A NATIONAL LEGACY FRAMEWORK FOR COMPREHENSIVE AND SUSTAINABLE ACCESS TO MENTAL HEALTH SERVICES FOR INDIGENOUS CHILDREN AND YOUTH MENTAL HEALTH IN CANADA

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Abstract

A severe disparity exists in Canada when it comes to providing basic health, mental health, and other public services for Indigenous children and youth. In a landmark decision to address these discrepancies, Jordan's Principle was introduced as a child-first principle designed to ensure that Indigenous children and youth were not exposed to jurisdictional or administrative barriers or disputes that would prevent their access to care. This paper examined the literature to identify the complexity of policymaking and the ongoing disparity related to access to health and mental health care by Indigenous children and youth in

Canada. Our findings suggest that there is an overwhelming need to ensure that resources immediately be made available for the design and implementation of a national framework for approaching Indigenous children's and youths' mental health—a framework grounded in trauma-informed policy practice. This framework would focus on addressing the inadequacies of the current system of care and transform this broken system into a healthy, strength-based model driven by the needs of Indigenous children and youth rather than the needs of administrative bodies.

Résumé

Il existe au Canada une forte inégalité en ce qui concerne l'offre, auprès des enfants et des jeunes autochtones, des services de base en matière de santé physique et mentale, ainsi que d'autres services publics. Dans une décision-clef visant à régler ces inégalités, on a introduit le principe de Jordan (centré sur l'enfant) créé afin d'assurer qu'enfants et jeunes autochtones ne se voient privés d'accès aux soins en raison d'obstacles ou de disputes administratifs. Dans cet article on a examiné les recherches afin d'identifier la complexité de la création de politiques publiques et les inégalités actuelles portant sur l'accès aux soins de santé physique et mentale chez les enfants et adolescents autochtones au Canada. Notre conclusion est qu'il semble y avoir un besoin urgent d'assurer que soient rendues disponibles tout de suite des ressources visant à penser et créer un cadre national visant à examiner la santé mentale chez les enfants et les jeunes autochtones -cadre ayant pour base des politiques centrées sur la résolution de traumatismes. Il aurait pour objet l'examen des inégalités actuelles au sein du système de soins de santé et transformerait ce système dysfonctionnel en un système vigoureux et fort, qui répondrait aux besoins des jeunes et des adolescents autochtones et non de ceux de corps administratifs divers.

INTRODUCTION

A great disparity exists in access to equitable health and mental health services and complex care needs amongst Indigenous Canadians compared to their non-Indigenous counterparts (Adelson, 2005; MacMillan, MacMillan, Offord, & Dingle, 1996; Tookenay, 1996; Young, 2003). Despite significant progress in many areas of care over the past 20 years, there remains considerable disparity amongst Indigenous children and youth with a burden of physical and mental health illness that is grounded in systemic discrimination in terms of law and policy, which is well documented in the literature (Blackstock, 2008, 2012, 2016; Frohlich, Ross, & Richmond, 2006). Too often, Indigenous children and

youth have been left to suffer from an absence of care for their basic medical needs that severely impact their ability to live a full and salutary life.

