



Mashkiwenmi-daa Noojimowin: Let's Have Strong Minds for the Healing

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A Gifted Name

Danette Restoule is the Elder-in-Residence at the Association of Native Child and Family Services Agencies of Ontario (ANCFSAO). As the Elder-in-Residence, she provides guidance, consultation, and an Indigenous perspective for staff and board members of the ANCFSAO. Danette works collaboratively with community Elders, the Elders Council, and cultural practitioners, to extend direction and provide mentorship around ceremony and culture.

Danette provided the following explanation for the gifted name of this report *Mashkiwenmi-daa Noojimowin: Let's Have Strong Minds for the Healing*: Child Welfare is the visible symptom of the painful journey we struggle to overcome even after all this time. Many generations have experienced and witness the impacts of multi-generational trauma within our own families and communities. Today, we still see effects of indirect transmission and we struggle to understand the roots of those impacts. Danette thanks and acknowledges her teacher/elder Martina Osawamick who helped with this translation.

About the Artist

Lucia Laford is a proud two-spirit Anishinaabe Woodland style artist from Sault Ste. Marie, Ontario, Canada.

The cover art of this report was commissioned for the 21st annual Native Child and Family Services of Toronto Pow Wow in 2018, with the theme of Indigenous Leadership. Lucia had wanted to show the unity and leadership found within families. The painting depicts a pregnant woman and a man that are connected across the tree of life, facing each other and remaining strong together. The turtle represents our connection to the land and the strength we can receive from the land.

Instagram [@lucialaford](#)

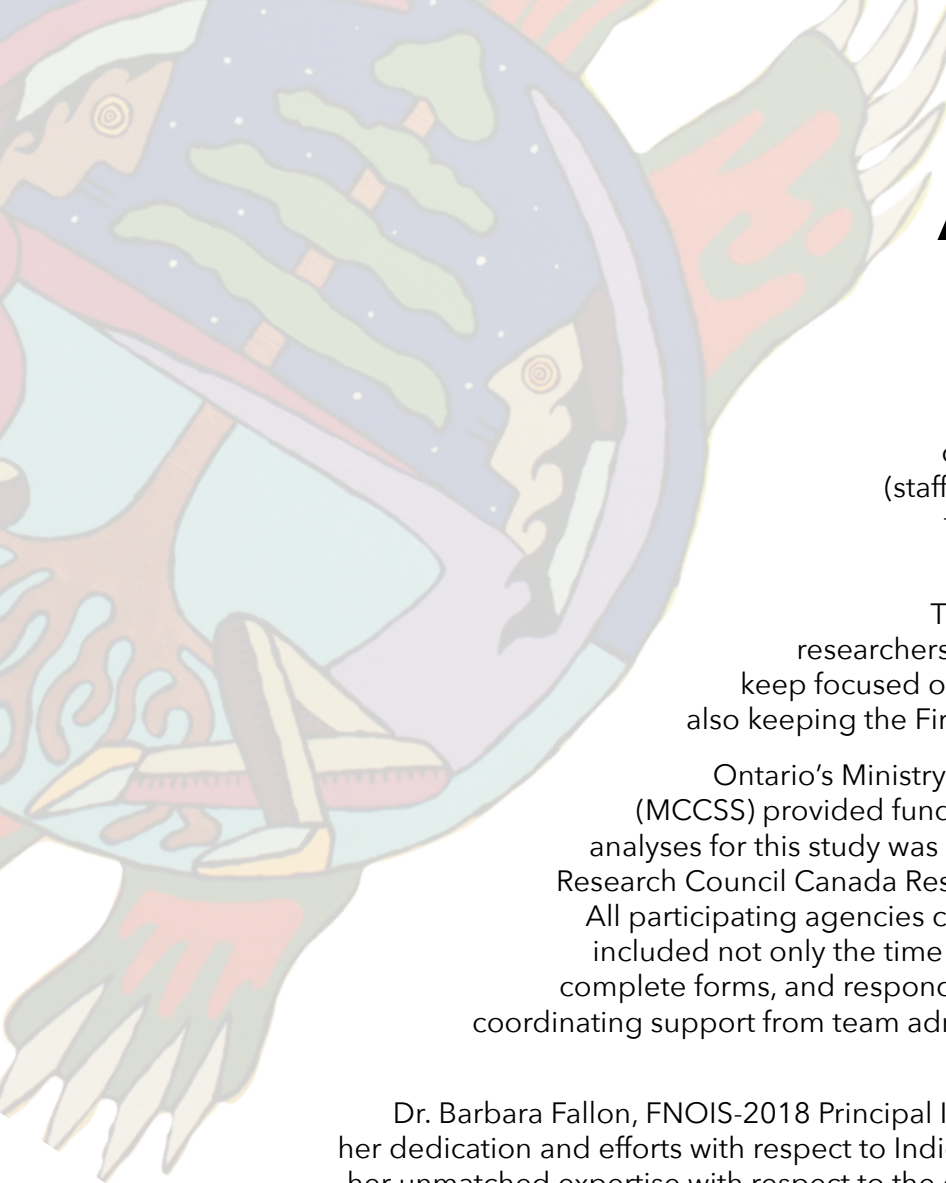
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Acknowledgements

The First Nations Ontario Incidence Study of Reported Child Abuse and Neglect-2018 (FNOIS-2018) reflects a provincial effort by child welfare/Indigenous child and family well-being service providers (staff), researchers, and policy makers committed to improving services and outcomes for First Nations children and families.

The FNOIS-2018 was conducted by a team of researchers who demonstrated an exceptional ability to keep focused on the objectives of this collective effort while also keeping the First Nations children at the centre of the work.

Ontario's Ministry of Children, Community and Social Services (MCCSS) provided funding for the OIS-2018; funding for secondary analyses for this study was provided by Social Sciences and Humanities Research Council Canada Research Chair in Child Welfare (#950-231186).

All participating agencies contributed significant in-kind support, which included not only the time required for staff to attend training sessions, complete forms, and respond to additional information requests, but also coordinating support from team administrative staff, supervisors, managers, and data information specialists.

Dr. Barbara Fallon, FNOIS-2018 Principal Investigator, deserves special recognition for her dedication and efforts with respect to Indigenous child and family well-being. Beyond her unmatched expertise with respect to the data, she brings an unwavering commitment and true allyship to the work, and personifies many of our traditional values. We owe her a debt of gratitude. We are so appreciative to Emmaline Houston for her outstanding project management skills and Dr. Tara Black for her data prowess.

We thank Danette Restoule, Elder-in-Residence at ANCFSAO, for gifting the name of this report and spending her time with the authors throughout the development of the report and her teachings.

Beyond the funders, staff, researchers and others that made this work possible, we must also acknowledge the First Nations children, youth and families connected to child welfare/child and family well-being services across Ontario. The data in this report speaks directly to their stories and experiences within a system that struggles to manage the complex changes needed to address the aftermath and continued presence of colonization in Canada. Each child, each sacred bundle connected to the system, is a teacher providing knowledge deeply needed to continue to decolonize the tools, practices and approaches of child welfare/Indigenous child and family well-being in Ontario. We acknowledge each and every child as a gift from the creator who continues to enrich our work with the knowledge that we can do better.

Amber Crowe & Jeffrey Schiffer

Native Child Welfare Prayer, please hear my prayers

To my family, to my people please hear my prayers,
I am child, a teacher
I bring with me lessons and teachings
As a child sometimes I am hungry, left alone, and I have even beaten and abused.

Then they take me away to live with strangers,
I am confused, I did not do anything wrong, I was the one that got hurt,
But I am the one who must leave and
I do not know when, I will be coming home,
Maybe never.

My little heart is so sad and broken, I feel so lonely,
Oh how, I miss my friends, grandma, and grandpa.
I want to go home, but they tell me I can't.
Until things are better, please mommy and daddy, hurry and get better.

To my people, please hear my prayers.

Help my family get better.
I am a teacher, a symptom of the residue and genocide our people have endured.
We have survived so much loss and shame, we have lost our language, our families
and we are still losing the children.

We are symptoms of broken spirits,
When a family member is removed from the circle,
The spirit of the family has been broken.
For generations, the spirit of our families has been shattered,
And for some, the spirit of the family will never flourish again.

This is a spiritual death of our people and Child Welfare is visible symptom of this,
It is time to pick ourselves up and go back to our teachings, our ceremonies
To strengthen our identity and restore ourselves back to wholeness.
And let the healing begin.

I have a purpose and so do you,

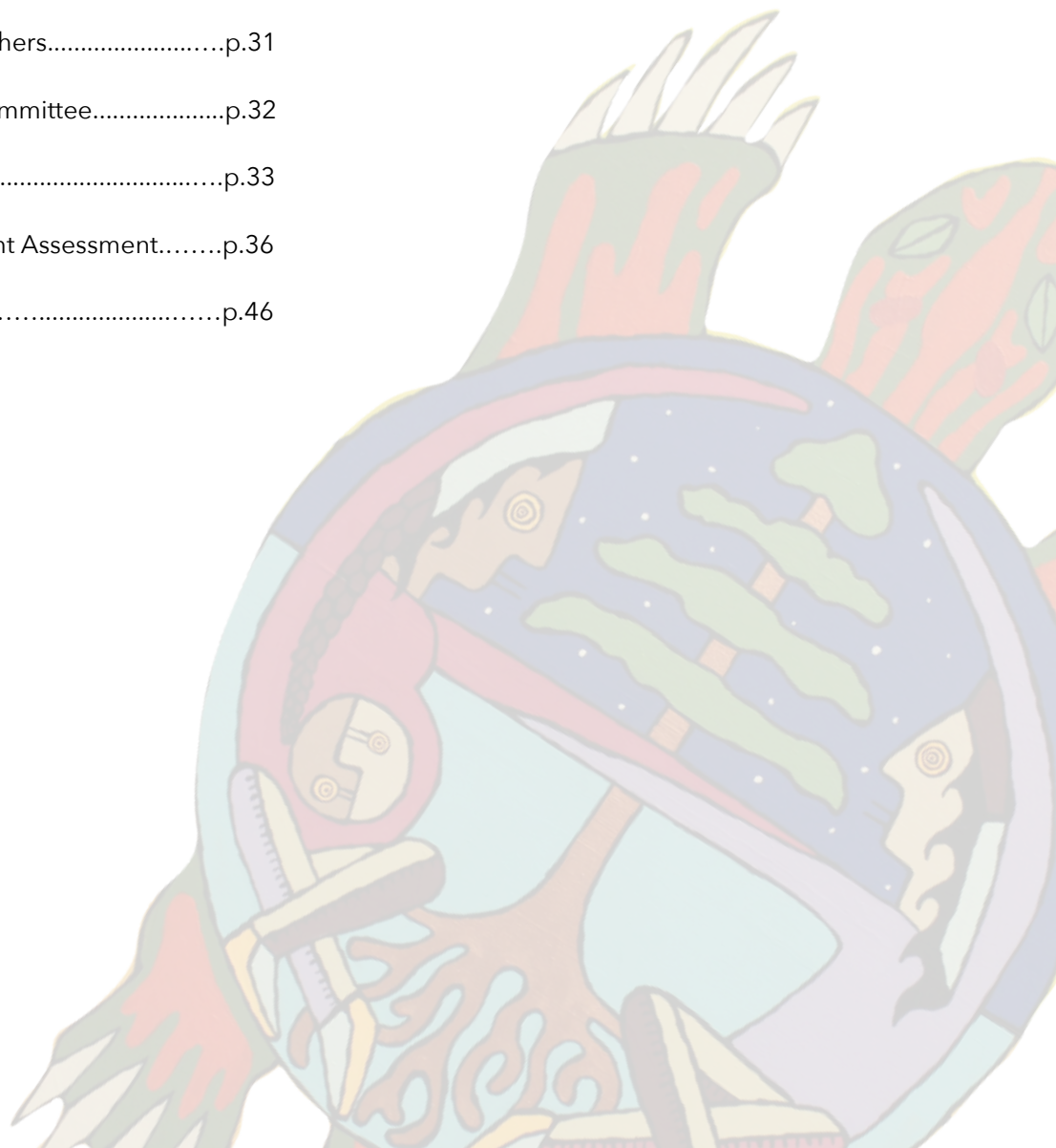
We are all teachers to one another from the youngest to the oldest,
Our elders have already endured this long journey.
They are here, to remind us to be brave and strong for our people,
And to have a clear vision of our responsibilities to our Nations,
and the generations yet to come.

Written by: Danette Restoule, 2005



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Executive Summary

Mashkiwenmi-daa Noojimowin: Let's Have Strong Minds for the Healing is the first report of the First Nations Ontario Incidence Study of Reported Child Abuse and Neglect-2018 (FNOIS-2018).

The FNOIS-2018 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 (OIS).

The OIS-2018 is the sixth 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-2018 tracked 7,590 child maltreatment-related investigations (7,115 investigations involving children less than one to 15 years old and 475 investigations involving 16- and 17-year olds) conducted in a representative sample of 18 child welfare agencies (15 Children's Aid Societies and three Indigenous Child and Family Well-Being Agencies) across Ontario in the fall of 2018.

Objectives and Scope

The primary objective of the OIS-2018 is to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child welfare services in Ontario in 2018. Specifically, the FNOIS-2018 is designed to:

1. examine the rate of incidence and characteristics of investigations involving First Nations children and families compared to non-Indigenous children and families;
2. 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;

3. 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
5. monitor short-term investigation outcomes, including substantiation rates, out-of-home placement, and use of child welfare court.

Child welfare workers completed a standardized 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 report¹;
- 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;

- all estimates are weighted, annual estimates for 2018, 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)²

Investigated and Substantiated Maltreatment in 2018

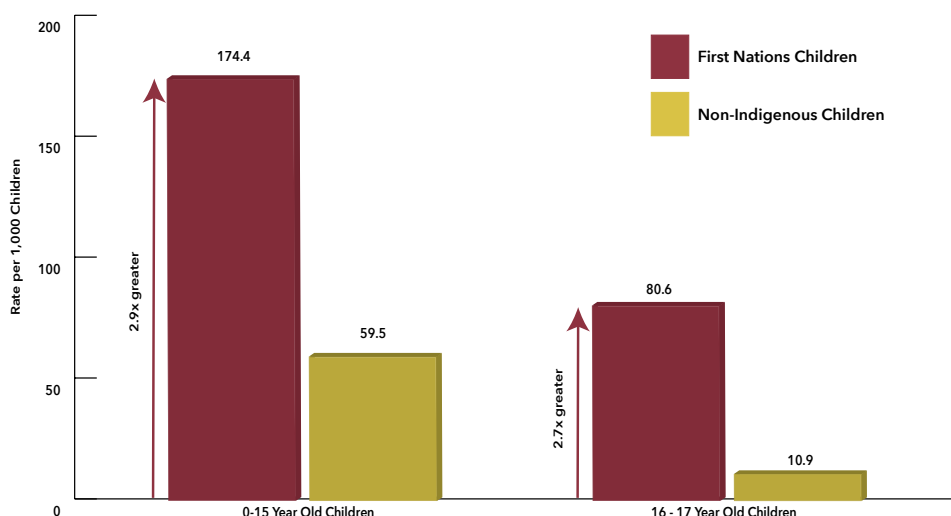
Children's Indigenous heritage was documented by the OIS-2018 in an effort to better understand some of the factors that bring children from these communities into contact with the child welfare system. Indigenous children were identified as a key group to examine because of concerns about pervasive 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 guided by Métis and Inuit communities.

In Ontario in 2018, child welfare investigations are approximately three times more likely to involve a First Nations child than a non-Indigenous child; investigations involving First Nations children have an estimated rate of 174.43 per 1,000 children, compared to non-Indigenous children with an investigated rate of 59.51 per 1,000 children. Please see Figure 1.

¹ Two exceptions to this are Table 3-1b and Table 5-2, which includes estimates and incidence rates for 16 and 17 year olds.

² 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 Investigations in Ontario in 2018



1993-2018 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 contrast, the number of investigations did not change significantly between 2003 and 2008, 2008 and 2013, and 2013 and 2018 for non-Indigenous children.

Key Descriptions of Investigations in Ontario in 2018

Categories of Maltreatment

Figure 3 presents the incidence of maltreatment-related investigations in Ontario in 2018, by primary category of maltreatment.

