

JOURNEY TO ZERO PROGRAM



Strengthening Families to Keep Child Welfare Involved Children and Youth at Home/with Kin, and staying in their Communities and Culture

Presented to the CHILD WELFARE LEAGUE OF AMERICA NATIONAL CONFERENCE

APRIL 26, 2023

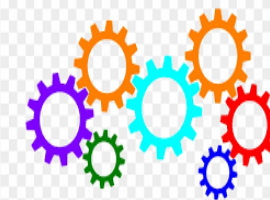
**JtoZ is a \$7.3M joint initiative between the CAS of Toronto, Children's Aid Foundation of Canada, Ontario Ministry of Children, Community and Social Services and leading Canadian philanthropic foundations and donors.*

IF YOU COULD
FUNDAMENTALLY CHANGE
CHILD WELFARE,
WHAT WOULD YOU DO?

Balsam Foundation

Canadian Philanthropic (Not-for-Profit Charity) Organization, 2018

CONTRIBUTORS TO JTOZ'S GENESIS



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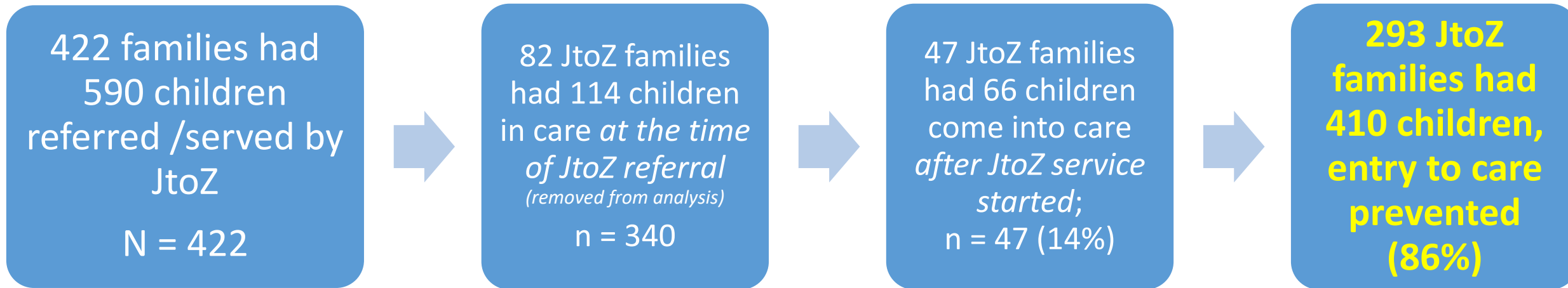
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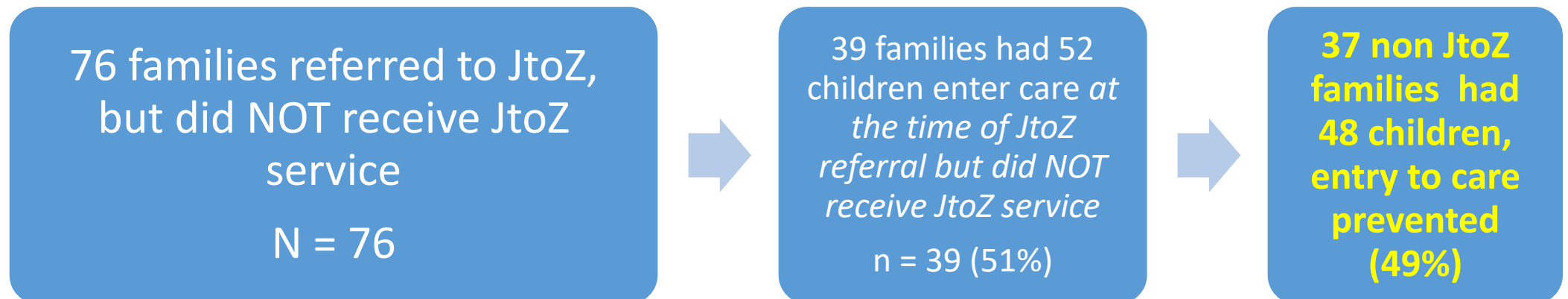
JTOZ ~ NOV. 1, 2019 TO OCT. 31, 2022



Cohort 1: Yr1 to Yr3: **JtoZ Referred/Served** (N=422)



Cohort 2: Yr1 to Yr3: **JtoZ Referred/ NOT Served** by JtoZ (N=76)



