



Journey to Zero: Calculating the Social Return on Investment

Igbaver I. Ieren, Isobel M. Findlay, Suresh S. Kalagnanam, and Farhad Lashgarara



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EXECUTIVE SUMMARY

About 63,000 children and youth across the country are living in foster care and over 235,000 children and youths are at risk of being abused or neglected, representing 8.5 per 1,000 children. The detrimental effects of fostering children in care homes have been reported by researchers in several countries, including Canada. These effects include mental or physical disability, confusion, apprehension about an unknown future, sadness, anxiety, severance from home, cultural, and community ties that would enable them grow with a balanced self-identity and dignity. In the case of youths aging out of the foster care system, many fail to graduate from high school (44% graduate high school versus 81% in the general population), and with limited support subsequently may resort to crime and substance use that cost an estimated \$7.5 billion in lost opportunities for individuals, governments, and business over ten years. The current child protection system in Canada is funded to respond to issues of child maltreatment, with sub-optimal attention given to prevention of such abuses despite the known negative long-term impact of this approach on the life and development of children, their families, and communities.

Black and racialized children in Ontario are 33% more likely to be placed in the child welfare system and stay there longer than their White counterparts. Although scholarly explanations for such “disproportionality and disparity” range from worker bias and systemic discrimination to poverty and other structural risk factors, Black families are clear on the legacy of discrimination impacting them unduly. While such racial disproportionality is better researched in the US context than in Canada where studies of Indigenous overrepresentation are more developed, the overrepresentation of Black and racialized children in the child welfare system in Toronto, Canada, has also been linked to Black parental perception of anti-Black racism and their fears about their parenting practices being unjustly misunderstood and targeted by child welfare agencies. These children overrepresented in the system are often marginalized and sometimes placed in multiple homes or placed in and out of the child welfare system as a result of child welfare worker bias, lack of cultural sensitivity, lack of workforce diversity and culturally appropriate resources for an effective child welfare system.

In the face of such detrimental impacts of the child welfare system, a preferred, alternative approach to child welfare encourages the child remaining with the family at home under the care of supported parents and kin. Through this approach, children who require welfare intervention remain at home, within their communities and families where necessary support is given to the child and the entire family. Such an approach to intervention is the overarching goal of the Journey to Zero (JtoZ) project implemented by the Children’s Aid Society of Toronto (CAST) in partnership with the Children’s Aid Foundation of Canada (CAFC).

The JtoZ project has four intervention approaches to provide the care aimed at preventing entry to and retention in child welfare care and at maintaining children safely at home and within their communities and culture. This prevention strategy keeps children and youth safe at home and free from the traumatic experience associated with being in care, reducing the number of children and youth entering and remaining in care, while reducing the length of stay in care facilities for children already in care. Overall, the JtoZ interventions represent a move from a child welfare “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.” The JtoZ model empowers the family within which the child lives to enhance safe and holistic upbringing that would be beneficial to the child, the family, and the community. This approach recognizes the role of families and communities in a child’s development and is a more sustainable approach to protection.

The JtoZ initiative, implemented with community-based organizations, has prevented child welfare involvement in 85% of the referred families at risk of having their children removed from their homes over the last three years of implementation. This evaluation study calculates the **social** return on investment of the JtoZ during the period of implementation (2019-2022) to identify positive values that will be critical to scaling out to other provinces, and nationally. This evaluation complementing that by Goodman et al. (2022) and the MNP (2022; 2023) ROI is being conducted in partnership with the Children’s Aid Society of Toronto by the Community-University Institute for Social Research, University of Saskatchewan. The evaluation leverages both quantitative and qualitative data drawn from the project’s databases and key informant interviews with relevant stakeholders and adopts an intersectional analysis to assess the three years of JtoZ implementation. This approach examines drivers of the child welfare system with respect to changing gendered dynamics and the compounding effects of intersecting forces and systems of power and oppression (such as racism, sexism, ableism, homophobia, colonialism and capitalism) faced by those participating in these interventions which have been reported to be the underpinnings of the high number of children in care. The SROI analysis estimates the costs and downstream and other benefits associated with the intervention.

An impact map based on sector expert interviews and literature reviews tells the story about the changes experienced as a result of the JtoZ program and then puts a value on those changes. Changes identified in interviews and the literature are specific to each sector. The literature provides evidence that removal of children from their homes and communities impacts the children directly, and the caregivers, cutting across the various sectors. The changes are categorized based on quality of life (QoL) and frequency of use of child welfare services into Improved quality of life and Reduction in service use. Removal or prevention of children from going into care (both group or foster homes) results in the reduced utilization of the child welfare structure and prevents the negative outcomes that may impact the quality of life lived by the children. This, in turn, leads to improvements through increased chances of children/youth completing higher education, improving employment opportunities enabling children/youth to take care of themselves and support their families.

Inputs are defined as the investments or contributions made to lead to the desired outcomes. For this project, data collected over a three-year period as documented in the MNP (2023) report show the average annual cost of implementing the JtoZ project was \$2,204,114 (MNP, 2023). The net monetary impact of the JtoZ program considering 293 children/youth and 293 parents/caregivers as the beneficiaries is estimated with due consideration of the principle of conservatism which requires the consideration of deadweight, attribution, and drop-off. The net value is conservative and considers the level of outcome that could be achieved without the implementation of JtoZ considering the deadweight, attribution, and drop-off expressed as percentages and deducted from the gross value to obtain the net value. The net value of the JtoZ

impact was estimated to be \$16,906,177. The cost of implementation of the project over the three-year period was estimated to be \$2,204,114.00, according to the MNP assessment report. The formula for the SROI calculation is stated below:

$$\text{SROI} = \frac{\text{Present value of output/outcomes}}{\text{Present value of inputs}}$$

$$\begin{aligned}\text{SROI} &= \frac{\$16,906,177.00}{\$2,204,114.00} \\ &= 7.67\end{aligned}$$

Based on the conservative estimates obtained from the calculation of the JtoZ outcomes, the value implies that every one dollar invested in the JtoZ project yields an outcome estimated to be 7.67 dollars. That SROI ratio of 7.67 is but one measure of the SROI; the qualitative data represented by the literature and interviews gives important context for and supplement to that calculation, telling the story of what cannot be so readily monetized: the importance of affirmed cultural identity, the experience of social justice at work, and strengthened intergenerational legacy as well as the enhanced reputation of and increased trust in the Children's Aid Society of Toronto. Similarly, several scenarios document the potential impacts in the lives of children, youth, their families, and the broader community.

INTRODUCTION

According to the Children's Aid Foundation of Canada, about 63,000 children and youths across the country are living in foster care and over 235,000 children and youths are at risk of being abused or neglected, representing 8.5 per 1,000 children (Jones et al., 2015). Other studies have also put the number of children in care in Canada in the range of 54,000 to 59,000 children aged 0 – 14 years (Saint-Girons et al., 2020), while Trocmé et al. (2018) gave a conservative estimate of 62,000 in the out-of-home child welfare system. The detrimental effects of fostering children in care homes have been reported by researchers in several countries, including Canada. These effects include mental or physical disability, confusion, apprehension about an unknown future, sadness, anxiety, severance from home, cultural, and community ties that would enable them grow with a balanced self-identity and dignity (Bruskas, 2008; Marquis et al., 2008; Rose, 2006). In the case of youths aging out of the foster care system, many fail to graduate from high school (44% graduate high school versus 81% in the general population), and with limited support subsequently may resort to crime and substance use that cost an estimated \$7.5 billion in lost opportunities for individuals, governments, and business over ten years (Bounajm et al., 2014). This trend results in the proliferation of under-productive youth who could be growing to fill the gap for economic growth created by “a demographic tsunami” of an ageing Canadian population (Bounajm et al., 2014). The current child protection system in Canada is funded to respond to issues of child maltreatment, with sub-optimal attention given to prevention of such abuses (Gough et al., 2009) despite the known negative long-term impact of this approach on the life and development of children, their families, and communities.

Black and racialized children in Ontario are 33% more likely to be placed in the child welfare system and stay there longer than their White counterparts, according to King et al. (2017) in the first provincially representative study of its kind. Although scholarly explanations for such “disproportionality and disparity” range from worker bias and systemic discrimination to poverty and other structural risk factors, Black families are clear on the legacy of discrimination impacting them unduly (King et al., 2017). While such racial disproportionality is better researched in the US context than in Canada where studies of Indigenous overrepresentation are more developed (Trocmé et al., 2004), the overrepresentation of Black and racialized children in the child welfare system in Toronto, Canada, has also been linked by Minka (2018) to Black parental perception of anti-Black racism and their fears about their parenting practices being unjustly misunderstood and targeted by child welfare agencies. These children are often marginalized and sometimes placed in multiple homes or placed in and out of the child welfare system (Matar, 2021). The marginalization of these children results from child welfare worker bias, lack of cultural sensitivity, lack of workforce diversity and culturally appropriate resources for an effective child welfare system (Antwi-Boasiako et al., 2021). To address the issue of overrepresentation of Black and racialized children in Canada, Adjei et al. (2017) in a study in Toronto, Winnipeg, and St. John's recommended that the Child Welfare Services in Canada should develop a comprehensive understanding of Black parenting practices; an approach that would help in reducing the number of Black children entering care.

In the face of these documented detrimental impacts of the child welfare system, a preferred, alternative approach to child welfare encourages the child remaining with the family at home under the care of supported parents and kin. Through this approach, children who require welfare

intervention remain at home, within their communities and families where necessary support is given to the child and the entire family. This position was supported by Trocmé et al. (2013) who submitted that some of the child welfare issues may be handled by family support programs outside the child welfare system. Such an approach to intervention is the overarching goal of the Journey to Zero (JtoZ) project implemented by the Children's Aid Society of Toronto (CAST) in partnership with the Children's Aid Foundation of Canada (CAFC).

The Journey to Zero (JtoZ) project

The JtoZ project has four intervention approaches that aim to provide the care that can prevent entry to and retention in child welfare care and at maintaining children safely at home and within their communities and culture. This prevention strategy will keep children and youth safe at home and free from the traumatic experience associated with being in care, reducing the number of children and youth entering and remaining in care (Jin, 2021). The intervention also works on reducing the length of stay in care facilities for children who are already in care. Overall, the JtoZ interventions represent a move from a child welfare “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” (Goodman et al., 2022, p. 9).

For the interventions, the JtoZ programs follow a pathway of **five stages**. The first stage is the **screening stage**, where, upon receiving a report about the potential of a child going into care, the team **screens** that report for eligibility to intervene. Once the case meets the eligibility criteria for intervention, the case is then **referred** to the appropriate community partner within 24 hours of case lodgement. The third stage in the intervention pathway is the Joint Referral meeting. During this period, the community partner(s) and CAST meet jointly to develop an intervention plan based on the uniqueness of the case. After the meeting of the family, community partners, and CAST, the **intervention plan is finalized, and implementation begins**. The fifth stage is the **transition/closing and after care plan** which is jointly developed by the family, community partners, and CAST to ensure that the benefitting family continues to feel adequately supported and remains connected to helpful resources (Child Welfare Institute, 2021).

The **interventions** focus on four key areas that are aimed at fostering child safety, stability, well-being, educational continuity, and permanency.

- Early Response Family Partnership Meeting (ERFM/FPM)
- Intensive In-Home Supports for Adolescents (INSA)
- Intensive Family Network Building with Black Community (Mpatapo): Supporting Black Families in the Journey to Reconciliation
- Intensive Family Network Building (IFNB)

(Goodman et al., 2022, p. 11)

This JtoZ program started in 2019 with the aim of deviating from the norm where an individual child at risk of abuse is taken through the care process with minimal benefits to or supports for the parents. Through the four intervention areas, the JtoZ project focuses on strengthening the

family and ensuring the child remains with the family in the community through the model below (Figure 1).

Figure 1. Intervention approaches for the Journey to Zero Project of the Children's Aid Society of Toronto (Children's Aid Society of Toronto, n.d.)

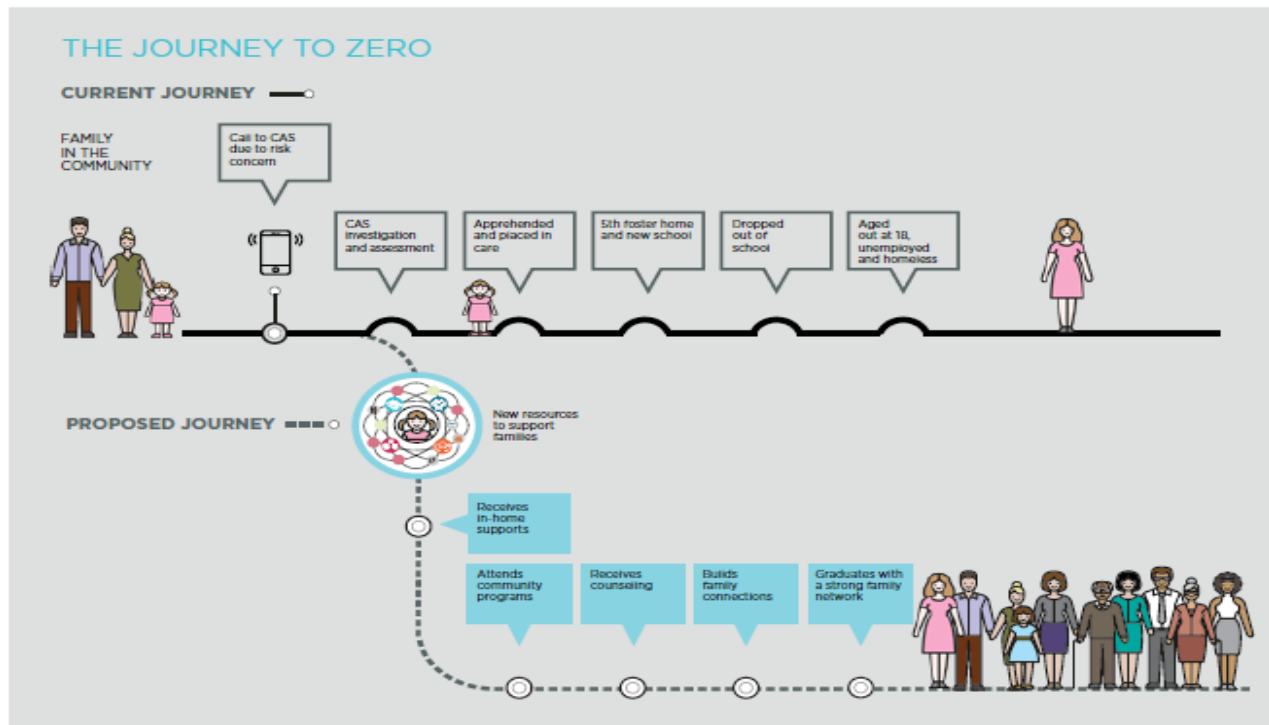


Figure 1 above illustrates that while the current system of child welfare care may benefit only that child who goes through the care system with little positive impact on the parents and/or the community, the JtoZ model empowers the family within which the child lives to enhance safe and holistic upbringing that would be beneficial to the child, the family, and the community (Bass et al., 2004). This approach recognizes the role of families and communities in a child's development and is a more sustainable approach to protection (Wessells, 2015).

Goal and Objectives of the Journey to Zero Project

The main goal of the project is to improve the long-term outcomes of child welfare-involved children and youth, particularly those who identify as Black or racialized. The specific objectives of JtoZ are focused on identifying the clinical service and operational goals (see Table 1 below).

Table 1. Specific Project Goals of JtoZ (Child Welfare Institute, 2021)

Clinical/Service Goals and Impact	Operational/Overall program goals/impact
1. Safety: Child/youth remains at safe at home with family/kin (no subsequent maltreatment allegations)	A. Operational Effectiveness: Effective administration of JtoZ
2. Stability: Child/youth remains with family/kin	B. Partnership Effectiveness: Effective partnerships with JtoZ partners
3. Well-Being: Child/youth remains in their community/connected to their culture	C. Service Satisfaction: Community agencies are satisfied with JtoZ
4. Educational Continuity: Child/youth remains in their school;	D. Donor Satisfaction: Funder satisfaction;
5. Permanency: Child/youth does not grow up in care	E. Return on Investment: Value for money

Ongoing evaluation of clinical/service goals and impact as well as operational and overall program goals and impact is a critical part of the process, including the MNP (2022) Return on Investment (ROI) analyses.

