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Acceptability of Clinical Services Provided to First Nations Families

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Canadians should have equal qualities and levels of healthcare. This has not always been the case, especially for First Nations Peoples in Canada, as the death of Jordan River Anderson, a First Nations boy from Norway House Cree Nation, illustrated. In response to this gap in services, Jordan's Principle was created to provide First Nations Children with increased access to adequate healthcare. The present study assessed the social validity of community-based clinical services provided under Jordan's Principle. Three respondent groups were surveyed to measure satisfaction with current services. Research findings serve to inform service providers of the quality of the services and may ultimately increase the quality of life of individuals served by similar endeavours. Results indicated high levels of satisfaction amongst service recipients, a promising outcome for service providers and funders. Through this research endeavour, it is evident that further services are not only warranted but actively welcomed.

Keywords: Indigenous, First Nations, social validity, consumer satisfaction, service delivery

La qualité et les niveaux de services de santé chez les peuples des Premières Nations du Canada n'ont pas toujours été égaux, comme l'illustre la mort de Jordan River Anderson. En réponse à cette inégalité, le Principe de Jordan a été créé pour offrir aux enfants des Premières Nations un accès accru à des soins de santé adéquats. La présente étude a évalué la validité sociale des services cliniques communautaires fournis en vertu du Principe de Jordan. Des répondants ont été interrogés pour mesurer leur satisfaction des services actuels. Les résultats de la recherche informeront les prestataires de services par rapport à la qualité des services, ce qui pourrait augmenter la qualité de vie des personnes servies par des services similaires. Les résultats ont indiqué des niveaux élevés de satisfaction parmi les bénéficiaires des services. Grâce à ce projet de recherche, il est évident que d'autres services sont justifiés.

Mots-clés : Autochtones, Premières Nations, validité sociale, satisfaction des consommateurs, prestation de services

In 1999, Jordan River Anderson, a boy from Norway House Cree Nation in Manitoba, was born with complex medical needs which rendered him unable to leave the hospital from birth (Government of Canada, 2018b). When Jordan reached the age of two, doctors determined that he was able to transition to assisted living, home-based care. At this time, however, federal and provincial governments disputed over which government was responsible for the cost of Jordan's transition. The Governments of Manitoba and Canada could not reach a decision in time for Jordan to experience life outside of the hospital and Jordan passed away at the age of five having never been given a chance to live in his community.

In response to Jordan's death, the House of Commons passed Jordan's Principle in 2007 as a dedication to First Nations children. Jordan's Principle is a legal obligation for the federal government to pay for health services to First Nations children living on reserve without service delays, denials or disruptions (Government of Canada, 2018c). To carry out this obligation, numerous service providers are now federally funded to provide services and programming on-reserve.

It is critical to evaluate the relevance, safety, and social validity (Schwartz & Baer, 1991; Wolf, 1978) of health services, particularly when delivered to vulnerable individuals with disabilities who are racially marginalized. In other words, it is important to investigate whether First Nations individuals receiving health services find the interventions to be connected

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to their cultural and personal beliefs, as well as spiritually and physically safe. Assessing the social validity of an intervention helps inform researchers, service funders, and service providers of the acceptability of, and satisfaction with, an intervention. The goal of the present study was therefore to assess the social validity of clinical services provided through Jordan's Principle by a community-based service provider and determine which elements of service are linked with participant satisfaction. Formal hypotheses were not proposed as this study was exploratory in nature. Given the limited prior research on the social validity of services in First Nations communities in Canada, the primary purpose of this research was to describe how services delivered by a community-based service provider under Jordan's Principle were received. We also sought to identify key service elements that contributed to stakeholder satisfaction in this context.