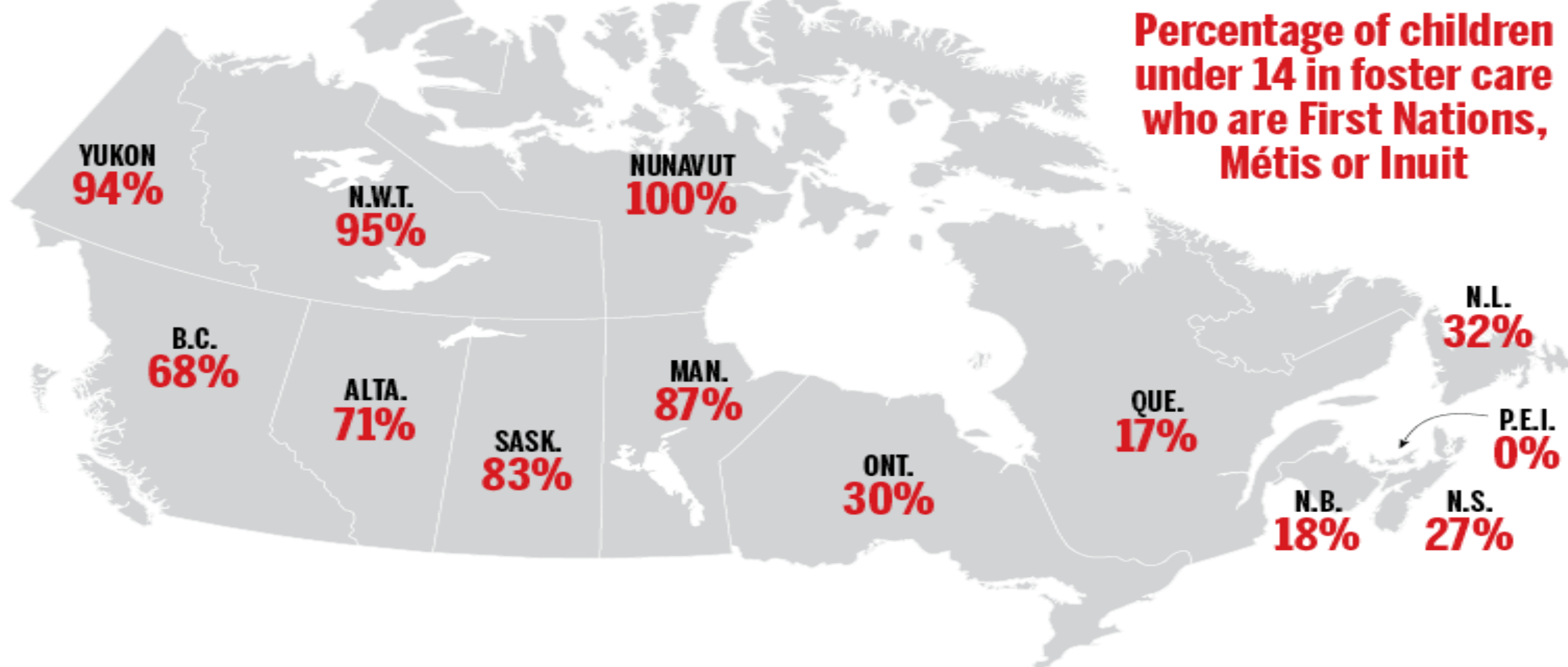
JTOZ: WHAT WE KNEW IN 2018



- ❖ Children/youth in/from care experience poor academic achievement, employment, housing, health and mental health compared to their peers;
- ❖ Children/youth from care are more likely to be underhoused or homeless, involved in criminal activity, and human trafficking;
- ❖ Children/youth living in foster care move on average 7 times; which involves a change in caregiver, and changes in community, friends, schools;
- ❖ Child welfare around the world, specifically in Ontario, and most specifically in Toronto, CASs have a long history of over-representation of Indigenous and Black children and youth in care.




Caught in the system

Indigenous families make up 8 per cent of Canada's population, but First Nations, Métis and Inuit children are disproportionately more likely to be in foster care



Black and aboriginal children in care

OVERREPRESENTED: First Nations and black children in care in Ontario are overrepresented when compared to the percentages they make up of the province's under 18 population. All figures below are for under 18 populations, based on a survey of 6,900 children. Only 15 Inuit children were involved.

-  Per cent of children in care whose parents and/or ancestors are from this background
-  Per cent of the under 18 population in Ontario that the group represents
-  How many times more a group in care is overrepresented

First Nations



Metis



Inuit



Caribbean



African



Youth From Care	OUTCOMES *US data (Frayer, Jordan & DeVooght, 2017)	Community Youth
46%	EDUCATION Graduate from Secondary School	86%
< 3%	POST-SECONDARY DEGREE Earned by age 25 *	28%
46%	EMPLOYMENT Employed at age 26 *	80%
70%	EARNED EMPLOYMENT YEAR PRIOR At age 26 *	94%
45%	INCOME Experience at least 1 economic hardship *	18%
9%	HOUSING Have their own residence by age 26 *	30%

2018...2023

CHILD WELFARE

CONTEXT...



