughout, all of which laid the foundation for the settlement before this Court.[3]

6. The FSA is fair and reasonable, and should be approved.

2. FACTS

2.1 Background

7. The FSA was negotiated in respect of claims for two categories of discriminatory behaviour by Canada, two different certified class proceedings, and six classes of plaintiffs.

8. In broad strokes, the FSA addresses Canada's (i) discriminatory FNCFS funding; and (ii) discriminatory provision of essential services to First Nations youth. There are six classes of individuals for whom compensation is provided:

a) **Removed Child Class**: The Removed Child Class are First Nations individuals who were removed from their homes between 1991 and 2022 as minors while they or one of their parents were ordinarily resident on reserve or in the Yukon.

b) **Removed Child Family Class**: The Removed Child Family Class is defined as parents, grandparents or siblings of the members of the Removed Child Class in the certification order. However, only the caregiving (biological, step and adoptive) parents or the caregiving (biological and adoptive) grandparents in this class are entitled to direct compensation.

c) **Jordan's Principle Class**: The Jordan's Principle Class is comprised of all First Nations minors living anywhere in Canada who between 2007 and 2017 had a

[2] Gideon Affidavit, paras. 7-8.; Affidavit of Janice Ciavaglia affirmed September 6, 2022 ("**Ciavaglia Affidavit**"), para. 15.
[3] Ciavaglia Affidavit, paras. 7-8.

confirmed need for an essential service and faced a denial, delay or service gap with respect to that needed essential service.

d) **Trout Child Class**: The Trout Child Class is comprised of all First Nations minors living anywhere in Canada who between 1991 and 2007 had a confirmed need for an essential service and faced a denial, delay or service gap with respect to that needed essential service.

e) **Jordan's Principle and Trout Family Class**: The Jordan's Principle and Trout Family Class is defined as parents, grandparents or siblings of the members of the Jordan's Principle Class and Trout Child Class. Only certain caregiving (biological, step and adoptive) parents or caregiving (biological and adoptive) grandparents of the members of the Jordan's Principle Class and Trout Child Class who suffered higher impact within this class are eligible for direct compensation under the FSA.

(a) The Underlying Claim: FNCFS & Removed Children

9. For decades, Canada knowingly underfunded child and family services for First Nations children living on reserve and in the Yukon. The underfunding persisted despite the heightened need for such services on reserve due to the inter-generational trauma inflicted on First Nations peoples by the legacy of the Residential Schools and the Sixties Scoop, and despite numerous calls to action by several official, independent fact-finders. The primary caregivers of the Removed Child Class generally make up the Removed Child Family Class.[4]

10. The essential problem is that Canada inadequately funded supportive services that would allow First Nations children to remain in their homes ("**Prevention Services**"), while fully funding the costs of care for First Nations Children who were removed from their homes and placed into out-of-home care. This practice created a perverse incentive for First Nations child welfare agencies to remove First Nations children living on reserve and in the Yukon. Because of these

[4] FSA, art. 6.04.

funding formulas, policies, and practices, a child on reserve must often be removed from their home to receive public services that are available to children off reserve.[5]

11. Canada has been aware of the deficiencies in the FNCFS Program for many years, but has taken limited and inadequate action to address the problem.[6] Numerous governmental and independent reports have been published on the subject, including the 2000 National Policy Review, the 2005 Wen:De reports, and the First Nations component of the periodic Canadian Incidence Study of Reported Child Abuse and Neglect. The reports detail significant inequities in the FNCFS Program and the harmful impacts therefrom, including the ongoing overrepresentation of First Nations children in care.[7]

12. The removal of a child from their home causes severe and, in some cases, permanent trauma. It is therefore only used as a last resort for children who do not live on a reserve. Because of the underfunding of Prevention Services and the full funding of out-of-home care, however, First Nations children on reserve and in the Yukon have been removed from their homes as a first resort, and not as a last resort. This funding incentive accounts for the staggering number of First Nations children in state care: there are approximately three times as many First Nations children in state care now than there were in Residential Schools at their apex in the 1940s.

13. The incentivized removal of First Nations children from their homes has caused traumatic and enduring consequences to First Nations children, including the Representative Plaintiffs. Many of these children already suffer the effects of trauma inflicted by the Crown on their parents, grandparents and ancestors by the Residential Schools and Sixties Scoop.

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[5] *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada),* 2016 CHRT 2, para. 384.
[6] Ciavaglia Affidavit, para. 8.
[7] Ciavaglia Affidavit, para. 8

14. The stories of the representative plaintiffs for the Removed Child Class and Removed Child Family Class, outlined below, are both heartbreaking and illustrative of the significant harm suffered by this class.

(b) Removed Child Class

a) Xavier Moushoom

15. Xavier Moushoom was born in Lac Simon in 1987. He is a member of the Anishinaabe Nation.[8]

16. Both of Mr. Moushoom's parents are Residential Schools survivors. From 1987 to 1995, Mr. Moushoom lived with his mother—who suffered from alcohol abuse—and his brother on the Lac Simon Reserve. Mr. Moushoom's father also battled alcohol abuse problems and was absent for most of his childhood. As a child, Mr. Moushoom spoke Algonquin, practiced fishing and trapping, spent time in the forest to recharge, and learned of his ancestral traditions.[9]

17. In 1996, Mr. Moushoom was removed from his home and placed in out-of-home care in Lac Simon. To this day, he does not know the reason for his apprehension. Mr. Moushoom's brother was also apprehended and placed in a different foster home. Mr. Moushoom was thus entirely isolated from his family, to great detrimental effect. Without any explanation of why they were separated, Mr. Moushoom often wondered as a child if his family did not want him anymore.[10]

[8] Déclaration solennelle de Xavier Moushoom ("**Moushoom Declaration**"), para. 2.
[9] Moushom Declaration, paras. 3–10.
[10] Moushoom Declaration, paras. 11–13.

18. In 1997, Mr. Moushoom was moved to a different foster family outside of his community in Val D'Or. From the age of 9 until 18, Mr. Moushoom was moved from one foster family to another. In total, he lived in fourteen different foster homes in Val D'Or.[11]

19. Mr. Moushoom was rarely granted access to his family. A social worker determined whether he was allowed to see his mother, and Mr. Moushoom recalls begging for visits and needing to prove that he deserved to visit her. As a result of this separation, Mr. Moushoom gradually lost his native Algonquin language, his culture, and his ties to the Lac Simon community.[12]

20. At 18, Mr. Moushoom was forced to leave his foster family because the Crown did not fund post-majority support services for First Nations individuals like Mr. Moushoom. He felt he had no sense of self, no sense of direction, and had no idea how to reintegrate himself into his former community.[13]

21. After staying with his foster family for an additional three months without financial support, Mr. Moushoom returned to live with his mother in Lac Simon. In the years that followed, Mr. Moushoom developed substance abuse problems that he would eventually overcome through his own determination and with the help of his community.[14]

22. Mr. Moushoom's two younger brothers were also placed in foster families outside of Lac Simon. One of his brothers passed away last year without returning to the community or their

[11] Moushoom Declaration, paras. 14–16.
[12] Moushoom Declaration, paras. 18-19.
[13] Moushoom Declaration, paras. 20-22.
[14] Moushoom Declaration, paras. 23-24, 31.

family, despite Mr. Moushoom's earnest and ongoing attempts to enable his brother to reunite with them.[15]

b) Ashley Dawn Louise Bach

23. Ashley Dawn Louise Bach was born in 1994 in Vancouver, British Columbia. She is a member of the Mishkeegogamang First Nation.[16]

24. Ms. Bach was removed from her mother at birth, and placed in a non-First Nations foster home in Langley, British Columbia. When she was two years old, Mishkeegogamang Fist Nation communicated to the government that they lacked the resources to provide for Ms. Bach's special needs within their community.[17]

25. She was adopted by her foster family at the age of five. She had no access to her First Nations culture or community, and endured racism.[18] Since turning eighteen in 2012, Ms. Bach has attempted to reconnect with her First Nations community, culture, language, and territory, as well as her biological family.[19] However, several of her biological family members passed away while she was sequestered with her adopted family, including her maternal grandmother and one of her uncles.[20]

26. During the course of these proceedings, Ms. Bach discovered that her biological father and several of her aunts and uncles had attempted to adopt her but were denied.[21] She learned that her maternal grandmother had asked to keep in touch with her, so she could be involved in Ms. Bach's

[15] Moushoom Declaration, paras. 27–29.
[16] Affidavit of Ashley Dawn Louise affirmed September 6, 2022 ("**Bach Affidavit**"), para. 3.
[17] Bach Affidavit, para. 4.
[18] Bach Affidavit, para. 4.
[19] Bach Affidavit, para. 5.
[20] Bach Affidavit, para. 5.
[21] Bach Affidavit, para. 17.

life, but this request was never honoured.[22] She also learned that she had been labelled a disabled child with complex needs, and that her First Nation had tried to bring her home, but was unable to do so due to underfunding—a fact they raised repeatedly with the government.[23]

c) Karen Osachoff

27. Karen Osachoff is a member of Pasqua First Nation in Saskatchewan. She was apprehended from her family in 1982 and adopted by a non-First Nations family in Saskatoon, Saskatchewan.[24]

28. At the age of eleven, Ms. Osachoff began running away from her adoptive home.[25] She spent time on the streets, with other First Nations people; she was re-apprehended by social services multiple times.[26] Neither her adoptive parents, the police, or social services understood the effects of intergenerational trauma that had led to her initial apprehension. Ms Osachoff was labelled a problem child, and was treated with stricter rules and greater control instead of care, companionship, or access to her community.[27]

29. Ms. Osachoff never returned permanently to her adoptive family. From age eleven to eighteen, Ms. Osachoff was moved between multiple foster homes. She lived intermittently on the street.[28] She drank alcohol and took various drugs to cope with her circumstances, and suffered sexual, mental, physical, and emotional abuse.[29] She did not reconnect with her biological family until she was fifteen, at which point two of her biological brothers had already passed away. She

[22] Bach Affidavit, para. 17.
[23] Bach Affidavit, para. 18.
[24] Affidavit of Karen affirmed September 6, 2022 ("**Osachoff Affidavit**"), paras. 3-5.
[25] Osachoff Affidavit, para. 6.
[26] Osachoff Affidavit, para. 6.
[27] Osachoff Affidavit, para. 7.
[28] Osachoff Affidavit, para. 8.
[29] Osachoff Affidavit, para. 12.

did not learn of two of her brothers or her sister Melissa, whose story is detailed below, until recently.[30]

30. Her relationships with her biological family are strained as a result of the long period of disconnection. Some of them view her as "white" because of her upbringing, and do not fully accept her. The only brother with whom she was close, Sheldon, has since died.[31]

31. At eighteen, Ms. Osachoff aged out of the foster system. She suffered in an ongoing period of darkness until she moved to Coast Salish territory in 1999, at the age of 20, and connected positively with a First Nations community for the first time in her life.[32] With their support, Ms. Osachoff passed her General Education Development course, and went on to obtain Bachelor of Arts and Juris Doctor degrees.[33]

d) Melissa Walterson

32. Melissa Walterson is Karen Osachoff's biological sister. She is a member of the Nisichawayasihk Cree Nation in Manitoba.[34] Ms. Walterson was adopted by a non-First Nations family at birth; she and Ms. Osachoff did not know of each other's existence until 2019.[35] Although Ms. Walterson represents the Removed Child Family Class, her experience as a First Nations child growing up in a non-Indigenous household is relevant. Though she grew up in a generally supportive and functional adoptive family, she suffered discrimination and racism her

