# FIRST NATIONS ONTARIO INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT — 2023

**MAJOR FINDINGS** 

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Amber Crowe & Micheal Miller

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# **EXECUTIVE SUMMARY**

The FNOIS-2023 is a study of child welfare investigations involving First Nations children which is embedded within a larger, cyclical provincial study: the Ontario Incidence Study of Reported Child Abuse and Neglect-2023 (OIS-2023). The OIS-2023 is the seventh provincial study to examine the incidence of reported child maltreatment and the characteristics of the children and families investigated by child protection services in Ontario.

The OIS-2023 tracked 6,799 child maltreatment-related investigations conducted in a representative sample of 20 child welfare agencies (15 Children's Aid Societies and five Indigenous Child and Family Well-Being Agencies) across Ontario in the fall of 2023.

# Objectives and Scope

The primary objective of the OIS-2023 is to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child welfare services in Ontario in 2023. Specifically, the FNOIS-2023 is designed to:

- examine the rate of incidence and characteristics of investigations involving First Nations children and families compared to non-Indigenous children and families;
- determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence as well as multiple forms of maltreatment;

- investigate the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm;
- **4.** examine selected determinants of health that may be associated with maltreatment; and
- monitor short-term investigation outcomes, including substantiation rates, out-of-home placement, and use of child welfare court.

Child welfare workers completed an online data collection instrument. Weighted provincial, annual estimates were derived based on these investigations. The following considerations should be noted when interpreting OIS statistics:

- » differences between First Nations children and non-Indigenous children must be understood within the context of colonialism and the associated legacy of trauma;
- » investigations involving children aged 15 and under are included in the sample used in this report<sup>1</sup>;
- » the unit of analysis is a maltreatment-related investigation;
- » the study is limited to reports investigated by child welfare agencies and does not include reports that were screened out, only investigated by the police, or never reported;
- » the study is based on the assessments provided by investigating child welfare workers and are not independently verified; and

» all estimates are weighted, annual estimates for 2023, presented either as a count of child maltreatment-related investigations (e.g., 12,300 child maltreatment-related investigations) or as the annual incidence rate (e.g., 3.1 investigations per 1,000 children)<sup>2</sup>

## Investigations in Ontario in 2023

Children's Indigenous heritage was documented by the OIS-2023 in an effort to better understand some of the factors that bring children from these communities into contact with the child welfare system. Indigenous children were identified as a key group to examine because of concerns about pervasive overrepresentation of children from these communities in the child welfare system. This report examines the differences between investigations involving First Nations children and non-Indigenous children. Investigations involving Métis and Inuit children are excluded from these data and analyses concerning their intersection with the child welfare system will be quided by Métis and Inuit communities.

In Ontario in 2023, child welfare investigations for children 0–15 years of age were approximately five times more likely to involve a First Nations child than a non-Indigenous child; investigations involving First Nations children have an estimated rate of 218.35 per 1,000 children, compared to non-Indigenous children with an investigated rate of 43.32 per 1,000 children. Child welfare investigations for 16- and 17-year-olds in Ontario in 2023 were approximately three times more likely to involve a First Nations child than a non-Indigenous child. Please see Figure 1 on page 8.

<sup>1</sup> Two exceptions to this are Table 3-1B and Table 5-1, which include estimates and incidence rates for 16- and 17-year-olds.

<sup>2</sup> Please see Chapter 2 of this report for a detailed description of the study methodology.

FIGURE 1: Rates of First Nations and Non-Indigenous Child Maltreatment-Related Investigations in Ontario in 2023

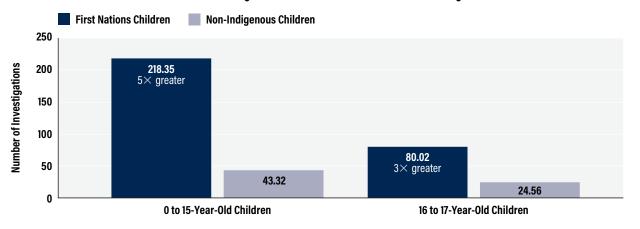
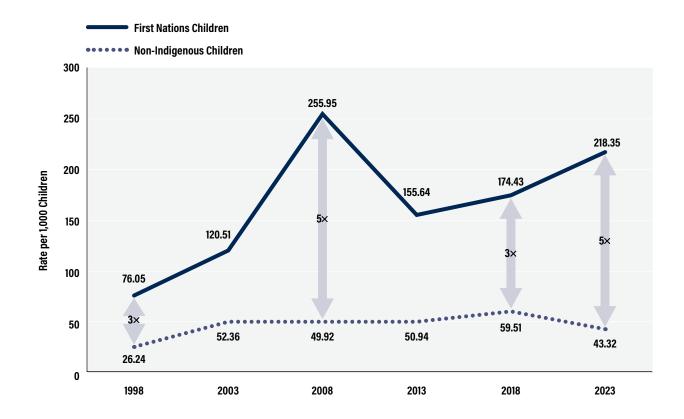


FIGURE 2: Incidence of Investigations Over Time in OIS Cycles: First Nations and Non-Indigenous Children (< 16 Years)



# 1993-2023 Comparison

Changes in rates of maltreatment-related investigations can be attributed to a number of factors including changes in (1) public and professional awareness of the problem, (2) legislation or case management practices, (3) the OIS study procedures and definitions, and (4) the actual rate of maltreatment-related investigations.

Changes in practices with respect to investigations of risk of maltreatment pose a particular challenge since these cases were not clearly identified in the 1993, 1998, and 2003 cycles of the study. Because of these changes, the findings presented in this report are not directly comparable to findings presented in the OIS-1993, OIS 1998, and OIS-2003 reports, which may include some cases of risk of future maltreatment in addition to maltreatment incidents. Because risk-only cases were not tracked separately in the 1993, 1998, and 2003 cycles of the OIS, comparisons that go beyond a count of investigations are beyond the scope of this report.

As shown in Figure 2, in 1998, an estimated 2,957 investigations were conducted in Ontario, a rate of 76.05 investigations per 1,000 First Nations children, compared to a rate of 26.24 per 1,000 non-Indigenous children. In 2003, the number of investigations for First Nations children increased, with an estimated 5,232 investigations and a rate of 120.51 per 1,000 children, compared to an estimated 52.36 investigations per 1,000 non-Indigenous children. In 2008, the number of investigations for First Nations more than doubled, with an estimated 12,736 investigations and a rate of 255.95 per 1,000 children. In 2013, there was an estimated 9,007 investigations involving First Nations children, a rate of 155.64 per 1,000 First Nations children. In 2018 there was an estimated 11,480 investigations involving First Nations children, a rate of 174.43 per 1,000 children. In 2023, there was an estimated 14,292 investigations involving First Nations children, a rate of 218.35 per 1,000 children.

FIGURE 3: Primary Category of Investigation Involving First Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

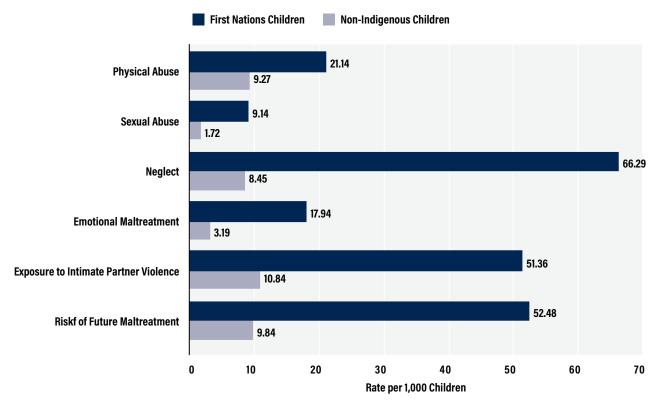


FIGURE 4: Provision of Ongoing Services in Child Maltreatment-Related Investigations Involving First Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023



# Key Descriptions of Investigations in Ontario in 2023

#### Categories of Maltreatment

Figure 3 presents the incidence of maltreatment-related investigations in Ontario in 2023, by primary category of maltreatment. Twenty-four percent of investigations involving First Nations children were conducted for risk of future maltreatment (an estimated 3.435; a rate of 52.48 per 1.000 First Nations children) compared to 23% for non-Indigenous children (a rate of 9.84 per 1,000 non-Indigenous children). Investigations involving allegations of maltreatment accounted for 76% of those involving First Nations children (an estimated 10,857 investigations; a rate of 165.87 per 1,000 First Nations children). The highest rate of these maltreatment investigations were for neglect (a rate of 66.29 per 1,000 First Nations children), followed by exposure to intimate partner violence (a rate of 51.36 per 1,000 First Nations children), physical abuse (a rate of 21.14 per 1,000 First Nations children), emotional maltreatment (a rate of 17.94 per 1.000 First Nations children), and sexual abuse (a rate of 9.14 per 1,000 First Nations children).

## **Ongoing Services**

Investigating workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Figure 4). Investigations involving First Nations children were transferred to ongoing services more often than investigations involving non-Indigenous children. Twenty-nine percent of investigations involving First Nations children were transferred to ongoing services (an estimated 4,112 investigations; a rate of 62.82 per 1,000 children) compared to 16% of investigations for non-Indigenous children (an estimated 15,615 investigations; a rate of 6.76 per 1,000 children).

FIGURE 5: Placements in Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations Involving First Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

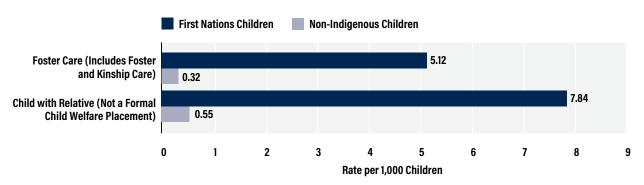
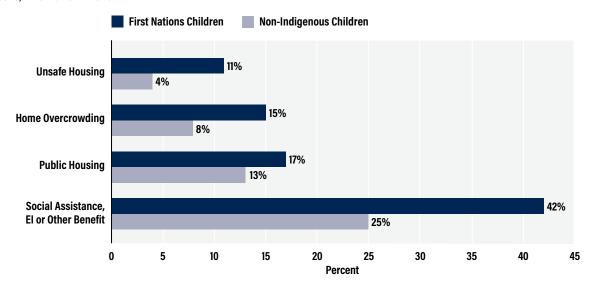


Table note: Group home placements were also measured in the OIS-2023. Group home placements at investigation are too rare an event to provide a reliable estimate. The rate of group home placements are best measured after investigation. Nonetheless, First Nations children were more likely to be placed in a group home at the conclusion of an investigation.

FIGURE 6: Household Risks in Child Maltreatment-Related Investigations Involving First Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023



#### **Placements**

The OIS tracks out-of-home placements that occur at any time during the investigation. Investigating workers were asked

to specify the type of placement. In cases where there may have been more than one placement, workers were asked to indicate the setting where the child spent the most time. Figure 5 shows the type of placement for substantiated investigations

and confirmed risk of future maltreatment investigations. Fifteen percent of substantiated maltreatment and confirmed risk investigations for First Nations children involved a placement: 8% were placed with a relative (a rate of 7.84 per 1,000 First Nations children), 5% in foster care (a rate of 5.12 per 1,000 First Nations children), 1% in a group home or residential secure treatment, and 1% in another placement. The rate of out-of-home placement for First Nations children in substantiated maltreatment and confirmed risk investigations is 17.3 times the rate of out-of-home placement for non-Indigenous children in substantiated maltreatment and confirmed risk investigations.

Group home placements at investigation are too rare an event to provide a reliable estimate. The rate of group home placements are best measured after investigation. Nonetheless, First Nations children were more likely to be placed in a group home at the conclusion of an investigation.

#### Household Risk Factors

The OIS-2023 tracked a number of household risk factors including social assistance as the household income source, home overcrowding, and unsafe living conditions.

In 42% of investigations involving First Nations children, the household income source was employment insurance, social assistance, or other benefits compared to 25% for non-Indigenous children. Seventeen percent of investigations involving First Nations children involved families living in public housing compared to 13% of investigations involving non-Indigenous children. Fifteen percent of investigations involving First Nations children had overcrowding conditions and 8% of investigations involving non-Indigenous children had overcrowding conditions. Unsafe housing conditions were noted in 11% of investigations involving First Nations children compared to 4% involving non-Indigenous children. Please see Figure 6.

## Primary Caregiver Risk Factors

Investigating workers were asked to consider nine potential caregiver risk factors (alcohol abuse, drug/solvent abuse, cognitive impairment, mental health issues, physical health

FIGURE 7: Primary Caregiver Risk Factors in Child Maltreatment-Related Investigations Involving First Nations and Non-Indigenous Children (<16 Years) in Ontario in 2023

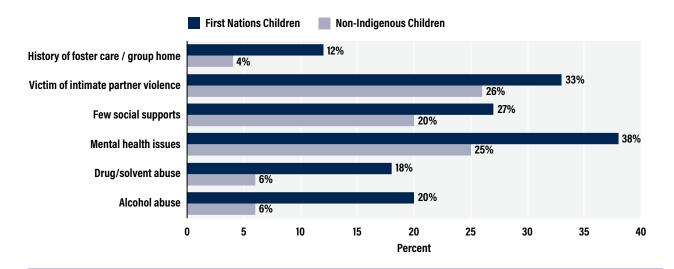
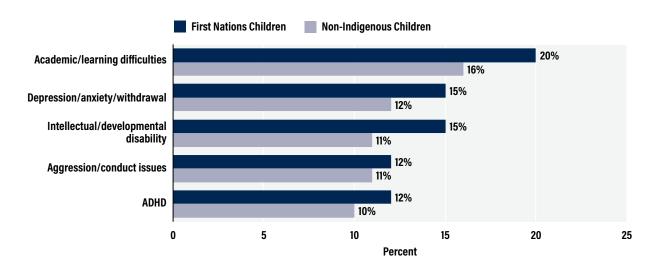


FIGURE 8: Child Functioning Concerns in Child Maltreatment-Related Investigations Involving First Nations and Non-Indigenous Children (<16 Years) in Ontario in 2023



issues, few social supports, victim of intimate partner violence. perpetrator of intimate partner violence, and history of foster care/group home). Where applicable, the reference point for identifying concerns about caregiver risk factors was the previous six months. Seventy-four percent of investigations involving First Nations children (an estimated 10,217 investigations; a rate of 156.09 per 1,000 First Nations children) have at least one noted primary caregiver risk factor compared to 54% for non-Indigenous children (an estimated 52,751 investigations: a rate of 22.83 per 1.000 non-Indigenous children). The most frequently noted primary caregiver risk factors for investigations involving First Nations children are: mental health issues (38%; an estimated 5,329 investigations), victim of intimate partner violence (33%: 4,557 investigations), and few social supports (27%; 3,708 investigations). Please see Figure 7.

#### Child Functioning Concerns

Child functioning concerns were documented based on a checklist of challenges that child welfare workers were likely to be aware of as a result of their investigations. Child functioning classifications reflect physical, emotional, cognitive, and behavioural issues. Child welfare workers were asked to consider 18 potential functioning concerns. Investigating workers were asked to indicate problems that had been confirmed by a diagnosis, directly observed by the investigating worker or another worker, and/or disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. The six-month period before the investigation was used as a reference point where applicable.

Forty-four percent of investigations involving First Nations children have at least one noted child functioning concern compared to 36% for non-Indigenous children. The most frequently noted child functioning concerns for investigations involving First Nations children were: 20% with academic or learning difficulties (an estimated 2,856 investigations), 15% with noted depression or anxiety or withdrawal (an estimated 2,190 investigations), 15% with an intellectual or developmental disability (an estimated 2,121 investigations), 12% with noted aggression or conduct issues (an estimated 1,744 investigations), and 12% with noted ADHD (an estimated 1,738 investigations). Please see Figure 8.

# **CHAPTER 1: INTRODUCTION**

## Historical Context

Canada's child welfare system is deeply rooted in Eurocentric values, focused on concepts of risk, child safety, nuclear families, and judicial decision-making, often marginalizing First Nations worldviews. The legacy of colonization continues to influence child welfare practices, contributing to systemic harm and overrepresentation of First Nations children in out-of-home care.

Beginning in the 1880s, the Canadian government partnered with Christian churches to establish residential schools aimed at assimilating Indigenous children. These institutions sought to erase Indigenous languages, spiritualities, and cultural identities, replacing them with Euro-Canadian norms. This assimilation was legislated through the Indian Act, which redefined First Nations identities under colonial terms. The last residential school closed in 1996, but the colonial project persisted through other public institutions, including child welfare.

In the 1950s, provincial child welfare mandates were extended to on-reserve communities, leading to widespread removal of First Nations children from their families—a practice known as the "Sixties Scoop." In Ontario, the 1965 Welfare Agreement was signed, transferring the administrative and financial responsibility to serve on-reserve children from the federal to the Ontario government. This era marked a continuation of assimilation under the guise of child protection. By the 1990s, the disproportionate involvement of First Nations children in the child welfare system was well documented.

Despite these challenges, First Nation communities have actively resisted colonial systems. Their advocacy for culturally grounded child welfare services has led to the emergence of 13 mandated Indigenous Child and Family Well-Being

Agencies in Ontario, with half of them receiving the provincial legislated mandate in the past ten years. These agencies were advocated for, designed, and created by the First Nations they serve (except one which was grounded in a grassroots urban population and the Indian Friendship Centre movement). All Indigenous Child and Family Well-Being Agencies, alongside the communities they serve, have worked collaboratively to decolonize child welfare by integrating Indigenous knowledge, values, and holistic approaches.

Supporting children and families in urban Indigenous communities has presented new challenges and opportunities. These agencies serve diverse populations from multiple Nations. They help families reconnect with their home communities and navigate provincial systems while upholding Indigenous sovereignty. The work of these agencies—on and off-reserve has been transformative, though much remains to be done to fully realize Indigenous self-determination in child welfare.

# **Current Context of First Nations** Child Welfare in Canada and Ontario

Indigenous child welfare services in Canada, particularly Ontario, have undergone significant transformation in recent decades. Indigenous agencies are actively working to decolonize child welfare practices within the constraints of provincial legislation. These agencies vary in size and scope, serving both on and off-reserve Indigenous populations. Off-reserve populations can include a mix of urban and rural children and families, and in some instances. First Nations as well as Metis and Inuit populations.

The Association of Native Child and Family Services Agencies of Ontario (ANCFSAO), established in 1994, plays a central role in promoting culturally based services. It supports 13 mandated and one pre-mandated Indigenous Child and Family Well-Being Agencies, collectively serving 90% of First Nation on-reserve communities. However, over 68% of Ontario First Nations families reside off-reserve and only a portion of these families are served by an Indigenous Child and Family Well-Being Agency. 1

Child welfare services in Ontario fall under the jurisdiction of the Child, Youth and Family Services Act (CYFSA). Although the unique constitutional status of First Nations, Inuit, and Métis peoples is explicitly acknowledged under the CYFSA, the legislation is nevertheless structured around Eurocentric values that limit the capacity of Indigenous Child and Family Well-Being Agencies to fully tailor services to the needs of their communities.

The first five Calls to Action from the Truth and Reconciliation Commission are child welfare specific and refer to the child welfare system as the modern-day Residential School program. In 2019, the Canadian government passed the Act Respecting First Nations, Inuit and Métis Children, Youth and Families, which came into effect in January 2020. The Act acknowledges Indigenous peoples' inherent right to self-governance in child and family services and aims to reduce out-of-home placements while affirming Indigenous and Treaty rights. It provides a mechanism for Indigenous governing bodies to enact self-governance through contribution agreements with federal and provincial governments. However, it does not allow Indigenous communities to create or implement their own laws independently, requiring them instead to translate their laws into Canadian legislation—subject to colonial concepts like the CYFSA's "best interests of the child" rule. First Nations are also able to exercise their jurisdiction using an inherent rights pathway.

Census of Population, 2021 (3901). Retrieved August 27, 2025, https://www150.statcan.gc.ca/n1/daily-quotidien/220921/mc-a001-eng.htm.

Critics argue the Act was rushed and lacked meaningful consultation, especially with urban Indigenous communities and traditional leadership structures. The consultation process was limited to formalized organizations such as the Assembly of First Nations and other national bodies, excluding many grassroots voices. Additionally, the Act was implemented without accompanying regulations or dedicated funding, raising concerns about its practical effectiveness.

Despite these limitations, the Act has opened pathways for a range of First Nations delivered services:

- » Some First Nations provide the full range of child welfare services, such as Wabaseemoong and the Algonquins of Pikwakanagan. Kitchenuhmaykoosib Inninuwug have developed their own legislation with services provided through an agreement with Tikinagan. In each case the communities negotiated a coordination agreement with Ontario and Canada including funding allocations to implement their respective laws and services.
- » In 2020, Ontario's Ministry of Children, Community and Social Services recognized HEART (Helping Establish Able Resource-Homes Together) and SPIRIT (Strong Parent Indigenous Relationships Information Training), which was originally developed by Manaasged Child and Family Services and later adapted by ANCFSAO as an alternative to the provincial home study process for foster and kinship caregivers. ANCFSAO supports these programs for caregivers as important in fostering Indigenous children's cultural identity and healing from historical trauma.
- » Indigenous Child and Family Well-Being Agencies and nonmandated Indigenous agencies are implementing a growing number of holistic, culturally informed models of support and care. These services are funded through the province with the same funding as all child welfare agencies in Ontario, and are also partially supported through "enhanced funding" made available in response to the Canadian Human Rights Tribunal ordering Canada to cease discriminatory underfunding of services for First Nations children and families. However, these services are vulnerable to the recent

cuts to Jordan's Principle funding and uncertainty about the extent of "enhanced funding" available to Indigenous Child and Family Well-Being Agencies.