Report purpose

The Journey to Zero project started in November 2019 with two interventions (Early Response Family Partnership meeting, and Intensive In-Home Support for Adolescents); Intensive Family Network Building and Mpatapo (Intensive Family Network Building for Black and Black Biracial children/youth) began in February 2021 as the third and fourth intervention approaches respectively. Following three years of implementation (as of October 2022), the project is again being evaluated, this time to determine the **social** return on investment (SROI), and to identify positive values that will be critical to scaling out to other provinces, and nationally. This evaluation complementing that by Goodman et al. (2022) and the MNP (2022; 2023) ROI is being conducted in partnership with the Children's Aid Society of Toronto by the Community-University Institute for Social Research, University of Saskatchewan. The evaluation leverages both quantitative and qualitative data drawn from the project's databases and key informant interviews with relevant stakeholders and adopts an intersectional analysis (Crenshaw, 1991); Khosla, 2021) to assess the three years of JtoZ implementation. This approach examines drivers of the child welfare system with respect to changing gendered dynamics and the compounding effects of intersecting forces and systems of power and oppression (such as racism, sexism, ableism, homophobia, colonialism and capitalism) faced by those participating in these interventions which have been reported to be the underpinnings of the high number of children in care (Bergman, 2020). As part of the evaluation, an SROI analysis estimates the costs and downstream and other benefits associated with the intervention.

LITERATURE REVIEW

This literature review begins with an overview of the history of child welfare globally and in Canada in order to trace and unpack how we in Canada have come to the current situation and related statistics. This brief history is followed by a section identifying the drivers of the child welfare system in Canada, the challenges associated with the child welfare system, and how these issues have contributed to the evolution of the current child welfare system in Canada.

Global View of Child Welfare

Attempts to improve child welfare have been important for a long time and can be traced back as far as 6000 years ago (Tomison, 2001). Child protection has a long history in the United States of America where the world's first such dedicated organization (the New York Society for the Prevention of Cruelty to Children) began in 1875 (Myers, 2008). In Australia, child welfare issues became prominent in the 1860s, and have since undergone transformation following the refinement of the legislation during this period (Swain, 2014). As in the USA and Australia, child welfare issues became well recognized in Britain during the late 19th century with the *Prevention of Cruelty to, and Protection of, Children Act* (1889) which criminalized cruelty to children (Crane, 2018).

The child welfare system was initially centred on catering to the physical needs of the child but has since evolved in the United States with changing beliefs and reforms in policy and practice which try to balance the government-family-child tripartite arrangement (Murray & Gesirich, n.d.). Child welfare systems across the world are established on the foundation of preventing childhood violence and neglect (Strydom et al., 2020).

However, research over the years in the United States and elsewhere has shown that children who have gone through the child welfare system have more complications, including behavioural and emotional problems related to trauma, when compared to their counterparts in the general population (Kortenkamp & Ehrle, 2002; Wulczyn et al., 2009). Dettlaff et al. (2020) document the disproportionate impact on Black children and families who are “over-surveilled and over-policed” by the system resulting in “irreparable harm. . . due to the added impact of the ongoing legacy of structural and institutional racism in America” (p. 500). Ending this “continued oppression,” they argue, will be achieved only when the system itself ends and an “anti-racist” option developed; that is, “when the forcible separation of children from their parents is no longer viewed as an acceptable form of intervention” (Dettlaff et al., 2020, pp. 500-501). The upEND movement, according to Dettlaff et al., is “about the ending of the institutionalization that has posed as care for too long. In its place, families and communities become the first responders to crisis rather than state surveillance and intervention” (Dettlaff et al., 2020, p. 510). For improved child outcomes, Dettlaff et al. recommend increased safety net programming, safe, affordable housing, and expanded kin care and supports. Others argue for developing participatory relationships is critical; however, it has been reported that challenges with organizational structure have affected the development of participatory relationships in the child welfare system (Seim & Slettebø, 2017). Studies have shown that the child welfare system in the Nordic countries sometimes fails to protect children in situations where the implementation of reforms does not adhere to requirements (Sköld & Markkola, 2020). Another challenge affecting

implementation of reforms that will improve the child welfare system in Europe is insufficient financial investment (Anghel et al., 2013).

A Brief History of Child Welfare in Canada

The Canadian child welfare system dates back to the late 19th century and was established by governments often in partnership with private charitable or religious organizations to support families whose children were at risk of abuse or even exploitation (Swift & Callahan, 2002). The system, in which Indigenous children are overrepresented, has been linked to the establishment of residential schools in the 1880s (Currie & Sinha, 2015). This period of policy reform was based on the Orphans Act of 1799, and the Apprenticeship and Minors Act of 1851 where children who could not be cared for by their families were forced into labour to earn enough to take care of themselves (Brade, 2007). Before Confederation, children were widely viewed as a commodity and property of their father while childcare was viewed as the primary responsibility of parents with minimal support from the church and local communities (Albert & Herbert, 2006). The Métis, Inuit, and First Nations peoples, however, had very different values and traditional systems of childcare practised for millennia and performed by kin and neighbours prior to contact with European settlers (Brookfield, 2017; Canadian Child Welfare Research Portal, 2018; Carriere-Laboucane, 1997). With increasing levels of poverty in the industrializing world, child labour as well as homelessness and crime became a social issue demanding government's action which included taking into custody and care the children who were not cared for by their parents (Albert & Herbert, 2006). The Canadian child welfare system came into effect based on the law of *parens patriae* which gave the state authority over everything within its confines, including women and children (Dornstauder & Macknak, 2009; Swift & Callahan, 2002).

Towards the end of the 19th Century (around 1891), the mandate was given to the provincial and the territorial administrations to make laws that govern child welfare systems within their jurisdictions. These laws resulted in the establishment of provincial institutions that took responsibility for child welfare issues (Swift & Callahan, 2002). The first law governing child protection which gave rise to the formation of Children's Aid Societies was born out of the desire to protect abused and neglected children, which attracted the support of philanthropists, charitable and religious organizations for neglected and abused children. In 1891 the first Children's Aid Society was established in Toronto; the first Child Protection Act was passed in Ontario in 1893 (Albert & Herbert, 2006).

Childcare in Canada and the establishment of the Children's Aid Society went through an evolution process. Having been established first as the Guelph Humane Society in 1893 through the influence of Mr. John Joseph Kelso, the organizational name was changed in 1903 and incorporated in 1934 as the Children's Aid Society to reflect that it was responsible for the well-being of children also (Family and Children's Services, 2022). O'Donnell (1996) reported that the Children's Aid Society of Victoria and Vancouver was established in 1901 to take care of orphans and neglected children in accordance with the Child Protection Act. An increasingly "bureaucratized and professionalized" system changed in response to changing views of children's educational needs and rights yet remained focused on problems within the family rather than legal or socio-economic conditions as relevant factors, including the Indian Act, residential schools, and the notorious Sixties Scoop that had such devastating intergenerational

effects (Government of Canada, 2020; National Centre for Truth and Reconciliation, 2015). Only in 2020 was Bill C-92 *An Act respecting First Nations, Inuit and Métis children, youth and families* enacted to “uphold Indigenous peoples’ right to exercise control over family and child services” (Arnold & Herbert, 2006).

The framework for the child welfare system in Canada is largely dependent on the jurisdiction of provincial and territorial administrations with the support of the national government. Canada’s framework is, however, subject to the United Nations Declaration on the Social and Legal Principles relating to the Protection and Welfare of Children, with special reference to Foster Placement and Adoption Nationally and Internationally. which places priority on protecting the child’s right while linking child welfare to family welfare (Gough et al., 2009; UN General Assembly, 1986).

Drivers of Child Welfare in Canada

The current child welfare practice operates in such a way that when child welfare officials deem it unfit for a child to remain at home with their biological parents owing to maltreatment, or behaviour that the parents can no longer cope with, such children are transferred to out-of-home care facilities managed under the provincial jurisdiction responsible for providing social services (Gough et al., 2009). Studies have revealed that maltreatment in the form of neglect, physical abuse, emotional abuse, and sexual abuse is one of the main reasons for children being removed from their families and sent into foster or out-of-home care facilities (Doyle & Aizer, 2018; Marcellus & Badry, 2021). The Ontario Incidence Study of 2013 showed that 26.5% of the almost 40,000 child maltreatment cases investigated were associated with abandonment, exposure to intimate partner violence, substance abuse, caregiver’s social isolation and mental health concern (King et al., 2018). An overview of the major drivers is presented below under the broad categories of neglect and abuse.

Neglect

Neglect has been identified as one of the major reasons for children requiring admission into the child welfare system. The Canadian Incidence Study of 2008 (CIS-2008) reported that 34% of the cases investigated for possible placement in care facilities involved neglect (Public Health Agency of Canada, 2010). A study of the Saskatchewan child welfare system indicated that 56% of children entering the welfare system were due to neglect (Public Health Agency of Canada, 2010). In the United States, Doyle & Aizer (2018) reported that neglect and abuse were responsible for over 700,000 children being at risk of out-of-home placement each year with about 6% ending up in foster homes.

The trend of children in out-of-home care evolved over time with children from high income homes and children of single mothers who work for pay or are studying constituting a significant number of children in care (Bushnik, 2006). A study of childcare in Ontario (Marquis et al., 2008) reported that younger children were more likely to be taken into out-of-home care as a result of neglect and more likely to be associated with caregivers experiencing substance abuse issues and exposure to domestic violence. Recent reports have indicated that children and youth suffer physical abuse, neglect, and sometimes starvation and deprivation in Canadian care

facilities without adequate attention given to their mental, physical, and emotional well-being (MacDonald, 2022; Wrobel et al., 2022).

Abuse

Abuse could involve intimate partner abuse or children's exposure to domestic abuse. Intimate partner violence has been a major abuse factor driving the placement of children in the child welfare system. The 2008 Canada Incidence Survey showed that out of the 41% of intimate partner violence (IPV) that were investigated, 31% were attributed to IPV alone while 10% of the IPV co-occurred with another form of abuse (Lefebvre et al., 2013). Secondary data analysis of the Ontario Incidence Survey revealed that children within the age of 1 – 11 years constituted that highest group of children exposed to IPV (Nikolova et al., 2014). Similarly, a review of the 2003 Canadian Incidence Survey (CIS-2003) shows that 31% of children were exposed to domestic violence (Black et al., 2008). Physical abuse among children cuts across race as 67% of investigated cases of abuse requiring treatment were among Asian families (Lee et al., 2014). Exposure to domestic violence among Black children was reported to be 16 per 1000 black children in 2013. In a study by Barker et al. (2014) [Click or tap here to enter text.](#) among street youth in British Columbia, street-involved children who have been involved in out-of-home placement had about twice the odds of being victims of physical abuse. In the United Kingdom, Elliott (2020) identified poverty and maltreatment or abuse as critical factors that result in children being placed in out-of-home care facilities.

Negative Outcomes of the Traditional Child Welfare System

The child welfare system is designed to protect children and provide a suitable environment for holistic formation and transitioning of children into adulthood. However, children who have gone through the care system experience educational, psychological, social, behavioural, and emotional problems at a higher rate than children in the general population (Ramsay-Irving, 2015). Trivedi (2019) reports that children in foster care experience harm associated with neglect, instability, physical, mental, and sexual health problems; indeed, children in foster care are four times more likely to be sexually abused as compared to those in the general population, according to the study in Baltimore. According to Twigg (2009), the child care system through the residential or foster system has been criticized for not giving children who require out-of-home placement optimum care due to shortage of adequately trained foster parents or alleged maltreatment issues in the foster and out-of-home care institutions. These issues could result from the use of inadequately supported or trained carers, assigning more children than carers can care for, and lack of adequate reimbursement among other issues, so that the child welfare system can fail to protect children as desired (Sköld & Markkola, 2020). In a conceptual framework, Sandstrom and Huerta (2013) indicated that the challenges work together in the life of children and youth within the out-of-home care facilities or when they age out of care. Sandstrom and Huerta focus on domains of instability—"family income, parental employment, family structure, housing, and the out-of-home contexts of school and childcare"—all of which impact development for which they make policy and practice recommendations (p. 4). A study in Melbourne, Australia, showed that 76.9% of children in out of home care experienced more than one (unstable) placement with about half of these children being in more than five placements

compared to children in the general population (Rice et al., 2017). Children with unstable placements were more likely to have behavioural problems when compared with children who achieved early stability or children without placement instability (Rubin et al., 2007). In fact, Baskin (2013) concludes that the child welfare system acts as “a strong arm of colonization” that continues to disregard Indigenous perspectives on the best interests of children and families while prioritizing mainstream views (p. 406). Gaetz et al. (2016) are similarly clear that the child welfare system paves the way to homelessness. What is more, the early first experience of homelessness is linked to “increased hardship” and “greater adversity” after homelessness as well as heightened risk of chronic homelessness (Gaetz et al., 2016, p. 7). The John Howard Society of Ontario et al. (2022) further warned that this pushes such youth to “become adults trapped in the cycle” of homelessness and/or incarceration.

Poor Educational Performance

Children in care and those who have passed through the out-of-home care system have documented poorer educational attainment than the general population. It has also been reported that older children in care perform more poorly when compared to younger children in care (Brownell et al., 2015). Studies by Kovarikova (2017) and Dimakosa et al. (2022) show that children/youth who have passed through the care system have lower chances of completing higher education compared to their counterparts in the general population; findings that were also affirmed by Shaffer et al. (2016). These children are reported to be prevented from advancing in education and are disproportionately disciplined in the school setting (Scherr, 2016). Brownell et al. (2015) reported that high school completion for children who were ever in care was about one-third (33.4%) compared to over 66% for children who were never in care. The poor educational performance has been attributed to multiple placements which may result in frequent change of school, which is further complicated by sub-optimal attention given to children in care who deserve to be given additional attention to move them to the level of their counterparts who have never been in care (Butler, 2019). This limitation affects the ability of most of them to secure jobs that will contribute to improving their quality of life (Bounajm et al., 2014; Gonzalez, 2014). Sukumaran (2021) reported that those youth leaving care experience with lower educational performance are hindered from transitioning into independent adults at the expected rate.

Involvement in Criminal Justice

Individuals who have gone through the child protection/welfare system are reported to have higher chances of being involved in the criminal justice system than those with no history of such involvement (Bromwich, 2019; Corrado et al., 2011; Gypen et al., 2017; Nickel et al., 2020). A study in Manitoba involving over 18,000 children between the ages of 12 and 17 years showed that over 46% of the children and youth who went through the child protection system had criminal charges compared to 19.4% of those who were managed within their families and communities and 5.3% of adolescents who did not go through the child welfare system (Brownell et al., 2018, 2020). Brownell et al. (2020) identified also that the children with experience of the child welfare system were more likely to be involved in the criminal justice system at an earlier age than those who were not involved in the child welfare system (p. 57). A

review of out-of-home-placement children in the criminal justice system in Australia indicated that 45% of these children were involved in community-based offending, and 13.3% of the children were involved in residential-based offending (Baidawi, 2019). A study in Ontario by Gauthier (2010) reported that the residential and care system have unduly impacted the engagement of Indigenous people in the criminal justice system. Placement in group homes rather than foster homes, multiple movement in and out of the child welfare system, and previous maltreatment experience are identified as some of the factors influencing the involvement of youth/children with out-of-home care experience in the criminal justice system (Bala et al., 2013). Based on these findings, Bala et al. (2013) recommended early intervention, establishment of child mentorship programs, better programs for youth ageing out of care, and reducing group home arrangements as some of the factors that would be useful in reducing the involvement of children and youth in the criminal justice system.

