



NATIVE CHILD  
AND FAMILY SERVICES  
OF TORONTO

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# **SHARE YOUR TRUTH CAREGIVER SURVEY**

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Child and Family Wellbeing Services

# Consent Form

Chi Miigwetch for taking the time to participate in NCFST's Share Your Truth Caregiver Survey!

This survey consists of multiple choice, rating scale, and open-ended questions. It should take you about 15 to 20 minutes to complete in full. All questions are optional to answer except for those with an **asterisk (\*)**

## **What will happen with your data?**

This survey will be open every Ziigwan (Spring) for 8 weeks.

Once the data is analyzed, the results will be published in a report on our website by September 30 of the same year.

## **What does consenting to participate mean?**

This survey is anonymous, and your responses will only be used for the purpose of addressing your feedback about your experiences with NCFST<sup>1</sup>.

**By checking YES on the next page, you are consenting to participate and understand the nature of your participation in the survey.**

**DISCLAIMER:** This survey addresses issues related to child welfare experience and intergenerational trauma, which may be triggering to some people. Should you require mental health or spiritual supports following the completion of this survey, you can reach out to any of the following service providers:

***Beendigen's Talk4Healing Helpline*** – Phone/Text: 1-855-554-HEAL (4325)

***Indian Residential School Survivors Society (IRSSS) 24 Hour Crisis Line*** – Phone: 1-866-925-4419

***Hope for Wellness 24 Hour Helpline*** – Phone: 1-855-242-3310

***Kids Help Phone*** – Phone: 1-800-668-6868/Text: 686868

***Cultural Supports at NCFST*** – Email: [culture@nativechild.org](mailto:culture@nativechild.org)

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**If you require support in completing this survey, please e-mail  
[research@nativechild.org](mailto:research@nativechild.org)**

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<sup>1</sup> While no personal information is being collected, if you would like to learn more about NCFST's Privacy and Personal Information Protocol, please visit our website.

\* 1. I Consent

- ☐ Yes
- ☐ No

\* 2. Are you a caregiver\* who received ongoing Child and Family Wellbeing services for at least 60 days (2 months)?

- ☐ Yes
- ☐ No

\* 3. When did your ongoing Child and Family Wellbeing file first open?

- ☐ Before January 1, 2022
- ☐ On or After January 1, 2022

\* 4. Is your ongoing Child and Family Wellbeing file still open?

- ☐ Yes
- ☐ No

5. Did you have the same primary worker the entire time you were receiving CFWB services?

- ☐ Yes
- ☐ No

\* 6. Did your child/ren get placed in care?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

7. If you had more than one child, were they put into different placements?

- ☐ Yes
- ☐ No
- ☐ Not Applicable to Me

8. After being separated from my child(ren)...

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Not Applicable to Me
I was provided satisfactory communication with my child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Workers encouraged participation in decision making about my child(ren)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
NCFST staff continued to treat me as a valuable member of my child(ren)'s life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was happy with the amount of access I received during my child(ren)'s time in care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. On a scale of 1 to 10, 1 being extremely poor and 10 being extremely great, how would you rate your relationship with your worker?

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☐

10

10. I felt like my worker treated me with respect.

- ☐ Strongly agree
 ☐ Disagree
- ☐ Agree
 ☐ Strongly disagree
- ☐ Neither agree nor disagree

11. I felt safe to talk to my worker about my care, progress, and wellbeing.

- ☐ Strongly agree
 ☐ Disagree
- ☐ Agree
 ☐ Strongly disagree
- ☐ Neither agree nor disagree

12. I felt like my voice was heard by my worker

- |  |   |
|--|---|
| <input type="radio"/> Strongly agree             | <input type="radio"/> Disagree          |
| <input type="radio"/> Agree                      | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree |   |

13. I felt supported by my worker

- |  |   |
|--|---|
| <input type="radio"/> Strongly agree             | <input type="radio"/> Disagree          |
| <input type="radio"/> Agree                      | <input type="radio"/> Strongly disagree |
| <input type="radio"/> Neither agree nor disagree |   |

14. Did your worker ever ask you about your pronouns?

- ☐ Yes
- ☐ No
- ☐ Not sure

15. My gender identity and/or sexuality was respected by my worker.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

16. My worker created a space where I felt safe to discuss my gender identity and/or sexuality.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

17. The discussions I had with my worker about gender identity and/or sexuality were positive for me.

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree

18. I felt like my worker was honest and straightforward with me.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

19. I felt comfortable expressing my needs to my worker.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

20. I felt like my needs were met with the help of my worker.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

21. I feel like I am in a better place now than I was before being involved with NCFST.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

22. My worker acknowledged the intergenerational trauma that affects my day to day life by providing a safe space for me to discuss issues related to cultural genocide (i.e. residential schools, 60s scoop, etc.).