First Nations Communities in Manitoba

In 2014, there were 148,455 registered First Nations Peoples in Manitoba, with roughly 60% of First Nations Peoples living on Reserves. Of the 63 First Nations within Manitoba, 23 are not accessible by an all-weather road, which limits these communities to alternate transportation such as air (Government of Canada, 2014). To demonstrate the seriousness of topographical seclusion, the Government of Canada stated, "geographic isolation has segregated Manitoba First Nation communities socially and economically from mainstream Manitoba. This has created unique challenges in the region regarding […] delivery of services" (Government of Canada, 2014, para. 11).

The specific prevalence of autism spectrum disorder and developmental disabilities within First Nations communities is currently unknown. However, in Canada as a whole, 1 in 66 children are diagnosed with autism spectrum disorder (Government of Canada, 2018a). This accounts for approximately 1.5% of the Canadian population in this age demographic. For individuals who are diagnosed with a disability, it is likely that various supports will be needed for much, if not all, of their lives (Government of Canada, 2018d). Supports may include, but are not limited to, behavioural interventions, self-care, transportation, social interactions, finances, education, and employment (Mirenda, 2014). The origin of such supports varies, whether it be caregivers, direct support staff, or health care providers, and it is likely that individuals with disabilities will depend heavily on these supports throughout their lives. This has various impacts on the provider of care, whether it be emotional distress, physically demanding work, or financial implications and hardship (Government of Canada, 2018a). Prior to Jordan's Principle, it was unclear who would fund these services for individuals living on-reserve, resulting in significant delays for services, if any service was received at all.

Research on the social validity of health services provided to First Nations or indigenous communities in Canada has been limited. In one exception (Oosterveer & Young, 2015), researchers conducted semi-structured interviews to examine the challenges faced by Indigenous people in the far north in accessing primary health care services. Satisfaction among service recipients was high when service was provided within the community as compared to requiring travel for access. Respondents emphasized the importance of clinician training and rapport development, and also the need for increasingly more frequent services. Given that the study context was primary health care, no special focus was given to the perspectives of families living with a developmental disability.

St.Amant's Jordan's Principle Services

St.Amant, a provincially funded non-profit organization that provides services to Manitobans with intellectual and developmental disabilities and their families, has completed its pilot year of services through Jordan's Principle. In this initiative, St.Amant provides a range of on-reserve services to First Nations children and their families, including nursing services, behavioural psychology services, counselling services, and a family care program (St.Amant, n.d.). The program promotes inclusivity, transparency, and active collaboration between Jordan's Principle staff and service recipients. The present study focused on satisfaction with St.Amant's behavioural psychology services. Services also included in the scope of this study were educational resources on challenging behaviour given to service providers such as workshops, telehealth sessions, and in-service school training.

First Nations children referred for behaviour support through St.Amant typically show challenging behaviours, which include, but are not limited to, aggression to others or self, disruptive behaviours, non-compliance, undesirable verbal behaviours, property destruction, academic difficulties, as well as deficits in life and self-care skills (B. Adaman, personal communication, May 7, 2018). Many of these children have a diagnosis of developmental disabilities or autism spectrum disorder, but this is not a requirement of service. As of March 31, 2018, St.Amant had received 321 referrals for over 150 children in 39 First Nations communities.

Once a child is referred, a behaviour analyst will begin providing Comprehensive Clinical Intervention

to the child and his family. Behaviour analysts at St.Amant are clinicians who have a minimum of a Master's Degree in Applied Behaviour Analysis, are working toward becoming a Board Certified Behaviour Analyst, and receive supervision from a certified psychologist. The analyst begins the intervention by interviewing the caregivers on the child's challenging behaviours and the circumstances in which they occur. There is a large focus on relationship building and families are encouraged to share their concerns and thoughts freely. After gaining this preliminary information, the analyst will ask the family to record information as the behaviour occurs and the analyst may return to conduct observations. Based on these data, the analyst will determine what is likely causing and maintaining the behaviour and discuss potential intervention choices with the family. Examples of interventions that may be commonly recommended are implementations of daily schedules, minimizing reactions to challenging behaviour, and teaching socially appropriate alternative behaviours. After the family selects what will best suit their needs and preferences, the analyst will begin caregiver training. Analysts will train parents on how to implement programming in their home and change their own behaviour in order to better manage their child's behaviour. If the child is having challenges in school as well as at home, analysts will work with teachers and educational assistants in order to create and implement behaviour change programming.