Access to primary, secondary and tertiary care, particularly as it relates to accessing appropriate mental health services, remains a critical issue that requires more comprehensive policy, resources, prevention and intervention strategies that better reflect the needs of the individual child and youth (Blackstock, 2012; Isaak et al., 2010; Miller, 2003; Sasakamoose, Scerbe, Wenaus, & Scandrett, 2016). The Constitution Act, 1867 S.35(2), states that Indigenous peoples include "the Indian, Inuit and Metis people of Canada." Indigenous people in Canada comprise a significant percentage of the population. To put the magnitude of this issue into perspective, according to the Statistics Canada's National Household Survey (2011), over 1.4M people identified as being Indigenous in Canada, and as of 2018 this Indigenous population has grown to over 1.7M (Philpott, 2018). Of those surveyed, the majority identified as Indigenous (851,560), followed by Metis (451,795) and Inuit (59,445). Of the total Indigenous population, children under the age of 14 made up 28%, which is 7% of all Canadian children. Regarding youth, 18.2% of the Indigenous population identified as being 15 to 24 years of age, comprising 5.9% of all youth in Canada (Canada, 2011). There is a common misconception that most Indigenous people live on reserve; in fact, approximately half of Indigenous peoples live in urban environments, including larger city centers, with the majority residing in Ontario and the western provinces (Canada, 2011). It is well known that the Indigenous people of Canada are younger than the non-Indigenous population. However, despite this and the mounting evidence that has identified the significant disparity in access to health and mental health services (Bennett, Wekerle, & Zangeneh, 2010; Hamdullahpur, Jacobs, & Gill, 2017; MacNeil, 2008; Ning & Wilson, 2012), Indigenous children and youth remain at significant risk due to lack of access to critical services (Adelson, 2005, 2005; Blackstock, 2008, 2012, 2016; Lemstra, Rogers, Moraros, & Grant, 2013; Ning & Wilson, 2012).

Although the initial resistance from Canadian government bodies has been largely overcome regarding the implementation of Jordan's Principle and the various policy and service approaches now being taken to address the issues of funding, the question remains: Have such steps been enough? The authors acknowledge that changes have occurred in the application of Jordan's Principle to more appropriately meet the needs of Indigenous children and youth for all government services. However, despite this, the larger system remains broken.

This review examined the literature to identify the complexity of policymaking and the ongoing disparity related to access to health and mental health care by Indigenous children and youth in Canada. Further, we suggest that there is an overwhelming need to establish a national

strategy grounded in a trauma-informed policy framework, building on Jordan's Principle, allowing for a child- and youth-serving system redesign to meet the unique needs of Indigenous children and youth.

Methodology

The purpose of this exploratory review was, first, to investigate the disparity and inequity between Indigenous and non-Indigenous children and youth regarding their access to health and mental health care. Secondly, the authors sought to examine how Jordan's Principle is paving a better path forward into the future by transforming into a national framework that, by design, is created as a child- and youth-serving system that is grounded in trauma-informed policy practice. As this research was exploratory in nature, data was drawn by way of a scoping review of the literature to inform recommendations presented in this paper, and to rapidly examine and map the fundamental concepts within our area of study and the core of available evidence in the literature reviewed (Arksey & O'Malley, 2005; Levac, Colquhoun, & O'Brien, 2010). Literature was included from Canada and the United States to examine Indigenous-specific terminology and the types of disparity in health and mental health services, as well as the implementation of Jordan's Principle in existing published works. We adopted Morrissette, McKenzie and Morrissette's (1993) Indigenous community development principles as used by other researchers (Goulet, Lorenzetti, Walsh, Wells, & Claussen, 2016; Sinclair, 2004) in this area as our theoretical framework. We employed this framework as follows: 1) recognition of a distinct Indigenous worldview; 2) recognition of the impacts of colonialism on Indigenous communities; 3) the use of cultural knowledge and traditions as an active component to retain an Indigenous perspective in the community development process, and; 4) the use of community empowerment as a method of practice (Morrissette, McKenzie, & Morrissette, 1993).

To gather data, we examined peer-reviewed literature through academic databases and Google Scholar. Search terms included the following: *Jordan's Principle; Indigenous health care in Canada; Indigenous child and youth mental health; truth and reconciliation; disparity; inequity; rural and remote health services; trauma-informed practice; policy practice.* A total of 92 articles related to the search topic were identified. We then retrieved and reviewed the articles, and selected 58 for this study, which were sorted into the categories as defined by the purpose of the study (Creswell, 2003).

