

CYSN First Nations Rights and Titleholder Engagement Summary

Session 3 – June 12, 2023

This summary includes themes from the June 12, 2023, First Nations Rights and Title Holder engagement session on the development of a system of supports for children and youth with support needs. This session occurred before the implementation of a new service model in 4 pilot areas (pilot family connections centre services), therefore all feedback from this engagement is assumed to be referring to status quo CYSN programs.

We gratefully acknowledge Reanna Erasmus, a member of the Yellowknives Dene First Nation with roots in the Hupacasath First Nation in Port Alberni for providing the opening and closing for this session. This session was supported by the following MCFD staff:

- Danielle Smith, Executive Director - Early Years and Inclusion Policy
- Shelley Atkinson - Facilitator
- Mia Yule - Notetaker

Five participants attended this session from the following communities and organizations:

- Carrier Sekani Child and Family Services
- Fraser River Indigenous Society
- Hupacasath First Nation in Port Alberni
- Kettle Friendship Society
- Secwepemc Child and Family Services
- Yellowknives Dene First Nation

The summary comprises of the views expressed by these participants during this session. These views have been anonymized and organized into high-level key themes.

Questions to Guide the Discussion

This engagement series used the following questions to guide discussion, sessions are intended to build from the previous ones, questions may shift or change as a result.

- In thinking about the diverse range of programs available to children and youth with support needs, what programs have made a positive impact for you, your family, your community? Tell us more.
- What CYSN services are important to you, your family, your community? Tell us more about why these are important for you.
- If there were no barriers or obstacles, what services would you want provided to you, your family, your community? What gets in the way of accessing these? How do these services support you, your family, your community?
- What services have you wanted to access for your child or youth but have not been able to?
- What are areas where services are supporting, and where there are challenges?
- Based on the overview of what we have heard so far in these sessions, what do you think is missing or want to add? Tell us more.

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Key Points of Discussion and Themes

Funding

“The way that government uses and enters into funding structures creates so many barriers.”

- Service providers experience significant caseload increases without accompanying funding from MCFD.
- Indigenous community agency funding is comparatively minimal to mainstream system.
 - ‘Do we ever get to par with mainstream services and how is that not systemic racism?’
 - ‘Why are we serving so many people but not getting appropriate increases in funding?’
- [Jordan’s Principle Funding](#) (JPF):
 - Long delays for funding approvals and a significant increase in paperwork
 - Application invasive to families (asking about health and wellness or deficits of the family rather than the child)
 - Payment system makes things inaccessible for families. Agencies having to prepay services and wait for reimbursement to reduce barriers.
- Indigenous Services Canada (ISC) funding is only available to families on reserve.
- Stable funding is needed for the continuation of programs that work.
- Amounts for individual children hasn’t increased and doesn’t last through the entire year.
- A handful of school-year length programs eat up the funding (like Community Access Program (CAP) or Social Butterflies) leaving no funding for children through the summer.

Staffing

“We’re always working with too many children and families with not enough staff.”

- Staff constantly in crisis mode, leading to workers burning out.
- High caseloads impact service.
- Lack of youth workers is critical.
- Need for proactive planning to ensure positions are filled.
- Covid exacerbated existing staffing issues.
- Staff vary in their practice/how they work with families.
- Challenges getting staff in northern communities. Need incentives like scholarships, internships etc.
- Importance of supporting community members to take on roles that support service gaps:
 - Programs building capacity through employment training.
 - Utilizing grant programs for training.
 - People have the skills – they just need the certification to do the job.

Accessibility – rural and remote

“Need to work hard to get into those communities, establish services, deliver services in a way they accept and need.”

- There isn’t enough capacity within Indigenous agencies to deliver services to remote and rural in addition to urban areas.
- Would like to deliver services in community, but travel is too time consuming for staff.
- Almost none of the on-reserve children are receiving needed services like physio.
- Families on reserve or in rural communities often cannot access services available locally.