Social Validity of Jordan's Principle Services

To initiate research efforts in the area of Jordan's Principle, Chad Nilson (2018) conducted a community impact case study that looked at Manitoba's Jordan's Principle Circle of Care Approach[1]. Findings suggest that this approach increased collaboration of human service professionals, reduced barriers (including barriers related to access to services, access to qualified service professionals, collaboration with clients; rapport and trust, follow-up and communication, as well as overall client comfortability with services), improved relationships with stakeholders, increased community engagement, increased advocacy, among other positive service outcomes. This study serves to extend the valuable research conducted by Nilson (2018), by investigating the social validity of the goals, methods, and outcomes of interventions provided under Jordan's Principle.

In order to expand on Nilson's (2018) research, we used a survey to directly measure social validity. Social validity refers to the acceptance of a program's goals, methods, and outcomes (Wolf, 1978). According to Schwartz and Baer (1991), "sound social validity assessment consists of asking the right questions, to the right people, in the appropriate manner" (p. 195). To do so, Schwartz and Baer (1991) suggested that consumers (the recipients of the intervention) be evaluated at various levels, depending on involvement with the treatment plan. The levels include Direct Consumers, Indirect Consumers, members of Immediate Community, and members of Extended Community (Schwartz & Baer, 1991). Social validity evaluation should address various aspects of the treatment program, such as validity, reliability, cost-effectiveness (Schwartz & Baer, 1991), cultural competency[2] (Najera, 2012), and mode of service delivery (Blake et al., 2017; Heitzman-Powell, Buzhardt, Rusinko, & Miller, 2014). As Nilson (2018) suggested, the inclusion of various role categories (i.e., Direct Consumers, Indirect Consumers, members of Immediate Community, and members of Extended Community) encourages collaboration, rapport, and autonomy amongst individuals who experience Jordan's Principle services in different scopes.

Special Considerations

In 2018, Gregory Younging advocated for the need to *Indigenize* publishing. Younging argued for literature to be representative in nature by presenting the Aboriginal culture in a truthful manner. To do so, Younging (2018) advocated for collaboration with Indigenous Peoples. As a result, researchers avoid overgeneralizations and misrepresentations of First Nations individuals and foster a trusting relationship by demonstrating cultural awareness and sensitivity. Younging (2018) offered the recommendation that researchers seek true and authentic information from Elders, arguing for the significance of the Elder role to the integrity of Indigenous culture and accurate sources of knowledge. Here, Elders are people who have gained superior wisdom through various life experiences and reflections, and are given the utmost levels of authority and respect. In sum, it is evident that in order to ensure cultural competency and safety of Indigenous populations, researchers should openly collaborate with First Nations Peoples during every step of the research process. Furthermore, it is important to recognize that consulting with Elders is a respectful way of ensuring that the information received is authentic in nature. Unfortunately, literature has routinely failed to follow the above recommendations.

To promote these goals, one Elder and seven Manitoba Jordan's Principle Service coordinators representing various Tribal Councils were consulted prior to the initiation of the research study and provided insight, feedback, and guidance to St.Amant on the content of the various surveys.

Method

Participants

Participants were 44 persons who responded to a service satisfaction survey conducted by St.Amant in early 2019 for quality assurance purposes. The research team requested anonymous service data from St.Amant to conduct this study. Respondent demographics such as age, gender identity, ethnic and/or racial background, level of education, socioeconomic, generational, and/or immigrant status, disability status, sexual orientation, and language preference were not included in the questionnaires and thus were not available for analysis. Only adults were invited to complete the survey.