Disparity in Health Care, in Access and Equity, for Indigenous People in Canada

In Canada, the federal and provincial governments introduced legislation in the 1950s with the intent to provide hospital and insured medical care for all Canadians. This was soon followed by the birth of Medicare in 1974, which evolved by way of federal law as the Canada Health Act of 1984 (Martin et al., 2018). Through transfer payments to provincial bodies' and territories' insurance plans, a narrower form of "universal" health care has been created over time. For Indigenous people in Canada, however, large-scale inequities in access to care are significant and well-documented despite Canada's commitment to universal equity, fairness and access to high quality healthcare (MacMillan et al., 1996; Martin et al., 2018; Sasakamoose et al., 2016; Tookenay, 1996; Kue Young, 2003).

In the postcolonial era, Indigenous peoples in Canada consistently face inequalities in their experience with health, mental health and social support systems (Lafond et al., 2017; Sasakamoose et al., 2016; TRCC, 2014). Disparate health outcomes in the form of infection, cardiovascular and diabetic condition and other acute and chronic health ailments remain problematic in Indigenous communities across Canada (Frohlich, Ross, & Richmond, 2006; Lafond et al., 2017). Other research has shown that Indigenous people have a life expectancy rate that is 12-years lower than the national average, with higher rates of treatable and preventable chronic diseases compared to non-Indigenous Canadians (Kolahdooz, Nader, Yi, & Sharma, 2015). The World Health Organization (WHO), despite noting some dramatic gains in health outcomes over the last 30 years, reports that there remains a need to close the gap of inequities, including those within Canada. The WHO also reports that Indigenous peoples in Canada continue to exist in unacceptable living conditions, have limited access to clean water, have high burdens of ill health, higher rates of infant mortality, tuberculosis, diabetes, youth suicide, and child and youth injuries related to death. This further exemplifies that the social determinants of health remain unequal compared to non-Indigenous Canadians (Greenwood, de Leeuw, & Lindsay, 2018; World Health Organization, 2008). The government of Canada asserts that the "denial of rights" in health and mental health services for Indigenous people in Canada is being addressed in a proactive way (Philpott, 2018). However, at the same time, the government acknowledges that "the link between rights, social determinants of health and health outcomes is evident in the disturbingly high suicide rates among Indigenous youth today" (Philpott, 2018). Sometimes the health inequity gaps close only because the mainstream society is getting sicker, not because Indigenous people's health has improved (e.g., in rates of diabetes and

mental health issues).

Philpott (2018), the Minister of Indigenous Services Canada, goes further to note that 12 billion Canadian dollars have been dedicated in the past two federal budgets to improving the social determinants of health for Indigenous Canadians, also identifying that 33,000 requests for funding for children's and youth access to health, social and educational services have been met. Despite this funding, and particularly for Indigenous children and youth in remote or isolated communities – primarily in the North – there remains a lack of clean water, infrastructure, first-responder services and crisis response. Additionally, essential access to health care for primary, acute, chronic and mental health remains wholly under-resourced, and Health Canada has declared the situation "critical," indicating that significant barriers remain (Curran et al., 2018; Daley, Castleden, Jamieson, Furgal, & Ell, 2015; Isaacs, Sutton, Hearn, Wanganeen, & Dudgeon, 2017; Orkin, VanderBurgh, Ritchie, Curran, & Beardy, 2016).

Jordan's Principle

Jordan River Anderson, from Norway House Cree Nation in Manitoba, born with complex medical needs, died in hospital at the tender age of five. Jordan spent over two years waiting in a hospital while the Province of Manitoba and the federal government spent an unacceptable amount of time-fighting over who should pay for his home care (Blackstock, 2008; Lett, 2008). Following Jordan's death, the Parliament of Canada passed the Private Member's Motion 296 in support of "Jordan's Principle 296." Motion 296 was designed to create a child-first practice to ensure the resolution of jurisdictional issues involving the care of Indigenous children (Blackstock, 2008; Schubert, 2015). Once Motion 296 came into force, there was lengthy and ongoing discourse leading to an emphasis on a "federal response to Jordan's Principle," which focuses on the most vulnerable who have multiple disabilities and require numerous services from various jurisdictions (Johnson, 2015; Lori Chambers & Kristin Burnett, 2017; Nathanson, 2010).