**The site from where we
oppress, is the site from
which we least cast our gaze.**

George Sefa Dei
Canadian academic

**DREAM.
BELIEVE.
DARE.
DO.**

Disney

JTOZ: EVALUATION PLAN CLINICAL & OPERATIONAL OUTCOMES

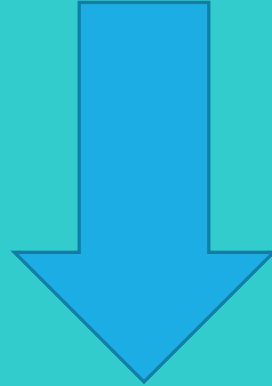


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TABLE 1: JOURNEY TO ZERO GOALS		SAFETY	STABILITY	WELL-BEING	EDUCATIONAL CONTINUITY	PERMANENCY
CLINICAL/ SERVICE DELIVERY IMPACT	JtoZ Interventions 2019-2022	Child Remains Safe at Home/with Kin	Child Remains with Family/Kin	Child Remains in Community/ Culture	Remain in their School	Not Grow Up in Care
		OPERATIONAL EFFECTIVENESS	PARTNERSHIP EFFECTIVENESS	SERVICE SATISFACTION	DONOR SATISFACTION	RETURN ON INVESTMENT
OPERATIONAL/ OVERALL PROGRAM IMPACT	JtoZ Operations 2019-2022	Effective Administration	Effective Partnerships	Community Satisfaction	Funder Satisfaction	Value for Money

JtoZ

VISION & VALUES



FRAMEWORK & MODEL

RE-IMAGINING CHILD WELFARE



If we seek to...



Then it requires...

❖ **Strengthen & support families to keep their children and youth safe at home, in their community, and culture ...**

- ***A restructuring of child welfare***
- ***A focus on prevention to entry to care***
- ***A focus on kinship & family strengths***
- ***Enhancing community partnerships***
- ***An evidence-informed lens***
- ***Securing innovative funding***
- ***To learn, make mistakes and correct***

JTOZ~ BELIEFS/VALUES



alamy stock photo

- ✓ Preventing entry to care and keeping children safe within their family/kin, culture and community is a better way to protect children than entry to care;
- ✓ Communities should view CAS as an asset not a deficit;
- ✓ Child welfare must align and work closely with community partners;
- ✓ Children/youth should not grow up in institutional care; child welfare should never be a child's parent (reduce children/youth growing up in care);
- ✓ Services must be timely, responsive and individualized to the family;
- ✓ Services must offer an integrated, evidence-informed amalgam of prevention interventions that yield the best outcomes for children, youth and their families;
- ✓ Interventions must be rigorously tested and evaluated against outcomes.

JTOZ~ PURPOSE



Primary Aims JtoZ:

- 1) To ensure children/youth **remain safe** while residing with their family/kin in their community and connected to their culture and do not grow up in care;
- 2) To ensure if a child/youth is placed in care then the work of CAS Toronto and community partners is to **promptly return** the child/youth to their family/culture/community

JtoZ Referral Criteria: Cases with highest risk of entry to care

- A) Child/youth entered care in the last 30 days
- B) Child/youth at risk of entry to care in the next 14 days;
- C) Parent to give consent for participation in JtoZ

JTOZ~ EQUITY, INCLUSION & DIVERSITY



- ✓ JtoZ is underpinned by CAS of Toronto's *Signs of Safety* Framework, Anti-Black Racism, Anti-Indigenous Racism and the promotion of Equity Practices.
- ✓ JtoZ aims to addresses Disparity & Disproportionality
- ✓ JtoZ is Strength-based, Trauma Informed
- ✓ JtoZ is Child/Youth/Family Led
- ✓ JtoZ is aligned with CAS Toronto 3 Strategic Directions
(1-Strengthen Client-Centered Services and Supports; 2-Work Collaboratively;
& 3-Champion Diversity, Equity and Inclusion).