Populations of interest for this retrospective analysis included families of children participating in Jordan's Principle who live on First Nations Reserves, Jordan's Principle staff (both on and off reserve), education providers (school, daycare, and nursery schools), clinicians, direct support providers, the community at large on each respective reserve, Community Leaders, Elders, outside professionals, and the funding agencies of Jordan's Principle. As mentioned, children and adolescents supported by St.Amant's efforts in Jordan's Principle do not need to have an official diagnosis of a disorder. In fact, a suspected disorder can ensure getting service, even in the absence of formal medical evaluation (C. Cressman, personal communication, December 4, 2018).

Respondents were asked to identify as belonging to one of four role categories: person receiving services, parent, family member, or other caregiver (direct consumers, n = 17); Case Manager, Child Development Worker, or other community staff member (indirect consumers, n = 22); Chief, Elder, Band Councilor, Education Director, Health Director, or other community leader (immediate community, n = 0); or First Nations political organization, service coordinator, funder, specialized service provider, or other professional (extended community, n = 5). There were no responses received from the immediate community. Respondents were provided with the opportunity to indicate the length of service involvement as a measure of the survey[3].

Materials and Procedure

Four versions of social validity questionnaires were developed and distributed by St.Amant. The first questionnaire was delivered to the direct consumers, who were families and caregivers of children supported in Jordan's Principle. The second questionnaire was delivered to the indirect consumers, who were the case managers and community teams of Jordan's Principle. The third questionnaire was delivered to the immediate community, which included stakeholder groups who were asked to identify themselves as Chiefs, Elders, Councillors, educators, health directors, or other. The fourth questionnaire was delivered to the extended community, which included First Nation Inuit Health Branch, Jordan's Principle-Child First Regional Representatives & Indigenous Service Canada, Manitoba Jordan's Principle Service Coordinators Collaborative, Eagle Urban Transition Centre, outside professionals or clinicians, and Special Needs Advocates. Respondent groups completed different questionnaires, but many questions were identical or very similar (minor word changes typically reflected the respondent's role) across versions.

The questionnaires all included open-ended items, so there was a potential for participants to unintentionally or purposefully include identifying information, despite the fact that no items solicited it. Answers to open-ended questions might also have disclosed the observation or suspicion of abuse. If this were the case, the research team was prepared to fulfill legal obligations of reporting. However, St.Amant Clinical Services staff reviewed all questionnaires before providing the data and reported that no identifying or sensitive information was included, nor any information about abuse. The research team found none during our subsequent analysis.

Design

The dependent variable of this study was satisfaction with aspects of Jordan's Principle services provided by St.Amant. Survey data were analyzed descriptively, inferentially, and qualitatively. The data analysis procedures employed reflect the exploratory nature of this research as well as the design of the questionnaires. With the exception of an initial question about the respondent's role, and several closing questions that were completely open-ended, all survey items were formulated as *yes*/*no* questions about features of service that would be desirable (e.g., *Does St.Amant delivers services that are culturally safe and appropriate?*). Each *yes*/*no* survey question included a "radio button" option (i.e., no more than one item could be selected) for respondents to select *yes, no*, *not sure*, or *don't know*. Responses to these items were analyzed using both descriptive and inferential statistics.

As many of the survey questions were identical or very similar across versions, the research team identified questions according to their topic and compared items between groups when the items addressed the same topic. Topics were abstracted from the content of the surveys that St.Amant created,

based upon commonalities of questions across the surveys delivered to various respondent groups. The eight topics were: *Comfort*, *Respect*, *Time Effectiveness*, *Alignment with Beliefs*, *Goal Setting*, *Ease of Understanding*, *Helpfulness*, and *Relevance/ Meaning*.

Satisfaction was compared within each respondent group. Within-group proportions of satisfaction were computed by dividing the number of *yes* responses to each item by the number of *yes* responses plus *no* responses. A between-groups analysis was also used to evaluate identical survey items between various respondent groups. Here, the percentage of satisfaction for each satisfaction item was compared across the different respondent groups.