[30] Osachoff Affidavit, para 9.
[31] Osachoff Affidavit, para 11.
[32] Osachoff Affidavit, paras. 13-14.
[33] Osachoff Affidavit, para. 14.
[34] Affidavit of Melissa affirmed September 6, 2022 ("**Walterson Affidavit**"), paras. 3-4.
[35] Walterson Affidavit, paras. 4, 8.

entire life.[36] At times, she felt she had to reject her First Nations identity and culture to fit in.[37] Ms. Walterson's participation in this action has driven a wedge between her and her adoptive family.[38]

33. Since learning of her sister's existence, Ms. Walterson has kept in regular contact with Ms. Osachoff; when speaking to her, she feels a sense of belonging and a bond that she has missed out on for much of her life.[39] Ms. Walterson will unfortunately never meet a number of her siblings, who passed away before she had a chance to reconnect with them.[40]

(c) The Underlying Claim: Jordan's Principle & Trout

34. Canada has also failed to comply with Jordan's Principle, a legal requirement designed to safeguard First Nations children's substantive equality rights. The FSA provides redress for this breach to the Jordan's Principle Class, Trout Child Class, and associated Family Classes.[41]

35. Jordan's Principle aims to prevent First Nations children from suffering gaps, delays, or denials in receiving essential services and products while governments determine which level (federal, provincial or territorial) or which governmental department will pay for such services or products. It is named after Jordan River Anderson, a severely disabled First Nations child who never had the chance to live in a family home. Although medically approved to move to into a specialized foster home at the age of two, Jordan was forced to remain in the hospital while the federal and provincial governments fought over which government would fund his in-home care.

[36] Walterson Affidavit, para. 9.
[37] Walterson Affidavit, para. 11.
[38] Walterson Affidavit, para. 25.
[39] Walterson Affidavit, paras. 13-14.
[40] Walterson Affidavit, para. 14.
[41] FSA, art. 6.05-6.07.

The dispute was never resolved; after more than two years of waiting, Jordan tragically died in hospital.[42]

36. Canada has admitted that it is legally obliged to comply with Jordan's Principle; it is a human rights and constitutional duty that carries civil consequences. However, Canada essentially ignored this obligation and thereby denied crucial services and products to tens of thousands of First Nations children in breach of Jordan's Principle. The FSA provides compensation for those First Nations individuals, like the representative plaintiffs, who suffered or died while awaiting the essential services that the Crown was legally required to but did not provide, or did not provide in a timely fashion.[43]

37. The Court can undoubtedly appreciate how difficult it is for Jordan's Principle and Trout representative plaintiffs to share their stories, however they have done so in the hopes that their stories help ensure that present and future governments understand the trauma and suffering that arises from discriminatory systems.

a) Jeremy and Jonavon Meawasige

38. Jeremy Meawasige, by his litigation guardian, Jonavon Meawasige ("**Mr. Meawasige**"), is a representative plaintiff for the Jordan's Principle Class. In his own capacity, Mr. Meawasige also represents the Jordan's Principle Family Class. It is a role he took over from his late mother, Maurina Beadle.[44]

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[42] *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada),* 2016 CHRT 2, para. 352.
[43] *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada),* 2016 CHRT 2, para. 384.
[44] Affidavit of Jonovan Meawasige affirmed September 1, 2022 ("**Meawasige Affidavit**"), para. 10,

39. Jeremy suffers from multiple disabilities, including hydrocephalus, cerebral palsy, spinal curvature, and autism.[45] He requires total personal care, including bathing, dressing, feeding, and diapering.[46] He must sometimes be restrained for his own safety, as he can become self-abusive.[47] Jeremy's mother, Ms. Beadle, provided for Jeremy without government assistance until she suffered a partially-disabling stroke.[48] Her community, via the Pictou Landing Band Council, rallied to provide funding for Jeremy's care. However, the amount of support required consumed the vast majority of their available healthcare funding.[49] Canada's refusal to provide any additional support, even after a consideration of Jordan's Principle, became the subject of litigation before this Court. The Court found that Canada had violated Jordan's Principle and was obliged to pay for Jeremy's care.[50]

b) Noah Buffalo-Jackson, Carolyn Buffalo, and Dick Eugene Jackson aka Richard Jackson

40. Noah Buffalo-Jackson and his parents, Carolyn Buffalo and Richard Jackson, are residents of Maskwacis (also known as Hobbema), Alberta. Ms. Buffalo is a member of Montana Cree Nation.[51] Mr. Jackson is a member of Saddle Lake Cree Nation.[52]

41. Noah suffers from Spastic Quadriparetic Cerebral Palsy Level 5; it is a chronic condition that requires long-term rehabilitative treatment.[53] One of his doctors characterized his condition as

[45] *Pictou Landing Band Council v. Canada (Attorney General),* 2013 FC 342 at para. 6 [*Pictou Landing*].
[46] Meawasige Affidavit, para. 4
[47] Meawasige Affidavit, para. 4.
[48] *Pictou Landing* at paras. 7-8.
[49] *Pictou Landing* at paras. 9, 11.
[50] *Pictou Landing* at paras. 124-127.
[51] Affidavit of Carrolyn Buffalo affirmed September 6, 2022 ("**Buffalo Affidavit**"), para. 2.
[52] Buffalo Affidavit, para. 7.
[53] Buffalo Affidavit, para. 8.

being a four out of five on the scale of "normal" to "catastrophic".[54] Noah requires total personal care, including eating, dressing, hygiene, and exercise. He is wholly dependent on his parents.[55]

42. Ms. Buffalo and Mr. Jackson struggled to obtain adequate support for Noah from the beginning. Noah was born with a cleft palate. When he was two, his parents took him to a feeding clinic, only to find that he was slowly starving as a result of his inability to eat enough food.[56] Initially, neither the First Nations and Inuit Health Branch nor the Province of Alberta ("Alberta") would provide any help; the latter declined due to their residence on reserve.[57] Although Alberta eventually provided funding, for a time Ms. Buffalo and Mr. Jackson were forced to cover the costs for Noah's care themselves.[58]

43. The Buffalo-Jacksons have received little or no support in taking a break from Noah's care. Ms. Buffalo, a lawyer, has watched her peers' practices take off while she struggles to balance her role as both a professional and a caregiver.[59] Unless a family member is willing to help for free, Ms. Buffalo and Mr. Jackson must pay out of pocket whenever they need assistance with Noah's care.[60] There is no daycare suitable for a special needs child on-reserve or in their area.[61] Although Alberta has sometimes provided supplements when Noah was able to get into a licensed daycare, these payments were temporary.[62] Sometimes they have had to pay Noah's regular babysitter to provide 24-hour care; Alberta would not assist with this cost.[63]

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[54] Buffalo Affidavit, para. 9.
[55] Buffalo Affidavit, paras. 9-10.
[56] Buffalo Affidavit, paras. 11-12.
[57] Buffalo Affidavit, paras. 13-14.
[58] Buffalo Affidavit, para. 14.
[59] Buffalo Affidavit, paras. 32-33.
[60] Buffalo Affidavit, para. 21.
[61] Buffalo Affidavit, para. 23.
[62] Buffalo Affidavit, para, para. 24.
[63] Buffalo Affidavit, para. 23.

44. At one point, Alberta was willing to pay for a nanny to assist with Noah's care. However, the Buffalo-Jacksons' modest house had no room for a live-in nanny, and neither the federal nor provincial government offered any solution.[64]

45. Noah has also had issues with schooling. Because he lives on reserve, he was denied the funding necessary to support him at the school his brother and sister attended in Ponoka, Alberta.[65] Noah lost the opportunity to go to school with his siblings.[66] Ms. Buffalo and Mr. Jackson instead enrolled Noah at their local school, where Ms. Buffalo believes he received a substandard education given a lack of funding and support for his special needs.[67]

46. Ms. Buffalo understands that if Noah were surrendered into care, his foster parents would receive funding to make their home and vehicle handicapped-accessible, and could access funds for a care aide and respite care.[68] Conversely, despite requests for assistance, the Buffalo-Jacksons were denied any funding to replace or modify their own van, which is no longer suitable for Noah's needs and causes him discomfort and possible injury each time he travels in it.[69]

47. Ms. Buffalo and Mr. Jackson have refused to place Noah in care, despite the significant and ongoing sacrifices they are forced to make to properly care for him.[70] The Buffalo-Jacksons will soon be forced to move from their home on reserve in order to live in a house that is accessible for him, leaving behind the land and community where their family has lived for generations.[71]

c) Zacheus Joseph Trout

[64] Buffalo Affidavit, para. 26.
[65] Buffalo Affidavit, paras. 15-16.
[66] Buffalo Affidavit, para. 15.
[67] Buffalo Affidavit, paras. 17-18.
[68] Buffalo Affidavit, para. 28.
[69] Buffalo Affidavit, paras. 30-31.
[70] Buffalo Affidavit, para. 27.
[71] Buffalo Affidavit, para. 29.

48. The Trout Child Class is named after the two late children of representative plaintiff, Zacheus Joseph Trout, of Cross Lake First Nation. Sanaye and Jacob Trout both had Batten disease, a rare genetic neurological disorder that normally begins in early childhood. Batten disease is severe, causing seizures, vision loss, and loss of cognitive function. Left untreated, it is fatal. Treatment for Sanaye and Jacob involved full-time care, including the use of feeding tubes, diapers, formula, and numerous daily injections.[72]

49. Mr. Trout and his wife struggled to obtain adequate care for their children, which was not available on reserve. Each government agency they turned to directed them somewhere else. Their struggle to find help lasted 13 years.[73]

50. It is difficult to describe the effect this deficiency in services had on Mr. Trout and his family. He refers to it as having an "unspeakable mental and emotional toll".[74] Both Mr. Trout and his wife had to quit their jobs to provide round-the-clock care to their children and took turns to sleep.[75] What little they were provided in assistance was grossly inadequate. Mr. Trout was provided with only six syringes per month for Sanaye, when she needed six injections a day.[76] Similarly, the children were provided only two feeding bags per month, when they required feeding four times daily.[77] Mr. Trout was forced to reuse syringes and feeding bags, causing infections.[78] As no one would provide funding for the specialized beds they required, the children suffered from additional sleep problems, seizures, bouts of pneumonia and respiratory issues.79

[72] Affidavit of Zacheus Joseph Trout sworn September 2, 2022 ("**Trout Affidavit**), paras. 4, 9-11..
[73] Trout Affidavit, para. 8.
[74] Trout Affidavit, para. 15.
[75] Trout Affidavit, para. 7.
[76] Trout Affidavit, para. 9.
[77] Trout Affidavit, para. 10.
[78] Trout Affidavit, paras. 9-10.
[79] Trout Affidavit, paras. 11-13.

