KISKISIK AWASISAK: REMEMBER THE CHILDREN

UNDERSTANDING THE OVERREPRESENTATION OF FIRST NATIONS CHILDREN IN THE CHILD WELFARE SYSTEM

Assembly of First Nations

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Cover art by Jackie Traverse, Lake St. Martin First Nation.

The eagle represents love, which is what we all have for our children; we remember them in our prayers. The sweetgrass being tied in a braid is that of a family. Alone, a single blade of sweetgrass can be broken, but tied together, it is strong and unbreakable, just like family; together we are stronger.

The name, *Kiskisik Awasisak: Remember the Children*, was gifted to the study by Trina Francois, Nelson House First Nation.

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Executive Summary

This executive summary provides an overview of the information presented in *Kiskisik Awasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System*. *Kiskisik Awasisak* is the first report of the First Nations Component of the Canadian Incidence Study of Reported Child Abuse and Neglect 2008 (FNCIS-2008). The FNCIS-2008 is a study of child welfare investigations involving First Nations children which is embedded within a larger, cyclical national study of the reported incidence of child maltreatment: the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS). The CIS-2008 combines a core national study, funded by the Public Health Agency of Canada, with five provincially-funded studies – Québec, Ontario, Saskatchewan, Alberta, and British Columbia; the study also received additional support from the province of Manitoba. The CIS uses standardized data collection instruments and procedures designed to determine the rates and characteristics of maltreatment related investigations for the population as a whole.

The FNCIS-2008 is guided by an FNCIS-2008 advisory committee, which is composed of representatives from major organizations supporting and coordinating First Nations child and family service agencies, First Nations agencies (in provinces that do not have coordinating organizations), and the Assembly of First Nations. The name FNCIS-2008 is used to describe the collective efforts of the CIS-2008 research team and the FNCIS-2008 advisory committee to support the inclusion of First Nations child welfare agencies in the CIS-2008 sample, and to analyze, interpret and disseminate information about the data on investigations involving First Nations children which were collected by the CIS-2008.

Kiskisik Awasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System, is a product of the FNCIS-2008. It presents the results of analyses comparing the investigations involving First Nations and non-Aboriginal children which were included in the CIS-2008 sample.[1] This executive summary highlights major findings from those analyses. It also provides brief summaries of the study methods and of the contextual information which is necessary in order to appropriately interpret study findings.

WHAT IS CHILD MALTREATMENT?

This report presents a profile of the child maltreatment-related investigations conducted by a large sample of child welfare agencies in Canada. The types of child maltreatment-related concerns investigated by child welfare authorities include allegations/suspicions of physical abuse, sexual abuse, emotional maltreatment, neglect, and exposure to intimate partner violence. In addition, they increasingly include situations in which there is no allegation or suspicion that maltreatment has already occurred, but in which there is a concern that, because of contextual factors like caregiver substance abuse or other lifestyle concerns, there is substantial risk that a child will be maltreated in the future. Given the broad range of situations that fall into the category of "maltreatment," a child welfare worker's conclusion that a child has been maltreated does not imply that a caregiver intended to harm a child. Indeed, a worker may conclude that maltreatment occurred even if a child did not experience any discernable physical or emotional harm. Rather, maltreatment can include situations in which actions, or failures to act, by caregivers pose significant *risk of harm* to the child's physical or emotional development. Accordingly, situations classified as maltreatment may range from those in which a caregiver intentionally inflicts severe physical or emotional harm on a child, to situations in which a child is placed at risk of harm as a result of a caregiver's clear failure to supervise or care for a child, to situations in which living conditions would make it extremely difficult for any caregiver to ensure a child's safety. For example, the term "maltreatment" could be used to describe a situation in which

1 Data on investigations involving Inuit and Métis children are excluded from these analyses. There were not enough investigations of Inuit and Métis children in the CIS-2008 to generate separate estimates for these groups, furthermore the research team did not have research mandate from these communities. Because the histories and circumstances of Inuit and Métis communities mirror many First Nations, these investigations were removed from the "non-Aboriginal" comparator.

a caregiver subjects a child to severe physical abuse as a form of punishment; but, it could be used to describe the experiences of a child, living in extreme poverty, who is exposed to severe mould, exposed electrical wiring, or other household safety hazards. In cases such as the latter, it can be very difficult to establish the extent to which a child is placed at risk of harm as a result of the caregiver's failure to protect the child or as a result of the family's difficult living circumstances. The range of the situations which may be characterized as maltreatment necessitates an approach to understanding maltreatment which expands beyond a narrow focus on interactions between children and their caregivers in order to consider the broader contexts in which these interactions take place.

HISTORICAL/ CONTEXTUAL BACKGROUND

Prior to colonization, First Nations families and communities cared for their children in accordance with their cultural practices, spiritual beliefs, laws and traditions. The arrival of non-Aboriginal settlers, and subsequent extension of colonial policies into First Nations territories, disrupted traditional systems of child rearing and imposed practices which resulted in the removal of tens of thousands of First Nations children from their homes and communities. The mass removal of First Nations children began with the residential school system and was continued by the child welfare system under the policies of the "Sixties Scoop."

Growing concerns about the scale of child removal and the treatment of First Nations children by provincial child welfare authorities, combined with increased activism by First Nations, laid the groundwork for a system of First Nations child and family service agencies, which emerged by the 1980s. Some agencies focused on provision of services to Métis and (more general) Aboriginal populations also emerged and by 2008, there were 125 Aboriginal child and family service agencies in Canada. These included 84 First Nations and urban Aboriginal agencies which were mandated to conduct child welfare investigations (with additional agencies providing post-investigation and preventative services), and some agencies which served families off-reserve and in urban areas. The development of these child welfare agencies attests to the strength and resilience of First Nations communities. Many existing First Nations child welfare agencies have developed programs or practices that favour preventative, community-based and culturally sensitive approaches, thus establishing a foundation for moving away from the child-removal based strategies of the past.

Still, the proportion of First Nations children placed in out-of-home care continues to be much higher than the proportion of non-Aboriginal children in out-of-home care. Child welfare agencies are charged with the difficult task of supporting First Nations children and families with complex needs and of doing so in contexts that have been partially shaped by a history of damaging colonial policies. The abilities of all child welfare agencies to help First Nations children are restricted by funding and jurisdictional frameworks. First Nations child welfare agencies, in particular, function with less flexibility in the use of funds and more complex jurisdictional models than provincial and territorial child welfare agencies. Because current child welfare structure and historical policies, which have ongoing repercussions for families and communities, can affect the balance of factors which protect a child or place him/her at risk of harm, interpretation of the results presented in this report must take into account the structural and historical context of First Nations child welfare. A more detailed account of the historical context and of the current structure of First Nations child welfare is provided in Chapter 1 of this report.

THE FIRST NATIONS COMPONENT OF THE CANADIAN INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT (FNCIS-2008)

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) is the third national study examining the incidence of reported child abuse and neglect in Canada. It captured information about the first contacts of children and their families with child welfare agencies during a three-month sampling period in 2008. The study asked child welfare workers to provide data on the assessments and decisions they made during initial, four to six week long investigations which were opened during the sampling period. Children who were not reported to child welfare sites, referrals that were not opened for investigation, and investigations of new allegations on cases already open at the time of case selection are not represented in CIS-2008 data.

The First Nations component of the CIS-2008 (FNCIS-2008) is a partnership between the CIS research team and the FNCIS-2008 advisory committee, which is composed of representatives from national and provincial level First Nations child welfare organizations. The collaboration between the research

team and the advisory committee is guided by the principles of Aboriginal ownership of, control over, access to and possession of research in Aboriginal contexts (OCAP principles). The goals of the FNCIS-2008 are to generate new knowledge about the nature of and response to maltreatment of First Nations children in Canada and to increase the capacity for future research on child maltreatment in First Nations communities. Additional details of the FNCIS history, goals and collaborative structure can be found in Chapter 2 of this report.

The FNCIS-2008 is the largest study of child welfare investigations involving First Nations children ever conducted in Canada. The study analyses CIS-2008 data which includes investigations involving First Nations children that were conducted by 89 provincial/territorial agencies and 22 First Nations and urban Aboriginal agencies. The sample analyzed by the FNCIS-2008 includes information on 3,106 investigations involving First Nations children and families living in reserve communities and off-reserve areas; these data are compared with information about 12,240 investigations involving non-Aboriginal children. The data presented in this report are weighted to adjust for the oversampling of agencies in five provinces and to create annual estimates based on the three months of data collected; the weighted sample analysed in this report includes an estimated 14,114 investigations involving First Nations children and 83,650 investigations involving non-Aboriginal children.

As the first national study to collect investigation data from a large number of First Nations and urban Aboriginal agencies, the FNCIS-2008 has limitations which are common to many pilot studies. A lack of systematic information about the variation in structures and practice approaches of First Nations agencies, combined with resource limitations, made it impossible to design a data collection instrument that was tailored for First Nations agencies or to ensure selection of a nationally representative sample of First Nations agencies. Accordingly, **it is not possible to generate national estimates for investigations involving First Nations children in 2008 or directly compare the results presented in this report to those from CIS-2003[2] or CIS-1998. Results presented in this report cannot be generalized to child welfare agencies not included in the CIS-2008 sample and all results presented in this report must be interpreted with the caution necessitated by a pilot study.** Additional details of the study methods are provided in Chapter 3 of this report.

2 In the course of preparing this report, the CIS-2008 research team discovered an error in the calculation of incidence rates for First Nations results of CIS-2003. Registered North American Indian (status First Nations) children were inadvertently counted twice in the calculation of incidence rates. While this did not affect any of the estimates of the number of investigations involving First Nations children, or the distribution of these investigations across categories (percentage estimates), it did lead to a substantial underestimation of the incidence of investigations per 1,000 First Nations children in the general population and a slight overestimation of the incidence of investigations involving non-Aboriginal children. The original estimates for the incidence of investigations were 58.34/1000 First Nations children and 44.11/1000 non-Aboriginal children; the revised estimates are 110.56/1000 First Nations children and 42.23/1000 non-Aboriginal children. These revisions affect all incidence rate estimates for First Nations and non-Aboriginal children; they do not impact estimated percentages or child counts for First Nations or non-Aboriginal investigations included in CIS-2003, nor do they affect incidence rate estimates for other populations examined using CIS-2003 data. Incidence rates have been updated in the main FNCIS-2003 report, *Mesnmimk Wasatek* (Trocmé et al., 2006) and information sheets presenting results from that report. Revised materials are available from www.cwrp.ca and www.fncfcs.com; revisions are also summarized in Appendix B of this report.

MAJOR FINDINGS OF THE FNCIS-2008

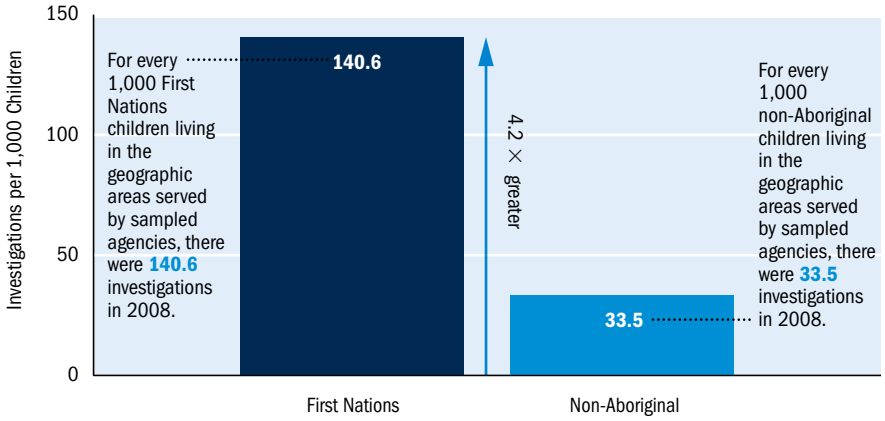
Rate of Investigations

Child welfare agencies in Canada have a mandate to investigate reports that children within their jurisdictions may have experienced maltreatment; in addition, many child welfare agencies conduct "risk investigations" in situations in which there is no allegation that a child has already been maltreated, but in which it is alleged or suspected that a child may face significant risk of future maltreatment. In the population served by sampled agencies, the rate of child maltreatment-related investigations involving First Nations children was higher than the rate of investigations involving non-Aboriginal children. Sampled agencies conducted an estimated 14,114 investigations involving First Nations children and 83,650 investigations involving non-Aboriginal children in 2008. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 140.6 child maltreatment-related investigations in 2008; for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 33.5 investigations in 2008 (see Figure 1). In the population served by sampled agencies the rate of investigations involving First Nations children was 4.2 times the rate of non-Aboriginal investigations. This four-fold disparity in initial investigation rates means that, even when the *percentage* of First Nations investigations in a specific category is much *smaller* than the percentage of non-Aboriginal investigations, the *incidence rate* for investigations in the specific category may be much *higher* for the First Nations population served

by sampled agencies than for the non-Aboriginal population served. Indeed, First Nations incidence rates are significantly higher than non-Aboriginal incidence rates in virtually every sub-category of investigation examined in this report. Chapter 3 of this report (Figures 3-4, 3-5a, and 3-5b in particular) gives additional information on interpretation of percentages and incidence rates.

Data on rates of child maltreatment-related investigations demonstrate that the overrepresentation of First Nations children in the child welfare system starts at the point of first contact with child welfare agencies. They indicate that a disproportionate number of First Nations children and families have the potential to benefit from the supports and services which child welfare agencies can offer. They also indicate that a disproportionate number of First Nations families and children are potentially affected by the intrusiveness of the child welfare investigation process. Additional information on investigation rates can be found in Chapter 4 of this report. It is important to note that, while the disparity in investigation rates is clear, further research is needed to determine the reasons for this disparity. Data presented in this report suggests disparity in investigation is at least partially driven by differences in First Nations and non-Aboriginal caregiver risk factors and household characteristics; other factors which may contribute to disparity in investigation rates include differential availability of informal supports or alternative social services.

FIGURE 1: Rates of maltreatment-related investigations, involving First Nations and non-Aboriginal children, conducted in sampled agencies in 2008
(per 1,000 First Nations or non-Aboriginal children in areas served by sampled agencies)



Caregiver Risk Factors

CIS-2008 collected information on up to two caregivers living in the home with an investigated child. For each caregiver, workers were asked to complete a risk factor checklist. The checklist asked workers whether they confirmed or suspected nine risk factors commonly assessed during a four to six week long, initial investigation. Data on workers' concerns about caregiver risk factors suggest that the difference in First Nations and non-Aboriginal investigation rates for the population served by sampled agencies is linked to caregiver risk factor profiles. Workers indicated concerns about multiple caregiver risk factors in a greater proportion of First Nations than non-Aboriginal investigations; the risk factors commonly identified in First Nations investigations included substance abuse, domestic violence, social isolation, and caregiver history of foster care/group home.

As indicated in Figure 2, investigating workers noted concerns about multiple risk factors for primary female caregivers in 56% of the First Nations investigations and 34% of non-Aboriginal investigations conducted by sampled agencies in 2008. Figure 3 shows that, in comparison with non-Aboriginal investigations, a larger proportion of the First Nations investigations conducted by sampled agencies involved concerns about primary female caregivers' domestic violence victimization (43% of First Nations investigations vs. 30% of non-Aboriginal investigations), alcohol abuse (40% vs. 8%), lack of social supports (37% vs. 30%), drug/solvent abuse (25% vs. 10%), and history of living in foster care/group homes (13% vs. 5%).

The pattern of risk factors concerns which investigating workers noted for primary male caregivers was very similar to that for female caregivers. Figure 2 indicates that concerns about multiple risk factors were noted in a majority (54%) of the First Nations investigations in which risk factors were assessed for a male caregiver and in 29% of non-Aboriginal investigations involving male caregivers. As described in Figure 4, in comparison with the non-Aboriginal investigations conducted by sampled agencies, a larger proportion of the First Nations investigations involved concerns about primary male caregivers' alcohol abuse (47% of First Nations investigations vs. 17% of non-Aboriginal investigations), perpetration of domestic violence (43% vs. 24%), drug/solvent abuse (30% vs. 13%), lack of social supports (28% vs. 21%), and history of living in foster care/group homes (8% vs.4%).

These data suggest that caregiver profiles at least partially explain the disproportionate rate of investigations involving First Nations children in the areas served by sampled agencies. While caregiver risk factor data provides only a partial portrait of the factors which shape the experiences of investigated children,[3] the pattern in this data is clear and pronounced: Workers indicated that many of the First Nations families investigated by sampled agencies faced multiple challenges to their abilities to provide the physical, social and emotional assets which foster healthy child development. The challenges faced by the caregivers of investigated First Nations children included domestic violence, social isolation and substance abuse, all of which can impede caregivers' abilities to protect and nurture children. In addition, the relatively high proportion of First Nations caregivers whom workers identified as having histories of living in foster care or group homes serves as a reminder of the historical context which frames the experiences of First Nations children and families. Though CIS-2008 data cannot establish how many caregivers of investigated First Nations children may have experienced direct or intergenerational effects of the Sixties Scoop or residential schools, the data which the CIS-2008 does collect cannot be properly interpreted without recognition of the ongoing implications of the historic pattern of mass removal of First Nations children from their homes and communities. Additional information on caregiver risk factors can be found in Chapter 4 of this report.