## Next Steps

First Nations children, youth, and families require strong connections to their communities, cultures, and identities. However, generations of trauma from colonialism and residential schools continue to affect families today. Current provincial standards and programs often fail to provide the healing opportunities needed, leaving both non-Indigenous and Indigenous Child and Family Well-Being Agencies to support families without adequate resources.

Despite more Indigenous agencies being mandated to provide child welfare services and several First Nations developing their own legislation, many First Nations families – especially in light of growing urban Indigenous populations – are still being served by non-Indigenous agencies. These agencies must recognize the harm caused by disconnection from community and culture, particularly for children in out-of-home care. First Nation communities must be involved in any long-term planning affecting children in out-of-home care to ensure that they remain within their cultural environments. Systemic changes are needed to reduce overrepresentation in out-of-home care, including funding for parental healing and support for traditional family systems. A system that was entirely responsive to the needs of children and families within a culturally rooted context would likely still continue to perpetuate the overrepresentation of First Nations children because systemic barriers remain as obstacles to child and family well-being. Colonialism has left pervasive need and requires comprehensive systemic transformation.

The path forward requires honoring the inherent right to selfdetermination in child welfare. Data about the families and children involved in these services is one of the tools that First Nation communities are entitled to have access to in exercising this right. Data collection and analysis must be led by First Nation communities and interpreted through First Nations worldviews to inform both provincial and federal policy decisions.

The FNOIS-2023, developed in collaboration with the OIS Advisory Committee, respects the First Nations principles of Ownership, Control, Access, and Possession (OCAP). In response to the Truth and Reconciliation Commission's second call to action, the FNOIS-2023 provides critical evidence of the humanitarian crisis of First Nations overrepresentation in Ontario's child welfare system. This report is a foundational step toward future First Nations child welfare legislation rooted in community experience and is in keeping with the Truth and Reconciliation Commission's second call to action. It concludes with a message of resilience and hope, emphasizing the importance of First Nations sovereignty in creating a better future for children and families.

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# CHAPTER 2: METHODOLOGY

This chapter describes the methods of the 2023 cycle of the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS-2023), The First Nations Ontario Incidence Study of Reported Child Abuse and Neglect-2023 (FNOIS-2023) is a secondary data analysis of the OIS-2023. The FNOIS-2023 is a study of child welfare investigations involving First Nations children. The OIS-2023 is the seventh provincial study examining the incidence of reported child abuse and neglect in Ontario. The OIS-2023 captured information about children and their families as they encountered child welfare services over a three-month sampling period. Children who were not reported to child welfare services, screened-out reports, or new allegations on cases currently open at the time of case selection were not included in the OIS-2023.

The FNOIS-2023 analyzes, interprets and disseminates information about the data of investigations involving First Nations children and their families collected by the OIS-2023. The objective of the FNOIS-2023 is to examine the response of the child welfare organizations to allegations of maltreatment or risk of maltreatment of First Nations children and their families.

A multi-stage sampling design was used for the OIS-2023, first to select a representative sample of 20 child welfare agencies across Ontario (15 Children's Aid Societies and 5 Indigenous Child and Family Well-Being Agencies), and then to sample cases within these agencies. Information was collected directly from investigating workers at the conclusion of the investigation. The OIS-2023 sample of 6,799 child maltreatment-related investigations was used to derive estimates of the annual rates and characteristics of investigated maltreatment in Ontario. In Ontario, the age of protection was amended to include 16- and 17-year-olds in 2018. The majority of the tables in this FNOIS-2023 report provide descriptive data based on investigations of First Nations and non-Indigenous children 0-15 years of age. Only Tables 3-1b and 5-1 provide information about investigations involving 16- and 17-year-olds.

Investigations involving 16- and 17-year-olds are also included in the tables found in Appendix F, which provide a comparison of investigations involving First Nations children living on-reserve to investigations involving First Nations children living off-reserve.

As with any sample survey, estimates must be understood within the constraints of the survey instruments, the sampling design, and the estimation procedures used. This chapter presents the OIS-2023 methodology and discusses its strengths, limitations, and impact on interpreting the OIS-2023 estimates.

# Sampling

The OIS-2023 sample was drawn in three stages: first, a representative sample of child welfare agencies from across Ontario was selected, then cases were sampled over a three-month period within the selected agencies, and, finally, child investigations that met the study criteria were identified from the sampled cases. The sampling approach was developed in consultation with a statistical expert.

## Agency selection

Child welfare agencies are the Primary Sampling Units (PSU) for the OIS-2023. The term "child welfare agency" describes any organization that has the authority to conduct child protection investigations. In Ontario, agencies serve the full population in a specific geographic area; however, in some instances several agencies may serve different populations in the same area based on religion or Indigenous heritage. There are specific agencies in Ontario which only provide services to Indigenous children and families (i.e., Indigenous Child and Family Well Being Agencies) and other agencies can be considered mainstream child welfare agencies. A final count of 51 agencies constituted the sampling frame for the 2023 study (see Figure 2-1). A representative sample of 20 child welfare agencies was selected for inclusion in the OIS-2023 using a stratified random sampling approach.

Child welfare agencies in Ontario were allocated among five strata from which the OIS-2023 participating agencies were sampled. Agencies were stratified by whether they provided mainstream child welfare services or services to Indigenous children and families. There were three strata for mainstream

#### FIGURE 2-1: Three Stage Sampling

#### I: Site Selection

- » 20 child welfare agencies selected from provincial list of 51 child welfare agencies
- » Stratified random sampling

#### II: Case Sampling

- » 3,651 opened between October 1 and December 31
- » In Ontario cases are counted as families
- » Cases that are opened more than once during the study period are counted as one case

## III: Identifying Investigated Children

- » 6,799 children investigated because maltreatmentrelated concerns were identified
- » Excludes children over 17, siblings who are not investigated, and children who are investigated for non-maltreatment concerns

agencies and two for Indigenous Child and Family Well Being Agencies. Agencies were allocated to these strata by size (large, medium, or small for mainstream agencies and large or medium/small for Indigenous Child and Family Well Being Agencies). Sizes were determined by the total number of investigations provided by the Ministry of Children, Community and Social Services from the past fiscal year. All agencies allocated in the large strata for both Indigenous Child and Family Well Being Agencies and mainstream agencies were selected. Within each medium and small strata, systematic sampling was used.

Directors of the sampled agencies were sent letters of recruitment, which introduced the study and requested voluntary participation. All sampled agencies accepted the invitation to participate in the study.

#### Case Selection

The second sampling stage involved selecting cases opened in the participating agencies during the three-month period of October 1, 2023 to December 31, 2023. Three months was the optimum period to ensure high participation rates and good compliance with study procedures. Consultation with service providers indicated that case activity from October to December is considered typical of a whole year. However, follow-up studies are needed to systematically explore the extent to which seasonal variation in the types of cases referred to child welfare agencies may affect estimates that are based on a three-month sampling period.

In small and mid-sized agencies, all cases opened during the sampling period were included. In larger agencies that conducted over 1,000 investigations per year, a random sample of 250 cases opened during the sampling period was selected for inclusion in the study. In Ontario, families are the unit of **service** at the point of the initial decision to open a case.

Several caveats must be noted with respect to case selection. To ensure that systematic and comparable procedures were used, the formal process of opening a case for investigation was used as the method for identifying cases. The following procedures were used to ensure consistency in selecting cases for the study:

- » situations that were reported but **screened out** before the case was opened were not included (Figure 1-1). There is too much variation in screening procedures to feasibly track these cases within the budget of the OIS:
- » reports on already open cases were not included; and
- » only the first report was included for cases that were reported more than once during the three-month sampling period

These procedures led to 3,651 family-based cases being selected in Ontario.

#### Identifying Investigated Children

The final sample selection stage involved identifying children who were investigated because of concerns related to possible maltreatment. Since cases in Ontario are opened at the level of a family, procedures were developed to determine which child(ren) in each family were investigated for maltreatment-related reasons.

In Ontario, children eligible for inclusion in the final study sample were identified by having investigating workers complete the Intake Information section of the online OIS-2023 Maltreatment Assessment. The Intake Information section allowed the investigating worker to identify any children who were investigated because of maltreatment-related concerns (i.e., investigation of alleged incidents of maltreatment or

assessment of risk of future maltreatment). These procedures vielded a final sample of 6,799 child investigations in Ontario because of maltreatment-related concerns.

#### Investigating Maltreatment vs. Assessing Future Risk of Maltreatment

The primary objective of the OIS is to document investigations of situations where there are concerns that a child may have been abused or neglected. While investigating maltreatment is central to the mandate of child protection authorities, their mandates can also apply to situations where there is no specific concern about past maltreatment but where the risk of future maltreatment is being assessed. As an aid to evaluating future risk of maltreatment, a variety of risk assessment tools and methods have been adopted in Ontario, including the Ontario Risk Assessment Model, an Eligibility Spectrum, a Risk Assessment Tool, and more formalized differential response models.<sup>2</sup> Risk assessment tools are designed to promote structured, thorough assessments and informed decisions. Risk assessment tools are intended to supplement clinical decision making and are designed to be used at multiple decision points during child welfare interventions.

Due to changes in investigation mandates and practices over the last twenty-five years, the OIS-2023 tracked risk assessments and maltreatment investigations separately. To better capture both types of cases, the OIS-2008 was redesigned to separately track maltreatment investigations versus cases opened only to assess the risk of future maltreatment. Before the OIS-2008, cases that were only being assessed for risk of future maltreatment were not specifically included.

For the OIS-2008, OIS-2013, OIS-2018, and OIS-2023 investigating workers were asked to complete a data collection instrument for both types of cases. For cases involving maltreatment investigations, workers described the specific forms of maltreatment that were investigated and whether the

In the OIS-2008, extensive analyses were conducted to improve the efficiency of the sampling design. The analyses revealed that sampling more than 250 investigations within a child welfare agency does not result in an improvement in the standard error. Obtaining a random sample of investigations also reduces worker burden in larger agencies.

Barber, J., Shlonsky, A., Black, T., Goodman, D., and Trocmé, N. (2008). Reliability and Predictive Validity of a Consensus-Based Risk Assessment Tool, Journal of Public Child Welfare, 2: 2, 173 — 195.

maltreatment was substantiated. In cases that were only opened to assess future risk of maltreatment, investigating workers were asked to indicate whether the risk was confirmed.

#### Forms of Maltreatment Included in the OIS-2023

The OIS-2023 definition of child maltreatment includes 33 forms of maltreatment subsumed under five categories of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence.

A source of potential confusion in interpreting child maltreatment statistics lies in inconsistencies in the categories of maltreatment included in different statistics. Most child maltreatment statistics refer to both physical and sexual abuse, but other categories of maltreatment, such as neglect, exposure to intimate partner violence, and emotional maltreatment are not systematically included. There is even less consensus with respect to subtypes or forms of maltreatment. The OIS-2023 tracked up to three forms of maltreatment for each child investigation.

## Investigated Maltreatment vs. Substantiated Maltreatment

The child welfare statute in Ontario, the Child, Youth and Family Services Act requires that professionals working with children and the public report all situations where they have concerns that a child may have been maltreated or where there is a risk of maltreatment. The investigation phase is designed to determine whether the child was in fact maltreated or not. Jurisdictions in Ontario use a two-tiered substantiation classification system that distinguishes between substantiated and unfounded cases or verified and not verified cases. The OIS uses a three-tiered classification system for investigated incidents of maltreatment, in which a "suspected" level provides an important clinical

distinction in certain cases: those in which there is not enough evidence to substantiate maltreatment, but maltreatment cannot be ruled out.3

In reporting and interpreting maltreatment statistics, it is important to clearly distinguish between risk-only investigations, maltreatment investigations, and substantiated investigations of maltreatment. Estimates presented in Chapters 3, 5 and 6 of this report include maltreatment investigations and risk-only investigations, and the estimates in Chapter 4 of this report focus on cases of substantiated maltreatment.4

#### Risk of Harm vs. Harm

Cases of maltreatment that draw public attention usually involve children who have been severely injured or, in the most tragic cases, have died because of maltreatment. In practice, child welfare agencies investigate and intervene in many situations in which children have not yet been harmed but are at risk of harm. For instance, a toddler who has been repeatedly left unsupervised in a potentially dangerous setting may be considered to have been neglected, even if the child has not been harmed. The OIS-2023 includes both types of situations in its definition of substantiated maltreatment. The study also gathers information about physical and emotional harm attributed to substantiated or suspected maltreatment (Chapter 4).

The OIS-2023 documents both physical and emotional harm; however, definitions of maltreatment used for the study do not require the occurrence of harm.

There can be confusion around the difference between risk of harm and risk of maltreatment. A child who has been placed at risk of harm has experienced an event that endangered their physical or emotional health. Placing a child at risk of harm is considered maltreatment. For example, neglect can be substantiated for an unsupervised toddler, regardless of whether harm occurs, because the parent is placing the child

at substantial risk of harm. In contrast, risk of maltreatment refers to situations where a specific incident of maltreatment has not yet occurred, but circumstances, for instance parental substance abuse, indicate that there is a significant risk that maltreatment could occur in the future.

## Instrument

The OIS-2023 survey instrument was designed to capture standardized information from child welfare workers conducting maltreatment investigations or investigations of risk of future maltreatment. Given the time constraints faced by child welfare workers, the instrument had to be kept as short and simple as possible.

The OIS-2023 Maltreatment Assessment (Appendix D) was an online instrument. The paper-and-pencil Maltreatment Assessment was updated to an online instrument as of the OIS-2018 cycle. The online data collection system was housed on a secure server at the University of Toronto with access given only to the OIS-2023 Site Researchers through the internet, through secure logins and connections. Site Researchers worked directly with the primary investigating worker to complete the OIS-2023 Maltreatment Assessment during a virtual Microsoft Teams meeting upon completion of each child welfare investigation. This data collection instrument consists of an Intake Information section, a Household *Information* section, and a *Child Information* section.

#### Intake Information Section

Information about the report or referral was collected on the Intake Information section. This section requested information on: the date of referral; referral source; number of caregivers and children in the home; age and gender of caregivers and children; the reason for referral; which approach to the investigation was used; the relationship between

For more information on the distinction between these three levels of substantiation, please see: Trocmé, N., Knoke, D., Fallon, B., & MacLaurin, B. (2009). Differentiating between substantiated, suspected, and unsubstantiated maltreatment in Canada, Child Maltreatment, 14(1), 4-16.

Two exceptions to this are Tables 4-6 and 4-7, which include substantiated maltreatment and confirmed risk of future maltreatment investigations.

each caregiver and child; the type of investigation (a risk investigation or an investigated incident of maltreatment); and whether there were other caregivers outside the home.

#### Household Information Section

The household was defined as all the adults living at the address of the investigation. The Household Information section collected detailed information on up to two caregivers living in the home at the time of referral. Descriptive information was requested about the contact with the caregiver, caregiver functioning, household risk factors, transfers to ongoing services, and referral(s) to other services.

#### Child Information Section

The third section of the instrument, the *Child Information* section, was completed for each child who was investigated for maltreatment or for risk of future maltreatment. The Child *Information* section documented up to three different forms of maltreatment and included levels of substantiation, alleged perpetrator(s), and duration of maltreatment. In addition, it collected information on child functioning, physical harm, emotional harm to the child attributable to the alleged maltreatment, previous victimization, spanking, child welfare court activity, and out-of-home placement. Workers who conducted investigations of risk of future maltreatment did not answer questions pertaining to substantiation, perpetrators, and duration, but did complete items about child functioning, placement, court involvement, previous victimization, and spanking. In both types of investigations, workers were asked whether they were concerned about future maltreatment.

#### Guidebook

All items on the OIS-2023 Maltreatment Assessment were defined in an accompanying OIS-2023 Guidebook (Appendix E).

#### Revising and Validating the OIS-2023 Maltreatment Assessment

The OIS-2023 data collection instrument was based on the OIS-2018, OIS-2013, OIS/CIS-2008, OIS/CIS-2003, OIS/CIS-1998, and OIS-1993 data collection instruments to maximize the potential for comparing OIS findings across cycles of the study. A key challenge in updating instruments across cycles of a study is to find the right balance between maintaining comparability while making improvements based on the findings from previous cycles. In addition, changes in child welfare practices may require that updates be made to data collection instruments to ensure that the instruments are relevant to current child welfare practices.

## Validation Focus Groups

In the summer of 2023, a focus group was conducted in Ontario to gather feedback on proposed revisions to the OIS-2018 data collection instrument. The focus group was held with five intake workers.

Changes to the OIS-2023 version of the instrument were made in close consultation with the OIS-2023 Advisory Committee, which is composed of Children's Aid Society administrators; a representative from the Ontario Ministry of Children, Community and Social Services; a representative from the Ontario Association of Children's Aid Societies; a representative from the Association of Native Child and Family Services Agencies of Ontario (ANCFSAO); representatives from One Vision One Voice (OVOV); and scholars (Appendix B).

Changes to the data collection instrument included: adding questions about Identity-Based Data (i.e., gender and sexual orientation), band engagement, Anti-Black Racism (ABR) consultations, communities that Black and Latin American caregivers identify with, and refugee status; removing certain questions (e.g., a question about what other adults live in the home); and, re-wording some questions (e.g., the economic hardship guestions were changed from "ran out of money" to "struggle to pay for").

Please see Appendix D for the final version of the data collection instrument.

## Data Collection and Verification Procedures

Each participating agency was offered a presentation led by an OIS-2023 Site Researcher to familiarize child welfare workers to the OIS-2023 methodology and data collection procedures. Several agencies chose to receive this introductory session. Site Researchers coordinated data collection activities at each participating agency. They worked directly with the primary investigating worker to complete the data collection instruments during a virtual Microsoft Teams meeting. Workers were notified by email at the end of each sampling month if they had an investigation selected for the study and were provided with a link to schedule a meeting with a Site Researcher through Microsoft Bookings. Site Researchers underwent training on the study instruments and procedures. The completion of the data collection instrument was timed to align with the point when investigating workers finalize their written report of the investigation; typically due within 45 days of initiating the investigation.

## Data Verification and Data Entry

Completed data collection instruments were verified by two Site Researchers and the Principal Investigator for inconsistent responses. Consistency in instrument completion was examined by comparing the data collection instrument to the brief case narratives provided by the investigating worker. No identifying information was included on the study forms as workers were instructed to only provide a pseudonym initial to represent the child's first name. The data were extracted from the online platform and entered into SPSS Version 29. Inconsistent responses and miscodes were systematically identified and cleaned. Duplicate cases were screened and deleted based on agency identification numbers and date of opening.

#### Participation and Item Completion Rates

The OIS-2023 Maltreatment Assessment was as short and simple as possible to minimize the response burden and ensure a high completion rate. Item completion rates were over 99 percent for all items. The participation rate was determined by comparing actual cases opened during the case-selection period with the number of cases for which data collection instruments were completed. The overall participation rate was approximately 92 percent.

## **Estimation Procedures**

## Design

The study design was implemented for the purpose of point estimation and the estimation of variance. The population of agencies was stratified by size. Agencies were selected from each stratum using systematic sampling to take agency size into consideration. The three months (corresponding to October, November and December) were assumed to be a random sample of the 12 months comprising the calendar year for each agency selected. In each selected month, cases at large agencies were selected using simple random sampling.

## Weighting

The data collected for the OIS-2023 were weighted to derive provincial, annual incidence estimates. Design weights were applied to each case selected in sampled agencies during the three-month case selection period. To increase the precision and accuracy of estimates for the overall agency volume for 2023, calibration weights, based on known numbers of investigations, were applied. Please see Appendix F in the OIS-2023 Major Findings Report for a detailed description of the weighting and estimation.

#### Incidence Rates

Provincial incidence estimates were calculated by dividing the weighted estimates by the child population in Ontario by age (less than one to 17 years). Child population numbers are based on 2021 Census data (see Table 5-1a). A custom Census run was provided by Statistics Canada which included "Indigeneity" by single years of age for Ontario Census divisions and Census subdivisions. It should be noted that there are concerns about the completeness and accuracy of "Indigenous status" in the Census. This report compares investigations involving First Nations children to non-Indigenous children. Since we do not have jurisdiction over Métis and Inuit children, these children were removed from the Census child population rates and the FNOIS-2023 sample.

## Case Duplication

Although cases reported more than once during the three-month case sampling period were unduplicated, the weights used to develop the OIS annual estimates include an unknown number of "duplicate" cases, i.e., children or families reported and opened for investigation two or more times during the year. Although each investigation represents a new incident of maltreatment, confusion arises if these investigations are taken to represent an unduplicated count of children. To avoid such confusion, the OIS-2023 uses the term "child investigations" rather than "investigated children," since the unit of analysis is the investigation of the child's alleged maltreatment.