JTOZ INTERVENTIONS

EARLY RESPONSE FAMILY PARTNERSHIP MEETINGS (ERFM)



- ❖ *ERFM* is a collaboration between The **George Hull Centre** and CAST and it is for families with children/youth 0 to 15;
- ❖ ERFM is based on the principles and practices of *Family Group Conferencing*;
- ❖ *Hallmarks of Service*: 1) immediate & responsive (i.e., assigned within 24-hrs to facilitator; 2) occurs within 2 weeks); 3) focus is on creating a SAFETY/ SUPPORT PLAN to prevent admission to care or support safe return of child/youth to family/kin/ community
- ❖ *Service Approach*: ERFM Facilitator works with CAST team, CAST kinship searcher and other JtoZ services; ERFM prepares the family & supports; facilitates the family-led meeting to address how the family, their chosen supports and community supports will work together to maintain child/youth well-being & safety; child/youth voice at the centre.
- ❖ ERFM Plan reviewed at follow up meeting

INTENSIVE IN-HOME SUPPORTS FOR ADOLESCENTS (INSA)



- ❖ *INSA* is a collaboration between **YouthLink Youth Services** and CAST and it is for youth, ages 11 to 15 & their families;
- ❖ INSA has Youth Outreach Workers (YOW)
- ❖ *Hallmarks of Service*: 1) immediate & responsive 2) actively engages the youth & their family); 3) focus is on **CONNECTING** youth to their family and to services in the community.
- ❖ *Service Approach*: YOW works with CAST team and other JtoZ services; YOW focuses on improving family communication/relationships, better management of conflicts; improving youth's emotional regulation, crisis intervention, increasing school attendance and keeping youth voice at the centre of the work.

INTENSIVE FAMILY NETWORK BUILDERS (IFNB)



MPATAPO: SUPPORTING BLACK FAMILIES IN THE JOURNEY TO RECONCILIATION (MPATAPO)



❖ *IFNB* is a collaboration between **Strides Toronto (C/YCM)** and CAST and it is for families who identify as white or racialized but not Black/Black Biracial

❖ *Hallmarks of Service:* 1) importance of Family Supports/Network/Family-like supports; 2) Signs of Safety; 3) assist with safety planning; 4) BUILDING SUPPORTS (e.g., faith-based, community, schools); 4) providing culturally sensitive services

❖ *Mpatapo* is a collaboration with **Delta Family Resource Centre** and CAST for families who identify as Black/Biracial

❖ *Hallmarks of Service:* 1) importance of Family Supports/Family-like supports; 2) supporting/celebrating development of strong Black identities; 3) culturally specific/safe services using ABR/AO lens; 4) services are family-led; 5) brave/safe space for child/youth voice; 6) assist with safety planning; 7) BUILDING/EXPANDING SUPPORTS (e.g., community is 'family' community, faith community, neighbours, schools)

RAPID KINSHIP SEARCH –CAS TORONTO



- ❖ Kinship Service is a service offered through CAST; the Kinship Rapid Search intervention was created for JtoZ.
- ❖ *Hallmarks of Service:* 1) JtoZ has dedicated Kinship Researchers; 2) all JtoZ referrals to receive a “search” with family consent; 3) Rapid Search to increase the family’s support network; “immediate response” defined as a kinship search starting within 24-hours of referral; 4) use of various search techniques (e.g., phone contact with family; Agency file search; Facebook search/messaging; Google search and Canada 411; 5) provides family with a comprehensive list of contacts/supports to community partners to enhance the service.

**JtoZ
SERVICE
DATA
HIGHLIGHTS (OUTPUTS)**

	Entered Care Last 30-days/pre JtoZ Referral		At Risk for Entry to Care in Next 14-days/post JtoZ Referral		TOTAL		% Families Referred /Received JtoZ N=498
	# Families	# C/Y	# Families	# C/Y	# Families	# C/Y	
Referred/Received JtoZ Services	82	114	340	476	422	590	85%
Referred/Did Not Receive JtoZ Services	39	52	37	48	76	100	15%
TOTAL	121	166	377	524	498	690	
% Families Referred N=498	24%		76%				100%

JTOZ ~ NOV. 1, 2019 TO OCT. 31, 2022



Referrals

➤ **422 families JtoZ Referred/Served**

- 46% referrals were to Black/Black Biracial families
- 47% were referred for multiple JtoZ interventions (2-4)
- 2% were referred to JtoZ ~ Closed ~ Reopened