FIGURE 2: Number of risk factors identified for primary caregivers in investigations, involving First Nations and non-Aboriginal children, conducted in sampled agencies in 2008

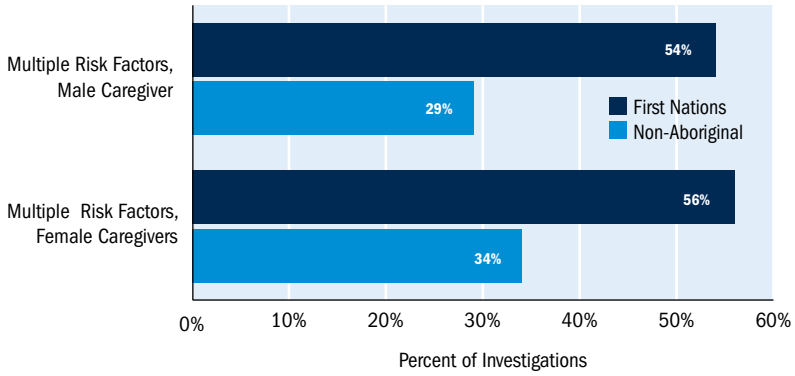


FIGURE 3: Risk factors identified for primary female caregivers in investigations, involving First Nations and non-Aboriginal children, conducted in sampled agencies in 2008

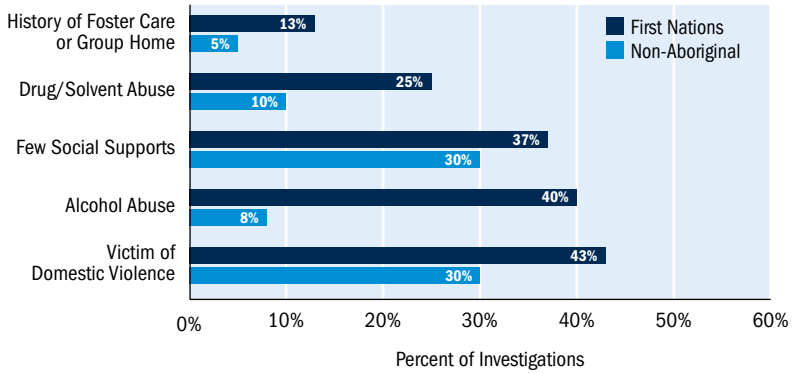
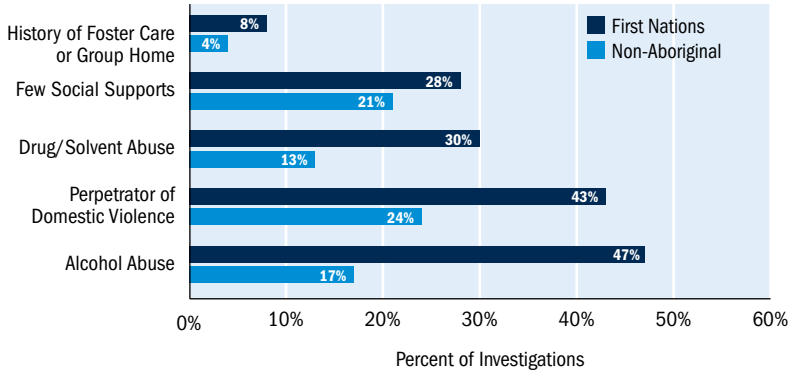


FIGURE 4: Risk factors identified for primary male caregivers in investigations, involving First Nations and non-Aboriginal children, conducted in sampled agencies in 2008



3 In keeping with child welfare investigative practices which prioritize assessment of risks, FNCIS-2008 did not collect data on the protective factors which may foster resilience, allowing children to experience healthy development despite the presence of adverse factors.

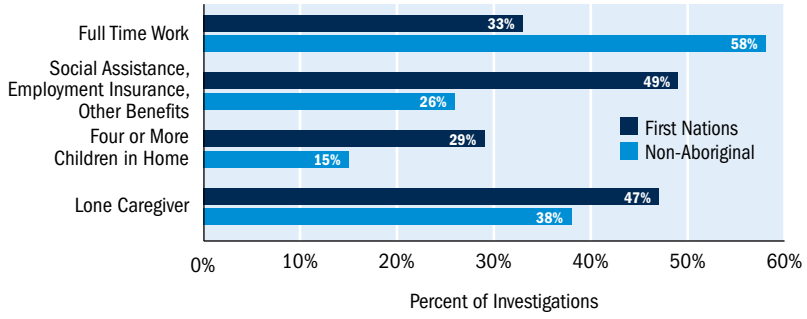
Family and Household structural characteristics

The CIS-2008 asked workers to provide information about family structure, household income, residential mobility, home overcrowding and home health and safety hazards. Data on family and household structure point to factors which may further strain the abilities of some caregivers involved in First Nations investigations to adequately protect and nurture their children. These data suggest that family and household structural factors may also contribute to the high rates of investigations in the First Nations population served by sampled agencies.

As described in Figure 5, investigating workers identified only one caregiver in the home in 47% of the investigations involving First Nations children and 38% of the investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. (It must be noted that these data may underestimate the caregiving resources available to First Nations children raised in traditions which emphasize caregiving by community members and extended family members who live in other households.) Workers also reported that, in comparison with non-Aboriginal investigations, a greater proportion of First Nations investigations involved families with multiple children. Workers identified four or more children in the home in 29% of First Nations investigations and 15% of non-Aboriginal investigations. Figure 5 also shows that social assistance/employment insurance/ other benefits were identified as the primary source of household income in 49% of First Nations investigations and 26% of non-Aboriginal investigations conducted by sampled agencies. In contrast, full time work was the primary income source in 33% of First Nations investigations and 58% of non-Aboriginal investigations.

Overall, the data on family and household structural factors suggest that families of the First Nations children investigated by sampled agencies had limited resources, which were strained by the demands of providing for multiple children. Social assistance/employment insurance/ other benefits are limited income sources and identification of these governmental benefits as the primary household income source can be seen as an indicator of financial hardship. Similarly, a large body of research suggests that, on average, lone caregivers have fewer financial resources and may face greater challenges than two-caregiver families in providing the safe environments, adequate clothing and nutrition, appropriate child care and other assets which foster healthy child development. These challenges may be more pronounced for lone caregivers living in remote or rural areas, where the cost of basic necessities can be elevated and the availability of support services can be limited. Thus data on household/family structural factors suggests that the high rate of First Nations investigations in the areas served by sampled agencies reflects challenges linked with poverty. Additional information on household and family structural factors can be found in Chapter 5.

FIGURE 5: Family and household structural characteristics in investigations, involving First Nations and non-Aboriginal children, conducted in sampled agencies in 2008



Case Dispositions During the Investigation Period

CIS-2008 asked workers to provide data on case dispositions during the investigation period. These included decisions to refer children/family members to outside services, to keep cases open for ongoing services, and to make child welfare court applications. Data on case dispositions during the investigation period reflect the complex needs of the First Nations families investigated by sampled agencies.

Figure 6 shows that for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were: 82.7 investigations in which workers referred investigated children or their family members to services which extended beyond the parameters of ongoing child welfare services, 53.2 investigations which remained open for on-going child welfare services after the investigation period, and 13 investigations involving applications to child welfare court. (The reasons for court applications included orders of supervision with the child remaining in the home and out-of-home placement orders.) In contrast, for every 1,000 non-Aboriginal children living in the geographic areas served

by sampled agencies, there were: 17.0 investigations in which workers referred investigated children or their family members to services which extended beyond the parameters of ongoing child welfare services, 7.9 investigations which remained open for on-going child welfare services after the investigation period, and 1.5 investigations involving applications to child welfare court.

As depicted in Figure 6, these decisions compounded the underlying disparity in investigation rates for the First Nations and non-Aboriginal populations served by sampled agencies. The overrepresentation of First Nations children in the sampled child welfare agencies increased with each major case disposition during the investigation period. In the population served by sampled agencies, the rate of First Nations investigations involving referrals to outside services was 4.9 times the rate of non-Aboriginal investigations involving referrals to outside services, the rate of cases remaining open for ongoing services was 6.7 times the rate for non-Aboriginal cases remaining open for ongoing services, and the rate of First Nations investigations involving court applications was 8.7 times the rate of non-Aboriginal investigations involving court applications.

FIGURE 6: Cases remaining open for services, referrals to outside services and court applications in investigations, involving First Nations and non-Aboriginal children, conducted in sampled agencies in 2008
(per 1,000 First Nations or non-Aboriginal children in areas served by sampled agencies)

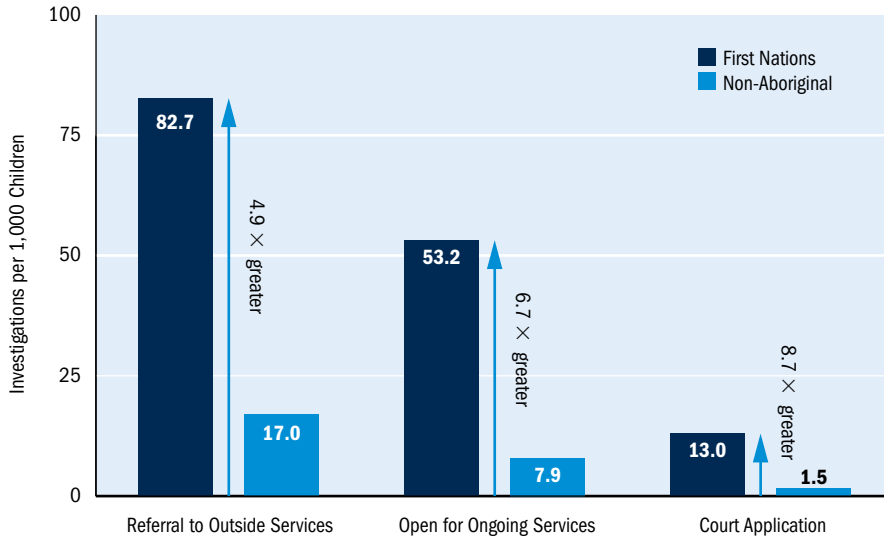
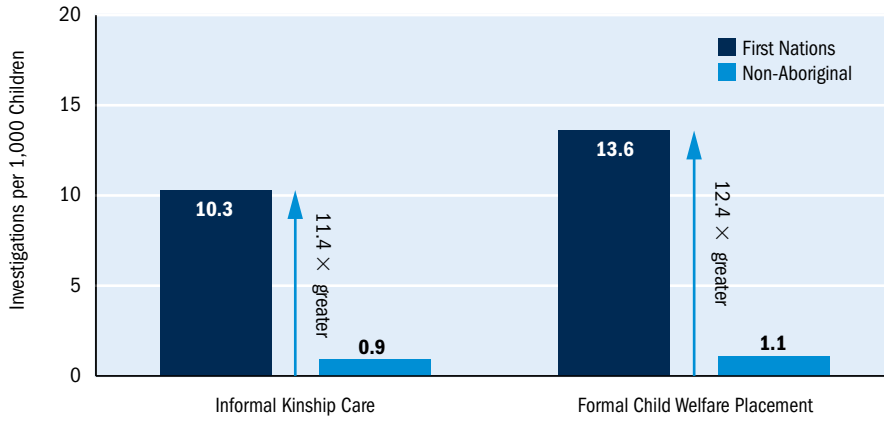


FIGURE 7: Rate of informal kinship care and formal child welfare placement during investigations, involving First Nations and non-Aboriginal children, conducted in sampled agencies in 2008
(per 1,000 First Nations or non-Aboriginal children in areas served by sampled agencies)



The case disposition which added to the overrepresentation of First Nations children in the child welfare system reflect the complex family needs which workers identified during the investigation process. In comparison with non-Aboriginal investigations, workers indicated a greater proportion of the families in First Nations investigations required supports beyond those provided through child welfare services and mid to long-term supports which extended beyond the investigation period. They also determined that circumstances in a greater proportion of First Nations investigations required the very serious step of making a child welfare court application. This pattern of case dispositions is in keeping with the high levels of caregiver risk factors and family/household structural factors which workers identified and suggests that caregiver and family/household needs at least partially explain the disparity in First Nations and non-Aboriginal case dispositions. Additional information on case dispositions during the investigation period can be found in Chapter 6 of this report.

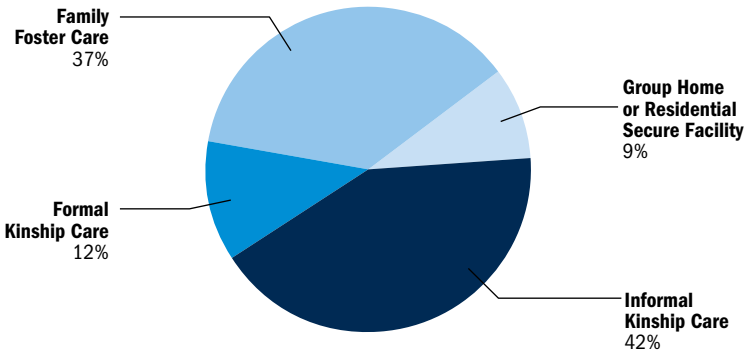
Out-of-Home Care During the Investigation Period

For the First Nations and non-Aboriginal populations served by sampled agencies, the disparity in the

rate of investigations involving out-of-home care during the investigation period was even more pronounced than the disparity in rates for other types of investigations. Figure 7 shows that for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 10.3 investigations involving informal kinship care and 12.6 investigations involving some type of formal child welfare placement in 2008. For every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were .9 investigations involving informal kinship care and 1.1 investigations involving some type of formal child welfare placement in 2008. Thus, in the geographic areas served by sampled agencies, the rate of First Nations investigations involving informal kinship care during the investigation period was 11.4 times the rate for non-Aboriginal investigations and the rate for investigations involving formal child welfare placement was 12.4 times the rate for non-Aboriginal investigations. Despite this pronounced disparity, it is important to note that most investigated First Nations children remained at home for the duration of the investigation; there was no out-of-home care involved in 116.7 of the 140.6 investigations conducted for every 1,000 First Nations children living in the geographic areas served by sampled agencies.

The disparity in the rates of out-of-home care during the investigation period must be interpreted with careful attention to the types of out-of-home care involved and to the limits of the out-of-home care data collected. The CIS-2008 did not collect any information on the duration of out-of-home care; therefore, it is unknown how many investigations involved very brief placements, after which the child returned home. In addition, as described in Figure 8, 42% of First Nations investigations which involved out-of-home care during the investigation period involved "informal kinship care." These were cases in which a child was informally moved to the home of someone within a caregivers' kinship network and the child welfare authority did not take temporary custody. Knowledge about informal kinship care arrangements is limited and the percentage of these "placements" in which caregivers may have voluntarily arranged for a child to move, without any child welfare worker intervention, is unknown. Finally, in the sampled agencies, an additional 12% of the First Nations investigations involving out-of-home care during the investigation period involved formal kinship care; thus, more than half (54%) of out-of-home placements in First Nations investigations involved moves within a child/caregiver's kinship network. Kinship care arrangements may offer greater continuity in personal relationships, cultural contexts and links to community than other types of out-of-home care. In addition, the high proportion of kinship care placements may point to the existence of support networks which were available to investigated First Nations families but which were not directly represented in CIS-2008 data. Additional information on out-of-home care during the investigation period can be found in Chapter 6 of this report.