#### Sampling Error Estimation

Although the OIS-2023 estimates are based on a relatively large sample of 6,799 child maltreatment-related investigations, sampling error is primarily driven by the variability between the 20 sampled participating agencies and the non-sampled agencies. Sampling error estimates were calculated to reflect the fact that the survey population had been randomly selected from across the province. Standard error estimates were calculated for select variables at the p < 0.05 level. Most

coefficients of variation were in the acceptable and reliable level, with the exception of low frequency events. Estimates that should be interpreted with caution include informal kinship care (18.10). There were estimates that had CV's over 33 that should be interpreted with extreme caution (e.g., placement in group home/residential secure treatment estimates). Please see Appendix F in the OIS-2023 Major Findings Report.

The error estimates do not account for any errors in determining the design and calibration weights, nor do they account for any other non-sampling errors that may occur, such as inconsistency or inadequacies in administrative procedures from agency to agency. The error estimates also cannot account for any variations due to seasonal effects. The accuracy of these annual estimates depends on the extent to which the sampling period is representative of the whole year.

## **Ethics Procedures**

The OIS-2023 data collection and data handling protocols and procedures were reviewed and approved by the University of Toronto Office Research Ethics Board.

The study utilized a case file review methodology. No directly identifying information was collected on the data collection instrument. The Intake Information section included the file/ case number the agency assigns. This information was used only for verification purposes. Workers were instructed to only provide a pseudonym initial to represent the child's first name. The OIS-2023 used a secure, web-based delivery system for data collection.

This report contains only provincial estimates of child abuse and neglect and does not identify any participating agency.

#### Indigenous Ethics

The OIS-2023 adhered to the principles of Ownership of, Control over, Access to, and Possession of research (OCAP principles), which must be negotiated within the context

of individual research projects. In the case of the OIS-2023, adherence to OCAP principles is a shared concern that shapes the collaborative relationship between the O/S-2023 Advisory Committee and the research team. Representatives from ANCFSAO were invited to be members of the O/S-2023 Advisory Committee, which guided the research design and implementation. At the direction of the ANCFSAO, the current report examines the involvement of First Nations children in child maltreatment-related investigations compared to non-Indigenous children. Investigations involving First Nations children are compared to non-Indigenous children. Investigations involving non-Indigenous children do not include Métis and Inuit populations.

#### Ethno-racial Data Analyses

Any future analyses of ethno-racial data will be governed/ informed in consultation with applicable ethno-cultural communities and will reflect their perspectives and input.

## Study Limitations

Although every effort was made to make the FNOIS-2023 estimates precise and reliable, several limitations inherent to the nature of the data collected must be taken into consideration:

- » the weights used to derive annual estimates include counts of children investigated more than once during the year: therefore, the unit of analysis for the weighted estimates is a child investigation;
- » the FNOIS tracks information during approximately the first 45 days of case activity; service outcomes such as out-of-home placements and applications to court only include events that occurred during those first approximately 45 days; Table 4-6 and Table 4-7 were affected by this limitation;
- » the provincial counts presented in this report are weighted estimates. In some instances, sample sizes are too small to derive publishable estimates. For example, Table 4-4

- presents the nature of physical harm; the number of substantiated investigations involving burns and scalds or head trauma could not be reported due to the small sample sizes:
- » the FNOIS only tracks reports investigated by child welfare agencies and does not include reports that were screened out, cases that were only investigated by the police, and cases that were never reported. For instance, Table 3-3 presents the estimated number of investigations of exposure to intimate partner violence and does not include incidents of intimate partner violence that were reported only to police or never reported;
- » the study is based on the assessments provided by the investigating child welfare workers and could not be independently verified. For example, Table 5-3 presents the child functioning concerns documented in cases of substantiated maltreatment. The investigating workers determined if the child demonstrated functioning concerns, for instance depression or anxiety, However, these child functioning concerns are not verified by an independent source; and
- » Most importantly, the following chapters must be read and understood within the context and limitations of the data. The data collected are based on workers' knowledge at the time of the investigation and their clinical judgement. Workers were asked to indicate caregivers' and children's ethno-racial background and this is not independently verified. It is suspected that there is an under-identification of Indigenous families. Prior to Dnaagdawenmag Binnoojiiyag Child & Family Services becoming mandated, they assisted their partner agency in reviewing and identifying files that they would soon serve. During this process, Dnaagdawenmag Binnooiiiyag identified more than double the number of Indigenous family service files, and 19% more Indigenous children in-care than the numbers reported by their partner mainstream agency. This underestimation may be mirrored in the Census data with an undercounting of First Nations children.

# CHAPTER 3: INVESTIGATIONS INVOLVING FIRST NATIONS CHILDREN AND FAMILIES

This chapter describes the investigations involving First Nations children in Ontario in 2023 compared to investigations involving non-Indigenous children.

As shown in Table 3-1a, an estimated 14,292 investigations (a rate of 218.35 per 1.000 children) involved First Nations children under 16 years old in Ontario in 2023. This accounts for approximately 12% of all child maltreatment-related investigations in Ontario in 2023. Of these, 5% were identified as First Nations (status), 6% as First Nations (non-status), and 1% unknown status. This report focuses on investigations involving First Nations children (status, non-status and unknown status) compared to investigations involving non-Indigenous children (an estimated 100,109 investigations; a rate of 43.32 per 1,000 non-Indigenous children in Ontario).

Table 3-1b presents the estimated investigations involving 16 and 17 year old First Nations and non-Indigenous children in Ontario in 2023. In Ontario in 2023, an estimated 663 investigations involved 16 and 17 year old First Nations children (a rate of 80.02 per 1,000 children) compared to an estimated 7,514 investigations involved 16 and 17 year old non-Indigenous children (a rate of 24.56 per 1,000 children).

#### TABLE 3-1A: Indigenous Heritage of Children (< 16 Years) in Investigations in Ontario in 2023

Indigenous Heritage	Number of Investigations	Rate per 1,000 Children	%
First Nations — total	14,292	218.35	12%
First Nations, Status	6,411	N/A	5%
First Nations, Non-Status	7,206	N/A	6%
First Nations, Unknown Status	675	N/A	1%
Non-Indigenous	100,109	43.32	85%
Total	117,527	48.80	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 - 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0-15 years, with information about the child's Indigenous heritage.

Columns do not add to totals as Métis, Inuit and Other Indigenous children are not included in this table.

The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

#### TABLE 3-1B: Indigenous Heritage of Children (16–17 Years) in Investigations in Ontario in 2023

Indigenous Heritage	Number of Investigations	Rate per 1,000 Children	%
First Nations — total	663	80.02	8%
Non-Indigenous	7,514	24.56	90%
Total	8,352	17.45	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 64 child maltreatment-related investigations in 2023 involving First Nations children aged 16-17 years and 363 child-maltreatment-related investigations involving non-Indigenous children aged 16-17 years, with information about the child's Indigenous heritage.

Columns do not add to totals as Métis, Inuit and Other Indigenous children are not included in this table.

The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

As shown in Table 3-2 on page 22, referrals for investigations involving First Nations children were primarily from professionals (74%; an estimated 10,607 investigations or a rate of 162.05 per 1,000 First Nations children). Non-professionals referred 26% of investigations involving First Nations children (an estimated 3,725 investigations), and Other/ Anonymous referred 4% (an estimated 597 investigations). The proportions for non-Indigenous investigations were similar.

As shown in Table 3-3 on page 22, twenty-four percent of investigations involving First Nations children were conducted for risk of future maltreatment (an estimated 3.435: a rate of 52.48 per 1,000 First Nations children) compared to 23% for non-Indigenous children (a rate of 9.84 per 1.000 non-Indigenous children. Investigations involving allegations of maltreatment accounted for 76% of those involving First Nations children (an estimated 10,857 investigations; a rate of 165.87 per 1.000 First Nations children). The highest proportion of these maltreatment allegations were for neglect (30%), followed by 24% for exposure to intimate partner violence, 10% for physical abuse, 8% for emotional maltreatment, and 4% for sexual abuse. Investigations involving allegations of maltreatment accounted for 77% of those involving non-Indigenous children (an estimated 77,372 investigations; a rate of 33.48 per 1,000 non-Indigenous children); of these, 25% for exposure to intimate partner violence, 21% were for physical abuse, 20% for neglect, 7% for emotional maltreatment, and 4% for sexual abuse.

As shown in Table 3-4 on page 23, workers referred families to services more often for those investigations involving First Nations children compared to non-Indigenous children. Half of the investigations involving First Nations children had referrals (51%; an estimated 7,219 investigations; a rate of 110.29 per 1,000 First Nations children) compared to 46% for those involving non-Indigenous families (46,136; a rate of 19.96 per 1,000 non-Indigenous children).

The most frequently noted referrals for investigations involving First Nations children were: cultural services (17%), psychiatric or mental health services (16%), family or parent counselling (13%), and parent education or support services (12%). For investigations involving non-Indigenous children, the most frequently noted referrals were: family or parent counselling (16%), parent education or support services (13%), psychiatric or mental health services (13%), and intimate partner violence services (11%).

As shown in Table 3-5 on page 24, investigations involving First Nations children were transferred to ongoing services more often than investigations involving non-Indigenous children. Twenty-nine percent of investigations involving First Nations children were transferred to ongoing services (an estimated 4,112 investigations; a rate of 62.82 per 1,000 children) compared to 16% of investigations for non-Indigenous children (an estimated 15,615 investigations; a rate of 6.76 per 1,000 children).

TABLE 3-2: Referral Source in Investigations Involving First-Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children				Non-Indigenous Children	
Referral Source	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Any non-professional	3,725	56.91	26%	18,893	8.18	19%
Any professional	10,607	162.05	74%	77,205	33.41	77%
Other / Anonymous	597	9.12	4%	5,616	2.43	6%
Total	14,292	218.35	100%	100,109	43.32	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 - 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0-15 years, with information about referral source. Columns do not add to totals because an investigation could have had more than one referral source.

The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

TABLE 3-3: Investigations Involving First-Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children		
Nature of Investigation	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Physical abuse	1,384	21.14	10%	21,429	9.27	21%
Sexual abuse	598	9.14	4%	3,984	1.72	4%
Neglect	4,339	66.29	30%	19,535	8.45	20%
Emotional maltreatment	1,174	17.94	8%	7,365	3.19	7%
Exposure to intimate-partner violence	3,362	51.36	24%	25,059	10.84	25%
Subtotal - All maltreatment investigations	10,857	165.87	76%	77,372	33.48	77%
Risk of future maltreatment investigations	3,435	52.48	24%	22,736	9.84	23%
Total	14,292	218.35	100%	100,109	43.32	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 - 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information on the nature of the investigation. Rate and percentage columns may not add to totals due to rounding.

TABLE 3-4: Referrals to Services in Investigations Involving First-Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children Non-Indigenous Children					
Referral to Services	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Parent education / support services	1,734	26.49	12%	12,973	5.61	13%
Family / parent counselling	1,885	28.80	13%	16,512	7.14	16%
Drug / alcohol treatment	1,115	17.03	8%	5,001	2.16	5%
Psychiatric / mental health services	2,251	34.39	16%	13,163	5.70	13%
Intimate partner violence services	1,189	18.17	8%	11,068	4.79	11%
Welfare / social assistance	548	8.37	4%	2,277	0.99	2%
Food bank	775	11.84	5%	3,558	1.54	4%
Shelter services	574	8.77	4%	3,212	1.39	3%
Housing services	952	14.54	7%	4,066	1.76	4%
Legal services	624	9.53	4%	4,571	1.98	5%
Child victim support services	278	4.25	2%	2,386	1.03	2%
Special education placement	344	5.26	2%	485	0.21	0%
Recreational services	292	4.46	2%	2,326	1.01	2%
Medical / dental services	739	11.29	5%	2,553	1.10	3%
Speech / language services	151	2.31	1%	426	0.18	0%
Child / day care	197	3.01	1%	1,355	0.59	1%
Cultural services	2,415	36.90	17%	4,759	2.06	5%
Immigration services	0	0.00	0%	1,531	0.66	2%
Other	1,746	26.67	12%	9,064	3.92	9%
Subtotal - Any referral made	7,219	110.29	51%	46,136	19.96	46%
No referral made	7,074	108.07	49%	53,974	23.35	54%
Total	14,292	218.35	100%	100,110	43.32	100%

Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 – 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0–15 years, with information about referrals to services. Columns do not add to totals because an investigation could have had more than one referral made.

TABLE 3-5: Provision of Ongoing Services Following Investigations Involving First-Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children		
Provision of Ongoing Services	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Open to ongoing services	4,112	62.82	29%	15,615	6.76	16%
Closed	10,180	155.53	71%	84,494	36.56	84%
Total	14,292	218.35	100%	100,109	43.32	100%

Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 - 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0-15 years, with information about transfers to ongoing services. Rate and percentage columns may not add to totals due to rounding.

# CHAPTER 4: SUBSTANTIATED INVESTIGATIONS INVOLVING FIRST NATIONS CHILDREN AND FAMILIES

This chapter examines substantiated investigations involving First Nations children compared to substantiated investigations involving non-Indigenous children. The OIS-2023 tracks two types of investigations: those conducted because of a concern about a maltreatment incident that may have occurred and those conducted to assess whether there is a significant risk of future maltreatment where there is no alleged or suspected maltreatment.

The outcomes of maltreatment investigations are classified in terms of three levels of substantiation:

- » Substantiated: the balance of evidence indicates that abuse or neglect has occurred;
- » Suspected: insufficient evidence to substantiate abuse or neglect, but maltreatment cannot be ruled out:
- » Unfounded: the balance of evidence indicates that abuse or neglect has not occurred (unfounded does not mean that a referral was inappropriate or malicious; it simply indicates that the investigating worker determined that the child had not been maltreated).

The outcomes of risk-only investigations are classified in terms of three categories:

- » Significant risk of future maltreatment
- » No significant risk of future maltreatment
- » Unknown risk of future maltreatment

As shown in Table 4-1 on page 26, 42% of maltreatment investigations involving First Nations children were

substantiated (a rate of 92.37 per 1,000 First Nations children); a higher proportion to those involving non-Indigenous children (32%). Additionally, the rate is much lower for non-Indigenous children (13.87 per 1,000 non-Indigenous children). More investigations involving First Nations children had confirmed risk (5%; an estimated 711 investigations; a rate of 10.86 per 1,000 First Nations children) compared to non-Indigenous children (3%; an estimated 3,475 investigations; a rate of 1.50 per 1,000 non-Indigenous children).

The next tables in this chapter will focus on substantiated maltreatment investigations: an estimated 6,046 for First Nations children, and an estimated 32,046 for non-Indigenous children.

As shown in Table 4-2 on page 26, more than two thirds of substantiated maltreatment for First Nations children involved multiple incidents (an estimated 4.345 substantiated investigations; a rate of 66.38 per 1,000 First Nations children). For substantiated investigations involving non-Indigenous children, 68% involved multiple incidents (an estimated 21,687 substantiated investigations; a rate of 9.38 per 1,000 non-Indigenous children).

If the maltreatment was substantiated, workers were asked to indicate whether the child was showing signs of emotional harm (e.g., nightmares, bed wetting, or social withdrawal) following the maltreatment incident(s). In order to rate the severity of emotional harm, workers indicated whether the child required treatment to manage the symptoms of emotional harm. Workers noted no emotional harm in 67% of substantiated maltreatment investigations involving First Nations children (an estimated 4,046 substantiated investigations; a rate of 61.81 per 1,000 First Nations children); emotional harm was noted for 33% of substantiated maltreatment investigations (an estimated

2,000; a rate of 30.56 per 1,000 First Nations children) with the majority requiring therapeutic treatment (26% of substantiated investigations). Workers noted no emotional harm in the same proportion of substantiated maltreatment investigations involving non-Indigenous children (67%, an estimated 21,497 substantiated investigations; a rate of 9.30 per 1,000 non-Indigenous children; see Table 4-3 on page 27).

The OIS-2023 tracked physical harm identified by the investigating worker. Information on physical harm was collected using two measures: one describing severity of harm as measured by medical treatment needed and one describing the nature of harm. Most substantiated maltreatment investigations have no physical harm noted: 94% for those involving First Nations children (an estimated 5.693 or a rate of 86.98 per 1.000 First Nations children) compared to 95% (30,362 or 13.14 per 1,000 non-Indigenous children; see Table 4-4 on page 27).

Workers were also asked to indicate the level of police involvement. If a police investigation was ongoing and a decision to lay charges had not yet been made, workers were directed to select the "Investigation" option. About half of substantiated maltreatment investigations did not have police involvement: 51% of substantiated maltreatment investigations involving First Nations children, and 47% of those involving non-Indigenous children. Charges were laid in 32% of substantiated maltreatment investigations for First Nations children (a rate of 29.32 per 1,000 First Nations children) compared to 34% for non-Indigenous children (a rate of 4.69 per 1,000 non-Indigenous children). There was a police investigation in 17% of substantiated investigations involving First Nations children (a rate of 15.84 per 1,000 First Nations children), and 19% of substantiated investigations involving non-Indigenous children (2.68 per 1,000 non-Indigenous children; see Table 4-5 on page 28).

The following tables (i.e., Table 4-6 on page 28 and Table 4-7 on page 29) include substantiated maltreatment investigations and confirmed risk of future maltreatment investigations. Table 4-6 describes any applications made to child welfare court during the investigation period. Investigating workers were asked about three possible statuses for court involvement during the initial investigation: "no application", "application considered" and "application made." Table 4-6 on page 27collapses "no application" and "application" considered" into a single category (No Application to Court). Five percent of substantiated maltreatment and confirmed

risk investigations involving First Nations children, and 3% involving non-Indigenous children resulted in an application to child welfare court. However, the rate is higher for First Nations children (4.78 per 1,000 First Nations children) compared to non-Indiaenous children (0.49 per non-Indiaenous children).

As shown in Table 4-7.15% of substantiated maltreatment and confirmed risk investigations for First Nations children involved a placement: 8% were placed with a relative (a rate of 7.84 per 1,000 First Nations children), 5% in foster care (a rate of 5.12 per 1,000 First Nations children), 1% in a group home or residential secure treatment, and 1% in another placement. The proportion and rates of placement are smaller for these investigations involving non-Indigenous children: 4% were placed with a relative (a rate of 0.55 per 1,000 non-Indigenous children), and 2% in foster care (a rate of 0.32 per 1,000 non-Indigenous children). The rate of group home placements at investigation are too rare an event to provide a reliable estimate. The rate of group home placements are best measured after investigation. Nonetheless, First Nations children were more likely to be placed in a group home at the conclusion of an investigation.

TABLE 4-1: Substantiation Decisions in Investigations Involving First-Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

		First-Nations Children				
Substantiation Decision	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Unfounded maltreatment	4,607	70.38	32%	43,133	18.66	43%
Suspected maltreatment	204	3.12	1%	2,194	0.95	2%
Substantiated maltreatment	6,046	92.37	42%	32,046	13.87	32%
No risk of future maltreatment	2,532	38.68	18%	18,538	8.02	19%
Risk of future maltreatment	711	10.86	5%	3,475	1.50	3%
Unknown risk	193	2.95	1%	723	0.31	1%
Total	14,293	218.36	100%	100,109	43.32	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 - 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0-15 years, with information about substantiation or risk of future maltreatment Rate and percentage columns may not add to totals due to rounding.

The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

TABLE 4-2: Duration of Maltreatment in Substantiated Maltreatment Investigations Involving First-Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children		
Duration of Maltreatment	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Single incident	1,701	25.99	28%	10,359	4.48	32%
Multiple incidents	4,345	66.38	72%	21,687	9.38	68%
Total	6,046	92.37	100%	32,046	13.87	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 521 substantiated child maltreatment investigations in 2023 involving First-Nations children, aged 0-15 years, and 1,576 substantiated child maltreatment investigations involving non-Indigenous children, aged 0-15 years, with information about duration of maltreatment. Rate and percentage columns may not add to totals due to rounding.

TABLE 4-3: Emotional Harm in Substantiated Maltreatment Investigations Involving First-Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children			
Emotional Harm	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
Emotional harm, no therapeutic treatment required	420	6.42	7%	2,717	1.18	8%	
Emotional harm, therapeutic treatment required	1,580	24.14	26%	7,832	3.39	24%	
Subtotal - Any emotional harm documented	2,000	30.56	33%	10,549	4.56	33%	
No emotional harm documented	4,046	61.81	67%	21,497	9.30	67%	
Total	6,046	92.37	100%	32,046	13.87	100%	

Based on a sample of 521 substantiated child maltreatment investigations in 2023 involving First-Nations children, aged 0-15 years, and 1,576 substantiated child maltreatment investigations involving non-Indigenous children, aged 0-15 years, with information about emotional harm. Rate and percentage columns may not add to totals due to rounding.