Forty-three percent of investigations involving First Nations children were conducted for risk of future maltreatment (an estimated 4,890; a rate of 74.30 per 1,000 First Nations children) compared to 37% for non-Indigenous children (a rate of 21.74 per 1,000 non-Indigenous children). Investigations involving allegations of maltreatment accounted for 57% of those involving First Nations children (an estimated 6,590 investigations; a rate of 100.13 per 1,000 First Nations children). The highest proportion of these maltreatment allegations were for neglect (23%), followed by 18% for exposure to intimate partner violence, 10% for physical abuse, 4% for emotional maltreatment, and

Figure 2: Incidence of Reported Maltreatment Over Time in OIS Cycles: First Nations and non-Indigenous

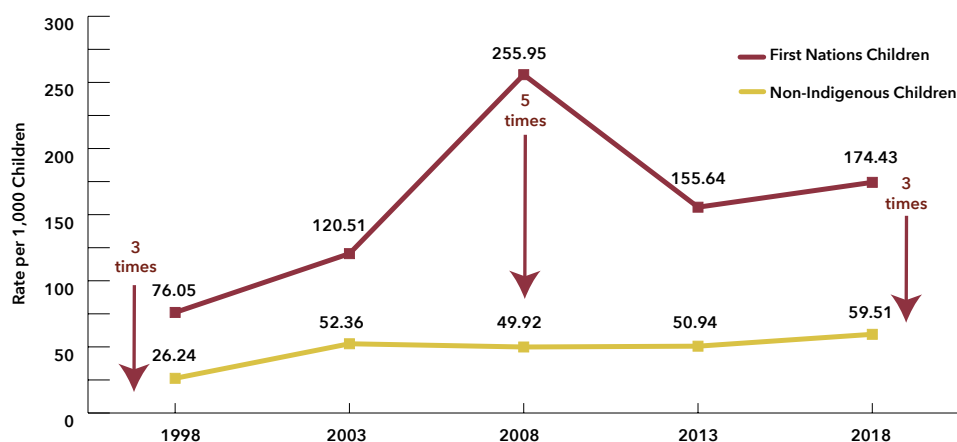
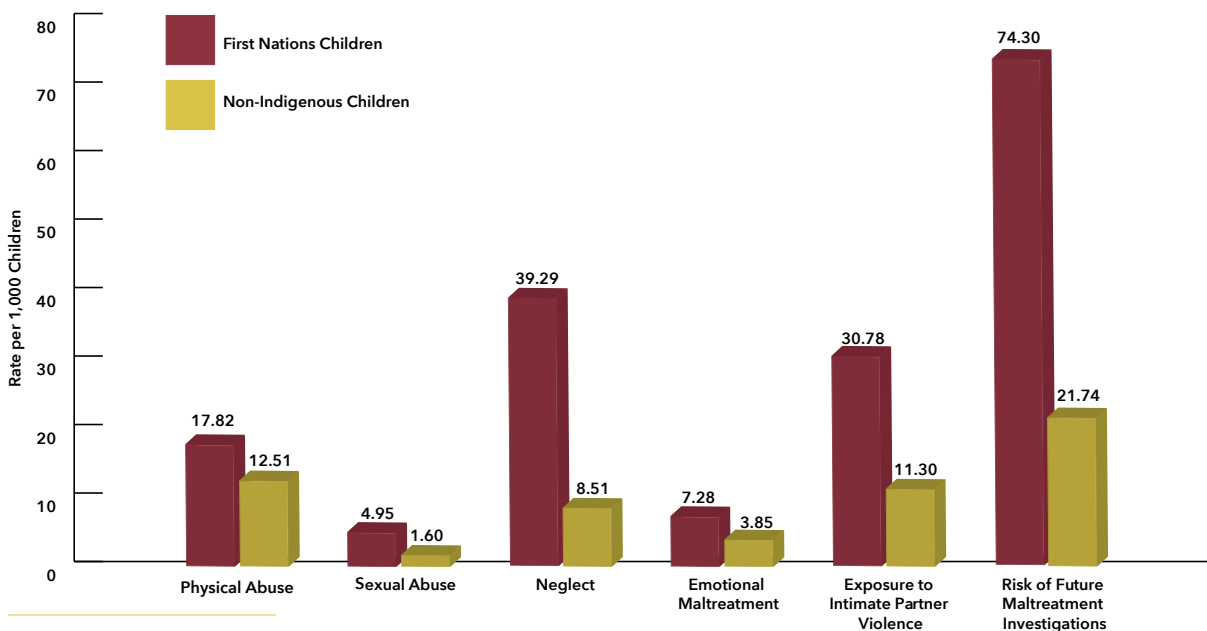


Figure 3: Primary Category of Investigation Involving First Nations and non-Indigenous Children in Ontario 2018



3% for sexual abuse. Investigations involving allegations of maltreatment accounted for 63% of those involving non-Indigenous children (an estimated 85,456 investigations; a rate of 37.77 per 1,000 non-Indigenous children); of these, 21% were for physical abuse, 19% for exposure to intimate partner violence, 14% for neglect, 6% for emotional maltreatment, and 3% for sexual abuse.

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. Thirty-six percent of investigations involving First Nations children were transferred to ongoing services (an estimated 4,187 investigations; a rate of 63.62 per 1,000 children) compared to 18% of investigations for non-Indigenous children (an estimated 24,716 investigations; a rate of 10.92 per 1,000 First Nations children).

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. Sixteen percent of investigations for First Nations children involved a placement at the conclusion of the investigation: 10% were placed with a relative (a rate of 6.17 per 1,000 First Nations children), 5% in foster care (a rate of 3.05 per 1,000 First Nations children), and 1% in a group home or residential secure treatment. The rate of out-of-home placement for First Nations children is 8.02 times the rate of out-of-home placement for 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.

Household Risk Factors

The OIS-2018 tracked a number of household risk factors including social assistance as the household income, two or more moves in the last 12 months, and unsafe living conditions.

Figure 4: Provision of Ongoing Services in Child Maltreatment-Related Investigations Involving First Nations and non-Indigenous Children in Ontario 2018

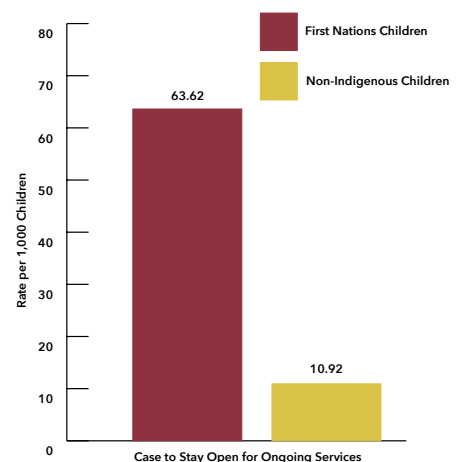
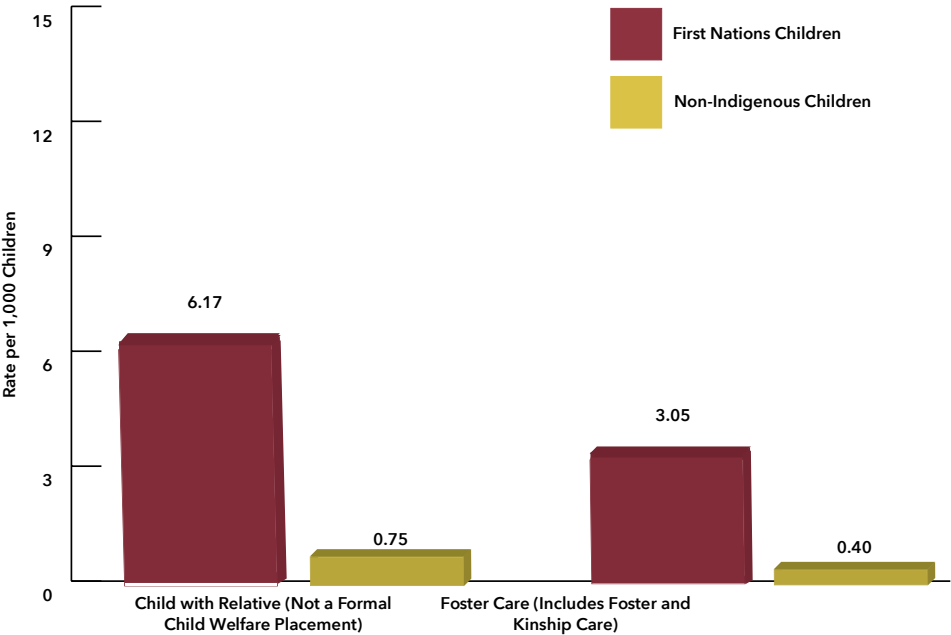


Figure 5: Placements in Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018



Group home placements were also measured in the OIS-2018. 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.

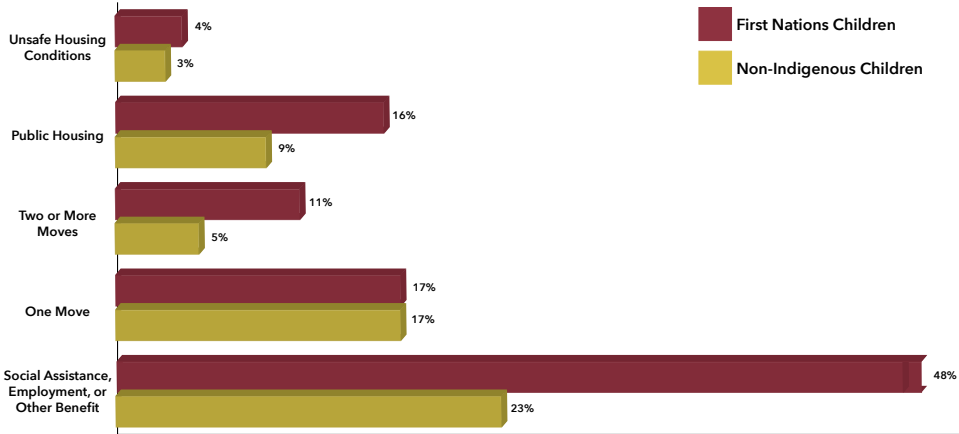
Forty-eight percent of investigations involving First Nations children whose families received social assistance/employment insurance/other benefits as their primary source of income, while 23% of non-Indigenous children families received benefits. Seventeen percent of investigations involving both First Nations and non-Indigenous children involved families that had moved once in the previous year. Eleven percent of investigations involving First Nations children involved families who moved twice or more in the past year, compared to 5% of non-Indigenous children’s families. Sixteen percent of investigations involving First Nations children involved families living in public housing, while nine percent of investigations involving non-Indigenous children lived in public housing. Unsafe housing conditions were noted in four percent of investigations involving First Nations children, and three percent 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, 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

was the previous six months. Seventy percent of investigations involving First Nations children (an estimated 7,830; a rate of 118.97 per 1,000 First Nations children) have at least one noted primary caregiver risk factor compared to 53% for non-Indigenous children (an estimated 69,905 investigations; a rate of 30.90 per 1,000 non-Indigenous children). The most frequently noted primary caregiver risk factors for investigation involving First Nations children are: mental health issues (34%; an estimated 3,849 investigations), victim of intimate partner violence (31%; 3,524 investigations), and few social supports (26%; 2,889 investigations). Please see Figure 7.

Child Functioning Concerns
Child functioning classifications reflect physical, emotional, cognitive, and behavioural issues. Child welfare workers were asked to consider 17 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.

Figure 6: Household Risks in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018



concerns about caregiver risk factors The six-month period before the

investigation was used as a reference point where applicable.

Thirty-five percent of investigations involving First Nations children have at least one noted child functioning concern (an estimated 4,044 investigations; a rate of 61.44 per 1,000 First Nations children) compared to 32% for non-Indigenous children (a rate of 18.87 per 1,000 non-Indigenous children).

The most frequently noted child functioning concerns for investigations involving First Nations children were: 16% with academic or learning difficulties (an estimated 1,828 investigations), 13% with noted depression or anxiety or withdrawal (1,487), 12% with intellectual or developmental disabilities (1,420), and 12% with noted aggression or conduct issues (1,311). Please see Figure 8.

For updates on the FNOIS and for more detailed publications visit the Canadian Child Welfare Research Portal at www.cwrp.ca and and Association of Native Child and Family Services Agencies of Ontario at www.ancfsao.ca

Figure 7: Primary Caregiver Risk Factors in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

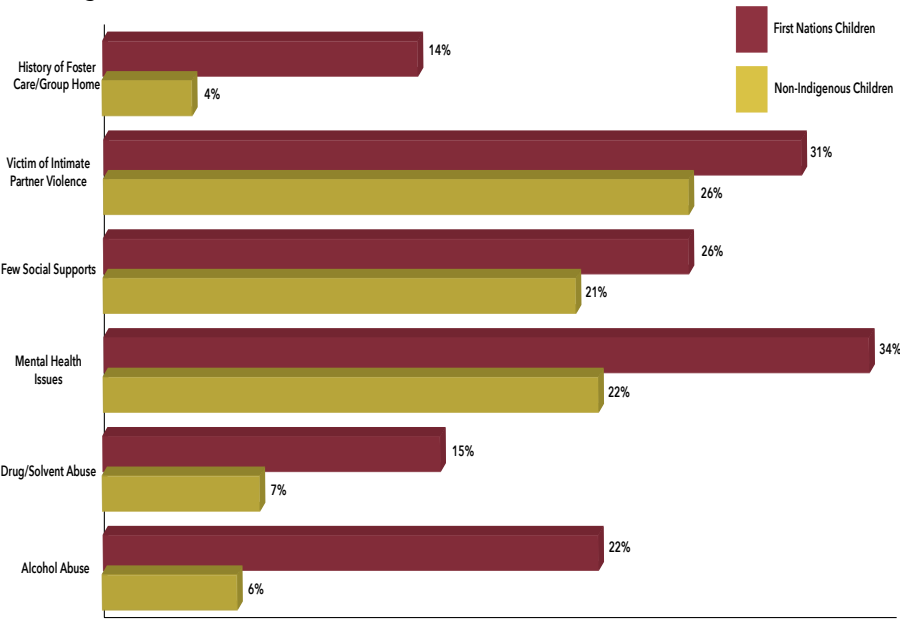
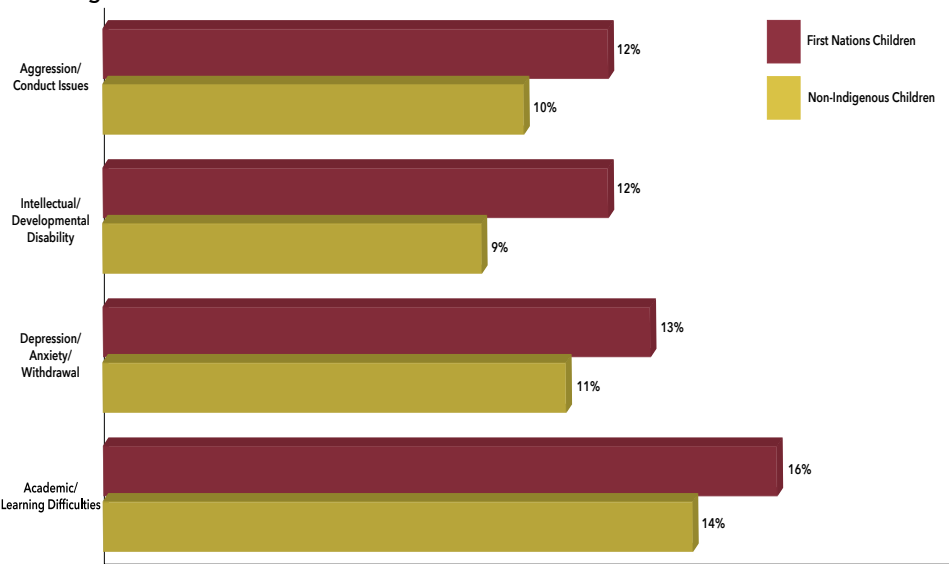


Figure 8: Child Functioning Concerns in Investigations Involving First Nations and Non-Indigenous Children in Ontario in 2018



Chapter 1: Introduction

Historical Context

Child welfare in Canada evolved from European values, philosophies and religious morality and worldview. As a result of this evolution, there are cultural assertions about what constitutes safe and healthy children, families and communities.¹ The colonization of the lands now collectively known as Canada, and the development of the major institutions of our nation, are steeped in Christianity, capitalism and the cultural logic of the scientific method. Each of these cultural systems brings their own gifts, challenges and idiosyncrasies. The religious, economic and cultural underpinnings of our institutions, and their intersectionality and interconnectedness with Canada's colonial history, have deeply shaped Canada's child welfare system. The child welfare system acknowledges Euro-Canadian values and definitions of child safety and well-being, family and community, and continues to oppress and be destructive for Indigenous children, families, communities and nations.²

In the 1880s, a partnership formed between the Crown and various Christian churches to develop and implement residential schools throughout Canada.³ Residential schools were designed to assimilate Indigenous children's culture into the emerging culture of Euro-Canada. This assimilation was meant to be

achieved by replacing Indigenous languages with English, Indigenous spirituality with Christianity, and Indigenous people's inherent right to territory with sedentary living and a capitalist economy.⁴ For more than a century, residential schools operated as a joint venture between the Crown and churches as Canada's central institution for the assimilation of Indigenous children. These children who were Haudenosaunee, Cree, Blackfoot, Squamish, Haida and so many other distinct Indigenous cultures and nations were assimilated into Indians, a new category of colonial subject legislated through Canada's Indian Act.⁵

Since the closure of the last residential school in 1996⁶ colonization has been redistributed across the contemporary Canadian landscape of public institutions. Schooling and education are now the responsibility of provincial and territorial systems.⁷ The overtly religious content and missionizing is now the purview of explicitly religious school boards and churches and their auxiliary programs and services. The concern for child protection and safety, including vetting parental fitness, shifted from the residential school system to provincial and territorial systems of child welfare. Indigenous peoples have an extensive history of being dislocated from their families, communities, nations and territories. The socio-political momentum and

intergenerational impacts of this history continue to contribute to the immutability of the current child welfare system. Legislating child welfare mandates brought rapid judgement of Indigenous parents and families and the removal of Indigenous children.⁸ Provincial and territorial child welfare mandates were extended to include on-reserve communities in the 1950s.⁹ In the years that followed, these new mandates continued the assimilation of Indigenous peoples through what is now known as the "Sixties Scoop."¹⁰ However, the "scooping" was not confined to the 1960s or the immediate decades that followed.¹¹ By the 1990s, the overrepresentation of First Nations children in the child welfare system was clearly documented.¹²

Indigenous peoples did not idly sit by while the residential school system transformed, like Raven in the oral histories of the Salish Sea, from one colonial institution into a series of others. Resistance and advocacy emerged to address the culturally destructive trends in social systems (e.g. school, healthcare and child welfare), as well as in the political economy of treaties.¹³ Our Elders, matriarchs, Knowledge Keepers and community leaders organized, advocated for and demanded the creation of Indigenous child welfare agencies for Indigenous child and family safety and well-being.

