



First Nations Social Development Society

Suite #707 - 100 Park Royal South, West Vancouver, BC V7T 1A2
Phone (604) 926-4184, Fax (604) 926-4188

Results of the BSDW COPH questionnaire / survey

September 27, 2011

Preamble

On August 16th, 2011 members of the FNSDS Board of Directors and FNSDS Program Manager held a teleconference with AANDC on many topics concerning Band Social Development workers. During our meeting (and as per an AANDC directive regarding the changes to COPH at the end of the 2011-2012 fiscal year which was sent out to all First Nations earlier this summer), Andy Butler indicated that AANDC needed to procure more current data on some of the demographics of COPH children and caseloads. This information is needed to relay the current makeup of the BC COPH caseload to Ottawa by early fall in order for BC Region to convey the impacts, needs and requirement anticipated by BC Region in implementing the changes as per their directive.

It was assessed by the FNSDS during the meeting that BSDWs might be able to provide some of this information and it was also discerned that their feedback on the anticipated changes would be valuable for both AANDC and the FNSDS to consider. To this end the FNSDS offered to create a quick survey that could be sent out to all First Nations in which BSDWs would be invited to participate.

Some of the aggregate information required included data on the number of caregivers per COPH children, the number COPH children on each caseload, length of time on COPH demographics, number of per capita orphaned children as related to COPH, location as on or off reserve, some information on other sources of possible support, which other organizations might be involved, CCTB info and so on. It was decided that this information would be compiled in a report and the report would be made public.

Methodology

A fax and mail out was sent out during the week of August 22nd, 2011 with a turnaround time of 3 weeks.

The survey is composed of 22 questions related to COPH caseload details. These are:

- 1- Total number of cases currently on the BSDW caseload
- 2- Total number of children in each age group
- 3- Relationship to the caregiver
- 4- Total number of orphans on the caseload
- 5- Total number of children that have been in COPH placements from 1-6 years
- 6- Total number of children by number of placements
- 7- Total number of caregivers for the current caseload
- 8- Total number of caregivers by the number of children each
- 9- Total number of children by place of residence
- 10- Total number COPH that have not had a criminal record check
- 11- Total number of GFA (if any) that have not been converted to COPH
- 12- Total number of GFA cases that have not had a criminal record check
- 13- Common Reasons for placement
- 14- Who provides child and family services to the band
- 15- Is there a welfare or other committee to assist in determining or approving COPH placements?
- 16- Number of respondent's with % of COPH caseloads where a home assessment has been completed
- 17- Others who are involved in the development of a future care plan for COPH child?
- 18- Percentage of respondents placements in homes in which the care giver was on Income Assistance?



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- 19- Out of your total caseload what number of files where the CCTB has not been applied for?
- 20- What was the average wait time for the CCTB to be received, after applying?
- 21- Total number of children where the parent is providing maintenance
- 22- What other sources of financial & social support have your caregivers been able to access?

4 additional questions relate to the request for BSDW feedback and recommendations on COPH. These are

- A. What is your anticipated number of new COPH cases in your community over the next 2 years?
- B. Did some relatives leave the office without completing the COPH Application?
- C. For those with evidence of risk, did any say that they would not seek help from SW of the local MCFD office?
- D. Outstanding issues concerning screening that you think need to be addressed? Recommendations?

Results of Survey

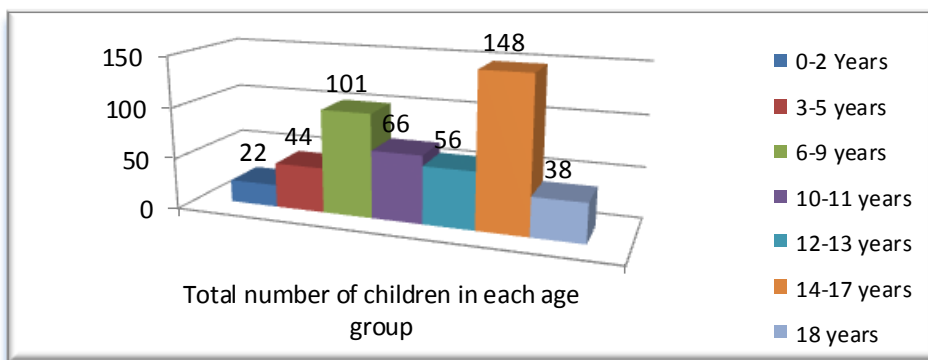
The total final number of BSDW respondents was **60 of 205** BC First Nations = **29.2 %** of the total caseload size. The results were received from a variety of geographical locations throughout BC and can be considered a significant sampling of the COPH population. Please note that where possible, a projected average for 205 First Nations was calculated; however this remains an estimate only.