The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

TABLE 4-4: Physical Harm in Substantiated Maltreatment Investigations Involving First-Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children			
Physical Harm	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
Physical harm, no medical treatment required	110	1.68	2%	873	0.38	3%	
Physical harm, medical treatment required	243	3.71	4%	811	0.35	3%	
Subtotal - Any physical harm documented	353	5.39	6%	1,684	0.73	5%	
No physical harm documented	5,693	86.98	94%	30,362	13.14	95%	
Total	6,046	92.37	100%	32,046	13.87	100%	

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 521 substantiated child maltreatment investigations in 2023 involving First-Nations children, aged 0-15 years, and 1,576 substantiated child maltreatment investigations involving non-Indigenous children, aged 0-15 years, with information about physical harm. Rate and percentage columns may not add to totals due to rounding.

TABLE 4-5: Police Involvement in Substantiated Maltreatment Investigations Involving First-Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children		
Police Involvement	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Investigation	1,037	15.84	17%	6,195	2.68	19%
Charges laid	1,919	29.32	32%	10,845	4.69	34%
None	3,071	46.92	51%	14,980	6.48	47%
Unknown	_	_	0%	_	_	0%
Total	6,046	92.37	100%	32,046	13.87	100%

Based on a sample of 521 substantiated child maltreatment investigations in 2023 involving First-Nations children, aged 0-15 years, and 1,576 substantiated child maltreatment investigations involving non-Indigenous children, aged 0-15 years, with information about police involvement. Rate and percentage columns may not add to totals due to rounding.

The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

#### TABLE 4-6: Court Applications in Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations Involving First-Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children		
Child Welfare Court Application	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Application made	313	4.78	5%	1,142	0.49	3%
No application	6,444	98.45	95%	34,380	14.88	97%
Total	6,757	103.23	100%	35,522	15.37	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 583 substantiated child maltreatment and confirmed risk of future maltreatments investigations in 2023 involving First Nations children, aged 0-15 years, and 1,748 substantiated child maltreatment and confirmed risk of future maltreatments investigations involving non-indigenous children, aged 0-15 years, with information about child welfare court applications.

Rate and percentage columns may not add to totals due to rounding.

<sup>&</sup>quot;-" Indicates that estimate was <100 investigations. Low frequency estimates are not reported but are included in total.

TABLE 4-7: Placements in Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations Involving First-Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children		
Placement Status	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Child remained at home (no placement)	5,761	88.01	85%	33,497	14.49	94%
Informal placement with relative / friend (non- formal CW placement)	513	7.84	8%	1,271	0.55	4%
Foster or kinship-care placement (formal)	335	5.12	5%	738	0.32	2%
Group-home or residential / secure treatment	-	-	1%	_	-	0%
Other placement	_	_	1%	0	0.00	0%
Total	6,757	103.23	100%	35,522	15.37	100%

Based on a sample of 583 substantiated child maltreatment and confirmed risk of future maltreatments investigations in 2023 involving First Nations children, aged 0-15 years, and 1,748 substantiated child maltreatment and confirmed risk of future maltreatments investigations involving non-Indigenous children, aged 0-15 years, with information about placement.

Rate and percentage columns may not add to totals due to rounding.

<sup>&</sup>quot;-" Indicates that estimate was <100 investigations. Low frequency estimates are not reported but are included in total.

# CHAPTER 5: CHILD AND CAREGIVER CHARACTERISTICS FOR INVESTIGATIONS INVOLVING FIRST NATIONS CHILDREN

This chapter describes the characteristics of children and their caregivers for investigations involving First Nations children.

The definition of a "child" in need of protection in Ontario changed in 2018: the age was increased from a child being defined as under 16 years to under 18 years. Table 5-1 shows the children's age in maltreatment-related investigations involving First Nations children and non-Indigenous children aged less than one to 17 years. Investigations involving First Nations children involve younger children compared to investigations involving non-Indigenous children. For example, 23% of investigations involving First Nations children were for a child under 4 years old (an estimated 3,413 investigations or a rate of 239.17 per 1,000 First Nations children). This compares to 18% of investigations involving non-Indigenous children being conducted for a child under 4 years old. The proportions of older children are similar with the exception of 16-17 year olds, which make up a larger proportion among investigations involving non-Indigenous children (7% compared to 4% for investigations involving First Nations children). Though the proportions across many age groups are similar, the rates of investigation are much higher for all age categories for investigations involving First Nations children (see Table 5-1 on page 31).

Just over half (53%) of investigations involving First Nations children had a cis male child investigated (an estimated 7,642 investigations), and 45% had a cis female investigated (an estimated 6,502 investigations). Investigations involving non-Indigenous children have similar proportions: 51% cis female (an estimated 50,864 investigations), and 48% cis male (48,321 investigations, see Table 5-2 on page 32).

Child functioning concerns were documented based on a checklist of challenges that child welfare workers were likely to be aware of as a result of their investigations. Child functioning classifications reflect physical, emotional, cognitive, and behavioural issues. Child welfare workers were asked to consider 18 potential functioning concerns.

Investigating workers were asked to indicate problems that had been confirmed by a diagnosis, directly observed by the investigating worker or another worker, and/or disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. The six-month period before the investigation was used as a reference point where applicable. Forty-four percent of investigations involving First Nations children had at least one noted child functioning concern (an estimated 6,315 investigations: a rate of 96.48 per 1.000 First Nations children) compared to 36% for non-Indigenous children (a rate of 15.76 per 1,000 non-Indigenous children). The most frequently noted child functioning concerns for investigations involving First Nations children were: 20% with academic or learning difficulties (an estimated 2,856 investigations), 15% with noted depression or anxiety or withdrawal (an estimated 2,190 investigations), 15% with an intellectual or developmental disability (an estimated 2,121 investigations), 12% with noted aggression or conduct issues (an estimated 1,744 investigations), and 12% with noted ADHD (an estimated 1,738 investigations). The most frequently noted child functioning concerns for investigations involving non-Indigenous children are similar but less frequently noted: 16% with academic or learning difficulties (an estimated 16,302 investigations), 12% with noted depression or anxiety or withdrawal (12,302 investigations), 11% with noted aggression or conduct issues (11,482 investigations), and 11% with noted intellectual or developmental disabilities (11.339 investigations). There are also differences for functioning concerns more likely to be noted for younger children: 3% of investigations involving First Nations children have noted positive toxicology

at birth (an estimated 367 investigations) compared to 1% (789 investigations) for non-Indigenous children, 3% have noted FASD (453 investigations) compared to 1% (675 investigations), and 10% (an estimated 1,443 investigations) have noted a failure to meet developmental milestones compared to 7% for non-Indigenous children (an estimated 7,369 investigations; see Table 5-3 on page 33).

The next tables describe the caregivers for investigations involving First Nations children. Investigations involving First Nations children have a larger proportion of single-caregiver households (43% or an estimated 5,903 investigations) with a rate of 90.18 per 1.000 First Nations children, compared to 37% for investigations involving non-Indigenous children (an estimated 36,182 investigations) or a rate of 15.66 per 1,000 non-Indigenous children (see Table 5-4 on page 34).

Primary caregivers are predominantly female for investigations involving First Nations children (86%; an estimated 11.873) investigations; a rate of 181.39 per 1,000 First Nations children), and for investigations involving non-Indigenous children (89%; an estimated 86,603 investigations; a rate of 37.47 per 1,000 non-Indigenous children). Investigations involving First Nations children have a higher proportion of younger primary caregivers: 30% of caregivers are 30 years and younger compared to 19% for investigations involving non-Indigenous children (see Table 5-5 on page 34).

The primary caregiver was noted as the biological parent in most investigations: 87% for investigations involving First Nations children (an estimated 12,011 investigations; a rate of 183.50 per 1,000 First Nations children) and 93% for investigations involving non-Indigenous children (an estimated 90,878 investigations; a rate of 39.32 per 1,000 non-Indigenous children). Other types of

TABLE 5-1: Child Age in Investigations involving First Nations and Non-Indigenous Children (<18 Years) in Ontario in 2023

		First-Natio	ns Children			Non-Indigenous Children			
Child Age	First Nations Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%	Non-Indigenous Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%	
0-17 Years	73,740	14,955	202.81	100%	2,311,065	107,624	46.57	100%	
0-3 Years	14,270	3,413	239.17	23%	517,310	19,710	38.10	18%	
< 1 Year	3,250	1,044	321.23	7%	122,000	4,553	37.32	4%	
1 Year	3,465	757	218.47	5%	127,220	4,742	37.27	4%	
2 Years	3,750	758	202.13	5%	131,840	5,424	41.14	5%	
3 Years	3,805	854	224.44	6%	136,250	4,991	36.63	5%	
4-7 Years	16,355	3,927	240.11	26%	572,135	28,504	49.82	26%	
4 Years	3,890	953	244.99	6%	138,425	6,219	44.93	6%	
5 Years	4,235	1,138	268.71	8%	143,745	7,749	53.91	7%	
6 Years	4,250	940	221.18	6%	143,815	7,462	51.89	7%	
7 Years	3,980	896	225.13	6%	146,150	7,074	48.40	7%	
8-11 Years	17,260	3,577	207.24	24%	602,565	27,511	45.66	26%	
8 Years	4,315	890	206.26	6%	148,995	7,611	51.08	7%	
9 Years	4,350	941	216.32	6%	149,985	6,854	45.70	6%	
10 Years	4,295	855	199.07	6%	150,355	6,081	40.44	6%	
11 Years	4,300	891	207.21	6%	153,230	6,965	45.45	6%	
12-15 Years	17,570	3,375	192.09	23%	619,055	24,385	39.39	23%	
12 Years	4,615	868	188.08	6%	155,295	5,874	37.82	5%	
13 Years	4,330	779	179.91	5%	157,030	6,404	40.78	6%	
14 Years	4,375	787	179.89	5%	153,785	5,735	37.29	5%	
15 Years	4,250	941	221.41	6%	152,945	6,372	41.66	6%	
16-17 Years	8,285	663	80.02	4%	306,160	7,514	24.54	7%	
16 Years	4,060	358	88.18	2%	152,990	4,374	28.59	4%	
17 Years	4,225	305	72.19	2%	153,170	3,140	20.50	3%	

Based on a sample of 1,268 child-ma/treatment-related investigations in 2023 involving First Nations children, aged 0-17 years, and 5,290 investigations involving non-Indigenous children, aged 0-17 years with information about child age. The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities. caregivers were similar in proportions between investigations involving First Nations children compared to investigations involving non-Indigenous children with the exception of grandparents: grandparents were noted as the primary caregiver for 5% of investigations involving First Nations children (an estimated 727 investigations; a rate of 11.11 per 1,000 First Nations children) compared to 2% for non-Indigenous children (an estimated 2,260 investigations; a rate of 0.98 per 1,000 non-Indigenous children; see Table 5-6 on page 35).

Investigating workers were asked to consider nine potential caregiver risk factors (alcohol abuse, drug/solvent abuse, cognitive impairment, mental health issues, physical health

issues, few social supports, victim of intimate partner violence, perpetrator of intimate partner violence, and history of foster care/group home). Where applicable, the reference point for identifying concerns about caregiver risk factors was the previous six months. Seventy-four percent of investigations involving First Nations children (an estimated 10,217; a rate of 156,09 per 1,000 First Nations children) have at least one noted primary caregiver risk factor compared to 54% for non-Indigenous children (an estimated 52,751 investigations; a rate of 22.83 per 1.000 non-Indigenous children). The most frequently noted primary caregiver risk factors for investigations involving First Nations children are: mental health issues (38%; an estimated 5,329 investigations), victim of intimate partner violence (33%; 4,557 investigations), and few social

supports (27%; 3,708 investigations). The most frequently noted primary caregiver risk factors for investigations involving non-Indigenous children are similar; victim of intimate partner violence (26%; 25,007 investigations), mental health issues (25%; an estimated 24,094 investigations), and few social supports (20%; 19,288 investigations). The largest differences between investigations involving First Nations children compared to those involving non-Indigenous children are for the following primary caregiver risk factors; alcohol abuse (20% or an estimated 2.781 investigations involving First Nations children compared to 6% or an estimated 5,741 investigations involving non-Indigenous children), drug/solvent abuse (18% vs 6%), and history of foster care or group home (12% vs 4%; see Table 5-7 on page 36).

TABLE 5-2: Child Gender in Investigations Involving First Nations and Non-Indigenous Children (<16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children			
Child Gender	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
Female Cis	6,502	N/A	45%	48,321	N/A	48%	
Male Cis	7,642	N/A	53%	50,864	N/A	51%	
Gender Non-binary	_	N/A	0%	274	N/A	0%	
Transgender	_	N/A	0%	156	N/A	0%	
Transgender female	0	N/A	0%	_	N/A	0%	
Transgender male	_	N/A	0%	401	N/A	0%	
Another gender identity	0	N/A	0%	_	N/A	0%	
Do not know	-	N/A	0%	0	N/A	0%	
Total	14,292	218.35	100%	100,109	43.32	100%	

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 - 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0-15 years, with information about child gender. Rate and percentage columns may not add to totals due to rounding

<sup>2021</sup> Census does not provide population estimates for gender younger than 15 years of age; therefore, no rates per 1,000 children are provided for this table.

<sup>&</sup>quot;-" Indicates that estimate was <100 investigations. Low frequency estimates are not reported but are included in total.

TABLE 5-3: Child Functioning Concerns in Investigations Involving First Nations and Non-Indigenous Children (<16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children			
Child Functioning Concern	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
Positive toxicology at birth	367	5.61	3%	789	0.34	1%	
Fetal Alcohol Spectrum Disorder (FASD)	453	6.92	3%	675	0.29	1%	
Failure to meet developmental milestones	1,443	22.05	10%	7,369	3.19	7%	
Intellectual / developmental disability	2,121	32.40	15%	11,339	4.91	11%	
Attachment issues	1,006	15.37	7%	3,862	1.67	4%	
ADHD	1,738	26.55	12%	10,352	4.48	10%	
Aggression / conduct issues	1,744	26.64	12%	11,482	4.97	11%	
Physical disability	274	4.19	2%	1,618	0.70	2%	
Academic / learning difficulties	2,856	43.63	20%	16,302	7.05	16%	
Depression / anxiety / withdrawal	2,190	33.46	15%	12,302	5.32	12%	
Self-harming behaviour	781	11.93	5%	3,084	1.33	3%	
Suicidal thoughts	735	11.23	5%	2,847	1.23	3%	
Suicide attempts	317	4.84	2%	829	0.36	1%	
Inappropriate sexual behaviour	367	5.61	3%	2,299	0.99	2%	
Running (multiple incidents)	606	9.26	4%	2,544	1.10	3%	
Alcohol abuse	270	4.12	2%	820	0.35	1%	
Drug / solvent abuse	410	6.26	3%	1,960	0.85	2%	
Youth Criminal Justice Act involvement	220	3.36	2%	818	0.35	1%	
Other functioning concern	450	6.87	3%	2,972	1.29	3%	
Subtotal - At least one child functioning concern	6,315	96.48	44%	36,413	15.76	36%	
No child functioning concerns	7,977	121.87	56%	63,697	27.56	64%	
Total	14,292	218.35	100%	100,109	43.32	100%	

Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 - 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0-15 years, with information about child functioning concerns. Columns do not add to totals because investigating workers could identify more than one child functioning concern.

TABLE 5-4: Number of Caregivers in Investigations Involving First Nations and Non-Indigenous Children (<16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children		
Number of Caregivers in the Home	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Single-caregiver household	5,903	90.18	43%	36,182	15.66	37%
Dual-caregiver household	7,968	121.73	57%	61,232	26.50	63%
Total	13,871	211.92	100%	97,414	42.15	100%

Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0-15 years, and 4,797 investigations involving non-Indigenous children, aged 0-15 years, with information about the number of caregivers in the home. This question was not applicable for a sample of 4 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Rate and percentage columns may not add to totals due to rounding.

The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

TABLE 5-5: Age and Gender of Primary Caregiver in Investigations involving First Nations and Non-Indigenous Children (<16 Years) in Ontario in 2023

			First-Nations Children			Non-Indigenous Children	genous Children	
Age of Primary Caregiver	Gender of Primary Caregiver	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
< 16 yrs	Female cis	_	_	0%	_	_	0%	
	Male cis	0	0.00	0%	0	0.00	0%	
16-17 yrs	Female cis	_	_	0%	_	_	0%	
	Male cis	0	0.00	0%	0	0.00	0%	
18-21 yrs	Female cis	490	7.49	4%	1,006	0.44	1%	
	Male cis	-	-	1%	0	0.00	0%	
22-30 yrs	Female cis	3,217	49.15	23%	16,594	7.18	17%	
	Male cis	306	4.67	2%	1,086	0.47	1%	
31-40 yrs	Female cis	5,943	90.80	43%	45,226	19.57	46%	
	Male cis	1,109	16.94	8%	4,788	2.07	5%	
41-50 yrs	Female cis	1,237	18.90	9%	19,417	8.40	20%	
	Male cis	334	5.10	2%	3,582	1.55	4%	
51-60 yrs	Female cis	495	7.56	4%	2,828	1.22	3%	
	Male cis	178	2.72	1%	1,125	0.49	1%	
> 60 yrs	Female cis	461	7.04	3%	1,170	0.51	1%	
	Male cis	0	0.00	0%	171	0.07	0%	

(Table continues on following page)

TABLE 5-5: Age and Gender of Primary Caregiver in Investigations involving First Nations and Non-Indigenous Children (<16 Years) in Ontario in 2023 (continued)

		First-Nations Children			Non-Indigenous Children			
Age of Primary Caregiver	Gender of Primary Caregiver	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
Unknown	Female cis	0	0.00	0%	310	0.13	0%	
	Male cis	0	0.00	0%	_	_	0%	
Subtotal	Female cis	11,873	181.39	86%	86,603	37.47	89%	
	Male cis	1,998	30.52	14%	10,812	4.68	11%	
Total		13,871	211.92	100%	97,415	42.15	100%	

Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0-15 years, and 4,797 investigations involving non-Indigenous children, aged 0-15 years, with information about the number of caregivers in the home.

This question was not applicable for a sample of 4 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Rate and percentage columns may not add to totals due to rounding.

The response options for primary caregiver gender included the following: Female Cis, Male Cis, Gender non-binary, Transgender female, Two-spirit, Another gender identitiy, Do not know, and Prefer not to answer. In a sample of 5 investigations, a gender category other than Female Cis or Male Cis was endorsed. Given this small number, data aggregation to a two-category gender variable for this table was necessary to protect the confidentiality of the caregiver.

The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

TABLE 5-6: Primary Caregiver's Relationship to the Child in Investigations Involving First Nations and Non-Indigenous Children (<16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children			
Primary Caregiver Relationship	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
Biological parent	12,011	183.50	87%	90,878	39.32	93%	
Parent's partner	245	3.74	2%	2,004	0.87	2%	
Kin foster parent	192	2.93	1%	318	0.14	0%	
Non-kin foster parent	169	2.58	1%	253	0.11	0%	
Adoptive parent	163	2.49	1%	607	0.26	1%	
Grandparent	727	11.11	5%	2,260	0.98	2%	
Aunt/Uncle	163	2.49	1%	530	0.23	1%	
Other	202	3.09	1%	564	0.24	1%	
Total	13,871	211.92	100%	97,414	42.15	100%	

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0-15 years, and 4,797 investigations involving non-Indigenous children, aged 0-15 years, with information about the number of caregivers in the home.

This question was not applicable for a sample of 4 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Rate and percentage columns may not add to totals due to rounding.

<sup>&</sup>quot;—" Indicates that estimate was <100 investigations. Low frequency estimates are not reported but are included in total.

TABLE 5-7: Primary Caregiver Risk Factors in Investigations Involving First Nations and Non-Indigenous Children (<16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children			
Primary Caregiver Risk Factor	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
Alcohol abuse	2,781	42.49	20%	5,741	2.48	6%	
Drug/solvent abuse	2,453	37.48	18%	6,262	2.71	6%	
Cognitive impairment	1,037	15.84	7%	3,551	1.54	4%	
Mental health issues	5,329	81.41	38%	24,094	10.43	25%	
Physical health issues	1,061	16.21	8%	5,859	2.54	6%	
Few social supports	3,708	56.65	27%	19,288	8.35	20%	
Victim of intimate partner violence	4,557	69.62	33%	25,007	10.82	26%	
Perpetrator of intimate partner violence	1,341	20.49	10%	5,637	2.44	6%	
History of foster care / group home	1,650	25.21	12%	3,861	1.67	4%	
Subtotal - At least one caregiver risk factor	10,217	156.09	74%	52,751	22.83	54%	
No caregiver risk factors noted	3,653	55.81	26%	44,664	19.33	46%	
Total	13,871	211.92	100%	97,414	42.15	100%	

Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0-15 years, and 4,797 investigations involving non-Indigenous children, aged 0-15 years, with information about the number of caregivers in the home.

This question was not applicable for a sample of 4 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Columns do not add to totals because investigating workers could identify more than one primary caregiver risk factor.

# CHAPTER 6: HOUSEHOLD CHARACTERISTICS FOR INVESTIGATIONS INVOLVING FIRST NATIONS CHILDREN

This chapter describes the household characteristics for investigations involving First Nations children.