Severance of Family, Community, and Cultural Ties

Even though it is agreed that there are situations when there is a need for change in a child's environment, the removal of children from their families has been reported to have long-lasting detrimental effects. Chateauneuf et al. (2021) reported that children placed in non-family related care tend to have more problems than those in kinship or foster-to-adopt family care. This severance could erode the transmission of identity, family ties, language, culture, and belonging (Mosher & Hewitt, 2018). This position is corroborated by Quinn (2022) who emphasizes the importance of cultural and spiritual ties to improving self-esteem, healing, and well-being. A 2021 report indicates that 86% of Indigenous children were placed in the state's care system, despite comprising fewer than 20% of children in Canada (Cattapan et al., 2021). This represents a huge number of Indigenous children whose cultural, community, and family ties have been severed in compliance with the state's policy and jurisdictions. According to the Aboriginal Justice Inquiry-Child Welfare Initiative in 2001 (as cited by Mandell et al., 2003), 43.8%, and >70% of Indigenous children in British Columbia and Saskatchewan respectively were in the child welfare system. The removal of children from their parents' care could also have devastating effect on the parents from whom the children were apprehended. A study in two Canadian cities indicated that 16% of parents with apprehended children had a record of 75 suicide attempts associated with child removal from the home (Ritland et al., 2021). The National Household Survey of 2016 showed that Indigenous children were more than 13 times more likely to be in foster care when compared to non-Indigenous children across Canada (Caldwell & Sinha, 2020). Addressing this issue has been made more difficult in the context of the current approach, which does not consider child well-being and cultural safety in assessing neglect cases (Caldwell & Sinha, 2020). Another report indicates that Indigenous children (9.9%) were twice as likely to be placed in foster care than non-Indigenous children (4.6%) (Trocmé et al., 2004). King et al. (2017) in a review of Canadian provincial data, adjusting for race and other factors, indicated that Black children had 33% greater odds of being placed in out-of-home care than white children. These studies underline the unusual risk faced by racialized children and youth of removal from parents and other relatives as well as the loss of community-

“Indigenous communities were taking active steps to find children that were lost to the child welfare system to care for them and rekindle their cultural identity.” – Quinn (2022), p. 1

severing bonds that are vital for children’s development (Duncan & Argys, 2007). Quinn (2022) also highlighted that in the interests of important cultural ties to strong identity and well-being, “Indigenous communities were taking active steps to find children that were lost to the child welfare system to care for them and rekindle their cultural identity” (p. 1).

Economic Viability

The current system of childcare that requires children to be taken to out-of-home care facilities is capital intensive. A Manitoba report indicated that the budget allocation for out-of-home-childcare had tripled over the last decade and the cost of caring for a child had been in the range of over \$40,000 per child throughout the out-of-home welfare care period, a figure that did not include funding from the federal budget (Government of Manitoba, 2018). Many of the youth who have passed through out-of-home placement face economic difficulty and financial instability due to lack of family support, lack of savings, and less exposure to financial stability and healthy financial behaviour (Edelstein & Lowenstein, 2014; Gonzalez, 2014). According to Lee and Ballew (2018), over 90% of children who have aged out of care in the United States had an annual income of less than \$10,000, and many lacked the requisite skills and education to secure jobs that would provide them with a standard quality of life (Ogbonna, 2021). In a systematic study by Gypen et al. (2017), children who have gone through a foster care system were more likely to stop their education earlier in life, with a subsequently lower employment rate, and unstable employment in some cases which leads to lower income in “foster care alumni” earning about half the earnings of their counterparts in the general population. In comparing the employment rate of foster care alumni with children from lower income backgrounds, the review found that the employment rate and earning were lower among children who have experienced foster care in relation to their counterpart in the general population. The review found out that the employment rate was 27-31% lower for youth with child welfare involvement than the national comparison group (Gypen et al., 2017, p. 78).

**“the employment rate was 27-31% lower for youth with child welfare involvement than the national comparison group”—
Gypen et al., 2017, p. 78**

Housing Instability

Despite housing being acknowledged as a human right by the 2019 National Housing Strategy Act in Canada and internationally (United Nations, 1966) and a human right so foundational to human development, children who have gone through the out-of-home care system are more likely to experience homelessness than their counterparts in the general population. Shewchuk et al. (2020a; 2020b) reported that children experiencing homelessness are 193 times more likely to have gone through the out-of-home care system, and that the issue needs to be prioritized and included in the transition plan for children aging out of care. The out-of-home care facilities, most times, have reportedly not given adequate attention to addressing the issues that result in children being removed from their homes (Serge et al., 2002) which may result in children returning to a house under a condition worse than that which informed their apprehension and placement in the child welfare system. In addition, some of these children/youth may go through

several placements or remain in group homes with sub-optimal care and without preparations that could otherwise result in more purposeful lives after ageing out of care. A 2018 study indicated that 52.6% of children who experienced homelessness in Saskatoon had experienced foster care (Findlay et al., 2018); in 2022 that number increased to 54.8% (Kunzekweguta et al., 2022). Alberton et al. (2020) reported that homelessness is one of the key issues affecting those who have passed through the child welfare system and especially for Indigenous people facing intersecting forms of oppression. They reported that visible or hidden homelessness was about four times more likely to be experienced by those who passed through the child welfare system than those who have not. Conditions like these expose the child/youth who has aged out to social hazards such as peer pressure, violence, crime, safety and abuse (Alberton et al., 2020). Findings show that even though “foster care alumni” eventually settle down, many of them have experienced homelessness in their lifetime with about 86% requiring support to settle down (Gypen et al., 2017). A study in British Columbia reported that about 50% of street-involved children had been involved in the government child welfare system (Barker et al., 2014), further highlighting the rate of homelessness among “foster care alumni”. According to Shewchuk et al. (2020), the 2016 National Housing Survey showed that over 50% of the youth with a history of homelessness had experienced out-of-home care (OHC).

Food Insecurity

The Canadian Community Health Survey in 2017 – 2018 indicated that 12.7% of households involving 1.2 children suffered varying levels of food insecurity in the 12 months that preceded the survey (Tarasuk & Mitchell, 2020). A national cohort study across five Canadian cities indicated that about 30% of youth were living in food-insecure households, and that those identifying as Black or Indigenous were more likely to live in moderately or severely food-insecure households compared to those who identified as mixed or other ethnicities (Bhawra et al., 2021). High sales taxes and precarious income were identified as reasons for the food insecurity (Bhawra et al., 2021). Findings have shown that only 30% of youth with out-of-home care experience complete secondary education (McEwan-Morris, 2006) and less than 10% of these youth who age out of care complete higher education (Lima et al., 2018). Many of these youth may not be able to secure high-paying jobs or guarantee an income sufficient for their regular upkeep, and this makes a lot of them unable to afford sufficient food with subsequent related physical and mental health consequences (Emery et al., 2013; Men et al., 2021). Wrobel et al. (2022) reported that children subjected to ill-treatment in the placement facilities are often poorly fed, and this could lead to children running away from care facilities prematurely with limited knowledge and skills to enable them to live successful lives and fend for themselves.

Poor Health Outcomes

Studies have shown that many health needs of about one third of the children in out-of-home care facilities go unmet despite the documented evidence of those needs (Mekonnen et al., 2009). For children who live amongst other children, health care should be a top priority, especially for those living in out-of-home or foster care facilities. However, health care challenges exist in the out-of-care homes and may not be optimal. In the United States, for example, studies have shown

that reproductive health issues including early and unplanned pregnancy are higher among children in out-of-home care or those who have aged out of the foster care system than in the general population (Szilagyi et al., 2015). Mental health issues were also observed to be common among children in care; indeed as mental health rates peak, resort to services decreased (Havlicek et al., 2013). Children are expected to have a pre-entry medical assessment (Australian Government, 2019) but in most cases, children are taken from home against the desires of the parent and in some situations, the parents may be absent at the time of the child's removal. When this happens, access to the child's medical history may be limited resulting in gaps in their medical history (Szilagyi et al., 2015). Bergman (2020) reported on the burden of mental health issues among youth who were engaged with the child welfare system. Furthermore, the report highlighted the failure of the current childcare system to address this public health issue (Bergman, 2020). A study in British Columbia among street-involved youth showed that children involved with out-of-home placement had a higher chance of being engaged in substance abuse (Barker et al., 2014), and this could further make them prone to mental health issues as compared to children in the general population. A study in England and Wales reported that adults who had been through the care system at any time during their lives had a higher mortality hazard ratio compared to those who never went into care, and the excess mortality was attributed to mental and behavioural causes among others (Murray et al., 2020). Recent reports in both British Columbia and Ontario (MacDonald, 2022; Wrobel et al., 2022) have indicated that children in out-of-home placement facilities are being failed by agencies tasked with providing "safe, supportive, and trauma-informed" care were instead "variously verbally abusive, neglectful or casually indifferent" subjecting youth to unusual punishment and restraint resulting, according to the BC provincial auditor general, in "warehousing" of youth and, insufficient oversight leading to deaths of Indigenous youth "mainly by suicide, drug overdose and preventable accidents" (MacDonald, 2022, p. A14). Wrobel et al. (2022) similarly "paint a startling portrait of a system that lacks qualified staff and neglects and even mistreats some children who have experienced trauma or have complex mental health needs" (para. 3).

[A]gencies tasked with providing "safe, supportive, and trauma-informed" care were instead . . . subjecting youth to unusual punishment and restraint resulting . . . in . . . deaths of Indigenous youth "mainly by suicide, drug overdose and preventable accident" (MacDonald, 2022, p. A14).

Increases in the Number of Children Needing Care

Over the years, provincial administrations have expanded legislation with the effect of increasing the numbers of children needing care. For example, Ontario added *pattern of neglect* to its definition of children needing care while provinces such as Alberta, British Columbia, and Saskatchewan also modified legislation about children requiring care (Swift & Callahan, 2002). While the number of children entering care has increased over the years, the support from the Federal government to the provinces for child welfare care continues to decline. The increasing number of children needing care has been attributed to the change in government policies over the years thereby creating increasing demand on the resources (including human resources with a range of one staff per 6.7 children in Newfoundland and Labrador to one staff per 11 children in Quebec) and facilities available to the provinces for child welfare care (Pasolli, 2015; Swift &

Callahan, 2002). Many youth who age out-of-care struggling to transition into independence have to depend on parents or social networks for financial support, education, and employment (Sansone et al., 2020). These youth, in many cases, face the challenges of transitioning into adulthood because of limited support programs which are often difficult to access (Sukumaran, 2021) thereby increasing their dependence on parents and other social supports to enable them to be independent adults. A study in British Columbia that followed youth who had exited care for two and a half years reported that youth who left care were more likely to rely on income assistance as their main source of income and face instability and weak supports (Rutman et al., 2007).

Lack of Harmonized Central Database for Enhanced Decision-making

An aggravating factor intensifying the negative outcomes is the impact of jurisdiction on system accountability and data management. Since the system's inception, the jurisdiction for child welfare has been a provincial responsibility. This jurisdictional complexity has major weaknesses in terms of a national data management system with harmonized case definitions for children within the care system and for tracking of children/youth who have aged out of care (Commission to Promote Sustainable Child Welfare, 2010). Such arrangements could limit the robustness of the national as well as regional planning for children in care, as well as the effective allocation of resources to support the re-integration into society of children who have aged out of the care system (Bennett et al., 2007; Quinte Children's Homes, 2022). Researchers have recommended that children in care should be a national priority (Albanese & Rauhala, 2015), but this may be challenging when the data available are held by provincial governments. In Table 2 below, for example, showing the number of children in out-of-home care in Canada by province and territories in 2019 (Saint-Girons et al., 2020), there are discrepancies in the data by year and by age of protection across jurisdictions which affects comparability for national decision making.

Table 2. Distribution of children in out-of-home care across Canada provinces and territories in 2019 (Saint-Girons et al., 2020)

Province/ Territory	Reference Year	Age of Protection	Childhood population	Include informal kinship	Children in out-of- home care (point-in- time)	Rate per 1,000
Alberta	2019	0 – 17 years	970,452	No	7,757	7.99
British Columbia	2019	0 – 18 years	926,072	No	6,263	6.76
Manitoba	2019	0 – 17 years	308,969	No	10,258	33.20
New Brunswick	2019	0 – 18 years	144,301	Unknown	983	6.81
Newfoundland and Labrador	2019	0 – 15 years	76,450	No	985	12.88
				Yes 'Kinship services'	1,545	20.21
Nova Scotia	2019	0 – 18 years	176,458	No	995	5.64
Northwest Territories	2014	0 – 18 years	11,343	No	229	20.19
Nunavut	2019	0 – 18 years	14,943	No	358	23.96
Ontario	2019	0 – 17 years	2,765,376	Unknown	12,385	4.48
Prince Edward Island	2019	0 – 17 years	29,226	No	111	3.80
				No	9,174	5.79
Quebec	2019	0 – 17 years	1,584,856	Yes 'confie a un tiers significatif'	11,539	7.28
Saskatchewan	2019	0 – 15 years	244,476	No	4,546	18.59
				Yes 'Person of Insufficient interest'	6,620	27.08
Yukon	2019	0 – 18 years	8,517	No	95	11.15
				Yes 'Extended family care'	240	28.18
Total	2019	N/A	7,261,439	No	54,139	7.46
				When reported	59,283	6.16

Current Approaches to Child Welfare Interventions

The United Nations' Declaration on Social and Legal Principles relating to the Protection and Welfare of Children of 1986 states in articles 2 and 3 that the welfare of the child depends upon the good welfare of the family and that the first priority for children is that they should be cared for by their families (UN General Assembly, 1986). The declaration further states that in the event of the child needing to be cared for outside the home, the state's laws should ensure that the child receives adequate care with regular supervision, that the child's parents should be allowed unlimited access to the child while ensuring that the child's nationality (including culture), language, and religion are maintained (UN General Assembly, 1986). In a working paper on the economics of foster care, Bald et al. (2022) highlighted the need to evaluate the current system to better understand the drivers of out-of-home placement with the aim of addressing them to prevent out-of-home placement in the first place. Some of the programs suggested included poverty alleviation such as lowering the age requirement for seniors' social safety net from 65, provision of a national guaranteed basic income as assessed by the Office of the Parliamentary Budget Officer, and human capital development to prevent abuse and subsequent placement (Ammar et al., 2021; Bald et al., 2022; Emery et al., 2013).

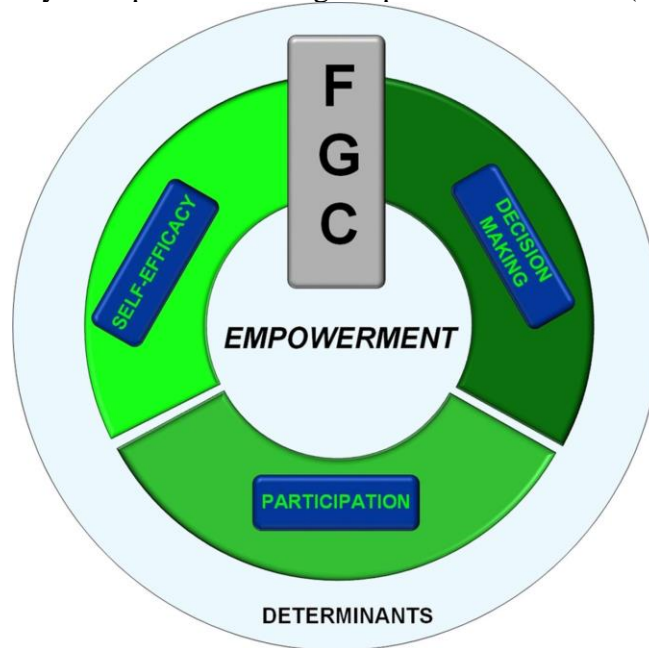
In a review of follow-up studies conducted on children and youth who had aged out of care facilities, Knorth et al. (2008) indicated that continuous follow-up and support to the child and the families will ensure the long-lasting effect of any gains of the child welfare system. The law (Bill C-92) protecting the rights of Indigenous children which came into force in 2020 further emphasized the need for Indigenous children to stay with their families in their communities so that they can grow up immersed in their culture (Indigenous Services Canada, 2020). In a study by Gosine and Pon (2011), Black workers felt that the overrepresentation of whites in the top management and supervisory roles in the child welfare system would affect the perception of clients who may not feel comfortable within the white-dominated system. This perception could apply also to the parents of children who are to be taken into care, further emphasizing the need for creating programs that will enable children to be cared for at home through other family support interventions. A report by Mosher and Hewitt (2018) echoed this view by calling on the government to review the laws that require children (including Indigenous people, Blacks, and other racialized or minoritized groups) to be removed from their homes "unnecessarily".