Summary graphs are based on compiled aggregate data and the interpretations are speculative as to the meaning of the results. The reader is invited to draw their own conclusions of the data provided.

1- Total number of cases currently on the BSDW caseload

- 467 = Total COPH Children based on the BSDW respondents of 60 First Nations
- (1500 - Projected average COPH children based on 205 First Nations, this number may be less (1200) if we leave out treaty First Nations)

2- Total number of children in each age group



The highest component age is 14-17 years of age, followed by 6-9 years of age. It is difficult to ascertain whether the indicated age groups are where the COPH files initially start due to the fact that the request did not include the predominant age at the start of the COPH file. However, we can surmise that the present financial impact on the IA budget is predominately between 14-17 years of age.

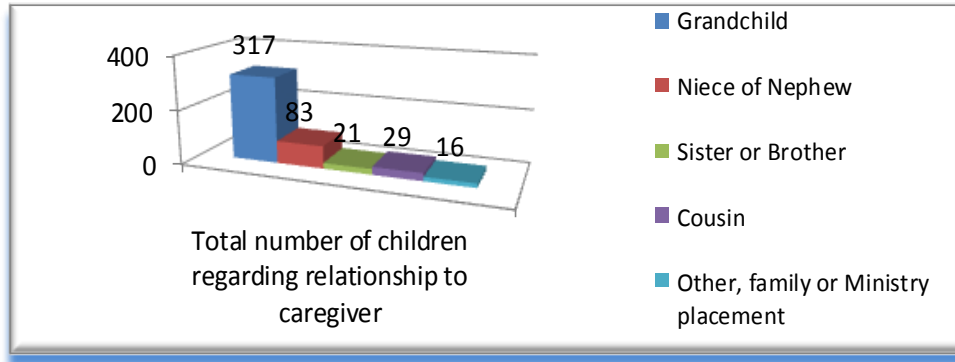


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3- Relationship to the caregiver

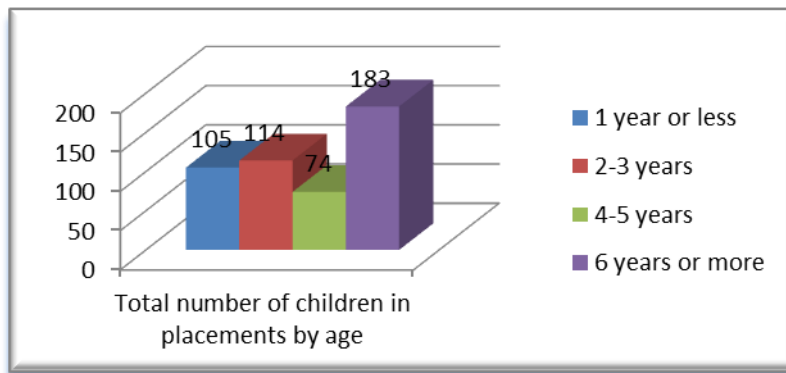


The predominance of the grandparents caring for the children is consistent with the First Nations traditional tendency to have the grandparents as the caregivers. This may also indicate that the grandparents are the most stable caregivers with the community, followed by aunts and uncles.