FIGURE 8: Type of out-of-home care during investigations, involving First Nations children, conducted in sampled agencies in 2008



Total: 23.9 Investigations Involving Out of Home Care During the Investigation per 1,000 Children in Areas Served by Sampled Agencies

Type of Investigation, Level of Substantiation in Maltreatment Investigations and Categories of Substantiated Maltreatment

The CIS-2008 collected information on two types of investigations conducted by sampled agencies – maltreatment investigations and risk investigations; data on investigation type is presented in Figure 9. Workers classified 27% of the investigations involving First Nations children which were conducted by sampled agencies as risk investigations. These were investigations in which workers had no reasons to suspect that children had already experienced maltreatment, but in which circumstances, like caregiver substance abuse or other lifestyle concerns, suggested the possibility of a significant risk of future maltreatment. The remaining

FIGURE 9: Type of investigation and level of substantiation in investigations, involving First Nations and non-Aboriginal children, conducted in sampled agencies in 2008

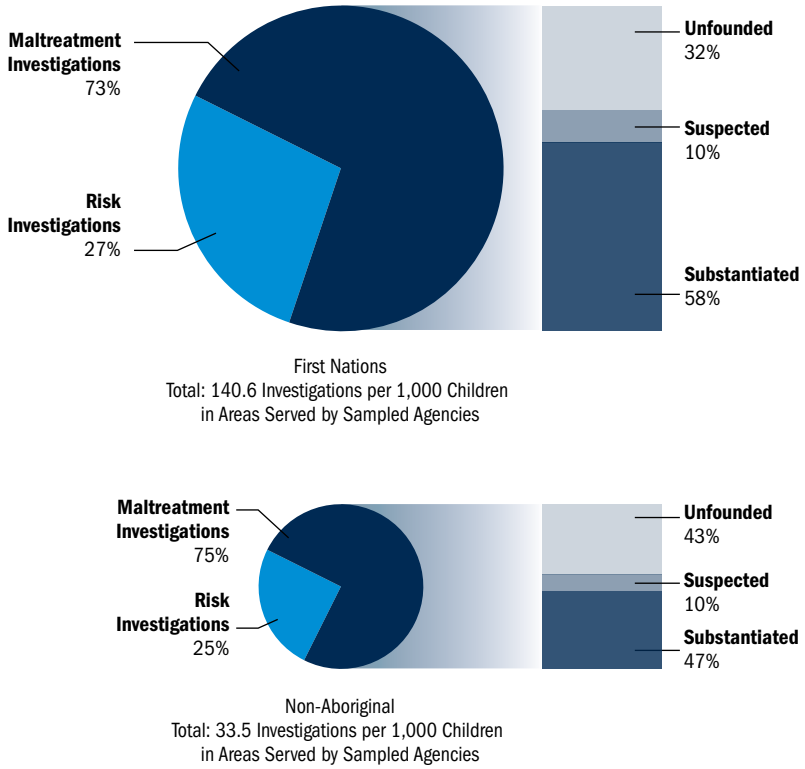
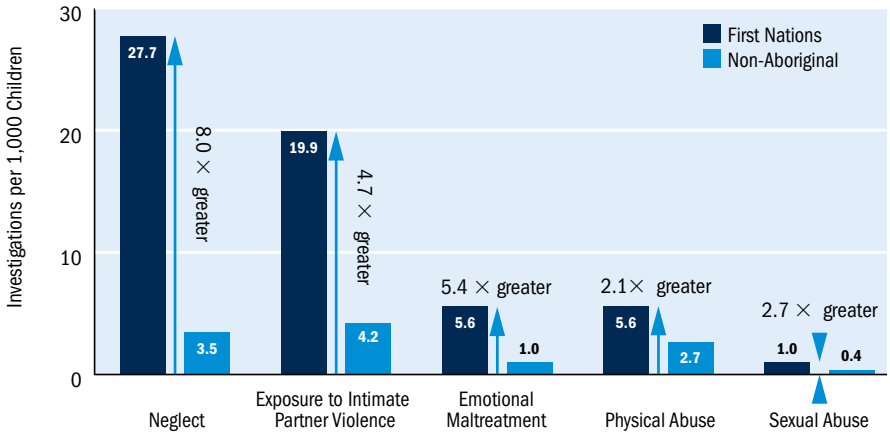


FIGURE 10: Primary categories of maltreatment in substantiated maltreatment investigations, involving First Nations and non-Aboriginal children, conducted in sampled agencies in 2008 (rate per 1,000 First Nations or non-Aboriginal children in areas served by sampled agencies)



73% of First Nations investigations conducted by sampled agencies were maltreatment investigations, in which workers sought to assess whether a child had already experienced physical abuse, sexual abuse, neglect, emotional maltreatment or exposure to intimate partner violence. The pattern was very similar for non-Aboriginal investigations conducted by sampled agencies: 25% were risk investigations and 75% were maltreatment investigations.

Figure 9 also presents data on the findings of maltreatment investigations conducted by sampled agencies. The CIS used a three-tiered classification system for investigated incidents of maltreatment. "Substantiated" means that the worker found conclusive evidence that an incident which placed a child at risk of harm did occur. "Unfounded" means that the worker concluded that the child was not placed at risk of harm. The "suspected" level provides an important clinical distinction in cases where there is not sufficient evidence to substantiate maltreatment, but where maltreatment cannot be ruled out. Workers concluded that allegations/suspicions of child maltreatment were unfounded in 32% of the child maltreatment investigations involving First Nations children which were conducted by sampled agencies in 2008; maltreatment was substantiated in 58% of the First Nations investigations and suspected in 10% of First Nations investigations. In comparison, a significantly greater proportion of the non-Aboriginal child maltreatment investigations conducted by sampled agencies were deemed unfounded (43%) and maltreatment was substantiated in a lesser proportion (47%) of these investigations.

Figures 10 and 11 present data on the primary category of maltreatment identified in the substantiated investigations conducted by sampled agencies. The CIS-2008 collected information on up to three categories of maltreatment identified during the initial, four to six week investigation period; the primary category is the

one which the worker indicated best represented the substantiated maltreatment. Interpretation of this data must take into account the fact that the FNCIS-2008 did not collect information about maltreatment which was identified or disclosed after the initial investigation period. Accordingly, CIS-2008 data may underestimate the proportion of cases involving those categories of maltreatment which, like sexual abuse, are more likely to be disclosed in the post-investigation period.

Figure 10 displays the rate of substantiated investigations, per 1,000 First Nations children living in the geographic areas served by sampled agencies, for the five primary maltreatment categories. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 27.7 substantiated child maltreatment investigations in which neglect was the primary category of maltreatment and 19.9 substantiated investigations in which the primary maltreatment category was exposure to intimate partner violence.[4] In addition, for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 5.6 substantiated investigations in which emotional maltreatment was the primary category of maltreatment, 5.6 substantiated investigations with physical abuse as the primary maltreatment category and 1.0 substantiated sexual abuse investigations.

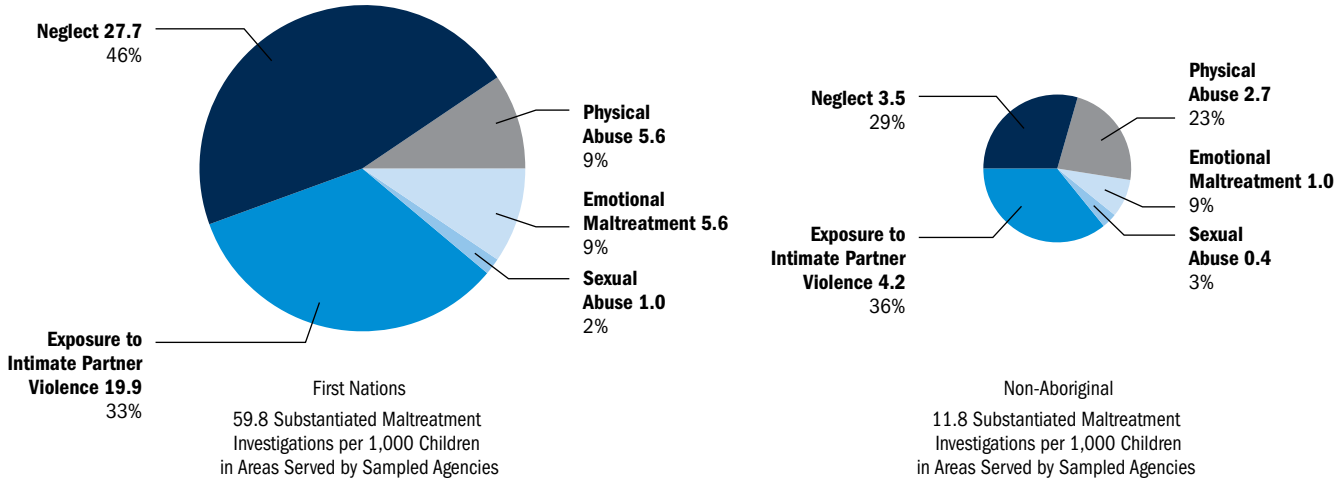
Figure 10 also shows that the rate of substantiated investigations involving First Nations children was higher than non-Aboriginal rate in each of the five primary maltreatment categories and the First Nations – non-Aboriginal disparity was most pronounced in the category of neglect. While there were 27.7 substantiated neglect investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were only 3.5 substantiated neglect investigations for every 1,000 non-Aboriginal children; the rate of substantiated neglect investigations was 8.0 times greater for the First Nations population served by sampled agencies than for the non-Aboriginal population. The disparity in First Nations and non-Aboriginal substantiated investigations was smaller in the other maltreatment categories. In the population served by sampled agencies, the rate of substantiated exposure to intimate partner violence investigations involving First Nations children was 4.7 times greater than the rate for non-Aboriginal children, the rate of substantiated emotional maltreatment investigations was 5.4 times greater for the First Nations population, the rate of substantiated physical abuse investigations was 2.1 times greater for the First Nations population, and the rate of substantiated sexual abuse investigations was 2.7 times greater for the First Nations population served by sampled agencies than for the non-Aboriginal population served by sampled agencies.

Figure 11 shows the distribution of substantiated maltreatment investigations across primary maltreatment categories, for First Nations and non-Aboriginal children. In total, there were 59.8 substantiated child maltreatment investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies. Neglect was the primary category of maltreatment in 27.7 (or 46%) of these investigations. In contrast, there were 11.8 substantiated child maltreatment investigations for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, and 3.5 (29%) of these investigations involved neglect as the primary category of maltreatment. Because the disparity in First Nations and non-Aboriginal rates was more pronounced for neglect than for other maltreatment categories, neglect represents a much larger percentage of the substantiated maltreatment investigations involving First Nations children than non-Aboriginal children.

In contrast, physical abuse and sexual abuse, those categories in which the disparity in rates of substantiated investigations involving First Nations and non-Aboriginal children was least pronounced, represent a smaller percentage of the substantiated maltreatment investigations involving First Nations children than non-Aboriginal children. For every 1,000 First Nations children living in the geographic areas served by sampled agencies there were 5.6 substantiated physical abuse investigations (9% of substantiated maltreatment investigations involving First Nations children). In contrast, for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 2.7 substantiated physical abuse investigations (23% of substantiated maltreatment investigations involving non-Aboriginal children. Similarly, the 1.0 substantiated sexual abuse investigation for every 1,000 First Nations children living in the geographic areas served by sampled agencies represented 2% of substantiated First Nations investigations, while

4 It is important to note that exposure to intimate partner violence differs from the other forms of maltreatment because substantiation of this maltreatment category means that a caregiver failed to protect a child from exposure to his/her own victimization.

FIGURE 11: Primary categories of maltreatment in substantiated maltreatment investigations, involving First Nations and non-Aboriginal children, conducted in sampled agencies in 2008
(rate per 1,000 First Nations or non-Aboriginal children in areas served by sampled agencies and percent)



the .4 substantiated sexual abuse investigations for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies represented 3% of substantiated non-Aboriginal investigations Additional information on maltreatment characteristics can be found in Chapter 7 of this report.

The overall picture presented by these data is one in which the overrepresentation of First Nations children is driven largely by cases involving neglect. Research on neglect suggests that it is more likely than other forms of maltreatment to be chronic and that the consequences of chronic neglect for children are as severe as (and in some domains, more severe than) for other forms of maltreatment. Research also shows that neglect is closely linked with household/family structural factors and caregiver risk concerns like those identified in a large proportion of First Nations investigations; factors such as poverty, caregiver substance abuse, social isolation and domestic violence can impede caregiver's abilities to meet children's basic physical and psychosocial needs.

Chronic need versus urgent need for child protection

CIS-2008 data on household/family structural factors, caregiver risk factors and categories of substantiated maltreatment all suggest that many First Nations children who were investigated by sampled agencies live in environments shaped by chronic difficulties, which research indicates can have devastating long term effects for children. However, data on child functioning concerns, documented emotional harm resulting from maltreatment and physical harm resulting from maltreatment also show that, in most of the investigations involving First Nations children which were conducted by sampled agencies, workers concluded that children did not already exhibit severe emotional, behavioural, cognitive or physical consequence of maltreatment.

Workers were asked to indicate whether they had concerns about a range of physical, emotional, cognitive, and behavioural child functioning issues which may be diagnosed, observed or disclosed during a four to six week investigation period.

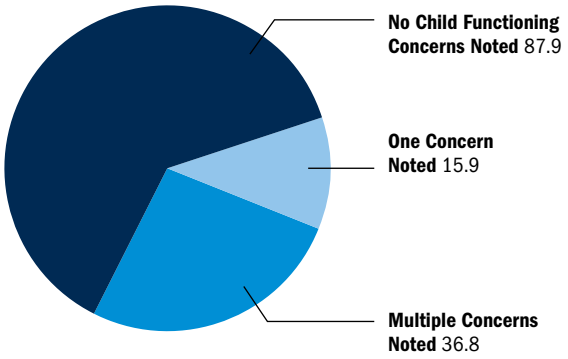
Figure 12 shows that, in the majority of First Nations investigations conducted by sampled agencies, workers did not note any child functioning concerns. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 87.9 investigations in which workers noted no child functioning concerns, 15.9 investigations in which only one concern was noted and 36.8 investigations which multiple concerns were noted. Workers noted no child functioning concerns in 63% of First Nations investigations and only one child functioning concerns in an additional 11% of First Nations investigations conducted by sampled agencies. Additional information on child functioning concerns can be found in Chapter 4 of this report.

Workers were also asked to indicate whether investigated children showed signs of any mental or emotional harm resulting from maltreatment and whether they knew/suspected that children experienced physical harm as a result of maltreatment. Figure 13 shows that, in most of the investigations involving First Nations

children which were conducted by sampled agencies, workers indicated the child did not show signs of emotional harm resulting from maltreatment. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 118.6 investigations in which workers either found no reason to investigate whether a child had already been maltreated (risk investigations), did not substantiate maltreatment, or did not document emotional harm as a result of substantiated maltreatment. Workers indicated that a child showed signs of emotional harm resulting from maltreatment in 22 of the 140.6 investigations which were conducted for every 1,000 First Nations children living in the geographic areas served by sampled agencies (16% of investigations involving First Nations children). Workers further indicated that the signs of emotional harm experienced as a result of maltreatment were so severe that the child required therapeutic treatment in 12.4 of the 140.6 investigations conducted for every 1,000 First Nations children living in the geographic areas served by sampled agencies (9% of investigations involving First Nations children).

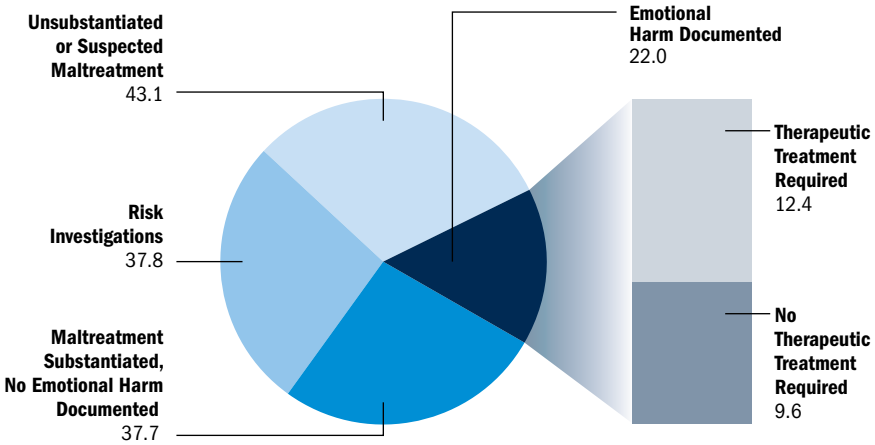
Figure 14 shows that workers did not know of, or suspect, any physical harm resulting from maltreatment in the majority of First Nations investigations conducted by sampled agencies. For every 1,000 First Nations children in the geographic areas served by sampled agencies, there were 136.5 investigations in which workers either found no reason to investigate whether a child had already been maltreated (risk investigations), did not substantiate maltreatment, or did not document physical harm resulting from maltreatment. Workers

FIGURE 12: Child functioning concerns in First Nations investigations conducted in sampled agencies (per 1,000 First Nations children in areas served by sampled agencies)



Total: 140.6 Investigations
per 1,000 Children in Areas Served by Sampled Agencies

FIGURE 13: Documented emotional harm in investigations involving First Nations children, conducted in sampled agencies in 2008
(per 1,000 First Nations children in areas served by sampled agencies)

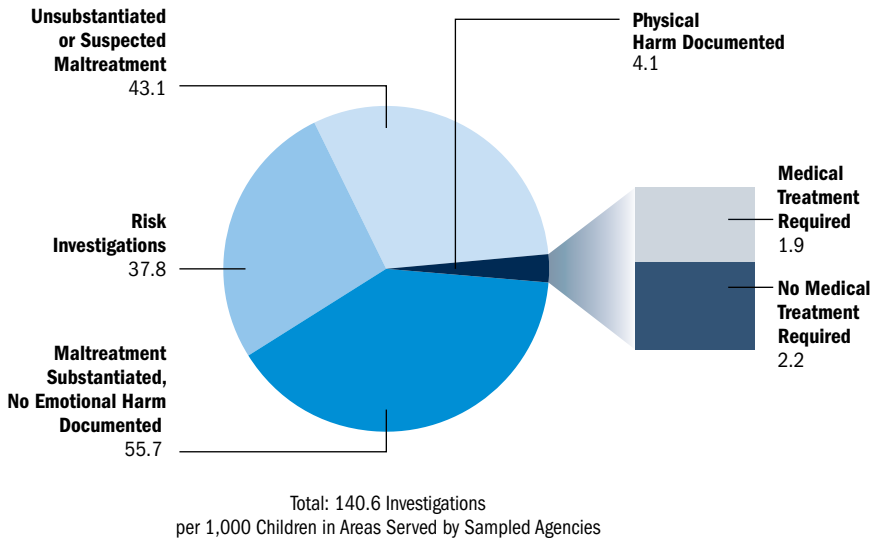


Total: 140.6 Investigations
per 1,000 Children in Areas Served by Sampled Agencies

indicated that they knew of or suspected physical harm resulting from maltreatment in 4.1 of the 140.6 investigations which were conducted for every 1,000 First Nations children living in the geographic areas served by sampled agencies (3% of investigations involving First Nations children). Workers further indicated that the physical harm resulting from maltreatment was so severe that the child required medical treatment in 1.9 of the 140.6 investigations conducted for every 1,000 First Nations children living in the geographic areas served by sampled agencies (1% of investigations involving First Nations children). Additional information on emotional and physical harm can be found in Chapter 7 of this report.