It is well-documented that despite the purpose of Jordan's Principle and the intention of the legislation to ensure a fast and efficient response to fund the critical needs of Indigenous children, the government created a heavily administrative process and excessively stringent criterial guidelines for determining who could qualify for funding and how that funding could be accessed (Blackstock, 2008, 2012; Blumenthal & Sinha, 2015; Lett, 2008; MacDonald & Attaran, 2007). Multiple delays meant continued failure on the part of the government of Canada and their provincial/territorial counterparts to adequately address the funding roadblock, and subsequently their ongoing failure in funding criti-

cal services for Indigenous children's and youth health, mental health, special needs and other urgent care (Blackstock, 2008, 2012; Lett, 2008). In response, during 2007, the Assembly of First Nations and the First Nation's Caring Society lodged a complaint against Canada to the Canadian Human Rights Commission (CHRC) based on these and other related issues. In 2008, the CHRC referred that matter to the Canadian Human Rights Tribunal (CHRT, 2013; 2014) to determine whether discrimination had occurred pursuant to the *Canadian Human Rights Act*. The Government of Canada made multiple attempts to dismiss the case. However, on January 26th, 2016, the CHRT found that discrimination had occurred against 163,000 Indigenous children. In 2017 and 2018, the CHRT made further rulings ordering the full implementation of Jordan's Principle by the government (CHRT, 2013; 2014; 2016; 2017; 2018).

The issue of disparity among Indigenous children and youth as compared with their non-Indigenous counterparts has dominated popular discourse for some time. In 2012, after significant ongoing delays under the Harper Government, the Canadian Paediatric Society and UNICEF (2009; 2016) conducted independent reviews and found that the implementation of Jordan's Principle was limited in scope and considered inefficient, with a great deal of jurisdictional confusion. Due to these issues and the failure of the government to meet the requirements of the legislation, litigation was brought forward to the courts in *Pictou Landing Band Council and Maurina Beadle v. Canada*. At this time, the plaintiffs put forward an application for judicial review to address the reimbursement of the Pictou Landing band for costs associated with the care of Jeremy Meawasige, a child who required intensive care in his home by his mother, Maurina Beadle (PLBC v Canada 2013). The Federal Court found in favor of Pictou Landing Band Council (PLBC), a decision which was binding for the government of Canada, and full costs were awarded for Jeremy's care with an emphasis on payment without delay (PLBC v Canada 2013). Canada initially filed an appeal against this order, which was later withdrawn. Since that time, the CHRT has made several rulings against Canada (CHRT, 2013; 2014; 2016; 2017; 2018), ordering the broadening of the definition of Jordan's Principle and mandating compliance by the federal and provincial government(s).

As a result of the CHRT and Federal Court order(s), the Canadian government committed to spending CAD$382 million in implementing Jordan's Principle with a broader scope, which will conclude in March of 2019. The purpose of these funds, according to the government of Canada, was to apply for immediate funding within 24 hours for services to ensure the needs of Indigenous children and youth for health and well-being are being met. This ruling, then, begs the question, why isn't a national framework for children's and youth mental health amongst Indigenous peoples beyond 2019 being examined?

Indigenous Child and Youth Mental Health Services: Access and Equity

Across Canadian demographics, the onset of mental illness is typically before the age of 25, and early assessment, identification, and intervention from the age of 12 is known to have a significant and positive impact on outcomes in adulthood (Iyer et al., 2015; Malla et al., 2018). Theories of adverse childhood effects (ACEs) reflect a greater understanding of how traumatic experiences in childhood affect the growing child physically, mentally, and emotionally; the more toxic stress in a child's life, the more likely they will face health issues as an adult (Madison, 2014; Cook, 2005). In the light of this view, it seems to me that children help to carry emotions, in their families and community, that are too great to be dealt with alone. A child's hands and body may be too small to do much of the physical work; however, a child's spirit is entirely whole right from the start. It is the one place where a child can fully and ultimately participate in helping to hold the community together in a time of high stress (Yellow Horse Brave Heart, 2003).