1 Blackstock, C., & Trocmé, N. (2005). Community-Based child welfare for Aboriginal children: Supporting resilience through structural change. *Social Policy Journal of New Zealand*, 24, 12-33. <https://doi.org/10.4135/9781412976312.n7>

2 Ibid.

3 Miller, J. R. (2017). *Residential Schools and Reconciliation: Canada Confronts Its History*. University of Toronto Press, Scholarly Publishing Division.

4 Fontaine, L. S. (2017). Redress for linguicide: residential schools and assimilation in Canada. *British Journal of Canadian Studies*, 30(2), 183-204. <https://doi.org/10.3828/bjcs.2017.11>

5 An Act to Amend the Indian Act 1867. S.C. 1876, c. 18

6 Ibid.

7 Ghosh, R. (2004). Public education and multicultural policy in Canada: The special case of Quebec. *International Review of Education*, 50(5-6), 543-566. <https://doi.org/10.1007/s11159-004-4685-9>

8 Trocmé N., Esposito T., Nutton J., Rosser V., Fallon B. (2019) Child welfare services in Canada. In: Merkel-Holguin L., Fluke J., Krugman R. (eds) *National Systems of Child Protection. Child Maltreatment (Contemporary Issues in Research and Policy)*, vol 8. Springer, Cham. https://doi.org/10.1007/978-3-319-93348-1_3

9 *Indigenous Children and the Child Welfare System in Canada*. (2017). National Collaborating Centre for Aboriginal Health.

10 Sinclair, R. (2007). Identity lost and found: Lessons from the sixties scoop. *First Peoples Child & Family Review*, 3(1), 65-82. <https://doi.org/10.7202/1069527ar>

11 Ibid.

12 Blackstock, C., & Trocmé, N. (2005). Community-Based child welfare for Aboriginal children: Supporting resilience through structural change. *Social Policy Journal of New Zealand*, 24, 12-33. <https://doi.org/10.4135/9781412976312.n7>

13 Sinclair, R. (2007). Identity lost and found: Lessons from the sixties scoop. *First Peoples Child & Family Review*, 3(1), 65-82. <https://doi.org/10.7202/1069527ar>

Child welfare mandates for Indigenous Child and Family Well-Being Agencies (ICFWBA) emerged in the 1980s to 2000s¹⁴ with 6 of the 13 mandated ICFWBA receiving their mandates in the last 5 years. Many of these agencies previously existed as Indigenous social service agencies, formed in the wake of the Indian Friendship Centre movement.¹⁵ These agencies brought holistic service models grounded in Indigenous culture to the process of delegation; each agency began their own journey of decolonizing inherited colonial models of child welfare.

Shifting demographics as a result of changes in policy dictating the lives of legal “Indians” enabled burgeoning Indigenous communities in every major city across Canada. These exceedingly diverse and rapidly growing urban Indigenous communities posed their own new challenges for emerging Indigenous child welfare agencies in urban spaces. Indigenous communities in cities required Indigenous agencies to be culturally diverse (as they often served families from dozens of different First Nations), to develop mechanisms to connect families in urban centres to family and cultural resources in their home territories, and to respond and adapt to the emerging distinctive needs and aspirations of urban Indigenous communities. All of this had to be done while acknowledging and supporting the sovereignty and jurisdiction of First Nations as well as operating within the confines of provincial systems of legislation and compliance grounded in non-Indigenous cultural logic and

worldview. The work Indigenous agencies have done, both on and off-reserve, in the service of community, in respect to Indigenous sovereignty, and in recognition of the sacredness of each child has been nothing short of phenomenal. The history of this work must be acknowledged. We must also acknowledge that there is a great deal more work to be done.

Current Context of First Nations Child Welfare in Canada and Ontario

Over recent decades, Indigenous agencies continue to decolonize, to the extent possible under provincial legislation, the child welfare mandate in urban and rural spaces, both on and off-reserve. These agencies differ in their size, service continuum and the number of First Nations and/or urban Indigenous populations they serve. Within this complexity, the structure of Indigenous child welfare services is changing rapidly.

The Association of Native Child and Family Services Agencies of Ontario (ANCFSAO) was established in 1994 and is mandated to “build a better life for all Indigenous children through promoting the delivery of culturally-based services to Indigenous children, families, and communities.”¹⁶ Combined, these agencies serve 90% of on-reserve communities in Ontario.¹⁷ Through ANCFSAO’s leadership, they support 11 mandated and one pre-mandated ICFWBA who provide decolonized child welfare services to their communities.¹⁸

The Ontario Ministry of Children, Community and Social Services

(MCCSS), under the Child, Youth and Family Services Act (CYFSA), governs agencies’ abilities to investigate child maltreatment-related allegations and where they can provide child protection services.¹⁹ Services are restricted to geographic location, not community membership. While ANCFSAO services the majority of on-reserve communities, more than 80% of First Nations families live off-reserve in Ontario.²⁰ Native Child and Family Services of Toronto (NCFST) is the only agency to serve exclusively off-reserve families in Ontario. NCFST was founded in 1986 and was not mandated until 2004.²¹ Recognition of the growing diverse and urban Indigenous population and collaboration with these communities is needed to mandate additional urban agencies. While mandated ICFWBA work to decolonize the child welfare system, it must be acknowledged that the requirement of a provincially mandated designation remains colonial. The need for provincial and territorial designation inherently lessens Indigenous sovereignty.

In 2017, the Ontario Association of Children’s Aid Societies (OACAS) issued an apology to Indigenous families and communities for historical and current harm caused by the child welfare system.²² They presented nine commitments to reconcile with Indigenous communities:

- Reduce the number of Indigenous children in care
- Reduce the number of legal files involving Indigenous children and families
- Increase the use of formal

¹⁴ Manitowabi, S. (2020). *Historical and contemporary realities: Movement towards reconciliation*. Laurentian University.

¹⁵ Ibid.

¹⁶ Association of Native Child and Family Services Agencies of Ontario. (n.d.). About ANCFSAO. <https://ancfsao.ca/home/about-2/>

¹⁷ Ibid.

¹⁸ The following agencies are supported by ANCFSAO: Anishinaabe Abinoojii Family Services; Dilco Anishinabek Family Care, Dnaagdawenmag Binnoojiiyag Child & Family Services; Kina Gbezhgomi Child and Family Services; Kunuwanimano Child and Family Services; Mnaasged Child and Family Services; Native Child and Family Services of Toronto; Nijjaansinaanik Child and Family Services; Nogdawindamin Family and Community Services; Payukotayno James and Hudson Bay Family Services; Tikingan Child and Family Services; Weechi-it-te-win Family Services

¹⁹ *Child, Youth and Family Services Act 2017*. S.O. 2017, c. 14, Sched. 1

²⁰ Crowe, A., Schiffer, J., with support from Fallon, B., Houston, E., Black, T., Lefebvre, R., Filippelli, J., Joh-Carnella, N., and Trocmé, N. (2021). *Mashkiwenmi-daa Noojimowin: Let's Have Strong Minds for the Healing (First Nations Ontario Incidence Study of Reported Child Abuse and Neglect-2018)*. Toronto, ON: Child Welfare Research Portal.

²¹ Native Child and Family Services of Toronto. (n.d.). About Us. <https://nativechild.org/about-us/>

²² Ontario Association of Children’s Aid Societies. (2017). Child welfare apologizes to Indigenous families and communities. <http://www.oacas.org/2017/10/child-welfare-apologizes-to-indigenous-families-and-communities/>

- customary care agreements
- Ensure Indigenous representation and involvement at the local Board of Directors
- Implement mandatory Indigenous training for staff
- Change the inter-agency protocol to include Jordan's Principle as a fundamental principle
- In consultation with Indigenous communities, develop a unique agency-based plan to better address the needs of the children and families from those communities
- Continue to develop relationships between their local agency and the local Indigenous communities
- Assist those individuals wanting to see their historical files by accessing and providing the information they request²³

These nine commitments represent how the OACAS anticipates measuring their success in reconciling with Indigenous communities. The data presented in this report can assist in assessing the OACAS' progress towards their commitments. However, many in the Indigenous community feel that these commitments do not completely align with the Calls to Action from the Truth and Reconciliation Commission (TRC), such as monitoring and assessing neglect investigations and considering the impact of generational trauma.

In January 2018, then Minister of Indigenous Services Honourable Jane Philpott, held an emergency two-day national meeting to address the humanitarian crisis of Indigenous child welfare in Canada.²⁴ Federal, provincial and territorial governments and Métis, Inuit and

First Nations leaders, Elders, youth, community service organizations and advocates discussed causes of the overrepresentation of Indigenous children in care and proposed needed changes to address this crisis. A strong commitment to advance Indigenous self-determination was expressed by those in attendance.²⁵ Four solutions were proposed:

- Effective collaboration based on partnerships, transference of jurisdictional control and legislative reform
- Adequate, flexible funding
- Culturally appropriate, prevention-based service delivery
- Data strategies to support effective solutions²⁶

On April 30, 2018, the Child and Family Services Act (CFSA, the old Act) was replaced by the Child, Youth and Family Services Act (CYFSA, the new Act). Substantial changes to the old Act did not occur for over 30 years. Thus, the new Act was created to reflect the province's diversity and values.

The new Act affirms the unique relationship between Ontario and First Nations, Inuit and Métis peoples. The old Act used the terms "Indian," "native child," "native person," and "native community." The new Act uses more inclusive terms including "First Nations, Inuk or Métis child" and "First Nations, Inuit or Métis community." The new Act acknowledges that First Nations, Inuit and Métis peoples are constitutionally recognized peoples in Canada with their own laws and distinct cultural, political and historical ties to the Province of Ontario.²⁷

The new Act allows the MCCSS to

list First Nations, Inuit and Métis communities in a regulation. Once listed in a regulation, these communities are covered under provisions concerning notice, participation, consultation and customary care.

Post OIS-2018 Data Collection

In June 2019, the Act Respecting First Nations, Inuit and Métis Children, Youth and Families (the Act) was passed and came into effect on January 1, 2020. The Act proclaims to recognize Indigenous peoples' inherent right to self-governance over child and family services, increase avenues to prevent out-of-home placements and affirm inherent Aboriginal and Treaty rights.²⁸ The Act provides a pathway for Indigenous governing bodies to enact this right of self-governance by means of creating Canadian legislation through contribution agreements with the Federal and provincial/territorial governments.²⁹ However, the Act does not enable First Nations, Inuit and Métis governing bodies to create their own laws. Indigenous peoples, in what today is Canada, have had their own laws since time immemorial, and continue to have the inherent right to modify existing Indigenous laws and create new ones. This inherent right is recognized under section 35 of the Canadian Constitution.³⁰ While supporters of the Act view it as a clear demonstration of Canada's commitment to reconciliation within the context of child welfare, critics point out that the Act does not enable the nation-to-nation relationship recommended by the TRC. Rather than enabling and supporting the implementation of

²³ Ibid.

²⁴ McKay, C. (2018). *A report on children and families together: An Emergency Meeting on Indigenous child and family services*. Indigenous Services Canada, Government of Canada. <https://www.sac-isc.gc.ca/eng/1531151888537/1531152018493?wbdisable=true>

²⁵ Ibid.

²⁶ Ibid.

²⁷ *Child, Youth and Family Services Act 2017*. S.O. 2017, c. 14, Sched. 1

²⁸ *An Act respecting First Nations, Inuit and Métis children, youth and families* 2019 S.C. 2019, c. 24

²⁹ Ibid.

³⁰ *The Government of Canada's approach to implementation of the inherent right and the negotiation of Aboriginal Self-Government*. (2010). Government of Canada, Crown-Indigenous Relations and Northern Affairs Canada. <https://www.rcaanc-cirnac.gc.ca/eng/1100100031843/1539869205136>

Indigenous laws, the Act requires Indigenous governing bodies to translate their laws into Canadian legislation, a critical difference. This legislation is then subject to colonial concepts and conventions such as the “best interests” of the child, as found in the CYFSA.³¹

Most in the Indigenous community believe that the Act was hastily written and ratified with limited consultation with First Nations, Inuit and Métis communities. Consultation that occurred was limited to formalized Indigenous leadership structures (e.g. bands) that emerged within the context of colonization, and did not include pre-existing traditional leadership structures, due to time constraints. It was limited to Provincial Territorial Organizations and National Aboriginal Organizations (e.g. Assembly of First Nations; Congress of Aboriginal Peoples; Inuit Tapiriit Kanatami; Métis National Council and Native Women’s Association of Canada). Furthermore, no urban Indigenous communities were consulted in the development of the Act despite the fact that the majority of Indigenous peoples live off-reserve in metropolitan centers of 30,000 or more.³² The Act came into effect without developed regulations or dedicated funding to enable its implementation.

The Act creates as many challenges as it does opportunities. It only represents one of the many pathways forward for Indigenous sovereignty and self-determination in child welfare. Enhanced preventative services are now funded for ICFWBA and non-mandated child welfare agencies operated by First Nations or urban Indigenous communities. A growing number of services are provided by ICFWBA or by Indigenous counselling and

prevention services that work in conjunction with mandated services. ICFWBA, with the direction, mandate, and governance coming directly from the First Nations, Métis, and Inuit people they serve, are developing and implementing culturally informed service models. Through the Act, the Ontario government is supporting culturally based holistic service models and approaches while preparing to implement a new funding structure to better support ICFWBA.

In July 2020, MCCSS issued a policy directive officially recognizing Helping Establish Able Resource-Homes Together (HEART) and Strong Parent Indigenous Relationships Information Training (SPIRIT) as an alternative to the provincial homestudy process³³ for foster and kinship caregivers and adoptive parents.³⁴ Developed by ANCFSAO, HEART and SPIRIT are grounded in Indigenous worldview to support caregivers of Indigenous children and youth. HEART and SPIRIT trainings acknowledge the impact of historical and current events on Indigenous communities and provides tools for caregivers to foster children and youth’s connection with their values and culture.³⁵

Next Steps and Conclusion

First Nations children, youth and families need connections to their communities, values and identities. Today’s parents and families are holding onto generations of trauma, from colonialism, residential schools and beyond. The provincial standards and programs do not provide opportunities for parents to heal from these traumas. This results in mainstream and ICFWBA working with generations of families simultaneously, without the tools to

connect and support.

As urban First Nations communities grow, mainstream agencies provide more services and interventions to First Nations families. Mainstream agencies must begin to value the impact of First Nations families being disconnected from their community and ways of family functioning, especially for children in care. First Nations communities must be consulted in all permanency planning to keep children in their own community. The provincial procedures for children being placed in out of home care must be changed to decrease the overrepresentation. Funding to support parental healing must be included in these changes, to nurture inherent family systems and reduce the impact of trauma felt by future generations.