Alternative approaches to the traditional children welfare system, including emphases on prevention, that have been used in other parts of the world and in Canada are described below.

Early Response Family Partnership Meeting/Early Response Family Group Conferencing

Family Group Conferencing is a family group decision model intervention that brings together family members to resolve child welfare issues. It has spread rapidly across the world since its inception in New Zealand to address concerns about the overrepresentation of Indigenous children in the child welfare system (Asscher et al., 2014; Bredewold & Tonkens, 2021; Knoke, 2009; Rodgers & Cahn, 2010). The use of family group conferencing has proven to be a useful tool in mental health therapy (de Jong et al., 2018; de Jong & Schout, 2011; Meijer et al., 2017). In the conceptual model developed in the family group conferencing trial among patients with disabilities by Hillebregt et al. (2018), family group conferencing facilitates empowerment through self-efficacy, participation, and decision making as represented in Figure 2 below.

Figure 2. Family Group Conferencing Empowerment Model (Hillebregt et al., 2018)



In summing up family group conferencing, Van Alphen (2013) describes the approach as a “way of keeping the problem where it belongs” where families are empowered to choose the course of action that is best for all the parties involved. This approach has been adjudged to be more sustainable due to its involvement of the relevant parties (Trotter & Sheehan, 2000). Findings from the assessment of family group conferencing in Toronto showed that over 90% of children who went through the process remained with their families (Cunning & Bartlett, 2006), further strengthening family, community, and cultural linkages. Considering the benefits of the family group conferencing (FGC), the Children’s Aid Society of Toronto and the George Hull Centre through JtoZ proposed the Early Response Family Partnership Meeting which is a modification of the regular FGC and requires that response happens within 14 days of a report (Goodman et al., 2019).

Intensive In-Home Support for Adolescents (INSA)

Intensive In -Home Support for Adolescents was developed by the Children’s Aid Society of Toronto and YouthLink Youth Services through the JtoZ initiative. This intervention approach is aimed at preventing adolescents and youth placement in out-of-home facilities through the introduction of intercept programs which integrate intensive in-home parenting skills to meet the individualized need of the family and the adolescent or youth (Huhr & Wulczyn, 2022). It can be viewed as a consequence of the family preservation model that was aimed at reducing the number of children at risk of out-of-home placement (Courtney, 1997). The approach has been used, in some cases with modification, in the management of psychiatric disorders in youth as intensive home-based treatments (Boege et al., 2015; Bruns et al., 2021). A study by Huhr & Wulczyn (2022) found that youth managed at home under the intercept program had lower

placement (in out-of-home facilities) compared to those who were not managed through the intensive home management approach.

Intensive Family Network Building (IFNB)

This intervention approach was developed by the Children's Aid Society. The ideation of this intervention approach is drawn from the principles outlined in the Signs of Safety Framework. The Signs of Safety recommends that it is in the best interest of children to grow within their naturally occurring network that comprises immediate family and other community stakeholders who may have primary interest in, and responsibility for the child (Elia International Ltd, 2020; Turnell & Murphy, 2017). This intervention approach focuses on providing support to youth/children and their families to ensure safety and well-being (Children's Aid Foundation of Canada, n.d.). Studies have suggested that extended family networks outside the immediate families provide greater support which in the end produces healthier children. A study in Mexico reported that a network with extended kins and co-residents offered greater support resources for mothers, especially those from poor households. This study also found out that families with extended networks of kin resulted in healthier children (Iaupuni et al., 2005). A study in South Asia found that a network of family volunteers providing care to children usefully reduced the treatment gap for childhood intellectual and developmental disorders in underserved populations (Hamdani et al., 2014). A study by Dawkins (2006) found that families with strong kinship and neighbourhood ties were less likely to move to other localities. These ties were found to influence stability more strongly among low-income families due to availability of social support services for important family needs such as day-care. Research findings such as those highlighted above further buttress the African proverb that says, "*It takes a village to train a child*," implying that more balanced child development requires networks outside of the child's immediate family—an understanding harnessed by the JtoZ project.

Mpatapo: Supporting Black Families in the Journey to Reconciliation

This is a unique approach that was developed by the Children's Aid Society and Delta Family Resources within the JtoZ program to support Black families specifically with the aim of reducing the number of Black children and youth in out-of-home placement who constituted nearly half (46%) of families referred for intervention (Child Welfare Institute, 2021). Fallon et al. (2015) stated that although Black children constituted only 8% of Toronto's children population, 42% of them were in the care of Children's Aid Society of Toronto, and the incidence of investigation had remained stable over a ten-year period (between 2008-2018) (Fallon et al., 2021). These children often end up in non-Black foster homes, communities, and care institutions (Goodman & Johnson, 2017). Children in care have often reported being hurt by caregivers in the form of beating/kicking, choking or burning, and even being forced into sex (Leslie, 2009), all of which further strain the relationship between children/youth and their caregivers. Children are believed to do better with families; the York Region Children's Aid Society reported the use of kin (including neighbours, community members, teachers, and grandparents) to care for children while their parents attempt to prepare a safe environment to which the child can return (York Region Children's Aid Society, 2019). Understanding why Black

children thrive in the community underscores the importance of working with Black families towards reconciliation and harmonious relationship between parents and children. Providing safe spaces for children to express their needs will enable them to relate well with their families and communities and helps address adverse impacts on growth and development (Chen et al., 2017).

Conclusion

After elaborating the history of the child welfare system in Canada, highlighting its evolution and origins in the residential school system, the literature review presented the drivers (pre-eminently neglect and abuse) of the child welfare system associated with apprehension of children from their homes, and away from their parents and community. The literature documents the negative impacts of the current (traditional) child welfare system where children are removed from their homes or parents and placed in residential homes or under foster care. Negative outcomes include poor educational and economic performance, involvement in criminal justice system, food insecurity, housing instability, poor health outcomes, and increased numbers of children needing care. The negative effects on children are compounded by the lack of a central database for decision making at the federal level because the data and the operations of the child welfare system are regulated under provincial/territorial jurisdiction.

After unpacking the negative effects of the current child welfare system, the literature review introduces alternative approaches implemented by JtoZ. They include Early Response Family Partnership/Early Family Group Conferencing, Intensive In-Home Support for Adolescents, Intensive Family Network Building, and Mpatapo: Supporting Families in the Journey to Reconciliation. These approaches require that children/youth remain at home with their parents or kin/kith and within their communities where they are supported to heal and flourish within the environment with which they are familiar. The evidence is increasing that these approaches produce better outcomes for children/youth as they transition into adulthood—and benefit all in optimal and cost-effective use of resources.

Consistent with the JtoZ commitment to ongoing evaluation for evidence-based decision making, this study adds to the literature by evaluating JtoZ, focusing not only on the associated costs but on the value of the investment, monetizing its diverse impacts and downstream benefits, drawing on both qualitative and quantitative data. It builds on and complements MNP (2022; 2023) which together reported on years 1-3 of the JtoZ program and operational cost savings resulting from the program. The ROI method begins with data collection (statistics and costs) before assigning a three-year average cost of in-care services, determining average per-child, per-day cost, before estimating savings from diversions to JtoZ (197 or 76% of the 259 did not enter care). For 197 youth at \$210,000 per child, the cost savings amount to almost \$37.7 million over the first two years of the program based on direct, quantifiable costs and benefits. The MNP (2022) report notes that the non-quantifiable return on investment will be calculated in the present study focused on, for example:

- Improved education outcomes
- Reduced involvement in youth justice services
- Reduced likelihood of poverty, homelessness, and sex trafficked youth

- Reduced mental health, health, substance abuse through strengthened links to family, community, and culture
- Income support programs/poverty prevention
- Improved perception of CAST as a family support enabler

METHODS

Ethics Approval

The project received an ethics exemption in accordance with Article 2.5 of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans – TCPS 2 (2018 and now 2022). However, ethical standards were followed for the conduct of the research including obtaining consent from the participants, and permission obtained to record interviews. Data collection was completed using password-protected Zoom Application with the interviewer and respondent in locations where they could not be overheard by external parties. Data collected were stored on password-protected computers and backed up on One Drive-University of Saskatchewan with access granted only to members of the study team at CUISR. All identifiers were removed from transcripts and the analysis and presentation of the findings maintained participant confidentiality throughout the evaluation process (signed consents were stored separately from study data).

Participant Recruitment

The team at CUISR worked with the Children’s Aid Society of Toronto (CAST) to identify the relevant stakeholders who were contacted by CAST with invitations to participate and asked to contact the researchers directly to review and give consent (see Appendix A) and schedule interviews. These stakeholders included the relevant government agencies, education, police/enforcement, health, justice, employment and labour market, housing, and food security as well as J toZ project partners involved in children’s mental health, community service partners, and other project partner welfare agencies (interview guides included in Appendix B).

Data Collection Tools and Data Collection/Respondents Interview

The research drew on a social impact lens to tell the stories of children and youth, their experiences of child welfare and the benefits of staying with kin in their communities and within their culture. Qualitative and quantitative data were collected and analyzed using an intersectional approach that factors the combined effects of multiple, overlapping features impacting disadvantage, including age, abilities, gender, and race (Abrams et al., 2020; Gopaldas & DeRoy, 2015) to determine the social return on investment.

Qualitative Data Collection

Qualitative data collection was through key informant interviews using semi-structured interview guides (Appendix B). These tools were designed in collaboration with the J toZ Project team at the Children’s Aid Society of Toronto. The tools were piloted to check for clarity and flow in the pattern of the interview questions. All areas of ambiguity were corrected prior to deployment of the data collection tools.

The interview guide included questions on the respondents’ background knowledge of the JtoZ interventions and the beneficiaries (which included their cultural background and status in

Canada). Questions were deployed to elicit information on the different intervention areas, the benefits of the interventions, outputs, outcomes, and impacts, challenges, and suggestions for improvement for effective project implementation. The questions also covered information on best practices and lessons learned for improved project implementation.

An invitation was sent to the selected respondents to agree to and schedule an appropriate time for the interview. The interviews were conducted virtually using password-secured Zoom stored in Canada. All interviews were recorded, with the consent of the participants, appropriately coded in the master list for identification, and stored securely on the principal investigator's password-protected computer and backed up on One Drive-University of Saskatchewan which is stored within Canada.

Quantitative Data Collection

Quantitative data were collected through data abstraction from the available records for the JtoZ project. Information abstracted from the records included information on the number of children and families that have been enrolled in each of the interventions' strategies since inception and information about financial and material resources invested in the interventions' implementation. Other reports that were considered included previous evaluations and annual reports. Information that was extracted included the number of children, number and hours invested in receiving reports, investigation, and enrolment into any of the interventions, and follow-up. These investments were costed in terms of monetary value and were used to determine social return on investment.

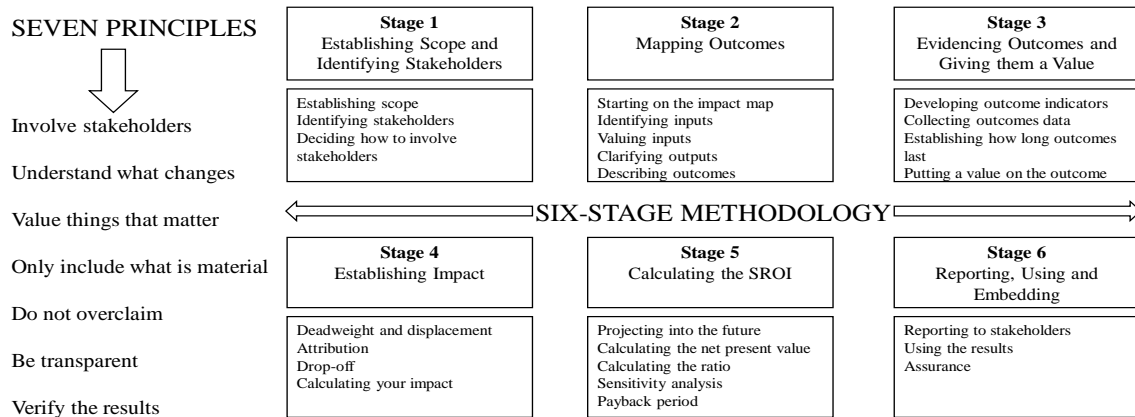
Data Analysis

Qualitative interviews were transcribed and reviewed and edited if participants chose before loading the data onto the NVivo software for analysis. The analysis of qualitative data identified key words and phrases, and emerging themes. Information generated by the qualitative and quantitative data was used to determine Social Return on Investment (SROI), the methodology explained in detail below. The aim of this was to capture the social impact of the JtoZ interventions in comparison to the traditional child welfare system.

Social Return on Investment (SROI) Methodology

A social return on investment (SROI) methodology is a principles-based, holistic approach that aims to go beyond a single financial bottom line to capture impacts typically excluded from traditional metrics and reporting. An SROI represents a credible, comparable, and broadly accepted social impact measurement approach. The graphic (Figure 3) below represents the seven principles that make up the six-stage methodology for conducting SROI.

Figure 3: SROI Methodology (Source: Findlay et al. (2023); Adapted from SROI Network [now Social Value UK], 2012)



Conservatism and stakeholder involvement are key to the seven SROI principles and process that aims to do some justice to the changes effected by an intervention. It identifies what matters to the stakeholders and is careful not to overclaim results in presenting as full an evidence-base as possible for decision making in public and private sectors (Arvidson et al., 2010; 2013; Krlev et al., 2013). SROI requires a strong sense of purpose and audience to be effective in its six-step process: 1) identify key stakeholders and intended/unintended changes; 2) list stakeholder inputs, outputs, and outcomes; 3) describe outcomes measurement; 4) list other factors such as deadweight (or a measure of the amount of the outcome that would have happened without the particular activity) and attribution (or assessment of the extent to which the outcome was the result of other contributions; 5) calculate social return based on relevant and reliable financial proxies; and 6) report, use, and embed (Findlay et al., 2023; The SROI Network [now Social Value UK], 2012). When the focus is often **only** on the costs of services delivered by institutions or organizations, SROI is an important tool that can highlight investments, benefits, and the diverse values for communities of the particular intervention or delivery of services or programs. This SROI analysis uses financial proxies to calculate the social and other impacts of the program, in this case JtoZ.