Investigations involving First Nations children most often have families who live off reserve (75%; an estimated 9,353 investigations; a rate of 142.89 per 1,000 First Nations children; see Table 6-1).

Investigating workers were asked to choose the income source that best described the primary source of the household income. A smaller proportion of investigations involving First Nations children have families supported by full-time employment (38% or an estimated 5,244 investigations or a rate of 80.12 per 1,000 First Nations children) compared to 60% for

TABLE 6-1: Families Living On or Off-Reserve in Investigations Involving First Nations Children (< 16 Years) in Ontario in 2023

	First-Nations Children				
Family Residence	Number of Investigations	Rate per 1,000 Children	%		
On-reserve	3,113	47.56	25%		
Off-reserve	9,353	142.89	75%		
Total	12,466	190.45	100%		

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,067 child maltreatment-related investigations in 2023 involving First Nations children, aged 0-15 years, with information about whether the child lived on or off reserve. This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). Rate and percentage columns may not add to totals due to rounding.

TABLE 6-2: Household Source of Income in Investigations Involving First Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children			
Household Source of Income	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
Full-time employment	5,244	80.12	38%	58,341	25.24	60%	
Part-time (< 30 h) / seasonal	1,408	21.51	10%	5,684	2.46	6%	
Other benefits or unemployment	5,846	89.31	42%	24,546	10.62	25%	
Unknown income source	706	10.79	5%	4,636	2.01	5%	
No source of income	667	10.19	5%	4,207	1.82	4%	
Total	13,871	211.92	100%	97,414	42.15	100%	

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0-15 years, and 4,797 investigations involving non-Indigenous children, aged 0-15 years, with information about household source of income

This question was not applicable for a sample of 48 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting)

Rate and percentage columns may not add to totals due to rounding.

non-Indigenous children (an estimated 58,341 investigations or a rate of 25.24 per 1,000 non-Indigenous children). A larger proportion of investigations involving First Nations children rely on employment insurance, social assistance, or other benefits as the household income source (42% or an estimated 5,846 investigations or a rate of 89.31 per 1,000 First Nations children) compared to 25% for non-Indigenous children (an estimated 24,546 investigations or a rate of 10.62 per 1,000 non-Indigenous children; see Table 6-2 on page 37).

Investigating workers were asked to select the housing accommodation category that best described the investigated child's living situation (see Appendix E for housing type definitions). A smaller proportion of investigations involving First

Nations children have families living in an owned home (16% or an estimated 2,217 investigations or a rate of 33.87 per 1,000 First Nations children) compared to 30% for non-Indigenous children (an estimated 29,611 investigations or a rate of 12.81 per 1,000 children). A larger proportion of investigations involving First Nations children rent their home (37%; an estimated 5,098 investigations, or a rate of 77.89 per 1,000 First Nations children) compared to 41% (an estimated 40,140 investigations or a rate of 17.37 per 1,000 non-Indigenous children) involving non-Indigenous children. A larger proportion of investigations involving First Nations children live in public housing (17%; 2.338 investigations or a rate of 35.72 per 1,000 First Nations

children) compared to 13% (an estimated 12,237 investigations; a rate of 5.29 per 1,000 non-Indigenous children) involving non-Indigenous children (see Table 6-3).

In addition to housing type, investigating workers were asked to indicate the number of household moves within the past year. Sixteen percent of investigations involving First Nations children had families who moved at least once in the last 12 months: 12% moved once (a rate of 26.34 per 1,000 First Nations children or an estimated 1,724 investigations), and 4% moved more than once. This compares to 18% of investigations for non-Indigenous children with at least one move: 14% moved once (a rate of 5.77 per 1,000 non-Indigenous children or an estimated 13,343 investigations), and 4% moved more than once (see <u>Table 6-4</u> on page 39).

Exposure to unsafe housing conditions was measured by investigating workers who indicated the presence or absence of unsafe conditions in the home. Unsafe housing conditions were noted more often in investigations involving First Nations children compared to investigations involving non-Indigenous children. In 11% of investigations involving First Nations children, the worker noted unsafe housing conditions (an estimated 1,585 investigations or a rate of 24.22 per 1,000 First Nations children) compared to 4% of investigations involving non-Indigenous children (an estimated 3,554 investigations or a rate of 1.54 per 1,000 children; see Table 6-5 on page 39).

Workers were asked to indicate if the household was overcrowded in their clinical opinion. Fifteen percent of investigations involving First Nations children had overcrowding conditions (an estimated 2,084 investigations or a rate of 31.84 per 1,000 First Nations children) and 8% of investigations involving non-Indigenous children had overcrowding conditions (an estimated 8,163 investigations or a rate of 3.53 per 1,000 non- Indigenous children; see Table 6-6 on page 40).

TABLE 6-3: Housing Type in Investigations Involving First Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

		First-Nations Children			Non-Indigenous Children		
Housing Type	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
Own home	2,217	33.87	16%	29,611	12.81	30%	
Rental	5,098	77.89	37%	40,140	17.37	41%	
Public housing	2,338	35.72	17%	12,237	5.29	13%	
Band housing	2,367	36.16	17%	_	_	0%	
Hotel	_	_	0%	499	0.22	1%	
Shelter	_	_	0%	899	0.39	1%	
Living with friends / family	584	8.92	4%	5,730	2.48	6%	
Other	163	2.49	1%	600	0.26	1%	
Unknown	1,011	15.45	7%	7,657	3.31	8%	
Total	13,871	211.92	100%	97,414	42.15	100%	

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0-15 years, and 4,797 investigations involving non-Indigenous children, aged 0-15 years, with information about housing type.

This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Rate and percentage columns may not add to totals due to rounding.

<sup>&</sup>quot;-" Indicates that estimate was <100 investigations. Low frequency estimates are not reported but are included in total.

TABLE 6-4: Family Moves Within the Last Twelve Months in Investigations Involving First Nations and Non-Indigenous children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children			
Number of Moves in the Last 12 Months	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
0 moves	10,061	153.71	73%	70,823	30.65	73%	
1 move	1,724	26.34	12%	13,343	5.77	14%	
2 or more moves	534	8.16	4%	3,990	1.73	4%	
Unknown	1,551	23.70	11%	9,258	4.01	10%	
Total	13,871	211.92	100%	97,414	42.15	100%	

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0-15 years, and 4,797 investigations involving non-Indigenous children, aged 0-15 years, with information about household moves.

This question was not applicable for a sample of 4 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Rate and percentage columns may not add to totals due to rounding.

The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

### TABLE 6-5: Housing Safety in Investigations Involving First Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children			
Housing Conditions	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
Unsafe housing	1,585	24.22	11%	3,554	1.54	4%	
Safe housing	11,612	177.40	84%	89,843	38.88	92%	
Unknown	673	10.28	5%	4,018	1.74	4%	
Total	13,871	211.92	100%	97,414	42.15	100%	

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0-15 years, and 4,797 investigations involving non-Indigenous children, aged 0-15 years, with information about unsafe housing conditions.

This question was not applicable for a sample of 4 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Rate and percentage columns may not add to totals due to rounding.

 TABLE 6-6: Home Overcrowding in Investigations Involving First Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023

	First-Nations Children			Non-Indigenous Children			
Home Overcrowding	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%	
Yes	2,084	31.84	15%	8,163	3.53	8%	
No	11,047	168.77	80%	85,437	36.97	88%	
Unknown	740	11.31	5%	3,814	1.65	4%	
Total	13,871	211.92	100%	97,414	42.15	100%	

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.

Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0-15 years, and 4,797 investigations involving non-Indigenous children, aged 0-15 years, with information about home overcrowding.

This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Rate and percentage columns may not add to totals due to rounding.

## **APPENDIX A: 0IS-2023 SITE RESEARCHERS**

OIS-2023 Site Researchers worked directly with the primary investigating worker across the 20 OIS agencies to complete the data collection instrument during a virtual Microsoft Teams meeting. Their enthusiasm and dedication to the study were critical to ensuring its success.

The following is a list of Site Researchers from the Factor-Inwentash Faculty of Social Work, University of Toronto, who participated in the OIS-2023.

#### **Barbara Fallon**

(Principal Investigator)

#### Tara Black

(Co-Manager)

#### Rachael Lefebvre

(Co-Manager)

**Brennan Berardo** 

Danielle Billard

Krista Budau

**Emmaline Houston** 

Nicolette Joh-Carnella

**Bryn King** 

Michelle Lewis

Nico Trocmé

## Data Verification and Cleaning

Data verification was completed by the Site Researchers and the Principal Investigator. Data cleaning for the OIS-2023 was completed with assistance from Joanne Daciuk.

## Data Analysis

Assistance in developing the sampling design, weights, and confidence intervals was provided by Jean-Sébastien Provençal and Namita Chhabra.

## APPENDIX B: 0IS-2023 ADVISORY COMMITTEE

The OIS-2023 Advisory Committee was established to provide guidance and oversight to all phases of the research. An additional function of the Advisory Committee is to ensure that the OIS respects the principles of Indigenous Ownership of, Control over, Access to, and Possession of research (OCAP principles) to the greatest degree possible given that the OIS is a cyclical study which collects data on investigations involving Indigenous and non-Indigenous children.

The following is a list of current members of the OIS-2023 Advisory Committee.

#### **Nicole Bonnie**

Consultant, Equity, Diversity, and Inclusion

#### Krista Budau

Director of Service. Children's Aid Society of Algoma

#### **Amber Crowe**

**Executive Director.** Dnaagdawenmag Binnoojiiyag Child & Family Services

#### **Andrea Evans**

Pediatrician, Children's Hospital of Eastern Ontario

#### **Keishia Facey**

Interim Senior Manager of OVOV, Ontario Association of Children's Aid Societies

#### Lorraine Hill

Legacy Systems Lead, Association of Native Child and Family Well-Being Agencies of Ontario

#### Mark Kartusch

Director of Development and Special Projects. Dnaagdawenmag Binnoojiiyag Child & Family Services

#### Altaf Kassam

Director of Information Management & Privacy, Children's Aid Society of Toronto

#### Micheal Miller

Executive Director. Association of Native Child and Family Well-Being Agencies of Ontario

#### **Brenda Moody**

Director, Strategic Data Intelligence Peel Children's Aid Society

#### **Henry Parada**

Professor. School of Social Work at Toronto Metropolitan University

#### Vania Patrick-Drakes

Interim Manager of OVOV, Ontario Association of Children's Aid Societies

#### Jolanta Rasteniene

Manager, Accountability & Analytics Peel Children's Aid Society

#### **Jeffrey Schiffer**

Chief Impact Officer, Children's Aid Foundation

#### Kate Schumaker

Director of Quality, Strategy and Planning, Catholic Children's Aid Society of Toronto

#### Jill Stoddart

Executive Director. Family and Children's Services Foundation

#### **Leyco Wilson**

Supervisor of Quality Improvement and Evaluation, Family and Children's Services of the Waterloo Region

## APPENDIX C: GLOSSARY OF TERMS

The following is an explanatory list of terms used throughout the Ontario Incidence Study of Reported Child Abuse and Neglect 2023 (OIS-2023) Report.

**Age Group:** The age range of children included in the OIS-2023 sample. All data are presented for children between newborn and 17 years of age, with the exception of the data presented in Chapter 3 which presents data for children between newborn and 15 years of age.

**Annual Incidence:** The number of child maltreatment investigations per 1,000 children in a given year.

Case Duplication: Children who are subject of an investigation more than once in a calendar year are counted in most child welfare statistics as separate "cases" or "investigations." As a count of children, these statistics are therefore duplicated.

**Case Openings:** Cases that appear on agency/office statistics as openings. Openings do not include referrals that have been screened-out.

**Categories of Maltreatment:** The five key classification categories under which the 33 forms of maltreatment were subsumed: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to intimate partner violence.

Child: The OIS-2023 defined child as age newborn to 17 inclusive.

**Child Investigations:** Case openings that meet the OIS-2023 inclusion criteria (see Figure 1-1).

Child Welfare Agency: Refers to child protection services and other related services. The focus of the OIS-2023 is on services that address alleged child abuse and neglect. The names designating such services vary by jurisdiction.

**Childhood Prevalence:** The proportion of people maltreated at any point during their childhood. The OIS-2023 does not measure prevalence of maltreatment.

**Community Caregiver:** Child welfare agencies in Ontario usually open cases under the name of a family (e.g., one or more parent). In certain cases, child welfare agencies do not open cases under the name of a family, but rather the case is opened under the name of a "community caregiver." This occurs when the alleged perpetrator is someone providing care to a child in an out-of-home setting (e.g., institutional caregiver). For instance, if an allegation is made against a caregiver at a day care, school, or group home, the case may be classified as a "community caregiver" investigation. In these investigations, the investigating child welfare worker typically has little contact with the child's family, but rather focuses on the alleged perpetrator who is a community member. For this reason, information on the primary caregivers and the households of children involved in "community caregiver" investigations was not collected.

**Definitional Framework:** The OIS-2023 provides an estimate of the number of cases of alleged child maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence) reported to and investigated by Ontario child welfare services in 2023 (screened-out reports are not included). The estimates are broken down by three levels of substantiation (substantiated, suspected, and unfounded). Cases opened more than once during the year are counted as separate investigations.

**Differential or Alternate Response Models:** A newer model of service delivery in child welfare in which a range of potential response options are customized to meet the diverse needs of families reported to child welfare. Typically involves multiple "streams" or "tracks" of service delivery. Less urgent cases are shifted to a "community" track where the focus of intervention is on coordinating services and resources to meet the short- and long-term needs of families.

Forms of Maltreatment: Specific types of maltreatment (e.g., hit with an object, sexual exploitation, or direct witness to physical violence) that are classified under the five OIS-2023 Categories of Maltreatment. The OIS-2023 captured 33 forms of maltreatment.

**Indigenous Peoples**: A collective name for the original peoples of North America and their descendants (often 'Aboriginal peoples' is also used). The Canadian constitution recognizes three groups of Indigenous peoples: Indians (commonly referred to as First Nations), Inuit, and Métis. These are three distinct peoples with unique histories, languages, cultural practices, and spiritual beliefs.

**Level of Identification and Substantiation:** There are four key levels in the case identification process: detection, reporting, investigation, and substantiation.

*Detection* is the first stage in the case identification process. This refers to the process of a professional or community member detecting a maltreatment-related concern for a child. Little is known about the relationship between detected and undetected cases.

Reporting suspected child maltreatment is required by law in Ontario. The OIS-2023 does not document unreported cases.

*Investigated* cases are subject to various screening practices, which vary across agencies. The OIS-2023 did not track screened-out cases, nor did it track new incidents of maltreatment on already opened cases.

Substantiation distinguishes between cases where maltreatment is confirmed following an investigation, and cases where maltreatment is not confirmed. The OIS-2023 uses a three-tiered classification system, in which a suspected level provides an important clinical distinction for cases where maltreatment is suspected to have occurred by the investigating worker, but cannot be substantiated.

**Maltreatment Investigation:** Investigations of situations where there are concerns that a child may have already been abused or neglected.

**Maltreatment-related Investigation**: Investigations of situations where there are concerns that a child may have already been abused or neglected as well as investigations of situations where the concern is the risk the child will be maltreated in the future.

**Multi-stage Sampling Design:** A research design in which several systematic steps are taken in drawing the final sample to be studied. The OIS-2023 sample was drawn in three stages. First, a stratified random sample of child welfare agencies was selected from across Ontario. Second, families investigated by child welfare agencies were selected (all cases in small and medium sized agencies, a random sample in large agencies). Finally, investigated children in each family were identified for inclusion in the sample (non-investigated siblings were excluded).

**Non-protection Cases:** Cases open for child welfare services for reasons other than suspected maltreatment or risk of future maltreatment (e.g., prevention services, services for young pregnant women, etc.).

**Reporting Year:** The year in which child maltreatment-related cases were opened. The reporting year for the OIS-2023 is 2023.

**Risk of Future Maltreatment:** No specific form of maltreatment alleged or suspected. However, based on the circumstances, a child is at risk for maltreatment in the future due to a milieu of risk factors. For example, a child living with a caregiver who abuses substances may be deemed at risk of future maltreatment even if no form of maltreatment has been alleged.

**Risk of Harm:** Placing a child at risk of harm implies that a specific action (or inaction) occurred that seriously endangered the safety of the child. Placing a child at risk of harm is considered maltreatment.

**Screened out:** Referrals to child welfare agencies that are not opened for an investigation.

**Unit of Analysis:** In the case of the OIS-2023, the unit of analysis is a child maltreatment-related investigation.

**Unit of Service:** When a referral is made alleging maltreatment, the child welfare agency will open an investigation if the case is not screened out. In Ontario, when an investigation is opened, it is opened under an entire family (a new investigation is opened for the entire family regardless of how many children have been allegedly maltreated).

# **APPENDIX D: 0IS-2023 MALTREATMENT ASSESSMENT**

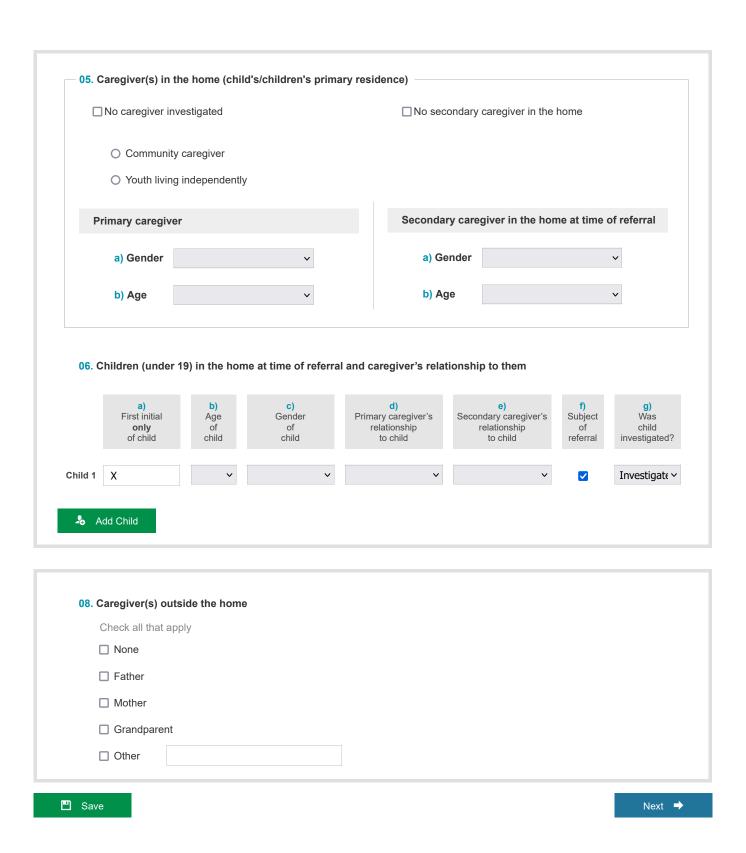
The OIS-2023 Maltreatment Assessment Consists of:

- » Intake Information Section;
- » Household Information Section; and
- » Child Information Section





Intake Information Household Information **Child Information** Comments Intake Information 01. Date case opened (YYYY-MM-DD) 2023-10-01 02. Source of allegation/referral Check all that apply Custodial parent ■ Non-custodial parent ☐ Child (subject of referral) □ Relative ■ Neighbour/friend ■ Social assistance worker □ Crisis service/shelter □ Community/recreation centre ☐ Hospital (any personnel) Community health nurse □ Community physician ☐ Community mental health professional □ School □ Other child welfare service Day care centre Police Community agency Anonymous Other 03. Please describe the nature of the referral, including alleged maltreatment and injury (if applicable) Results of investigation 04. Which approach to the investigation was used?