Children carry the upsets and distressing experiences of their childhood, and adding the family's or community's trauma vicariously often becomes too much for them to cope with. Taking on this extra pain may lead them to self-harm, injury, or suicide as children grow older and lack the knowledge to deal with the upsets in their lives and all that they have witnessed and lived through. When considered within the context of Indigenous history, intergenerational trauma has a specific meaning, and the theory of ACEs is helpful in our understanding of the critical challenges to the health and wellness of Indigenous peoples and the realities of colonization, violence, and oppression (Cook et al., 2005; Fox, Perez, Cass, Baglivio, & Epps, 2015). It's important to know that inter-generational trauma often robs families of the ceremonies, medicines, and teachings (resources) that will help them with toxic stress (Cook et al., 2005; Fox, Perez, Cass, Baglivio, & Epps, 2015). We, as Indigenous people, have a complex reality, that includes intergenerational trauma and vicarious trauma that children and youth are facing; they face these difficulties along with their families, community and Nations, with few Indigenous resources to support and help as needed.

Evidence in the clinical, neurodevelopmental and epidemiological domains have consistently illustrated that the onset of mental illness and substance abuse in young people is serious and should be a focus of Canadian health and mental health policy (Iyer et al., 2015; Malla et al., 2018). When poverty, isolation, remote geographical challenges, and limited access to health and mental health services are factored in, especially amongst Indigenous children and youth, there is an overwhelming need for a coordinated, sustainable and strength-based national

strategy to address this issue (Bennett et al., 2010; MacNeil, 2008; Rawana & Ames, 2012; Waldram, Herring, & Young, 2006).

We also acknowledge that Canada's past residential schooling policy has led to the loss of culture and traditions, which has had an intergenerational effect on Indigenous communities and contributed to a lessened sense of community (Gone, 2013; Ross, Dion, Cantinotti, Collin-Vézina, & Paquette, 2015; Mota et al., 2012). Mental health issues, addiction, and suicide amongst Indigenous children and youth are measured in epidemic proportions (Cutcliffe, 2005; Lemstra et al., 2013; Mignone & O'Neil, 2005). In a report by Adam (2017), research showed that the number of cases of suicide among Indigenous youth is of significant concern and on the rise. Evidence of this epidemic can be seen in the province of Saskatchewan, for example, where the rate of death among Indigenous girls was 26 times higher than non-Indigenous girls aged 0 to 19. Crawford (2016) noted that the suicide rate among Indigenous youth in Canada is five to six times higher than that of the non-First Nation population. In 2016, Attawapiskat declared a state of emergency in Ontario after an attempted group suicide involving 11 community members. This incident led to the territorial government calling for suicide prevention programs. Sadly, since that time statistics such as those occurring in Attawapiskat are not uncommon in other Indigenous communities across Canada. Studies show that this high rate of suicide cases was attributed to sexual and physical abuse, poverty, and lack of access to healthcare (George et al., 2015; Rhodes, 2013).