All items save question 1 (soliciting the respondent's role) invited written comments. As the present study was exploratory in nature, no formal research hypotheses were proposed before the study commenced (Charmaz, 2006). Therefore, a grounded theory qualitative analysis was conducted (Figure 1): all comments were grouped and coded by the research team according to recurrent subjects. The research team then grouped the subjects into broader themes such as *Increased Face-to-Face Support, Increased Funding,* and *Increased Collaboration.*

Results

Descriptive Statistical Analysis

We calculated each respondent's satisfaction as the percentage of *yes* responses among items with either a *yes* or *no* response. Mean satisfaction across all 44 respondents was 94% (*SD* = 11.78, Min = 50, Max = 100).

Table 1
Percentage of Respondents Who Indicated Approval Across Various Survey Topics

Survey Question Topics	Direct Consumers	Indirect Consumers	Extended Community
Overall Satisfaction	92%	94%	96%
Comfort	100%	84%	-
Respect	100%	100%	100%
Time Effectiveness	92%	86%	50%
Alignment with Beliefs	94%	84%	-
Goal Setting	94%	85%	-
Ease of Understanding	100%	100%	100%
Helpfulness	92%	100%	-
Relevance/Meaning	-	100%	100%

Note. $N = 44$; dashes denote cells in which could not be filled due to unreported data (participants were not provided with the survey).

Proportions of satisfaction were compared between groups and across topics (Table 1). Mean satisfaction for direct consumers was 92% (n = 17, *SD* = 7.14, Min = 71.43, Max = 100). The items of least satisfaction for direct consumers were *Time Effectiveness* and *Helpfulness.* Mean satisfaction for indirect consumers was 94% (n = 22; *SD* = 14.80, Min = 50, Max = 100). The items of least satisfaction for indirect consumers were *Comfort* and *Alignment of Beliefs.* Mean satisfaction for extended community members was 96% (n = 5; *SD* = 8.94; Min = 80, Max = 100). The item of least satisfaction for extended community members was *Time Effectiveness*.

Inferential Statistical Analysis

Overall satisfaction was high for all groups and the differences between groups were small. We, therefore, applied inferential analysis to the individual topic with the greatest between-group variation: *Time Effectiveness*. A Fisher's exact test was used to examine the similarities between respondent groups on this satisfaction topic. Fisher's exact test was chosen over other statistical tests of pairwise comparison because proportional data was being analyzed, and chi-square distributions can tolerate more than one population in a single test. Seventeen direct consumers, twenty-two indirect consumers, and five extended community respondents were included. Fisher's exact test was chosen to account for scenarios where the sample number for one or more groups was $n < 5$. A significant relationship between *Time Effectiveness* and respondent group was observed (p = .029, value = 7.205), indicating that satisfaction with *Time Effectiveness* was significantly influenced by respondent group identification.

Qualitative Statistical Analysis

The initial stages of the grounded theory approach involved identifying theoretic samples derived from reoccurring themes in the raw survey responses (Table 2). The second stage included the theoretical coding of the topics into three prevalent themes (Table 3). The final stage included the composition of the overall theory, which proposes a general desire for increased service delivery (Table 4).

Examples of theoretical samples derived from reoccurring themes in the raw survey responses can be found in Table 5.

Discussion

All responses, across all topics, indicated approval with St.Amant's Behavioural Services program. This program places a focus on the needs and desires of the family while providing behavioural assessment in a culturally safe and informed way. This is valuable

