Journal of INDIGENOUS SOCIAL DEVELOPMENT

Volume 14, Issue 2 (2026)
https://ucalgary.ca/journals/jisd
E-ISSN 2164-9170
pp. 52-62

Implications of Jordan's Principle for Canadian Allied Health Professionals and Their Indigenous Patients: The Importance of Informed Allies for Critical Knowledge Mobilization

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Keywords: • Indigenous • First Nations • Jordan's Principle • Indigenous Health Services • Canada

Abstract

Jordan's Principle is a Canadian public policy principle implemented to ensure that all First Nations children can receive access to the services and supports they need. When it comes to health services for Indigenous people, the provincial government delivers health care off-reserve, while the federal government funds it on-reserve. This has resulted in jurisdictional disputes leaving Indigenous children at a disadvantage to receive care. In the case of Jordan River Anderson, disputes between the provincial and federal governments regarding who would pay for his at-home care delayed his ability to leave the hospital and return to his community. Jordan died in the hospital when he was just five years old. Under Jordan's Principle, regardless of who comes in first point of contact with the child, if there is no existing funding for the service then the funding is requested under Jordan's Principle as long as it falls under the guidelines to ensure substantive equality. This paper highlights the importance of aligning allied health professionals and how they can assist in educating Indigenous families about Jordan's Principle. Allied health professionals who are knowledgeable about Jordan's Principle are invaluable in helping Indigenous families receive the health resources they need.

Indigenization Statements

Sarah Boudreau (BSW) is a settler ally. She is a graduate of the Bachelor of Social Work program at Algoma University.

Rose E. Cameron (PhD) is Anishinaabekwe and is from the Caribou Clan. She is originally from Northwestern Ontario, Kenora, Ontario. She speaks her Anishinaabemowin language and is a proud Gookum. She is an Associate Professor in the Master of Psychotherapy Program in the Department of Psychology. Her dissertation, What are you in the dark? The transformative powers of manitouminasuc upon the identities of Anishinabeg in the Ontario Child Welfare System she completed at the University of Toronto. She has collaborated her work with many esteemed researchers and scholars at the local, national and international levels. Miigwech!

Meghan J. Bird (BASc Hons., MSW) is a settler ally. She is a Canadian Social Worker and Therapist. She provides clinical care specializing in anxiety, eating disorders, and sex therapy with a focus on supporting members of the LGBTQIA+ and neurodivergent communities.

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Algoma University is located on Robinson-Huron Treaty territory in the vicinity of Bawating. The land on which this study was conducted is the sacred and traditional territory of the Anishinaabe, specifically the Garden River and Batchewana First Nations, as well as the Métis People. University of Toronto is located on the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. This meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

Introduction

Indigenous children in Canada experience inequities in health outcomes, influenced by factors including socioeconomic disparities, limited access to healthcare and social services, and the ongoing impact of colonial policies (Kim, 2019). Additional barriers, including lack of nearby hospitals or specialized services in many Indigenous communities can further delay or prevent access to appropriate care. These inequities underscore the need for specific and accessible health programs.

Given the above, it is crucial that allied social services and health professionals (hereafter referred to as allied health professionals) are fully informed about Jordan's Principle. This program is designed to improve health outcomes for First Nations children in Canada. Allied health professionals are situated to help eligible Indigenous children get the support they need

through Jordan's Principle through educating families and accessing resources to support patient health. For many allied health professionals caring for Indigenous families, Jordan's Principle is an untapped resource. Equipped with relevant information about this evolving public health program, allied health professionals can use their advocacy and intervention skillset to guide patients and their families in seeking services through Jordan's Principle. When knowledgeable about Jordan's Principle, allied health professionals can support Indigenous children with the ultimate goal of fostering equitable treatment and improving health outcomes for some of the most vulnerable people in Canada.

The Creation of Jordan's Principle

Jordan River Anderson was a young First Nation boy from Norway House Cree Nation in Manitoba. Jordan was born with a rare neurological disorder that significantly impacted him, causing him to stay in the hospital from birth (Sinha & Wong, 2015). When he was two years old, he was given permission by his doctors to move to a specialized home that was equipped for his medical needs (Earnscliffe Strategy Group, 2021). However, disputes between the provincial and federal governments regarding who would pay for Jordan's at-home care, due to his status as a First Nations child, delayed his ability to leave the hospital. These disputes persisted until Jordan's passing in the hospital when he was just five years old, having never been able to return home (Assembly of First Nations, 2018).