The inherent right to self-determination and child welfare services must be supported through continued collaboration. Partnerships should be developed between First Nations and ICFWBA to limit the barriers, such a distance and resources, of First Nations families being served by their own community. Data collected on First Nations families and their involvement with the child welfare system can inform decisions on provincial and Indigenous child welfare practices. To accurately understand and inform, the data must be analyzed with an Indigenous worldview. Consequently, First Nations agencies must be supported in collecting and analyzing their own data. Increasing data collection from First Nations, Métis and Inuit communities can provide evidence to support Indigenous child welfare sovereignty.

The OIS-2018 was produced in

³¹ *Child, Youth and Family Services Act 2017*. S.O. 2017, c. 14, Sched. 1

³² Statistics Canada. (2017, October 25). *Aboriginal peoples in Canada: Key results from the 2016 Census*. <https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025a-eng.htm>

³³ The provincial homestudy programs are: Structured Analysis, Family Evaluation (SAFE) and Parent Resources for Information, Development, and Education (PRIDE).

³⁴ Ministry of Children, Community and Social Services. (2020, May 11). *Policy Directive: CW 003-20: Approved Tools for Caregiver Assessment and Pre-service Training, and for Plan of Care Development*. http://www.children.gov.on.ca/htdocs/English/professionals/childwelfare/CYFSA/policy_directive_CW003-20.aspx

³⁵ Association of Native Child and Family Services Agencies of Ontario. (2020). *HEART and SPIRIT training*. <https://ancfsao.ca/home/about-2/ourwork/heart-and-spirit-training/>

collaboration with the OIS-2018 Advisory Committee, and adheres to the First Nations principles of Ownership of, Control over, Access to, and Possession of research.³⁶ The data presented in this report are based on a representative sample of investigations in Ontario involving First Nations children and families.

Collaboration with Métis and Inuit communities is needed to better understand the relationship between the child welfare system and these communities.

Resiliency of First Nations, Métis and Inuit communities is continually demonstrated through their advocacy and successes to ensure better outcomes for Indigenous children

and families. Indigenous child welfare service provision and ICFWBA will grow as a result of the Act Respecting First Nations, Inuit and Métis Children, Youth and Families. ANCFSAO advocated for and created HEART and SPIRIT, the alternatives to the provincial homestudy training programs. HEART and SPIRIT continues to decolonize the child welfare system by providing culturally appropriate support for caregivers fostering Indigenous children and youth.

The FNOIS-2018 is the first provincial report to provide an in-depth analysis examining the incidence of investigations involving First Nations children and families involved with the Ontario child welfare

system. This report is evidence of the humanitarian crisis of the overrepresentation of First Nations children in the Ontario child welfare system. It is a step to inform future Indigenous child welfare laws, grounded in experiences of our communities. Through increased connection between First Nations families and their communities, generations will continue healing, as their minds remain strong and identities strengthen. We aim to leave our readers with a message of resilience, hope and support for creating a future with Indigenous sovereignty for our children and families.

³⁶ The First Nations Information Governance Centre. (n.d.). *The First Nations Principles of OCAP*. <https://fnigc.ca/ocap-training/>

Chapter 2: Methodology

This chapter describes the methods of the Ontario Incidence Study of the Reported Child Abuse and Neglect (OIS-2018). The First Nations Ontario Incidence Study of Reported Child Abuse and Neglect-2018 is a secondary data analysis of the OIS-2018. The FNOIS-2018 is a study of child welfare investigations involving First Nations children. The OIS-2018 is the sixth provincial study examining the incidence of reported child abuse and neglect in Ontario. The OIS-2018 captured information about children and their families as they came into contact with 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-2018. The FNOIS-2018 analyzes, interprets and disseminates information about the data of investigations involving First Nations children and their families collected by the OIS-2018. The objective of the FNOIS-2018 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-2018, first to select a representative sample of 18 child welfare agencies (15 Children's Aid Societies (CAS) and 3 Indigenous Child and Family Well-Being Agencies (ICFWBA)), and then to sample cases within these agencies. Information was collected directly from investigating workers at the conclusion of the investigation. The OIS-2018 sample of 7,590 child maltreatment-related investigations was used to derive estimates of the annual rates and characteristics of investigated maltreatment in Ontario. In order to maintain comparability

between cycles of the OIS, this report primarily provides descriptive data based on the 7,115 investigations of children 0-15 years of age. In Ontario, the age of protection was amended to include 16 and 17 year olds in 2018, and a basic table for this age group (475 investigations) is provided in Table 3-1b and Table 5-2.

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-2018 methodology and discusses its strengths, limitations, and impact on interpreting the OIS-2018 estimates. The estimates provided are representative of Ontario, but not necessarily representative of the experiences of all First Nations children and families.

Sampling

The OIS-2018 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-2018. 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 on

the basis of religion or Indigenous heritage. There are specific agencies in Ontario which only provide services to Indigenous children and families and other agencies can be considered mainstream child welfare agencies. A final count of 48 agencies constituted the sampling frame for the 2018 study (see Table 1-1 in the OIS-2018 Major Findings report). A representative sample of 18 (15 CAS and 3 ICFWBA) child welfare agencies was selected for inclusion in the OIS-2018 using a stratified random sampling approach.

Child welfare agencies in Ontario were allocated among five strata from which the OIS-2018 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 agencies and two for Indigenous agencies. Agencies were allocated to these strata by size (large, medium, or small for mainstream agencies; and large or medium/small for Indigenous 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 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 participation. Participation was voluntary. Three agencies declined to participate due to their particular circumstances and three did not respond to the request for participation leading to replacement agencies being selected from the remaining agencies within their

respective stratum.

Case Selection

The second sampling stage involved selecting cases opened in the participating agencies during the three-month period of October 1, 2018 to December 31, 2018. Three months was considered to be 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 to be 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 drawn. 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.¹ 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 2-1). 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.

Figure 2-1: Scope of OIS-2018



(*) adapted from Trocmé, N., McPhee, D. et al. (1994). *Ontario incidence study of reported child abuse and neglect*. Toronto, ON: Institute for the Prevention of Child Abuse. and, Sedlak, A., J., & Broadhurst, D.D. (1996). *Executive summary of the third national incidence study of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services.

These procedures led to 4,054 family-based cases being selected in Ontario.

Identifying Investigated Children

The final sample selection stage involved identifying children who were investigated as a result of concerns related to possible maltreatment. Since cases in Ontario are opened at the level of a family, procedures had to be developed to determine which child(ren) in each family were investigated for maltreatment-related reasons. Furthermore, cases can be opened for a number of different reasons that do not necessarily involve maltreatment-related concerns. These can include children with behavioural problems, pregnant women seeking supportive counselling, or other service requests that do not involve a specific allegation of maltreatment or

risk of future maltreatment.

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-2018 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 yielded a final sample of 7,590 child investigations in Ontario because of maltreatment-related concerns. This included 7,115 child maltreatment-related investigations involving children less than one to 15 years old, and 475 investigations involving 16 and 17 year olds. As of 2018, the age of protection in Ontario was increased from under 16 to under 18.

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.² Risk assessment

¹ 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.

² 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.

tools are designed to promote structured, thorough assessments and informed decisions. They measure a variety of factors that include child strengths and vulnerabilities, sources of familial support and stress, and caregiver addictions and mental health concerns. 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 years, the OIS-2018 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, and OIS-2018, 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 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, but not to specify the forms of future maltreatment about which they may have had concerns. Specifying the form of future maltreatment being assessed was not feasible given that risk assessments are based on a range of factors including child strengths and vulnerabilities, caregiver addictions, caregiver mental health concerns, and sources of familial support and

stress.

While this change provides important additional information about risk-only cases, it has complicated comparisons with early cycles of the study.

Forms of Maltreatment Included in the OIS-2018

The OIS-2018 definition of child maltreatment includes 33 forms of maltreatment subsumed under five primary 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 and emotional maltreatment, are not systematically included. There is even less consensus with respect to subtypes or forms of maltreatment. The OIS-2018 is able to track 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 general 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.

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 as a result 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-2018 includes both types of situations in its definition of substantiated maltreatment. The FNOIS-2018 study also gathers information about physical and emotional harm attributed to substantiated maltreatment (Chapter 4).

The OIS-2018 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

³ 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.

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 or not 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-2018 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 research team engaged in several tasks in preparation for data collection. One major task involved updating the paper-and-pencil *Maltreatment Assessment Form* used in the OIS-2013 to an online instrument, the *OIS-2018 Maltreatment Assessment*. The online data collection system was housed on a secure server at the University of Toronto with access only through the internet, through secure logins and connections. The *OIS-2018 Maltreatment Assessment* was the main data collection instrument used for the study. This instrument was completed by the primary investigating child welfare worker upon completion of each child welfare investigation (Appendix D). 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 as well as partially identifying information about the child(ren) involved 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 sex of caregivers and children; the reason for referral; which approach to the investigation was used; the relationship between each caregiver and child; the type of investigation (a risk investigation or an investigated incident of maltreatment); whether there were other adults in the home; and whether there were other caregivers outside the home.

Household Information Section

The household was defined as all of 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 reports of maltreatment, 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 reports of maltreatment, and spanking. In both types of investigations, workers were asked whether they were concerned about future maltreatment.

Guidebook

All items on the *OIS-2018*

Maltreatment Assessment were defined in an accompanying *OIS-2018 Guidebook* (Appendix E).

Revising and Validating the OIS-2018 Maltreatment Assessment

The OIS-2018 data collection instrument was based on the OIS-2013, OIS/CIS-2008, OIS/CIS-2003, OIS/CIS-1998, and OIS-1993 data collection instruments in order 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 2018, focus groups were conducted in Ontario to gather feedback on proposed revisions to the OIS-2013 data collection instrument. A convenience sample of three agencies was recruited for participation in the focus groups. One focus group was held in each agency, with four to six intake workers in attendance at each. The process was iterative. One focus group occurred at a participating Indigenous agency.

Changes to the OIS-2018 version of the instrument were made in close consultation with the OIS-

2018 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); and scholars (Appendix B).

Changes to the data collection instrument included: adding a question about whether or not the caregiver(s) moved to Canada in the last five years; expanding the question regarding referrals made to internal or external services to include why referrals were not made (if applicable), and what was specifically done with respect to referrals that were made (if applicable); updating the list of child functioning concerns to reflect current terminology used in the field; and including suicide attempts as a child functioning concern.

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

Data Collection and Verification Procedures

Each participating agency was offered a training session conducted by a Site Researcher to introduce participating child welfare workers to the OIS-2018 instruments and procedures. The majority of agencies opted to receive the training session. In addition, many agency representatives requested one-on-one support for participating child welfare workers completing the OIS-2018 instruments throughout the data collection period. Additional support was built into the OIS-2018 online platform, including direct

access to the OIS-2018 Guidebook (Appendix E), which includes definitions for all of the items and study procedures; written instructions for each item on the instrument available through a help pop-up; and audio instructions for a selection of items.

Site Researchers were assigned to coordinate data collection activities at each agency participating in the OIS-2018. Site Researchers were trained on the study instruments and procedures and each Site Researcher was assigned between three to six agencies. Site Researchers visited their agencies on a regular basis to provide participating workers with one-on-one support in completing their data collection instruments, to respond to questions, and to monitor study progress. Since the instrument for this cycle of the study was online for the first time, additional support strategies were developed, and many workers preferred to complete the instruments over the phone with their assigned Site Researcher.

Completion of the data collection instrument was designed to coincide with the point when investigating workers complete their written report of the investigation; typically required within 45 days of beginning 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. Workers were instructed not to include any identifying information on the study forms. The data were extracted from the online platform

and entered into SPSS Version 26. Inconsistent responses and miscodes were systematically identified and cleaned. Duplicate cases were screened and deleted on the basis of agency identification numbers and date of opening.

Participation and Item Completion Rates

The *OIS-2018 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.⁴ The online instrument could not be submitted until all items were completed. The participation rate was estimated 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 over 99 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 in order 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-2018 were weighted in order to derive provincial, annual incidence estimates. Design weights were applied to each case selected

⁴ The high item completion rate can be attributed to the design of the data collection instrument, the verification procedures, and the one-on-one support offered to participating workers by OIS-2018 Site Researchers. In designing the Maltreatment Assessment, careful attention was given to maintaining a logical and efficient format for all questions. The use of check boxes minimized completion time. An "unknown" category was included for many questions to help distinguish between missed responses and unknown responses.

in sampled agencies during the three-month case selection period. In order to increase the precision and accuracy of estimates for the overall agency volume for 2018, calibration factors, based on known numbers of investigations, were applied. It is important to note that estimates are representative of Ontario, and not necessarily reflective of the experiences of delegated Indigenous Child and Family Well-Being Agencies in Ontario. Please see Appendix F in the OIS-2018 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 2016 Census data⁵ (see Tables 5-1 and 5-2). A custom Census run was provided by Statistics Canada which included "Aboriginal status" 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 "Aboriginal 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-2018 sample. Please see Appendix F in the OIS-2018 Major Findings Report for a detailed description of the weighting and estimation.

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-2018 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-2018 estimates are based on a relatively large sample of 7,590 child maltreatment-related investigations, sampling error is primarily driven by the variability between the 18 participating 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 placement in foster care (22.66) and placement considered (23.63). There were estimates that had CV's over 33 that should be interpreted with extreme caution (placement in kinship in care, group home and group home/residential secure treatment estimates).

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-2018 data collection and data handling protocols and procedures were reviewed and approved by the University of Toronto's Health Sciences Research Ethics Board.

The study utilized a case file review methodology. The case files are the property of the ICFWBA or CAS. Therefore, the permission of the agency was required in order to access the case files. Confidentiality of case information and participants, including workers and agencies, was maintained throughout the process. No directly identifying information was collected on the data collection instrument. The *Intake Information* section collected partially identifying information about the children, including their first names, ages and first two letters of their family surname. The *Intake Information* section also included the file/case number the agency assigns. This information was used only for verification purposes. Any names on the forms were deleted during verification. The OIS-2018 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-2018 adhered to the First Nations 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-2018, adherence to OCAP

5 Statistics Canada. (2016). Age (in Single Years) and Average Age and Sex for the Population of Canada, Provinces and Territories, Census Divisions, Census Subdivisions and Dissemination Areas, 2016 Census - 100% Data, Statistics Canada Catalogue no. 98-400-X2016003. Statistics Canada: Ottawa, Ontario.

principles is a shared concern that shapes the collaborative relationship between the OIS-2018 Advisory Committee and the research team. Representatives from ANCFSAO were invited to be members of the OIS-2018 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-2018 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 maltreatment-related 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 broken bones, burns and scalds, or head trauma could not be reported due to the small sample sizes;
- the OIS **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 that were investigated and does not include incidents of intimate partner violence that were reported only to police or never reported; and
- 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.

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 Binnoojiiyag 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. Please see incidence calculation below.

Incidence Calculation

(Rate per 1,000 child maltreatment-related investigations for children under the age of 15 years old)

(Census population of First Nations children under the age of 15 years old in Ontario)

x 1000

Chapter 3: Investigations Involving First Nations Children and Families

This chapter will describe the investigations involving First Nations children in Ontario in 2018.

As shown in Table 3-1a, an estimated 11,480 investigations (a rate of 174.43 per 1,000 children) involved First Nations children under 16 years old in Ontario in 2018. This accounts for approximately 7% of all child maltreatment-related investigations in Ontario in 2018. Of these, 4% were identified as First Nations (status) and 3% as First Nations (non-status). This report focuses on investigations involving First Nations children (status and non-status), compared to investigations involving non-Indigenous children (an estimated 134,642 investigations; a rate of 59.51 per 1,000 non-Indigenous children in Ontario; Table 3-1a).

Table 3-1b presents the estimated investigations involving 16 and 17 year old First Nations and non-Indigenous children in Ontario in 2018. In Ontario in 2018, an estimated 696 investigations involved 16 and 17 year old First Nations children (a rate of 80.65 per 1,000 children) compared to an estimated 9,038 investigations involved 16 and 17 year old non-Indigenous children (a rate of 29.63 per 1,000 children).

As shown in Table 3-2, referrals for investigations involving First Nations children were primarily from professionals (70%; an estimated 8,011 investigations or a rate of 121.72 per 1,000 First Nations children). Non-professionals referred 24% of investigations involving First Nations children (an estimated 2,700 investigations), and Other/Anonymous referred 11% (an estimated 1,269 investigations). The proportions for non-Indigenous investigations were similar; however,

Table 3-1a: Indigenous Heritage of Children (under 16 Years Old) in Investigations in Ontario in 2018			
Indigenous Heritage	Number of Investigations	Rate per 1,000 Children	%
First Nations	11,480	174.43	7%
First Nations, Status	6,324	N/A	4%
First Nations, Non-Status	5,156	N/A	3%
Non-Indigenous	134,642	59.51	91%
Total Investigations	148,536	62.89	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 7,115 child maltreatment-related investigations in 2018 with information about the child's Indigenous heritage, aged 0 - 15 years.