Data on child functioning, physical harm, and emotional harm are based

FIGURE 14: Documented physical harm in investigations involving First Nations children, conducted in sampled agencies in 2008
(per 1,000 First Nations children in areas served by sampled agencies)



on assessments workers made during four to six week long investigations; they do not take into account functioning issues or symptoms of harm which were manifested, observed or disclosed in the post-investigation period. Accordingly, it is likely that they underestimate the true levels of child functioning issues, and of emotional and physical harm experienced by investigated First Nations children. However, even if the rate of First Nations investigations documenting physical harm requiring medical treatment (1.9 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies) or emotional harm requiring therapeutic treatment (12.4 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies) were doubled, these cases would represent a minority of the 140.6 total investigations conducted for every 1,000 First Nations children living in the geographic areas served by sampled agencies. Protecting children from severe physical and emotional harm is of paramount importance and child welfare agencies must be equipped to act in the best interest of children in need of urgent protection. However, the data presented in Figures 11 through 14 suggest that protection from immediate, severe emotional or physical harm is not the central concern for most of the First Nations children investigated by sampled agencies. Rather, the difficulties facing many of the families involved in these First Nations child welfare investigations may require programs offering longer term, comprehensive services designed to help them address the multiple factors – such as poverty, substance abuse, domestic violence and social isolation – which pose chronic challenges to their abilities to ensure the well being of First Nations children.

Chapter 1
INTRODUCTION

STRUCTURE OF THIS REPORT

The Canadian Incidence Study of Reported Child Abuse and Neglect 2008 (CIS-2008) is the third cycle of a national study designed to measure the incidence of reported child maltreatment in Canada. The CIS is the only national study in Canada to provide data on the investigations that child welfare agencies conduct into reports of child maltreatment-related concerns involving First Nations children. Findings from prior CIS cycles demonstrated that First Nations children are highly overrepresented in the child welfare system and that their overrepresentation increases with each short-term case disposition made during the course of a typical maltreatment investigation. The CIS has further demonstrated that the overrepresentation of First Nations children in the child welfare system is primarily driven by cases of neglect, rather than other forms of maltreatment (physical abuse, sexual abuse, emotional maltreatment or exposure to intimate partner violence) and that incidents of neglect for First Nations children are associated with poverty, poor housing and caregiver substance abuse (Trocmé et al., 2006). The CIS tracks cases from the point that children are referred to child welfare agencies to the close of maltreatment-related investigations, capturing assessments and decisions made by workers during investigation periods which typically last four to six weeks (depending on jurisdiction).

It uses standardized data collection instruments and procedures designed to determine the rates and characteristics of maltreatment related investigations. The CIS-2008 collected data on new maltreatment-related investigations which were opened between October 1 and December 31, 2008.

The FNCIS-2008 is a study of child welfare investigations involving First Nations children which is embedded within the CIS. The FNCIS-2008 is guided by a FNCIS-2008 advisory committee, which is composed of representatives from major organizations supporting and coordinating First Nations child and family service agencies, First Nations agencies (in provinces that do not have coordinating organizations), and the Assembly of First Nations. The name FNCIS-2008 is used to describe the collective efforts of the CIS-2008 research team and the FNCIS-2008 advisory committee to support the inclusion of First Nations child welfare agencies in the CIS-2008 sample, and to analyze, interpret and disseminate information about the data on investigations involving First Nations children which were collected by the CIS-2008.

This report, which is a product of the FNCIS-2008, presents analyses of data for 15,346 investigations which were completed by sampled child welfare agencies during the three month data collection period. These investigations were conducted by 89 provincial/territorial agencies and 22 of the First Nations and urban Aboriginal child and family service agencies which are mandated to conduct child welfare investigations in Canada (data was also collected, on a pilot basis, from one Métis agency). The sampled agencies conducted 3,106 child maltreatment-related investigations involving First Nations children, (ages 0 to 15), and 12,240 child maltreatment-related investigations involving non-Aboriginal children. Data analyzed by FNCIS-2008 includes investigations involving First Nations children living both in reserve communities and off-reserve areas.

CIS-2008 is the first study cycle which includes a large enough sample of First Nations and urban Aboriginal agencies to provide a meaningful portrait of the investigations they conduct. The increase in the number of sampled First Nations and urban Aboriginal agencies is an important step forward for the FNCIS and, as will be explored in the final chapter of this report, it brings with it the potential for more detailed analysis of investigations involving First Nations children. However, it also represents a shift in sample composition, the impact of which is compounded by changes in the CIS methods for tracking investigations and in the weighting of data for the FNCIS. As discussed in Chapter 3, these changes mean that **results in this report cannot be directly compared with First Nations findings from CIS-2003 or CIS-1998, they cannot be generalized to child welfare agencies not included in the**

CIS-2008 sample, and they cannot be considered representative of the nation as a whole.

This report compares CIS-2008 data on child maltreatment-related investigations involving First Nations and non-Aboriginal children in order to better understand the factors contributing to the over-representation of First Nations children in the child welfare system.[1] It examines differences between the child, family, household, maltreatment and short-term case disposition profiles for First Nations children and non-Aboriginal children who came into contact with sampled agencies. In addition, the final chapter of this report provides an exploration of the major technical and conceptual issues involved in comparing investigations involving First Nations children across CIS cycles and comparing those investigations done by provincial/territorial agencies to those done by First Nations and urban Aboriginal child welfare agencies.

Chapter 1 offers an introduction to the history and current structure of the formal First Nations child welfare system which exists in Canada today. It draws on published literature and other available documents to present an overview of the historical development of this system and to summarize major legislative and political factors which affect the provision of child welfare services to First Nations children, families and communities. In addition to the formal government systems examined in Chapter 1, First Nations communities maintain their own systems of providing for the well-being of children which are grounded in traditional knowledge and practices. While the full context of First Nations child welfare cannot be understood without recognition and examination of these systems, this chapter focuses on formal child welfare programs and policies, offering a basic framework which is intended to facilitate understanding of the contexts in which the agencies included in the CIS-2008 operate. The data presented in subsequent chapters cannot be understood and interpreted without some knowledge of this context.

Chapter 2 describes the development of the FNCIS-2008. It traces the study's evolution from an informal partnership between the CIS research team and the First Nations Child and Family Caring Society, a national organization which advocates for and supports First Nations child welfare organizations, to a well developed pilot study of First Nations investigations which is guided by a national FNCIS-2008 advisory committee. This chapter presents the goals of the FNCIS-2008 and describes the partnership between the CIS research team and the FNCIS-2008 advisory committee, which is composed of representatives from major organizations supporting and coordinating First Nations child and family service agencies, First Nations and urban Aboriginal agencies (in provinces that do not have coordinating organizations), and the Assembly of First Nations. It also summarizes the role that the principles of Ownership, Control, Access, and Possession for research in Aboriginal contexts (OCAP principles; First Nations Information Governance Centre, 2007) played in the FNCIS-2008 and examines the ways in which these principles were operationalized within the study framework.

Chapter 3 gives an overview of the study methods. It describes the sampling framework for the FNCIS-2008. It also gives details of the weighted sample, of an estimated 97,764 child maltreatment-related investigations involving First Nations and non-Aboriginal children, which is analyzed in this report. Chapter 3 describes the FNCIS-2008 sample inclusion criteria as well as the annualization weights and weighting adjustments which were used to calculate the estimates presented in this report. Finally, this chapter describes the study limitations which must be taken into account when interpreting the findings presented in this report. These include general limitations on the types of cases which are represented in the CIS data. They also include limitations specific to analysis of First Nations data collected by the study: because of the purposive sampling of First Nations and urban Aboriginal agencies, changes to the data collection instrument, and shifts in approach to analysis of First Nations data, **the results presented in this report cannot be generalized beyond agencies in the FNCIS-2008 sample, considered representative of the nation as a whole, or directly compared with First Nations findings from previous cycles of the CIS.**

Chapters 4 through 6 present results based on analysis of *all* the child maltreatment-related investigations included in the FNCIS-2008 sample. These chapters examine the estimated 97,764 new child maltreatment-related investigations conducted by sampled agencies during 2008, including those in which there was no allegation/suspicion that maltreatment already occurred but in which there was a concern that a child was at risk of future maltreatment and those in which workers eventually concluded that the allegations/

1 Data on investigations involving Inuit and Métis children is excluded from these analyses. There were not enough investigations of Inuit and Métis children in the CIS-2008 to generate separate estimates for these groups, furthermore the research team did not have research mandate from these communities. Because the histories and circumstances of Inuit and Métis communities mirror many First Nations, these investigations were removed from the "non-Aboriginal" comparator.

suspicions of child maltreatment were unfounded. Accordingly, these data provide a portrait of families and children who potentially benefitted from the supports and services which sampled child welfare agencies can offer and who were also potentially affected by the intrusiveness of the investigation process.

Chapter 4 presents the estimated numbers and rates of investigations conducted by sampled agencies in 2008; it also describes characteristics of children and caregivers involved in the estimated 14,114 investigations involving First Nations children and 83,650 investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. This chapter presents data on investigated children's ages, child functioning concerns noted by investigating workers, caregivers' relationships to children, and caregiver risk factors noted by investigating workers. Chapter 5 presents data on the structural characteristics of households and families involved in First Nations and non-Aboriginal child maltreatment-related investigations conducted by sampled agencies. This chapter includes information about the number of caregivers and children in the home, household income sources, housing type, residential stability, home safety and health hazards, and overcrowding. Chapter 6 presents data on case characteristics and short-term service dispositions for First Nations and non-Aboriginal child maltreatment-related investigations conducted by sampled agencies. This chapter presents data on referral sources, history of previous child maltreatment investigations, referral to outside services, cases remaining open for post-investigation services, applications to child welfare court, and out-of-home placements during the investigation period.

Chapter 7 describes the characteristics of child maltreatment in First Nations and non-Aboriginal investigations conducted by sampled agencies. While Chapters 4 through 6 presented data on all new child maltreatment-related investigations conducted by sampled agencies in 2008, data in this chapter focus largely on an estimated 35,485 cases of substantiated child maltreatment; those maltreatment investigations in which workers found sufficient evidence to conclude that a child had been maltreated. The chapter presents information on findings in two types of child maltreatment investigations: risk investigations and maltreatment investigations. It also describes the characteristics of maltreatment for substantiated child maltreatment investigations: primary category of maltreatment, single and multiple maltreatment categories, duration of maltreatment, and documentation/severity of emotional and physical harm. In addition, because neglect was substantiated in more than half of all substantiated investigations involving First Nations children, this chapter presents data on the specific forms of neglect which were substantiated in First Nations and non-Aboriginal investigations.

Chapter 8 provides a preview of upcoming work for the FNCIS-2008. It explores technical and conceptual issues involved in three major types of upcoming analyses: formal testing of factors which may explain the disparities in First Nations and non-Aboriginal representation in the child welfare system, comparisons of First Nations investigations conducted by provincial/territorial agencies in 2003 and 2008, and comparisons of investigations done by First Nations and urban Aboriginal agencies to those done by their provincial/territorial counterparts. The final chapter also describes the plans for dissemination of the results presented here and engagement of First Nations and urban Aboriginal child welfare agencies in the interpretation of upcoming analyses.

WHAT IS CHILD MALTREATMENT?

This report presents a profile of the child maltreatment-related investigations conducted by a large sample of child welfare agencies in Canada. Though protecting children from maltreatment is a central focus of child welfare systems, there is no single definition of "child maltreatment" used by child welfare agencies or by child welfare researchers. Four general categories are consistently recognized in current definitions of maltreatment: (1) physical abuse, (2) sexual abuse, (3) neglect, and (4) emotional maltreatment (see, for example, Leeb et al., 2008; MacLeod, Tonmyr, and Thornton, 2004). In addition, child welfare agencies in Canada increasingly treat "exposure to intimate partner violence" as a distinct form of maltreatment (Black et al., 2008; Black, 2009) and investigate situations in which there is no allegation/suspicion that maltreatment has already occurred, but in which the concern is that, because of factors like caregiver substance abuse, there is substantial risk that a child will be maltreated in the future (Fallon et al., 2011).

While the mandates of child welfare authorities differ across provinces/territories, legislation from all jurisdictions reflects a general consensus that a child is in need of protection when actions, or failures to act, by caregivers either harm or pose significant *risk of harm* to the child's physical or emotional development (Kozlowski and Sinha, forthcoming).

Thus, under the guidelines set by provinces/territories, maltreatment does not imply that a caregiver intended to harm a child and a child may be considered maltreated even if he/she was not demonstrably harmed by caregiver actions. Accordingly, situations classified as maltreatment may range from those in which a caregiver intentionally inflicts severe physical or emotional harm on a child, to situations in which a child is placed at risk of harm as a result of a caregiver's clear failure to supervise or care for him/her, to situations in which living conditions would make it extremely difficult for any caregiver to ensure a child's safety. For example, the term "maltreatment" could be used to describe a situation in which a caregiver subjects a child to severe physical abuse as a form of punishment; but, it could be used to describe the experiences of a child living in extreme poverty who is exposed to severe mould, unsafe electrical wiring, or other household safety hazards. In cases like the latter, it can be very difficult to establish the extent to which a child is placed at risk of harm as a result of the caregiver's failure to protect the child or as a result of the family's difficult living circumstances.

Indeed, neglect – which involves a failure to provide for a child's basic physical, emotional, or educational needs (Leeb et al. 2008, MacLeod, Tonmyr, and Thornton, 2004) – and exposure to intimate partner violence – which involves the failure to protect a child from knowledge of caregiver victimization (Alaggia and Vine, 2006) – are the most common categories of substantiated maltreatment in Canada (Trocmé et al., 2010). In addition, an analysis of child maltreatment investigations in Canada in 2008 shows that workers did not know of or suspect any physical harm resulting from maltreatment in 92% of substantiated child maltreatment investigations and did not report signs of any emotional harm to the child in 71% of substantiated child maltreatment investigations (Trocmé et al., 2010).

The range of the situations which may be characterized as maltreatment necessitates an approach to understanding maltreatment which expands beyond a narrow focus on interactions between children and caregivers, in order to consider the broader contexts in which these interactions take place. Indeed, research since the 1980's has increasingly embraced a perspective in which child maltreatment occurs when multiple individual, family, community and societal level risk factors outweigh protective factors (Bruyere, and Garbarino, 2010; Belsky, 1993; Garbarino, 1977). While a large body of research demonstrates that child maltreatment can have very severe negative effects on physical health, mental health, behaviour, social relationships, academic achievement, and outcomes in other domains, it also shows that the long term impacts of maltreatment vary according to factors which include child age, type/duration/severity of abuse, relationship to abuser, individual characteristics, family access to social supports, community well being and child's social environment (Child Welfare Information Gateway, 2008).

Modern approaches to understanding maltreatment also explicitly acknowledge the impact of history on caregiver-child interactions; they note that caregiver actions may be influenced both by personal histories, through intergenerational transmission of specific parenting behaviours/strategies, and by larger historical changes, which may include colonial impacts on culturally based childrearing practices and on the social/economic/political systems in which caregivers are embedded (Bronfenbrenner, 1979; Belsky, 1993; Garbarino, 1977; Garbarino 2010).

A BRIEF HISTORY OF THE FIRST NATIONS CHILD WELFARE SYSTEM

Across the provinces and territories in Canada's child welfare system, Aboriginal children are greatly overrepresented in out-of-home care.[2,3] As indicated in Table 1-1, the proportion of children in care who are Aboriginal is greater than the Aboriginal proportion of the child population in all provinces for which data are available. The final column of Table 1-1, presents disparity indices, which describe the relationship between the rate of child welfare investigations in the Aboriginal population and the rate of child welfare investigations in the non-Aboriginal population, for each province for which data was publicly available. (See Appendix B for additional details on the definition and calculation of disparity in Aboriginal and non-Aboriginal representation in care.) The final column of Table 1-1 shows that the rate of out-of-home placements in the Aboriginal population is more than 10 times the

2 The *Constitution Act* (1982) recognizes three groups of Aboriginal peoples in Canada: First Nations, Métis, and Inuit. First Nations peoples are further divided into "status" and "non-status" First Nations; those who are entitled to federal benefits under the terms of the *Indian Act* (1985) and those who are not.