JtoZ

OUTCOMES

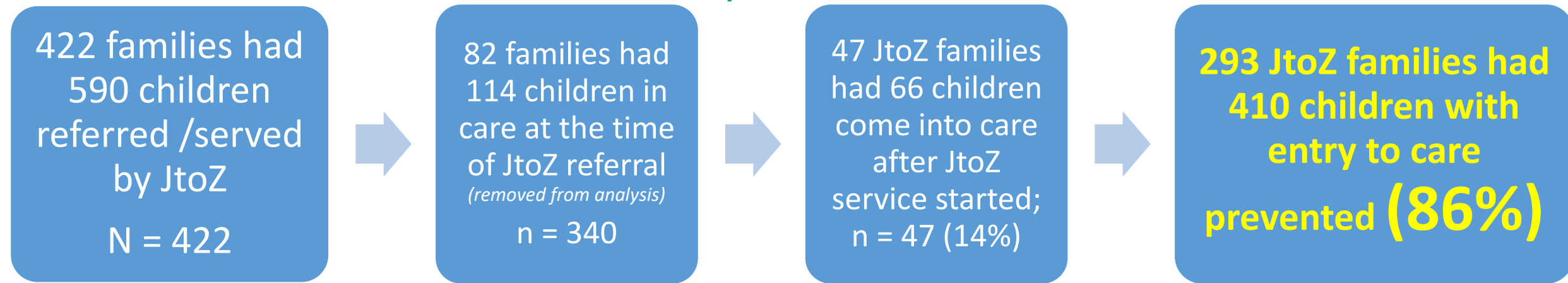
Nov 1/2019 to Oct 31/2022

PREVENTION TO CARE RATE: GOAL 85%

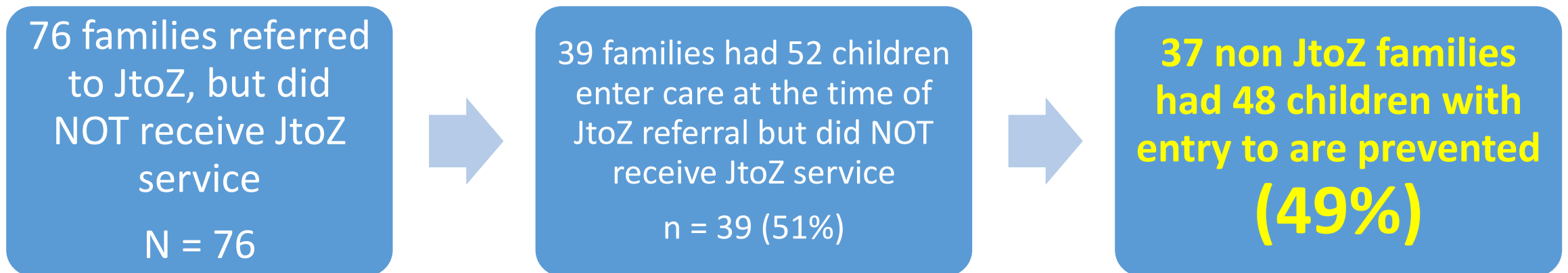
HIGH IMPACT



Cohort 1: Yr1 to Yr3: **JtoZ Referred/Served** (N=422)



Cohort 2: Yr1 to Yr3: **JtoZ Referred/ NOT Served** by JtoZ (N=76)



PREVENTION OF REOPENING: GOAL <30%

HIGH IMPACT

**Re-Opening/Re-Referral = Re-opened within
12 months of closure**

...Significant differences of JtoZ benefits noted in 2 years post-closure data ($p=.001$)

JtoZ Referred/Served *Re-Open/Re-Referral Rate: 22%*

vs.

JtoZ Referred/Not Served *Re-Open/Re-Referral Rate: 36%*

KINSHIP SEARCH: > FAMILY SUPPORTS BY 50%

HIGH IMPACT

Kinship Search occurred with all JtoZ referrals with FPM service;
family supports were measured at start & end of Kinship Search

N=196 families with pre/post data

Pre JtoZ Service/Pre Kinship Search = *mean # supports 2.04*

Post JtoZ Service/Post Kinship Search = *mean # supports 5.63*

Analysis finds significant difference of JtoZ benefits between pre to post ($p=.001$) and Kinship Search increased family supports by >150%

PREVENTION OF GROWING UP IN CARE:

RETURN TO FAMILY IN 90-DAYS: GOAL 50%

✓ JtoZ ~ Of those **DISCHARGED** “Return to Family <90 days” [Goal: 50%]

- Enter Care/Referred to JtoZ **51%** (36 of 71 of a total 114 child/youth) **Goal Met**
- ❖ Referred/Served/Enter Care **39%** (17 of 44 of a total 66 child/youth) **Goal Not Met**
- Referred/Not Served **55%** (16 of 29 of a total 52 child/youth) **Goal Met**

NOTE:

- Enter Care/Referred & Referred/Not Served: half of C/Y entering care < age 5 & 20% had prior entry
- ❖ Referred/Enter care: two-thirds are youth entering care > age 12 & 50% had prior entry to care