Mr. Trout and his wife had to hold the children at an incline while they were fed, and sometimes the children fell from their beds in the night.[80]

51. Jacob and Sanaye suffered from a lack of adequate services until the end of their short lives. Both passed away by the age of 10.[81]

2.2 Procedural History

(a) The Class Proceedings

52. Xavier Moushoom commenced a proposed class action[82] on March 4, 2019, seeking compensation for children who suffered discrimination related to the FNCFS program and the discriminatory application of Jordan's Principle ("**Moushoom Class Action**"). Later, Jeremy Meawasige by his Litigation Guardian, Jonavon Joseph Meawasige, and Jonavon Joseph Meawasige were added as plaintiffs. The class period was defined to begin on April 1, 1991.[83]

53. On January 28, 2020, the AFN and some proposed representative plaintiffs filed a proposed class action (Court File No. T-141-20) in the Federal Court about the same subject matter ("**AFN Class Action**"). The proposed representative plaintiffs in the AFN Class Action were later amended to be Ashley Dawn Louise Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson by his Litigation Guardian, Carolyn Buffalo, Carolyn Buffalo, and Dick Eugene Jackson also known as Richard Jackson.[84]

[80] Trout Affidavit, para. 13.
[81] Trout Affidavit, para. 14.
[82] Court File No. T-402-19
[83] Affidavit of William Colish affirmed September 2, 2022 ("**Colish Affidavit**"), para. 13.
[84] The AFN is a plaintiff in both the Consolidated Action and the Trout Action, while the Court has appointed the individual plaintiffs as representative plaintiffs in its respective certification orders.

54. In 2020, the two groups of plaintiffs agreed to consolidate the Moushoom Class Action and the AFN Class Action. The claims were formally consolidated on July 7, 2021 by Madam Justice St-Louis (collectively the "**Consolidated Class Action**").[85]

55. For reasons further described below, Madam Justice St-Louis also ordered that a group of class members with claims relating to delays, denials or gaps in essential services be separately prosecuted, granting leave to Zacheus Joseph Trout and the AFN to commence that action.[86]

56. Mr. Trout and the AFN therefore commenced Court File No. T-1120-21 ("**Trout Action**") on July 16, 2021. Mr. Trout sought to represent class members who had faced a delay, denial or gap in the receipt of an essential service for which the class members had a confirmed need between April 1, 1991 and December 11, 2007.[87]

57. Madam Justice Aylen certified the Consolidated Class Action on consent on November 26, 2021.[88] Madam Justice Aylen certified the Trout Action on consent on February 11, 2022.[89]

(b) Canadian Human Rights Tribunal Proceeding

58. The Consolidated Class Action partly overlaps with a proceeding before the Canadian Human Rights Tribunal (the "**Tribunal**"), where the AFN is a co-complainant. In 2007, the AFN and the First Nations Child and Family Caring Society of Canada (the "**Caring Society**") filed a complaint with the Canadian Human Rights Commission against Canada. On October 14, 2008, the Canadian Human Rights Commission referred the complaint to the Tribunal.[90]

[85] Colish Affidavit, para. 15.
[86] Colish Affidavit, para. 16.
[87] Colish Affidavit, para. 17.
[88] Colish Affidavit, para. 18.
[89] Colish Affidavit, para. 19.
[90] Colish Affidavit, para. 21

59. The Tribunal rendered its decision on the merits of the complaint on January 26, 2016: *First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada)*.[91] The Tribunal found that Canada had discriminated against First Nations children and families on reserves and in the Yukon by its underfunding of child and family services under the FNCFS program and by Canada's prohibitively restrictive interpretation of Jordan's Principle.[92]

60. The Tribunal later decided in *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada)*,[93] that the First Nations children and their caregiving parents and grandparents should receive human rights compensation (the "**Compensation Decision**"). The Tribunal subsequently clarified and expanded on the Compensation Decision in several related decisions.[94] The Compensation Decision relates to removed children between 2006 and 2022, and Jordan's Principle children between 2007 and 2017.[95]

61. Canada sought judicial review of the Compensation Decision. In September 2021, the Compensation Decision was upheld by the Court.[96] The Court noted that the Tribunal had extensive evidence of Canada's discrimination; the resulting harm experienced by First Nations children and their families (resulting from the removal of First Nations children from their homes, and the delay, denial or unavailability of essential services for which there was a confirmed need);

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[91] 2016 CHRT 2; Colish Affidavit, para. 22.
[92] Colish Affidavit, para. 22.
[93] *First Nations Child & Family Caring Society of Canada v Attorney General of Canada*, 2019 CHRT 39.
[94] *First Nations Child & Family Caring Society of Canada v Attorney General of Canada*, 2020 CHRT 7; *First Nations Child & Family Caring Society of Canada v Attorney General of Canada*, 2020 CHRT 15; *First Nations Child & Family Caring Society of Canada v Attorney General of Canada*, 2020 CHRT 20; *First Nations Child & Family Caring Society of Canada v Attorney General of Canada*, 2020 CHRT 36; *First Nations Child & Family Caring Society of Canada v Attorney General of Canada*, 2021 CHRT 6.
[95] Colish Affidavit, para. 23.
[96] *Attorney General of Canada v. First Nations Child and Family Caring Society et al.*, 2021 FC 969, at para. 85 ["**JR Decision**"].

and Canada's knowledge of that harm. The Federal Court ended its reasons with the following statement urging the parties to focus on good faith discussions to try to achieve a fair and just settlement:

> Negotiations are also seen as a way to realize the goal of reconciliation. It is, in my view, the preferred outcome for both Indigenous people and Canada. Negotiations, as part of the reconciliation process, should be encouraged whether or not the case involves constitutional issues or Aboriginal rights. When there is good will in the negotiation process, that good will must be encouraged and fostered before the passage of time makes an impact on those negotiations.[97]

62. The Tribunal has maintained an ongoing supervisory role with respect to the compensation payments ordered under the Compensation Decision. The AFN, supported by Canada, has brought a motion before the Tribunal for a ruling that the FSA will satisfy the Tribunal's Compensation Decision.[98] The Tribunal is set to hear the motion on September 15 and 16, 2022, and the parties expect the Court will have the benefit of the Tribunal's ruling in determining the present motion.

2.3 Settlement Negotiations

63. The negotiations among the parties were lengthy, extensive and complex, starting in 2019 with the Moushoom Class Action and then unfolding as part of the Consolidated Class Action and the Trout Action for well over a year prior to execution of an agreement in principle ("**AIP**") on December 31, 2021.[99]

64. The parties engaged in an additional six months of intensive negotiations to craft a comprehensive settlement agreement consistent with the objective of designing a trauma-informed,

[97] Ibid at para. 300.
[98] Colish Affidavit, para. 108.
[99] Colish Affidavit, paras. 24-30, 49-50.

culturally safe claims process through which to deliver compensation to survivors of Canada's discrimination.[100]

65. From November 2020 to September 2021, the parties to the Consolidated Class Action, along with the Caring Society, engaged in mediation in accordance with the Federal Court Guidelines for Aboriginal Law Proceedings with the Honourable Leonard Mandamin as mediator. The negotiations covered compensation for certain classes in the Consolidated Class Action and long-term reform aspects of the Tribunal's decisions and orders.[101] The parties were unable to reach an agreement.[102]

66. Beginning in early November 2021, the parties entered into negotiations outside of the Federal Court mediation process. The parties, by agreement, appointed the Honourable Murray Sinclair to act as chair of the negotiations. The objective of these intensive negotiations was to reach a comprehensive settlement for all classes in both the Consolidated Class Action and the Trout Action, and to resolve outstanding issues related to compensation in the Tribunal proceedings.[103] While the compensation discussions were primarily a tripartite negotiation among the AFN, Canada and Moushoom Class Counsel, compensation proposals relating to the various classes of survivors were also presented to the Caring Society and the Interested Parties, the Chiefs of Ontario and Nishnawbe Aski Nation, with significant opportunity for consultation and discussion. Numerous meetings occurred among various parties to the Class Action and the Tribunal Proceedings in furtherance of the objective of reaching a global resolution.[104]

[100]Colish Affidavit, para. 51.
[101] Colish Affidavit, para. 26.
[102] Colish Affidavit, para. 29.
[103] Colish Affidavit, para. 30.
[104] Colish Affidavit, para. 30.

67. On December 31, 2021, the parties concluded the AIP on compensation, which set out the principal terms of settlement and formed the basis of the FSA. A separate agreement in principle was concluded on long-term reform, which is not part of these proceedings or this motion.[105]

68. The AIP established key commitments by the parties which would form the basis of an eventual Final Settlement Agreement,[106] including: (i) establishing a $20 billion settlement amount in consideration of the release of Canada of all claims contemplated by the Class Action and Tribunal Proceedings; (ii) the non-reversion of settlement funds to Canada; (iii) the acknowledgment of the uncertainties surrounding the size of the Class; (iv) the design of the distribution protocol resting with the plaintiffs; (v) the opt-out period; (vi) satisfaction of the Compensation Decision and related Compensation Orders; (vii) treatment of taxes and social benefits and supports; (viii) notice; (ix) legal fees; and (x) the request for a public apology by the Prime Minister.[107]

69. The parties pursued extensive settlement negotiations from January to June of 2022 to agree upon and draft the FSA. Throughout the negotiations and preparation of the FSA, the parties were able to fully develop and voice their positions through vigorous debate. The parties raised and canvassed many issues and sought insight from outside experts as needed. The representative plaintiffs were repeatedly consulted and asked to provide input on the negotiations.

70. To inform negotiations on the claims process, Moushoom class counsel retained an expert, Dr. Lucyna M. Lach of McGill University, approximately a year ago to head a group of experts and provide expert opinion on a methodology for objectively assessing harms suffered by the

[105] Colish Affidavit, para. 49.
[106] Colish Affidavit, para. 49.
[107] FSA, Colish Affidavit, para. 49, Exhibit "K".

Jordan's Principle and Trout Classes. The proposed assessment framework, which is subject to piloting and testing prior to implementation, seeks to rank the impact of the impugned discrimination on claimants based on objective factors, eliminating the need for in-person interviews or examinations as part of the claims process.[108] Further, the AFN recruited a number of First Nations experts who have on-the-ground expertise in the delivery of services to First Nations individuals, as well as in measurement of health and wellness from First Nations' perspectives.[109] The AFN engaged this Circle of Experts to ensure that any methodology adopted and tested for Jordan's Principle is First Nations-led. To that end, the AFN Circle of Experts met a number of times since June 10, 2022.[110] The opinions expressed by this Circle of Experts later informed the approach to the Jordan's Principle method that will be piloted.[111]

71. The AFN engaged in extensive consultation throughout the negotiation process by providing ongoing updates on the status of the negotiations and the substance of the settlement across all of its regions. AFN internal and external legal counsel, along with key AFN team members, presented the draft FSA and received feedback and comment on the compensation amount and structure. The regions generally expressed support for the FSA and the importance of distributing compensation to individuals as soon as possible.[112]

[108]Report Regarding Jordan's Principle and Trout Components of Moushoom et al. v. Canada dated September 6, 2022 ("**Lach Report**"),Affidavit of Dr. Lucyna M. Lach sworn September 6, 2022 ("**Lach Affidavit**), para. 37, Exhibit "**A**"; Ciavaglia Affidavit, para. 37.
[109] Ciavaglia Affidavit, para. 37.
[110] Ibid.
[111] Ciavaglia Affidavit, paras. 39-43.
[112] Ciavaglia Affidavit at para. XX.