Other research identifies that high suicide levels are connected to intergenerational trauma, psychological distress, substance abuse, and general social inequalities, as well as an ongoing loss of cultural identity (Afifi et al., 2016; Saewyc et al., 2014). Crawford (2016) identified depression and mental illnesses as the leading risk factors for high suicide levels among Indigenous peoples in Canada. Crawford (2016) noted that it is of equal concern that resources and services available are rarely coordinated and typically come in response to crisis rather than following a model of wellness and prevention. Indigenous youth are twice as likely as non-Indigenous youth to have had suicidal thoughts in the past 12 months or in their lifetime (Lemstra et al., 2013; Mignone & O'Neil, 2005; Mota et al., 2012). Factors influencing suicidal tendencies include intergenerational trauma, feelings of hopelessness, and lack of stable social supports (Lemstra, Rogers, Moraros, & Grant, 2013; Mignone & O'Neil, 2005; Statistics Canada, 2016; Mota et al., 2012). Further, trauma, abuse, substance use and depressive symptoms correlate with high rates of suicide as seen amongst many Indigenous children and youth (Lemstra, Rogers, Moraros, & Grant, 2013; Mignone & O'Neil, 2005; Statistics Canada, 2016; Mota et al, 2012).

It has been reported that, on average, more than a quarter of the Indigenous population in Canada have displayed suicidal ideation at one

point in their life. In a systemic literature review by Swanson and Colman (2013), it was reported that the suicide attempts among Indigenous youth in Canada were six times that of the nonaboriginal youth living in the same country. For such reasons, it is essential to analyze these issues through a broader lens informed by Jordan's Principle, on a larger scale related to the cause, effects and successful prevention strategies that impact addiction, suicide cases and mental illness among Indigenous children and youth in Canada. It is equally important to analyze the barriers to service which drive a crisis response to these issues (Blumenthal & Sinha, 2015; Johnson, 2015; Lori Chambers & Kristin Burnett, 2017).

The government of Canada's response to the suicide and mental health crisis in Indigenous communities through policy suggests a commitment to increasing the number of mental wellness teams across the country. A further goal is to simplify the process for an individual's access to mental health care, which is essential. Unfortunately, the same government's ability to operationalize this commitment in practice has not been demonstrated in a consistent way and falls dramatically short of the needs in this area. Inadequacies are apparent in recruiting trained staff and ensuring culturally appropriate health and mental health prevention and intervention services.

Nation Strategy for Indigenous Children and Youth

In 2015, the Truth and Reconciliation report articulated in significant detail how government policy created a state of cultural genocide which impacted all aspects of Indigenous people's lives. The process of reconciliation between Indigenous and non-Indigenous people in Canada will be a difficult, uncomfortable and complex process that will require a committed effort from all levels of government and citizens. There is no argument that children are vulnerable members of our society and are subject to the decisions of others and that Indigenous children and youth are more often than not subject to discrimination and broken promises (Blackstock, 2012; MacDonald & Attaran, 2007). Canada is part of the 1998 United Nations Convention on the Rights of the Child where it is clearly stated that:

> In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration (UNICEF, 1989).

As evidenced by Jordan's Principle and identified by the Federal Court(s) as well as the CHRT, there is disparity and inequity when it comes to providing Indigenous children and youth with access to health and

mental health care and services, and Canada falls below the international standard. The question, therefore, is: What is the long-term strategy?

Work by Sinha and Wong (2015) outlines the shortcomings of the implementation of Jordan's Principle and notes how the Canadian Paediatric Society, the Assembly of First Nations and UNICEF Canada have challenged federal, provincial and territorial governments to work with Indigenous governments to address ongoing jurisdictional, policy and administrative barriers for the full implementation of Jordan's Principle. It is not necessarily the role of the federal, provincial and territorial government(s) to define and design the initiatives necessary to ensure that Jordan's Principle is fully implemented as a sustainable approach towards addressing critical needs of Indigenous children and youth. In fact, for this initiative to be successful, a sustainable policy framework and implantation of care must be planned regionally and delivered locally in concert with the community to be effective. With this in mind, we suggest a new way of thinking regarding Jordan's Legacy in full scope and with particular attention to the child and youth mental health beyond the 2019 funding commitment.

