



NATIVE CHILD
AND FAMILY SERVICES
OF TORONTO

SHARE YOUR TRUTH YOUTH SURVEY

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 NCFST¹.

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

**If you require support in completing this survey, please e-mail
research@nativechild.org**

¹ 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. How old are you?

- ☐ Under 16 years old
☐ 16 to 18 years old
☐ 19 to 21 years old
☐ 22 to 25 years old
☐ 26 to 29 years old
☐ Over 29 years old

* 3. Were you a child/youth brought into care by NCFST?

- ☐ Yes
☐ No

4. At what age were you first brought into care by Child and Family Wellbeing?

5. How many times did you move placements?

6. During your time in care, where were you placed? Please select all that apply.

- | | |
|---|---|
| <input type="checkbox"/> A Family Member (customary care/kinship care) | <input type="checkbox"/> In-Patient Unit (Involuntary/Custodial/i.e. youthdale, Syl Apps) |
| <input type="checkbox"/> Foster Home (a family home that you are not related to) | <input type="checkbox"/> Transitional Housing (Independent Living w/Staff Support i.e. Native Women's Transition House) |
| <input type="checkbox"/> Group Home (Staffed Facility/Residence) | <input type="checkbox"/> Independent Living w/Staff Support |
| <input type="checkbox"/> Staffed Residence (Live-In House Parent with no more than 3 other youth) | <input type="checkbox"/> Hotel Program |
| <input type="checkbox"/> In-Patient Unit (Voluntary/i.e. hospital) | |
| <input type="checkbox"/> Other (please specify) | |

7. During your time in care, how often were you able to see your family?

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

8. Did you have the same primary worker the entire time you were in care?

- ☐ Yes
- ☐ No

* 9. Did you have any siblings that were also brought into care?

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

10. Were they placed with you?

- ☐ Yes
- ☐ No

11. 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?

0

10

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

- | | |
|--|---|
| <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 safe to talk to my worker about my care, progress, and wellbeing.

- | | |
|--|---|
| <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. 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 | |

15. 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 | |

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

- ☐ Yes
- ☐ No
- ☐ Not Sure

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

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

18. My gender identity and/or sexuality was acknowledged and respected when I was in care.

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

19. 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

20. 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
- ☐ Not applicable to me

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

- | | |
|--|---|
| <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 | |

22. I felt comfortable expressing my needs to 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 | |

23. I felt like my needs were met with the help of 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 | |

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

- | | |
|--|---|
| <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 | |

25. 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.).

- | | |
|--|---|
| <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 | |

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

- | | |
|--|--|
| <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 | <input type="radio"/> Not Applicable to Me |

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

- | | |
|--|---|
| <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 | |

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

- | | |
|--|---|
| <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 | |

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

- | | |
|--|---|
| <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 | |

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

- | | |
|--|---|
| <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 | |

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

- | | |
|--|---|
| <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 | |

32. My worker involved me in planning and decisions about my care.

- | | |
|--|---|
| <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 | |

33. Have you ever been part of a Voluntary Youth Service Agreement (VYSA)?

- ☐ I am currently part of VYSA
- ☐ I used to be part of VYSA
- ☐ I was never part of VYSA

* 34. Did you turn 18 while you were in care?

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

35. Have you ever received Continued Care and Support for Youth (CCSY) and/or Ready Set Go (RSG) funding?

- ☐ I am currently receiving CCSY/RSG funding
- ☐ I used to receive CCSY/RSG funding
- ☐ I never received CCSY/RSG funding

36. On a scale of 1 to 10, 1 being unprepared, and 10 being very prepared, how prepared were you to leave care and transition to independence?

1

10

* 37. 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

38. 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.

1

10

39. 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 | |

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

- ☐ Yes
- ☐ No

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

42. Do you know what 2-Spirit means?

- ☐ Yes
- ☐ No
- ☐ Somewhat

43. 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

44. Did you find the teachings you received helpful?

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

* 45. Have you participated in any holistic programming? (i.e. groups, programs, transitional housing, counselling, Head Start, etc.)

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

46. On a scale of 1 to 10, 1 being extremely poor, and 10 being extremely great, rate the quality of your experience in holistic programming.

1

10

47. 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 | |

48. 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 2SLGBTQIA+ 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 | |

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

50. 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 their service approach?

0 10



51. 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



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

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

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