72. As a result of this lengthy process, the FSA eventually received approval by all parties to these proceedings.[113] Each of the representative plaintiffs fully supports the FSA, particularly citing:

a) the ability for class members to receive payments promptly, rather than after a lengthy litigation process;

b) the trauma-informed and culturally competent claims process;

c) the principle of proportionality, by which class members who suffered greater harms will receive higher compensation; and

d) the decision to prioritize compensation to child class claimants. [114]

73. On June 30, 2022, the FSA was finalized and executed by all parties, subject to the approval of the Court.

2.4 Class Size Estimates

74. To assess the reasonableness of a settlement, the parties required estimates of each class size. In some instances, class size estimates were difficult to produce given the dearth of direct data available in certain circumstances. However, ultimately the parties were satisfied that the estimates were sufficient to allow for an informed decision on whether the total settlement funds would provide for a fair and reasonable settlement.[115]

75. Since the Compensation Decision, several reports have been authored on the scope of the decision, including reports by the Parliamentary Budget Officer in February 2021 and April 2022,

[113] Gideon Affidavit at para. 9.
[114] Osachoff Affidavit, paras. 33-38; Walterson Affidavit, paras. 33-43; Jackson Affidavit, paras. 14-24; Buffalo Affidavit, paras. 50-57; Bach Affidavit, paras. 31-43; Trout Affidavit, paras. 26-30; Meawasige Affidavit, paras. 26-28.
[115] Colish Affidavit, paras. 7-9.

and a January 2022 report by the University of Toronto and McGill, prepared for Indigenous Services Canada ("**ISC**").[116]

76. During negotiations, Moushoom class counsel commissioned an independent expert opinion on the size of the Removed Child Class by Professor Nico Trocmé in collaboration with actuary, Peter Gorham (the "**Trocmé Gorham Report**").[117] The Trocmé Gorham Report was originally completed in January 2021; estimates were updated in February 2022 to extend the class period to March 31, 2022, the agreed upon end of the class period for the Removed Child Class and the Removed Child Family Class.[118]

77. The Trocmé Gorham Report relied on direct data available from ISC on child removals. The experts used educated assumptions to fill in gaps and corrected inaccuracies as necessary. The final estimate for the Removed Child Class was 116,000 class members, over the class period of April 1, 1991 to March 31, 2022.[119]

78. Estimates for the Jordan's Principle Class and Trout Child Class proved more difficult because:

a) the nature and scope of Canada's Jordan's Principle service program has evolved since its inception, evolving from a way to address jurisdictional disputes to a more holistic, child-first principle grounded in the *Charter* rights of First Nations youths; and

b) there is little or no data on Jordan's Principle for the vast majority of the class period, as the concept of "Jordan's Principle" did not exist until 2005, and was not tracked until 2017; and

[116] Colish Affidavit, para. 32, 26, Exhibits "D" & "G".
[117] Colish Affidavit, para. 33, Exhibit E.
[118] Colish Affidavit, para. 35, Exhibit F.
[119] Colish Affidavit, para. 35.

c) the criteria for inclusion in this class were not fully defined in either the Tribunal proceeding or these class proceedings.[120]

79. On the last point, under the FSA, eligibility criteria for these classes will be determined by the plaintiffs subject to the Court's approval.[121]

80. The parties were able to estimate the Jordan's Principle Class and Trout Child Class size by extrapolating from more recently collected data relating to services requested under Jordan's Principle, gathered prior to the pandemic in early 2020.[122] The estimates were adjusted to account for possible duplication in requests—i.e, a single child with multiple, separate requests—or overlap between group and individual requests.[123] The resulting estimates are 65,000 class members for the Jordan's Principle Class, and 104,000 for the Trout Child Class.[124]

81. There was no direct data available for the Family Classes. However, the 2021 Parliamentary Report estimated that First Nations children live with an average of 1.5 biological parents, or grandparents if parents are absent.[125] This data was used to estimate the Family Class size.

2.5 Settlement Terms and Claims Process

82. The provisions of the FSA are substantive, complex and nuanced. A general overview of the agreement and its key elements of the FSA are summarized below:

[120] Colish Affidavit, para. 46 .
[121] Colish Affidavit, paras. 47 .
[122] Colish Affidavit, paras. 41-42.
[123] Colish Affidavit, para. 42.
[124] Colish Affidavit, paras. 44-45.
[125] Colish Affidavit, para. 36, Exhibit "G".

(a) Settlement Priorities

83. The preamble to the FSA expressly reflects the parties' desire to: (i) ensure that the Claims Process is administered in an expeditious, cost-effective, user-friendly, culturally sensitive, and trauma-informed manner; (ii) safeguard the best interests of the class members who are minors and Persons under a Disability; (iii) minimize the administrative burden on class members; (iv) ensure culturally informed and trauma-informed mental health and cultural support services, as well as navigational assistance are available to class members; and (v) provide for some Class Members, or subsets of Class Members to receive direct compensation, while ensuring that those who not receive direct benefits may indirectly benefit from the FSA.[126]

(b) The Settlement Funds

84. The FSA ultimately reflects the overarching agreement that Canada will pay $20 billion to settle the claims of the Class in accordance with the terms of the FSA, which is to be paid into a Trust Fund by Canada within 30 days from the last day on which a Class Member may appeal or seek leave to appeal the Settlement Approval Order, or the last date where any appeals of the Settlement Approval Order has been determined.[127]

(c) FSA Classes

85. As described above, the settlement reflected in the FSA comprises all six classes included in the definition of the "Class". The simplified definitions of each are as follows:[128]

a) **Removed Child Class:** First Nations individuals who:

   i. while under the age of majority, and

[126] FSA preamble T(ii)-(iii) and U.
[127] FSA art. 1.01 Definitions, "Settlement Funds" and "Implementation Date", FSA art. 4.01(2).
[128] FSA, art. 1.

ii. while they, or at least one of their caregivers were ordinarily resident on reserve or living in the Yukon;

iii. were removed from their home by child welfare authorities or voluntarily placed into care between April 1, 1991 and March 31, 2022; and

iv. whose placement was funded by ISC.

b) **Removed Child Family Class:** all brothers, sisters, mothers, fathers, grandmothers, and grandfathers of a member of the Removed Child Class at the time of removal.

c) **Jordan's Principle Class:** First Nations individuals who, between December 12, 2007 and November 2, 2017, did not receive from Canada an essential service (whether by denial or service gap) relating to a confirmed need, or whose receipt of an essential service relating to a confirmed need was delayed by Canada on grounds including a lack of funding or jurisdiction, or as a result of a service gap or jurisdictional dispute.

d) **Jordan's Principle Family Class:** the brothers, sisters, mothers, fathers, grandmothers or grandfathers of a member of the Jordan's Principle Class at the time of the delay, denial or service gap.

e) **Trout Child Class:** First Nations individuals who, between April 1, 1991 and December 11, 2007, did not receive from Canada an essential service (whether by denial or service gap) relating to a confirmed need, or whose receipt of an essential service relating to a confirmed need was delayed by Canada on grounds such as a lack of funding or jurisdiction, or a result of a service gap or jurisdictional dispute.

f) **Trout Family Class:** the brothers, sisters, mothers, fathers, grandmothers or grandfathers of a member of the Trout Child Class at the time of the delay, denial or service gap.[129]

[129] FSA art. 1.01 Definitions: "Removed Child Class", "Removed Child Family Class", "Jordan's Principle Class", "Jordan's Principle Family Class", "Trout Child Class" and "Trout Family Class".

86. For the Family Classes, biological, adoptive, common law, and stepparents and grandparents are included; foster parents are excluded.[130]

87. The FSA defines the key qualifying term, "First Nations", broadly, with some variations depending on the class: [131]

> "**First Nations**" means:
>
> (a) with respect to the Removed Child Class, Jordan's Principle Class, Trout Child Class, and Stepparents: individuals who are registered pursuant to the *Indian Act*;
>
> (b) with respect to the Removed Child Class, Jordan's Principle Class, and Trout Child Class: individuals who were entitled to be registered under sections 6(1) or 6(2) of the *Indian Act*, as it read as of February 11, 2022 (the latter date of the Certification Orders);
>
> (c) with respect to the Removed Child Class: individuals who met Band membership requirements under sections 10-12 of the *Indian Act* by February 11, 2022 (the latter date of the Certification Orders) such as where their respective First Nation community assumed control of its own membership by establishing membership rules and the individuals were found to meet the requirements under those membership rules and were included on the Band List;
>
> (d) with respect to the Jordan's Principle Class only: individuals who met Band membership requirements under sections 10-12 of the *Indian Act* pursuant to paragraph (c), above, AND who suffered a Delay, Denial, or Service Gap between January 26, 2016 and November 2, 2017;
>
> (e) with respect to the Jordan's Principle Class only: individuals who were recognized as citizens or members of their respective First Nation by February 11, 2022 (the latter date of the Certification Orders) as confirmed by First Nations Council Confirmation,

[130] FSA art.
[131] FSA art. 1.01 Definitions "First Nations". Please see the FSA for the specific nuances of the definition.

whether under final agreement, self-government agreement, treaties or First Nations' customs, traditions and laws, AND who suffered a Delay, Denial, or Service Gap between January 26, 2016 and November 2, 2017.

(d) Compensation Budgets

88. Based on the estimates considered during the negotiation process, the $20 billion in settlement funds was budgeted amongst the Classes. The budgets include the following: $7.25 billion to the Removed Child Class; $5.75 billion to the Removed Child Family Class; $3 billion to the Jordan's Principle Class; $2 billion to the Trout Child Class; and a fixed $2 billion budget to the Jordan's Principle and Trout Family Class.[132]

(e) Entitlement and Quantum of Compensation

89. The FSA sets out the criteria for entitlement to compensation and the principles for determining the amount of compensation each class member may receive.[133] The general mechanism contemplated by the FSA is the payment of a base compensation amount and the possibility of enhanced payment for those individuals who were most impacted by Canada's discriminatory conduct.

90. Within the fixed settlement budget of $20 billion, the parties negotiated a compensation entitlement regime that prioritized child class claimants. Where compromises had to be made, those compromises were resolved in favour of the child classes. The FSA is structured on principles of proportionality and fairness: compensation should be proportionate to the impact on the individual,[134] and it is unacceptable to treat all class members the same or dilute settlement

[132] FSA, art. 6.05(3), 6.04(5), 6.06(9), 6.06(10).
[133] FSA, art. 6.
[134] Gideon Affidavit, para. 9.

funds among an overly broad group. The representative plaintiffs advocated strongly for this approach.[135]

91. For the Removed Child Class, the plaintiffs identified factors with assistance from experts to enhance the payments (listed at article 6.03(3) of the FSA), which include the following:

a) the age at which the Removed Child Class Member was removed for the first time;

b) the total number of years that a Removed Child Class Member spent in care;

c) the age of a Removed Child Class Member at the time they exited the child welfare system;

d) whether a Removed Child Class Member was removed to receive an essential service relating to a confirmed need;

e) whether the Removed Child Class Member was removed from a northern or remote community; and

f) the number of spells in care for a Removed Child Class Member and/or, if it can be determined, the number of out-of-home placements applicable to a Removed Child Class Member who spent more than one year in care.