4- Total number of orphans on the caseload

- Total = 22
- This applies to approximately 5% of the total children reported in our survey

5- Total number of children that have been in COPH placements from 1-6 years



The data indicates the tendency of COPH cases to be long term as also indicated by the results of question #2

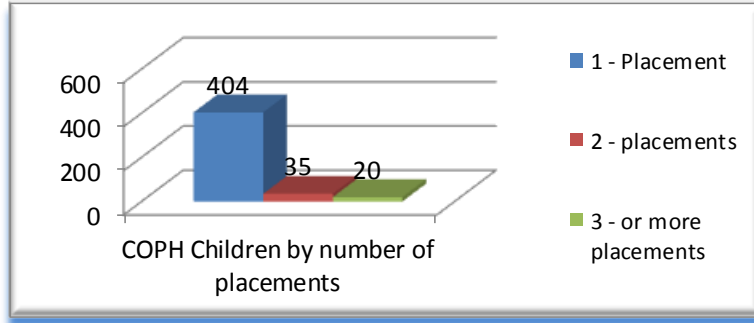


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6- Total number of children by number of placements

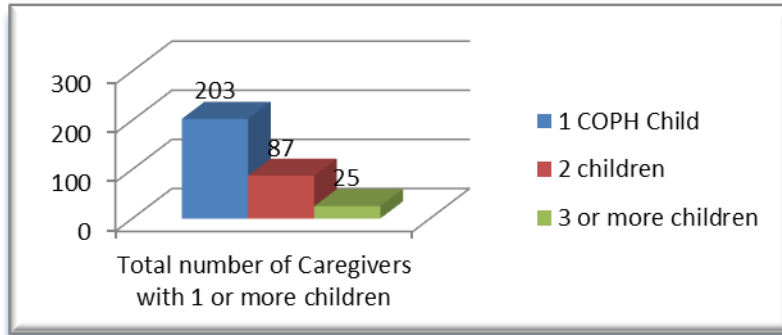


This data indicates that there is very little movement once the child has been placed. This may reflect the stability and/or appropriateness of the initial placements which as exemplified in question 3 are the grandparents.

7- Total number of caregivers for the current caseload

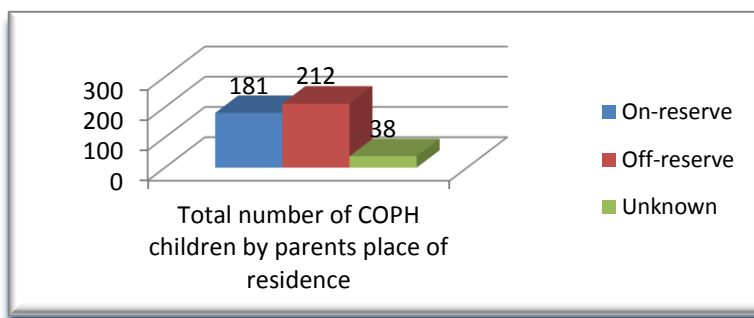
- Total= 364 of 467
- (1243 - Projected average COPH caregivers based on 205 First Nations)

8- Total number of caregivers by the number of children each



This indicates that a high number of children live in households with other COPH children.

9- Total number of children by parents place of residence





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This may indicate that the high number of COPH children coming from off-reserve to access COPH on-reserve and/or that the parents have left the reserve after placement.

10- Total number COPH that have not had a criminal record check

- Total = 28
- This seems to indicate that a small number of COPH cases have not had criminal record checks possibly in error or due to the fact that MCFD was the referring agency.

11- Total number of GFA (if any) that have not been converted to COPH

- Total = 49
- No response = 3
- This indicates that some cases have remained as GFA in error. This would need to be addressed.

12- Total number of GFA cases that have not had a criminal record check

- Total = 69
- No response = 2
- This seems to indicate an error in not converting GFA to COPH and/or the assumption by some BSDWs that MCFD referred GFA cases did not need converting. This would need to be addressed.