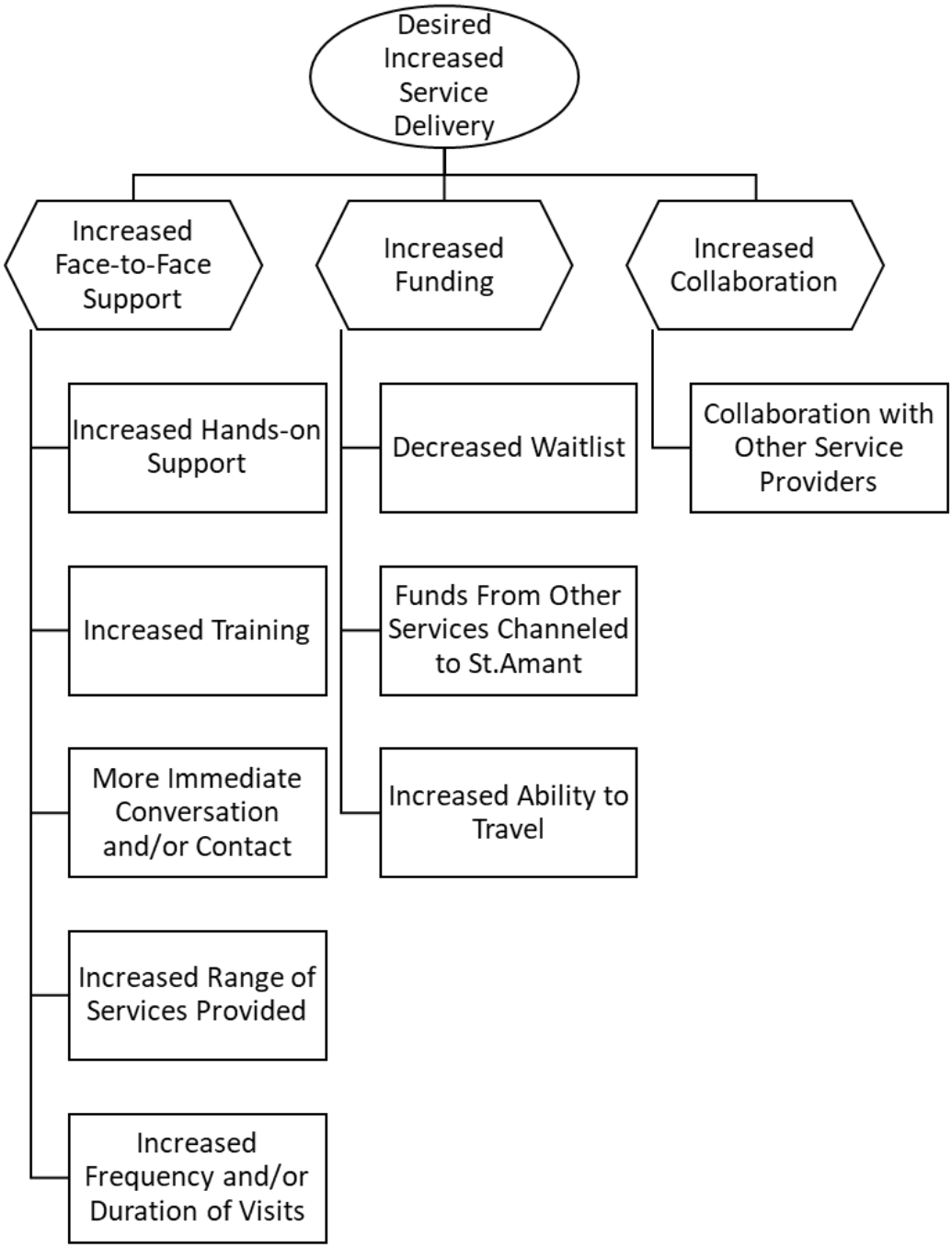

Figure 1. Thematic flow chart demonstrating the process of grounded theory. Rectangles denote the initial stage of grounded theory; the theoretical samples derived from reoccurring topics in the raw survey responses. Hexagons represent the next stage of grounded theory; the theoretical coding of the topics into three prevalent themes. Finally, the oval denotes the final stage of grounded theory; the composition of the theory. In this case, the theory proposes an overall desire for increased service delivery.

information for the service provider, as the overall acceptability of services indicates that the service is satisfactory. The extended community group had the highest levels of approval: 96% of responses across all topics indicated approval.