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- Services in the city are not accessible, safe, or comfortable.
- Each community has different needs, and they should be asked what they want.

Racism and bias

“Regardless of how you present, Indigenous people experience extreme racism when accessing services.”

- Both Urban and rural systems do not meet the needs of Indigenous people
- Indigenous People avoid accessing services due to racism.
- Many examples of professionals treating Indigenous People in horrific ways, at times that leads to their death.
- As government looks at struggling systems, it needs to understand/consider the history of genocide for Indigenous Peoples and its lasting trauma.
- Service providers need education on cultural safety and local community specific histories.
- How do we as partners find a solution to all of the trauma that our communities are in, because that is what is needed.

Service gaps

“We try to be creative and innovative to make things work for families within the current system but there are always barriers.”

- Families often do not fit into standardized models of service, criteria ends up excluding many families who need support.
- If families don’t text, or use email they are excluded from communications. Need alternative communication/methods of service delivery.
- Current respite, behavior support, and therapy delivery model too aligned with medical model that doesn’t work. Needs to be more family centered and holistic.
- Significant delays to referrals or requests for services from MCFD (example given of waiting one year + for services to begin).
- Waitlists are so long it prohibits families from accessing the services they need.

Transportation

“Indigenous communities...need a driver/wellness worker who can support people to access necessary services.”

- Many services are not local to families and transportation can be a barrier.
- Agency policies/insurance rules don’t allow support workers to transport families to appointments even if they are willing and available.
- Some families are forced to hitchhike to get to appointments.
- There are no regular shuttles from on reserve to off.
- Could there be a driver/wellness worker who could support families in accessing out of community appointments or bring the child to appointments?

Integrated services/system coordination

“What is working? Collaborative holistic supports, wrapping services around, family centered planning, wellbeing of whole family unit is supported – seeing family as a unit.”

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- All of the separate entities supporting families need to be connected in order to provide holistic support.
- Many important things are missed due to lack of coordination.
- Having services work together would make supports go further for families.
- Holistic supports are part of what is working well for families.
- Having flexible service providers (e.g., not ending services after '3 strikes')
- Develop services/plans that actually work for that family.

Indigenous led services

"We're supposed to refer families to mainstream services when an Indigenous service has a waitlist or doesn't have capacity, but why aren't we increasing capacity for these successful services instead?"

- Elders should be involved in supports to ensure traditions, protocols, and teachings are carried on.
- More culturally relevant resources are needed.
- Significance and importance of Indigenous service providers for Indigenous community.
- Indigenous communities need something different.

System navigation

"Recognize the needs of the children and the adult's capacity, and work harder to initiate services that work for the child and family."

- Low tolerance from service providers for 'no shows', late payments etc.
- Families who miss appointments are often denied service.
- Is there an ability to track 'no shows' to learn and support a different approach to accessibility for families?

Supports to help families stay together

"I can't do this if I have to do this 7 days a week through summer. I can't do it."

- Socio-economic impacts puts families at risk of breakdown.
- Lack of access to supports results in the feeling that they should put their children into care so they can actually receive the services they need.
- Daycares or babysitters often cannot take on children with high needs, parents are forced to quit jobs to support their children through summer.

Poverty

"Families on reserve are in extreme poverty. They live in third world standards in a first world and are expected to somehow survive and co-exist."

- An increasing number of families are unhoused.
- Housing crisis and cost of living is creating challenges for families.
- Huge disparity in social assistance amounts on and off reserve (\$2,000/month off reserve vs \$300/month on reserve)

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Youth

“A youth care worker training program should be made available to local youth.”

- Very few opportunities in northern communities for youth post high school – it’s a very difficult transition time.
- Challenges of staffing etc., see the importance of supporting youth in community to take on roles that support these service gaps.

Diagnosis

- Interior Health Children’s Assessment Network (IHCAN) assessments take too long (example of 4 years from pediatrician referral), process should be expedited.
- Wait times for physicians are significant.