13- Common Reasons for placement

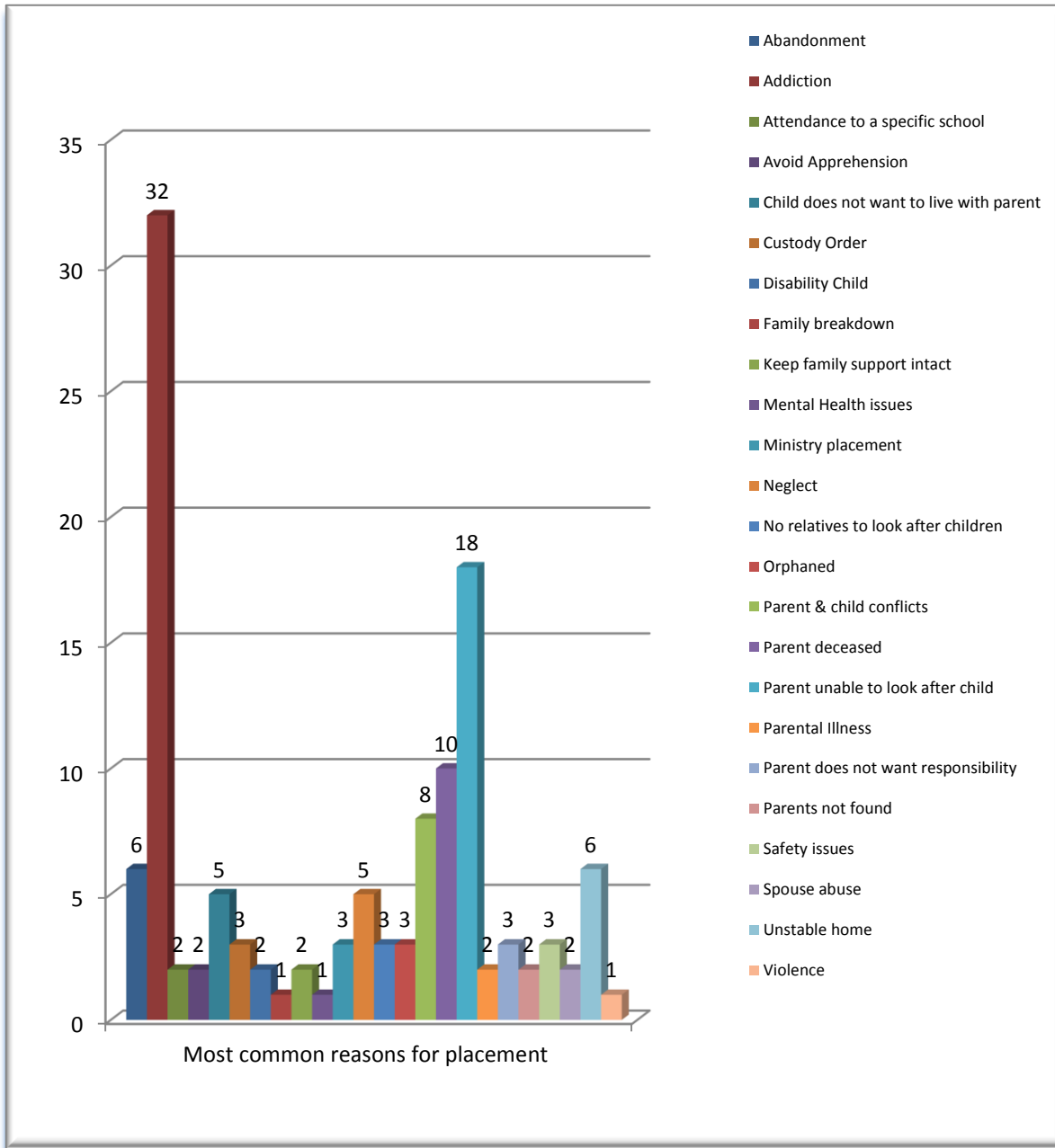
- **See next page**
- The predominant reason for place is addiction followed by the fact that parents are unable to look after the child either by choice or by circumstances.
- The also a high incidence of parental death as reason for placement.