PREVENTION OF GROWING UP IN CARE: RETURN TO FAMILY, CULTURE, COMMUNITY

JtoZ ~ “Likely to Grow Up In Care”

- **Enter Care/Referred to JtoZ** **38%** ...43 of 114 child/youth **remain in care**
62% ...71 of 114 **were discharged home/kin**
- ❖ **Referred/Served/Enter Care** **33%** ...22 of 66 child/youth **remain in care**
67% ...44 of 66 **were discharged home/kin**
- **Referred/Not Served** **44%** ...23 of 52 child/youth **remain in care**
56% ...29 of 66 **were discharged home/kin**

DEEPER LEARNING ON LONG STAYERS

NOV. 1, 2019 TO JUNE 30, 2022



Long Stayers [365 days+] N=97 file review

JtoZ Referred/Served (n=89) vs. **JtoZ Referred/Not Served** (SAU) (n=8)

- ❖ Parental Mental Health Issues (31% vs. 75%)
- ❖ Parental Substance Use Issues (15% vs. 50%)
- ❖ Lack of Family/Kin Available to Care for Youth (10% vs. 50%)
- ❖ Lack of Contact with Parents (10% vs. 50%)

NOT GROWING UP IN CARE: PREVENTING ENTRY & RETURN HOME RATE



- ❖ **JtoZ Referred/Served RR=95%**
- ❖ **JtoZ Enter Care/Served RR=62%**
- ❖ **Referred/Not Served RR=77%**

JTOZ SUMMARY:



Preventing the entry to care

(86% JtoZ Referred/Served vs. 49% Referred/Not Served);

Keeping C/Y safe from subsequent harm

(21% JtoZ Referred/Served vs. 36% Referred/Not Served);

Keeping C/Y in their family/kin

(95% JtoZ Referred/Served vs. 77% Referred/Not Served);

Keeping C/Y in their culture and community

(95% JtoZ Referred/Served vs. 77% Referred/Not Served);

Not growing C/Y up in care (prevent entry/return home/kin if enter care)

JtoZ Referred/Served RR=95% vs. JtoZ Enter Care/Served RR=62%
vs. Referred/Not Served RR=77%

JtoZ

RETURN ON INVESTMENT ANALYSES

RETURN ON INVESTMENT ANALYSES



MNP CONSULTING

Return on Investment (ROI)

analyses re-clinical and financial care costs of the JtoZ programs

Leads: Signy Franklin, MNP

Report 1: Yr1/2 March 2022

Report 2: Yr 3 March 2023

UNIVERSITY OF SASKATCHEWAN

Social Return on Investment

analyses (SROI) from the lens of CASTs community and sector partners.

Leads: Drs. Suresh Kalagnanam, Edwards School of Business & Isobel Findlay, CUISR University Co-Director, University of Saskatchewan

Report: March 2023

MNP ~ ROI METHODOLOGY



Data Collection

Collect baseline information needed for the analysis:

- JtoZ program statistics and costs (Year 1, 2 and 3).
- Historic cost of in-care Services (2018-2022).
- Child/youth metrics (number of admissions, type of admissions, referrals, diversions, children per family, average length of stay, JtoZ client profiles).
- Management interviews to understand JtoZ costs, and in-care expenditures.
- Develop data dictionary and calculation methodology.

Data needed for analysis is ready, well defined and ready for modelling.



Apply Cost Assignment Method

Design and test Activity Based Costing model:

- Direct costs
- Indirect costs
- Overhead and administration

Populate model with base data.

Calculate four year average cost of in-care services.

JtoZ expenditures for the three years of the program including pre implementation ramp up costs and post implementation ramp down costs.

Costing model built, populated with based data, tested and ready.



Determine Per-Child Cost of In-care Services

Allocate CAST expenditures to either in-care or non-residential service categories to determine total in-care expenditures.

- Salary expenditures
- Purchased service costs
- Purchased goods costs

Divide total in-care expenditure by days of care to determine typical (average) cost per day of in-care service.

Apply average length of stay to daily rate to estimate average cost per child in care.

Average per client, daily cost of in-care service is calculated.



Calculate Return on Investment

Review admission data and JtoZ client outcome data to determine rate of diversion attributable to JtoZ program.

Apply diversion rate to admissions.

Estimate savings from diversion of children/youth from care and evaluate results against JtoZ investment to determine ROI.

Review and describe additional non-quantifiable benefits including social, economic, mental and community outcomes.

Savings from diversion from care compared to JtoZ program costs.