3 Whenever possible, background information is presented on First Nations families and children. However, because First Nations child welfare has been shaped by policies targeting the broader Aboriginal population and because First Nations children constitute the majority of Aboriginal children in Canada, Aboriginal data are presented when First Nations specific data are not available.

rate of out-of-home placements in the non-Aboriginal population in four provinces; the rate of Aboriginal out-of-home placements is 12.5 times the rate of non-Aboriginal placements in British Columbia, 14.6 times the rate of non-Aboriginal placements in Alberta, 12 times the rate of non-Aboriginal placements in Saskatchewan, and 19 times the rate of non-Aboriginal placements in Manitoba. In addition, the rate of Aboriginal out-of-home placements is 8.6 times the rate of non-Aboriginal placements in Ontario and 3 times the rate of non-Aboriginal placements in Nova Scotia.

First Nations children constitute 64% of the Aboriginal child population in Canada (Statistics Canada, 2008) and there is evidence that First Nations children may be more highly overrepresented in the child welfare system than Métis or Inuit children. Blackstock, Prakash, Loxley, and Wien (2005) found the rate of out-of-home placements for status First Nations children in three sample provinces to be three times that for Métis children, and more than 15 times the rate for other children. Similarly, data from the Manitoba Department of Family Services and Housing (2007) suggests that the overrepresentation of Aboriginal children in out-of-home care in Manitoba is driven by First Nations children. Métis children represented 8.6% of the child population and 9.3% of the children in care in Manitoba in 2006; in contrast, First Nations children were 15.7% of the child population and 69.7% of children in care. The current overrepresentation of First Nations children in out-of-home care extends an historic pattern of removal of First Nations children from their homes which is grounded in colonial history and, accordingly, the current overrepresentation cannot be understood without a basic understanding of the history of First Nations child welfare.

Pre-colonial Period

Prior to colonization, First Nations families and communities cared for their children in accordance with their cultural practices, spiritual beliefs, laws and traditions. The details of culturally based systems of caring for children differed across communities, reflecting the specific social structures and cultural traditions which shaped communal life (see, for example, Brokenleg, 1998; Hand, 2006; Baldassi, 2006; McCrimmon, 1996). However, traditional systems of care shared basic characteristics, including an emphasis on extended families and a worldview which prized children as gifts from the creator (Royal Commission on Aboriginal Peoples, 1996). The existence and continuity of the specific customary guardianship traditions in certain First Nations communities have been documented in a number of court cases (Zlotkin, 2009), demonstrating the resilience of customary care traditions which continue to shape informal care practices in First Nations communities today.

Residential Schools

The arrival of non-Aboriginal settlers and subsequent extension of colonial policies into First Nations territories initiated the history of the current state-sponsored child welfare system, disrupting traditional systems of child rearing and imposing state practices which resulted in the removal of tens

TABLE 1-1: Disparity in representation of Aboriginal non-Aboriginal children in care for Canadian provinces*,**

	% of Children in Care		% of Total Child Population[h]		Disparity in Representation of Aboriginal and non-Aboriginal Children in Care
Provision of Ongoing Services	Aboriginal Children	Non-Aboriginal Children	Aboriginal Children	Non-Aboriginal Children	
British Columbia[a]	52%	48%	8%	92%	12.5
Alberta[b]	59%	41%	9%	91%	14.6
Saskatchewan[c]	80%	20%	25%	75%	12.0
Manitoba[d]	85%	15%	23%	77%	19.0
Ontario[e]	21%	79%	3%	97%	8.6
Quebec[f]	10%	90%	2%	98%	5.4
Nova Scotia[g]	16%	84%	6%	94%	3.0

* Data for New Brunswick and for Canadian territories were not publicly available.

** Data in this table reflect definitions and data collection protocols which differ by province. (For example, data from some provinces may include children in the care of relatives.) The data demonstrate overrepresentation of First Nations children within jurisdictions, but data for different provinces are not directly comparable.

Based on data from: [a]British Columbia Ministry of Children and Family Development, 2009; [b]Alberta Children and Youth Services, 2009; [c]Saskatchewan Ministry of Social Services, 2008; [d]Manitoba Family Services and Housing, 2007; [e]Ontario Ministry of Children and Youth Services, 2010; [f]Breton, 2011; [g]Mulcahy and Trocmé, 2009; [h]Statistics Canada, 2008

of thousands of First Nations children from their homes and communities. The residential school system was initially responsible for provision of child welfare services to First Nations communities in Canada. In addition to serving as a primary mechanism of government efforts to forcibly assimilate First Nations peoples into colonial society, residential schools also served as the institutions providing state care for First Nations children who were abused or neglected in their homes (Milloy, 1999).

Residential schools started with a small, church based format in the late 1800's, but quickly expanded, shifting to an American-inspired industrial model (Milloy, 1999). A 1920 amendment to the *Indian Act* made attendance at designated state sponsored (day, residential, institutional) schools mandatory for all children, between the ages of 7 and 15, who were physically able to attend. It also allowed truant officers to enforce attendance, giving an officer the right to, "enter any place where he has reason to believe there are Indian children" of school age and to arrest and convey truant children to school (*An Act to amend the Indian Act*, 1920, A10). Attendance at residential schools was enforced through additional tactics which included the apprehension of orphaned and neglected children, coercion of parents and removal of children by force (Fournier and Crey, 1997; Milloy, 1999).

Once living in residential schools, children were subjected to suppression of their cultures and languages, neglect and abuse (Bryce, 1922; Royal Commission on Aboriginal Peoples, 1996; Milloy, 1999). Funding did not keep pace with the rapid expansion of the residential school system at the turn of the century, and children lived in deteriorating buildings, suffering shortages of food and clothing. The medical needs of students were also neglected; tuberculosis and other diseases spread through the crowded schools (Bryce, 1922; Milloy, 1999). Some children who were deemed too ill to attend school were quarantined to Indian sanatoria designed to protect non-Aboriginal populations from the threat of contagion by isolating sick Aboriginal children and adults (Lux, 2010). Many other children in the residential school system died as a result of disease and neglect. Writing during his tenure as deputy superintendent of Indian Affairs (1913–1932), Duncan Campbell Scott estimated that 50% of the children who attended residential schools died as a result of poor conditions (as cited in Miller, 1996, p. 133). At the time, Dr. Peter Henderson Bryce (1922) also noted that many of the deaths were preventable but that Canada took few steps to address the poor living conditions which facilitated the spread of disease. Accounts from the time showed that children in many schools were subjected to physical abuse, which included beating, strapping, chaining, lashing, and other forms of severe punishment. After residential schools began closing, there were also revelations of widespread sexual abuse (Milloy, 1999; Royal Commission on Aboriginal Peoples, 1996).

The residential school system separated generations of First Nations children from their families and communities and disrupted communal systems of providing for child well-being; accordingly, it continues to have serious repercussions for First Nations families and communities today. Formal movement away from the system began in the middle of the 20th century. In the 1940s, a special joint committee of the House of Commons and Senate, assembled to review the *Indian Act*, recommended that the residential schools system be phased out. Residential school closures began mid century and the system was slowly phased out, with the last school closed in 1998 (Milloy, 1999).[4] In 2006, the federal government announced an Indian Residential Schools Settlement Agreement. The agreement established a truth and reconciliation commission; it also allocated funding to support commemoration of residential school experiences and support healing programs/initiatives. In addition, the agreement authorized "common experience" payments to living residential school survivors who applied for compensation and established a process through which survivors who suffered sexual assaults, physical assaults or other wrongful acts with serious psychological consequences could document their specific experiences and have their compensation claims assessed. In 2008, Stephen Harper, the Prime Minister of Canada made a statement of full apology to former residential school students on behalf of the government of Canada (INAC, 2010c, 2010d).

Sixties Scoop

The next phase in Aboriginal child welfare history has come to be known as the "Sixties Scoop," a play on the remorseful words of a British Columbia child protection worker who described herself and her colleagues as acting to "scoop children from reserves on the slightest pretext" (Johnston, 1983, p. 23). During this period, growing opposition to residential schools and a key revision to the *Indian Act* facilitated the transfer of state responsibility for First Nations child welfare from the educational system to the child welfare system. In

4 The year of last school closing is inconsistently identified in existing literature, with some authors identifying 1996 and others 1998.

1951, the introduction of Section 88 to the *Indian Act* made "all laws of general application from time to time in force in any province applicable to and in respect of Indians in the province" (*Indian Act*, s. 88, c. 9, s. 151, 1985). Section 88 made it possible to enforce provincial child welfare legislation on-reserve. This amendment did not, however, allocate funding to support provision of provincial/territorial child services on-reserve, and most on-reserve child welfare services were initially provided only in instances of extreme emergency. The provincial role in child welfare in First Nations communities expanded starting in the mid 1950s when Aboriginal Affairs and Northern Development (AANDC)[5] began to offer federal funds for provincial provision of on-reserve child welfare services (INAC, 2005; Johnston, 1983).

As the scope of the provincial child welfare system on-reserve grew, the number of First Nations children placed in out-of-home care by the child welfare system increased dramatically. The percentage of First Nations children in the care of provincial/territorial child welfare systems was close to 0 in 1950; by 1980, status First Nations children, who made up 2% of the nation's child population, represented more than 12% of the children in care, and this overrepresentation was magnified many times over in specific provinces (Johnston, 1983). In some communities, an entire generation of children was lost. For example, in the Spallumcheen First Nations community in British Columbia, approximately 67% of the child population was apprehended by provincial child welfare authorities between 1951 and 1979 (Union of British Columbia Indian Chiefs, 2002). Across the country, many of the apprehended children were permanently removed from their homes and communities; over 11,000 Aboriginal children, including up to one-third of the child population in some First Nation communities, were adopted between 1960 and 1990 (Royal Commission on Aboriginal Peoples, 1996). For most First Nations children, adoption meant separation from Aboriginal cultures as well as from their families. Between 70% and 85% of all status First Nations children adopted between 1971 and 1981 were adopted by non-Aboriginal parents, including many in the United States (Johnston, 1983).

In addition to data documenting the overrepresentation of First Nations children in care, testimony at government mandated reviews, case studies, and accounts from social workers in Canada and the United States[6] provide information about child welfare practices and policies during the Sixties Scoop period. These documents describe: failures of child welfare agencies to engage with First Nations and other Aboriginal families and communities, poor supervision of adoption/foster care placements for Aboriginal children, worker concerns about the lack of resources for preventative and supportive services for Aboriginal children/families, and even the use of coercion and intimidation to secure parental agreement to out-of-home placements and termination of parental rights (Kimelman, 1985; Bagley, 1991; Unger, 1991;Timpson, 1995; Royal Commission on Aboriginal Peoples, 1995; Thomlinson, 1984; Johnston, 1983; Jones, 1969). Collectively, this evidence suggests that funding and practice models which prioritized out-of-home placement over the use of preventative and support services, combined with a lack of understanding of and respect for First Nations cultures, customs, and contexts, perpetuated the pattern of mass removal of First Nations children from their home and communities which was initiated by the residential school system (Timpson 1995, Royal Commission on Aboriginal Peoples 1996, Hudson and McKenzie, 1981, Bagley 1985).

The Emergence of First Nations Child Welfare Agencies

Growing concerns about the scale of child removal and the treatment of First Nations children by provincial child welfare authorities, combined with increased activism by First Nations, laid the groundwork for the next major shift in First Nations child welfare: the emergence of First Nations child and family service agencies. AANDC established some informal child welfare agreements with bands and tribal councils in the late 1960s (Johnston, 1983), and widespread transfer of child welfare responsibilities to First Nations communities began in the 1980s. The number of First Nations agencies grew from four in 1981 to 30 in 1986 (Armitage, 1995). In 1991, after a five year moratorium on the recognition of new First Nations agencies, AANDC implemented a federal formula – known as Directive 20-1 – for funding First Nations child and family service agencies (INAC, 2007) and numerous First Nations agencies were established in subsequent years. Some agencies focused on provision of services to Métis and (broader) Aboriginal populations also emerged and, by 2008 there were 125 Aboriginal child and family service agencies in Canada. These included 84 First Nations agencies which were mandated to conduct child welfare investigations (with additional First

5 Aboriginal Affairs and Northern Development Canada (AANDC) was formerly known as Indian and Northern Affairs (INAC); for the sake of accuracy, INAC is identified as the author of any AANDC documents created prior to the 2011 name change.

6 In the U.S, concerns about the high number of Aboriginal children being placed in non-Aboriginal homes lead to senate hearings in 1974 and, the eventual passage of the *Indian Child Welfare Act*, which gives tribes exclusive jurisdiction over cases involving the custody of children living on reserve. (George, 1997; Mannes, 2010).

Nations agencies providing post-investigation and preventative services), and some agencies which served families off-reserve and in urban areas (Figure 1-1).

Many existing First Nations child welfare agencies have developed programs or practices that favour preventative, community based and culturally sensitive approaches, thus establishing a foundation for moving away from the child removal based strategies of the past; indeed, several have been recognized with national/international awards of excellence (Blackstock, 2003; McKenzie and Flette, 2003). Research on the effects of culturally tailored interventions for Aboriginal youth is still extremely limited, but there is some suggestion that, in comparison with more mainstream practice approaches, interventions which are culturally tailored for ethnic minorities may measurably improve outcomes for youth (Jackson, 2009; Jackson and Hodge, 2010). In addition, Chandler and Lalonde (1998) have demonstrated that the British Columbia First Nations communities which scored higher on a measure of "cultural continuity" – that included control over health/education/police and fire services – had lower rates of youth suicide (Chandler and Lalonde, 1998). One possible implication is that First Nations administration of child welfare systems could also contribute to a type of "cultural continuity" which might serve as protective factor for children and families in First Nations communities.

Moreover, the establishment of child welfare services designed, developed and administered by First Nations is an important step towards reconciliation

FIGURE 1-1: Locations of First Nations and urban Aboriginal agencies mandated to conduct child welfare investigations in 2008

in child welfare for Indigenous peoples; it can be seen as a part of the restoration, renewal and redefinition processes that have been identified as keys to addressing both historic wrongs and current problems in First Nations child welfare (Blackstock, Bruyere and Moreau, 2006; Blackstock et al., 2006). Thus, First Nations child and family service agencies hold great promise to ameliorate conditions for First Nations children and families. However, as will be discussed in the next section of this report, important structural constraints currently limit the ability of First Nations child welfare agencies help the children and families they serve; these constraints have proved prohibitive for some First Nations and have been a factor in the decisions by some to pursue alternative strategies for ensuring the well-being of First Nations children.

THE CURRENT STRUCTURE OF FIRST NATIONS CHILD WELFARE

The child welfare system in Canada has a decentralized structure in which responsibility for protecting and supporting children at risk of abuse and neglect falls under the jurisdiction of the 13 Canadian provinces and territories and a system of Aboriginal child welfare organizations. Child welfare services for non-Aboriginal children are organized at the provincial and territorial levels. All provincial and territorial child welfare systems share certain basic characteristics. However, there is considerable variation in the organization of service delivery systems, child welfare statutes, regulations and standards, assessment tools and competency-based training programs; this variation is even more pronounced when it comes to child welfare services for First Nations children and families.

A large proportion of First Nations children living both on and off reserve are served by provincial/territorial child welfare agencies which provide services for all (First Nations, other Aboriginal, and non-Aboriginal) families within specified geographic boundaries; however, a growing number are served by agencies which cater specifically to First Nations or Aboriginal children. The number of child welfare agencies which are operated by First Nations, or are Aboriginally governed, has continued to grow since the 1980s, and the scope of the services they provide has also expanded. While First Nations child welfare agencies originally provided services primarily on-reserve, many now also serve families and children living in off-reserve areas. In addition there are a growing number of agencies which are provincially funded, but which are dedicated to serving urban Aboriginal families and overseen by Aboriginal institutions or committees.

The child welfare services provided to First Nations children and families are shaped by federal, provincial/territorial and First Nations legislation and policies. Child welfare agencies serving First Nations children and families generally operate in accordance with provincial legislation and standards, which increasingly include recognition of the need for culturally appropriate services for Aboriginal children and families. In addition to provincial/territorial statues, First Nations child welfare is also shaped by legislation and standards developed by First Nations themselves. The abilities of child welfare agencies to effectively implement these laws and standards are partially conditioned by the *British North America Act* and the *Indian Act*, which tie funding of and eligibility for child welfare services to community of residence and identification with administrative categories, introducing the possibility of disparity in the services available to First Nations children and families living within the same province/territory (Sinclair, Bala, Lilles, and Blackstock, 2004).

This section of the report provides a brief overview of the current structure of First Nations child welfare, summarizing information about the socio-economic contexts, legislation and standards, jurisdictional models, and funding models which shape child welfare services for First Nations children and families.