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14- Who provides child and family services to the band

- FNCFS = 27
- MCFD = 31
- other = 4

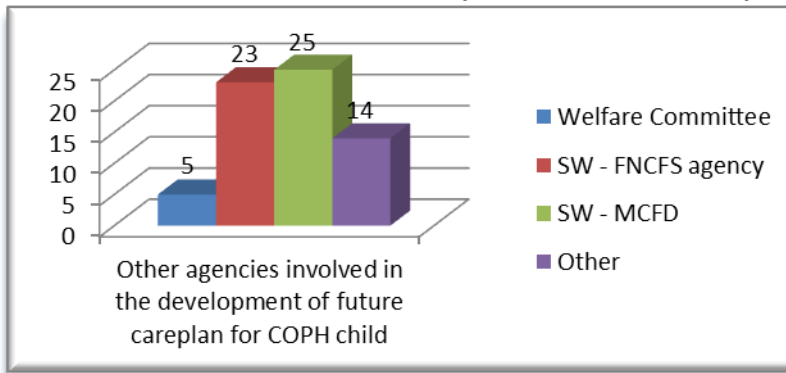
15- Is there a welfare or other committee to assist in determining or approving COPH placements?

- Yes = 22
- No = 35
- No response 6

16- Number of BSDW respondent's with % of COPH caseloads where a home assessment has been completed

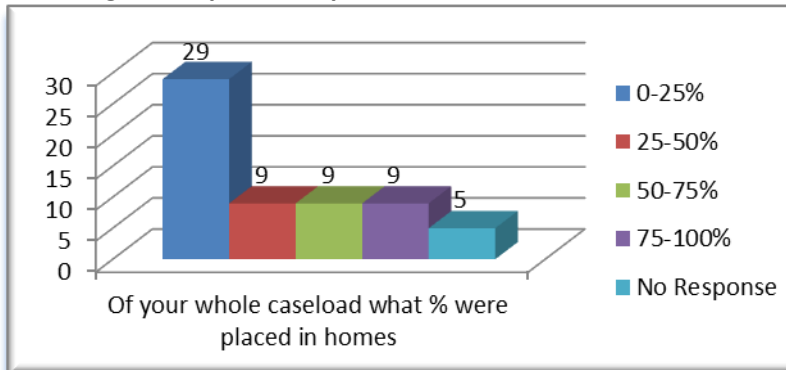
30=100% 1=95% 1=71% 2=50% 1=33% 1=5% 9=0%
No Response 16

17- Others who are involved in the development of a future care plan for COPH child?



The bulk of the involvement appears to be via the established government and First Nations child care agencies, however some bands have established Welfare Committees and other services that provide placement

18- Percentage of respondents placements in homes in which the care giver was on Income Assistance?



The data indicates the bulk of placements are with care givers that are “not” on income assistance. If the care givers are predominately the grandparents, many may be on OAS or still working.



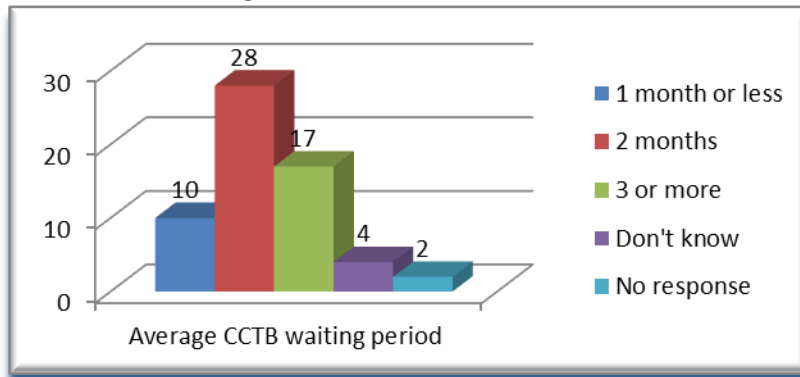
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19- Out of your total caseload what number of files where the CCTB has not been applied for?

- Total = 38
- This sampling may indicate that in at least 8% of total COPH cases, the CCTB is not applied for or is still being used by MCFD or the absent parent. This would need to be addressed.

20- What was the average wait time for the CCTB to be received, after applying?



The above indicates that it takes at least 2 months or more to receive the CCTB. This would put financial pressure on the care giver to provide finances in the interim. Given that the grandparents are the primary care givers in most cases, this may create undue hardship on a demographic already impacted by poverty.