92. The plaintiffs' experts identified each of these factors as a reasonable objective proxy for the level of harm that the class member suffered.[136] The relative weight to each factor and the amounts of additional compensation assigned will be further developed in consultation with experts.[137]

93. As such, it cannot be determined at this point, and it is not specified in the FSA, how much of an enhancement payment a class member would receive applying one or multiple enhancement

[135] Colish Affidavit, para 63.
[136] Colish Affidavit, para 67.
[137] FSA art. 6.03(4); Colish Affidavit, para. 68.

factors. Of the $7.25 billion budget for the Removed Child Class, based on the class size estimate of the Trocmé Gorham Report, $2.65 bill is expected to be available for enhancement payments. Once the number of class members eligible to receive enhanced payments and the relative weight for each factor are determined, a dollar value will be assigned to each factor and distributed to eligible class members.[138]

94. The information used to apply enhancement factors will be obtained, where possible, from ISC data.[139] This method relieves class members of the burdens of testifying, being subjected to interviews, and obtaining documentation on their own.[140] If there is a gap in the ISC data, it may be supplemented by information provided by the class member.[141] The plaintiffs, in consultation with experts, will determine a method of supplementing the ISC data consistent with the parties' objectives of minimizing the administrative burden and risks of trauma on claimants.

95. For the Removed Child Family Class, caregiving parents or grandparents may receive direct compensation, fixed at the base compensation rate of $40,000 (and up to a maximum of $60,000 where more than one child of that person was removed) with no enhancement amount.[142] Up to two compensation payments may be made per child, with conflicts to be resolved based on a pre-defined priority list.[143] The priority rules relieve child class members from making potentially fraught choices about which family members will be compensated. Caregivers who have

[138] Colish Affidavit, para 69.
[139] FSA art. 6.02.(3).
[140] FSA art. 6.01(1)-(2).
[141] FSA art. 6.02(3).
[142] FSA, art. 6.04(9).
[143] Colish Affidavit, para. 86.

committed sexual or serious physical abuse resulting in the Removed Child Class member's removal are not eligible for compensation in relation to that child.[144]

96. The same method applies to the Jordan's Principle Class and Trout Child Class.[145] Eligibility will be determined based on the class member's confirmed need for an essential service where:

a) a class member's confirmed need was not met because of a denial of a requested essential service;

b) a class member experienced a delay in the receipt of a requested essential service for which they had a confirmed need; or

c) a class member's confirmed need was not met because of a service gap even if the essential service was not requested.[146]

97. Claimants will be required to provide proof that the essential service was recommended by a professional at the relevant time.[147] The definition of "professional" includes community nurses and other professionals available in remote communities who nevertheless have relevant expertise, to reflect the fact that not all First Nations have easy access to family physicians or specialists.[148]

98. As a result of the class size uncertainty, the parties elected to ensure that claimants who suffered greater harms will receive a *minimum* of $40,000, while those who suffered lesser harms will receive *up to* $40,000. Funds will be distributed first to those who suffered greater harms, with the remainder to be distributed pro-rata to the lesser impacted group.[149]

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[144] FSA, art. 6.04(4).
[145] Colish Affidavit, para. 86.
[146] Ibid.
[147] Colish Affidavit, para. 87 .
[148] FSA, art. 1 "Professional".
[149] Colish Affidavit, paras. 82-83.

99. Compensation for Trout Child Class members will be determined on the same principles as Jordan's Principle Class members, but with a base compensation rate of $20,000—i.e., those who suffered greater harms will receive *at least* $20,000, and those who suffered less will receive *at most* $20,000.[150] The lower amount for Trout Child Class claimants reflects the heightened litigation risk for the Trout Action, which did not have the benefit of the Compensation Decision, and the fact that their claims arose prior to the formal recognition of Jordan's Principle.[151]

100. The determination of a claimant's compensation category (greater or lesser harm) will be based on objective factors, assessed through a three part process: (i) a culturally-sensitive claims form; (ii) a confirmation from a professional that the claimant needed an identified essential service; and (iii) a First Nations centred, expert-designed questionnaire, referred to as the Impact Assessment Questionnaire in the expert report of Dr. Lach filed with this motion.[152]

101. Enhancement factors will also be determined with the input of experts in the field.[153] Such factors may include illness, disability, or impairment.[154]

102. The approved Jordan's Principle and Trout Family Classes will receive a fixed amount of $2 billion in compensation under the FSA.[155] Only certain caregiving parents and grandparents who experienced the greatest amount of hardship will be eligible for direct compensation.[156]

[150] Colish Affidavit, para. 85.
[151] Ciavaglia Affidavit, para. 92.
[152] Lach Affidavit, Exhibit « A », Lach Report.
[153] Ciavaglia Affidavit, para. 94.
[154] Lach Affidavit, Exhibit « A », Lach Report.
[155] Colish Affidavit, para. 89.
[156] Colish Affidavit, para. 90.

103. The FSA contemplates that some members of the various family classes (for example, siblings) may not receive direct compensation but will benefit from the Cy-près Fund described below.[157]

(f) Administrator

104. The Federal Court has appointed Deloitte LLP ("**Deloitte**") as the administrator of the proposed settlement.[158]

105. The duties of the Administrator include: (i) developing and implementing systems, forms, guidelines and procedures for the processing of claims and addressing appeals; (ii) developing procedures for the payment of compensation; (iii) receiving settlement funds from the Trust; (iv) ensuring appropriate staffing; (v) ensuring First Nations participation and a trauma-informed approach; (vi) accounting for its activities; (vii) addressing request of claimants; (viii) and regular reporting.[159]

106. In carrying out its duties, the Administrator is governed by various principles, including ensuring that the Claims Process is cost-effective, user-friendly, culturally sensitive, trauma-informed, and non-traumatizing to Class Members. The Administrator must ensure quality assurance processes are documented, comply with service standards established by the plaintiffs and comply with such other duties or responsibilities as directed by the Court.[160]

(g) Notice to the Class

107. Notice is being published in two phases. If the Court approves the FSA, the parties' intention is that every class member who is eligible to receive compensation in accordance with

[157] FSA art. 6.04(1)-(2)
[158] FSA, art. 3.01
[159] FSA, art. 3.02(1)
[160] FSA art. 3.01(2).

the FSA will know they can submit a claim and receive compensation. The FSA contemplates a fulsome notice plan that will seek to ensure that all potential claimants contemplated within the scope of the FSA will be made aware of the nature of the terms of settlement and be supported throughout the claims process.[161] That phase of notice, however, has not been submitted to the Court for approval yet. It will be the subject of a future motion, if the FSA is approved on this motion.

108. The first phase of notice, which relates to certification and this settlement approval hearing, has already received approval of the Court. The form of notice (including opt-out form) and notice plan received Court approval on June 24 and August 11, 2022, respectively.[162]

109. Implementation of the notice plan began on August 19, 2022 in accordance with the Court's order.[163] Pursuant to the plan:

a) a notice website and Facebook page were made available;

b) class counsel and AFN websites were updated to include the approved notices;

c) class counsel and the AFN sent mass emails to all individuals who had signed up on their respective websites for case updates;

d) notices have been published in all but one of the specified Indigenous news outlets;[164] and

e) the AFN distributed the notices to all First Nations communities across the country.[165]

[161] FSA art. 10.02.
[162] Colish Affidavit, paras. 106-107.
[163] Colish Affidavit, paras. 110-111.
[164] Colish Affidavit, para. 114.
[165] Colish Affidavit, para. 111.

110. A paid Instagram and Facebook campaign was launched, which as of September 1, 2022 had generated over 11,200 website visits.[166]

(h) Opt-out period

111. As of September 1, 2022, only eight opt-outs had been received.[167] Based on the reasons provided, these opt-outs generally appear to be in error, with the class member thinking that they need to opt out to receive compensation. The Administrator or class counsel will follow up with the opt-out claimants to ensure that their desire to be excluded is genuine.[168]

(i) Claims Period

112. For individuals who have obtained the age of majority, the FSA permits claims to be filed up to three years following the notice of approval of the FSA.[169] This lengthy period is intended to maximize the number of eligible class members who will claim compensation.

113. The FSA is also responsive to the fact that many class members are still minors, most notably a percentage of the Removed Child Class and Jordan's Principle Class members. Therefore, the claims period for these individuals is linked to when each attains the age of majority, rather than a fixed date following the approval of the settlement.[170] Under the FSA, the claims period will remain open for individuals to claim for three years following the date on which they attain the age of majority. This permits an individual to make a claim when they are ready. In exceptional circumstances, the FSA does provide flexibility for a claim to be filed and paid prior to an individual reaching the age of majority.[171] Further, the claims deadline may be extended in

[166] Colish Affidavit, para. 119.
[167] Colish Affidavit, para. 120.
[168] Colish Affidavit, para. 121.
[169] FSA, art. 1, "Claims Deadline".
[170] FSA, art. 1, "Claims Deadline".
[171] FSA, art. 6.07.01

instances where an individual was unable to claim due to extenuating personal circumstances in recognition of the need to provide flexibility for this Class.[172]

(j) Cy-Près Fund

114. The FSA establishes a mechanism to benefit those class members who do not receive direct compensation under the FSA by way of the establishment of the Cy-près Fund.[173] The First Nations-led Cy-près Fund will be endowed with $50 million which the plaintiffs intend to be funded by interest on the settlement funds.[174]

115. The Cy-près Fund will be designed with the assistance of experts and has the objective of providing culturally-sensitive and trauma-informed supports to class members, which includes, amongst others:

a) family and community unification, reunification, connection and reconnection for youth in care and formerly in care;

b) reducing the costs associated with travel and accommodations to visit community and family, including for First Nations youth in care and formerly in care, support person(s) or family members; and

c) facilitating access to culture-based, community-based and healing-based programs, services and activities to class members and the children of First Nations parents who experienced a delay, denial or service gap in the receipt of an essential service.[175]

[172] FSA, art. 1 "Claims Deadline" (c).
[173] FSA, art. 7.01(2).
[174] FSA, art. 7.
[175] FSA art. 7.01(5)(a).

(k) No Encroachment on the Settlement Funds

116. To ensure that the entirety of the $20 billion settlement funds are directed toward compensation for class members, Canada has agreed to pay, over and above the settlement funds, the costs of notice to the class, class counsel fees, health and wellness supports, and administration and implementation costs.[176] There will be no encroachment of the settlement funds for any other purpose save and except for the compensation for class members.