Trauma-informed practice (TIP) draws on the body of research that defines a broad range of experiences that elicit emotional pain and distress, which has implications for the health and mental health outcomes of individuals (Arthur et al., 2013; Bowen & Murshid, 2016; Knight, 2015). TIP is widely used in social work, justice, child welfare, advocacy, homelessness, mental health practice, health care and other related areas. TIP comprises six principles: 1) safety; 2) trustworthiness and transparency; 3) collaboration, 4) empowerment; 5) choice, and; 6) intersectionality (Arthur et al., 2013; Bowen & Murshid, 2016; Donisch, Bray, & Gewirtz, 2016; Knight, 2015). The literature is scant regarding the use of TIP as a decision-making model to drive policy, with the exception of Bowen and Murshid (2016) who suggested that, in fact, TIP offers a path for decision makers to "disrupt trauma-driven health disparities" by way of policy.

We suggest that an opportunity exists through the legacy of Jordan's Principle for all levels of government (federal, provincial, territorial and First Nation) in partnership with the agencies which delivery health, mental health and social services to Indigenous children and youth to create a child and youth-serving system that is re-focused on the principles of TIP through policy and action. There is also a unique and immediate need to implement long-term sustainable prevention and intervention services as a matter of how policy is created, driven and implemented. A whole-person approach, with aspects of family – including supports for both parents and grandparents, who are often the caregivers, for healthy pregnancy and birth, for early years care, and for children and youth – is needed. An integrated, wrap-around approach to services (if any are available) is a wise practice to use in sup-

port of families, children, and youth in need. Services from formal mental health and counseling to wellness-based, spiritual and land-based, whole-person programs are also required and must be considered as critical elements of this proposed national strategy.

Conclusions and Recommendations

All children and youth are valuable. In Canada, it is no secret that Indigenous children and youth face discrimination, disparity, and hardship that non-Indigenous Canadians do not. The authors acknowledge that Canada has made positive changes, albeit ordered by the CHRT and Federal Court, to ensure that the full breadth and scope of Jordan's Principle is applied during the funding allocation period. As well, there is no argument that from care providers and family members to policy and decision makers there is a shared desire to tackle a broken system to better the lives of Indigenous children and youth. The authors of this paper work in many Indigenous communities in British Columbia and have been involved in successfully accessing Jordan's Principle funding for individuals and communities. That being said, serious obstacles remain regarding archaic administrative practices and processes and resource allocation that create disparity amongst Indigenous children and youth as compared with non-Indigenous young people, which Jordan's Principle has been unable to address adequately. A further complexity is a disconnect between various levels of government and health authorities concerning the understanding, interpretation, and implementation of services, which is, ironically, an added level of bureaucracy created by Jordan's Principle—a principle that was designed to eliminate these administrative obstacles. This is not to say that complete responsibility lies with any one entity of government over another. Instead, what is clear to anyone who works "in the system" is that this system is broken. Sometimes the "best we have" just isn't good enough. The time has come to break away from administrative, policy and financial silos of the traditional "system" and create an environment based on principles of equity, fairness and common-sense practices.

The road towards reconciliation is complex, uncomfortable and difficult. However, difficult does not mean impossible. Jordan River Anderson's legacy has improved and saved the lives of many Indigenous children and youth. In March of 2019, the funding for Jordan's Principle will cease. We suggest an immediate need exists to integrate, holistically, the theory, research and practice gleaned from the implementation of Jordan's Principle across Canada at all levels (i.e., service providers, care recipients, policy and decision makers) to develop a new and sustainable national framework focused on Indigenous children and youth. Courage must be exercised by all levels of government to work outside

the traditional silos and bring together those who work, live, and operate in the current system, with a mandate towards innovation, transformation, and redesign. This means the coming together of community members, policy makers, decision makers, clinicians, researchers, service providers, care practitioners and others involved in the current fractured system to create a new legacy based on Jordan's Principle beyond 2019.

A National Indigenous Child and Youth Service and Care Framework based on Jordan's Legacy would, by design, be focused on addressing the inadequacies of the current system of care, and transform a broken system into a healthy, strength-based model driven by the needs of Indigenous children and youth rather than the needs of administrative bodies.

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