21- Total number of children where the parent is providing maintenance

- Total = 4
- In only .8% of total sample cases, the parent is providing maintenance indicating that parents are either unable or unwilling to provide maintenance.

22- What other sources of financial & social support have your caregivers been able to access?

- Ministry, Klua Mut Le Lum
- Social Assistance, Employment, Family Bonus
- Note Policy is vague and doesn't provide authority for BSDW enforce
- Education department, scholl supplies, school authority fund
- Social Assistance
- Not sure
- None
- Other relatives assisting with child care, clothing, etc
- Income Assistance
- FT employment
- Off reserve resources
- A few Social Assistance from the band
- Parenting classes
- Healthier Babies at CNC



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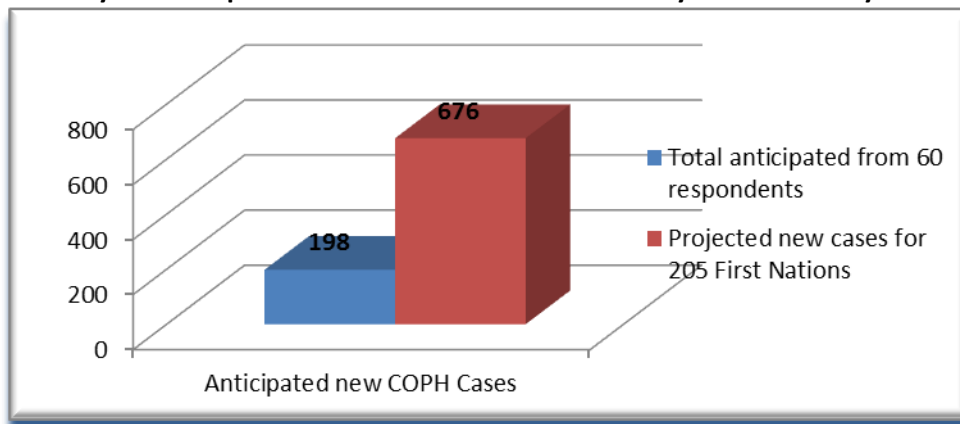
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- LBN Counselling Team
- LBN Health and Education Department
- Good food box program (fresh fruit & vegetables)
- Social Dev program such counselling, youth programs, health and education
- Disability funds , social assistance
- Secwepemc Child and Family services
- Health Society
- Children's bands
- FNCFS agency

BSDW Feedback

A. What is your anticipated number of new COPH cases in your community over the next 2 years?



B. Did some relatives leave the office without completing the COPH Application?

- Yes = 18
- No = 39
- Number = 31
- Reasons
 - Most comply or make other arrangements
 - Typically due to someone residing in the home with record of an incident
 - They did not feel that others in the home should have to go through a criminal record check
 - Some hesitency about filling out the form but still did
 - On completing the application, I review it with them to see if they have questions to be answered
 - Fearful that the child will be "removed" if they do not pass screening
 - All were fine with the screening
 - Everyone learned about COPH and have chosen not to come in to apply



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C. For those with evidence of risk, did any say that they would not seek help from SW of the local MCFD office?

- Yes = 8
- No = 43
- Number = 19
- Reasons
 - Small communities, most families know who is risky
 - Just that they will leave the home of they are the cause of child not being able to stay
 - When followed through with request from MCF & FNCFS should do everything in their power to get children home
 - If they have any concerns they come back to community services
 - Caregivers don't like dealing with the Ministry
 - Initially they are hesitant, but then they seem to want to discuss on evidence of risk
 - All were willing to work with MCFD office in conjunction with Child and Family Services
 - They reconsidered after I spoke to them
 - Working with MCFD to resolve problem