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 Old) in Investigations in Ontario in 2018			
Indigenous Heritage	Number of Investigations	Rate per 1,000 Children	%
First Nations	696	80.65	7%
Non-Indigenous	9,038	29.63	93%
Total Investigations	9,734	31.04	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 60 child maltreatment-related investigations in 2018 involving First Nations children aged 16 and 17 years old and 407 child maltreatment-related investigations involving non-Indigenous children aged 16 and 17 years old 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.

Table 3-2: Referral Source in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
	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	2,700	41.02	24%	29,571	13.07	22%
Any Professional	8,011	121.72	70%	99,674	44.06	74%
Other/Anonymous	1,269	19.28	11%	9,964	4.40	7%
Total Investigations	11,480	174.43	100%	134,642	59.51	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 859 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,141 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about referral source.

Columns do not add up 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 in Ontario in 2018

	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	1,173	17.82	10%	28,309	12.51	21%
Sexual Abuse	326	4.95	3%	3,627	1.60	3%
Neglect	2,586	39.29	23%	19,242	8.51	14%
Emotional Maltreatment	479	7.28	4%	8,717	3.85	6%
Exposure to Intimate Partner Violence	2,026	30.78	18%	25,561	11.30	19%
Subtotal: All Maltreatment Investigations	6,590	100.13	57%	85,456	37.77	63%
Risk of Future Maltreatment Investigations	4,890	74.30	43%	49,186	21.74	37%
Total Investigations	11,480	174.43	100%	134,642	59.51	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 859 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,141 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about the nature of the investigation.

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.

As shown in Table 3-3, forty-three percent of investigations involving First Nations children were conducted for risk of future maltreatment (an estimated 4,890; a rate of 74.30 per 1,000 First Nations children) compared to 37% for non-Indigenous children (a rate of 21.74 per 1,000 non-Indigenous children). Investigations involving allegations of maltreatment accounted for 57% of those involving First Nations children (an estimated 6,590 investigations; a rate of 100.13 per 1,000 First Nations children). The highest proportion of these maltreatment allegations were for neglect (23%), followed by 18% for exposure to intimate partner violence, 10% for physical abuse, 4% for emotional maltreatment, and 3% for sexual abuse. Investigations involving allegations of maltreatment accounted for 63% of those involving non-Indigenous children (an estimated 85,456 investigations; a rate of 37.77 per 1,000 non-Indigenous children); of these, 21% were for physical abuse, 19% for exposure to intimate partner violence, 14% for neglect, 6% for emotional

Table 3-4: History of Previous Investigations in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
	First Nations Children			Non-Indigenous Children		
Previous Investigations	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Child Previous Investigated	9,529	144.78	85%	90,319	39.92	68%
Child Not Previously Investigated	1,670	25.37	15%	40,940	18.10	31%
Unknown	-	-	0%	1,356	0.60	1%
Total Investigations	11,249	170.92	100%	132,615	58.62	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,050 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about previous investigations.

This question was not applicable for a sample of 10 investigations involving First Nations children and 91 investigations involving non-Indigenous children in which the case was opened under a community caregiver. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). The estimated number of community caregiver investigations involving First Nations children is 231 and the estimated number of community caregiver investigations involving non-Indigenous children is 2,027.

- Estimate was <100 investigations.

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.

maltreatment, and 3% for sexual abuse.

As shown in Table 3-4, a history of

previous investigations were higher for those involving First Nations children; 85% (an estimated 9,529 investigations; a rate of 144.78

per 1,000 First Nations children) were noted as having previous investigations compared to 68% of investigations involving non-Indigenous children (an estimated 90,319; a rate of 39.92 per 1,000

non-Indigenous children). As shown in Table 3-5, workers referred families to services more often for those investigations involving First Nations children compared to non-Indigenous

children. Almost half of the investigations involving First Nations children had referrals (48%; an estimated 5,473 investigations; a rate of 83.16 per 1,000 First Nations children) compared to 36% for

Table 3-5: Referrals to Services in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

Referrals to Services	First Nations Children			Non-Indigenous Children		
	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Parent Education or Support Services	1,900	28.87	17%	17,156	7.58	13%
Family or Parent Counselling	1,511	22.96	13%	20,882	9.23	16%
Drug/Alcohol Counselling or Treatment	973	14.78	8%	3,964	1.75	3%
Psychiatric/Mental Health Services	1,796	27.29	16%	11,081	4.90	8%
Intimate Partner Violence Services	654	9.94	6%	9,199	4.07	7%
Welfare or Social Assistance	211	3.21	2%	986	0.44	1%
Food Bank	190	2.89	2%	2,038	0.90	2%
Shelter Services	342	5.20	3%	1,983	0.88	1%
Housing	556	8.45	5%	2,601	1.15	2%
Legal	226	3.43	2%	3,106	1.37	2%
Child Victim Support Services	170	2.58	1%	3,370	1.49	3%
Special Education Placement	-	-	1%	541	0.24	0%
Recreational Services	212	3.22	2%	1,770	0.78	1%
Medical or Dental Services	279	4.24	2%	2,784	1.23	2%
Speech/Language	212	3.22	2%	585	0.26	0%
Child or Day Care	260	3.95	2%	1,851	0.82	1%
Cultural Services	1,510	22.94	13%	1,990	0.88	1%
Immigration Services	0	0.00	0%	683	0.30	1%
Other	661	10.04	6%	4,782	2.11	4%
Subtotal: Any Referral Made	5,473	83.16	48%	47,953	21.20	36%
No Referrals Made	6,007	91.27	52%	86,689	38.32	64%
Total Investigations	11,480	174.43	100%	134,642	59.51	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 859 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,141 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about referrals to services.

Columns do not add up to totals because an investigation could more than one referral could be made.

- Estimate was <100 investigations.

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.

those involving non-Indigenous families (47,953; a rate of 21.20 per 1,000 non-Indigenous children). The most frequently noted referrals for investigations involving First Nations children were: parent education or support services (17%), psychiatric or mental health services (16%), family or parent counselling (13%), and cultural services (13%). 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 (8%), and intimate partner violence services (7%).

As shown in Table 3-6, investigations involving First Nations children were transferred to ongoing services more often than investigations involving non-Indigenous children. Thirty-six percent of investigations involving First Nations children were transferred to ongoing services (an estimated 4,187 investigations; a rate of 63.62 per 1,000 children) compared to 18% of investigations for non-Indigenous children (an estimated 24,716 investigations; a rate of 10.92 per 1,000 children).

Table 3-6: Provision of Ongoing Services Following Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	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	%
Case to Stay Open for Ongoing Services	4,187	63.62	36%	24,716	10.92	18%
Case to be Closed	7,293	110.81	64%	109,926	48.59	82%
Total Investigations	11,480	174.43	100%	134,642	59.51	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,050 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.

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.

Chapter 4: Substantiated Investigations Involving First Nations Children and Families

This chapter will examine substantiated investigations involving First Nations children. The OIS-2018 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

Twenty-four percent of investigations involving First Nations children were substantiated (a rate of 41.97 per 1,000 First Nations children); a similar proportion to those involving non-Indigenous children (25%). However, the rate is much lower for non-Indigenous children (15.04 per 1,000

Table 4-1: Substantiation Decisions in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
	First Nations Children			Non-Indigenous Children		
Substantiation Decision	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Unfounded Maltreatment	3,241	49.24	28%	45,872	20.28	34%
Suspected Maltreatment	587	8.92	5%	5,557	2.46	4%
Substantiated Maltreatment	2,762	41.97	24%	34,027	15.04	25%
No Risk of Future Maltreatment	3,238	49.20	28%	37,519	16.58	28%
Risk of Future Maltreatment	1,207	18.34	11%	7,460	3.30	6%
Unknown Risk of Future Maltreatment	445	6.76	4%	4,207	1.86	3%
Total Investigations	11,480	174.43	100%	134,642	59.51	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 859 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,141 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.

non-Indigenous children). More investigations involving First Nations children had confirmed risk (11%; an estimated 1,207 investigations; a rate of 18.34 per 1,000 First Nations children) compared to non-Indigenous children (6%; an estimated 7,460 investigations; a rate of 3.30 per 1,000 non-Indigenous children).

The next tables in this chapter will focus on substantiated investigations: an estimated 2,762 for First Nations children, and an estimated 34,027 for non-Indigenous children.

As shown in Table 4-2, more than half of substantiated maltreatment for First Nations children involved a single incident (52%; an estimated 1,434 substantiated investigations; a rate of 21.79 per 1,000 First Nations children). For substantiated

investigations involving non-Indigenous children, more than half (56%) involved multiple incidents (an estimated 19,089 substantiated investigations; a rate of 8.44 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, child required treatment to manage the symptoms of emotional harm. Workers noted no emotional harm in substantiated investigations involving First Nations children in 74% of substantiated investigations (an estimated 2,038 substantiated investigations; a rate of 30.97 per 1,000 First Nations children);

emotional harm was noted for 26% of substantiated investigations (an estimated 724; a rate of 11.00 per 1,000 First Nations children) with almost all of those requiring therapeutic treatment (22% of substantiated investigations). This is compared to 63% with no emotional harm for those involving non-Indigenous children (an estimated 21,472 substantiated investigations; a rate of 9.49 per 1,000 non-Indigenous children; see Table 4-3).

The OIS-2018 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 investigations have no physical harm noted: 94% for those involving First Nations children (an estimated 2,602 or a rate of 39.54 per 1,000 First Nations children) compared to 95% (32,000 or 14.23 per 1,000 non-

Table 4-2: Duration of Maltreatment in Substantiated Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
	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	1,434	21.79	52%	14,938	6.60	44%
Multiple Incidents	1,328	20.18	48%	19,089	8.44	56%
Total Substantiated Maltreatment	2,762	41.97	100%	34,027	15.04	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 206 substantiated child maltreatment investigations in 2018 involving First Nations children, aged 0 - 15 years, and 1,551 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.

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.

Indigenous children; see Table 4-4).

Workers were asked to indicate the level of police involvement for each maltreatment code listed. If a police investigation was ongoing and a decision to lay charges had not yet been made, workers were directed to select the "Investigation" item. Most substantiated investigations did not have police involvement: 53% of

substantiated investigations involving First Nations children, and 54% of those involving non-Indigenous children. Charges were laid in 28% of substantiated investigations for First Nations children (a rate of 11.88 per 1,000 First Nations children) compared to 24% for non-Indigenous children (a rate of 3.55 per 1,000 non-Indigenous children). There was a police investigation in 17% of

Table 4-3: Emotional Harm in Substantiated Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
	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	119	1.81	4%	5,560	2.46	16%
Emotional Harm, Therapeutic Treatment Required	605	9.19	22%	6,995	3.09	21%
Subtotal: Any Emotional Harm Documented	724	11.00	26%	12,555	5.55	37%
No Emotional Harm Documented	2,038	30.97	74%	21,472	9.49	63%
Total Substantiated Investigations	2,762	41.97	100%	34,027	15.04	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 206 substantiated child maltreatment investigations in 2018 involving First Nations children, aged 0 - 15 years, and 1,551 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.

substantiated investigations involving First Nations children (a rate of 7.28 per 1,000 First Nations children), and 21% of substantiated investigations involving non-Indigenous children (3.22 per 1,000 non-Indigenous children; see Table 4-5).

Table 4-4: Physical Harm in Substantiated Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
	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	-	-	2%	1,412	0.62	4%
Physical Harm, Medical Treatment Required	111	1.69	4%	415	0.18	1%
Subtotal: Any Physical Harm Documented	160	2.43	6%	1,827	0.81	5%
No Physical Harm Documented	2,602	39.54	94%	32,200	14.23	95%
Total Substantiated Investigations	2,762	41.97	100%	34,027	15.04	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 206 substantiated child maltreatment investigations in 2018 involving First Nations children, aged 0 - 15 years, and 1,551 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.

- Estimate was <100 investigations.

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 4-5: Police Involvement in Substantiated Maltreatment Involving First Nations and non-Indigenous Children in Ontario in 2018						
	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	479	7.28	17%	7,292	3.22	21%
Charges Laid	782	11.88	28%	8,039	3.55	24%
None	1,476	22.43	53%	18,299	8.09	54%
Unknown	-	-	1%	397	0.18	1%
Total Substantiated Maltreatment Investigations	2,762	41.97	100%	34,027	15.04	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 206 substantiated child maltreatment investigations in 2018 involving First Nations children, aged 0 - 15 years, and 1,551 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.

- Estimate was <100 investigations.

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.

The following tables include substantiated 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 collapses “no application” and “application considered” into a single category (No Application to Court). Five percent of substantiated and

confirmed risk child investigations involving both First Nations and non-Indigenous children resulted in an application to child welfare court. However, the rate is higher for First Nations children (2.84 per 1,000 First Nations children) compared to non-Indigenous children (0.85 per non-Indigenous children).

Table 4-6: Applications to Child Welfare Court in Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations Involving First Nations and non-Indigenous Children						
	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	%
No Application to Court	3,782	57.46	95%	39,564	17.49	95%
Application Made	187	2.84	5%	1,922	0.85	5%
Total Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations	3,969	60.31	100%	41,486	18.34	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 291 substantiated child maltreatment and confirmed risk of future maltreatment investigations in 2018 involving First Nations children, aged 0 - 15 years, and 1,895 substantiated child maltreatment and confirmed risk of future maltreatment 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.

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 4-7, 16% of substantiated and confirmed risk investigations for First Nations children involved a placement: 10% were placed with a relative (a rate of 6.17 per 1,000 First Nations children), 5% in foster care (a rate of 3.05 per 1,000 First Nations children), and 1% in a group home or residential secure treatment. The proportion and rates of placement are smaller for these investigations involving non-Indigenous children: 4% were placed with a relative (a rate of 0.75 per 1,000 non-Indigenous children), and 2% in foster care (a rate of 0.40 per 1,000 non-Indigenous children). Group home placements were also measured in the OIS-2018. 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. As shown in Table 4-7, 16% of substantiated and confirmed risk investigations for First Nations children involved a placement: 10% were placed with a relative (a rate of 12.34 per 1,000 First Nations children), 5% in foster care (a rate of 6.11 per 1,000 First Nations children), and 1% in a group home or residential secure treatment. The proportion and rates of placement are smaller for these investigations involving non-Indigenous children: 4% were placed with a relative (a rate of 0.75 per 1,000 non-Indigenous

children), and 2% in foster care (a rate of 0.40 per 1,000 non-Indigenous children). Group home placements were also measured in the OIS-2018. 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 4-7: Placements in Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	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	3,340	50.76	84%	38,795	17.15	94%
Child with Relative (Not a Formal Child Welfare Placement)	406	6.17	10%	1,689	0.75	4%
Foster Care (Includes Foster and Kinship Care)	201	3.05	5%	908	0.40	2%
Group Home/Residential Secure Treatment	-	-	1%	-	-	0%
Total Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations	3,969	60.31	100%	41,486	18.34	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018. This table was updated on August 12, 2025.

Based on a sample of 291 substantiated child maltreatment and confirmed risk of future maltreatment investigations in 2018 involving First Nations children, aged 0 - 15 years, and 1,895 substantiated child maltreatment and confirmed risk of future maltreatment 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.

- Estimate was <100 investigations.

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.

Chapter 5: Child and Caregiver Characteristics for Investigations Involving First Nations Children

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

Approximately half (53%) of investigations involving First Nations children are male (an estimated 6,043 investigations; a rate of 181.42 per 1,000 First Nations boys), and 47% are female (5,437; a rate of 167.37 per 1,000 First Nations girls). Investigations involving non-Indigenous children have similar proportions: 51% male (an estimated 69,257 investigations), and 49% female (65,385 investigations), but rates of investigation are approximately a third of First Nations children with a rate of 59.67 per 1,000 non-Indigenous boys and 59.34 per 1,000 non-Indigenous girls (see Table 5-1).

Investigations involving First Nations children involve younger children compared to investigations involving non-Indigenous children. For example, 30% of First Nations children investigated are under 4 years old (an estimated 1,794 girls or a rate of 228.68 per 1,000 First Nations girls; and 1,662 boys or a rate of 208.79 per 1,000 First Nations boys). This compares to 20% of investigations involving non-Indigenous children under 4 years old (13,255 girls and 13,907 boys), and much lower rates (51.35 per 1,000 non-Indigenous girls, and 51.57 per 1,000 non-Indigenous boys). Whereas, the proportions of older children are similar: 22% of investigations involve 12 to 15 year old First Nations children (1,093 girls and 1,416 boys) compared to 23% 12 to 15 years old non-

Indigenous children (16,772 girls and 15,271 boys). However, the rates of investigations involving older children are much higher for those involving 12 to 15 year old First Nations children: a rate of 138.97 per 1,000 First Nations 12-15 year old girls compared to a rate of 59.31 per 1,000 non-Indigenous girls, and a rate of 170.71 per 1,000 First Nations 12-15 year old boys compared to 51.00 per 1,000 non-Indigenous 12-15 year old boys.