The rate of disability among Indigenous children has been found to be nearly double the rate among the general population (Dion, 2017), and Indigenous families are impacted by jurisdictional disputes over which government will provide financial resources (Sinha & Blumenthal, 2014). The problem is bureaucratic: the province funds and delivers health care off-reserve, while the federal government funds health care on-reserve. In response to this systemic

issue, the First Nations Child and Family Caring Society published a report titled, *Wen:de: We Are Coming to the Light of Day,* which recommended the immediate adoption of a child-first principle, named after Jordan River Anderson (Levesque, 2018). A child-first principle means putting the best interests of the child before jurisdictional issues in government to ensure equitable services and resources are provided (Johnson, 2015). On December 12, 2007, the House of Commons unanimously passed Jordan's Principle, declaring that when a First Nation child needs care, the government that is first in contact with the family is required to pay up-front for the child's care. The jurisdictional issues that may arise must be resolved after the care is provided (Chambers, 2017). The intention of Jordan's Principle was to end the discriminatory treatment First Nations children faced by ensuring the access to care they receive is equal to non-Indigenous children (Blackstock, 2016).

The criteria for being eligible to receive services under Jordan's Principle were initially very restrictive and arduous. To apply, an Indigenous child had to 1) live on a reserve, 2) be suffering from a complex combination of health conditions, and 3) be encountering a clear jurisdictional dispute over service provisions (Levesque, 2018). This criterion excluded First Nation children who were non-status, not living on reserve, and/or had undiagnosed health challenges. In addition, for Jordan's Principle to be fully put into practice, the provincial government had to ratify the principle and negotiate cost-sharing agreements with the federal government (Chambers, 2017). Until these criteria were met, Jordan's Principle remained an idealistic vision for Indigenous children's healthcare without anything solidified legally.

Now, the criteria are more inclusive. Currently, according to Indigenous Services Canada (n.d.), to be eligible to apply for Jordan's Principle, a child must meet one of the following criteria: 1) is registered or is eligible to be registered under the Indian Act, 2) has one parent or

guardian who is registered or is eligible to be registered under the Indian Act, 3) is recognized by their nation for the purposes of Jordan's Principle, or 4) is ordinarily a resident on reserve. In accordance with the *Accessing Jordan's Principle* handbook (Assembly of First Nations, 2018), the principle is applicable to First Nations children ages 0-18 (which is expanded to the age of 19 in some provinces). The change in criteria came in 2015, following communication from the Canadian Human Rights Tribunal (CHRT), who ordered the federal government to change its exclusionary criteria for accessing Jordan's Principle as it constituted discrimination on the basis of race (Sinha & Churchill, 2018). When the federal government did not comply with making the requested changes, which could be due to a variety of reasons including higher costs and greater responsibility, the CHRT ordered further compliance and highlighted that Jordan's Principle needed to provide substantive equality. In order for First Nations children to have the opportunity to have the same outcomes as other children, they should be able to access resources that are potentially not available to them if it supports them in overcoming barriers experienced due to a legacy of systemic racism in Canada (Kamran, 2021).

Accessing Jordan's Principle

The newer and more inclusive criteria of Jordan's Principle make it possible for both status and non-status children living on or off reserve to have access to a variety of services and resources. Between July 2016 and February 2023, more than two million services and/or products were approved under Jordan's Principle, including supports in the form of assessments and screenings, physical therapy, medical transportation, mobility aids and medical supplies (Assembly of First Nations, 2018; Indigenous Services Canada, n.d.). Furthermore, beyond medical supports, Jordan's Principle provides funding for educational, social and cultural

services, including tutoring, assisted learning, and cultural language programs (Assembly of First Nations, 2018).

A Jordan's Principle application can be completed by parents, guardians, children over 16, an authorized representative of the child, or through professional service coordinators such as case managers and navigators (Assembly of First Nations, 2018). Making a request requires one to fill out an application form and provide a letter with supporting documents from a professional, such as a public health professional, a social work, an educator, or a doctor (Assembly of First Nations, 2018). The federal government, through Indigenous Services Canada, also opened a Jordan's Principle call centre, 1-855-JP-CHILD, that was created to oversee and streamline the processing of Jordan's Principle cases and ensure they are assessed within the timelines set out by the CHRT (Levesque, 2018). Most applications are processed in approximately 12-48 hours.

Barriers to Accessibility

While the current criteria provided improvements to access compared to the previous criteria, historic and current systemic discrimination continues to interact with individual circumstances, community conditions, and complex public service policies to create numerous barriers to the efficient implementation of Jordan's Principle. High rates of application denial mean children are left without resources and support. Between 2020 and 2025, the funding for Jordan's Principle fell, and the denials doubled from $216 million to $491 million (Pugliese, 2025). In its most recent implementation, Sinha et al. (2021) identified five key barriers that were reducing the effectiveness and reach of Jordan's Principle. These barriers included: 1) a case-by-case approach, 2) inconsistent implementation, 3) a burdensome request process, 4) delays in service provision, and 5) a lack of an independent appeal process (Sinha et al., 2021).