(l) Fees Severable

117. All class counsel legal fees will be separately negotiated and paid by Canada, with no fees to come out of the settlement funds.[177] This includes ongoing legal support for claimants throughout the claims process, which class counsel will provide at no cost to claimants.[178]

118. Throughout negotiations, it was critical to the plaintiffs and class counsel that legal fees be negotiated separately from (and subsequent to) the FSA, to avoid the amount of legal fees having any effect on negotiations concerning compensation for the Class. As such, legal fees are still subject to negotiation and, ultimately, the Court's approval. Under the FSA, legal fees are severable. Therefore, the FSA and the compensation provided thereunder will survive irrespective of outcome on legal fees.[179]

(m) Taxability and Social Benefits

119. Canada has further committed to make best efforts to ensure that compensation received will not impact any social benefits or assistance that class members would otherwise receive from Canada or from a province or territory.[180] Additionally, Canada has committed to making best

[176] FSA, art. 3.04; Gideon Affidavit, paras. 13-14; Colish Affidavit, paras. 98-102.
[177] FSA, art. 16.01; Colish Affidavit, paras 123-124.
[178] FSA, art 16.02.
[179] FSA, art. 16.01; Colish Affidavit, paras. 123-124.
[180] FSA, art.9.03(1).

efforts to ensure that compensation paid through the claims process will not be considered income for tax purposes.[181]

(n) Investment of Settlement Funds

120. Given the length of time over which the settlement will be administered, a substantial amount of the $20 billion will be invested in accordance with the guidance of an Investment Committee (comprised of an independent investment professional and individuals with relevant board experience regarding the management of funds) and actuaries.[182] It is intended that throughout the lifetime of the claims process, the settlement funds will have accrued significant gains. The entirety of the interest and income gained upon the principal invested will be directed to class members.[183]

(o) Oversight of Settlement Administration

121. The Administrator will provide ongoing reporting with respect to the implementation of the FSA and on any systemic issues relating to the implementation or the claims process with a review to addressing such issues.[184] A First Nations-led Settlement Implementation Committee ("**SIC**") and, ultimately, the Court will have ongoing oversight with respect to the implementation of the FSA.[185]

122. The SIC will consist of members of the First Nations community, as well as a lawyer appointed by the AFN, and class counsel. The SIC will oversee the claims administration process and address systemic issues that may arise. This oversight role is crucial to the successful

[181] FSA, art. 9.03(2). Also see Gideon Affidavit, paras. 19-20.
[182] FSA, art. 12.04.
[183] FSA, art. 6.10.
[184] FSA, art. 3.02.
[185] FSA, art. 12.

implementation of the parties' shared intention: a claims process that is trauma-informed, expeditious, and culturally appropriate.[186]

123. The SIC's mandate is to implement the FSA in the best interests of the class.[187]

124. The parties intend that the SIC will facilitate an appropriate level of flexibility in the claims process and be able to respond to systemic issues. The SIC is empowered to engage experts in trauma, community relations and health and social services to provide advice on the implementation of the settlement, if required.[188] The SIC will also be responsible for bringing motions or protocols before the Court to adjust the claims process, as needed, in response to issues that may be identified.[189] The SIC will be in place throughout the claims period, which will last approximately 20 years following the approval of the FSA.

(p) Settlement Supports

125. The FSA is explicit in its provision of substantive supports for Class Members participating in the Claims Process, all of which is to be funded by Canada. This includes mental health, cultural supports, trained navigators who will promote communications and provide referrals to health services. These mental health and cultural supports will be funded based on the evolving needs of the Class, which will all be adapted to include innovative, First Nations-led mental health and wellness initiatives.[190] At all times, a phone line will be made available to provide a culturally-

[186] FSA, arts. 3.02 (3) & 5 (3).
[187] FSA, arts.
[188] FSA, arts. 12.03 (1) (j).
[189] FSA, arts. 12.03 (f) & 12.03 (3).
[190] FSA at s. 8(1) and (4).

safe, youth specific support line that would provide counselling services for youth and young adult class members and to refer same to post-majority care services when appropriate.[191]

126. In an effort to ensure that the full breadth of necessary supports would be included in Canada's funding obligation, in February of 2022 a group comprised of participants from the AFN, AFN class counsel, Moushoom class counsel, and Canada along with relevant experts, was formed to draft a framework for supports available to claimants.[192] These efforts eventually culminated in Schedule "C" to the FSA, being the "Framework for Supports for Claimants Throughout the Claims Process" ("**Supports Framework**").[193]

127. The Support Schedule outlines the holistic wellness supports that will be made available to claimants. These supports are significant in scope, and generally include: (i) service coordination and care teams approach for supports to claimants; (ii) the bolstering of the existing network of health and cultural supports; (iii) the provision of access to mental counselling to all Class Members; and (iv) support enhancement for either the Hope for Wellness Help Line or the establishment of a new dedicated phone line.[194]

128. With respect to the service coordination and care teams approach, this will include coordinated, seamless access to service and supports wherever possible, addressing administrative, financial literacy and health and culture supports depending on Class Members needs, to be provided in a culturally appropriate and trauma informed manner.[195] The FSA provides

[191] FSA at s. 8(3).
[192] Colish Affidavit at paras. 99-100.
[193] FSA Schedule "C".
[194] FSA, Schedule "C", "Components".
[195] FSA, Schedule "C", "Component 1: Service Coordination and Care teams approach for supports to claimants".

specifically for financial literacy and investment options to enable class members to preserve their compensation.[196]

(q) Estates

129. The FSA provides that only the deceased members of the Removed Child, Jordan's Principle and Trout Child classes will be entitled to compensation.[197] However, the FSA does provide for compensation to members of the family classes where a complete claim for compensation was submitted prior to the individual's death.[198]

130. The FSA provides for the submission and treatment of claims both in circumstances where an Estate Executor or Estate Administrator has been appointed and where no such individual is in place.[199] In addition, provision is made for the assistance of ISC in the administration of the estates of eligible deceased class members and payment to personal representatives of class members who are, or become, Persons Under a Disability.[200]

(r) Public Apology

131. The FSA further contemplates Canada proposing to the Office of the Prime Minister that the Prime Minister make a public apology for the discriminatory conduct at the heart of the matter, and for the past and ongoing harm it has caused.[201]

(s) Future Work Required to Implement the FSA

132. The FSA is the culmination of approximately 18 months of collaboration and intensive negotiation among the parties. There are certain aspects of the compensation mechanisms that will

[196] FSA, art. 6.11 and Schedule C – Framework for Supports for Claimants in Compensation Process.
[197] FSA, art. 13.02.
[198] Ibid.
[199] FSA, arts. 13.03-13.04.
[200] FSA, arts. 13.01 & 13.04(3)-(4).
[201] FSA art. 23.

be determined following the Court's approval of the FSA and further refinement to the process throughout the claims process, as overseen by the SIC, all of which are ultimately subject to the Court's approval.

133. Some outstanding items, assuming the Court approves the FSA, include:

a) piloting and finalization of the Jordan's Principle assessment methodology;[202]

b) aggregation and assembly of ISC data regarding the Removed Child Family Class. Canada has committed to providing as much of the data as soon as possible to assist with administration of the claims process;

c) development of a notice plan for settlement approval and notice of claims process;

d) motion dealing with regulating non-class counsel providing legal services to the class and measures to prevent abuse and predation; and

e) design of the claims process and distribution protocol which will be the subject of a further motion for court approval in December 2022.

3. ISSUES

134. The issues to be decided on this motion are:

(a) should this Settlement be approved as fair and reasonable; and

(b) should some of the representative plaintiffs, identified below, receive an honorarium?

[202] See Ciavaglia Affidavit.

4. SUBMISSIONS

4.1 Legal Principles Governing Settlement Approval

135. Under Rule 334.29 of the *Federal Court Rules*,[203] class proceedings may only be settled with the approval of a judge. The test is whether the settlement is fair and reasonable and in the best interests of the class as a whole: *Merlo v Canada*.[204]

136. The standard is not "perfection", and the Court does not have the power to modify or alter the terms of a proposed settlement; rather, it must be considered as a whole, and the Court must accept or reject it on that basis.[205] In *Ford v F Hoffman-La Roche Ltd*,[206] Justice Cumming stated:

> [115] In general terms, a court must be assured that the settlement secures appropriate consideration for the class in return for the surrender of litigation rights against the defendants. However, the court must balance the need to scrutinize the settlement against the recognition that there may be a number of possible outcomes within a "zone or range of reasonableness":
>
> > ... all settlements are the product of compromise and a process of give and take and settlements rarely give all parties exactly what they want. Fairness is not a standard of perfection. Reasonableness allows for a range of possible resolutions. A less than perfect settlement may be in the best interests of those affected by it when compared to the alternative of the risks and costs of litigation. [citation omitted]

137. To reject a settlement, the Court must conclude that the settlement does not fall within this zone or range of reasonable outcomes.[207] As the Court stated in *McLean v Canada*:[208]

> [77] Reasonableness does not dictate a single possible outcome so long as the settlement falls within the zone. Not every provision must meet the test of reasonableness - some will, some will not. This result is inherent in the negotiation and compromises of a settlement. As discussed by Justice Shore

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[203] SOR/98-106.
[204] 2017 FC 533, para. 16.
[205] *Tk'emlúps te Secwepemc First Nation v Canada*, 2021 FC 988, para. 37 [*Tk'emlúps*].
[206] 74 OR (3d) 758, 2005 CanLII 8751 (SCJ) (cited to CanLII).
[207] *Tataskweyak Cree Nation v Canada*, 2021 FC 1415, para. 63 [*Tataskweyak*].
[208] 2019 FC 1075.

> in *Riddle* at paragraph 33, the settlement must be looked at as a whole and the alternatives of no agreement must also be factored into the analysis…

138. The focus is on the interests of the class as a group. Individual class members' interests should not be assessed in isolation.[209] In assessing the fairness and reasonableness of the proposed settlement, the court should consider the following non-exhaustive list of factors:[210]

a) the likelihood of recovery or likelihood of success;

b) the amount and nature of discovery, evidence or investigation;

c) the number of objectors and nature of objections;

d) the presence of arm's length bargaining and the absence of collusion;

e) the information conveying to the court the dynamics of, and the positions taken by, the parties during negotiations;

f) communications with class members during litigation; and

g) the recommendation and experience of counsel.[211]

139. Each factor is discussed below. Taken together, they support the conclusion that the FSA is fair, reasonable, and in the best interests of the Class.

4.2 Likelihood of Recovery or Success

140. Despite the Compensation Decision, these proceedings are fraught with uncertainty. As noted, Canada has filed a protective appeal of the judicial review decision upholding the Compensation Decision. In the absence of a settlement, the judicial review of the Tribunal proceedings alone is likely to make its way to the Supreme Court of Canada. Class members risk

[209] *Tk'emlups* at para. 39.
[210] *McLean* at para. 67.
[211] *T'kemlups* at para. 38; *Tataskweyak* at para. 64.

the loss of the Tribunal's compensation award, which itself covers only a subset of the Classes and is statutorily capped at a lesser amount than those provided to many class members under the FSA.

141. The certainty of a settlement resolving the proceedings, combined with the monumental compensation amount, is preferable to the risks associated with continuing to defend the Compensation Decision at the Federal Court of Appeal or to proceed with litigating the class action through to a trial.

142. While Canada consented to certification of the class proceedings and mandated its Ministers to focus upon the negotiation of a resolution, without an approved comprehensive settlement, the plaintiffs will be forced to continue to litigate. Like many First Nations class proceedings, the plaintiffs face evidentiary hurdles in proving historical or semi-historical wrongs.[212] Many harms were suffered decades ago, while the now-adult class members were children. In the case of more recent discrimination, the plaintiffs are still youths, and face the concomitant difficulties in gathering evidence from minors. More importantly, trying the case on its merits carries a significant risk of re-traumatization, as plaintiffs will be forced to testify in support of their claims.[213] If aggregated damages are not awarded, virtually the entire class would be exposed to that re-traumatization risk, which the FSA expressly avoids.