The credibility of the SROI analysis is strengthened by spelling out and justifying assumptions that are as careful and conservative as they can be, and on using relevant and reliable financial proxies from credible published sources. While the SROI uses financial proxies, money is but a common currency, a readily understood shorthand, for the value represented by the intervention. Importantly, that money shorthand or SROI ratio is complemented by the stories of change in stakeholder testimony that probes, confirms, or complicates the literature review findings. Interviews lasted up to 90 minutes and the findings identify inputs, outputs, and outcomes for each stakeholder group to develop indicators relevant to outcomes measurement and hence the

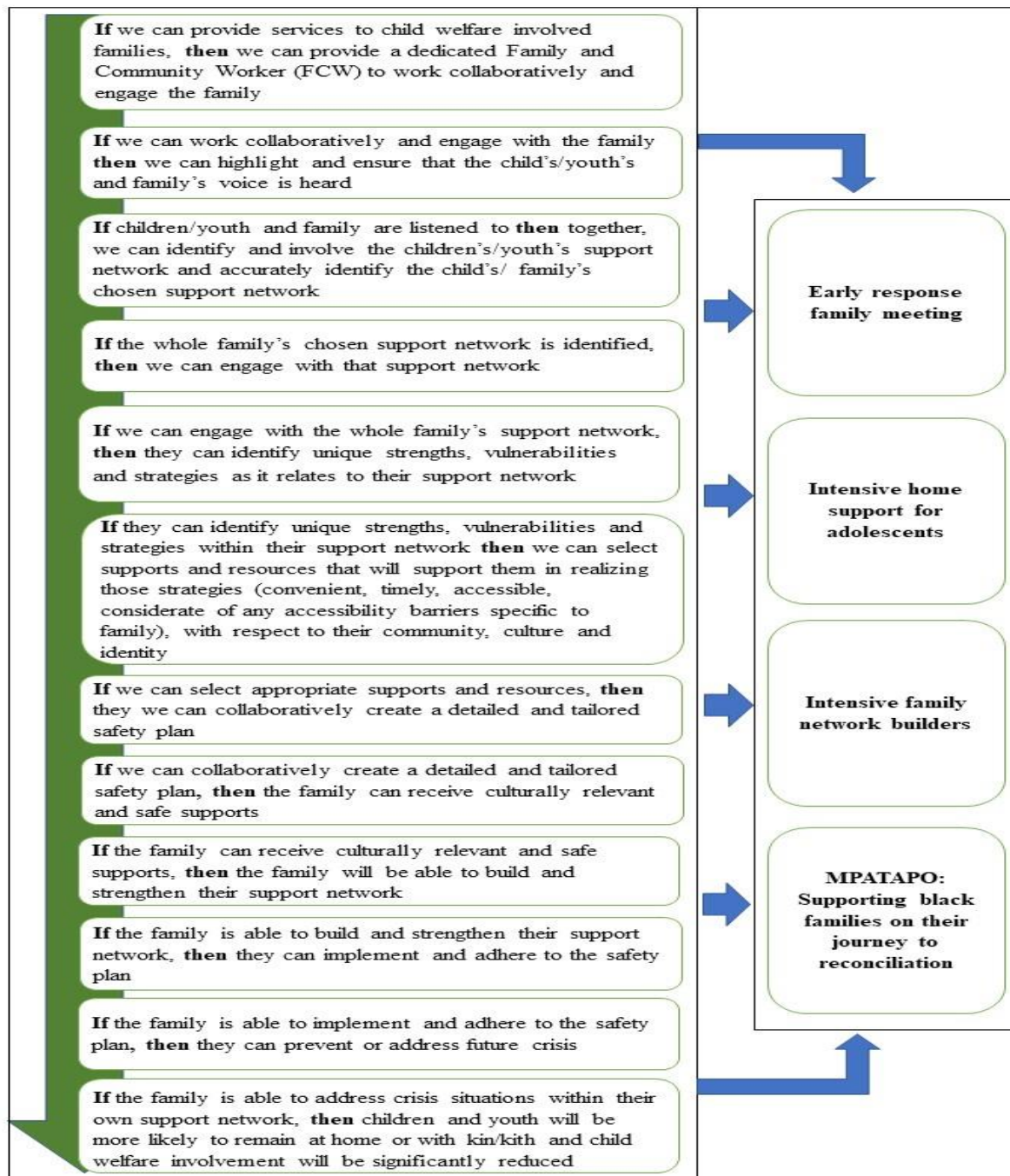
financial proxies (derived from reliable data sources) needed to calculate the social return. The qualitative data put the quantitative data in context and in human terms.

In the first stage of the SROI analysis, all the relevant stakeholders for the JtoZ interventions were **identified** through the support of the Children's Aid Society of Toronto. These stakeholders were listed, and their level of involvement in the interventions with levels of efforts recorded and quantified in terms of number of staff and hours invested in the interventions.

The second stage involved the **mapping** of outcomes. Here, all the inputs, outputs, and outcomes were identified in collaboration with the CAST. These investments that were in the form of equipment and facilities, and time invested and contributed by staff and volunteers in the implementation of the interventions were computed financially to understand the actual amount of money invested in the interventions. We worked with CAST's theory of change, and where necessary, with the relevant stakeholders to clarify output and prevent double counting and financially quantifying outputs.

The CAST's JtoZ theory of change (ToC) describes the sequence of events that leads to the desired change. The ToC identifies the issues to be addressed, the gaps or void identified in the literature that the intervention intends to fill, ways of providing support to address gaps, and the impact that is expected from the implementation. Figure 4 below provides a schematic illustration of the change statements guiding the Journey to Zero ToC across the interventions.

Figure 4. Theory of change statements for the Journey to Zero project



The next step was to review the outcomes, indicating the duration for which they will last, collecting data on and financially valuing them. Through the engagement of CAST and other relevant stakeholders, an estimate of the change that could have happened even without the JtoZ project (dead weight) was determined. Also determined was drop-off which was calculated with respect to the percentage of children from the intervention expected to be taken back into child

welfare facilities one year after the intervention. Possible attribution was also determined with the support of CAST, and displacement associated with other organizations. Where these values exist, they were deducted from the current net value of the intervention's gain to arrive at the net social return on investment for the JtoZ project.

FINDINGS AND DISCUSSION

A total of twenty key stakeholders were interviewed to obtain their perspective on the impact of child welfare involvement for children and their families in the respective sectors. These respondents included staff members of community support organizations working directly with families to identify, report, investigate, and intervene in child welfare issues. They provide support to the families to navigate issues or challenges or make referrals to the relevant agencies for intervention in child welfare issues. Also interviewed were five experts on food security, education, justice, and housing—critical sectors where the impact of the child welfare system on racialized children and families is felt. These are researchers with a wealth of experience working within those sectors and with a deep understanding of the intersections of these sectors with the families’ and children’s life courses. The distribution of the stakeholders interviewed is represented in Table 4 below.

Table 4. Distribution of Number of interviews by Stakeholders

Stakeholders	Number of Interviews
Education	2
Food Security	1
Health & Well-Being (Including mental health, adolescents, and reproductive health)	6
Housing	1
Justice	1
Culture (Including Indigenous and Black communities)	3
Other partner child welfare agencies (Including CAST liaison staff)	6
Total	20

Interviewed Stakeholders

Community support partners – leaders and staff of other partner child welfare agencies and community support organizations working with children and parents to reduce child welfare involvement.

Education – Government staff working in the education sector.

Housing – Community support service providers working with clients who are experiencing or at risk of experiencing homelessness and research expert on housing, homelessness, and youth.

Health and Well-Being – Health care service providers working with children including those with child welfare involvement.

Culture – Heads of the organization working with minority groups such as Indigenous and Black communities.

Food Security – Researcher and experts working in the food security sector at policy and implementation levels.

Justice – Partner organizations working within the youth justice sector to intervene and provide support on child welfare cases in the communities.

Based on these interviews with diverse stakeholder groups, themes were identified following iterative reading through the transcripts to understand those themes that aligned with the literature and those that added to or otherwise complicated findings in the literature. The details of these perspectives are presented in the subsequent sections of this report in relation to their alignment with or contradiction of views of other scholars represented in the literature review.

Education

“When I think about what we need to be successful in life for kids, it comes down to, for me, the ticket into a good life is learning,” according to an interviewed education expert. This position underscores the importance of education, and the interviewee agreed that the more a child is supported at home, the better the child’s experience at school.

“...the ticket into a good life is learning – Education Expert

However, children who had child welfare involvement have been reported to have poor educational outcomes (and specifically reduced graduation rates) when compared to children in the general population (Dimakosa et al., 2022; Kovarikova, 2017; Shaffer et al., 2016). This situation was confirmed by the study participants who stated that when children are prevented from going into care, it translates into “better outcomes in education,” as one interviewee put it. These interviewed stakeholders noted that a stable home would provide a safe space and supportive setting for children to live, learn, and experience schooling with improved outcomes. The educational system also needs to be structured to be supportive of children’s educational needs. Children’s involvement in child welfare results in “limited academic success which translates to poor educational outcomes,” according to a community support worker. Another community support worker likewise commented, “The more support there is, the more likely it

“the more education we provide, the more options they see for their future.” – Community Support Worker

is that the young person is going to be able to experience schooling in a different way.” According to McEwan-Morris (2006), only 30% of child welfare-involved children complete secondary education, and only about 10% even go ahead to complete education beyond high school (Lima et al., 2018). Reduction in the number of children entering care (which includes supporting parents to take care of their children) can result in an increased number of children successfully going through school beyond high school. According to interview respondents, the work done in communities to get children and youth to remain within supportive communities will importantly “address gaps in the education” and provide the children and youth with “more options to see their future.” The overrepresentation of marginalized children in care is experienced as higher numbers of these children that will not do well or not complete their education. An interview

respondent identified the most important benefit of the JtoZ intervention to be that the negative outcomes of child welfare which include “low graduation rates will be ameliorated” because “the child welfare system increases involvement with sometimes the criminal justice system, **limited academic success** outcomes for education” which translate to “poor outcomes from education,” according to a community support worker.

Criminal Justice System

Disruption of child attachment to the family increases their involvement in the criminal justice system (Brownell et al., 2018; Corrado et al., 2011; Gypen et al., 2017). Interview respondents reported that many of the children coming out of the child welfare system “end up in the criminal justice system.” The interview respondents overwhelmingly endorsed the view of one interviewee that “a poorly implemented child welfare system (as is currently practiced) costs an enormous amount in the criminal justice system and policing system.” The respondents believed that the disproportionate child welfare involvement among Black communities could be explained in terms of the overrepresentation of white families working within child welfare agencies resulting in increased reports and investigations of Black families because of some of the assumptions and stereotypes about the Black children and families. As one interviewee put it, “The involvement of children in the criminal justice system affects children in marginalized Black communities more than other kids.” Disrupted attachment of children from their families by the child welfare system increases their risk of involvement in the criminal justice system as one of the long-term impacts. “Children and youth involvement in the justice system may involve a huge cost which could be saved with capacity building and investing to keep children at home,” concluded one community support worker. Another community support worker who participated in the study reported, “The cost for justice, for one person is much higher annually than it would cost to have a program and have that person in it, to build their skills and build their capacity to keep them out of the system.” This corroborates the report that the cost of youth criminal in 2010 alone was \$1.34 billion with about a third of that amount going into policing (Zhang & Hoddenbagh, 2013). In the shared responsibility for youth criminal justice with provincial-territorial governments, the federal government alone commits annually \$185 million from 2021-22 to 2026-27 in addition to funding for violent youth with mental health needs (Government of Canada, 2022b).

“...a poorly implemented child welfare system . . . costs an enormous amount in the criminal justice system and policing system.” – Community Support Worker

Interview respondents felt that the impact of child welfare on children in the criminal justice system can be addressed through collaboration with “all the sectors such as housing, health, and justice working together and the focus being the kids.” This position was acknowledged by one interviewee who highlighted the important difference in the JtoZ project: the involvement of the children and their respective families in collaborative discussion and decision making. The respondents affirmed that the strength of JtoZ is around “the social justice

“The strength of JtoZ is around “the social justice piece ...helping families who need additional resources or support to do better so they can do better for their children.” – Community Support Worker

piece around helping families who need additional resources or support to do better so they can do better for their children.”

Indigenous and Black Cultures

Quinn (2022) argues, “Healthy cultural identity is associated with positive outcomes including increased self-esteem, academic achievement, and higher reports of satisfying family interactions” (p. 1). According to reports from community members, taking children into the child welfare system typically results in the imposition of cultural values that may be alien to the child’s original cultural background and experience. Their perspectives confirm the literature on child welfare involvement resulting in the severance of cultural ties and erosion of language transmission, identity, culture and sense of belonging (Mosher & Hewitt, 2018) making them also prone to exploitation. Taking children away from their families into out-of-home placement results in the severance of their cultural ties with subsequent erosion or even eradication of these cultural beliefs. A community support worker noted that the most important benefit of the Jto Z intervention is the reduced number of children going into care, and even when children are removed from their primary caregivers, they are temporarily placed with relatives while engagements continue with the affected families to resolve the issues around the child’s removal.

**“Healthy cultural identity is associated with positive outcomes including increased self-esteem, academic achievement, and higher reports of satisfying family interactions.”
– Quinn (2022; p.1)**

A community support worker highlighted that “lack of understanding and appreciation for many of the cultures is partly responsible to the fact that far too many Black children have been separated from their families”. According to another community support worker, removing children from their home further increases isolation, reduces attachment, and increases the affected children’s vulnerability to exploitation and trafficking. A stakeholder suggested that preventing child welfare involvement is the best approach to preserving culture. Preventing children from going into care would result in “less family fragmentation and potential isolation from the children’s culture.” Besides prevention, leveraging the strengths that exist in different cultures would be critical in building a system that appreciates different cultural practices and beliefs, according to another community support worker.

**“removing children from their home further increases isolation, reduces attachment, and increases the affected children’s vulnerability to exploitation and trafficking.”–
Community Support Worker**

A community support worker submitted that early intervention by supporting families to remain with their children at home (which aligns with the JtoZ goal) strengthens their relationships and reduces the chance of exploitation. Another interviewee mentioned that preserving culture requires the “first step (as being) prevention to admission, prevention to separation; if you

involve that, then you intrinsically preserve culture because you are keeping the family together to continue to grow and develop their culture . . . based on their cultural heritage.” Many other community support workers and partners who participated in the interviews reported that helping to maintain family, and community connectedness and attachment could help the child to integrate into the community and build self-esteem and self-worth. This approach will enhance relationships and foster family and community ties and reduce the risk of exploitation and trafficking.

“...prevention to admission, prevention to separation; if you involve that, then you intrinsically preserve culture.” – Community Support Worker

Employment and Financial Stability

As we have seen, “children who leave care continue to struggle on all areas (education, **employment**, income, housing, health, substance abuse and criminal involvement) compared to their peers from the general population” (Gypen et al., 2017, p.74). Interview findings confirm that children who have been through the child welfare system are most likely to have a lower education completion rate and fewer relevant skills or gainful employment. Also, “a lot of families who get involved in the child welfare system are poor families” whose already difficult situation gets further complicated by the trauma of child removal. When children “lack connectiveness, sometimes they haven't perhaps attended school in a while, or they don't attend regularly, those kinds of things they impact on their ability to secure their financial future.” One food security expert mentioned, “If the goal of Journey to Zero is to keep kids in their home, it needs to support those families to function, because no matter what else is going on in those households, if there's financial instability, it's a bad thing.”

Community support workers mentioned that youth and parents should be provided employment to address the issues that may make the home unsafe for children and result in their being taken into care. Skills acquisition has been noted by community support workers to benefit the entire society in the long run as it addresses the skills gap and ensures that youth and parents will earn enough to take care of themselves and their children, thereby preventing issues that would lead to dependence on social assistance or children's apprehension into the child welfare system. Understanding the cost involved in the child welfare system, respondents suggested that channeling such funds into capacity-building for children and parents will be helpful in preventing child welfare system involvement and reducing or avoiding costs. Another respondent mentioned that all the money put into child welfare should be “invested in families, like literally make a decision to invest in communities and invest in keeping families together.”

“...support those families to function, because no matter what else is going on in those households, if there's financial instability, it's a bad thing.” – Food Security Expert

Housing and Homelessness

Reinforcing the lessons from the literature (Alberton et al., 2020; Findlay et al., 2018; Shewchuk et al., 2020), one interviewee reported, “I can say, across Canada, probably across most of the world that about half of all homeless people have had involvement with the child welfare sector.” Children who have been through the child welfare system are more likely to experience challenges with housing which is the foundation of educational and other success. Children leaving care in Toronto have indicated that “they need housing” as a priority, according to one of the respondents. Removing children from the families could add to the mental stress being experienced by the parent which could in turn “impact their mental health and housing,” commented one interviewee. Housing needs continue to increase, and affordability is increasingly challenging for those in the low-income bracket, including poor families with a child welfare history who usually do not have enough earning power. Interview participants’ responses indicated that “if families experience homelessness, they will certainly have more challenges.” The respondent reported that child welfare involvement causes people to gravitate towards a maladaptive lifestyle as “ways of coping and surviving”. The respondent stated that “all the negative impact around homelessness, under-housing, precarious employment, low self-esteem amongst others could result in more harm.” The JtoZ model, by contrast, could produce positive impacts and avoid these harms for which society is paying. A housing expert submitted that the JtoZ initiative is playing a critical role in preventing the issues that result in homelessness “before they balloon.” According to the housing expert, it costs the government hugely to provide housing intervention, and so intensive support (similar to JtoZ) is a good alternative because it is less expensive.