D. Outstanding issues concerning screening that you think need to be addressed? Recommendations?

Approx 82% of 60 respondents commented

- At first I didn't agree with it but overall its OK
- Delays in record checks, most are immediate and the families plan to keep the children safe
- The time delays in the screening process remains quite lengthy & results in financial hardship for the families
- I feel that there should be more input by Chief and Council & BSDW,
- We don't see the whole picture with the same eyes. Total strangers don't know the whole story.
- None all are up to standard
- Concerned of safety for children if screening checks are not done for annual reviews
- Caregiver may have the charges within the last year
- Concerned about the amout of work time/time
- A different process for cheks needs to be researched regading extra work for band worker
- Afterhours took 4 months to approve, relative was in financial hard ship
- Need faster approval process
- Need more than 1 afterhours worker on the job
- The COPH screening process has broken up a family where caregiver has after since they were 1 years old and now 16 years later



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- Caregivers did everything MCFD requested (family counselling etc) 1 year later only 1 child was allowed to live there
- Planning with provider support services
- Accountability goals and counselling for the kids
- Provide assistance to the caregivers while they await screening checks. If there is 'evidence of risk' then cut off assistance.
- Screening catches too many minor things
- Policy needs to state clearly that if parents are together and both working, their child is NOT eligible to receive COPH funding if child wants to live with grandparents
- INAC is unfamiliar with dynamics
- It takes a long time to get a response 'After Hours'
- Applicants of COPH get frustrated and start to get abusive with the social worker
- I think INAC should check out the caseloads of SD worker before adding this responsibility on the bottom line
- Screening process is very long and it takes over a month to hear back and to do the annual review. They are not getting back to me.
- Some want to complete the screening application only (before the actual application) so as to not waste their time if they do not pass the screening
- Caregivers had to borrow money to take care of the children-Funds needed to support those with limited incomes
- Best placements are when both parents & children agree to a best interest plan (school term, ties to community and relatives)
- Band may wish to provide services but no backing
- COPH process removes power of the band to intervene for its children
- New process protocols a problem as inexperienced provincial workers do not notify the band when coming on the reserve
- When family sees COPH is not available they may place the child in an inappropriate home
- COPH rates may be low, but at least it eases some hardship for the new caregiver
- No short term financial aid for parents when childcare needed due to medical issues
- Training for Potential foster parenting
- Seems redundant to have COPH so close to delegated Child Care Agency which can be compounded by strained relationships C42
- Annual screening reviews should be mandatory
- The band / community has the most relevant information on which is the best home
- Although future process will be handled by MCFD, leadership feels that INACX is taking away aboriginal rights on decision process
- Assessments should be streamlined to a clear process timeline and not at MCFD's leisure
- Services in the North are different from other areas and don't have same response time
- MCFD or local FNCFS should be more involved in checking applications, home assessments and monitoring of all cases
- When Ministry removes child, they do not apply for CCTB so the benefit stays with the parent too long
- After hours is aware of COPH but local FN agencies are not, also good if there was a component in the BSDW training program



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- Replies take too long 2-4 weeks. This is a huge burden on the caregivers
 - MCFD Info needs to be clear for clients as to what next steps are
 - We welcome the changes to COPH it helps us have confidence that placements are appropriate and safe for the children & protects BSDW from backlash
 - That findings be sent back to the office of the COPH so that BSDWs are aware of the risks
 - What seems to be happening is that MCFD SW are not up to date as to why the client might be calling once denial letter received
 - Not enough cases to tell
 - Some of my grandparents have done well without our help or COPH, but sometimes they struggle with the cost of schooling
 - What happens is caregivers abuse the child while in COPH? What will happen to the BSDW?
 - More training for BSDWs to do their home assessments
 - No feedback to worker on severity of risk
 - What if there were other children in the home
 - MCFD and FNCFS do not have an office on the reserve
 - Response time too slow, need a more concrete guaranteed turnaround time
 - Takes too long
 - We should be allowed to backdate the COPH to date of application and not to the time the approval letter is received
 - The immediate family will know somebody far better than someone from the outside
 - There has been concerns that myself as a social worker and info brought to MCFD was not followed up on
 - We have in community Child and Family office, it is more efficient to have the consents sent to them rather than after hours
 - MCFD needs to get their email responses figured out as I have had emails sent to Secwepemc instead of to me
 - Length of time for response , 3 months is too long a time

Information compiled by Rene Beauchamp, FNSDS Program Manager