143. Even if successful on the merits at trial, there is no guarantee that any damages awarded by the Court would exceed $20 billion. Members of the Trout Class and Trout Family Class face more uncertainty given that the Trout Action is based upon Canada's discrimination *prior* to its recognition of Jordan's Principle in 2007. Similarly, members of the Removed Child Class and the

[212] *Tataskweyak* at para. 66; *Tk'emlups* at para. 44.
[213] *McLean* at para. 83; *Tataskweyak* at para. 67.

Removed Child Family Class for the period from 1991 to 2005 are not included in the Tribunal proceedings and therefore have no entitlement to any minimum amount of compensation.

144. If tried on the merits, these classes risk receiving less compensation than what would be available to them under the FSA.

145. The FSA enables the establishment of a claims process that avoids any confrontation by Canada of any claimant. This is an advantage that cannot be underestimated in a case involving children and young adults who have experienced trauma. This is also an advantage that it generally unavailable if a matter is litigated, as courts must allow defendants to challenge claims made by plaintiffs.

4.3 Amount and Nature of Discovery, Evidence or Investigation

146. Although the Tribunal proceedings involved a more limited group of complainants over a shorter time period, the work done in those proceedings enabled negotiations with a wealth of knowledge about the case. This combination of thorough pre-litigation investigation and significant remaining evidentiary hurdles supports settlement.[214]

4.4 Terms and Conditions of Settlement

147. The terms and conditions of the FSA, laid out above, are comprehensive, fair, and meet the plaintiffs' objectives, being to:

a) ensure proportionality of compensation based on objective factors serving as proxies for harm;

b) ensure that where compromise was required, it would favour the children who suffered;

[214] *McLean* at paras. 97-99.

c) ensure a trauma-informed and culturally sensitive process;

d) avoid any need for the interview or examination of class members in order for them to advance a claim;

e) create an accessible claims process;

f) provide comprehensive supports throughout the claims process; and

g) ensure all settlement funds are directed to class members and their families.[215]

148. The scope and amount involved in this settlement cannot be overstated. The $20 billion settlement amount far outstrips any class action settlement known in Canada in any context. It is more than four times the amount of compensation that was delivered under IRSS.[216] The scope of the settlement is also impressive, as life-changing compensation can be delivered to hundreds of thousands of survivors of Canada's discrimination. The individual amounts of compensation will have life-changing impacts for many of our most vulnerable and marginalized First Nations members.

149. Many of the terms most important to class members would be difficult to obtain through litigation, particularly regarding trauma minimization and safeguards to ensure settlement funds go directly to class members.

150. On the first point, the FSA was negotiated to reduce the risk of negative impacts to class members in the claims process. The implementation of previous class action settlements has resulted in First Nations' experiencing many negative impacts on their well-being. A fundamental lesson learned is that in class action proceedings addressing historical wrongs to First Nations, the process must be designed to avoid re-traumatization. In particular, the experiences of survivors in

[215] Colish Affidavit, para. 51.
[216] Colish Affidavit, para. 53.

the Independent Assessment Process under the IRSS has resulted in significant criticism for the re-victimization of IRS survivors in the claims process.[217]

151. As the Court has noted, if compensation is done in a manner that minimizes re-traumatization, it may also help to bring closure to a painful past, the value of which cannot be underestimated.[218] The parties' intentions in this regard are enshrined in the wording of the FSA. Specific safeguards include, *inter alia*:

a) the Administrator must consider its duties in a trauma-informed manner; [219]

b) the claims process must be trauma-informed and non-traumatizing to class members, including a guarantee that none of the child classes will be required to submit to an interview, examination, or other form of *viva voce* evidence taking; [220]

c) enhanced payments will be based on objective factors and data available from ISC wherever possible, to minimize the potential trauma of having to provide supporting documentation in support of a claim; [221]

d) the Administrator must presume claimants are acting honestly and in good faith, and draw all reasonable inferences in favour of class members; [222]

e) provisions regarding the Cy-près Fund, addressed below, explicitly provide that its objective is the provision of culturally sensitive and trauma-informed benefits to members of the Class who would be ineligible for direct compensation;[223] and

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[217] *Tk'emlúps*, citing *Fontaine v Canada (Attorney General)*, 2018 ONSC 103 at para. 202.
[218] *Tk'emlúps,* para. 63.
[219] FSA, art. 3.02(1)(e).
[220] FSA, arts. 5.01(3), 6.02(1) & 6.05(2).
[221] FSA, art. 6.02(3).
[222] FSA, arts. 5.01(4)-(5).

f) substantial supports are provided to the class throughout the claims process, funded by Canada, including mental health, cultural supports, administrative and financial literacy supports, and trained navigators who will promote communications and provide referrals to health services and assistance with the claims process.[224]

152. Many of the above unique features of the FSA are not achievable by a litigated judgment.

153. On the second point, the FSA was drafted to ensure all settlement funds are available for the benefit of the classes. Class counsel's fees will be negotiated separately and paid directly by Canada with the Court's approval on a future motion, and not out of the settlement funds. Legal fees will be negotiated independently from the FSA, to ensure that the amount of the fees would not affect the settlement amount—a factor previously cited by this Court in support of settlement approval.[225] Finally, legal fees are severable, meaning the success or failure of negotiations on fees will have no impact on the FSA.

154. Every effort was made to ensure claimants will be able to navigate the claims process without the assistance of outside counsel, to ensure they will receive the full value of their compensation funds. It is essential to ensure that class members are not victimized by predatory individuals seeking a percentage of a claimant's entitlement simply for filling out a straightforward form. Under the FSA, supports and navigators are available to claimants to assist, in a culturally appropriate manner, with filling out and submitting claims form, obtaining supporting documentation and, if required, assistance with the appeals process.[226] Additional aid is available

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[223] FSA, arts. 7.01(2) & (5).
[224] FSA, arts. 8(1) & (4).
[225] *Tatskweyak* at para. 75; *Tk'emlups* at para. 51.
[226] FSA, art. 3.02 (j).

from class counsel, at no cost to the claimants. These provisions are intended to preclude the need for paid assistance during the claims process, to better protect class members.

155. Although there are elements to inform the design and of the claims process which are currently underway, this should not hinder approval of the FSA. First, the claims process and distribution protocol are subject to the further approval of the Court; therefore, the Court will have the opportunity to consider only this element in detail prior to any implementation of the settlement. Second, following the approval of the FSA, the plaintiffs can, with the benefit of the significant expertise of the Administrator and outside experts, focus their efforts on testing and piloting the claims process prior to seeking court approval.

156. Finally, this staggered approach is consistent with the Court approvals sought to date. Throughout these proceedings, the parties have purposefully approached each element—from certification, to notice plan approval, to notice to the class, to the appointment of an administrator, to settlement approval—in a staggered manner to ensure that all aspects have been fully considered and reasoned before being put to the Court for approval. The approval of the FSA now with subsequent approval of the claims process and distribution protocol to be considered in December similarly allows for the extensive work, consultation and vigorous testing required to take place in the intervening months with the safeguard of the Court's ultimate oversight of the process prior to implementation.

4.5 Future Expense and Likely Duration of Litigation

157. Continued litigation will likely be long, complex, expensive, and may ultimately jeopardize compensation for class members. The prompt payment of compensation is one of the tangible benefits to resolving this matter as expeditiously as possible. The survivors of Canada's discrimination have been forced to wait for resolution of the issue of compensation for too long. The Court's approval of the FSA will ensure that the settlement funds will be made available to the impacted individuals far sooner without continued judicial proceedings, ensuring that those most impacted will not be subjected to the uncertainty of protracted litigation. The Court summed up a comparable situation in evaluating the terms of a settlement agreement in *Tk'emlúps*:

> … while acknowledging that no amount of money can right the wrongs or replace that which has been lost…. what is certain is that continuing with this litigation will require class members to re-live the trauma for many years to come, against the risk and the uncertainty of litigation. Bringing closure to this painful past has real value which cannot be underestimated.[227]

4.6 Recommendation of Neutral Parties

158. The FSA has benefited from an unprecedented level of consultation with First Nations leadership and communities,[228] and a significant amount of third-party review, comment, and criticism. Furthermore, negotiations took place under the supervision of the Honourable Leonard Mandamin, and then intensive settlement discussions were facilitated by the Honourable Murray Sinclair. These eminent First Nations jurists assisted the parties in dealing with numerous challenging and important issues, and enabled the parties to finalize a monumental and historic agreement.

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[227] *Tk'emlúps* at para. 63.
[228] Ciavaglia Affidavit, para. 14.

4.7 Number and Nature of Objections

159. Nobody has yet contacted the administrator to express an intention to object to the FSA in writing or in person at the settlement approval hearing.[229]

4.8 Arm's Length Bargaining and Absence of Collusion

160. The parties have collaborated where possible, including in the retention of experts to estimate class sizes, and both believe this settlement to be the best outcome of this litigation. That said, this has been an adversarial case. Both the plaintiffs and Canada have advanced their positions in this and prior proceedings and all parties are prepared to proceed to trial if settlement fails. Canada has filed a protective appeal on the judicial review decision of the Compensation Decision to advance its interests should the FSA be rejected.

161. The parties engaged in more than a year and a half of intensive negotiations and mediation. These negotiations started initially with the Moushoom Class Action in 2019. They continued through the Consolidated Class Action from November 2020 to the date the FSA was signed in June 2022. The process has been as transparent and open to external feedback and comment as is practicable in a settlement privileged environment. Negotiations were overseen first by court-appointed mediator and retired Federal Court Judge, the Honourable Mr. Mandamin, and second by the Honourable Mr. Sinclair, chairman of the Indian Residential Schools Truth and Reconciliation Commission. At all stages, the plaintiffs' negotiating positions have been communicated to and informed by instructions from the representative plaintiffs and by feedback received from First Nations stakeholders via the AFN's community consultations across the country.[230]

[229] Colish Affidavit, para. 112.
[230] Colish Affidavit, paras. 6, 28; Ciavaglia Affidavit, paras. 13-14.

162. There is a strong presumption of fairness when a proposed settlement is negotiated at arm's-length by class counsel as was the case here.[231]

4.9 Communications with Class Members

163. Trauma-informed and culturally appropriate communications have played a central role in these class proceedings. Throughout negotiations, class counsel and the AFN have been in close contact with the representative plaintiffs, class members, and First Nations communities more broadly.[232]

164. Counsel for the plaintiff, the AFN, provided ongoing updates to First Nations leadership on negotiations, the structure of the settlement, and the substance of what would be included in the FSA.[233] They provided approximately 50 briefings to the AFN Executive, AFN regional chiefs, or Chiefs' Assemblies.[234] The Cy-près Fund was designed based on recommendations from a report authored by First Nations youth with relevant lived experiences.[235]

165. The finalized FSA was reviewed by each representative plaintiff, the AFN Executive Committee, and finally the Chiefs-in-Assembly at the AFN Annual General Assembly.[236]

166. The plan for notice of certification and settlement approval was approved by the Court on August 11, 2022, and, as described above, an intensive notice campaign began on August 19, 2022.