The various respondent groups sampled similarly (> 84% approval) for topics of *Comfort, Respect, Alignment with Beliefs, Goal Setting, Ease of Understanding,* and *Helpfulness.* The topics that reflected the most satisfaction were *Respect*, *Comfort, Relevance/Meaning,* and *Ease of Understanding* which received a unanimous 100% approval across respondent groups. The topic that reflected the least satisfaction was *Time Effectiveness,* where 92% of direct consumers, 86% of indirect consumers, and

Table 2

Percentage of Respondents Who Commented on Reoccurring Themes in Initial Stage of Grounded Theory Approach

Theoretical Samples from Reoccurring Themes in Raw Survey Responses	Respondent Group		
	Direct Consumers (n = 17)	Indirect Consumers (n = 22)	Extended Community (n = 5)
Increased Hands-on Support	11%	13%	-
More Immediate Conversation and/or Contact	6%	22%	-
Decreased Waitlist	6%	43%	14%
Increased Range of Services Provided	11%	17%	14%
Increased Frequency and/or Duration of Visits	17%	17%	-
Increased Training	-	26%	14%
Increased Funding	-	4%	-
Increased Ability to Travel	-	4%	-
Collaboration with Other Service Providers	-	4%	14%

Note. Dashes denote cells in which could not be filled due to unreported data (participants did not comment on the particular theme).

50% of the extended community respondents indicated satisfaction.

Qualitative analysis demonstrated an overarching theme of desire for increased service delivery. This is valuable feedback for relevant funding agencies. Through the qualitative analysis, it is evident that the initiative would greatly benefit from increased funding, which would give service providers increased resources to ensure high quality and socially relevant services.

Research on satisfaction with on-reserve health services has been limited, but our findings are consistent with those of Nilson (2018): Jordan's Principle services can have positive impacts regarding collaboration, access to healthcare, and quality of healthcare. The results of our study highlight service aspects that one community-based provider has done well (such as *Comfort*, *Respect*, *Alignment with Beliefs, Goal Setting, Ease of Understanding, Helpfulness,* and *Relevance/Meaning*), and other aspects that may merit further examination (such as *Time Effectiveness*, *Increased Face-to-Face Support, Increased Funding,* and *Increased Collaboration*). The knowledge gained from these outcomes may ultimately increase the quality of life for both the service recipients (consumers) and service deliverers. As mentioned, First Nations Peoples are largely marginalized in empirical research, and findings in which support increased delivery of services are promising.

Table 3

Number of Comments Made on Prevalent Themes

Prevalent Themes	Respondent Group		
	Direct Consumers (n = 17)	Indirect Consumers (n = 22)	Extended Community (n = 5)
Increased Face-to-Face Support	8	22	2
Increased Funding	1	12	1
Increased Collaboration	-	1	1

Note. Dashes denote cells in which could not be filled due to unreported data (participants did not comment on the particular theme).

Limitations

The present study had several limitations. First, the modest (n = 44) and self-selected sample limited the generality of our findings. Response rates were also uneven across the stakeholder groups. No responses at all were received from the immediate community group; valuable feedback from community leaders was consequently unavailable. The sample size of the extended community was small (n = 5).

Second, the research team was not involved in the creation of the final version of the surveys. While this was ethically appropriate, there are several areas we could identify for improvement from a research design perspective. Firstly, surveys did not include an overall satisfaction item, which would have provided a uniform way to directly compare respondent groups. Secondly, the use of binary *yes* and *no* options (versus

Table 4

Number of Comments Made on Overall Theory

Overall Theory	Respondent Group		
	Direct Consumers (n = 17)	Indirect Consumers (n = 22)	Extended Community (n = 5)
Increased Service Delivery	9	35	4