“...across Canada, ...about half of all homeless people have had involvement with the child welfare sector.” – Community Support Worker

“...child welfare involvement causes people to gravitate toward maladaptive life as “ways of coping and surviving.” Community Support Worker

The interviewees further suggested that the only way to address this challenge is to provide “subsidized, secure and adequate housing, access to appropriate education and food and mental health supports, physical health supports, and physical activity, that's what stability looks like.” This support will help families look after their children and prevent issues that would result to child welfare involvement. In short, the housing expert suggested that the prevention strategy to support the family to attain stability is the key to addressing homelessness.

“secure and adequate housing, access to appropriate education and food and mental health supports, physical health supports, and physical activity, that's what stability looks like.” – Housing Expert

Food Insecurity

Food insecurity is a major crisis, and people without good paying jobs are vulnerable to food insecurity and unable to take care of themselves (Emery et al., 2013; Men et al., 2021). According to a food security expert, racialized and Indigenous families are more likely to be

underemployed, depending on social support, and experiencing food insecurity making them target candidates for childcare. People with child welfare involvement have poor education (with less likelihood to complete high school) and low earning capacity resulting in low purchasing power, and subsequent difficulty accessing food, a position that is corroborated by Wrobel et al. (2022). If people become “hungry and do not have the means to get food, all the gains made through training and other interventions will go down the drain,” cautioned a community support worker. Hunger affects productivity, as identified by one interview participant, among “the kids coming to school tired and hungry.” The food security expert shared that food insecurity has been linked with the criminal justice system in the US, but there are not significant data in Canada to confirm this link. However, those experiencing food insecurity may be residing in low-income neighbourhoods where junk food is far more available than health food in “food swamps” and where they may be subject to increased policing activities and surveillance.

Early intervention to prevent food insecurity was associated with the JtoZ Intervention by the community support workers. This intervention is expected to provide family stability, including financial and housing stability, as well as food security which will enable families to function effectively and take care of themselves. Another community support worker questioned, “why wouldn't we try to provide resources before kids go hungry, . . . when it affects their work, so early intervention.” Such an early intervention would allow children to perform optimally at school.

“Why wouldn't we try to provide resources before kids go hungry . . . when it affects their work, so early intervention.” – Community Support Worker

Health Care

Health outcomes such as mental health issues are known to be worse among those with a child welfare history, and suboptimal health care delivery services (Havlicek et al., 2013). For instance, a community service worker noted a reduction in the number of young mothers seeking services since fewer young women were going into care subsequent to JtoZ. This assertion resonates with the reported high number of unplanned pregnancies in out-of-home-involved children (Szilagyi et al., 2015). Another respondent who works with women with substance use issues stated that “almost all of these women have child welfare involvement.” Interventions such as the JtoZ initiative, according to another interview respondent, have brought about “fewer mental health issues” (and child welfare involvement) when families are strengthened to care for themselves and their children. On reproductive health, an interviewee reported that they were no longer seeing the young mothers because “the girls are not in group homes and so therefore not getting pregnant and coming into our [intervention team] space.” Besides impacting the children directly, having children taken into care leaves the parents to deal with the trauma of the child’s removal, and it may sometimes become “impossible to help parents restore healthy living” because of their children being taken away. The interview participants stated that children raised at home are “looked after well and will be healthier and would need less health care” services and cost less in a long run, further underscoring the importance of family cohesiveness which interviewees identified as an attribute that differentiates the JtoZ intervention from other child-focused social welfare programs.

“The girls are not in group homes and so therefore not getting pregnant and coming into our space.” – Community support worker

SOCIAL RETURN ON INVESTMENT: IMPACT MAP

An impact map based on sector expert interviews and literature reviews tells the story about the changes experienced as a result of the JtoZ program and then puts a value on those changes (see tables 5 to 7 below). Specific sections of the impact map are explained below; the full impact map is available on the CUISR website at <https://cuivr.usask.ca>. Changes are specific to each sector and were identified based on interviews with sector experts and the literature review. The literature provides evidence that removal of children from their homes and communities impacts the children directly, and the caregivers, cutting across the various sectors. The changes are categorized based on quality of life (QoL) and frequency of use of child welfare services into Improved quality of life and Reduction in service use. Removal or prevention of children from going into care (both group or foster homes) results in the reduced utilization of the child welfare structure and prevents the negative outcomes that may impact the quality of life lived by the children. This, in turn, leads to improvements through increased chances of children/youth completing higher education that would enhance the chances of securing paid employment which enables children/youth to take care of themselves and support their families as highlighted in the literature review under the negative outcomes of child welfare involvement.

Inputs are defined as the investments or contributions made to lead to the desired outcomes. For this project, input is Can \$271 based on data collected over a three-year period as documented in the MNP (2023) report. Overall, the average annual cost of implementing the JtoZ project was \$2,204,114 (MNP, 2023).

Table 5 below highlights stages 1 and 2 of the SROI methodology which are establishing scope and identifying stakeholders, and mapping outcomes. The remaining tables cover the other three stages, i.e., evidencing outcomes and giving them a value, establishing impact, and calculating the SROI.

Table 5. Changes, Inputs, Value, and Outputs of Journey to Zero

Stage 1				Stage 2		
Stakeholders	Sector	Intended/Unintended Changes	Category of Change	Inputs	Value	Outcomes
Children/Youth	Government	Prevent children from going into care	Reduction in service use Improved quality of life	Money, staff and volunteer time, training, other material resources	\$ 2,204,114.00	Reduced number of children entering and/or remaining in group homes
						Reduced number of children in foster care
	Health care	Reduced hospital visit for communicable diseases	Reduction in service use			Lower spending on communicable diseases among children and youth as a result of Child welfare prevention
		Reduced hospital visit for mental health illnesses (depression, anxiety, substance use)	Reduction in service use			Lower mental health spending among children and youth as a result of Child welfare prevention
		Reduced Emergency Department visit	Reduction in service use			Lowered incidence of illness requiring emergency department visit
		Reduced underage parenting	Improved quality of life			Reduced financial burden associated with teenage parenting on teenager/youth

		Reduced cost of remand	Reduction in service use			Reduced number of people in remand
		Reduced cost of policing	Reduction in service use			Decreased police incidents involving teenagers aged 12-17 years
		Reduced courts/ trial proceeding	Reduction in service use			Decrease in the number of court trials or proceedings
	Employment	Increased number of children/youth getting jobs and earning at least a minimum wage	Improved quality of life			Increased high school graduation rates and skills/capacity acquisition for gainful employment with resultant improvement in economic value of the individuals involved
	Food security	Reduced dependence on food banks or food aid services	Reduction in service use Improved quality of life			Reduced burden and its associated cost on food banks which results in reduced government spending on food banks
	Housing	Reduced spending by government on shelter for the homeless	Reduction in service use Improved quality of life			Reduced support for housing from the government and increased saving for the government

Parents	Health care	Reduced hospital visit for mental health complications due to child removal or apprehension	Reduction in service use Improved quality of life			Lower spending on transportation to and from hospital visits for mental health issues
		Reduced individual spending on mental health	Reduction in service use			Lower spending on mental health by parents/caregivers
		Reduced government spending on mental health	Reduction in service use Improved quality of life			Lowered government spending on mental health services
	Employment	Increased employment value for parent	Improved quality of life			Increased number of people acquiring the requisite skills to be gainfully employed
	Criminal Justice System	Reduced time spent in court by the parents/caregivers	Reduction in service use			Reduced number of court trials/proceedings
		Reduction in child visitation by parents/caregivers	Reduction in service use			Reduced cost incurred from initial payment and other costs associated with supervised access to the child in care
		Reduced number of court visits by parents or caregivers of children	Reduced service use			Reduced cost associated with transport expense to and from the courts by the parents or caregivers

		Reduced number of court visits by parents or caregivers of children	Reduced service use			Reduced cost associated with transport expense to and from the courts by the parents or caregivers
		Reduced number of court visits by parents or caregivers of children	Reduced service use			Reduced costs associated with court-ordered assessment for the parents and caregivers
	Food security	Reduced visits to the food bank by parents or caregivers	Reduced service use			Reduced cost associated with transport expense to and from the food banks by the parents or caregivers
		Reduced dependence on food banks or food aid services	Reduction in service use Improved quality of life			Reduced cost of funding the food bank by the Government and making food available for those in more critical need

Outcomes, Indicators, Financial Proxies, and Values of the Journey to Zero Project

Outcomes are regarded as the expected short- to medium-term effects that follow the achievement of the outputs. Outcomes usually are expected to be the next layer of the ‘so what’ following the introduction of inputs to implement activities with the desired outcomes. For the JtoZ project, outcomes were identified as changes experienced as a result of the inputs and activities of the program with the focus being on continuity. From the outcomes, indicators are developed. These indicators are measurable indices that demonstrate the gains of the JtoZ intervention in terms of the outcomes. From the indicators, financial proxies are the monetary values for the JtoZ outcomes.

Using literature evidence, financial value is assigned to these proxies to appropriately estimate the value of the outcomes using the commonly accepted currency, i.e., money. Table 6 below shows the outcomes, financial proxies, and associated values of the outcomes from the JtoZ program.

Table 6: Outcomes, Indicators, Financial Proxies, and Values of the JtoZ Intervention

Stage 1			Stage 2	Stage 3			
Stakeholders	Sector	Intended/Unintended Changes	Outcome	Indicators	Number	Financial proxy	Value
Children/Youth	Government	Prevent children from going into care	Reduced number of children entering and/or remaining in group homes	Proportion of children prevented from going into group homes	According to provincial advocate report, 15% of children in care are in group homes in 2010. This figure represents 44 out of the 293 children in care would be in group homes	According to Wrobel and Jarvis (2023), it costs \$9,500 monthly to keep a child in a group home. Based on this figure, the cost of keeping a child in a group home per year is \$114,000. (That is multiplying the monthly cost by 12 months)	\$114,000.00
			Reduced number of children in foster care	Percentage of children prevented from going into foster homes with improved government savings	The Ontario Provincial advocate report, 56% of child welfare-involved children are in foster care; implying that 164 of the 293 children could be in foster homes	According to Wrobel and Jarvis (2023) states that foster care parents in Ontario are paid \$900 monthly to keep children. This is equivalent to \$10,800 per annum per child	\$10,800.00

	Health care	Reduced hospital visit for communicable diseases	Lower spending on communicable diseases among children and youth as a result of Child welfare prevention	Children/youth making fewer visits to the hospital, emergency room, family doctor for communicable diseases	According to Azzopardi et al. (2022), 23.6% of the children with medical complexity were involvement with the child welfare system. This means that 69 out of 293 children could potentially experience medical complexity requiring a hospital visit	According to the Ontario Health Insurance Plan (OHIP), it cost \$80 to see a doctor (MCI the Doctor's Office). The assumption is that these children will visit the hospital at least once in a year.	\$80.00
		Reduced hospital visit for mental health illnesses (depression, anxiety, substance use)	Lower mental health spending among children and youth as a result of Child welfare prevention	Children/youth making fewer visits to the hospital, psychiatrists, and counselling services.	According to Bala et al. (2013), 65% of children who have gone through the child welfare system have likely been diagnosed with at least one mental health disorder. This means that 191 out of 293 children/youth likely would be affected by their involvement in the child welfare system	On average, Canadians spend \$950 annually to see a therapist and this could cover 2 to 8 therapy sessions (CAMH, 2018)	\$950.00

		Reduced Emergency Department visit	Lowered incidence of illness requiring emergency department visit	Children/youth making fewer emergency department visit	According to MacDonald et al (2022), 33% of Canadian children/youth who visit the emergency department have child welfare involvement. This means approximately 97 of the 293 children will have visited the Emergency Department at least once during their stay in placement	The cost of a mental health related emergency department visit was \$156 in 2018-2019 (CIHI, 2020)	\$156.00
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		Reduced underage parenting	Reduced financial burden associated with teenage parenting on teenager/youth	Lower spending on child upbringing by youth or teenagers who would become parents resulting in more savings	According to a Swedish study on teenage parenting among youth with child welfare experience (Vinnerljung et al., 2007), 16%-19% of girls and 5%-6% of boys experience teenage parenting. Therefore, on average, approximately 11.5% of the youth will likely become teenage parents after their involvement with child welfare. This means 34 of the 293 teenagers/youth could become parents based on their involvement in the child welfare system with at least one child each.	In Canada, the cost of raising a child up to the age of 18 years in 2022 was \$280,000 according to a report published by CTV News. This cost is variable at across the ages as the child's needs change with age as the child grows up. Another report (Alini, 2018) mentions a cost of \$257,364 and further notes that it costs \$3,410 in the child's first year.	\$3,410.00
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		Reduced cost of remand	Reduced number of people in remand	Decreased number of teenagers and youth in remand.	According to Palcheck (2021), 25% of the children who have gone through foster care will become involved in the criminal justice system within 2 years of leaving care. This means that 73 of the 293 children involved in the child welfare system may end up being incarcerated. Furthermore, reports indicate that, on average, 35% of Ontario's youth that are incarcerated will spend 3 months or less in remand prior to the disposition of their case while 65% spend six months and up to one year for others (John Howard Society, 2018). This means, on average, approximately 26 youth will two months, on average, and the remaining 47 will spend, on	The daily cost of keeping an inmate in detention in Ontario is \$302 (Statistics Canada, 2021).	\$302.00
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					average, nine months in remand.		
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		Reduced cost of policing	Decreased police incidents involving teenagers between age 12-17 years	Reduced policing cost youth and teenagers	According to Brownell et al. (2020), 46% of Manitoba's children with child welfare involvement faced criminal charges. This means approximately 135 of the 293 children could potentially have been involved in at least one criminal incident.	In 2010, the police expenditure in Canada on criminal justice was \$421,183,307 with 132,325 youth crime incidents (Zhang and Hoddenbagh, 2013). Dividing this amount by the number of youth criminal incidents suggests that the cost per criminal incident is approximately \$3,044.90.	\$3,044.90
		Reduced courts/ trial proceeding	Decrease in the number of court trials or proceedings	Reduced money spent on trials/proceedings for child welfare cases	According to Burns (2021) 49.24% of the new family cases in Ontario sought child protection. This means approximately 144 of the 293 children potentially face the risk of entering child welfare could be involved in protection-related court trials/proceeding as new cases.	The youth criminal justice system costs in Canada were approximately \$1.34 billion in 2010 (Zhang and Hoddenbagh, 2013), resulting in a cost per youth of \$538.	\$538.00