Social and Economic Context

Current social and economic conditions in First Nations communities have been shaped by colonial, Canadian, provincial, and territorial policies and practices over a period of more than 200 years. In the 1800's, widespread incursion of non-Aboriginal settlers onto First Nations lands devastated the economic base for First Nations peoples already struggling with the effects of displacement, environmental alterations which interfered with traditional subsistence practices, and disease (Frideres, 1993). The destabilization of First Nations economies was continued through legislation introduced in the late 1800s. The 1860 *Indian Lands Act* transferred control over Aboriginal lands to the Chief superintendant of Indian affairs; the 1876 *Indian Act*, and subsequent amendments, limited First Nations' control over economic activity and excluded them from access to natural resources (Miller, 1989). For example, unlike entrepreneurs in other communities, First Nations people could not use their land or homes as collateral in order to access funds

for investing in stock, boats, logging equipment or land; restrictions on private ownership of reserve land mean that economic development in Aboriginal communities has been hampered by a lack of borrowing power (Lutz, 2008; Auditor General of Canada, 2003). First Nations economic sovereignty was further damaged by the continuing loss of access to lands and resources through the treaty process, the non-fulfillment of treaty provisions, and increased governmental regulation which favoured the economic interests of settler populations in the domains of hunting, fishing, logging and other land based activities (Miller, 2009).

Recent years have seen increasing improvements in the economic situations of many First Nations peoples and communities; however, significant barriers to economic development in First Nations communities continue to be a challenge (Office of the Auditor General, 1993; Government of Canada, 2009). Indeed, on average, First Nations people continue to lag behind non-Aboriginal Canadians on most major economic indicators. For example, Census 2006 data indicates that the First Nations unemployment rate was nearly three times the rate for non-Aboriginal people (18% vs. 6.3%) and that the median income was much lower for First Nations people than for non-Aboriginal people: the median income for First Nations people in 2006 was $14,477, while the median income for non-Aboriginal people was $25,955. The situation was worse in reserve communities; the on-reserve First Nations unemployment rate in 2006 was 25% and the median income for First Nations people living on reserve was $11,223 (Make First Nations Poverty History Expert Advisory Committee, 2010).

Poor economic conditions, in combination with restrictions on private property ownership are linked with poor housing conditions. The proportion of First Nations people living in crowded housing (with more than one person per room) in 2006 was almost five times that of non-Aboriginal people (14.7% vs. 2.9%). The proportion of First Nations people living in housing in need of major repairs was four times the proportion of non-Aboriginal people (28% vs. 7%; Make First Nations Poverty History Expert Advisory Committee, 2010). The situation is worse in reserve communities, where prohibitions on individual ownership of land often necessitate band management of housing stock and reliance upon government funding for housing maintenance and construction (Durbin, 2009). Census 2006 data indicate that 26% of the on reserve population lived in crowded housing, and that 44% of the population lived in housing in need of major repairs (Make First Nations Poverty History Expert Advisory Committee, 2010). The Auditor General of Canada found that, while AANDC and the Canada Mortgage Housing Corporation (Canada's national housing agency) made significant investments in on-reserve housing between 2004 and 2009, the investments were "not sufficient to keep pace with either the demand for new housing or the need for major renovations on existing units (Auditor General of Canada, 2011, Section 4.39)." Accordingly, the on-reserve housing situation worsened during that time period. The Auditor General's analysis of AANDC data showed that, in 2009, there was demand for more than 20,000 additional housing units in reserve communities, that more than 5,000 existing units required replacement, and that more than 23,000 units required major renovations (Auditor General of Canada, 2011).

The poor economic conditions faced by many First Nations children and families pose challenges for child welfare agencies which aim to support and assist them. Parents with fewer financial resources face greater difficulties in providing the safe environments, adequate clothing and nutrition, appropriate child care and other assets which foster healthy child development. In addition, low income parents may have more negative life experiences and fewer coping resources than others; as a result, they may suffer from greater depression, lower self-esteem or increased risk of substance abuse which may, in turn, impact parenting (Kessler and Cleary, 1980; Mcleod and Kessler, 1990; Ross and Roberts, 1999). Accordingly, research on the needs of disadvantaged families suggests that they require programs that are designed to address co-occurring problems by providing specialized services, high levels of contact, individualized attention, continuity over time and crisis supports (Cameron, 2003).

Existing research documents strong links between poverty and reported child maltreatment. Children from low income families are more likely to be abused and neglected than other children (Brooks-Gunn and Duncan, 1997; Brown, Cohen, Johnson, and Salzinger, 1998; Hay and Jones, 1994; Jonson-Reid, Drake and Kohl 2009). The association between poverty and child neglect is particularly strong; children from low income families are many times more likely than other children to experience neglect (Drake and Pandey, 1996; Sedlak and Broadhurst, 1996). For children, the long term consequences of neglect can be as severe as, and in some domains, more severe than, the consequences of

other types of maltreatment; chronic neglect can have serious negative impacts on cognitive and psychosocial development (Shonkoff and Phillips, 2000; Hilyard and Wolf, 2002; Gilbert et al., 2009).

For First Nations families and children, the risks associated with poor structural conditions may also be compounded by the intergenerational effects of colonial policies which dislocated entire communities, suppressed languages and cultures, disrupted functioning communal support systems, and separated generations of children from their families. These lasting effects may be seen at the individual, family or community levels (Evans-Campbell, 2008). For example, child removal policies may have prevented transmission of healthy parenting skills, instilled doubts about traditional parenting, or resulted in negative behaviours acquired in abusive, neglectful or culturally inappropriate settings (Horejsi, Craig, and Pablo, 1992). On the individual level, intergenerational trauma has also been linked with substance abuse, guilt, depression and other psychosocial problems which may impact parenting (Brave Heart, 1999, 2000; Evans-Campbell, 2008; Whitbeck et al., 2004).

Thus, many First Nations children and families have complex needs, and, accordingly, the design and implementation of services and programs which can provide appropriate support is inherently costly. Provision of appropriate services can be particularly challenging for agencies serving remote or geographically isolated communities. AANDC reported that, in 2004, 17% of the First Nations population lived in "special access communities," which lack year-round road access to a service centre and an additional 4% lived in remote communities which were at least 350 km from the nearest service centre.[7] Research on the socioeconomic well being of communities in Canada indicates that geographically remote and isolated communities score lower than other communities on a measure which combines education, labour force activity, income and housing indicators; the disparity between non-reserve and reserve communities also increases with isolation (McHardy and O'Sullivan 2004). Accordingly, it is possible that agencies serving remote communities may encounter greater levels of need or greater proportions of complex cases than other agencies.

Moreover, the abilities of First Nations child welfare agencies to effectively support families may be inhibited by challenges tied to geographic isolation; these include extraordinary costs associated with travel in order to provide or access specialized services, jurisdictional disputes over governmental responsibility for service provision, lack of diagnostic services, lack of adequate police protection, lack of safe forms of transportation, and scarcity of housing for agency staff (Lannon et al., 2005; Cradock, 2005). For agencies serving multiple geographically isolated communities, these costs are compounded by expenses associated with travel between agency offices and communities served.[8] In addition, research in communities in British Columbia points to poor linkages between First Nations communities and organizations in the voluntary sector, suggesting that agencies attempting to address the needs of First Nations communities may have difficulty in accessing the supports and programs provided by non-profit organizations (Blackstock, 2005). Access to voluntary sector supports and programs may be particularly challenging for agencies in remote communities, which have to overcome geographic barriers in order to develop relationships with voluntary organizations located in larger service centres.

Understanding of the commonalities between the histories and structural profiles of First Nations communities is necessary in order to appropriately assess and interpret the impacts of legislation, jurisdictional models and funding policies which shape First Nations child welfare today. However, it is also important to note the wide variation in structural factors which exists across individual First Nations communities. The extent and impacts of colonization varied across First Nations communities, which have also had differential experiences in overcoming the effects of colonial policies and practices. Thus, for example, McHardy and O'Sullivan's (2004) examination

7 Note that the INAC (2001) defines a community as a "service centre" if, at a minimum, it provides access to supplies, material and equipment (i.e. for construction, office operations, etc), a pool of semi-skilled labour, and one bank or financial institution; such service centres also typically provide access to provincial services (such as community and health services) and basic federal services such as Canada post. Accordingly agency workers and clients may often have to travel beyond the nearest service centre in order to access hospitals, courts, or other essential programs/services.

8 Systematic data on the challenges involved in serving multiple communities are not available. However, anecdotal reports compiled through work with the FNCIS-2008 advisory committee suggest that simply reaching families in rural, remote and special access communities can be a harrowing experience. They include examples of agencies in which workers must fly into remote communities to provide services, an agency in which one community served is reached by walking along a narrow footpath attached to a railroad bridge, and agencies in which transit to communities involve multiple hours of driving along dirt roads with no cell phone access; in most cases, police are called on to take care of emergency matters while workers are in transit.

of a community socio-economic well being (CWB) measure which combined indicators of education, labour force, income, and housing showed that the average well being in First Nations communities was significantly lower than in non-reserve communities (.66 vs. .81). However, it also showed that there was pronounced variation across First Nations communities. CWB scores for First Nations communities in 2001 ranged from .35–.95, while scores for other Canadian communities ranged from .5–1.0.

Similar variation can be seen in other health and social indicators for First Nations communities. For example, the Auditor General (2008) found that percentages of children in care rates varied from 0% to 28% across First Nations communities in five provinces examined. Similarly, Chandler and Lalonde (1998) examined suicide rates, between 1987 and 2000, for First Nations communities in British Columbia and found that they varied between less than 10 per 1,000 and almost 140 per 1000. Thus, though existing research clearly highlights structural, health, and social concerns which are common to First Nations communities, it also documents cross-community variation which calls for funding, standards, and programs which take into account community-specific contexts in order to address the real needs of First Nations children and families.

Legislation and Standards

Canada has endorsed/ratified multiple international agreements which recognize the specific rights of children and of Indigenous people. These include the United Nations Declaration on the Rights of Indigenous People (UNDRIP, 2007) and the United Nations Convention on the Rights of the Child (UNCRC, 1989). When Canada ratified the UNCRC in 1991, it assumed a legal obligation to implement the rights outlined in the Convention (UNICEF Innocenti Research Centre and UNICEF Canada, 2009) and, while UNDRIP is not legally binding, endorsement of this declaration in 2010 indicates Canada's commitment to upholding the principles it describes (INAC, 2010). In combination, UNDRIP and UNCRC recognize: the rights of Indigenous families and communities to retain responsibility for the upbringing and well-being of their children; state responsibility to protect the basic rights of all children regardless of ethnic origin or other status; and state responsibility to protect children from maltreatment. Collectively, the international agreements which Canada has endorsed or ratified provide a framework for understanding the internationally identified rights and responsibilities which Canada has agreed to protect and fulfill through its legislation and policies.

At the federal level, the legislative framework for First Nations child welfare is grounded in the *British North America Act* (BNAA, 1867) and the *Indian Act* (1985) which establish jurisdictional parameters for the provision of social services to non-Aboriginal and First Nations citizens of Canada. Section 91.24 of the BNAA ties funding of, and eligibility for, child welfare services to community of residence (on or off reserve). Section 5 of the *Indian Act* distinguishes between "registered Indians," (more commonly known as status First Nations), and those First Nations people who are unregistered, or non-status.[9] Registration determines eligibility for most federally funded benefits and programs. These include *on-reserve* child and family services which, in keeping with the BNAA, are funded by the federal government, through AANDC (INAC,[10] 2010); maintenance costs for in-care, status First Nations children whose parents are ordinarily resident on-reserve are also covered by AANDC.[11] Services for First Nations children ordinarily living off-reserve are provincially funded and do not distinguish between status and non-status children. The legislative framework for First Nations child welfare is further complicated by the 1951 *Indian Act* amendment (*Indian Act*, s. 88, c. 9, s. 151, 1985) which extended applicability of provincial laws to reserve communities; as a result, on-reserve child and family services agencies are funded by the federal government, but generally operate under the terms of legislation developed by provinces and territories (Sinclair, Bala, Lilles, and Blackstock, 2004).

While most First Nations child welfare agencies operate under provincial/territorial legislation, there are some exceptions. For example, the Spallumcheen Nation of British Columbia, operates under a "band by law" model in which it has the right to develop its own child welfare legislation (Mandell, Carlson, Fine,

9 Registration of a First Nations child only occurs through an application process which requires a letter signed by *both* parents; the criteria for registry do not necessarily correspond to those for band membership (Assembly of First Nations, 2010).

10 Aboriginal Affairs and Northern Development Canada (AANDC) was formerly known as Indian and Northern Affairs (INAC); for the sake of accuracy, INAC is identified as the author of any AANDC documents created prior to the 2011 name change.

11 INAC (2005) defines "ordinarily resident on-reserve" as including those "Indians" who usually live at a civic address on reserve, are children in joint custody who live on reserve most of the time, or are students who return to live on reserve with their parents/ guardians/ maintainers during the year, even if they live elsewhere while attending school. In addition, the residence of children who come into the care of a mandated child welfare authority is derived from the residency of the child's parent/guardian at the time the child is taken into care.

and Blackstock, 2007). In addition, the Nisga'a First Nations has a tripartite agreement in which the band has the right to develop its own child and family service statutes, so long as they meet provincial standards (Mandell et al., 2007). Further, legislation in some provinces/territories contains provisions intended to support the development of culturally appropriate services which do not meet specific legislative requirements. For example, Quebec legislation allows for agreements for the establishment of special youth protection programs which are designed to better adapt the act to the realities of life in First Nations communities (*Quebec Youth Protection Act*, 2007, CIII-DIII-S37.5), and Ontario legislation allows the Lieutenant Governor in Council to exempt by regulation First Nations child welfare authorities (or bands, or specific persons or classes of persons) from any provision in the *Child and Family Service Act* (1990, S223a). Mandell et al. (2007) reported that five First Nations agencies in Ontario have agreements with the provincial government exempting them from applying specific aspects of provincial child welfare legislation.

Finally, the Indian Governments of Saskatchewan have passed the *Indian Child Welfare and Family Support Act* (ICWFSA) (See Table 1-3). The act includes general standards for First Nations child welfare agencies and a provision allowing individual agencies to develop their own standards. While the ICWFSA has not been passed by the Saskatchewan legislature, the Saskatchewan Ministry of Social Services has recognized ICWFSA standards as being consistent with the framework of provincial legislation and, therefore, "equivalent to our [ministerial] policies, practices and standards" (Minister of Social Services, Government of Saskatchewan, 1993); this recognition is reflected in the protocol for case transfers to FNCFCS agencies which were released in 2001 (Government of Saskatchewan, 2011).

As summarized in Table 1-2, legislation in most provinces and territories explicitly recognizes the importance of Aboriginal cultural heritage and makes basic provisions for engagement of Aboriginal communities in child welfare processes. Typical measures include requirements/allowances to: notify bands that members have been placed out-of-home or are involved in court cases, prioritize the involvement of Aboriginal peoples in the design/delivery of child welfare services, prioritize band involvement in child protection decisions involving members, prioritize kinship care placements for Aboriginal children, develop cultural connection plans for children in out-of-home placements, and recognize connection to Aboriginal cultures as being in the best interest of the Aboriginal children. The inclusion of such provisions is one way of addressing the needs, internationally recognized rights, and interests of Aboriginal children and families. These legislative provisions represent a step towards mitigating the historic and systemic injustices associated with the mass removal of First Nations and other Aboriginal children from their homes and communities.

In addition to the legislative provisions, some provinces/territories have endorsed First Nations/Aboriginal standards or regulations outlining specific child welfare practices, principles, and processes for Aboriginal agencies, or for cases involving Aboriginal children. For example, in British Columbia, Aboriginal agencies use the *Aboriginal Operational and Practice Standards* which provide guidelines for culturally appropriate service provision to Aboriginal children and families (British Columbia Ministry of Children and Family Development, 2005). Similarly, the Saskatchewan *Indian Child Welfare and Family Support Act*, includes general standards for First Nations child welfare agencies and a provision allowing individual agencies to develop their own standards. In Manitoba, two First Nations Authorities and a Métis Authority have responsibility for developing culturally appropriate standards for First Nations and Métis agencies (The *Child and Family Services Authorities Act*, 2003, Section 19). In New Brunswick, a group of First Nations child welfare agencies developed the *MicMac and Maliseet First Nations Services Standard Manual* (Office of the Ombudsman and Child and Youth Advocate, 2009).