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree

23. As a mixed heritage individual, I feel like my worker made an effort to honour and address all aspects of my cultural self.

- ☐ Strongly agree
- ☐ Agree
- ☐ Neither agree nor disagree
- ☐ Disagree
- ☐ Strongly disagree
- ☐ Not Applicable to Me

24. I was able to foster connections with other members of my home community with the help of my worker and/or through programming

☐ Strongly agree

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neither agree nor disagree

25. I learned about ways to take better care of myself on a spiritual, emotional, mental, and/or physical level

☐ Strongly agree

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neither agree nor disagree

26. I felt like my worker cared about my connection to my community and family

☐ Strongly agree

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neither agree nor disagree

27. I felt like my worker tried everything possible to keep my family together.

☐ Strongly agree

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neither agree nor disagree

28. My worker's efforts to keep my family together were communicated to me.

☐ Strongly agree

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neither agree nor disagree

29. My worker involved me in planning and decisions about my child(ren) and family.

☐ Strongly agree

☐ Disagree

☐ Agree

☐ Strongly disagree

☐ Neither agree nor disagree

\* 30. Did you receive any cultural support services? (i.e. cultural support worker, Elders, Knowledge Carriers, cultural programs, medicines, ceremonies)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer
- ☐ Can't Remember/Not Sure

31. On a scale of 1 to 10, 1 being extremely poor, and 10 being extremely great, rate the quality of the cultural support services you received.



32. Were cultural supports easy to find and access?

- |                                 |                              |
|---------------------------------|------------------------------|
| <input type="radio"/> Always    | <input type="radio"/> Rarely |
| <input type="radio"/> Usually   | <input type="radio"/> Never  |
| <input type="radio"/> Sometimes |                              |

33. Were you able to participate in any on-the-land opportunities?

- ☐ Yes
- ☐ No

34. Please describe your experience receiving cultural support services. (i.e. what services you received, anything you learned, etc.)



35. Do you know what 2-Spirit means?

- ☐ Yes
- ☐ No
- ☐ Not sure

36. Did you ever receive teachings about gender identity and/or sexuality (including 2-Spirit) by a worker or within programming at NCFST?

- ☐ Yes
- ☐ No
- ☐ Not sure



37. Did you find the teachings you received helpful?

- ☐ Strongly Agree
- ☐ Agree
- ☐ Neither Agree nor Disagree
- ☐ Disagree
- ☐ Strongly Disagree
- ☐ Not applicable to me

\* 38. Have you participated in any holistic programming? (i.e. groups, programs, transitional housing, counselling, EarlyON, etc.)

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

39. On a scale of 1 to 10, 1 being extremely poor, and 10 being extremely great, rate the quality of your experience in programming/workshops in which you participated

1

10

40. Were the programs/services easy to find and access?

- |                                 |                              |
|---------------------------------|------------------------------|
| <input type="radio"/> Always    | <input type="radio"/> Rarely |
| <input type="radio"/> Usually   | <input type="radio"/> Never  |
| <input type="radio"/> Sometimes |                              |

41. Please check off any barriers that you experienced to participation.

- |  |   |
|--|---|
| <input type="checkbox"/> Waitlists for Programs/Service  | <input type="checkbox"/> Incompatibility with Worker (Not Indigenous)   |
| <input type="checkbox"/> Transportation Issues (Cost, Frequency, Distance)                               | <input type="checkbox"/> Lack of Identity-Based Programming (i.e. no programs catering to 2SLGBTQQIA+ issues, Mixed Heritage/Bicultural issues) |
| <input type="checkbox"/> Lack of Childcare   |   |
| <input type="checkbox"/> Programming Issues (Cancelled Sessions, Scheduling Conflicts, Lack of Programs) |   |
| <input type="checkbox"/> Other (please specify)  |   |
| <div></div>  |   |
| <input type="checkbox"/> None of the above   |   |

42. Please describe your experience receiving holistic services programming. (i.e. anything you learned, what programs/services in which you participated, etc.)


43. On a scale of 1 to 10, 1 being extremely poor and 10 being extremely great, how well do you think NCFST is doing at integrating culture into the service approach?

0 10



44. On a scale of 1 to 10, 1 being extremely poor and 10 being extremely great, rate the overall quality of services and support you received from NCFST.

0 10



45. Please share any information about your experience with NCFST. You can provide as much information as you are comfortable sharing.

46. Please share any feedback you have about how NCFST can improve their services and quality of care provided to the FNIM community.

47. Please share any feedback you have about taking this survey. Feel free to provide suggestions for improvement as well.