Intake Information Household Information **Child Information** Comments Household Information Primary/Secondary caregiver Gender: Unknown Age: Unknown A09. Primary income A10. Ethno-Racial or Indigeneity If Indigenous, a) On/Off reserve b) Indigenous Status First Nations Status Eligibility Did you engage with the family's band? O No At what stage of the investigation was the band contacted? Please tell us about the Band engagement If Black, Did you have an Anti-Black Racism consultation? O Yes O No Please check all that apply: ☐ African (Nigerian, Somalian, Ethiopian) ☐ Caribbean (Jamaican, Haitian, Trinidadian) ☐ European (British, French, Portuguese, Spanish) ■ North American (American, Canada) ☐ South and Central American (Brazilian, Panamanian) □ Don't know If Latin American, Please check all that apply: ☐ Caribbean (Cuban, Haitian) ☐ Central American (Honduran, Mexican) ☐ European (British, French, Portuguese, Spanish) ■ North American

□ Don't know

■ South American

A11. Has this caregiver moved to Canada within the last 5 years?	O Yes	O No	O Unknown	
Are they an asylum seeker/refugee?	O Yes	O No		
112. Primary language			~	
13. Caregiver response to investigation			V	
A14. Caregiver risk factors within the past 6 months	s			
Please complete all risk factors (a to i)				
	Confirmed	Suspected	No	Unknown
a) Alcohol abuse	0	0	0	0
b) Drug/solvent abuse	0	0	0	0
c) Cognitive impairment	0	0	0	0
d) Mental health issues	0	0	0	0
e) Physical health issues	0	0	0	0
f) Few social supports	0	0	0	0
g) Victim of intimate partner violence	0	0	0	0
h) Perpetrator of intimate partner violence	0	0	0	0
i) History of foster care/group home	0	0	0	0
Please select all drug abuse categories that app	oly			
☐ Cannabis (e.g., marijuana, hashish, hash oil)				
☐ Opiates and Opioids and morphine derivative	s (e.g., codeine, fe	ntanyl, heroine, n	norphine, opium, o	oxycodone)
☐ Depressants (e.g., barbiturates, benzodiazep	ines such as Valiur	m, Ativan)		
☐ Stimulants (e.g., cocaine, amphetamines, me	thamphetamines)			
☐ Hallucinogens (e.g., acid (LSD), PCP)				
☐ Solvents/Inhalants (e.g., glues, paint thinner,	paint, gasoline, ae	rosol sprays)		
Unknown		. , ,		

15. Child custody dispute (i.e., court application made or pending)	O Yes	O No	O Unknown
16. Type of housing			•
17. Number of moves in past year			V
18. Home overcrowded	O Yes	O No	O Unknown
19. Are there unsafe housing conditions?	O Yes	O No	O Unknown
Briefly describe the unsafe housing conditions			
- 20. In the last 6 months, the household has struggled	d to pay for:		
a) Food	O Yes	O No	O Unknown
Was the family provided with any financial/material assistance?	O Yes	O No	
b) Housing	O Yes	O No	O Unknown
c) Utilities	O Yes	O No	O Unknown
d) Telephone/Cell phone	O Yes	O No	O Unknown
e) Transportation	O Yes	O No	O Unknown
f) Medical care (includes dental and mental health)	O Yes	O No	O Unknown
21. Has this case been previously opened for investigation?			v
a) How long since the case was closed?			v
22. Case will stay open for on-going child welfare services	O Yes	O No	
23. Referral(s) for any family member			
a) Referral(s) made for any family member to an internal or external service(s)	O Yes	O No	
If YES, Please specify the type of referral(s) mad	e		

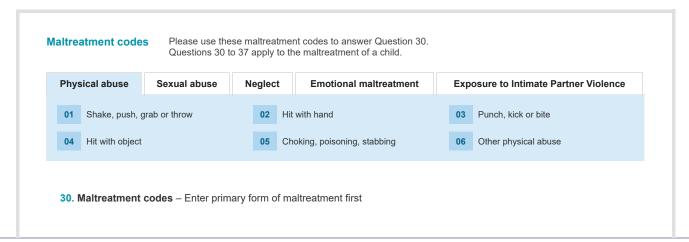
□ Parent education or support services	Child victim support services
☐ Family or parent counselling	☐ Recreational services
☐ Drug/alcohol counselling or treatment	☐ Special education placement
☐ Psychiatric/mental health services	☐ Medical or dental services
☐ Intimate partner violence services	☐ Child or day care
☐ Welfare or social assistance	☐ Speech/language services
☐ Food bank	☐ Cultural services
☐ Shelter services	☐ Immigration services
☐ Housing	☐ Other
☐ Legal	
<ul> <li>□ Provided them with names and numbers of seron</li> <li>□ Assisted them with completing/filing the application</li> <li>□ Made appointment for them</li> <li>□ Accompanied them to the appointment</li> <li>□ Followed-up with family to see if the service wather the serv</li></ul>	ation as provided
f NO, please specify the reason(s)	
Check all that apply	
☐ Already receiving services – not within the child	d wolfare agency
	u wellare agency
☐ Already receiving services – file is transferred to	
☐ Already receiving services – file is transferred to ☐ Service not available in the area	
☐ Service not available in the area	
<ul><li>☐ Service not available in the area</li><li>☐ Ineligible for service</li></ul>	
<ul> <li>Service not available in the area</li> <li>Ineligible for service</li> <li>Services could not be financed</li> <li>Service determined not to be needed</li> </ul>	
<ul> <li>Service not available in the area</li> <li>Ineligible for service</li> <li>Services could not be financed</li> <li>Service determined not to be needed</li> <li>Refusal of services</li> </ul>	
<ul> <li>Service not available in the area</li> <li>Ineligible for service</li> <li>Services could not be financed</li> <li>Service determined not to be needed</li> </ul>	

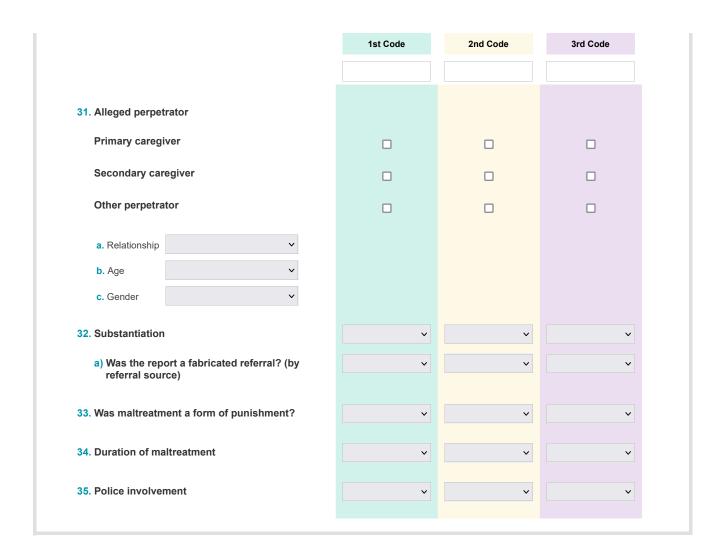


Intake Information	Household Information	C	Child Information		Comments
Child Information	Child 1				
First initial	X				
24. Gender		~			
Child sexual orientation		~			
25. Age					
26. Ethno-racial or Indigeneity		V			
27. Indigenous Status		V			
28. Child functioning					
Please complete all child	d functioning issues (a to s)				
		Confirmed	Suspected	No	Unknown
a) Positive toxicology a	at birth	0	0	0	0
b) FASD		0	0	0	0
c) Failure to meet deve	elopmental milestones	0	0	0	0
d) Intellectual/develop	mental disability	0	0	0	0
e) Attachment issues		0	0	0	0
f) ADHD		0	0	0	0
g) Aggression/conduct	issues	0	0	0	0
h) Physical disability		0	0	0	0
		0	0	0	0
i) Academic/learning d	ifficulties	· ·			
i) Academic/learning d	ifficulties	Confirmed	Suspected	No	Unknown

I) Suicidal thoughts    O	m) Suicide attempts  n) Inappropriate sexual behaviour  o) Running (multiple incidents)  p) Alcohol abuse  o) O  q) Drug/solvent abuse  o) O  y) Youth Criminal Justice Act involvement  o) O  Please select all drug abuse categories that apply  Cannabis (e.g., marijuana, hashish, hash oil)  Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)  Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)  Stimulants (e.g., cocaine, amphetamines, methamphetamines)  Hallucinogens (e.g., acid (LSD), PCP)	k) Self-harming behaviour	0	0	0	0
n) Inappropriate sexual behaviour  o) Running (multiple incidents)  p) Alcohol abuse  o) O  q) Drug/solvent abuse  o) O  q) Drug/solvent abuse  o) O  s) Other  O  Please select all drug abuse categories that apply  Cannabis (e.g., marijuana, hashish, hash oil)  Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)  Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)  Stimulants (e.g., cocaine, amphetamines, methamphetamines)  Hallucinogens (e.g., acid (LSD), PCP)  Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)	n) Inappropriate sexual behaviour  o) Running (multiple incidents)  p) Alcohol abuse  o) O  q) Drug/solvent abuse  o) O  y) Youth Criminal Justice Act involvement  o) O  Please select all drug abuse categories that apply  Cannabis (e.g., marijuana, hashish, hash oil)  Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)  Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)  Stimulants (e.g., cocaine, amphetamines, methamphetamines)  Hallucinogens (e.g., acid (LSD), PCP)  Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)	I) Suicidal thoughts	0	0	0	0
o) Running (multiple incidents)  p) Alcohol abuse  o  q) Drug/solvent abuse  r) Youth Criminal Justice Act involvement  s) Other  Please select all drug abuse categories that apply  Cannabis (e.g., marijuana, hashish, hash oil)  Oplates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)  Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)  Stimulants (e.g., cocaine, amphetamines, methamphetamines)  Hallucinogens (e.g., acid (LSD), PCP)  Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)	o) Running (multiple incidents)  p) Alcohol abuse  o  q) Drug/solvent abuse  r) Youth Criminal Justice Act involvement  s) Other  Please select all drug abuse categories that apply  Cannabis (e.g., marijuana, hashish, hash oil)  Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)  Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)  Stimulants (e.g., cocaine, amphetamines, methamphetamines)  Hallucinogens (e.g., acid (LSD), PCP)  Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)	m) Suicide attempts	0	0	0	0
p) Alcohol abuse  o o o o o o o o o o o o o o o o o o	p) Alcohol abuse  o o o o o o o o o o o o o o o o o o	n) Inappropriate sexual behaviour	0	0	0	0
q) Drug/solvent abuse  O O O O O O O O O O O O O O O O O O	q) Drug/solvent abuse  O O O O O O O O O O O O O O O O O O	o) Running (multiple incidents)	0	0	0	0
r) Youth Criminal Justice Act involvement  O O S) Other O O Please select all drug abuse categories that apply Cannabis (e.g., marijuana, hashish, hash oil) Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone) Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan) Stimulants (e.g., cocaine, amphetamines, methamphetamines) Hallucinogens (e.g., acid (LSD), PCP) Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)	r) Youth Criminal Justice Act involvement  O O S) Other O O Please select all drug abuse categories that apply Cannabis (e.g., marijuana, hashish, hash oil) Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone) Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan) Stimulants (e.g., cocaine, amphetamines, methamphetamines) Hallucinogens (e.g., acid (LSD), PCP) Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)	p) Alcohol abuse	0	0	0	0
Please select all drug abuse categories that apply  Cannabis (e.g., marijuana, hashish, hash oil)  Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)  Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)  Stimulants (e.g., cocaine, amphetamines, methamphetamines)  Hallucinogens (e.g., acid (LSD), PCP)  Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)	Please select all drug abuse categories that apply  Cannabis (e.g., marijuana, hashish, hash oil)  Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)  Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)  Stimulants (e.g., cocaine, amphetamines, methamphetamines)  Hallucinogens (e.g., acid (LSD), PCP)  Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)	q) Drug/solvent abuse	0	0	0	0
Please select all drug abuse categories that apply  Cannabis (e.g., marijuana, hashish, hash oil)  Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)  Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)  Stimulants (e.g., cocaine, amphetamines, methamphetamines)  Hallucinogens (e.g., acid (LSD), PCP)  Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)	Please select all drug abuse categories that apply  Cannabis (e.g., marijuana, hashish, hash oil)  Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)  Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)  Stimulants (e.g., cocaine, amphetamines, methamphetamines)  Hallucinogens (e.g., acid (LSD), PCP)  Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)	r) Youth Criminal Justice Act involvement	0	0	0	0
<ul> <li>□ Cannabis (e.g., marijuana, hashish, hash oil)</li> <li>□ Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)</li> <li>□ Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)</li> <li>□ Stimulants (e.g., cocaine, amphetamines, methamphetamines)</li> <li>□ Hallucinogens (e.g., acid (LSD), PCP)</li> <li>□ Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)</li> </ul>	<ul> <li>□ Cannabis (e.g., marijuana, hashish, hash oil)</li> <li>□ Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)</li> <li>□ Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)</li> <li>□ Stimulants (e.g., cocaine, amphetamines, methamphetamines)</li> <li>□ Hallucinogens (e.g., acid (LSD), PCP)</li> <li>□ Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)</li> </ul>	s) Other	0	0	0	0
I I UTINIUWII						

29. TYPE OF INVESTIGATION	<ul> <li>Investigated incident of maltreatment</li> </ul>	Risk investigation only	
---------------------------	---	-------------------------	--





36. Is mental or emotional harm evident (as a result of the substantiated or suspected maltreatment)?	O Yes	O No	
a) Child requires therapeutic treatment	O Yes	O No	
37. Physical harm			
a) Is physical harm evident?	O Yes	O No	
b) Types of physical harm			
Check all that apply			
☐ Bruises, cuts or scrapes			
☐ Broken bones			
☐ Burns and scalds			
☐ Head trauma			
☐ Fatal			
☐ Health condition : Please specify			
c) Was medical treatment required?	O Yes	O No	
<ul><li>38. Is there a significant risk of future maltreatment?</li><li>39. Was this child a previous victim of maltreatment?</li></ul>	O Yes	○ No	○ Unknown
40. Placement			
a) Placement during investigation	O Yes	O No	O Considered
b) Placement type			•
c) Estimate the time it takes to travel between the child's residence and their placement			<b>v</b>
d) Did the child reunify during the investigation?	O Yes	O No	
41. Child welfare court application?	O Yes	○ No	O Considered
a) Referral to mediation/alternative dispute resolution (ADR)	O Yes	O No	



Intake Information Household Information **Child Information** Comments **☐** Comments and Other Information (Not Required) 43. If you are unable to complete an investigation for any child please explain why 44. Intake information 45. Household information 46. Child information ■ Save Previous Next →

## APPENDIX E: 0IS-2023 GUIDEBOOK

# THE ONTARIO INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (OIS)

## Background

The Ontario Incidence Study of Reported Child Abuse and Neglect 2023 (OIS-2023) is the seventh provincial study of reported child abuse and neglect investigations in Ontario. Results from the previous six cycles of the OIS have been widely disseminated in conferences, reports, books, and journal articles (see Canadian Child Welfare Research Portal, cwrp.ca).

The OIS-2023 is funded by the Ministry of Children, Community and Social Services of Ontario. Significant in-kind support is provided by child welfare agency managers, supervisors, frontline workers, information technology personnel, and other staff. The project is led by Professor Barbara Fallon and managed by a team of researchers at the University of Toronto's (U of T) Factor- Inwentash Faculty of Social Work.

If you ever have any questions or comments about the study, please do not hesitate to contact your Site Researcher.

## Objectives

The primary objective of the *OIS-2023 is to provide reliable* estimates of the scope and characteristics of reported child abuse and neglect in Ontario in 2023. Specifically, the study is designed to:

- » determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, exposure to intimate partner violence, and risk of maltreatment, as well as multiple forms of maltreatment;
- » investigate the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm:
- » examine selected determinants of health that may be associated with maltreatment:
- » monitor short-term investigation outcomes, including substantiation rates, out-of-home placements, use of child welfare court, and criminal prosecution;
- » compare 1993, 1998, 2003, 2008, 2013, 2018, and 2023 rates of substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence; severity of maltreatment; and short-term investigation outcomes.

## Sample

In smaller agencies, information will be collected on all child maltreatment-related investigations opened during the threemonth period between October 1, 2023 and December 31, 2023. In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study.

## OIS Maltreatment-Related Assessment

The OIS Maltreatment-Related Assessment is an instrument designed to capture standardized information from child welfare investigators on the results of their investigations. The instrument consists of four sections (Intake Information, Household Information, Child Information, and a Comments Section) and will be completed electronically using a secure, web-based delivery system.

The Child Information section will need to be completed for each investigated child. Children living in the household who are not the subject of an investigation should be listed in the Intake Information section, although Child Information sections will not be completed for them. The instrument takes approximately eight minutes to complete, depending on the number of children investigated in the household.

The OIS Maltreatment-Related Assessment examines a range of family, child, and case status variables. These variables include source of referral, caregiver demographics, household composition measures, key caregiver functioning issues, and housing and home safety measures. It also includes outcomes of the investigation on a child-specific basis, including up to three forms of maltreatment, nature of harm, duration of maltreatment, identity of alleged perpetrator, placement in care, and child welfare court involvement.

## Data Collection

Data collection will take place between December 2023 and May 2024. All workers involved in the study will meet directly with a Site Researcher over Microsoft Teams to complete the online data collection instrument together.

## Confidentiality

Confidentiality will be maintained at all times during data collection and analysis.

Similar to the previous cycle (OIS-2018), the OIS-2023 will use a secure, web-based delivery system for the OIS Maltreatment-Related Assessment. Each Site Researcher will have access to the secure system with a username and a password. This website allows Site Researchers to access, complete, and track online forms. The Site Researchers will log into the system to access a worker's data collection instruments and then share their screens over Microsoft Teams so that the workers can complete their data collection instruments with the Site Researcher.

To guarantee client confidentiality, data will be treated as confidential and security measures will be consistent with U of T Data Security Standards for Personally Identifiable and Other Confidential Data in Research. Confidentiality of case information and participants, including workers and agencies/ offices, are maintained throughout the study process. The website incorporates a data collection tracking system to support data collection activities that will be conducted by the research team.

Data collected through the OIS website will be stored on a secure server at U of T in a secure setting and accessed through secure logins and connections. The data will be archived on the same server. Data are not stored on local computers. Programming and research staff are required

to save their work on the protected server and must sign agreements that they will not bring data out of the secure server environment.

Access to data is severely limited. This is not a public database. Only those U of T research personnel working on the OIS-2023 will have access to the data through a password protected and secure log in. A research ID number will be assigned to each case for the purpose of data management and will not be able to be linked to any other database containing identifying or near-identifying information.

The final report will contain only provincial estimates of child abuse and neglect and will not identify any participating agency/office. No participating agencies/sites or workers are identified in any of the study reports.

## Completing the OIS Maltreatment-Related Assessment

The O/S Maltreatment-Related Assessment should be completed by the investigating worker when he or she is writing the first major assessment of the investigation. In most jurisdictions, this report is required within 45 days of the date the case was opened.

It is essential that **all items in the** O/S Maltreatment-Related Assessment applicable to the specific investigation are completed. Use the "unknown" response if you are unsure. If the categories provided do not adequately describe a case, provide additional information in the Comments section. If you have any questions during the study, please contact your Site Researcher.

## Definitions: Intake Information Section

If you have a unique circumstance that does not seem to fit the categories provided in the Intake Information section, write a note in the *Comments* section under "Intake information".

### Question 1: Date Case Opened

This refers to the date the case was opened/re-opened. This information is pre-populated.

## Question 2: Source of Allegation/Referral

Select all sources of referral that are applicable for each case. This refers to **separate and independent contacts** with the child welfare agency/office. If a young person tells a school principal of abuse and/or neglect, and the school principal reports this to the child welfare authority, you would select the option for this referral as "School." There was only one contact and referral in this case. If a second source (neighbour) contacted the child welfare authority and also reported a concern for this child, then you would also select the option for "Neighbour/friend."

- » Custodial parent: Includes parent(s) identified in Question 5: Caregiver(s) in the home.
- » Non-custodial parent: Contact from an estranged spouse (e.g., individual reporting the parenting practices of his or her former spouse).
- » Child (subject of referral): A self-referral by any child listed in the *Intake Information* section of the O/S Maltreatment-Related Assessment.
- » Relative: Any relative of the child who is the subject of referral. If the child lives with foster parents, and a relative of the foster parents reports maltreatment, specify under "Other."

Neighbour/friend: Includes any neighbour or friend of the child(ren) or his or her family.

- » Social assistance worker: Refers to a social assistance worker involved with the household.
- » Crisis service/shelter: Includes any shelter or crisis service for domestic violence or homelessness.
- » Community/recreation centre: Refers to any form of recreation and community activity programs (e.g., organized sports leagues or Boys and Girls Clubs).
- » **Hospital (any personnel):** Referral originates from a hospital and is made by a doctor, nurse, or social worker rather than a family physician or nurse working in a family doctor's office in the community.
- » Community health nurse: Includes nurses involved in services such as family support, family visitation programs, and community medical outreach.
- » Community physician: A report from any family physician with a single or ongoing contact with the child and/or family.
- » Community mental health professional: Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside a school/hospital/child welfare/Youth Criminal Justice Act (YCJA) setting.
- » School: Any school personnel (teacher, principal, teacher's aide, school social worker etc.).
- » Other child welfare service: Includes referrals from mandated child welfare service providers from other jurisdictions or provinces.
- » Day care centre: Refers to a child care or day care provider.
- » Police: Any member of a police force, including municipal or provincial/territorial police, or RCMP.

- » Community agency: Any other community agency/office or service.
- » Anonymous: A referral source who does not identify himor herself.
- » **Other:** Specify the source of referral in the section provided (e.g., foster parent, store clerk, etc.).

## Question 3: Please Describe Referral, Including Alleged Maltreatment, Injury, Risk of Maltreatment (if Applicable), and Results of Investigation

Provide a short description of the referral, including, as appropriate, the investigated maltreatment or the reason for a risk assessment, and major investigation results (e.g., type of maltreatment, substantiation, injuries). Please note in the text if the child's sexual orientation or gender identity was a contributing factor for the investigated parent-teen conflict.

## Question 4: Which Approach to the Investigation Was Used?

Identify the nature of the approach used during the course of the investigation:

- » A customized or alternate response investigation refers to a less intrusive, more flexible assessment approach that focuses on identifying the strengths and needs of the family, and coordinating a range of both formal and informal supports to meet those needs. This approach is typically used for lower-risk cases.
- » A traditional child protection investigation refers to the approach that most closely resembles a forensic child protection investigation and often focuses on gathering evidence in a structured and legally defensible manner. It is typically used for higher-risk cases or those investigations conducted jointly with the police.