However, benefits for First Nations children and families result not from the simple inclusion of special legislative provisions or endorsement of Aboriginal standards, but from their effective implementation. Research examining the implementation of Aboriginal legislative provisions and standards is limited, but a recent study on implementation by Ontario child welfare agencies (Ministry of Children and Youth Services, 2010) found mixed results. The file review study found a high overall rate of compliance (79%) with the Aboriginal-focused provisions of Ontario legislation. But compliance for some specific provisions was considerably lower. For example, the requirement to explore culturally appropriate permanency options for children in care was only met in 55% of cases. The Ontario Association of Children's Aid Societies (2010) suggests the low compliance rate reflects a lack of clarity and

TABLE 1-2: Provisions specific to Aboriginal children and communities in provincial/territorial child welfare legislation*

Province/ Territory	*Child Protection Act*	Band Notification of Court or Placement	Band Involvement in Management of Individual Cases	Prioritization of Aboriginal Involvement in Service Planning and Delivery	Prioritization of Kinship Care for Aboriginal Children	Cultural Connection Plan Required or Invited	Connection to Aboriginal Culture = Best Interest of Child
British Columbia	*Child, Family and Community Service Act*	•		•	•	•	•
Alberta	*Child, Youth and Family Enhancement Act*	•	•	•		•	•
Saskatchewan	*Child and Family Services Act*	•	•				
	*Indian Child and Family Support Act***	•	•	•	•	•	•
Manitoba	*Child and Family Services Act*	•	•	Through First Nations and Métis authorities			
Ontario	*Child and Family Services Act*	•	•	•	•	Bands may propose a care plan as an alternative to out-of-home placement	•
Quebec	*Youth Protection Act*			•	•		
Newfoundland and Labrador	*Child, Youth and Family Services Act*		The Labrador Inuit land claim takes precedence over the CYFSA				
Nova Scotia	*Children and Family Services Act*	The First Nations agency serving all reserves is notified of court appearances					
New Brunswick	*Family Services Act*						
Prince Edward Island	*Child Protection Act*	•	•			Bands may propose a care plan	•
Yukon	*Child and Family Services Act*	•		•	•		•
Northwest Territories	*Child and Family Services Act*	•				Bands may present a plan of care during placement decision hearings	
Nunavut	*Child and Family Services Act*	Because Inuit represent the majority ethno-racial group in the territory, the Aboriginal-specific provisions assessed here are not necessarily directly applicable to Nunavut legislation.					

* This table summarizes legislative provisions which specifically identify First Nations or Aboriginal children, and reflect the definitional frameworks unique to each jurisdiction. Services within jurisdictions may also be shaped by more broadly targeted legislative provisions and by practice principles which are tailored for Aboriginal children and communities.

** The *Indian Child Welfare and Family Support Act* (ICWFSA), is child welfare legislation which was passed by the Federation of Saskatchewan Indian Nations (1994). The act includes general standards for First Nations child welfare agencies and a provision allowing individual agencies to develop their own standards. While the ICWFSA has not been passed by the Saskatchewan legislature, the Saskatchewan Ministry of Social Services has recognized ICWFSA standards as being consistent with the framework of provincial legislation and, therefore, "equivalent to our [ministerial] policies, practices and standards" (Minister of Social Services, Government of Saskatchewan, 1993); this recognition is reflected in the protocol for case transfers to FNCFCS agencies which were released in 2001 (Government of Saskatchewan, 2011).

TABLE 1-3: The scope and structure of First Nations child welfare agencies in Canada in 2008*

Region	# of First Nations and Urban Aboriginal Agencies	# of First Nations and Urban Aboriginal Agencies Which Conduct Investigations	# of First Nations/ Urban Aboriginal Agencies***	First Nations and Urban Aboriginal Agencies Delegated to Serve Non-Aboriginal Families and Children ***	Model Other Than Delegated	Funding
British Columbia	31	9	Yes, Vancouver	No	Band by law (Spallumcheen), Tripartite (Nisga'a Lisims)	Directive 20-1
Alberta	20	18	Yes, Calgary area	No	No	Enhanced Prevention Focus introduced 2007
Saskatchewan	18	18	No	No	No	Enhanced Prevention Focus introduced 2008
Manitoba	15	13	Yes, All First Nations families can choose First Nation agency	Yes	Integrated system overseen by 2 First Nations authorities, 1 Métis authority and 1 non-Aboriginal authority	Directive 20-1 (Enhanced Prevention Focus Agreement introduced 2010)
Ontario	12	6	Yes, Toronto and some smaller communities	Yes	No	*Indian Welfare Services Agreement, 1965*
Quebec	16	8	No	No	Delegation to investigating workers employed part time by provincial agencies	Directive 20-1 (Enhanced Prevention Focus introduced 2009)
New Brunswick	11**	11	No	No	No	Directive 20-1
Nova Scotia	1	1	No	No	No	Enhanced Prevention Focus introduced 2008
Prince Edward Island	1	0	No	No	No	Directive 20-1 (Enhanced Prevention Focus introduced 2009)

* There were no First Nations agencies in Newfoundland and Labrador, Northwest Territories (where the territorial government provides child welfare services to the Inuit region of Nunatsiavut), or Nunavut (where Inuit are the majority ethnic group) in 2008.

** Since 2008, one First Nations agency in New Brunswick has closed.

*** First Nations agencies which are not formally mandated or funded to serve geographic areas off reserve or to non-Aboriginal children and families, may nonetheless provide services to non-Aboriginal people living on-reserve and to Band members living off reserve.

oversight in the use of customary care as a placement option; this explanation speaks to the need for education, training and institutional supports which facilitate implementation of legislative provisions designed to recognize the unique needs and interests of Aboriginal children and families.

In addition, situations in New Brunswick and Quebec highlight the need for ongoing attention to the interpretation and application of special provisions. The First Nations standards developed in New Brunswick were last revised in 2004 and the Office of the Ombudsman and Child and Youth Advocate has recently commented that, due to the "complex approval process" involved in updating First Nations operational standards, they are outdated and do not reflect current best child welfare practices (Office of the Ombudsman and Child and Youth Advocate, 2010, p. 41). In Quebec the First Nations of Quebec and Labrador Health and Social Services Commission has expressed concern that a 2007 legislative amendment, which introduced strict limits on the length of time that a child may be in out-of-home care (*Quebec Youth Protection Act*, 2007, CIV-DI-S91.1), may potentially prioritize rapid, permanent placement over cultural connectedness for First Nations children (CNW, 2008). While Quebec legislation does not contain specific requirements for facilitating the cultural connectedness of First Nations children in out-of-home care, legislation in other provinces does contain such language. The concerns about changes in Quebec law highlight the potential for legislative and regulatory shifts to have unintended impacts on the ability of child welfare agencies to comply with special legislative provisions and standards regarding First Nations children.

Scope of First Nations Child Welfare Agencies

As described in Table 1-3, in 2008, First Nations agencies provided services for families involved in the child welfare system in the provinces of

Nova Scotia, New Brunswick, Quebec, Ontario, Manitoba, Saskatchewan, Alberta and British Columbia; each of these provinces also has First Nations agencies which are authorized to conduct child welfare investigations. In 2008, there was a First Nations agency in Prince Edward's Island, but it was not mandated to conduct investigations; there were no First Nations agencies in the Northwest Territories, the Yukon, or Newfoundland and Labrador in 2008.[12] In 2008, the Auditor General of Canada (2008) found that First Nations agencies provided at least a portion of child welfare services to "about 442 of 606 First Nations covered by INAC's [AANDC's] First Nations Child and Family Service Program."

As summarized in Table 1-3, a growing number of First Nations agencies provide services to First Nations children and families living off-reserve; these include agencies in Manitoba, Alberta, Ontario, Saskatchewan and British Columbia. There are also a growing number of provincially-funded, Aboriginal agencies which serve off-reserve areas; these agencies focus on Aboriginal children and families and are typically overseen or advised by Aboriginal representatives or institutions. The Aboriginal agencies operating in 2008 included several of these "urban Aboriginal" agencies which served First Nations and other Aboriginal families living in urban centres. Indeed, three major metropolitan centres in Canada are served by urban Aboriginal agencies. Toronto's Aboriginal families have been served by Native Child and Family Services since 1986 (Native Child and Family Services of Toronto, 2010) and the Vancouver Aboriginal Child and Family Services Society received full delegation to conduct child welfare investigations in 2008 (Vancouver Aboriginal Child and Family Services Society, 2010). In addition, the All Nations Coordinated Response Network (ANCR), which is mandated through the Manitoba Southern First Nations Network of Care, is responsible for centralized intake services and initial investigations for all children – Aboriginal and non-Aboriginal – in Winnipeg, the largest urban area in Manitoba (INAC, 2010). ANCR's unprecedented responsibilities are a result of a radical restructuring of the Manitoba child welfare system which resulted from the Aboriginal Justice Inquiry – Child Welfare Initiative of 2000 (McKenzie and Wharf, 2010). The current structure in Manitoba gives all families in the province the right to receive ongoing services from a culturally appropriate child welfare agency; Manitoba is currently the only province in which all families have this option.

Jurisdictional Models and Disputes

Most First Nations child welfare agencies which are currently authorized to conduct child welfare investigations operate under a "delegated service model." Under the delegated model, provinces grant First Nations agencies the authority to provide a specified range of child welfare services to First Nations children and families, within specified jurisdictions, in accordance with provincially recognized child welfare legislation, and the federal government provides funding. This model limits the control that First Nations exercise over child welfare, binding them to provincial laws (Blackstock, 2003; National Collaborating Centre for Aboriginal Health, 2009).

Moreover, it means that the provision of services for First Nations families can be complicated by disagreements between federal and provincial governmental departments over who should bear the costs for specific services. The Auditor General of Canada (2008, 2011) found that AANDC lacks agreements clarifying federal responsibilities with some provinces and that some agreements which do exist are outdated and unclear about the division of responsibilities. In addition, the Auditor General (2008) identified disagreements between AANDC and other federal agencies about who bears responsibility for funding on-reserve services. For example, Health Canada claimed AANDC bore financial responsibility for providing on-reserve children with all services available to other children in care within a province, but AANDC argued it had no authority to fund Health Canada services.[13] Macdonald and Craddock (2005) found that jurisdictional disputes over the costs of caring for First Nations children were prevalent, with 393 disputes occurring in 12 sample First Nations agencies within a single year. Such disputes can result in long delays for service delivery, sometimes with tragic results for children and families (Lavalee, 2005).

The First Nations Child and Family Caring Society advocates that federal and provincial governments adopt "Jordan's Principle" (Macdonald and Craddock, 2005), which would require the government department first contacted by a family to provide services to Status First Nations and Inuit children without delay or disruption, and to settle any disputes regarding the sharing of costs later. Jordan's Principle has received support from the House

12 In the territory of Nunavut, where Inuit are the majority ethnic group, child welfare falls under the jurisdiction of the territorial government which was established in April 1, 1999 (Rodon and Grey, 2010; Government of Nunavut, 2010)

13 Health Canada subsequently issued a policy clarification indicating that "effective April 20, 2009, the NIHB Program [Non-insured Health Benefits] will provide eligible benefits to eligible First Nations (FN) children receiving INAC-funded child welfare (protection services)" (Personal communication with Director, Program Policy and Planning Division, NIHB, First Nations and Inuit Health Branch, Health Canada, November 3, 2011).

TABLE 1-4: Funding for on and off-reserve services provided by provincial/territorial and First Nations agencies

	On-Reserve Services and Child Maintenance Costs	Off-Reserve Services and Child Maintenance Costs
Provincial/ Territorial Agencies	AANDC provides funds, either directly to agencies or to provinces/territories, in accordance with agreements made with provinces/territories or individual agencies	Provinces and territories provide funds to agencies, in accordance with provincial/territorial budgeting processes
First Nations Agencies	AANDC provides funds, either directly to agencies or to provinces, in accordance with Directive 20-1, Enhanced Prevention Focused Funding Models or the Ontario Child Welfare Act of 1965	Provinces and territories provide funds to agencies, in accordance with agreements made with First Nations agencies

of Commons, the Canadian Medical Association, the Canadian Paediatric Society (Macdonald and Attaran, 2007) and many other institutions, but it has yet to be fully implemented by respective governments (Canadian Paediatric Society, 2009).

Funding

As summarized in Table 1-4, funding for child welfare services for First Nations children differs depending on the type of agency providing services (provincial/territorial or First Nations) and the type of community in which services are provided (reserve or off-reserve). Under the terms of the *British North America Act* (BNAA, 1867), funding for services provided to First Nations people ordinarily resident on reserve is provided by the federal government, while services for First Nations people ordinarily living off-reserve are funded by the provinces and territories. Accordingly, funding for child welfare services for First Nations children and families varies both across provinces/territories and *within* individual provinces/territories. Funding for provincially/territorially administered, off-reserve child welfare services are determined through provincial/territorial budgeting processes. Funding for services which First Nations agencies provide to families ordinarily resident off-reserve is also provided by the provinces/territories, in accordance with agreements between the provinces/territories and individual First Nations agencies.

In contrast, funding for on reserve child welfare services is provided by AANDC, in accordance with arrangements which differ by province or territory. The Auditor General of Canada (2008) recently reviewed AANDC's arrangements for funding of provincially administered, on-reserve, child welfare services in five provinces and found that they varied greatly. The British Columbia government is reimbursed for the *actual costs* of on-reserve services and maintenance of children in care; the Alberta government is reimbursed for *estimated* on-reserve services and maintenance costs. The Ontario government receives 93 cents for every dollar spent for on- reserve services and maintenance costs. In Quebec, funds flow to individual agencies, rather than the provincial government, and agencies are typically reimbursed in accordance with the formula used to fund First Nations agencies in the province. In Manitoba, all on-reserve services are provided directly by First Nations agencies, and no funds are transferred from AANDC to the province.

The federal government also funds on-reserve services provided by First Nations agencies, including maintenance costs for First Nations children who are ordinarily resident on reserve. The federal system for funding First Nations child welfare agencies is currently in a period of transition. AANDC is in the process of phasing out the federal formula for funding child welfare services to First Nations children ordinarily resident on reserve, which was known as Directive 20-1. Directive 20-1 applied to almost all First Nations agencies from 1991 until 2007[14]; it was also used to determine funding for on-reserve services provided by provincial/territorial agencies in some jurisdictions. In place of Directive 20-1, AANDC is introducing a new, "enhanced prevention focused funding model" across the country. Alberta agencies began shifting to the new funding model in 2007, Saskatchewan and Nova Scotia followed suit in 2008, the year that CIS-2008 data collection took place. Subsequently, Quebec and Prince Edward Island shifted in 2009, and AANDC recently announced that Manitoba would begin transfer to the new funding formula (INAC, 2010). While AANDC has stated a goal "to have all provinces on board for the Enhanced Prevention Focused Approach by 2013 (INAC, 2010a)," it has not yet announced concrete plans to shift to the new funding model in New Brunswick. In addition, while a tripartite agreement for a new funding model was reached in British Columbia in 2008, it has not been implemented and AANDC has not released projections as to when a new funding model might be put in place in that

14 Exceptions include First Nations agencies in Ontario, which receive funding under the terms of the 1965 child welfare agreement (*Indian Welfare Services Act*, R.S.O. 1990, c.I.4) and those funded through small pilot programs.

province (Director, Social Programs Reform Directorate, INAC, 2010).

Directive 20-1, which was introduced on the national level in 1991 and was never significantly revised, continues to determine funding levels for First Nations agencies in New Brunswick and British Columbia. In addition, the context of First Nations child welfare in the other provinces has been shaped by the nearly two decades during which Directive 20-1 was used to determine funding for First Nations child welfare agencies. The funding formula has two basic components: (1) an annual contribution – calculated based on child population – to cover agency operating costs, and (2) payments for services to children in care (INAC, 2005).

Multiple studies (e.g. INAC, 2007; MacDonald and Ladd, et al., 2000; Auditor General of Canada, 2008; Standing Committee on Public Accounts, 2009) have identified serious flaws in Directive 20-1, concluding that it has contributed to the continued overrepresentation of First Nations children in care. Because the formula is not tied to the actual work performed by First Nations child and family service agencies, it fails to cover operating expenses associated with high child-in-care rates (Auditor General of Canada, 2008), service to remote communities, service to children with complex medical/mental health or developmental needs (MacDonald and Craddock, 2005), or costs associated with provincial legislation/normative practice standards (Auditor General of Canada, 2008, 2011). These flaws were exacerbated by a 1995 freeze on inflationary increases (Auditor General of Canada, 2008); Loxley (2005) estimated that over $110 million in additional funding was needed just to maintain 1999 service levels between 1999 and 2005. Moreover, because Directive 20-1 does not fund prevention or supportive services for families who retain custody of their children, funding to provide such services must be taken out of annual contributions, which are designated to cover basic operating costs. AANDC has acknowledged the negative impact of Directive 20-1, concluding that it, "has likely been a factor in increases in the number of children in care and program expenditures because it has had the effect of steering agencies towards in-care options – foster care, group homes and institutional care because only these agency costs are fully reimbursed" (INAC, 2007, p. ii).

The "enhanced prevention focused funding" model does address some of the key criticisms of Directive 20-1: it provides increased funding (Auditor General of Canada, 2008; INAC, 2010), specifically targets funds for prevention and allows agencies the flexibility to move funds between operations, maintenance and prevention funding streams (Government of Canada, 2009; Director, Social Programs Reform Directorate, INAC, 2010a). Indeed, AANDC projects that transition to the new funding model will result in more than $100 million dollars in additional resources for First Nations Child and Family service agencies in 2012–2013 (INAC, 2010). The lack of prevention funding in Directive 20-1 has been heavily criticized (First Nations Child and Family Caring Society of Canada, 2005; INAC, 2007; MacDonald and Ladd, et al., 2000; AOG, 2008; Standing Committee on Public Accounts, 2009), and the incorporation of a specific prevention funding stream into the enhanced prevention focused funding model serves to addresses that criticism.