	Employment	Increased number of children getting jobs and earning at least a minimum wage	Increased high school graduation rates and skills/capacity acquisition for gainful employment with resultant improvement in economic value of the individuals involved	Increased number of people taking up jobs to earn and support their families	According to Brownell et al. (2015), high school graduation rate is 33.4% for child welfare-involved children. This means that 195 children (66.6% of 293) risk not graduating from high school. These children will potentially not be gainfully employed to be able to earn to support themselves and their families	According to Ma (2022), the minimum wage in Ontario is \$15.50. This translates into an annual income of \$31,000 (assuming a 40-hour work week and 50 weeks in a year). Assuming that this earning will be five years into the future, the discounted value using a 10% discount rate is \$19,251.	\$19,251.00
	Food security	Reduced dependence on food banks or food aid services	Reduced burden and its associated cost on the food bank which results in reduced government spending on the food bank	Lower cost of government support for food bank	According to Hunger Counts (Food bank, 2022a), Ontario food banks were visited 3,282,514 times by 537,575 individuals between April 1, 2021, and March 31, 2022. This averages seven visits per individual per year. The report also indicated that a third of the individuals that accessed the food	According to the Hunger Report (Food Bank, 2022a), a total of \$74,671,129 worth of food items was donated to the food bank network across Canada (not including the staffing cost at these food banks). This includes valuation of the	\$22.75

					bank were below the age of 18. This means approximately 98 out of 293 children could potentially have accessed the food bank during the year, resulting s in 686 person visits.	food items donated by charities. Dividing the total cost of food shared by the number of visits (3,282,514 according to the Food bank financial statement, 2022) gives \$22.75 per visit	
	Housing	Reduced spending by government on shelter for the homeless	Reduced support for housing from the government and increased saving for the government	Reduced burden of homelessness among youth will reduce pressure on government to support the homeless	According to Nichols et al. (2017), 58.7% of individuals struggling with homelessness have a history of child welfare involvement. This means 172 out of 293 children potentially risk being homeless following their involvement in the child welfare.	According to the provincial social support program (Ontario Works, 2018), \$390 is provided monthly to eligible single individuals who require emergency shelter support as per the regulations; this amounts to \$4,680 provided annually	\$4,680.00
Parents	Health care	Reduced hospital visit for mental health complications due to child removal or apprehension	Lower spending on transportation to and from hospital visits for mental health issues	Reduced expenses incurred in transportation cost to and from hospital visits	According to Ritland et al. (2021), 70% of parents who have their children removed have experienced mental health crises	It is difficult to estimate the transportation cost because individuals may use different	\$25.00

					resulting in suicide attempts/ thoughts. This means that approximately 205 caregivers out of 293 could potentially be affected	modes of transportation. This report uses a conservative estimate of \$25 per round trip.	
		Reduced individual spending on mental health	Lower spending on mental health by the parents	Reduced spending on mental health related hospital visits, emergency department visits associated child removal		On average, Canadians spend \$950 annually to see a therapist and this could cover 2 to 8 therapy sessions (CAMH, 2018)	\$950.00

		Reduced government spending on mental health	Lowered government spending on mental health services	Government savings on mental health services	<p>According to Ritland et al. (2021), 70% of parents who have their children removed have experienced mental health crises resulting in suicide attempts/ thoughts. This means that approximately 205 caregivers out of 293 could potentially be affected</p>	<p>The estimated public and private mental health expenditure is expected to be about 9% of total health spending in 2022 (CIHI, 2019). The 2022 health spending in Canada was approximately \$331 billion in 2021 (CIHI, 2022). This translates into \$29.79 billion of spending on mental health in 2022. Approximately 20% of Canadians are affected by mental health in any given year (CAMH, 2022), which translates into 7.7 million individuals. This translates into a cost of approximately \$3,868.83 per</p>	\$3,868.83
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						person living with mental health issues.	
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	Employment	Increased employment value for parents/caregivers	Increased number of people acquiring the requisite skills to be gainfully employed	Increased number people having the skills to earn a higher income	<p>According to federal government reports (Government of Canada, 2021), 10.9% of Ontario families live below the poverty line and are highly dependent on the social assistance to meet their daily needs. This means that 32 individuals out of 293 (counting just one caregiver) likely depended on social assistance.</p>	<p>According to the Government of Canada (2022a), the minimum wage in Ontario is \$15.50 per hour. A more skilled job may enable individuals to ear 20% higher wage (approximately \$3.10 per hour more than the minimum wage). This translates into an annual incremental income of \$\$6,200 (assuming a 40-hour work week and 50 work weeks in a year).</p>	\$6,200.00
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	Criminal Justice System	Reduced time spent in court by the parents/caregivers	Reduced number of court trials/proceedings	Reduced number of production hours lost to attending family court trials/proceedings	<p>According to federal government reports (Statistics Canada, 2021), 49.24% of the new family cases in Ontario sought child protection. Therefore, approximately 144 out of the 293 families would be involved in the protection-related court trials/proceedings.</p> <p>According to the Toronto Police Service, court sessions are reported to last for 4.5 hours on average in Ontario. According to the Court Proceedings, parents are expected to be in the court for once during a family case except otherwise required by the jury to return. This results in a total of 648 productive hours lost by parents/caregivers.</p>	<p>According to the Government of Canada (2022a), the minimum wage for Ontario is \$15.50. Therefore, the amount for a court session is 69.75 (@4.5 hours per court session)</p>	\$69.75
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		Reduction in child visitation by parents/care givers	Reduced cost incurred from initial payment and other costs associated with supervised access to the child in care	Reduced parent expenditure to have access to children	<p>According to Saini et al. (2012) and Bala (2016), the child protection act provides for older children to be visited 1-5 times every month by the child's family members depending on age where younger children can be visited for up to 5 times. Bala et al. (2016) also reported that 87.1% of the cases were orders for supervised access and exchange visits. This implies that 255 out of the 293 children would likely be recommended for such visits.</p>	<p>For parents who have their children in care, the Supervised Access Program by the Westcoast Family Centres requires that the visiting parent pays at least \$15 to see the child. An average of two visits a month results in a monthly (annual) visitation cost of \$30 (\$360) per child.</p>	\$360.00
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		Reduced number of court visits by parents or caregivers of children	Reduced cost associated with transport expense to and from the courts by the parents or caregivers	Reduced expenses accrued in transportation cost to and from the courts for trials and proceeding	<p>According to Saini et al. (2012) and Bala (2016), the child protection act provides for older children to be visited 1-5 times every month by the child's family members depending on age where younger children can be visited for up to 5 times. Bala et al. (2016) also reported that 87.1% of the cases were orders for supervised access and exchange visits. This implies that 255 out of the 293 children would likely be recommended for such visits.</p>	<p>It is difficult to estimate the transportation cost because individuals may use different modes of transportation. This report uses a conservative estimate of \$25 per round trip. Therefore, two visits per month will cost \$50 per month or \$600 per year</p>	\$600.00
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		Reduced number of court visits by parents or caregivers of children	Reduced cost associated with transport expense to and from the courts by the parents or caregivers	Reduced expenses accrued in transportation cost to and from the courts for trials and proceeding	According to federal government reports (Statistics Canada, 2021), 49.24% of the new family cases in Ontario sought child protection. Therefore, approximately 144 out of the 293 families would be involved in the protection-related court trials/ proceedings. These parents/caregivers would require to transport themselves to and from courts; an expense that is usually done out-of-pocket	It is difficult to estimate the transportation cost because individuals may use different modes of transportation. This report uses a conservative estimate of \$25 per round trip.	\$25.00
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		Reduced number of court visits by parents or caregivers of children	Reduced costs associated with court-ordered assessment for the parents and caregivers	Lowered out-of-pocket spending for on court-ordered assessment for parents/caregivers	According to federal government reports (Statistics Canada, 2021), 49.24% of the new family cases in Ontario sought child protection. Therefore, approximately 144 out of the 293 families would be involved in the protection-related court trials/proceedings. Among those with family court cases on child protection in Ontario, 25% had been requested to take parenting assessment (Suche and Boyd 2017). Based on this report 36 out of 144 parents in family court cases may be required to take court ordered parenting assessment.	According to Boyd (2017), the cost of conducting court-ordered assessment in Ontario and British Columbia costs between \$6,000 and \$15,000; we consider an average cost of \$10,000.	\$10,000.00
	Food security	Reduced visits to the food bank by parents or caregivers	Reduced cost associated with transport expense to and from the food banks by the parents or caregivers	Reduced expenses accrued in transportation cost to and from the food banks	The Hunger report for 2021 states that 34% of families accessed the food bank. This means that potentially 100 families out of 293 will likely depend	It is difficult to estimate the transportation cost because individuals may use different modes of	\$25.00

					on the food bank for food. Multiplying 100 individuals by the average number of visits in the year, i.e., 7, results in a total of 700 visits.	transportation. This report uses a conservative estimate of \$25 per round trip.	
		Reduced dependence on food banks or food aid services	Reduced cost of funding the food bank by the Government and making food available for those in more critical need	Lowered government spending on food bank with reduced pressure due to reduced number of persons accessing the food bank	The Hunger report for 2021 states that 34% of families accessed the food bank. This figure translates to 100 out of 293 families who would depend on the food bank for food. Multiplying 100 individuals by the average number of visits in the year, i.e., 7, results in a total of 700 person visits	A total of \$74,671,129 worth of food was donated to the food bank network across Canada (not including the staffing cost at these food banks). This includes valuation of the food donated by charities (Hunger counts, 2022). Dividing the total cost of food shared by the number of visits (3,282,514 according to the Food bank financial statement, 2022) gives \$22.75 per visit	\$22.75

Net Impact of the JtoZ Program

This section provides information on the net monetary impact of the JtoZ program considering 293 children/youth and 293 parents/caregivers as the beneficiaries. The value was estimated with due consideration of the principle of conservatism which requires the consideration of deadweight, attribution, and drop-off. Deadweight is the amount of outcome for each of the sectors and stakeholders that would have happened even without the implementation of the JtoZ project (Cohen & Robbins, 2012). Attribution is considered in terms of the contributions of other organizations in achieving the JtoZ outcomes. Through this lens, the role of other people or organizations in bringing about the desired change is acknowledged and accounted for in the impact calculation. Lastly, drop-off is the duration for which the outcomes are expected to last. Since we were looking at the impact of the project on an annual basis, the drop-off is considered at 0%. The implication of these indices for determining impact means that as the values of these indices (deadweight, attribution, and drop-off) increase, the impact of the project as described by the outcomes decreases, and vice versa. Table 8 below shows the gross impact, deadweight, attribution, drop-off for the JtoZ program indicators, and the net impact.

Table 7: Gross Impact, Deadweight, Attribution, Drop-off and Net Impact calculations for the JtoZ program

Stage 1		Stage 4					Stage 5
Stakeholders	Sector	Gross Impact		Dead-weight	Attribution	Drop-off	Net Impact
Children/Youth	Government	Assuming a cost of \$114,000 per child kept in a group home, total annual savings for 44 children kept out of a group home setting would be \$5,016,000.	\$5,016,000.00	2%	0%	0%	\$4,915,680.00
		Assuming a cost of \$10,800 per child kept in a foster home, total annual savings for 164 children kept out of a foster home setting would be \$1,771,200.	\$1,771,200.00	2%	0%	0%	\$1,735,776.00
	Health care	Assuming a cost of \$80 per doctor visit, total annual savings from 69 children avoiding even one doctor visit per year be \$5,520.	\$5,520.00	2%	10%	0%	\$4,857.60
		Assuming an annual therapy cost of \$950 per child per year, total annual savings from 164 children avoiding therapy will be \$181,450.	\$181,450.00	5%	10%	0%	\$154,232.50
		Assuming an ER visit cost of \$156	\$15,132.00	2%	10%	0%	\$13,316.16

		per child, total annual savings from 97 children avoiding one ER visit will be \$15,132					
		Assuming a cost of \$3,140 to raise a child in the first year, total annual savings from preventing 34 children from becoming teenage parents will be \$115,940	\$115,940.00	2%	5%	0%	\$107,824.20
		Assuming a cost of \$302 to keep a person in detention for a day, total annual savings from preventing 26 youth from being in detention for two months and 47 youth from ending up in detention will be $[(\$302 \times 26 \times 60) + (\$302 \times 47 \times 270)] = \$4,303,500$	\$4,303,500.00	2%	5%	0%	\$4,002,255.00
		Assuming a police-related cost of \$3,044.90 per criminal incident, total annual savings from preventing 135 children from being involved in just a single criminal incident will be \$411,061.50	\$411,061.50	2%	5%	0%	\$382,287.20

		Assuming a criminal justice cost of \$538 per per youth, total annual savings from preventing 144 children from being involved in protection related court trials/ proceedings will be \$77,472	\$77,472.00	2%	5%	0%	\$72,048.96
	Employment	Assuming an annual income of \$19,251 per youth completing high school, total annual savings from enabling 195 youth to complete high school and secure minimum wage employment will be \$3,753,945	\$3,753,945.00	2%	5%	0%	\$3,491,168.85
	Food security	Assuming a food value of \$51.05 per visit to a food bank, total annual savings from preventing 686 visits by 98 children from visiting a food bank will be \$15,605.23	\$15,605.23	2%	5%	0%	\$14,512.87
	Housing	Assuming emergency shelter costs of \$4,680 per person per year, total annual savings from preventing 172 children from requiring shelter will be \$804,960	\$804,960.00	2%	5%	0%	\$748,612.80

Parents	Health care	Assuming transportation costs of \$25 per round trip, total annual savings from avoiding a single trip per year be 205 caregivers will be \$5,125	\$5,125.00	2%	2%	0%	\$4,920.00
		Assuming an annual therapy cost of \$950 per individual per year, total annual savings from 205 caregivers avoiding therapy will be \$194,750. These are personal savings.	\$194,750.00	2%	10%	0%	\$171,380.00
		Assuming annual mental health costs of \$3,868.83 per person, total annual savings from preventing even 40% of the caregivers experiencing mental health crises (i.e., 82) from seeking mental health services will be \$317,244.06	\$317,244.06	2%	10%	0%	\$279,174.77
	Employment	Assuming an incremental annual income of \$6,200, total annual incremental benefit for 32 individuals will be \$198,400	\$198,400.00	2%	5%	0%	\$184,512.00

	Criminal Justice System	Assuming a cost of \$69.75 for lost work time due to a court session, total annual savings resulting from 144 caregivers avoiding a court session will be \$10,044	\$10,044.00	1%	0%	0%	\$9,943.56
		Assuming an annual visitation cost of \$360, total annual savings from 255 caregivers avoiding visitations will be \$91,800	\$91,800.00	0%	2%	0%	\$89,964.00
		Assuming \$600 annual transportation costs of court-sanctioned visitations, total annual savings from 255 caregivers avoiding visitations will be \$153,000	\$ 153,000.00	0%	0%	0%	\$ 153,000.00
		Assuming \$25 transportation costs per court trip for trials/proceedings, total annual savings from 144 caregivers avoiding such trips will be \$3,600	\$3,600.00	0%	0%	0%	\$3,600.00
		Assuming a cost of \$10,000 for a court-ordered	\$360,000.00	2%	5%	0%	\$ 334,800.00

		parenting assessment, total annual savings from 36 caregivers not being required to take such assessments will be \$360,000					
	Food security	Assuming \$25 transportation costs per visit to the food bank, total annual savings from 100 caregivers avoiding food bank visits will be \$17,500	\$17,500.00	0%	0%	0%	\$17,500.00
		Assuming a food value of \$22.75 per visit to a food bank, total annual savings from preventing 700 visits by 100 caregiver families from visiting a food bank will be \$35,735	\$15,925.00	2%	5%	0%	\$14,810.25
Total			\$17,839,174				\$16,906,177

It costs an enormous amount of money to keep children in care. A news report by Wrobel and Jarvis (2023) highlighted that the sum of \$9,500 or \$900 is required monthly to keep a child in a group or foster care home respectively. According to reports, 15% and 56% of children in care live in group homes and foster care facilities respectively. Also, noting that 31 children and youth were returned from out of home placement and handed over to their parents means that the JtoZ saved the government over \$6 million annually in the direct cost of keeping these children in out-of-home placement. This calculation does not consider the psychological effect of the detachment from the children's culture, community, identity, and self-pride that was restored by ensuring that the children stay at home with their relatives and caregivers.

The JtoZ project impacted the wellbeing of children and parents. Macdonald et al. (2022) reported that 23.6% of children with child welfare involvement suffer from medical complexities that would require the services of family physicians; emergency care visits have been reported

among one-third of those children. Teenage parenting among children who have been through out-of-home care is reported to be almost 20% among female and 6% in males (Vinnerljung et al., 2007), and over 10% of the children born to these teenage parents end up in care; a practice that continues to generate children who may not be adequately prepared for the future. In addition, the cost of raising a child could be as high as over \$200,000 (Alini, 2018), implying a huge financial burden on the teenage parents. Mental health is a prominent health crisis among children with child welfare involvement. Studies have reported that 65% of these children experience mental health disorders (Azzopardi et al., 2022; Bala et al., 2013). The removal of children from their homes puts 70% parents and caregivers in mental health distress and prompts suicide thoughts among the affected parents and caregivers (Ritland et al., 2021). These issues contribute to the burden of mental health crises that is costing the government and families hugely to address.