The case-by-case approach of Jordan's principle reflects a contemporary individual- and demand-driven model, which means that resources are only supplied on a case-by-case basis after a gap has been identified in a child's care. This approach means that individual claims target individual problems, instead of addressing systemic issues that contribute to the existence of these problems in the first place (Sinha et al., 2021)

In addition to the application process, families requesting Jordan's Principle are often required to provide documentation from an allied health professional proving the child's diagnosis and identified need (Sinha et al., 2021). If services are requested that are beyond standard resources, families may also be required to provide verbal or written testimony of their experiences with systemic discrimination. Federal workers are then instructed to use their discretion to decide whether the application should be approved. This unwieldy bureaucratic hurdle poses a serious risk for inconsistent and inequitable decision-making (Sinha et al., 2021).

The burden of recognizing the child's unique needs and gathering documentation falls on the shoulders of Indigenous families and communities (Sinha et al., 2021). This burden is increased when the federal government evaluates requests on the grounds of substantive equality, meaning families and communities must identify their specific experiences with systemic discrimination (Sangster et al., 2019). Not only can this process be triggering and potentially re-traumatizing, but it can lead to inconsistent implementation of Jordan's Principle depending on what historical events applicants are able to identify (Sinha et al., 2021).

Delays commonly occur when processing Jordan's Principle applications due to factors such as unclear and inconsistent application requirements and insufficient federal staffing to support Jordan's Principle (Sangster et al., 2019). Research in Alberta shows that delays of additional weeks, and even months, have been observed.

The routes for appealing a denial decision in response to a Jordan's Principle application are limited and are internal to the federal government appeal process (Sinha et al., 2021). The appeal process is overseen by a regional representative hired by Indigenous Services Canada, which is the department responsible for all elements of Jordan's Principle administration. Allied health professionals can play an important role both in assisting applicants with the original submissions as well as the appeals process, when needed.

Implications for Allied Health Professionals

As Jordan's Principle is a legal obligation outlined by the CHRT, allied health professionals have a responsibility to understand the nuances of Jordan's Principle to better aid families in navigating the application process. This starts with not only increasing awareness of Jordan's Principle for Indigenous families but also implementing practical, system-level strategies to improve access and equity. Increasing awareness and publicizing information regarding Jordan's principle is particularly important as it has been noted that, while awareness of this principle has been rising, there is still limited awareness broadly in Canada, even among allied health professionals (Metallic et al., 2022). Publicizing Jordan's Principle could involve the development and dissemination of clear, accessible knowledge translation tools, such as one-page summaries outlining eligibility and the application process, as well as simple checklists to help allied health professionals identify potentially eligible children. To support more consistent decision-making, establishing and disseminating clear and consistent criteria is critical to help distinguish urgent from non-urgent requests. Additionally, mandatory training on eligibility and anti-discrimination practices is needed to ensure compliance with the CHRT. Further, strengthening data systems and incorporating mechanisms to evaluate service user experience, including feedback and complaints processes, would help identify service gaps and ensure more

equitable access (Institute of Fiscal Studies and Democracy, 2025). Finally, streamlining reimbursement processes for First Nations would reduce administrative delays. As patient-facing providers, allied health professionals are in a unique position to collaborate with First Nations community partners to disseminate information and advocate for these improvements, ultimately strengthening both awareness and implementation of Jordan's Principle.

When allied health professionals are knowledgeable about which of their patients may be eligible for Jordan's Principle, they can educate families in need. Allied health professionals can also play a crucial role in the application process, as documentation from an allied health professional is required to prove the child's diagnosis and health needs. Pre-existing knowledge of Jordan's Principle prepares allied health professionals to provide documentation that has the potential to increase the success of the application. It is also beneficial for allied health professionals to understand potential barriers families may face during the application process, and how best to navigate these barriers. Since some allied health professionals work with patients over the life course, they are uniquely situated to support families through what can be a lengthy and painful process to receiving health services. Despite its limitations, without knowledge of Jordan's Principle, many First Nations families are left stranded in a sea of health inequities with nowhere to turn. Allied health professionals can be a beacon of knowledge, guidance, and support for families in desperate need of health services.