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. As shown in Table 5-2, in Ontario in 2018, an estimated 696 investigations involved 16 and 17 year old First Nations children (a rate of 80.65 per 1,000 First Nations 16-17 year old children) compared to an estimated 9,038 investigations involved 16 and 17 year old non-Indigenous children (a rate of 29.63 per 1,000 non-Indigenous 16-17 year old children). Most (62%) investigations involving First Nations children 16 - 17 years old are 16 year olds (an estimated 221 girls or a rate of 103.27, and an estimated 207 boys or a rate of 95.39). Though the proportions are similar, the rates are, again, much lower for investigations involving non-Indigenous children. The rate of investigation for 16 year old non-Indigenous girls is 39.30 per 1,000 and 29.61 for 16 year old non-Indigenous boys.

Child functioning classifications reflect physical, emotional, cognitive, and behavioural issues. Child welfare workers were asked to consider 17 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. Thirty-five percent of investigations involving First Nations children have at least one noted child functioning concern (an estimated 4,044 investigations; a rate of 61.44 per 1,000 First Nations children) compared to 32% for non-Indigenous children (a rate of 18.87 per 1,000 non-Indigenous children). The most frequently noted child functioning concerns for investigations involving First Nations children are: 16% with academic or learning difficulties (an estimated 1,828 investigations), 13% with noted depression or anxiety or withdrawal (1,487), 12% with intellectual or developmental disabilities (1,420), and 12% with noted aggression or conduct issues (1,311). The most frequently noted child functioning concerns for investigations involving non-Indigenous children are similar: 14% with academic or learning difficulties (an estimated 18,740 investigations), 11% with noted depression or anxiety or withdrawal (14,771), 10% with noted aggression or conduct issues (13,802), and 10% with noted ADHD (13,584). The differences appear to be with younger children: 4% of investigations involving First Nations children have noted positive toxicology at birth (an estimated 413 investigations) compared to

Table 5-1: Child Age and Sex in Investigations involving First Nations and non-Indigenous Children Under 16 Years Old in Ontario in 2018

		First Nations Children				Non-Indigenous Children			
Child Age and Sex		Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%	Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%
0-15 Years	All Children	65,795	11,480	174.48	100%	2,262,420	134,642	59.51	100%
	Females	32,485	5,437	167.37	47%	1,101,835	65,385	59.34	49%
	Males	33,310	6,043	181.42	53%	1,160,585	69,257	59.67	51%
0-3 Years	Females	7,845	1,794	228.68	16%	258,110	13,255	51.35	10%
	Males	7,960	1,662	208.79	14%	269,680	13,907	51.57	10%
< 1 Year	Females	1,910	557	291.62	5%	63,605	3,705	58.25	2%
	Males	1,990	540	271.36	5%	65,975	3,445	52.22	2%
1 Year	Females	1,895	374	197.36	3%	63,165	2,602	41.19	3%
	Males	2,020	333	164.85	3%	66,475	3,079	46.32	2%
2 Years	Females	1,980	479	241.92	4%	65,230	3,395	52.05	3%
	Males	1,995	399	200.00	3%	67,170	3,197	47.60	2%
3 Years	Females	2,060	384	186.41	3%	66,110	3,553	53.74	3%
	Males	1,955	390	199.49	3%	70,060	4,186	59.75	3%
4-7 Years	Females	8,650	1,292	149.36	11%	275,570	18,234	66.17	14%
	Males	8,635	1,372	158.89	12%	291,285	19,404	66.62	14%
4 Years	Females	2,045	363	177.51	3%	68,360	4,336	63.43	3%
	Males	2,075	229	110.36	2%	71,495	4,562	63.81	3%
5 Years	Females	2,180	337	154.59	3%	67,105	4,318	64.35	3%
	Males	2,135	345	161.59	3%	71,265	4,489	62.99	3%
6 Years	Females	2,180	451	206.88	4%	70,070	4,858	69.33	4%
	Males	2,230	364	163.23	3%	73,505	5,265	71.63	4%
7 Years	Females	2,245	141	62.81	1%	70,035	4,722	67.42	4%
	Males	2,195	434	197.72	4%	75,020	5,088	67.82	4%
8-11 Years	Females	8,125	1,258	154.83	11%	285,370	17,124	60.01	13%
	Males	8,420	1,593	189.19	14%	300,180	20,675	68.88	15%
8 Years	Females	2,080	311	149.52	3%	73,000	4,603	63.05	3%
	Males	2,125	301	141.65	3%	76,555	5,662	73.96	4%
9 Years	Females	2,090	278	133.01	2%	72,145	4,206	58.30	3%
	Males	2,155	528	245.01	5%	74,430	5,741	77.13	4%
10 Years	Females	1,980	305	154.04	3%	70,555	4,420	62.65	3%
	Males	2,120	350	165.09	3%	74,460	4,485	60.23	3%
11 Years	Females	1,975	364	184.30	3%	69,670	3,895	55.91	3%
	Males	2,020	414	204.95	4%	74,735	4,787	64.05	4%
12-15 Years	Females	7,865	1,093	138.97	10%	282,785	16,772	59.31	12%
	Males	8,295	1,416	170.71	12%	299,440	15,271	51.00	11%
12 Years	Females	1,990	197	98.99	2%	70,715	4,809	68.01	4%
	Males	2,055	435	211.68	4%	75,805	3,856	50.87	3%
13 Years	Females	1,810	310	171.27	3%	69,695	3,854	55.30	3%
	Males	2,045	227	111.00	2%	73,275	4,285	58.48	3%
14 Years	Females	2,025	278	137.28	2%	70,780	3,942	55.69	3%
	Males	2,010	367	182.59	3%	73,695	3,384	45.92	3%
15 Years	Females	2,040	308	150.98	3%	71,595	4,167	58.20	3%
	Males	2,185	387	177.12	3%	76,665	3,746	48.86	3%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 859 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,141 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about child age.

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 5-2: Child Age and Sex in Investigations Involving First Nations and non-Indigenous Children Aged 16 and 17 Years Old in Ontario in 2018

		First Nations Children				Non-Indigenous Children			
Child Age and Sex		Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%	Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%
16-17 Years	All Children	8,630	696	80.65	100%	305,000	9,038	29.63	100%
	Females	4,215	345	81.85	50%	147,935	4,851	32.79	54%
	Males	4,415	351	79.50	50%	157,065	4,187	26.66	46%
16 Years	Females	2,140	221	103.27	32%	73,415	2,885	39.30	32%
	Males	2,170	207	95.39	30%	78,700	2,330	29.61	26%
17 Years	Females	2,075	124	59.76	18%	74,520	1,966	26.38	22%
	Males	2,245	144	64.14	21%	78,365	1,857	23.70	21%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 60 child maltreatment-related investigations in 2018 involving First Nations children aged 16 and 17 years old and 407 child maltreatment-related investigations involving non-Indigenous children aged 16 and 17 years old with information about child age.

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 5-3: Child Functioning Concerns in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

Child Functioning Concern	First Nations Children			Non-Indigenous Children		
	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Positive Toxicology at Birth	413	6.28	4%	1,133	0.50	1%
FASD	409	6.21	4%	996	0.44	1%
Failure to Meet Developmental Milestones	1,126	17.11	10%	6,647	2.94	5%
Intellectual/Developmental Disability	1,420	21.58	12%	12,322	5.45	9%
Attachment Issues	1,029	15.63	9%	7,187	3.18	5%
ADHD	996	15.13	9%	13,584	6.00	10%
Aggression/Conduct Issues	1,331	20.22	12%	13,802	6.10	10%
Physical Disability	172	2.61	1%	1,653	0.73	1%
Academic/Learning Difficulties	1,828	27.77	16%	18,740	8.28	14%
Depression/Anxiety/Withdrawal	1,487	22.59	13%	14,771	6.53	11%
Self-harming Behaviour	538	8.17	5%	4,590	2.03	3%
Suicidal Thoughts	497	7.55	4%	4,518	2.00	3%
Suicide Attempts	204	3.10	2%	1,232	0.54	1%
Inappropriate Sexual Behaviour	334	5.07	3%	2,545	1.12	2%
Running (Multiple Incidents)	488	7.41	4%	1,907	0.84	1%
Alcohol Abuse	165	2.51	1%	759	0.34	1%
Drug/Solvent Abuse	197	2.99	2%	1,466	0.65	1%
Youth Criminal Justice Act Involvement	170	2.58	1%	791	0.35	1%
Other Functioning Concern	214	3.25	2%	1,422	0.63	1%
Subtotal: At Least One Child Functioning Concern	4,044	61.44	35%	42,702	18.87	32%
No Child Functioning Concerns	7,436	112.98	65%	91,940	40.64	68%
Total Investigations	11,480	174.43	100%	134,642	59.51	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 859 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,141 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about child functioning concerns.

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.

1% (1,133) for non-Indigenous children, 4% have noted FASD (409 investigations) compared to 1% (996), and 10% (an estimated 1,126 investigations) have noted a failure to meet developmental milestones compared to 5% for non-Indigenous children (an estimated 6,647; see Table 5-3).

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 (44% or an estimated 4,941 investigations) with a rate of 75.07 per 1,000 First Nations children, compared to 36% for investigations involving non-

Table 5-4: Number of Caregivers in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

Number of Caregivers	First Nations Children			Non-Indigenous Children		
	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Single-caregiver Household	4,941	75.07	44%	48,325	21.36	36%
Dual-caregiver Household	6,308	95.84	56%	84,274	37.25	64%
Total Investigations	11,249	170.92	100%	132,599	58.61	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,049 child maltreatment-related 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 10 investigations involving First Nations children and 91 investigations involving non-Indigenous children in which the case was opened under a community caregiver. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). The estimated number of community caregiver investigations involving First Nations children is 231 and the estimated number of community caregiver investigations involving non-Indigenous children is 2,027. The question was also not applicable for a sample of one investigation involving a non-Indigenous youth living independently. There were no investigations involving First Nations children under 15 living independently included in the study, and the estimated number of investigations involving non-Indigenous youth living independently was 16.

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 Sex of Primary Caregivers in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

		First Nations Children			Non-Indigenous Children		
Primary Caregiver Age and Sex		Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
<16 Years	Females	0	0.00	0%	-	-	0%
	Males	0	0.00	0%	0	0.00	0%
16-17 Years	Females	-	-	1%	120	0.05	0%
	Males	0	0.00	0%	0	0.00	0%
18-21 Years	Females	509	7.73	5%	1,818	0.80	1%
	Males	0	0.00	0%	-	-	0%
22-30 Years	Females	3,491	53.04	31%	26,050	11.51	20%
	Males	158	2.40	1%	1,469	0.65	1%
31-40 Years	Females	4,226	64.21	38%	59,112	26.13	45%
	Males	647	9.83	6%	5,053	2.23	4%
41-50 Years	Females	1,020	15.50	9%	27,011	11.94	20%
	Males	346	5.26	3%	4,534	2.00	3%
51-60 Years	Females	429	6.52	4%	4,174	1.84	3%
	Males	120	1.82	1%	1,571	0.69	1%
>60 Years	Females	185	2.81	2%	1,168	0.52	1%
	Males	-	-	0%	368	0.16	0%
Total	Females	9,930	150.88	88%	119,469	52.81	90%
	Males	1,320	20.06	12%	13,045	5.77	10%
Total Investigations		11,249	170.92	100%	132,514	58.57	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,046 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about primary caregiver age.

This question was not applicable for a sample of 10 investigations involving First Nations children and 91 investigations involving non-Indigenous children in which the case was opened under a community caregiver. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). The estimated number of community caregiver investigations involving First Nations children is 231 and the estimated number of community caregiver investigations involving non-Indigenous children is 2,027. The question was also not applicable for a sample of one investigation involving a non-Indigenous youth living independently. There were no investigations involving First Nations children under 15 living independently included in the study, and the estimated number of investigations involving non-Indigenous youth living independently was 16.

Rate and percentage columns may not add to totals due to rounding. Total Investigations for Non-Indigenous Children does not add up to the number in Table 3-3 due to missing data.

- Estimate was <100 investigations.

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.

Indigenous children (an estimated 48,325 investigations) or a rate of 21.36 per 1,000 non-Indigenous children (see Table 5-4).

Primary caregivers are predominantly female for investigations involving First Nations children (88%; an estimated 9,930 investigations; a rate of 150.88 per 1,000 First Nations children), and for investigations involving non-Indigenous children (90%; an estimated 119,469 investigations; a rate of 52.81 per 1,000 non-Indigenous children). Investigations involving First Nations children have a higher proportion of younger primary caregivers: 38% of caregivers are 30 years and younger (1% are 16-17 years; 5% are 18-21 years; 32% are 22-30 years),

compared to 22% for investigations involving non-Indigenous children (1% are 18-21 years; 21% are 22-30 years; see Table 5-5).

The primary caregiver was noted as the biological mother in most investigations: 79% for investigations involving First Nations children (an estimated 8,898 investigations; a rate of 135.20 per 1,000 First Nations children) and 85% for investigations involving non-Indigenous children (an estimated 112,743 investigations; a rate of 49.83 per 1,000 non-Indigenous children). Other types of 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 523 investigations; a rate of 7.95 per 1,000 First Nations children) compared to 2% for non-Indigenous children (an estimated 2,675 investigations; a rate of 1.18 per 1,000 non-Indigenous children; see Table 5-6).

Investigating workers were asked to consider nine potential caregiver risk factors (alcohol abuse, drug/solvent abuse, mental health issues, physical health issues, few social supports, victim of intimate partner violence, perpetrator of intimate partner violence and history of foster care/

Table 5-6: Primary Caregiver's Relationship to the Child in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	First Nations Children			Non-Indigenous Children		
Primary Caregiver's Relationship to Child	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Biological Mother	8,898	135.20	79%	112,743	49.83	85%
Biological Father	1,115	16.94	10%	11,791	5.21	9%
Parent's Partner	197	2.99	2%	2,348	1.04	2%
Kin Foster Parent	120	1.82	1%	245	0.11	0%
Non-kin Foster Parent	-	-	1%	595	0.26	0%
Adoptive Parent	183	2.78	2%	1,311	0.58	1%
Grandparent	523	7.95	5%	2,675	1.18	2%
Aunt/Uncle	-	-	1%	611	0.27	0%
Other	-	-	1%	248	0.11	0%
Total Investigations	11,249	170.92	100%	132,567	58.59	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,047 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about the primary caregiver's relationship to the child.

This question was not applicable for a sample of 10 investigations involving First Nations children and 91 investigations involving non-Indigenous children in which the case was opened under a community caregiver. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). The estimated number of community caregiver investigations involving First Nations children is 231 and the estimated number of community caregiver investigations involving non-Indigenous children is 2,027. The question was also not applicable for a sample of one investigation involving a non-Indigenous youth living independently. There were no investigations involving First Nations children under 15 living independently included in the study, and the estimated number of investigations involving non-Indigenous youth living independently was 16.

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

Total Investigations for non-Indigenous Children does not add up to the number in Table 3-3 due to missing data.

- Estimate was <100 investigations.

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.

group home). Where applicable, the reference point for identifying concerns about caregiver risk factors was the previous six months. Seventy percent of investigations involving First Nations children (an estimated 7,830; a rate of 118.97 per 1,000 First Nations children) have at least one noted primary caregiver risk factor compared to 53% for non-Indigenous children (an estimated 69,905 investigations; a rate of 30.90 per 1,000 non-Indigenous children). The most frequently noted primary caregiver risk factors for investigations

involving First Nations children are: mental health issues (34%; an estimated 3,849 investigations), victim of intimate partner violence (31%; 3,524 investigations), and few social supports (26%; 2,889 investigations). The most frequently noted primary caregiver risk factors for investigations involving non-Indigenous children are similar: victim of intimate partner violence (26%; 35,112 investigations), mental health issues (22%; an estimated 29,732 investigations), and few social supports (21%; 28,109 investigations). The differences

between investigations involving First Nations children compared to those involving non-Indigenous children are for the following primary caregiver risk factors: alcohol abuse (22% or an estimated 2,456 investigations involving First Nations children compared to 6% or an estimated 7,970 investigations involving non-Indigenous children), drug/solvent abuse (15% vs 7%), and history of foster care or group home (14% vs 4%; see Table 5-7).