Table 5

Theoretic Samples Derived from Reoccurring Themes in the Raw Survey Responses

Topic	Increased Hands-on Support	Increased Training	More Immediate Conversation and/or Contact	Decreased Waitlist	Increased Range of Services Provided	Increased Frequency and/ or Duration of Visits	Increased Funding	Increased Ability to Travel	Collaboration with Other Service Providers
Description	i.e., more face-to-face contact with service staff	i.e., more educational opportunities provided to families and staff on and off reserve	i.e., shorter periods of time between points of contact	i.e., immediate or more timely access to services	i.e., a more diverse set of services	i.e., increased number of visits, and longer visits	i.e., an increase in money provided to the service providers carrying out Jordan's Principle	i.e., increased access to routes and modes of travel to communities	i.e., partnership between St.Amant and clinicians working for other service providers
Example	*More hands on working with the children is needed, so staff can have a better understanding.*	*We would like more hands-on community training and workshops.*	*More follow up after referral and more timely.*	*There should be no waiting for services.*	*Would like to have someone work with our children for Speech and Language.*	*There should be more visits, wee-kly or bi-weekly.*	*Nothing, just wish some of the money going to other service providers to be channeled to St. Amant...*	*Increased capacity/ability to travel and provide services to First Nations communities.*	*It would be great if service providers got in touch when they are seeing a child that is open to other specialized service providers.*

an agreement scale), along with both *not sure* and *don't know* options may have reduced the amount of information about satisfaction provided by each respondent.

A third limitation exists due to the high proportion of the direct consumer group who did not identify their length of service involvement. Here, this lack of information makes it difficult to make accurate inferences regarding these individuals' personal experiences with Jordan's Principle, and also reduces the ease of replication and generalization of research findings.

Finally, inter-observer reliability checks were not conducted during the qualitative data analysis. All generation of thematic codes and assignment of comments to themes was performed by the principal investigator.

Future Directions

Future research should continue to assess the social validity of Jordan's Principle services delivered by care providers and should try to overcome the limitations described above regarding sample size, survey design, and qualitative analysis. More specifically, future research should work toward sampling from some of the populations who were not represented in this study, including members of the immediate community.

Finally, further research efforts should investigate the various mechanisms of service delivery that aid in positive outcomes. Mechanisms may include transparency, collaboration, and inclusivity. Further mechanisms may include investigating certain elements of Indigenous style in order to ensure the integrity of Indigenous culture.

Conclusion

Outcomes of this research build upon the Community Impact Case Study that Nilson (2018) completed. More specifically, this study evaluated the aspects of St.Amant's services under Jordan's Principle that are successful–a valuable finding for other service providers aiming to embark on similar endeavors. Successful services, as determined in this study, consist of relevant and realistic goals, acceptable methods, and meaningful outcomes.

Research outcomes indicated a desire for increased service delivery, and high levels of overall service satisfaction, which are promising results to both the service provider and the service funder. Future research should continue to assess the social validity and acceptability of services provided to First Nations Peoples in order to strengthen the literature in an area that is sparse in representative efforts. The lack of research conducted in collaboration with First Nations Peoples represents the overarching history of misrepresentation and lack of respect for Indigenous culture in Canada. Above all, future research should focus on representing the Indigenous voice by presenting Indigenous Peoples' perspectives and knowledge of themselves, rather than simply presenting information about Indigenous Peoples. Here, it is crucial that researchers do not simply speak for Indigenous Peoples, but rather that research is an accurate testimony of Indigenous Peoples speaking.

Footnotes

[1]A Circle of Care Approach is defined as "initiatives [that involve] the fostering of collaboration between Indigenous, Federal, Provincial, and Regional governments; as well as a variety of health, human, social, justice, and other services required by First Nation children and their families" (Nilson, 2018).

[2] Cultural Competency can be defined as providing culturally sensitive services to clients who are from a different cultural background than the clinician (Najera, 2012).

[3]The majority (n = 15) of direct consumer respondents did not indicate their service involvement. All indirect consumer respondents indicated length of service involvement, with the majority (n = 12) reporting service involvement of a year or more. Of the extended community, three respondents indicated 6-12 months, three respondents indicated a year or more, and one respondent did not identify their length of service involvement.

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