MNP ~ ROI DATA COLLECTION

To estimate the costs of JtoZ programs, MNP assembled data on the number of staff involved, the amount of time dedicated to the programs, the number of families/children participating in the program, supervisor and oversight cost allocations, facility, administrative allocations, and third-party expenditures on goods and services. Data collection was grouped into six categories.



Historic CAST Expenditures

Historic expenditure data from 2018 to 2022 were collected based on actual expenditures on labour, purchased goods and services.



Volume of Admissions Data

The number of admissions over the last four years were assembled including categorization of admissions by client type.



In-Care Service Metrics

Several indicators of in-care service were identified including the average time spent in care by race, as well as a profile of new admissions.



JtoZ Program and Outcome Metrics

This data involved a review of JtoZ program outcomes that have been achieved and recorded to date .



JtoZ Program Investment

This data provided a clear three-year record of JtoZ program expenditures both budget and actuals. We included pre implementation ramp up cost and post implementation ramp down costs that were directly associated with JtoZ.



JtoZ Diversion Rates

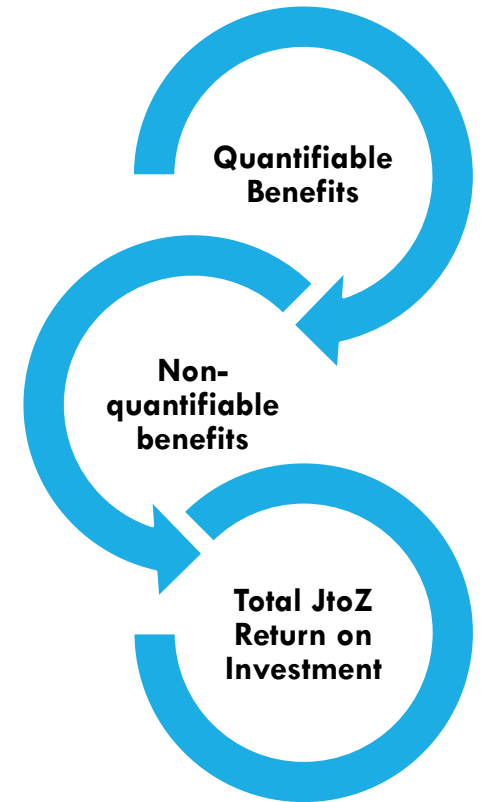
This critical variable examined the rate at which JtoZ referred children/youth assessed as likely to enter care in the next 14 days were diverted due to JtoZ.

86% C/Y destined for care are diverted due to JtoZ

JtoZ accounts for 86%	Year 1	Year 2	Year 3	TOTAL 3 Year	Cost as a % of Gross Savings
JtoZ Cost	\$ 1,651,967	\$ 1,946,036	\$ 3,014,399	\$ 6,612,402	12%
# Child/Youth diverted	98.0	98.0	98.0	294.0	
Gross Savings	\$ 18,748,643	\$ 18,748,643	\$ 18,748,643	\$ 56,245,929	
Net Savings	\$ 17,096,676	\$ 16,802,607	\$ 15,734,244	\$ 49,633,527	

NON-QUANTIFIABLE ROI

- JtoZ costs were compared to estimated savings attributed to the JtoZ program to report on Return on Investment (ROI), which focuses on direct measurable benefits and costs; extensive research indicates there are multiple benefits to diversion that are more difficult to quantify, such as:
 - **Improved education outcomes** (e.g., higher high school graduation rates);
 - **Reduced intersection between child welfare and youth justice services;**
 - **Reduced likelihood of poverty, homelessness and sex trafficked for youth post CAS care;**
 - **Reduced mental health, health, substance abuse through stronger links to family, community and culture**

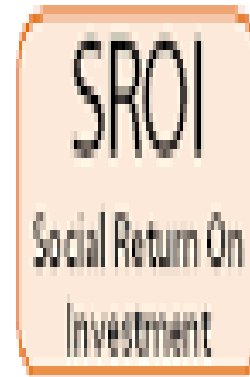


U.SASKATCHEWAN ~ SOCIAL RETURN ON INVESTMENT (SROI)

- **SROI measures change in ways that are relevant to the people or organizations that experience or contribute to it.**

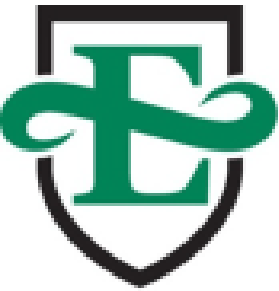
It tells a story of how change is being created by measuring social, environmental and economic outcomes and uses monetary values to represent them.