Table 5-7: Primary Caregiver Risk Factors in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	First Nations Children			Non-Indigenous Children		
Primary Caregiver's Relationship to Child	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Alcohol Abuse	2,456	37.32	22%	7,970	3.52	6%
Drug/Solvent Abuse	1,703	25.88	15%	9,224	4.08	7%
Cognitive Impairment	922	14.01	8%	4,104	1.81	3%
Mental Health Issues	3,849	58.48	34%	29,732	13.14	22%
Physical Health Issues	1,000	15.19	9%	7,416	3.28	6%
Few Social Supports	2,889	43.90	26%	28,109	12.42	21%
Victim of Intimate Partner Violence	3,524	53.54	31%	35,112	15.52	26%
Perpetrator of Intimate Partner Violence	1,236	18.78	11%	8,965	3.96	7%
History of Foster Care/Group Home	1,558	23.67	14%	4,658	2.06	4%
Subtotal: At Least One Primary Caregiver Risk Factor	7,830	118.97	70%	69,905	30.90	53%
No Primary Caregiver Risk Factors	3,419	51.95	30%	62,694	27.71	47%
Total Investigations	11,249	170.92	100%	132,599	58.61	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,049 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about primary caregiver risk factors.

This question was not applicable for a sample of 10 investigations involving First Nations children and 91 investigations involving non-Indigenous children in which the case was opened under a community caregiver. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). The estimated number of community caregiver investigations involving First Nations children is 231 and the estimated number of community caregiver investigations involving non-Indigenous children is 2,027. The question was also not applicable for a sample of one investigation involving a non-Indigenous youth living independently. There were no investigations involving First Nations children under 15 living independently included in the study, and the estimated number of investigations involving non-Indigenous youth living independently was 16.

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.

Chapter 6: Household Characteristics for Investigations Involving First Nations Children

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

Investigations involving First Nations children most often have families who live off reserve (83%; an estimated 7,050 investigations; a rate of 107.12 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 (see Appendix E for income source definitions). A smaller proportion of investigations involving First Nations children have caregivers with full-time employment as the household income source (32% or an estimated 3,619 investigations or a rate of 54.99 per 1,000 First Nations children) compared to 55% for non-Indigenous children (an estimated 72,735 investigations or a rate of 32.15 per 1,000 non-Indigenous children). While a larger proportion of investigations involving First Nations children have benefits or employment insurance or social assistance as the household income source (48% or an estimated 5,385 investigations or a rate of 81.82 per 1,000 First Nations children) compared to 23% for non-Indigenous children (an estimated 30,291 investigations or a rate of 13.39 per 1,000 non-Indigenous children; see Table 6-2).

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 caregivers who own

Table 6-1: Families Living On or Off Reserve in Investigations Involving First Nations Children in Ontario in 2018

	First Nations Children		
Family Living On or Off Reserve	Number of Investigations	Rate per 1,000 Children	%
Family Living On Reserve	1,485	22.56	17%
Family Living Off Reserve	7,050	107.12	83%
Total Investigations	8,535	129.68	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 683 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 13 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about whether the primary caregiver lived on or off reserve.

This was question was only applicable in investigations where the primary caregiver was noted to be Indigenous.

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 6-2: Household Source of Income in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	First Nations Children			Non-Indigenous Children		
Household Income Source	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Full-time Employment	3,619	54.99	32%	72,735	32.15	55%
Part-time/Multiple Jobs/Seasonal Employment	1,320	20.06	12%	12,809	5.66	10%
Benefits/EI/Social Assistance	5,385	81.82	48%	30,291	13.39	23%
Unknown	356	5.41	3%	7,760	3.43	6%
None	568	8.63	5%	9,020	3.99	7%
Total Investigations	11,249	170.92	100%	132,615	58.62	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,050 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about household income source.

This question was not applicable for a sample of 10 investigations involving First Nations children and 91 investigations involving non-Indigenous children in which the case was opened under a community caregiver. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). The estimated number of community caregiver investigations involving First Nations children is 231 and the estimated number of community caregiver investigations involving non-Indigenous children is 2,027.

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 6-3: Housing Type in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

Housing Type	First Nations Children			Non-Indigenous Children		
	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Own Home	1,697	25.78	15%	47,183	20.86	36%
Rental	5,956	90.50	53%	56,870	25.14	43%
Public Housing	1,803	27.39	16%	12,278	5.43	9%
Band Housing	682	10.36	6%	0	0.00	0%
Shelter/Hotel	268	4.07	2%	1,299	0.57	1%
Living with Friends/Family	448	6.81	4%	6,375	2.82	5%
Other	-	-	1%	-	-	0%
Unknown	304	4.62	3%	8,511	3.76	6%
Total Investigations	11,249	170.92	100%	132,615	58.62	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,050 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about housing type.

This question was not applicable for a sample of 10 investigations involving First Nations children and 91 investigations involving non-Indigenous children in which the case was opened under a community caregiver. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). The estimated number of community caregiver investigations involving First Nations children is 231 and the estimated number of community caregiver investigations involving non-Indigenous children is 2,027.

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

This question was not applicable for a sample of 10 investigations involving First Nations children and 91 investigations involving non-Indigenous children in which the case was opened under a community caregiver. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). The estimated number of community caregiver investigations involving First Nations children is 231 and the estimated number of community caregiver investigations involving non-Indigenous children is 2,027.

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.

their home (15% or an estimated 1,697 investigations or a rate of 25.78 per 1,000 First Nations children) compared to 36% for non-Indigenous children (an estimated 47,183 investigations or a rate of 20.86 per 1,000 children). While a larger proportion of investigations involving First Nations children rent their home (53%; an estimated 5,956 investigations, or a rate of 90.50 per 1,000 First Nations children) compared to 43% (an estimated 56,870 investigations or a rate of 25.14 per 1,000 non-Indigenous children) involving non-Indigenous children. A larger proportion of investigations involving First Nations children live in public housing (16%; 1,803 investigations or a rate of 27.39 per 1,000 First Nations children) compared to 9% (an estimated 12,278 investigations; a rate of 5.43 per 1,000 non-Indigenous children) involving non-Indigenous children (see Table 6-3).

Table 6-4: Family Moves Within the Last Twelve Months in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	First Nations Children			Non-Indigenous Children		
	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
No Moves in the Last Twelve Months	6,765	102.79	60%	74,591	32.97	56%
One Move	1,945	29.55	17%	22,964	10.15	17%
Two or More Moves	1,197	18.19	11%	7,072	3.13	5%
Unknown	1,342	20.39	12%	27,988	12.37	21%
Total Investigations	11,249	170.92	100%	132,615	58.62	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,050 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about number of moves in the past twelve months.

This question was not applicable for a sample of 10 investigations involving First Nations children and 91 investigations involving non-Indigenous children in which the case was opened under a community caregiver. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). The estimated number of community caregiver investigations involving First Nations children is 231 and the estimated number of community caregiver investigations involving non-Indigenous children is 2,027.

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.

In addition to housing type, investigating workers were asked to indicate the number of household moves within the past year. Twenty-eight percent of investigations involving First Nations children had families who moved at least once in the last 12 months: 17% moved once (a rate of 29.55 per 1,000 First Nations children or an estimated 1,945 investigations), and 11% moved more than once. This compares to 22% of investigations for non-Indigenous children with at least one move: 17% moved once (a rate of 10.15 per 1,000 non-Indigenous children or an estimated 22,964 investigations), and 5% moved more than once (see Table 6-4).

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 similar proportions for investigations involving First Nations children compared to investigations involving non-Indigenous children. Four percent of investigations involving First Nations children had unsafe housing conditions (an estimated 435 investigations or a rate of 6.61 per 1,000 First Nations children) and 3% of investigations involving non-Indigenous children had unsafe housing conditions (an estimated 4,127 investigations or a rate of 1.82 per 1,000 children; see Table 6-5).

Workers were asked to indicate if the household was overcrowded in their clinical opinion. Eleven percent of investigations involving First Nations children had overcrowding conditions (an estimated 1,210 investigations or a rate of 18.38 per 1,000 First Nations children) and 6% of investigations involving non-Indigenous children had overcrowding conditions (an estimated 7,577 investigations or a rate of 3.35 per 1,000 non-Indigenous children; see Table 6-6).

Table 6-5: Housing Safety in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	First Nations Children			Non-Indigenous Children		
Unsafe Housing Conditions	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Unsafe	435	6.61	4%	4,127	1.82	3%
Safe	10,590	160.91	94%	124,575	55.06	94%
Unknown	224	3.40	2%	3,913	1.73	3%
Total Investigations	11,249	170.92	100%	132,615	58.62	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,050 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about unsafe housing conditions.

This question was not applicable for a sample of 10 investigations involving First Nations children and 91 investigations involving non-Indigenous children in which the case was opened under a community caregiver. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). The estimated number of community caregiver investigations involving First Nations children is 231 and the estimated number of community caregiver investigations involving non-Indigenous children is 2,027.

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 6-6: Home Overcrowding in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	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	1,210	18.38	11%	7,577	3.35	6%
No	9,890	150.27	88%	121,374	53.65	92%
Unknown	149	2.26	1%	3,664	1.62	3%
Total Investigations	11,249	170.92	100%	132,615	58.62	100%

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2018.

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,050 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about home overcrowding.

This question was not applicable for a sample of 10 investigations involving First Nations children and 91 investigations involving non-Indigenous children in which the case was opened under a community caregiver. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting). The estimated number of community caregiver investigations involving First Nations children is 231 and the estimated number of community caregiver investigations involving non-Indigenous children is 2,027.

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.

Appendix A: OIS-2018 Site Researchers

OIS-2018 Site Researchers provided training and one-on-one data collection support at the 18 OIS agencies.

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-2018.

Barbara Fallon (Principal Investigator)
Joanne Filippelli (Manager)
Nicolette Joh-Carnella
Rachael Lefebvre

Data Verification and Cleaning

Data verification was completed with assistance from Kate Allan, Elizabeth Cauley, Emmaline Houston, and Melissa Van Wert. Data cleaning for the OIS-2018 was completed with assistance from Joanne Daciuk and Tara Black.

Data Analysis

Assistance in developing the sampling design and weights was provided by Yves Morin. Assistance in developing the confidence intervals was provided by Martin Chabot and Tonino Esposito.

Appendix B: OIS-2018 Advisory Committee

The OIS-2018 Advisory Committee was established to provide guidance and oversight to all phases of the research. The Advisory Committee 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; and scholars. 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-2018 Advisory Committee.

Nicole Bonnie

Chief Executive Officer,
Ontario Association of Children's Aid Societies

Krista Budau

Supervisor of Accountability,
Children's Aid Society of Algoma

Deborah Goodman

Director of the Child Welfare Institute,
Children's Aid Society of Toronto

Meghan Henry

Manager of Transformation Implementation, Child Welfare Secretariat,
Ministry of Children, Community and Social Services

Mark Kartusch

Executive Director,
Catholic Children's Aid Society of Toronto

Tina Malti

Professor of Psychology,
Director of the Centre for Child Development, Mental Health, and Policy,
University of Toronto Mississauga

Brenda Moody

Director of Accountability and Strategic Initiatives,
Peel Children's Aid

Jolanta Rasteniene

Manager of Quality and Organizational Improvement,
Peel Children's Aid

Henry Parada

Professor,
School of Social Work at Ryerson University

Kenn Richard

Founder and Director of Special Projects,
Native Child and Family Services of Toronto

Kate Schumaker

Manager of Quality Assurance and Outcomes Measurement,
Catholic Children's Aid Society of Toronto

Theresa Stevens

Former Executive Director,
Association of Native Child and Family Services Agencies of Ontario

Jill Stoddart

Director of Research, Development, and Outcomes,
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 2018 (OIS-2018) Report.

Age Group: The age range of children included in the OIS-2018 sample. All data are presented for children between newborn and 15 years of age, with the exception of the data presented in Table 5-1.

Annual Incidence: The number of child maltreatment-related 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-2018 defined child as age newborn to 15 inclusive.

Child Investigations: Case openings that meet the OIS-2018 inclusion criteria (see Figure 1-1).

Child Welfare Agency: Refers to child protection services and other related services. The focus of the OIS-2018 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-2018 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-2018 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 2018 (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.

First Nations: “First Nations people” refers to Status and non-status “Indian” peoples in Canada. Many communities also use the term “First Nation” in the name of their community. Currently, there are more than 630 First Nation communities, which represent more than 50 nations or cultural groups and 50 Indigenous languages (Crown-Indigenous Relations and Northern Affairs Canada, 2019).¹

First Nations Status: An individual recognized by the federal government as being registered under the Indian Act is referred to as having First Nations Status. **Forms of Maltreatment:** Specific types of maltreatment (e.g., hit with an object, sexual exploitation, or direct

¹ Crown-Indigenous Relations and Northern Affairs Canada (2019). Indigenous peoples and communities. Retrieved from <https://www.rcaanc-cirnac.gc.ca/eng/1100100013785/1529102490303>.

witness to physical violence) that are classified under the five OIS-2018 Categories of Maltreatment. The OIS-2018 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. More than 1.67 million people in Canada identify themselves as an Indigenous person, according to the 2016 Census National Household Survey (Crown-Indigenous Relations and Northern Affairs Canada, 2019).²

Inuit: Inuit are the Indigenous people of Arctic Canada. About 64,235 Inuit live in 53 communities in: Nunatsiavut (Labrador); Nunavik (Quebec); Nunavut; and Inuvialuit (Northwest Territories and Yukon).

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-2018 does not document unreported cases.

Investigated cases are subject to various screening practices, which vary across agencies. The OIS-2018 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-2018 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.

Métis: A distinctive peoples who, in addition to their mixed ancestry, developed their own customs and recognizable group identity separate from their Indian or Inuit and European forbearers (Crown-Indigenous Relations and Northern Affairs Canada, 2019).³

Multi-stage Sampling Design: A research design in which several systematic steps are taken in drawing the final sample to be studied. The OIS-2018 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-2018 is 2018.

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-2018, the unit of analysis is a child investigation.

Unit of Service: When a referral is made alleging

² Ibid.
³ Ibid.

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: OIS-2018 Maltreatment Assessment

The OIS-2018 Maltreatment Assessment Consists of:

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



OIS-2018

Case number: **CASE00**

Intake Information

First two letters of primary caregiver's surname

01. Date case opened (YYYY-MM-DD)

2018-10-01

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 | <input type="text"/> |

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?

05. Caregiver(s) in the home

☐ No caregiver investigated

☐ No secondary caregiver in the home

☐ Community caregiver

☐ Youth living independently

Primary caregiver

a) Sex

b) Age

Secondary caregiver in the home at time of referral

a) Sex

b) Age

06. Children (under 18) in the home at time of referral and caregiver's relationship to them

	a) First name only of child	b) Age of child	c) Sex of child	d) Primary caregiver's relationship to child	e) Secondary caregiver's relationship to child	f) Subject of referral	g) Type of investigation
Child 1						☐	

07. Other adults in the home

Check all that apply

☐ None

☐ Grandparent

☐ Child >= 18

☐ Other

08. Caregiver(s) outside the home

Check all that apply

☐ None

☐ Father

☐ Mother

☐ Grandparent

☐ Other

Household Information

Primary/Secondary caregiver

Sex :

Age :

A09. Primary income

A10. Ethno-racial

If Indigenous,

a) On/Off reserve

b) Indigenous Status

A11. Has this caregiver moved to Canada within the last 5 years?

☐ Yes

☐ No

☐ Unknown

A12. Primary language

A13. Caregiver response to investigation

A14. Caregiver risk factors

Please complete all risk factors (a to i)

	Confirmed	Suspected	No	Unknown
a) Alcohol abuse	☐	☐	☐	☐
b) Drug/solvent abuse	☐	☐	☐	☐
c) Cognitive impairment	☐	☐	☐	☐
d) Mental health issues	☐	☐	☐	☐
e) Physical health issues	☐	☐	☐	☐
f) Few social supports	☐	☐	☐	☐
g) Victim of intimate partner violence	☐	☐	☐	☐
h) Perpetrator of intimate partner violence	☐	☐	☐	☐
i) History of foster care/group home	☐	☐	☐	☐

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)
- ☐ Unknown

15. Child custody dispute ☐ Yes ☐ No ☐ Unknown

16. Type of housing

17. Number of moves in past year

18. Home overcrowded ☐ Yes ☐ No ☐ Unknown

19. Are there unsafe housing conditions? ☐ Yes ☐ No ☐ Unknown

20. In the last 6 months, household ran out of money for:

- | | | | |
|--------------------------------|---------------------------|--------------------------|-------------------------------|
| a) Food | ☐ Yes | ☐ No | ☐ Unknown |
| b) Housing | ☐ Yes | ☐ No | ☐ Unknown |
| c) Utilities | ☐ Yes | ☐ No | ☐ Unknown |
| d) Telephone/Cell phone | ☐ Yes | ☐ No | ☐ Unknown |
| e) Transportation | ☐ Yes | ☐ No | ☐ Unknown |

21. Case previously opened for investigation

a) How long since the case was closed?