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[231] *Tataskweyak* at para. 97.
[232] Ciavaglia Affidavit, paras. 13-14.
[233] Ciavaglia Affidavit, para. 14.
[234] Ciavaglia Affidavit, para. 14.
[235] Ciavaglia Affidavit, para. 16.
[236] Ciavaglia Affidavit, para. 18.

4.10 Recommendation and Experience of Class Counsel

167. Class counsel view this settlement, as reflected in the FSA, as the best possible resolution to complex and lengthy proceedings. In addition to finally providing resolution of all outstanding legal proceedings and ensuring timely delivery of compensation, the approval of the FSA will significantly expand the number of class members who would otherwise not be entitled to compensation and allows those who suffered the greatest harm to be compensated commensurately.[237]

168. At all stages, class counsel have been mindful of the lessons learned from prior Indigenous class action settlements, most notably the IRSS. This is reflected in the numerous provisions designed to avoid re-traumatization, including the simplified claims process, the support and assistance available to claimants, and the presumptions in favour of claimants.[238]

4.11 Appropriateness of *Cy-près* for Certain Class Members

169. Rule 334.28(2) of the *Federal Court Rules* allows the Court to make "any order in respect of the distribution of monetary relief, including an undistributed portion of an award that is due to a class or subclass or its members". In cases where some or all class members would receive only a small portion of a settlement, such that direct distribution is impracticable, courts have approved cy-près distributions to relevant not-for-profit entities instead of direct payments to class members.[239] In *Sun-Rype Products Ltd. v. Archer Daniels Midland Company* made under analogous BC legislation, the Supreme Court of Canada held that "the precedent for cy-près distribution is well established… [a]nd, while its very name, meaning 'as near as possible',

[237] Colish affidavit, paras. 5-8.
[238] *Tataskweyak* at para. 107.
[239] Michael A. Eizenga et al, *Class Actions Law and Practice, 2nd Edition*, LexisNexis Canada (looseleaf), paragraph 9.20.

implies that it is not the ideal mode of distribution, it allows the court to disburse the money to an appropriate substitute for the class members themselves".[240]

170. In approving a cy-près distribution, the Court should consider whether the proposed donation will: (i) indirectly benefit the class; and/or (ii) have the consequence of behaviour modification for the defendant.

171. In this case, the Cy-près Fund meets the above test in indirectly benefitting the class members who may not be eligible for compensation under the FSA (such as siblings and non-caregiving parents) and promotes Canada's behaviour modification with respect to the discrimination at issue in this litigation.

172. Given the overwhelming legal and factual uncertainties in including siblings, parents or grandparents who do not have a caregiving role with the affected child in a viable settlement render the Cy-près Fund a fair and reasonable option that benefits such class members. Furthermore, if direct compensation were provided to such class members, the plaintiffs believe the settlement funds would be unfairly diluted in a manner inconsistent with the principle of proportional compensation, which governed the negotiations and was fully supported by all representative plaintiffs.[241] The parties have instead elected to ensure that those most affected—the children themselves, and their direct caregivers—will be adequately compensated, while making indirect but highly-relevant provision for the remaining family class members through the Cy-près Fund.

[240] [2013] 3 SCR 545 at paras 25-26.
[241] Osachoff Affidavit, paras. 36-37; Walterson Affidavit, paras. 36-39; Bach Affidavit, paras. 32, 37; Buffalo Affidavit, paras. 52-54; Meawasige Affidavit, paras. 22, 28; Moushoom Affidavit, para. 52; Trout Affidavit, paras. 26-27.

4.12 Honoraria for Representative Plaintiffs

173. Class counsel submits that honoraria of $15,000 should be awarded to each representative plaintiff to be paid out of class counsel's legal fees, with the exception of two representative plaintiffs who wish to personally decline any honorarium awarded, being Mr. Meawasige and Ms. Osachoff. Mr. Meawasige has requested an honorarium for his brother, Jeremy, as Jeremy's litigation guardian.[242]

174. Although no specific Rule governs the payment of honoraria to a representative plaintiff, the Federal Court has the discretion to award such payments and has done so in numerous previous cases.[243] Honoraria are meant to recognize the meaningful contributions to class members' pursuit of access to justice.[244]

175. Factors weighing in favour of an honorarium include where a representative plaintiff has:

a) forfeited their privacy in a high-profile class litigation;[245]

b) publicly re-lived their trauma in order to advance the claim;[246]

c) engaged with class members and community members to raise awareness and counter misinformation;[247] and

d) endured cross examinations, and was prepared to testify at trial.[248]

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[242] Meawasige Affidavit, paras. 29-30; Osachoff Affidavit, para. 39.
[243] *Lin v Airbnb, Inc*, 2021 FC 1260 at para. 118.
[244] *Lin* at para. 119.
[245] *McLean v Canada*, 2019 FC 1077 at para. 57; *Merlo v Canada*, 2017 FC 533 at paras. 68-74; *Lin* at para. 119.
[246] *McLean* at para. 59; *Tk'emlups* at para. 48.
[247] *Tk'emlups* at para. 50.
[248] *Condon v Canada*, 2018 FC 522 at para. 116.

176. The representative plaintiffs in this case have been active advocates for the class despite their own trauma. Each has spent significant time and effort in advancing this case for their respective classes by:

a) foregoing their privacy;

b) communicating extensively with class counsel;

c) reviewing documents, preparing affidavits, and instructing counsel;

d) travelling to attend meetings, including mediation and settlement meetings;

e) meeting with experts; and

f) raising awareness with class members, including by speaking directly with class members and the media, and speaking in their capacity as representative plaintiffs at the AFN's Annual General Assembly in support of the settlement.[249]

177. Additional sacrifices and investments were required of the representative plaintiffs given the specific harms at issue. The nature of an Indigenous class action involving systemic discrimination against children is meaningfully different from one involving, for example, product liability or a purely monetary harm. To advance the class members' interests, representative plaintiffs in this action have publicly disclosed and relived traumatic and deeply personal stories. Doing so was painful and retraumatizing. Some representative plaintiffs unfortunately suffered harm to the relationships with their adoptive families in choosing to pursue this action.[250]

[249] Moushoom Affidavit at paras. 37-46; Trout Affidavit at paras. 16-30; Meawasige Affidavit at paras. 14-28; Bach Affidavit at paras. 44-50; Walterson Affidavit, paras. 44-50; Buffalo Affidavit, paras. 59-64; Jackson Affidavit, paras. 25-30.
[250] Bach Affidavit, para. 16; Walterson Affidavit, paras. 25-27.

178. Such efforts and sacrifices in favour of the class has been cited in prior Indigenous class actions as conduct deserving of an honorarium.[251] Furthermore, the same amount requested for these representative plaintiffs was previously granted by the Court in an analogous Indigenous class action.[252]

5. ORDERS SOUGHT

179. The plaintiffs, with the consent of Canada, seek the following orders from this Court:

a) a declaration that the FSA is fair, reasonable and in the best interests of the class;

b) an order approving the FSA pursuant to Rule 334.29(1) of the Federal Courts Rules;

c) a declaration that the FSA is binding on the representative plaintiffs, on all class members, and on the defendant;

d) an order dismissing these proceedings against the defendant, without costs and with prejudice;

e) an order approving a $15,000 honorarium payment to each of the following representative plaintiffs:

(a) Xavier Moushoom;

(b) Jeremy Meawasige (by his litigation guardian, Jonavon Joseph Meawasige);

(c) Zacheus Joseph Trout;

(d) Ashley Dawn Louise Bach;

[251] *McLean 2*, para. 59; *Tk'emlúps 2*, para. 48.
[252] *Tk'emlúps 2*, para. 52.

(e) Melissa Walterson;

(f) Noah Buffalo-Jackson by his Litigation Guardian, Carolyn Buffalo;

(g) Carolyn Buffalo; and

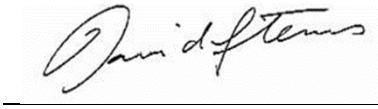
(h) Dick Eugene Jackson also known as Richard Jackson;

f) an order that if the FSA is not approved, the parties are all restored, without prejudice, to their respective positions as such existed prior to the proposed settlement (*i.e.*, both the FSA and the parties' agreement in principle on compensation dated December 31, 2022 are null and void);

g) an order that the approval of the FSA is conditional on and does not become effective until an order is rendered by the Canadian Human Rights Tribunal ("Tribunal") in CHRT File T1340/7008 declaring that the FSA satisfies the compensation orders and framework for compensation made by the Tribunal regarding an overlapping part of the class; and

h) such further and other relief as counsel may request and this Honourable Court may deem just and appropriate.

ALL OF WHICH IS RESPECTFULLY SUBMITTED this 6th day of September, 2022.



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SCHEDULE A – LIST OF AUTHORITIES

CASES	
1.	*Canada (Attorney General) v. First Nations Child and Family Caring Society of Canada,* 2021 FC 969
2.	*Condon v Canada*, 2018 FC 522
3.	*First Nations Child and Family Caring Society of Canada et al. v. Attorney General of Canada (for the Minister of Indian and Northern Affairs Canada),* 2016 CHRT 2
4.	*First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada),* 2019 CHRT 39
5.	*First Nations Child & Family Caring Society of Canada v Attorney General of Canada*, 2020 CHRT 7
6.	*First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada),* 2020 CHRT 15
7.	*First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada),* 2020 CHRT 20
8.	*First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada),* 2020 CHRT 36
9.	*First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (representing the Minister of Indigenous and Northern Affairs Canada),* 2021 CHRT 6
10.	*Fontaine v. Canada (Attorney General),* 2018 ONSC 103
11.	*Ford v F Hoffman-La Roche Ltd*, 74 OR (3d) 758, 2005 CanLII 8751
12.	*Lin v Airbnb, Inc*, 2021 FC 1260

13.	*McLean v Canada,* 2019 FC 1075
14.	*McLean v Canada*, 2019 FC 1077
15.	*Merlo v. Canada,* 2017 FC 533
16.	*Pictou Landing Band Council v. Canada (Attorney General),* 2013 FC 342
17.	*Sun-Rype Products Ltd. v. Archer Daniels Midland Company,* [2013] 3 SCR 545
18.	*Tataskweyak Cree Nation v Canada*, 2021 FC 1415
19.	*Tk'emlups te Secwepemc First Nation v Canada*, 2021 FC 988
20.	*Tk'emlúps te Secwepemc First Nation v. Canada,* 2021 FC 1020
SECONDARY SOURCES	
21.	Michael A. Eizenga et al, *Class Actions Law and Practice, 2nd Edition*, LexisNexis Canada (looseleaf)

APPENDIX A – LEGISLATIONS

334.29 of the *Federal Court Rules* SOR/98-106

Settlements

Approval

334.29 (1) A class proceeding may be settled only with the approval of a judge.

Binding effect

(2) On approval, a settlement binds every class or subclass member who has not opted out of or been excluded from the class proceeding.

Règlement

Approbation

334.29 (1) Le règlement d'un recours collectif ne prend effet que s'il est approuvé par un juge.

Effet du règlement

(2) Il lie alors tous les membres du groupe ou du sous-groupe, selon le cas, à l'exception de ceux exclus du recours collectif.