This enables a ratio of benefits to costs to be calculated.



$$= \frac{\left(\begin{array}{c} \text{Tangible} \\ \text{Value to the Community (TV)} \end{array} + \begin{array}{c} \text{Intangible} \\ \text{Value to the Community (IV)} \end{array} \right)}{\left(\begin{array}{c} \text{Clock Icon} \\ \text{Total} \end{array} + \begin{array}{c} \text{Dollar Sign Icon} \\ \text{Total} \end{array} \right)}$$

U.SASKATCHEWAN ~ SOCIAL RETURN ON INVESTMENT (SROI)



EDWARDS
SCHOOL OF BUSINESS
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CHILDREN'S
AID SOCIETY
of TORONTO

LA SOCIÉTÉ
DE L'AIDE à
L'ENFANCE
DE TORONTO



CUISR

Community-University Institute for Social Research

SEVEN PRINCIPLES



Involve stakeholders

Understand what changes

Value things that matter

Only include what is material

Do not overclaim

Be transparent

Verify the results

Stage 1

Establishing Scope and
Identifying Stakeholders

Establishing scope
Identifying stakeholders
Deciding how to involve
stakeholders

Stage 2

Mapping Outcomes

Starting on the impact map
Identifying inputs
Valuing inputs
Clarifying outputs
Describing outcomes

Stage 3

Evidencing Outcomes and
Giving them a Value

Developing outcome indicators
Collecting outcomes data
Establishing how long outcomes
last
Putting a value on the outcome

Stage 4

Establishing Impact

Deadweight and displacement
Attribution
Drop-off
Calculating your impact

Stage 5

Calculating the SROI

Projecting into the future
Calculating the net present value
Calculating the ratio
Sensitivity analysis
Payback period

Stage 6

Reporting, Using and
Embedding

Reporting to stakeholders
Using the results
Assurance

SIX-STAGE METHODOLOGY

SROI FINDINGS



EDWARDS
SCHOOL OF BUSINESS
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CHILDREN'S
AID SOCIETY
of TORONTO

LA SOCIÉTÉ
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DE TORONTO



CUISR

Community-University Institute for Social Research

A SIMPLE RATIO!

$$\frac{\text{Net present value of benefits}}{\text{Net present value of investment}}$$

What does it tell us?

It attempts to quantify social value in monetary terms using **relevant financial proxies** for inputs and outcomes



JtoZ

SUMMARY

LESSONS LEARNED

INTERNAL

- ❖ Change Management
- ❖ Environmental scan with key stakeholders-ongoing feedback mechanisms
- ❖ Agency Champions
- ❖ Senior management as Champions
- ❖ Ongoing promotion-emails, infographics, videos etc.
- ❖ Customized, immediate intervention

COMMUNITY PARTNERSHIPS

- ❖ Collaboration & teamwork
- ❖ Operational & clinical oversight
- ❖ Integration of services-multiple services coming together to work with families
- ❖ Equity, Anti-Black Racism, Anti-Indigenous Racism, Intersectionality, agency Clinical Framework
- ❖ Ongoing orientation and training community partner staff
- ❖ Clear service planning, communication mechanisms
- ❖ Evaluation –data collection

CONTINUED LEARNING

❖ **Continually Advancing the Clinical ...Learning More About the Long-Stayers**

How to identify earlier in the referral the possible 'long-stayers'? What services are effective in serving these very high needs families? How best to engage them? How do we ensure children/return to their family, community quicker? What do we have to do to not have children/youth grow up in care?

❖ **Managing for Effective Partnerships**

How to continually merge five agencies into one? How to address tension in partnership agencies? How to bring on new partners? How to adjust/tweak services? Managing data collection requirements? How to best manage the new roles for lead funding agency? How to address ABR by community partners? Balancing need to constantly communicate with too much communication?

❖ **ROI Analyses**

How to measure the other key outcomes –improved well-being, high-school graduation, PSE, less use of psychiatric services, reduced Youth Justice services? How to track the outcomes of those served and never return to service?

JtoZ Goals	Data To Date Support Goal Achievement Y/N/Unsure
For the children and youth ...to keep them safe from harm and keep them within their family system, their community, their culture and school and to not have them grow up in care;	YES
For the families ...to invest in families by offering community assessments and interventions that help them keep their children and youth safe, and to ensure equity informs how service is provided and experienced;	YES
For the community ...to change child welfare from a forensic model of protection and investigation and poor outcomes to primarily being a model of prevention, assessment and intervention that invests in families and communities and realizes positive outcomes;	YES
For social impact ...to deliver child welfare services that achieve positive outcomes and experiences for all stakeholders and to realize a positive return on investment.	YES

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