References

Assembly of First Nations. (2018). *Accessing Jordan's Principle: A resource for First Nations parents, caregivers, families, and communities.* Assembly of First Nations. https://taan.ca/jordans-principle-online-handbook/

Blackstock, C. (2016, October 6). The long history of discrimination against First Nations children. *Policy Options.* https://policyoptions.irpp.org/2016/10/the-long-history-of-discrimination-against-first-nations-children/#:~:text=On%20January%2026%2C%202016%2C%20the,the%20problem%20is%20getting%20worse

Canadian Public Health Association. (2017, March). *Public health: A conceptual framework* (2nd ed.). Canadian Public Health Association. https://www.cpha.ca/sites/default/files/uploads/policy/ph-framework/phcf_e.pdf

Chambers, L. (2017). Jordan's Principle: The struggle to access on-reserve health care for high-needs Indigenous children in Canada. *American Indian Quarterly*, *41*(2), 101–124. https://doi.org/10.5250/amerindiquar.41.2.0101

Dion, J. (2017). Falling through the cracks: Canadian Indigenous children with disabilities. *The Centre for Human Rights and Legal Pluralism Working Paper Series*, *5*(12). McGill Centre for Human Rights and Legal Pluralism.

Earnscliffe Strategy Group. (2021). *2021 Jordan's Principle awareness campaign concept testing: Final report*. Indigenous Services Canada. https://publications.gc.ca/collections/collection_2022/sac-isc/R5-774-2021-eng.pdf

Indigenous Services Canada. (n.d.). *Jordan's Principle*. Government of Canada. https://sac-isc.gc.ca/eng/1568396042341/1568396159824

Institute of Fiscal Studies and Democracy. (2025). *Interim briefing: Considerations for the sustainability of Jordan's Principle*. https://ifsd.ca/wp-content/uploads/2025/03/2025-03-07_Interim-briefing_Jordans-Principle.pdf

Johnson, S. (2015). Jordan's Principle and Indigenous children with disabilities in Canada: Jurisdiction, advocacy, and research. *Journal of Social Work in Disability & Rehabilitation, 14*(3-4), 233–244. https://doi.org/10.1080/1536710X.2015.1068260

Kamran, R. (2021). Canada's history of failing to provide medical care for Indigenous children. *Paediatrics & Child Health*, 26(5), 279-282. https://doi.org/10.1093/pch/pxaa109

Kim P. J. (2019). Social determinants of health inequities in Indigenous Canadians through a life course approach to colonialism and the residential school system. *Health Equity, 3*(1), 378–381. https://doi.org/10.1089/heq.2019.0041

Levesque, A. R. (2018). Addressing critical gaps in service provision for First Nations children in Canada: The establishment and expansion of Jordan's Principle. *Health Reform Observer*, 6(2). https://doi.org/10.13162/hro-ors.v6i2.3589

Metallic, N., Friedland, H., & Thomas, S. (2022). *Doing better for Indigenous children and families: A Report on Jordan's Principle accountability mechanisms.* Caring Society & Department of Indigenous Services Canada. https://digitalcommons.schulichlaw.dal.ca/cgi/viewcontent.cgi?article=1014&context=reports

Pugliese, K. (2026, October). 'They're setting us up to fail:' Did the changes to Jordan's Principle go too far? *APTN News*. https://www.aptnnews.ca/featured/theyre-setting-us-up-to-fail-did-the-changes-to-jordans-principle-go-too-far/.

Sangster, M, Vives, L., Chadwick, K., Gerlach, A., & Sinha, V. (2019). *Advancing Jordan's Principle by realizing enhanced serviccoordination in the Alberta Region*. First Nations Health Consortium. https://abfnhc.com/wp-content/uploads/2021/06/FNHC-Annual-Report-2019-2019-09-24-DIGITAL-Internal-Spreads-116-Pg-No-Bleed-reduced.pdf

Sinha, V., & Blumenthal, A. (2014). From the House of Commons Resolution to Pictou Landing Band Council and Maurina Beadle v. Canada: An Update on the Implementation of Jordan's Principle. *First Peoples Child & Family Review, 9*(1), 80-91. https://fpcfr.com/index.php/FPCFR/article/view/232

Sinha, V., & Churchill, M. (2018). Reclaiming the spirit of Jordan's Principle: Lessons from a Canadian Human Rights Tribunal ruling. *Canadian Review of Social Policy, 78*. https://crsp.journals.yorku.ca/index.php/crsp/article/view/40256

Sinha, V., Sheppard, C., Chadwick, K., Gunnarsson, M., & Jamieson, G. (2021). Substantive equality and Jordan's Principle: Challenges and complexities. *Journal of Law and Social Policy, 35*, 21-43. https://doi.org/10.60082/0829-3929.1422

Sinha, V., & Wong, S. (2015). Ensuring First Nations children's access to equitable services through Jordan's Principle: The time to act is now. *Paediatrics & Child Health*, *20*(2), 62–64. https://doi.org/10.1093/pch/20.2.62