### Question 5: Caregiver(s) in the Home

Describe up to two caregivers in the home, Only caregiver(s) in the child's primary residence should be noted in this section. If both caregivers are equally engaged in parenting, identify the caregiver you have had most contact with as the primary caregiver. Provide each caregiver's gender and age category. Options include cisgender female or male, gender non-binary, transgender woman or man, and two spirit. If the caregiver does not identify as the options provided, please select another gender identity and indicate their identity in question 45 in the Comments section. Alternatively, if you are unsure about their gender identity, select "do not know."

If there was **only one caregiver in the home** at the time of the referral, check "no secondary caregiver in the home."

If there were no caregivers investigated, check "no caregiver investigated" and select the appropriate situation, either a community caregiver investigation (for investigations only involving a community caregiver, such as a teacher or athletic coach), or the youth is living **independently** (for investigations where the youth is living without a caregiver).

## Ouestion 6: List All Children in the Home (<18 Years)

Include biological, step-, adoptive and foster children.

- First initial only of child: List a pseudonym first letter for all children (<18 years) in the home at time of referral.
- Age of child: Indicate the age of each child living in the home at the time of the referral.
- **Gender of child:** Indicate the gender of each child living in the home at the time of the referral.
- Primary caregiver's relationship to child: Indicate the primary caregiver's relationship to each child.

- Secondary caregiver's relationship to child: Indicate the secondary caregiver's relationship to each child (if applicable). Describe the secondary caregiver only if the caregiver is in the home.
- Subject of referral: Indicate which children were noted in the initial referral.
- Was child investigated?: Indicate whether the child was the focus of an investigated by indicating whether they were investigated or not investigated.

## Question 8: Caregiver(s) Outside the Home

Identify any other caregivers living outside the home who provide care to any of the children in the household, including a separated parent who has any access to the children. Check all that apply.

## Definitions: Household Information Section

The Household Information section focuses on the immediate household of the child(ren) who have been the subject of an investigation of an event or incident of maltreatment or for whom the risk of future maltreatment was assessed. The household is made up of all adults and children living at the address of the investigation at the time of the referral. Provide information for the primary caregiver and the secondary caregiver if there are two adults/caregivers living in the household (the same caregivers identified in the *Intake Information* section).

If you have a unique circumstance that does not seem to fit the categories provided in the *Household Information* section, write a note in the Comments section under "Household information." Questions A9-A14 pertain to the primary caregiver in the household. If there was a secondary caregiver in the household at the time of referral, you will need to complete questions B9-B14 for the secondary caregiver.

## Question 9: Primary Income

We are interested in estimating the primary source of the caregiver's income. Choose the category that best describes the caregiver's source of income. Note that this is a caregiver**specific question** and does not refer to a combined income from the primary and secondary caregiver.

- » Full time: Individual is employed in a permanent, full-time position.
- » Part time (fewer than 30 hours/week): Refers to a single part-time position.
- » Multiple jobs: Caregiver has more than one part-time or temporary position.
- » **Seasonal:** This indicates that the caregiver works at either full- or part-time positions for temporary periods of the year.
- » **Employment insurance:** Caregiver is temporarily unemployed and receiving employment insurance benefits.
- » Social assistance: Caregiver is currently receiving social assistance benefits.
- » Other benefit: Refers to other forms of benefits or pensions (e.g., family benefits, long-term disability insurance, child support payments).
- » **None:** Caregiver has no source of legal income. If drugs, prostitution, or other illegal activities are apparent, specify in the Comments section under "Household information."
- » **Unknown:** You do not know the caregiver's source of income.

## Question 10: Ethno-Racial or Indigeneity Group

Examining the ethno-racial or indigeneity background can provide valuable information regarding differential access to child welfare services. Given the sensitivity of this question, this information will never be published out of context. This section uses a checklist of ethno-racial and Indigeneity categories used by Statistics Canada in the 2021 Census.

Endorse the ethno-racial or Indigeneity category that best describes the caregiver. Select "Other" if you wish to identify multiple ethno-racial groups, and specify in the space provided.

#### If Indigenous

- a. On/off reserve: Identify if the caregiver is residing "on" or "off" reserve.
- **Indigenous status:** First Nations status (caregiver has formal Indian or treaty status, that is registered with Crown-Indigenous Relations and Northern Affairs Canada [formerly INAC]), First Nations non-status, Métis, Inuit, or Other (specify and use the Comments section if necessary).

If, First Nations status or First Nations non-status, please indicate whether there was engagement with the First Nations Band, at which point the Band was contacted, and the nature of the engagement.

#### If Black

Identify the specific ethno-racial group of the caregiver and indicate whether there was an Anti-Black racism consultation.

#### If Latin American

Identify the specific ethno-racial group of the caregiver.

## Question 11: Has This Caregiver Moved to Canada Within the Last 5 Years?

Identify whether or not the caregiver moved to Canada within the last five years. If you do not know this information, select "Unknown." If yes is selected, indicate whether they are an asylum seeker/refugee.

## Question 12: Primary Language

Identify the primary language of the caregiver: English, French, or Other. If Other, please specify in the space provided. If bilingual, choose the primary language spoken in the home.

## **Question 13: Contact With Caregiver in Response** to Investigation

Would you describe the caregiver as being overall cooperative or non-cooperative with the child welfare investigation? Check "Not contacted" in the case that you had no contact with the caregiver.

### Question 14: Caregiver Risk Factors

These questions pertain to the primary caregiver and/or the secondary caregiver, and are to be rated as "Confirmed," "Suspected," "No," or "Unknown." Choose "Confirmed" if the risk factor has been diagnosed, observed by you or another worker or clinician (e.g., physician, mental health professional), or disclosed by the caregiver. "Suspected" means that, in your clinical opinion, there is reason to suspect that the condition may be present, but it has not been diagnosed, observed, or disclosed. Choose "No" if you do not believe there is a problem and "Unknown" if you are unsure or have not attempted to determine if there was such a caregiver risk factor. Where applicable, use the **past six months** as a reference point.

» Alcohol abuse: Caregiver abuses alcohol.

- » Drug/solvent abuse: Abuse of prescription drugs, illegal drugs, or solvents.\*
- » Cognitive impairment: Caregiver has a cognitive impairment.
- » Mental health issues: Any mental health diagnosis or problem.
- » Physical health issues: Chronic illness, frequent hospitalizations, or physical disability.
- » Few social supports: Social isolation or lack of social supports.
- » Victim of intimate partner violence: During the past six months the caregiver was a victim of intimate partner violence, including physical, sexual, or verbal assault.
- » Perpetrator of intimate partner violence: During the past six months the caregiver was a perpetrator of intimate partner violence.
- » History of foster care/group home: Indicate if this caregiver was in foster care and/or group home care during his or her childhood.

#### \*If "Confirmed" or "Suspected" is chosen for "Drug/ solvent abuse," please specify the drug abuse categories:

- » Cannabis (e.g., marijuana, hashish, hash oil)
- » Opiates, Opioids, and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)
- » Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)
- » Stimulants (e.g., cocaine, amphetamines, methamphetamines, Ritalin)
- » Hallucinogens (e.g., acid, LSD, PCP)

» Solvents/Inhalants (e.g., glue, paint thinner, paint, gasoline, aerosol sprays)

### Question 15: Child Custody Dispute

Specify if there is an ongoing child custody/access dispute at this time (court application has been made or is pending).

## Question 16: Housing

Indicate the housing category that best describes the living situation of this household at the time of referral.

- » **Own home:** A purchased house, condominium, or townhouse.
- » **Rental:** A private rental house, townhouse, or apartment.
- » **Public housing:** A unit in a public rental-housing complex (i.e., rent subsidized, government-owned housing), or a house, townhouse, or apartment on a military base. Exclude Band housing in a First Nations community.
- » Band housing: Indigenous housing built, managed, and owned by the band.
- » Living with friends/family: Living with a friend or family member.
- » Hotel: An SRO (single room occupancy) hotel or motel accommodation.
- » Shelter: A homeless or family shelter.
- » Unknown: Housing accommodation is unknown.
- » Other: Specify any other form of shelter.

#### Ouestion 17: Number of Moves in Past Year

Based on your knowledge of the household, indicate the number of household moves within the past 12 months.

#### Ouestion 18: Home Overcrowded

Indicate if the household is overcrowded in your clinical opinion.

### Question 19: Housing Safety

a. Are there unsafe housing conditions? Indicate if there were unsafe housing conditions at the time of referral. Examples include mold, broken glass, inadequate heating, accessible drugs or drug paraphernalia, poisons or chemicals, and fire or electrical hazards.

## Ouestion 20: In the Last 6 Months, the Household Has Struggled to Pay for:

- **Food:** Indicate if the household struggled to pay for food at any time in the last 6 months.
- **Housing:** Indicate if the household struggled to pay for housing at any time in the last 6 months.
- **Utilities:** Indicate if the household struggled to pay for utilities at any time in the last 6 months (e.g., heating, electricity).
- **Telephone/cell phone:** Indicate if the household struggled to pay for a telephone or cell phone bill at any time in the last 6 months.
- **Transportation:** Indicate if the household struggled to pay for transportation related expenses (e.g., transit pass, car insurance) at any time in the last 6 months.

Medical care (includes dental and mental health): Indicate if the household struggled to pay for medical care at any time in the last 6 months.

If yes to any of the above, indicate whether the family was provided with any financial/material assistance by the agency.

## Question 21: Case Previously Opened for Investigation

Case previously opened for investigation: Has this family been previously investigated by a child welfare agency/office? Respond if there is documentation, or if you are aware that there has been a previous investigation. Estimate the number of previous investigations. This would relate to investigations for any of the children identified as living in the home (listed in the Intake Information section).

How long since the case was closed? How many months between the date the case was last closed and this current investigation's opening date? Please round the length of time to the nearest month and select the appropriate category.

## Question 22: Case Will Stay Open for Ongoing Child Welfare Services

At the time you are completing the OIS Maltreatment-Related Assessment, do you plan to keep the case open to provide ongoing child welfare services?

### Question 23: Referral(s) for Any Family Member

Indicate whether a referral(s) has been made for any family member to an internal (provided by your agency/ office) or external service(s) (other agencies/services).

If "no" is chosen, please specify the reasons (check all that apply):

- » Already receiving services not within the child welfare agency: Family member(s) is currently receiving services external to the child welfare agency and so referring to further services is unnecessary.
- » Already receiving services file transferred to ongoing services: Family member(s) has been transferred to ongoing child welfare services.
- » Service not available in the area: Relevant services are not available within a reasonable distance of travel.
- » Ineligible for service: Family member(s) is ineligible for relevant service (e.g., child does not meet age criterion for a particular service).
- » Services could not be financed: Family does not have the financial means to enroll family member(s) in the service.
- » Service determined not to be needed: Following your clinical assessment of the family, you determined services were not necessary for any family member.
- » Refusal of services: You attempted to refer the family to services, but they refused to move forward with enrolling in or seeking out services.
- » There is an extensive waitlist for services: Based on your knowledge of an extensive waitlist for the appropriate service, you decided not to make a referral.
- » No culturally appropriate services: Culturally appropriate services are not available within a reasonable distance of travel.

If "yes" is chosen, please specify the type of referral(s) made (check all that apply):

» Parent education or support services: Any program/ service designed to offer support or education to parents (e.g., parenting instruction course, home-visiting program, Parents Anonymous, Parent Support Association).

- » Family or parent counselling: Any type of family or parent counselling (e.g., couples or family therapy).
- » Drug/alcohol counselling or treatment: Addiction program (any substance) for caregiver(s) or child(ren).
- » Psychiatric/mental health services: Child(ren) or caregiver(s) referral to mental health or psychiatric services (e.g., trauma, high-risk behaviour or intervention).
- » Intimate partner violence services: Referral for services/counselling regarding intimate partner violence, abusive relationships, or the effects of witnessing violence.
- » Welfare or social assistance: Referral for social assistance to address financial concerns of the household.
- » Food bank: Referral to any food bank.
- » **Shelter services:** Referral for services regarding intimate partner violence or homelessness.
- » **Housing:** Referral to a social service organization that helps individuals access housing (e.g., housing help centre).
- » **Legal:** Referral to any legal services (e.g., police, legal aid, lawyer, family court).
- » Child victim support services: Referral to a victim support service (e.g., sexual abuse disclosure group).
- » Special education placement: Referral to any specialized school program to meet a child's educational, emotional, or behavioural needs.
- » Recreational services: Referral to a community recreational program (e.g., organized sports leagues, community recreation, Boys and Girls Clubs).
- » Medical or dental services: Referral to any specialized service to address the child's immediate medical or dental health needs.
- » **Speech/language:** Referral to speech/language services (e.g., speech/language specialist).

- » Child or day care: Referral to any paid child or day care services, including staff-run and in-home services.
- » Cultural services: Referral to services to help children or families strengthen their cultural heritage.
- » Immigration services: Referral to any refugee or immigration service.
- » Other: Indicate and specify any other child- or familyfocused referral.

If "yes" is chosen, indicate what was specifically done with respect to the referral (check all that apply):

- » Suggested they should get services: You described relevant services to the family member(s) and suggested that they enroll.
- » Provided them with names and numbers of service **providers:** You gave the family member(s) names and contact information of potentially relevant service providers.
- » Assisted them with completing/filling application: You helped the family member(s) to apply for services.
- » Made appointment for that person: You contacted the service provider directly and made an appointment for the family member(s).
- » Accompanied them to the appointment: You went with the family member(s) to the relevant service provider.
- » Followed-up with family to see if the service was **provided:** Following what you estimated to be the service provision period, you contacted the family member(s) to see if the service was provided.
- » Followed-up with internal/ external service(s) to confirm if the service was provided: Following what you estimated to be the service provision period, you contacted the service provider(s) to see if the service was provided.

## Definitions: Child Information Section

### **Question 24: Child Gender**

The gender of the child for whom the *Child Information* section is being completed will be automatically populated from the information you provided in the *Intake Information* section.

For children over the age of 10, please indicate the child's sexual orientation.

## Question 25: Child Age

The age of the child for which the *Child Information* section is being completed will be automatically populated from the information you provided in the *Intake Information* section.

#### Question 26: Child Ethno-Racial Group

Examining the ethno-racial background can provide valuable information regarding differential access to child welfare services. Given the sensitivity of this question, this information will never be published out of context. This section uses a checklist of ethno-racial categories used by Statistics Canada in the 2021 Census.

Select the ethno-racial category that best describes the child. Select "Other" if you wish to identify multiple ethno-racial groups, and specify in the space provided.

## Question 27: Child Indigenous Status

If the child is Indigenous, indicate the Indigenous status of the child for which the *Child Information* section is being completed: **First Nations status** (child has formal Indian or treaty status, that is, is registered with Crown-Indigenous Relations and Northern Affairs Canada [formerly INAC]), First Nations non-status, Métis, Inuit, or Other (specify and use the Comments section if necessary).

### Question 28: Child Functioning

This section focuses on issues related to a child's level of functioning. Select "Confirmed" if the problem has been diagnosed, observed by you or another worker or clinician (e.g., physician, mental health professional), or **disclosed** by the caregiver or child. Suspected means that, in your clinical opinion, there is reason to suspect that the condition may be present, but it has not been diagnosed, observed, or disclosed. Select "No" if you do not believe there is a problem and "Unknown" if you are unsure or have not attempted to determine if there was such a child functioning issue. Where appropriate, use the **past six months** as a reference point.

- » Positive toxicology at birth: When a toxicology screen for a newborn tests positive for the presence of drugs or alcohol.
- » **FASD:** Birth defects, ranging from mild intellectual and behavioural difficulties to more profound problems in these areas related to in utero exposure to alcohol abuse by the biological mother.
- » Failure to meet developmental milestones: Children who are not meeting their developmental milestones because of a non-organic reason.
- » Intellectual/developmental disability: Characterized by delayed intellectual development, it is typically diagnosed when a child does not reach his or her developmental milestones at expected times. It includes speech and language, fine/gross motor skills, and/or personal and social skills (e.g., Down syndrome, Autism Spectrum Disorder).
- » Attachment issues: The child does not have physical and emotional closeness to a mother or preferred caregiver. The child finds it difficult to seek comfort, support,

- nurturance, or protection from the caregiver; the child's distress is not ameliorated or is made worse by the caregiver's presence.
- » **ADHD:** ADHD is a persistent pattern of inattention and/ or hyperactivity/impulsivity that occurs more frequently and more severely than is typically seen in children at comparable stages of development. Symptoms are frequent and severe enough to have a negative impact on the child's life at home, at school, or in the community.
- » Aggression/conduct issues: Aggressive behaviour directed at other children or adults (e.g., hitting, kicking, biting, fighting, bullying) or violence to property at home, at school, or in the community.
- » **Physical disability:** Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying. This includes sensory disability conditions such as blindness, deafness, or a severe vision or hearing impairment that noticeably affects activities of daily living.
- » Academic/learning difficulties: Difficulties in school including those resulting from learning difficulties, special education needs, behaviour problems, social difficulties, and emotional or mental health concerns.
- » **Depression/anxiety/withdrawal:** Feelings of depression or anxiety that persist for most of the day, every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.
- » **Self-harming behaviour:** Includes high-risk or lifethreatening behaviour and physical mutilation or cutting.
- » Suicidal thoughts: The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.
- » Suicide attempts: The child has attempted to commit suicide.

- » Inappropriate sexual behaviour: Child displays inappropriate sexual behaviour, including ageinappropriate play with toys, self, or others; displaying explicit sexual acts; age-inappropriate sexually explicit drawings and/or descriptions; sophisticated or unusual sexual knowledge; or prostitution or seductive behaviour.
- » Running (multiple incidents): The child has run away from home (or other residence) on multiple occasions for at least one overnight period.
- » Alcohol abuse: Problematic consumption of alcohol (consider age, frequency, and severity).
- » **Drug/solvent abuse:** Include prescription drugs, illegal drugs, and solvents.
- » Youth Criminal Justice Act involvement: Charges, incarceration, or alternative measures with the youth justice system.
- » Other: Specify any other conditions related to child functioning; your responses will be coded and aggregated.

## Question 29: Type of Investigation

Indicate the type of investigation conducted: investigated incident of maltreatment or risk investigation only.

An *investigated incident of maltreatment* includes situations where (1) maltreatment was alleged by the referral source, or (2) you suspected an event of maltreatment during the course of the investigation.

A risk investigation only includes situations where there were no specific allegations or suspicions of maltreatment during the course of the investigation and, at its conclusion, the focus of your investigation was the assessment of future risk of maltreatment (e.g., include referrals for parent-teen conflict; child behaviour problems; caregiver behaviour such as substance abuse). Investigations for risk may focus on risk of several types of maltreatment (e.g., parent's drinking places child at risk for physical abuse and neglect, but no specific allegation has been made and no specific incident is suspected during the investigation).

Please note: all injury investigations are investigated incident of maltreatment investigations.

#### Ouestion 30: Maltreatment Codes

The maltreatment typology in the *OIS-2018* uses five major types of maltreatment: Physical Abuse, Sexual Abuse, Neglect, Emotional Maltreatment, and Exposure to Intimate Partner *Violence.* These categories are comparable to those used in the previous cycles of the Ontario Incidence Study. Rate cases on the basis of your clinical opinion, not on provincial or agency/office-specific definitions.

Enter the applicable maltreatment code numbers from the list provided under the five major types of maltreatment (1–33) in the boxes under Ouestion 30. Enter in the first box the maltreatment code that **best characterizes** the investigated maltreatment. If there are multiple types of investigated maltreatment (e.g., physical abuse and neglect), choose one maltreatment code within each typology that best describes the investigated maltreatment. All major forms of alleged, suspected or investigated maltreatment should be noted in the maltreatment code box regardless of the outcome of the investigation.

### Physical Abuse

The child was physically harmed or could have suffered physical harm as a result of the behaviour of the person looking after the child. Include any alleged physical assault, including abusive incidents involving some form of punishment. If several forms of physical abuse are involved, please identify the most harmful form.

Shake, push, grab or throw: Include pulling or dragging a child as well as shaking an infant.

- **Hit with hand:** Include slapping and spanking, but not punching.
- Punch, kick or bite: Include as well any hitting with parts of the body other than the hand (e.g., elbow or head).
- Hit with object: Include hitting with a stick, a belt, or other object, and throwing an object at a child, but do not include stabbing with a knife.
- **Choking, poisoning, stabbing:** Include any other form of physical abuse, including choking, strangling, stabbing, burning, shooting, poisoning, and the abusive use of restraints.
- **Other physical abuse:** Other or unspecified physical abuse.

#### Sexual Abuse

The child has been sexually molested or sexually exploited. This includes oral, vaginal, or anal sexual activity; attempted sexual activity; sexual touching or fondling; exposure; voyeurism; involvement in prostitution or pornography; and verbal sexual harassment. If several forms of sexual activity are involved, please identify the most intrusive form. Include both intrafamilial and extra-familial sexual abuse, as well as sexual abuse involving an older child or youth perpetrator.