22. Case will stay open for on-going child welfare services

23. Referral(s) for any family member

a) Referral(s) made for any family member to an internal or external service(s)

If YES, please specify the type of referral(s) made

Check all that apply

- | | |
|--|--|
| ☐ 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 <input type="text"/> |
| ☐ Legal | |

If YES, what was specifically done with respect to the referral(s)?

Check all that apply

- ☐ Suggested they should get services
- ☐ Provided them with names and numbers of service providers
- ☐ Assisted them with completing/filing the application
- ☐ Made appointment for them
- ☐ Accompanied them to the appointment
- ☐ Followed-up with family to see if the service was provided
- ☐ Followed-up with internal/external service(s) to confirm if the service was provided

If NO, please specify the reason(s)

Check all that apply

- ☐ Already receiving services
- ☐ Service not available in the area
- ☐ Ineligible for service
- ☐ Services could not be financed
- ☐ Service determined not to be needed
- ☐ Refusal of services
- ☐ There is an extensive waitlist for services
- ☐ No culturally appropriate services

Child Information

First name

24. Sex

25. Age

26. Ethno-racial

27. Indigenous Status

28. Child functioning

Please complete all child functioning issues (a to s)

	Confirmed	Suspected	No	Unknown
a) Positive toxicology at birth	☐	☐	☐	☐
b) FASD	☐	☐	☐	☐
c) Failure to meet developmental milestones	☐	☐	☐	☐
d) Intellectual/developmental disability	☐	☐	☐	☐
e) Attachment issues	☐	☐	☐	☐
f) ADHD	☐	☐	☐	☐
g) Aggression/conduct issues	☐	☐	☐	☐
h) Physical disability	☐	☐	☐	☐
i) Academic/learning difficulties	☐	☐	☐	☐
	Confirmed	Suspected	No	Unknown
j) Depression/anxiety/withdrawal	☐	☐	☐	☐
k) Self-harming behaviour	☐	☐	☐	☐
l) Suicidal thoughts	☐	☐	☐	☐
m) Suicide attempts	☐	☐	☐	☐

- | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| n) Inappropriate sexual behaviour | ☐ | ☐ | ☐ | ☐ |
| o) Running (multiple incidents) | ☐ | ☐ | ☐ | ☐ |
| p) Alcohol abuse | ☐ | ☐ | ☐ | ☐ |
| q) Drug/solvent abuse | ☐ | ☐ | ☐ | ☐ |
| r) Youth Criminal Justice Act involvement | ☐ | ☐ | ☐ | ☐ |
| s) Other <input type="text"/> | ☐ | ☐ | ☐ | ☐ |

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)
- ☐ Unknown

29. TYPE OF INVESTIGATION

Investigated incident of maltreatment

Maltreatment codes

Please use these maltreatment codes to answer Question 30.
Questions 30 to 37 apply to the maltreatment of a child.

Physical abuse	Sexual abuse	Neglect	Emotional maltreatment	Exposure to Intimate Partner Violence
01 Shake, push, grab or throw		02 Hit with hand		03 Punch, kick or bite
04 Hit with object		05 Choking, poisoning, stabbing		06 Other physical abuse

30. Maltreatment codes

Enter primary form of maltreatment first

1st Code	2nd Code	3rd Code

31. Alleged perpetrator

Primary caregiver

☐
☐
☐

Secondary caregiver

☐
☐
☐

Other perpetrator

☐
☐
☐

a. Relationship

b. Age

c. Sex

32. Substantiation

a. Was the report a fabricated referral?

33. Was maltreatment a form of punishment?

34. Duration of maltreatment

35. Police involvement

36. If any maltreatment is substantiated or suspected, is mental or emotional harm evident?

a) Child requires therapeutic treatment

37. Physical harm

a) Is physical harm evident?

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?

38. Is there a significant risk of future maltreatment?

☐ Yes

☐ No

☐ Unknown

39. Previous investigations

a) Child previously investigated by child welfare for alleged maltreatment

☐ Yes

☐ No

☐ Unknown

b) Was the maltreatment substantiated?

☐ Yes

☐ No

☐ Unknown

40. Placement

a) Placement during investigation

b) Placement type

c) Did the child reunify during the investigation?

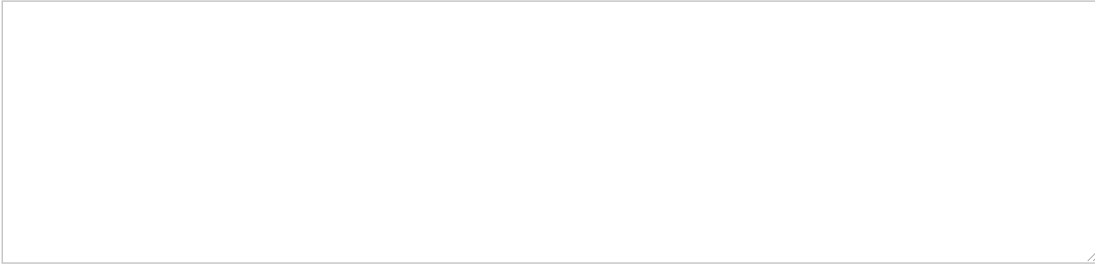
41. Child welfare court application?

a) Referral to mediation/alternative response

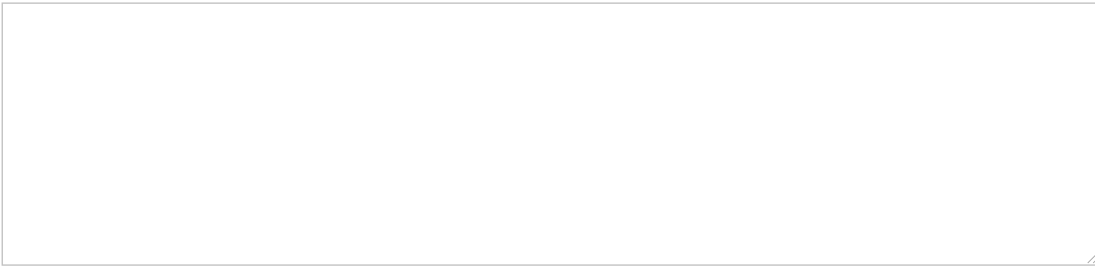
42. Caregiver(s) used spanking in the last 6 months

 Comments and Other Information (Not Required)

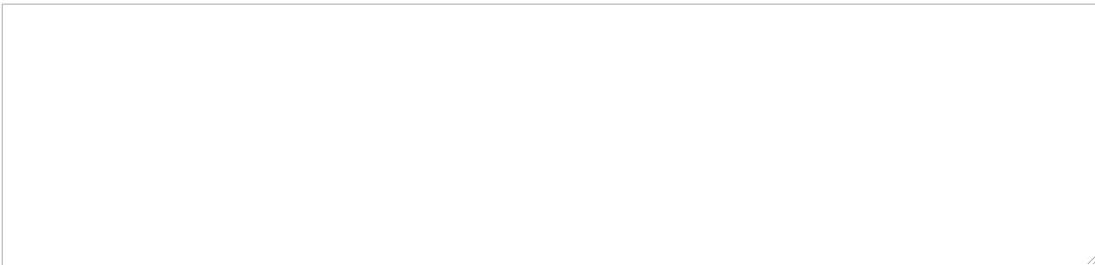
43. If you are unable to complete an investigation for any child please explain why



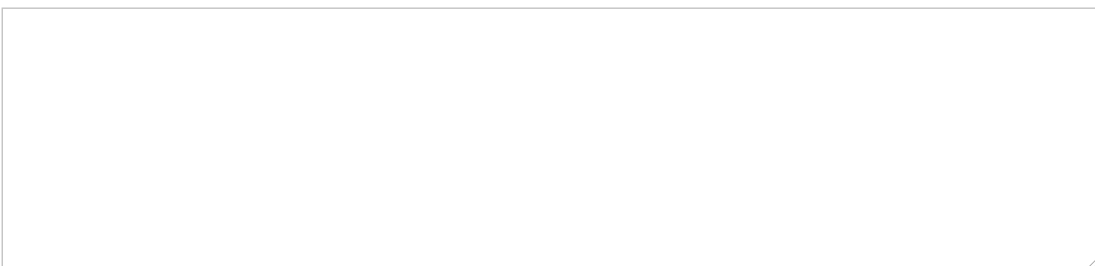
44. Intake information



45. Household information



46. Child information



Appendix E: OIS-2018 Guidebook

The following is the *OIS-2018* Guidebook used by child welfare workers to assist them in completing the *OIS-2018* Maltreatment Assessment.

THE ONTARIO INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (OIS) *OIS-2018 Guidebook*

Background

The Ontario Incidence Study of Reported Child Abuse and Neglect 2018 (*OIS-2018*) is the sixth provincial study of reported child abuse and neglect investigations in Ontario. Results from the previous five cycles of the OIS have been widely disseminated in conferences, reports, books, and journal articles (see Canadian Child Welfare Research Portal, <http://cwrp.ca>).

The *OIS-2018* 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, front-line 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-2018* is to provide reliable estimates of the scope and characteristics of reported child abuse and neglect in Ontario in 2018. 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, and 2018 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 three-month period between October 1, 2018 and December 31, 2018. In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study.

OIS Maltreatment Assessment

The *OIS Maltreatment 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 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 mid-November 2018 and April 2019. Prior to data collection, all workers involved in the study will receive training on how to complete the online data collection instrument. The one-hour training session will be held in October 2018, either in person or indirectly through video-conferencing.

The Site Researcher will make regular visits to your agency/office during the data collection process. These on-site visits will allow the Site Researcher to provide face-to-face assistance to workers in completing the online data collection instrument and to resolve any issues that may arise. The Site Researcher can answer questions and provide assistance over the phone and/or through video-conferencing as well. The research team is also very flexible and can determine a unique plan for data collection support based on specific agency needs.

Confidentiality

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

Unlike the paper and pencil data collection form completion used in previous cycles, the *OIS-2018* will use a secure, web-based delivery system for the *OIS Maltreatment Assessment*. Each caseworker will have confidential access to his/her assigned forms by means of a personalized portal, which can be accessed with a username and a password. This website allows caseworkers to access, complete, and track online forms assigned to them.

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-2018* 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 Assessment

The *OIS Maltreatment 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 *OIS Maltreatment 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. Please enter the date using yyyy-mm-dd format.

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 *OIS Maltreatment 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 him- or 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 sex and age category. If the caregiver does not identify as either male or female, please select either option and indicate their identity in question 45 in the *Comments* section.

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).

QUESTION 6: LIST ALL CHILDREN IN THE HOME (<18 YEARS)

Include biological, step-, adoptive and foster children. If there were more than 6 children living in the home at the time of the referral, please indicate this in the *Comments* section. If there were more than 6 children investigated, please contact your site researcher.

- List first names of all children (<18 years) in the home at time of referral:** List the first name of each child who was living in the home at the time of the referral.
- Age of child:** Indicate the age of each child living in the home at the time of the referral. For children younger than 1, indicate their age in months.
- Sex of child:** Indicate the sex of each child living in the home at the time of the referral. If the child does not identify as either male or female, please select either option and indicate their identity in question 46 in the *Comments* section.
- 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.
- Type of investigation:** Indicate the type of investigation conducted: investigated incident of maltreatment, risk investigation only, or not investigated.

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).

For *not investigated*, include situations where the child was living in the home at the time of the referral to child welfare but was not the focus of your investigation.

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

QUESTION 7: OTHER ADULTS IN THE HOME

Select all categories that describe adults (excluding the primary and secondary caregivers) who lived in the house at the time of the referral to child welfare. Note that children (<18 years of age) in the home have already been described in question 6. If there have been recent changes in the household, describe the situation **at the time of the referral**. Check all that apply.

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 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 2016 Census.

Endorse the ethno-racial 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.
- b) **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).

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."

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.

QUESTION 17: NUMBER OF MOVES IN PAST YEAR

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

QUESTION 18: HOME OVERCROWDED

Indicate if the household is overcrowded in your clinical opinion.

QUESTION 19: HOUSING SAFETY

- 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.

QUESTION 20: IN THE LAST 6 MONTHS, HOUSEHOLD RAN OUT OF MONEY FOR:

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

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 Assessment*, do you plan to keep the case open to provide ongoing child welfare services?

QUESTION 23: REFERRAL(S) FOR ANY FAMILY MEMBER

- a) 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: Family member(s) is currently receiving services and so referring to further services is unnecessary.
- 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 family-focused 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 SEX

The sex 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.

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 2016 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 life-threatening 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 age-inappropriate 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

The type of investigation conducted for 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 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 Question 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.

1. **Shake, push, grab or throw:** Include pulling or dragging a child as well as shaking an infant.
2. **Hit with hand:** Include slapping and spanking, but not punching.
3. **Punch, kick or bite:** Include as well any hitting with parts of the body other than the hand (e.g., elbow or head).
4. **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.
5. **Choking, poisoning, stabbing:** Include any other form of physical abuse, including choking, strangling, stabbing, burning, shooting, poisoning, and the abusive use of restraints.
6. **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 intra-familial and extra-familial sexual abuse, as well as sexual abuse involving an older child or youth perpetrator.

7. **Penetration:** Penile, digital, or object penetration of vagina or anus.
8. **Attempted penetration:** Attempted penile, digital, or object penetration of vagina or anus.
9. **Oral sex:** Oral contact with genitals either by perpetrator or by the child.
10. **Fondling:** Touching or fondling genitals for sexual purposes.
11. **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).
17. **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 psych. 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.
28. **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.
31. 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:

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

QUESTION 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).

- 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).

QUESTION 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.

QUESTION 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.

QUESTION 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).

- a) **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).

- b) **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).
- c) 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.

QUESTION 39: PREVIOUS INVESTIGATIONS

Child previously investigated by child welfare for alleged maltreatment: This section collects information on previous child welfare investigations for the **individual child in question**. Report if the child has been previously investigated by child welfare authorities because of alleged maltreatment. Use "Unknown" if you are aware of an investigation but cannot confirm this. Note that this is a child-specific question as opposed question 21 (case previously opened for investigation) in the *Household Information* section.

- a) **If yes, was the maltreatment substantiated?** Indicate if the maltreatment was substantiated with regard to this previous investigation.

QUESTION 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.
- c) 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.

- a) **Referral to mediation/alternative response:** 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 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 *OIS-2018*. Workers will be informed via email if any of their investigations will be included in the OIS sample.

2. SHOULD I COMPLETE A MALTREATMENT ASSESSMENT FOR ONLY THOSE CASES WHERE ABUSE AND/OR NEGLECT ARE SUSPECTED?

Complete the Intake section for all cases identified (via email) during the case selection period (e.g., maltreatment investigations as well as prenatal counselling, child/youth behaviour problems, request for services from another agency/office, and, where applicable, brief service cases).

If maltreatment was alleged at any point during the investigation, complete the remainder of the *OIS Maltreatment Assessment* (both the *Household Information* and *Child Information* sections). Maltreatment may be alleged by the person(s) making the report, or by any other person(s), including yourself, during the investigation (e.g., complete an *OIS Maltreatment Assessment* if a case was initially referred for parent/adolescent conflict, but during the investigation the child made a disclosure of physical abuse or neglect). An event of child maltreatment refers to something that may have happened to a child whereas a risk of child maltreatment refers to something that probably will happen.

Complete the *Household Information* section and *Child Information* section for any child for whom you conducted a risk assessment.

3. SHOULD I COMPLETE AN OIS MALTREATMENT ASSESSMENT ON SCREENED-OUT CASES?

For screened-out or brief service cases that are included in opening statistics reported to the Ministry of Children, Community and Social Services, please complete the Intake section of the *OIS Maltreatment Assessment*.

4. WHEN SHOULD I COMPLETE THE OIS MALTREATMENT ASSESSMENT?

Complete the *OIS Maltreatment 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). For some cases, a comprehensive assessment of the family or household and a detailed plan of service may not be complete yet. Even if this is the case, complete the instrument to the best of your abilities.

5. WHO SHOULD COMPLETE THE OIS MALTREATMENT ASSESSMENT IF MORE THAN ONE PERSON WORKS ON THE INVESTIGATION?

The *OIS Maltreatment 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 *OIS Maltreatment Assessment*.

6. WHAT SHOULD I DO IF MORE THAN ONE CHILD IS INVESTIGATED?

The *OIS Maltreatment Assessment* primarily focuses on the household; however, the *Child Information* section is specific to the individual child being investigated. Complete one child section 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.

7. WILL I RECEIVE TRAINING FOR THE OIS MALTREATMENT ASSESSMENT?

All workers will receive training prior to the start of the data collection period. If a worker is unable to attend the training session or is hired after the start of the *OIS-2018*, he or she should contact the Site Researcher regarding any questions about the form.

8. 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.