The impact of the child welfare system on the criminal justice sector impacts the children, the parents, and the government as well as law enforcement and the court system. The huge police budget, the cost of court proceedings and the court-ordered assessments that are paid from out-of-pocket expenses ranges from \$6,000 to \$15,000 (Boyd, 2017; Zhang and Hoddenbagh, 2013). The productive hours lost by parents to court appearances was conservatively put at over 850 hours in a year by the 391 parents with the assumption that court sessions would last for about 4.5 hours and they would be in court once. This calculation did not include hours lost due to child visitation including hours lost in transportation and time spent with the child by each of the visiting parent. The cost of detention is about \$302 daily for every individual in custody. About 25% of youth who have gone through the child welfare system are reported to be involved in the criminal justice system and end up being incarcerated with huge financial burden on the government (Palcheck, 2021). A 2017 report by John Howard Society et al. (2017) indicated that over 65% of children in Ontario remain in remand for over three months (and in some cases stay for up to one year) while awaiting disposition and 38% and 9% of children/youth remaining in custody for over six months and one year respectively. This puts additional financial burden on the government expenditure for the system to continue to run. Other costs on the parents include the cost of supervised visits to children/youth in detention. Travel time for the parents is not included in this calculation, and cost of transportation is conservatively determined. However, children may be in facilities that would require hours of travel which may be difficult to determine. Removing or preventing these children/youth from entering and remaining in the child welfare system as implemented by the JtoZ project could reduce cost by keeping children at home and reducing their chances of criminal justice and police systems involvement.

Education, employment and financial stability are key to a prosperous, productive life. These sectors are impacted by the child welfare system as child welfare involved children have less than 35% high school graduation rate (Brownell et al., 2015). This implies that 65% of the child and youth leaving care will be inadequately prepared with the requisite education and skills for work to earn to support themselves and their families. Similarly, the majority of parents with children in care are poor, Indigenous or racialized families. According to Statistics Canada (2021), over 10% of these families live below the poverty line and depend on government social support. When the youth who leave care, and their families cannot work, it becomes challenging for them to earn enough, putting added pressure on government support programs. Such

situations could lead to loss of work and earning opportunities, further worsening the living conditions of those affected and making them vulnerable to crime and other social vices.

Regarding food security, food bank visits across Canada have been reported to be on the increase with over 3 million food bank visits in 2022 from over 500,000 individuals and families (Food Bank Canada, 2022b). These figures translate to about seven visits per individual/family to share food items worth over \$74 million (Food Bank Canada, 2022a).

In the housing sector, a study by Nichols et al. (2017) reported that 58.7% of children who struggle with homelessness have a child welfare out-of-home placement history. Also, 30% of Canadian families are reported to struggle with housing insecurity, living in substandard housing (Waterston et al., 2021), and a publication by the University of Toronto reported that over 30% of household income is spent on shelter (School of Cities, 2022) with the government playing a critical role in supporting these struggling families. Based on emergency shelter support provided by Ontario Works (2018), \$390 and \$697 is provided monthly to single individuals and families of three members to support their shelter needs. The JtoZ project keeping children at home and providing support to the parents during the implementation period provided cost savings for almost 293 children/youth and families.

Calculation of the SROI Ratio

This is the fifth stage of the SROI methodology. It involves the division of the net value of the outcome (adjusted for deadweight, attribution and drop-off) by the total investment for the JtoZ project. The net value is conservative and considers the level of outcome that could be achieved without the implementation of JtoZ considering the percentage deadweight, attribution and drop-off expressed as percentages and deducted from the gross value to obtain the net value. The net value of the JtoZ impact was estimated to be \$16,906,177 as shown in Table 8. The cost of implementation of the project over the three-year period was estimated to be \$2,204,114.00, according to the MNP assessment report for the JtoZ project.

The formula for the SROI calculation is stated below:

$$\text{SROI} = \frac{\text{Present value of output/outcomes}}{\text{Present value of inputs}}$$
$$\text{SROI} = \frac{\$16,906,177.00}{\$2,204,114.00}$$
$$= 7.67$$

Based on the conservative estimates obtained from the calculation of the JtoZ outcomes, the value implies that every one dollar invested in the JtoZ project yields an outcome estimated to be \$7.67.

Journey to Zero SROI Scenarios

The determination of the SROI Journey to Zero project is based on some assumptions that may sometimes be affected and eventually interfere with the expected outcomes. Some of the scenarios that may affect the assumptions are stated below.

Scenario 1. Individuals spending longer time in detention due to delayed disposition.

The estimate for youth remand was based on the remand period of six months. However, John Howard Society (2018) reported situations where about 9% (26 out of the 293) youth may stay in remand for one year and more. In events like this, additional pressure is put on the entire criminal justice system with resultant increases in the cost of keeping youth in detention, with multiple court appearances for them and their parents/caregivers and the courts because more time will be spent on the case than usual. The parents/caregivers of youth in detention for longer with multiple court appearances will have to be in court multiple times and that impacts the cost of transportation to and from the court as well as productive hours spent on travel and in court sessions (Table 8).

The JtoZ project keeping the children within the guidance and control of their parents/caregivers will ensure that cost savings will accrue from reduced crime rates because the children will grow up healthier, attend school up to high school graduation level and be able to obtain well-paying jobs from where they will earn enough to support their life course and their families. Children/youth staying at home with their families would improve mental health for these children and their parent, reducing hospital visits with reduced financial costs and releasing productive hours that would have been used in hospital visits (Table 9).

Table 8: Scenario 1 – Reduced stay in remand for children

Changes experienced	Outputs	Outcomes	Financial proxy	Cost savings to health care system
Reduced cost of remand	Reduced number of people in remand	Decreased number of teenagers and youth in remand.	The daily cost of keeping an inmate in detention in Ontario is \$302 (Statistics Canada, 2021). This brings the twelve months estimated cost to \$110,230 required for detention of an inmate in Ontario	\$2,865,980.00/year

Table 9: Scenario 1 – Improved mental health for children

Changes experienced	Outputs	Outcomes	Financial proxy	Cost savings to health care system
Reduced hospital visit for mental health illnesses (depression, anxiety, substance use)	Reduction in service use	Children/youth making fewer visits to the hospital, psychiatrists, and counselling services.	On average, Canadians spend \$950 annually to see a mental therapist and this could cover 2 to 8 therapy sessions (CAMH, 2018)	\$34,295.00/year

- A total of \$2,865,980.00 saved per year due to prevention of 26 children/youth who would have been involved in the child welfare system and crime leading to over 1 year detention in the remand system
- Cost saving for children/youth who would have experienced mental health issues they would require hospital visit is \$34,295.00/year.

Scenario 2. More frequent supervised visits by non-custodian parents/caregivers

Usually, it is recommended that supervised access be granted to non-custodian parents/caregivers for up to five times monthly. Younger children are allowed up to five visits in a month while older children such as teenager could be visited twice every week (Saini et al., 2012). Estimates for the SROI were based on two visits monthly. However, when parents have younger children in care, more frequent visits for up to 5 times monthly may be ideal, and in instances where the parents are younger, higher costs will be incurred in the visits including cost of transportation and access fees. Even the valuable time spent on visitation (this includes the time spent in transportation and the 2 hours spent with the child). Bala et al. (2016) reported that 87.1% of the children going into care were ordered for supervised accessed; meaning that 255 out of the 293 children will be visited while in care.

The renewed psychological impact of the visitation could be averted if the child stays at home with the parents, and this could further reduce the incidence of mental health crises among the parents requiring increased hospital visits and out-of-pocket expenditure. The JtoZ intervention that works on keeping children at home could contribute to saving these costs that are associated with supervised access.

Table 10. Increase cost saving due to reduced supervised access

Changes experienced	Outputs	Outcomes	Financial proxy	Cost savings to health care system
Reduction in child visitation by parents/care givers	Increased savings from cost associated with supervised reduced accessed by the child's parents	Reduced cost incurred from initial payment and other costs associated with supervised access to the child in care	For parents who have their children in care, the Supervised Access Program by the Westcoast Family Centres requires that the visiting parent pays at least \$15 to see the child. Taking an average gives 5 visits in a month leave the cost paid for visitation at \$75 per month and \$900 per year (Multiplying \$75 by 12 months)	\$229,000.00 /year

Table 11. Transportation cost saved from reduced supervised access

Changes experienced	Outputs	Outcomes	Financial proxy	Cost savings to health care system
Reduction in child visitation by parents/care givers	Increased savings from cost associated with supervised reduced accessed by the child's parents	Reduced cost incurred from initial payment and other costs associated with supervised access to the child in care	It is difficult to estimate the transportation cost because individuals may use different modes of transportation. This report uses a conservative estimate of \$25 per round trip. Non-custodial parents are permitted to visit their children for up to 1-5 times in a month depending on age with younger children recommended for more frequent visit (up to 5 times) according to Saini et al 2012 and Bala 2016; giving an average of 5 visits a month and transportation cost of \$125 per month and 1500/year.	\$382,500.00/year

- According to table 10, a total of \$229,900.00 saved by parent/caregivers per year from reduced supervised access visits by children remaining at home due to the JtoZ implementation.
- Also, table 11 shows the sum of \$382,500.00 per year saved from transportation to visit children in care. This cost is conservative as some parents/caregivers may have to travel longer distances at higher costs.

Scenario 3: Teenage parents having children who end up in care

According to a Swedish study, teenage parenting has been observed in 19% of girls and 5% - 9% of boys with child welfare history (Vinnerljung et al., 2007). These children may not have the requisite education, capacity or experience required to get well-paid employment. This could affect their earning and their ability to take care of their children. According to report, it costs over \$250,000 to raise a child up to the age of 18 years with over \$3,000 required to cater to the child's needs in the first year alone (Alini, 2018).

Besides the financial burden of child upbringing that is faced by the teenage parents, these parents may be psychologically impacted by the experiences in the child welfare system, which could be affect the relationship between the parents and their children. Dworsky (2014) reported 13% of the children born to teenage parents end up in care. This practice sustains the cycle of child welfare system with further impact on the funding of the child welfare system. Table 12 shows the cost saved from preventing the teenage parenting associated with child welfare involvement by keeping the children at home in the with their parents as implemented by the CAST's JtoZ project.

Table 12. Cost saving from cost of children upbringing by teenage parents

Changes experienced	Outputs	Outcomes	Financial proxy	Cost savings to health care system
Reduced cost burden of childcare on teenagers	Reduced financial burden associated with teenage parenting on teenager/youth	Lower spending on child upbringing by youth or teenagers who would become parents resulting in more savings	In Canada, the cost of raising a child up to the age of 18 years in 2022 was \$280,000 according to a report published by CTV News. This cost is variable at across the ages as the child's needs change with age as the child grows up. Another report (Alini, 2018) mentions a cost of \$257,364 and further notes that it costs \$3,410 in the child's first year.	\$115,940.00/year

Table 13. Cost saved from preventing children of teenage parents from going into care

Changes experienced	Outputs	Outcomes	Financial proxy	Cost savings to health care system
Reduced cost burden of childcare on teenagers	Reduced financial burden associated with teenage parenting on teenager/youth	Lower spending on child welfare system by reducing the number of children going into care	According to Wrobel and Jarvis (2023) states that foster care parents in Ontario are paid \$900 monthly to keep children. This is equivalent to \$10,800 per annum per child	\$43,200.00/year

- The cost saved from having child upbringing by the teenage parents by the JtoZ intervention to prevent 293 children from going into care \$115,940.00/year
- A total of \$43,200 per year saved by preventing children associated with teenage parenting from going into care

CONCLUSION

The JtoZ project has demonstrated the worth of the outcome for every dollar invested in the project through downstream benefits amounting to \$7.67. That SROI ratio of 7.67 is but one measure of the SROI; the qualitative data represented by the literature and interviews gives important context for and supplement to that calculation, telling the story of what cannot be so readily monetized: the importance of affirmed cultural identity, the experience of social justice at work, and strengthened intergenerational legacy as well as the enhanced reputation of and increased trust in the Children's Aid Society of Toronto. Similarly, several scenarios document the potential impacts in the lives of children, youth, their families and broader community.

The project's support to children and families ensured that 293 children stayed at home, creating healthy relationships with their families and communities. The other benefits of the project (such as strengthening family and ties and preserving culture and dignity) are also experienced by the parents/caregivers and other community members through the interventions and across the various sectors of the child's life—benefits much harder to monetize.

The JtoZ project served 293 families and saved over \$4 million in direct costs through disbursement to the group and foster care homes. Other direct costs that were eased by implementation of the JtoZ project were health insurance paid to hospitals that the children and parents attend, the support provided by the government to the food banks, social support, and the emergency housing funds for the needy. The funds saved from keeping these children at home and supporting their families could be applied to serving more people. Also, the time saved from serving the 293 families that were already supported by the JtoZ project. This means that more time will be available to serve other families that may require these services.

Children who have gone through the out-of-home placement have been reported in the literature and interviews to have mental health challenges. These health issues lead to hospital visits that could be paid from out-of-pocket expenditure for children and parents/caregivers who may not have health insurance. Therefore, keeping children at home improves their health, and increases cost saving from hospital visits. Teenage pregnancy and early parenting among children/youth with child welfare history have also been reported. The cost of raising children puts additional pressure on the teenage parents and has the children of these teenage parents going back into care. Interviewees reported that "teenage pregnant girls were no longer coming into their space any longer because they were no longer in care and were not getting pregnant". This was attributed to the JtoZ project that is working to keep children at home with their parents/caregivers. Keeping children at home has helped to improve the mental health of parents/caregivers thereby reducing hospital visits and contributing to saving cost.

Education for children and teens plays a critical role in providing the children with the requisite skills to work, earn and support their life course, and extend the support to their families. The low high school graduation rate among children with child welfare history could impact their ability to be gainfully employed. The JtoZ project's effort to keep children at home or return them from care will ensure that they go to school with higher chances of graduation and increased chances of securing jobs that will help them to be valuable members of society. The JtoZ project worked with vulnerable parents to build their capacity and enable them to work and

support themselves and their families. Once children and parents can earn and support themselves, they will be able to take care of their expenses including feeding, housing and other personal needs that will help reduce reliance on the government for support.

Children and youth with history of child welfare involvement have been reported to have representation in the youth criminal justice system compared to the general population. The role of the JtoZ project in supporting these children at home and within their communities ensures that the children grow to become more responsible and more psychologically balanced beyond their being engaged on more usefully within their natural environment. By profitably engaging the children/youth through the JtoZ project, their chances of being involved in crime reduces. This further reduces the chances of detention, and long-term incarceration of the children.

Based on the conservative estimation of the financial value of the impact, the net impact of the JtoZ for a year of implementation period is estimated at over \$16 million from \$2.2 million worth of investment by the Children's Aid Society of Toronto (CAST). Calculating the social return on investment (SROI) gives the value of 7.67, which means that every one dollar invested in the JtoZ project results in a \$7.67 return social return of investment.

Beyond the SROI, qualitative interviews and literature reviews explain impacts of the child welfare system. The interviews elaborate on the role that the JtoZ is playing to address the challenges associated with the child welfare system in ensuring that better living conditions are achievable by the children and their parents/caregivers during the project implementation, and in the later stages of the children's lives. The interviews also explain how the JtoZ project is promoting cost savings for the government, individuals, and families. Based on the literature review, interview response, and the SROI's financial estimation of the impact of the JtoZ project, we offer the following recommendations to build on JtoZ success.

1. The JtoZ interventions should be sustained and scaled up to other provinces and territories. This will save costs, promote healthy living and in the long run enable children to live worthy lives and become contributing members of society.
2. The JtoZ should bring all the stakeholders that are responsible for children's development together to learn lessons and discuss best approaches to improving the quality of lives for children and their families.
3. The JtoZ intervention should provide more support to 'struggling' families to enable them take care of their children at home so that they do not get involved in the child welfare system.
4. More efforts should be invested into early intervention so that issues are addressed earlier than is done currently.
5. Additional training should be offered to CAST's and implementing partners' staff on service delivery so that they have on-the-spot knowledge to address intervention-related issues. This should be complemented by hiring more culturally oriented staff that would help in building trust.
6. Sensitization of all relevant partners and communities on the goals of the JtoZ project should help prevent fear of the project being mistaken by community members and intervention misconstrued for child apprehension.

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