- **Penetration:** Penile, digital, or object penetration of vagina or anus.
- Attempted penetration: Attempted penile, digital, or object penetration of vagina or anus.
- **Oral sex:** Oral contact with genitals either by perpetrator or by the child.
- **Fondling:** Touching or fondling genitals for sexual purposes.

- Sex talk or images: Verbal or written proposition, encouragement, or suggestion of a sexual nature (include face to face, phone, written, and Internet contact, as well as exposing the child to pornographic material).
- 12. Voyeurism: Include activities where the alleged perpetrator observes the child for the perpetrator's sexual gratification. Use the "Exploitation" code if voyeurism includes pornographic activities.
- 13. **Exhibitionism:** Include activities where the perpetrator is alleged to have exhibited himself or herself for his or her own sexual gratification.
- **14. Exploitation:** Include situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.
- 15. Other sexual abuse: Other or unspecified sexual abuse.

#### Neglect

The child has suffered harm or the child's safety or development has been endangered as a result of a failure to provide for or protect the child.

- 16. Failure to supervise: physical harm: The child suffered physical harm or is at risk of suffering physical harm because of the caregiver's failure to supervise or protect the child adequately. Failure to supervise includes situations where a child is harmed or endangered as a result of a caregiver's actions (e.g., drunk driving with a child, or engaging in dangerous criminal activities with a child).
- Failure to supervise: sexual abuse: The child has been or is at substantial risk of being sexually molested or sexually exploited, and the caregiver knows or should have known of the possibility of sexual molestation and failed to protect the child adequately.

- 18. Permitting criminal behaviour: A child has committed a criminal offence (e.g., theft, vandalism, or assault) because of the caregiver's failure or inability to supervise the child adequately.
- 19. Physical neglect: The child has suffered or is at substantial risk of suffering physical harm caused by the caregiver's failure to care and provide for the child adequately. This includes inadequate nutrition/clothing and unhygienic, dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.
- 20. Medical neglect (includes dental): The child requires medical treatment to cure, prevent, or alleviate physical harm or suffering and the child's caregiver does not provide, or refuses, or is unavailable or unable to consent to the treatment. This includes dental services when funding is available.
- 21. Failure to provide psychological treatment: The child is suffering from either emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, or a mental, emotional, or developmental condition that could seriously impair the child's development, and the child's caregiver does not provide, refuses to provide, or is unavailable or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school-related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. A parent awaiting service should not be included in this category.
- **22. Abandonment:** The child's parent has died or is unable to exercise custodial rights and has not made adequate provisions for care and custody, or the child is in a placement and parent refuses/is unable to take custody.
- 23. Educational neglect: Caregivers knowingly permit chronic truancy (5+ days a month), fail to enroll the child. or repeatedly keep the child at home.

#### **Emotional Maltreatment**

The child has suffered, or is at substantial risk of suffering, emotional harm at the hands of the person looking after the child.

- 24. Terrorizing or threat of violence: A climate of fear, placing the child in unpredictable or chaotic circumstances, bullying or frightening a child, or making threats of violence against the child or the child's loved ones or objects.
- 25. Verbal abuse or belittling: Non-physical forms of overtly hostile or rejecting treatment. Shaming or ridiculing the child, or belittling and degrading the child.
- **26. Isolation/confinement:** Adult cuts the child off from normal social experiences, prevents friendships, or makes the child believe that he or she is alone in the world. Includes locking a child in a room, or isolating the child from the normal household routines.
- **27. Inadequate nurturing or affection:** Through acts of omission, does not provide adequate nurturing or affection. Being detached and uninvolved or failing to express affection, caring, and love and interacting only when absolutely necessary.
- **Exploiting or corrupting behaviour:** The adult permits or encourages the child to engage in destructive, criminal, antisocial, or deviant behaviour.
- **29. Alienating the other parent:** Parent's behaviour signals to the child that it is not acceptable to have a loving relationship with the other parent or one parent actively isolates the other parent from the child. (E.g., the parent gets angry with the child when he/she spends time with the other parent; the parent limits contact between the child and the other parent; the parent inappropriately confides in the child about matters regarding the parents' relationship, financial situation, etc.)

#### Exposure to Intimate Partner Violence

The child has been exposed to violence between two intimate partners, at least one of which is the child's caregiver. If several forms of exposure to intimate partner violence are involved, please identify the most severe form of exposure.

- **30.** Direct witness to physical violence: The child is physically present and witnesses the violence between intimate partners.
- Indirect exposure to physical violence: The child overhears but does not see the violence between intimate partners; the child sees some of the immediate consequences of the assault (e.g., injuries to the mother); or the child is told or overhears conversations about the assault.
- **32. Exposure to emotional violence:** Includes situations in which the child is exposed directly or indirectly to emotional violence between intimate partners, Includes witnessing or overhearing emotional abuse of one partner by the other.
- **33.** Exposure to non-partner physical violence: The child has been exposed to violence occurring between a caregiver and another person who is not the spouse/ partner of the caregiver (e.g., between a caregiver and a neighbour, grandparent, aunt, or uncle).

### Question 31: Alleged Perpetrator

This section relates to the individual(s) who is alleged, suspected, or guilty of maltreatment toward the child. Select the appropriate perpetrator for each form of identified maltreatment as the primary caregiver, secondary caregiver, or "Other perpetrator." Note that different people can be responsible for different forms of maltreatment (e.g., common-law partner abuses child, and primary caregiver neglects the child). If there are multiple perpetrators for one form of abuse or neglect, identify all that apply (e.g., a mother and father may be alleged

perpetrators of neglect). Identify the alleged perpetrator regardless of the level of substantiation at this point of the investigation.

#### If Other Perpetrator

If Other alleged perpetrator is selected, please specify:

- **Relationship:** Indicate the relationship of this "Other" alleged perpetrator to the child (e.g., brother, uncle, grandmother, teacher, doctor, stranger, classmate, neighbour, family friend).
- **Age:** Indicate the age category of this alleged perpetrator. Age is essential information used to distinguish between child, youth, and adult perpetrators.
- **Sex:** Indicate the sex of this alleged perpetrator.

#### Ouestion 32: Substantiation

Indicate the level of substantiation at this point in your investigation. Each column reflects a separate form of investigated maltreatment. Therefore, indicate the substantiation outcome for each separate form of investigated maltreatment.

- » **Substantiated:** An allegation of maltreatment is considered substantiated if the balance of evidence indicates that abuse or neglect has occurred.
- » Suspected: An allegation of maltreatment is suspected if you do not have enough evidence to substantiate maltreatment, but you also are not sure that maltreatment can be ruled out.
- » Unfounded: An allegation of maltreatment is unfounded if the balance of evidence indicates that abuse or neglect has not occurred.

If the maltreatment was unfounded, answer 32 a).

Was the unfounded report a fabricated referral? Identify if this case was intentionally reported while knowing the allegation was unfounded. This could apply to conflictual relationships (e.g., custody dispute between parents, disagreements between relatives, disputes between neighbours).

### Ouestion 33: Was Maltreatment a Form of Punishment?

Indicate if the alleged maltreatment was a form of punishment for the child for each maltreatment code listed.

#### Ouestion 34: Duration of Maltreatment

Indicate the duration of maltreatment, as it is known at this point in time in your investigation for each maltreatment code listed. This can include a single incident or multiple incidents.

#### Ouestion 35: Police Involvement

Indicate the level of police involvement for each maltreatment code listed. If a police investigation is ongoing and a decision to lay charges has not yet been made, select the "Investigation" item.

## Question 36: If Any Maltreatment Is Substantiated or Suspected, Is Mental or Emotional Harm Evident?

Indicate whether the child is showing signs of mental or emotional harm (e.g., nightmares, bed-wetting, or social withdrawal) following the maltreatment incident(s).

If yes, child requires therapeutic treatment: Indicate whether the child requires treatment to manage the symptoms of mental or emotional harm.

### Question 37: Physical Harm

**a. Is physical harm evident?** Indicate if there is physical harm to the child. Identify physical harm even in accidental injury cases where maltreatment is unfounded, but the injury triggered the investigation.

If there is physical harm to the child, answer 37 b) and c).

- **Types of physical harm:** Please check all types of physical harm that apply.
  - » Bruises/cuts/scrapes: The child suffered various physical hurts visible for at least 48 hours.
  - » **Broken bones:** The child suffered fractured bones.
  - » Burns and scalds: The child suffered burns and scalds visible for at least 48 hours.
  - » Head trauma: The child was a victim of head trauma (note that in shaken-infant cases the major trauma is to the head, not to the neck).
  - » Fatal: Child has died: maltreatment was suspected during the investigation as the cause of death. Include cases where maltreatment was eventually unfounded.
  - » **Health condition:** Physical health conditions, such as untreated asthma, failure to thrive, or sexually transmitted infections (STIs).
- Was medical treatment required? In order to help us rate the severity of any documented physical harm, indicate whether medical treatment was required as a result of the physical injury or harm.

## Question 38: Is There a Significant Risk of Future Maltreatment?

Indicate, based on your clinical judgment, if there is a significant risk of future maltreatment.

#### Ouestion 39: Previous Victimization

Was this child a previous victim of maltreatment: Please indicate whether the **individual child in question** has even been a victim of maltreatment prior to this investigation. Use "Unknown" if you are unaware of maltreatment history.

#### Ouestion 40: Placement

a. Placement during investigation: Indicate whether an out-of-home placement was made during the investigation.

If there was a placement made during the investigation, answer 40 b) and c).

- **b. Placement type:** Check one category related to the placement of the child. If the child is already living in an alternative living situation (emergency foster home, receiving home), indicate the setting where the child has spent the most time.
  - » **Kinship out of care:** An informal placement has been arranged within the family support network; the child welfare authority does not have temporary custody.
  - » Customary care: Customary care is a model of Indigenous child welfare service that is culturally relevant and incorporates the unique traditions and customs of each First Nation.
  - » **Kinship in care:** A formal placement has been arranged within the family support network; the child welfare authority has temporary or full custody and is paying for the placement.
  - » Foster care (non-kinship): Include any family-based care, including foster homes, specialized treatment foster homes, and assessment homes.
  - » **Group home:** All types of group homes, including those operating under a staff or parent model.

- » Residential/secure treatment: A 24-hour residential treatment program for several children that provides room and board, intensive awake night supervision, and treatment services.
- » Other: Specify any other placement type.
- Estimate the time it takes to travel between the child's residence and their placement: Indicate the time it takes for travel by car between the child's primary residence and their placement.
- Did the child reunify? Indicate whether the child's original caregiver resumed caregiving responsibilities over the course of the investigation.

### Question 41: Child Welfare Court Application

Indicate whether a child welfare court application has been made. If investigation is not completed, answer to the best of your knowledge at this time.

Referral to mediation/alternative dispute resolution: Indicate whether a referral was made to mediation, family group conferencing, an Indigenous circle, or any other alternative dispute resolution (ADR) process designed to avoid adversarial court proceedings.

## Question 42: Caregiver(S) Used Spanking in the Last 6 Months

Indicate if caregiver(s) used spanking in the last 6 months. Use "Suspected" if spanking could not be confirmed or ruled out. Use "Unknown" if you are unaware of caregiver(s) using spanking.

## Definitions: Comments and Other Information

The *Comments* section provides space for additional comments about an investigation and for situations where an investigation or/assessment was unable to be completed for children indicated in 6a).

## Frequently Asked Questions

1. For what cases should I complete an OIS Maltreatment-Related Assessment?

The Site Researcher will establish a process in your agency/ office to identify to workers the openings or investigations included in the sample for the O/S-2023. Workers will be informed via email if any of their investigations will be included in the OIS sample.

2. When should I complete the OIS Maltreatment-Related Assessment?

Complete the OIS Maltreatment-Related Assessment at the same time that you prepare the report for your agency/office that documents the conclusions of the investigation (usually within 45≈days of a case being opened for investigation).

3. Who should complete the OIS Maltreatment-Related Assessment if more than one person works on the investigation?

The OIS Maltreatment-Related Assessment should be completed by the worker who conducts the intake assessment and prepares the assessment or investigation report. If several workers investigate a case, the worker with primary responsibility for the case should complete the O/S Maltreatment-Related Assessment.

## 4. What should I do if more than one child is investigated?

The OIS Maltreatment-Related Assessment primarily focuses on the household: however, the Child Information section is specific to the individual child being investigated. A Child Information section will need to be completed for each child investigated for an incident of maltreatment or for whom you assessed the risk of future maltreatment. If you had no maltreatment concern about a child in the home, and you did not conduct a risk assessment, then do not complete a Child Information section for that child.

#### 5. Is this information confidential?

The information you provide is confidential. Access to data is severely limited. Data collected through the OIS website will be stored on a secure server at U of T in a secure setting and accessed through secure logins and connections. The final report will contain only provincial estimates of child abuse and neglect and will not identify any participating agency/office. No participating agencies/sites or workers are identified in any of the study reports. Please refer to the section above on confidentiality.

# APPENDIX F: ON-RESERVE VS. OFF-RESERVE COMPARISON

The following tables provide a comparison of investigations involving First Nations children living on-reserve compared to investigations involving First Nations children living off-reserve. On-reserve was determined by whether the caregiver(s) lived on-reserve at the time of the investigation.

TABLE F-1: Child, Primary Caregiver, Household & Case Characteristics by Living On- and Off-Reserve in Child Maltreatment-Related Investigations Involving a First Nations Child (<18 Years) in Ontario in 2023

	Reserve Status				
	On-Reserve		Off-Reserve		
	#	%	#	%	$\chi^2$
Child Characteristics					
Age					ns
Under 1 year	224	7%	807	8%	
1 to 3 years old	496	15%	1,720	18%	
4 to 7 years old	822	25%	2,478	25%	
8 to 12 years old	783	24%	2,248	23%	
12 to 15 years old	789	24%	2,100	21%	
16 to 17 years old	142	4%	458	5%	
<b>Functioning Concerns</b>					
Developmental concern	655	20%	2,733	28%	4.299*
Physical disability	_	_	163	2%	ns
Behavioural concern	384	12%	1,399	14%	ns
Mental health concern	488	15%	1,740	18%	ns
Academic difficulties	542	17%	2,083	21%	ns

(Table continues on following page)

TABLE F-1: Child, Primary Caregiver, Household & Case Characteristics by Living On- and Off-Reserve in Child Maltreatment-Related Investigations Involving a First Nations Child (<18 Years) in Ontario in 2023 (continued)

	Reserve Status				
	On-Ro	eserve	Off-Reserve		
	#	%	#	%	$\chi^2$
Primary Caregiver Concerns					
Alcohol misuse	1,075	33%	1,813	18%	16.058***
Drug misuse <sup>^</sup>	811	25%	1,367	14%	11.564***
Opioid misuse	266	8%	379	4%	5.093*
Cognitive impairment	243	7%	733	7%	ns
Mental health concerns	920	28%	4,121	42%	10.405**
Physical health issues	121	4%	882	9%	4.745*
Few social supports	727	22%	2,776	28%	ns
Victim of IPV	962	30%	3,409	35%	ns
History of foster/group care	193	6%	1,408	14%	9.138**
At least one caregiver functioning concern	2,451	75%	7,252	74%	ns
Household Characteristics					
Struggling to pay for basic necessities	903	28%	3,192	33%	ns
Housing insecurity	748	23%	2,784	28%	ns
Case Characteristics					
Primary Maltreatment Type					15.115*
Physical abuse	211	6%	800	8%	
Sexual abuse	_	_	384	4%	
Neglect	1,288	40%	2,844	29%	
Emotional maltreatment	105	3%	937	10%	
Exposure to IPV	685	21%	2,573	26%	
Risk investigation	883	27%	2,273	23%	
Total	3,256	100%	9,811	100%	

Based on a sample of 706 maltreatment-related investigations involving a First Nations child aged 0-17 years, with information about reserve status, Reserve status was unknown for an additional 78 maltreatment-related investigations.

This table does not include the sample of 21 maltreatment investigations in which the case was opened under a community caregiver, nor the 3 maltreatment investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Percentages are column percentages and may not add to 100% due to rounding.

The chi-square statistic indicates when there is a statistically significant difference between on-reserve and off-reserve. \* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001, and ns = non-significant.

TABLE F-2: Maltreatment Substantiation by Living On- and Off-Reserve in Child Maltreatment Investigations Involving a First Nations Child (<18 Years) in Ontario in 2023

	Reserve Status				
	On-Reserve		On-Reserve Off-Reserve		
Maltreatment Substantiation	#	%	#	%	$\chi^2$
Unfounded	682	29%	3,293	44%	11.954**
Suspected	0	0%	125	2%	
Substantiated	1,690	71%	4,120	55%	
Total	2,372	100%	7,538	100%	

Based on a sample of 536 maltreatment investigations involving a First Nations child aged 0-17 years, with information about reserve status. Reserve status was unknown for an additional 53 maltreatment investigations.

This table does not include the sample of 21 maltreatment investigations in which the case was opened under a community caregiver, nor the 3 maltreatment investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Percentages are column percentages and may not add to 100% due to rounding.

The chi-square statistic indicates when there is a statistically significant difference between on-reserve and off-reserve. \* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001, and ns = non-significant.

TABLE F-3: Risk of Future Maltreatment by Living On- and Off-Reserve in Risk Investigations Involving a First Nations Child (<18 Years) in Ontario in 2023

		Reserve	e Status		
	On-Ro	On-Reserve		Off-Reserve	
Significant Risk of Future Maltreatment	#	%	#	%	$\chi^2$
Yes	174	20%	449	20%	ns
No	667	76%	1,673	74%	
Unknown	_	-	151	7%	
Total	882	100%	2,273	100%	

Based on a sample of 170 risk of future maltreatment investigations involving a First Nations child aged 0-17 years, with information about reserve status. Reserve status was unknown for an additional 25 risk of future maltreatment investigations.

Percentages are column percentages and may not add to 100% due to rounding.

The chi-square statistic indicates when there is a statistically significant difference between on-reserve and off-reserve. \* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001, and ns = non-significant.

TABLE F-4: Investigation Service Outcome by Living On-and Off-Reserve in Child Maltreatment—Related Investigations Involving a First Nations Child (<18 Years) in Ontario in 2023

	Reserve Status				
	On-Reserve		Off-Re		
Investigation Service Outcome	#	%	#	%	$\chi^2$
Case transferred to ongoing services	1,172	36%	2,675	27%	4.681*
Service referral made	1,179	36%	5,562	57%	21.672***
Child welfare court	115	4%	220	2%	ns
Placement	368	11%	650	7%	4.167*
Total	3,256	100%	9,811	100%	

Based on a sample of 706 maltreatment-related investigations involving a First Nations child aged 0-17 years, with information about reserve status. Reserve status was unknown for an additional 78 maltreatment-related investigations.

This table does not include the sample of 21 maltreatment investigations in which the case was opened under a community caregiver, nor the 3 maltreatment investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Percentages are column percentages and may not add to 100% due to rounding.

The chi-square statistic indicates when there is a statistically significant difference between on-reserve and off-reserve. \* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001, and ns = non-significant.

TABLE F-5: Service Referrals by Living On- and Off-Reserve in Child Maltreatment—Related Investigations Involving a First Nations Child (<18 Years) in Ontario in 2023

	Reserve Status				
	On-Re	eserve	Off-Reserve		
Types of Referrals Made	#	%	#	%	$\chi^2$
Rehabilitative Referrals					
Parent education or support services	191	16%	1,437	26%	ns
Family or parent counselling	288	24%	1,451	26%	ns
Psychiatric/mental health services	321	27%	1,754	32%	ns
Drug/alcohol counselling/ treatment	340	29%	753	14%	8.573**
IPV services	_	3%	1,070	19%	11.992***
Child victim support services	_	2%	163	3%	ns
Concrete Referrals					
Food bank	0	0%	697	13%	9.019**
Housing	_	3%	865	16%	7.084**
Welfare/social assistance	0	0%	528	9%	6.698*
Shelter services	_	1%	527	9%	4.344*
Medical or dental services	_	6%	666	12%	ns
Child or daycare	_	2%	151	3%	ns
Other Referrals					
Legal	0	0%	644	12%	8.231**
Recreational services	_	2%	278	5%	ns
Special education placement	0	0%	337	6%	4.040*
Speech/language services	_	-	_	_	
Cultural services	232	20%	2,052	37%	6.456*
Total	1,179	100%	5,562	100%	

Based on a sample of 364 maltreatment-related investigations with a service referral involving a First Nations child aged 0-17 years, with information about reserve status. Reserve status was unknown for an additional 38 maltreatment-related investigations with a service referral made.

This table does not include the sample of 4 maltreatment investigations with a service referral in which the case was opened under a community caregiver, nor the 3 maltreatment investigations with a service referral in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).

Percentages are column percentages and may not add to 100% due to rounding.

The chi-square statistic indicates when there is a statistically significant difference between on-reserve and off-reserve. \* p < 0.05, \*\* p < 0.01, \*\*\* p < 0.001, and ns = non-significant.