However, some problems with Directive 20-1 are reproduced in the new funding model: operations costs continue to be partially based on child population served and a national average rate of out-of-home placements, rather than actual agency-specific expenses (House Standing Committee on Public Accounts, 2010; Auditor General of Canada, 2008) and there does not appear to be any formal mechanism for linking AANDC funding levels to the shifting responsibilities mandated by provincial/territorial law (Government of Canada, 2009; Director, Social Programs Reform Directorate, INAC, 2010b). Thus, it is likely that operations costs will continue to be under-funded in agencies with high out-of-home placement rates (Auditor General of Canada, 2008). Accordingly, it is possible that the gains in prevention funding associated with the new model will be attenuated over time, by rising costs and increasing responsibilities tied to shifts in provincial legislation and standards.

Moreover, the new model introduces potentially important new concerns. In contrast to Directive 20-1 which covered actual maintenance expenses for children in out-of-home care, the new model designates a block of maintenance funds based on agency maintenance costs during the preceding year (Government of Canada, 2009). It does not appear to include a formal mechanism for covering extraordinary costs associated with the maintenance of specific children with complex special needs or other factors which AANDC identifies as driving a doubling of national maintenance expenses over the last decade (INAC, 2010). Accordingly, the new model introduces the possibility that agencies may experience routine budget shortfalls in the maintenance stream, which would further attenuate the impact of funding designated for prevention programming. Indeed, AANDC has

attempted to address this possibility, recommending that First Nations agencies funded under an enhanced prevention focused funding model reserve 8% of all funds budgeted for housing as a "contingency fund" in order to cover unexpected increases in maintenance costs. AANDC also provides "an option for review of special circumstance" when a community faces a greater than 8% increase in its maintenance costs (INAC, 2010b). Systematic agency-level data about the impacts of the new funding model are not yet available; accordingly, the full impact of the shift in funding models remains to be determined.

Child welfare agencies are charged with the difficult task of supporting First Nations children/families with complex needs and of doing so in contexts that have been partially shaped by a history of damaging colonial policies. They hold great potential to help address the factors which challenge the abilities of families and communities to protect, nurture and care for First Nations children. First Nations agencies, in particular, have great potential to ameliorate conditions in First Nations communities by breaking away from non-Aboriginal models of child welfare practice and playing a key role in re-establishing First Nations' control over the welfare and well-being of their children. However, the abilities of all child welfare agencies to help First Nations children are restricted by funding constraints, as well as legislative and jurisdictional frameworks. First Nations child welfare agencies, in particular, function with less flexibility in the use of funds and more complex jurisdictional models than provincial and territorial child welfare agencies. Because current child welfare structure and historical policies, which have ongoing repercussions for families and communities, can affect the balance of factors which protect a child or place her/him at risk of harm, the contextual information presented in this chapter provides an essential foundation for interpretation of the results presented in Chapters 4–7 of this report.

Chapter 2

FIRST NATIONS COMPONENT OF THE CANADIAN INCIDENCE STUDY OF REPORTED CHILD ABUSE AND NEGLECT-2008

This chapter describes the development of the First Nations Component of the Canadian Incidence Study of Reported Child Abuse and Neglect-2008 (FNCIS 2008). It traces the study evolution from a project developed in the context of an informal partnership between the CIS research team and the First Nations Child and Family Caring Society (FNCFCS), a national organization which advocates for and supports First Nations child welfare organizations, to a well developed pilot study which includes a large sample of First Nations agencies. This chapter also presents the goals of the FNCIS-2008 and describes the partnership between the CIS research team and the FNCIS-2008 advisory committee, which is composed of representatives from provincial and national First Nations child welfare organizations. In addition, it summarizes the role that the principles of Ownership, Control, Access, and Possession (OCAP principles; First Nations Information Governance Centre, 2007) for research in Aboriginal contexts play in the CIS-2008 and examines the ways in which these principles have been operationalized within the study framework.

OVERVIEW OF THE FNCIS-2008

The FNCIS-2008 is a study of child welfare investigations involving First Nations children which is embedded within a larger, cyclical national study: the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS). CIS-2008 is the third national study examining the incidence of reported child abuse and neglect in Canada. It captured information about the first contacts of children and their families with child welfare agencies during a three-month sampling period in 2008. The study asked child welfare workers to provide data on the assessments and decisions they made during initial, four to six week long investigations conducted during the sampling period. Children who were not reported to child welfare sites, referrals that were not opened for investigation, and investigations of new allegations on cases already open at the time of case selection, are not represented in CIS-2008 data.

The FNCIS-2008 is a partnership between the CIS research team and the FNCIS-2008 advisory committee, which is composed of representatives from major organizations supporting and coordinating First Nations child and family service agencies, First Nations agencies (in provinces that do not have coordinating organizations), and the Assembly of First Nations. The name FNCIS-2008 is used to describe the collective efforts of the CIS-2008 research team and the FNCIS-2008 advisory committee to support the inclusion of First Nations child welfare agencies in the CIS-2008 sample, and to analyze, interpret, and disseminate information about the data on investigations involving First Nations children which were collected by the CIS-2008. The collaboration between the research team and the advisory committee is guided by the principles of Aboriginal ownership of, control over, access to and possession of research in Aboriginal contexts (OCAP principles). The FNCIS-2008 is the largest study of First Nations child welfare investigations ever conducted in Canada; it analyses data on investigations involving First Nations children which were conducted by the 89 provincial/territorial agencies and by 22 First Nations and urban Aboriginal agencies included in the CIS-2008 sample.

The goals of the FNCIS-2008 are to generate new knowledge about the nature of and response to maltreatment of First Nations children in Canada and to increase the capacity for future research on child maltreatment in First Nations communities. Specifically, the FNCIS–2008 is designed to:

1. 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 for First Nations children.
2. Investigate the severity of maltreatment for First Nations children, as measured by duration and indicators of physical or emotional harm.
3. Examine selected determinants of health that may be associated with maltreatment for First Nations children.
4. Monitor short-term investigation outcomes; including substantiation rates, out-of-home placement, and use of child welfare court for First Nations children.
5. Allow for comparison of maltreatment rates, severity of maltreatment, determinants of health and short-term investigation outcomes for First Nations and non-Aboriginal children.
6. Explore comparisons of maltreatment-related investigations conducted by First Nations agencies and their provincial/territorial counterparts.

HISTORY AND DEVELOPMENT OF THE FNCIS

The CIS is currently the only national level effort to collect disaggregated data on children who come to the attention of child welfare authorities in Canada due to alleged or suspected abuse or neglect. Accordingly, it is also the only national study which provides data on child maltreatment investigations involving First Nations children. The FNCIS includes data from two sources: a nationally representative sample of provincial/territorial child welfare agencies and a purposive sample of First Nations agencies. Since the first study cycle, in 1998, the CIS research team has taken a measured, capacity building approach to the development of the First Nations component of the study. The pace of study development was influenced by the availability of funds, the capacity of the research team, and the rate at which partnerships were developed with First Nations.

In the 1998 cycle, the CIS included three First Nations agencies and CIS researchers collaborated with the First Nations Child and Family Caring Society (FNCFCS), to analyze data on child welfare investigations involving First Nations children. In 2003, with the continued engagement of FNCFCS, the First Nations component of the CIS was expanded to include eight First Nations agencies. Following suggestions made by researchers and First Nations agencies participating in the CIS-2003 (Bennett and Shangreaux, 2005), a national FNCIS-2008 advisory committee was established to guide the 2008 cycle. The 2008 cycle of the study includes 22 First Nations and urban Aboriginal agencies[1] and is the first-ever study with the potential to compare investigations involving First Nations children which were conducted by provincial/territorial agencies to those conducted by First Nations agencies.

CIS-2003 found an estimated 103,297 substantiated child maltreatment cases in Canada[2]; 12,111 (8.3%) of the investigations in CIS-2003 involved First Nations children. Neglect was the primary form of maltreatment in 56% of substantiated First Nations investigations compared with 22% of substantiated cases for the non-Aboriginal population.[3] CIS-2003 demonstrated that these neglect cases, and the overrepresentation of First Nations children, were linked with structural conditions and caregiver risk factors. First Nations children were more likely than non-Aboriginal children with similar maltreatment characteristics to come to the attention of child welfare authorities; because of the multiple caregiver and structural risk factors associated with their cases, they were also more likely to be the subjects of substantiated maltreatment investigations, to have their cases remain open for ongoing services and to be placed in out-of-home care. As a result, First Nations children, who represented 5% of Canada's child population, constituted more than a quarter of the children placed in out-of-home care during the investigation

1 The study also included one Métis agency on a pilot basis.

2 Excluding Quebec

3 In the course of preparing this report, the CIS-2008 research team discovered an error in the calculation of incidence rates for First Nations results of CIS-2003. Registered North American Indian (status First Nations) children were inadvertently counted twice in the calculation of incidence rates. While this did not affect any of the estimates of the number of investigations involving First Nations children, or the distribution of these investigations across categories, it did lead to a substantial underestimation of the incidence of investigations per 1,000 First Nations children in the general population and a slight overestimation of the incidence of investigations involving non-Aboriginal children. The original estimates for the incidence of investigations were 58.34/1000 First Nations children and 44.11/1000 non-Aboriginal children; the revised estimates are 110.56/1000 First Nations children and 42.23/1000 non-Aboriginal children. These revisions affect all incidence rate estimates for First Nations and non-Aboriginal children; they do not impact estimated percentages or child counts for First Nations or non-Aboriginal investigations included in CIS-2003, nor do they affect incidence rate estimates for other populations examined using CIS-2003 data. Incidence rates have been updated in the main FNCIS-2003 report, *Mesnmimk Wasatek* (Trocmé et al., 2006) and information sheets presenting results from that report. Revised materials are available from www.cwrp.ca and www.fncfcs.com; revisions are also summarized in Appendix A of this report.

period in 2003 (Trocmé et al., 2006). FNCFCS played a leading role in mobilizing these findings to advocate for the rights of First Nations children; CIS-2003 findings informed the United Nations Committee on the Rights of the Child General Comment on the Rights of Indigenous Children (United Nations Committee on the Rights of the Child, 2009), a proposed national funding formula for First Nations child welfare agencies (First Nations Child and Family Caring Society, 2005) and changes in some community level child welfare services for First Nations children.

During the CIS-2008 cycle, the community-university collaboration which drives the FNCIS underwent significant expansion and formalization. In preparation for the CIS-2008, FNCFCS took the lead in establishing a FNCIS-2008 advisory committee. The committee includes representatives from major organizations supporting and coordinating First Nations child and family service agencies within provinces, First Nations agencies located within provinces that did not have coordinating organizations, and the Assembly of First Nations (which represents First Nations at a national level). A full list of individuals who have participated in the FNCIS-2008 advisory committee is presented in Appendix C. The advisory committee informed the study sampling framework, helped ensure compliance with Aboriginal research ethics guidelines, facilitated agency recruitment, and oversaw primary analysis of FNCIS-2008 data. They will also help establish parameters for secondary analyses, review applications to use FNCIS-2008 data, and facilitate research dissemination. Collaboration between the research team and advisory committee members was realized through an ongoing, iterative process. In this process, the research team assessed and presented potential next steps, committee members offered guidance and feedback, the research team completed tasks prioritized and approved by the committee, and then the research team reported back on results and potential next steps. Collaboration between the research team and the FNCIS-2008 advisory committee was facilitated through teleconferences held approximately every six weeks (on average), in person meetings held one to two times a year, and additional phone/email communication.

OWNERSHIP, CONTROL, ACCESS, AND POSSESSION (OCAP) PRINCIPLES AND THE FNCIS-2008

The CIS has a strong commitment to honouring the principles of Aboriginal Ownership of, Control over, Access to, and Possession of research conducted in Aboriginal contexts (OCAP principles; First Nations Centre, 2007). Originated in connection with the First Nations Regional Longitudinal Health Survey and endorsed by the Assembly of First Nations, OCAP principles offer an important framework for understanding, assessing and planning collaborative research.

- The principle of ownership describes the collective relationship of members of a First Nation to their cultural knowledge, data and information in all forms (First Nations Information Governance Centre, 2010).
- The principle of control reflects the goal of First Nations communities of gaining and maintaining oversight over all aspects of information management including resources, policy development and implementation, review processes, formulation of conceptual frameworks, data management, etc (First Nations Information Governance Centre, 2010).
- The principle of access denotes the right of First Nations individuals to access information and data about themselves and their Nations, wherever it is held, as well as the right of First Nations' communities and organizations to manage and make decisions regarding access to their collective information (First Nations Information Governance Centre, 2010).
- The principle of possession contends that physical possession of data by First Nations communities facilitates the assertion and protection of ownership and control over data management (First Nations Information Governance Centre, 2010).

OCAP principles must be operationalized within the context of individual research projects. In the case of the FNCIS-2008, adherence to OCAP principles is one of three shared concerns which shape the collaborative relationship between the advisory committee and the research team, and which guide the approach to research design and implementation. The other two concerns are: protecting the anonymity of research participants and respecting the strengths and limitations of the CIS design. The research team takes primary responsibility for ensuring that study processes and analyses both respect the strengths/limitations of the research design and protect the anonymity of study participants. The FNCIS-2008 advisory committee, which mediates First Nations ownership of and control over the project, has a mandate of ensuring that the CIS respects OCAP principles

to the greatest degree possible given that it is a cyclical study which collects data on First Nations, other Aboriginal and non-Aboriginal investigations. The FNCIS-2008 is grounded in an understanding that the CIS research team will not collect or analyze First Nations specific data without the approval and guidance of the advisory committee. In addition, proposals for any secondary analyses which distinguish between First Nations and mainstream agencies will be reviewed by the advisory committee.

Even with this commitment as a foundation for the FNCIS-2008, the nesting of the First Nations component within a larger national study imposed limits on First Nations' ownership of, control over, access to and possession of the research. Assessment of these limits must be grounded in an understanding of the ways in which nesting within a national study serves to benefit First Nations children, families, agencies and communities. The power of CIS results to support the development and implementation of policies and practices which better serve First Nations children depends on achieving a level of scientific rigor which inspires the confidence of policy makers, legislators, community leaders and service providers. Accordingly, some elements of study design which limited First Nations ownership, control, access and possession over the FNCIS-2008 research processes and products were incorporated because they directly contributed to the validity and reliability of study findings.

For example, the CIS-2008 utilized a data collection instrument heavily based on a maltreatment assessment form designed for the 2003 cycle, prior to formation of the FNCIS-2008 advisory committee. The form was developed through an intensive process of multiple revisions, based on input from academics and child welfare workers, which resulted in an instrument which is easy for workers to understand and use, and which has high demonstrated levels of reliability (Trocmé et al., 2009). While the use of this form limited advisory committee control over the nature of data collected by the CIS-2008, it was also key to achieving a high response rate, which helps to ensure the validity and representativeness of study findings. Similarly, First Nations control over, access to and possession of CIS products is moderated by steps taken to protect the anonymity of research participants. CIS reports and articles only present data which is aggregated to a level which precludes identification of agencies, workers or families/children. In addition, in order to ensure the confidentiality of information shared by individual workers, each participating site receives a report summarizing aggregate, agency-level data, rather than files containing the disaggregated data collected from its workers. These measures limit First Nations access to and possession of CIS products, but they also help ensure that agencies and workers are willing to participate in the study, are able to maintain participation for the duration of the data collection period, and are able to complete data collection for a very high percentage of the investigations selected for the study sample.

Thus, some of the factors which limit First Nations ownership of, control over, access to and possession of FNCIS-2008 research processes and products result from efforts to ensure a level of scientific integrity which enhances the value of FNCIS-2008 findings as a tool for advocating for First Nations children and families. One important focus of ongoing capacity building and study development efforts will be to find ways of increasing First Nations ownership, control, access and possession over the processes and products of future study cycles without compromising the reliability and validity of study findings.

CAPACITY BUILDING ACTIVITIES LINKED TO THE FNCIS-2008

The success of the FNCIS thus far has been based on a progressive, capacity building approach to First Nations child welfare research. This approach is evident in the developmental trajectory of the FNCIS across study cycles. The initial cycle involved a small sample of First Nations agencies and an informal partnership with the First Nations Child and Family Caring Society. A focus on capacity development has been integral to the study's growth. In addition to the capacity building that takes place through research team and advisory committee collaboration, the FNCIS-2008 involved complementary forms of capacity building which extended beyond the simple collection and analysis of CIS data. These include

- **Recruitment and training of Aboriginal researchers** – Data collection in two-thirds of the First Nations agencies included in the CIS-2008 sample was facilitated by researchers who are of Aboriginal descent; through participation in CIS-2008, these researchers received intensive, hands on training in national level quantitative research.
- **Provision of workshops on quantitative methods for Aboriginal child welfare research** – Research team members have sponsored two free workshops which provide

four days of hands-on, training in child welfare research methods. These workshops, held in 2008 and 2009, attracted 36 participants, including child and family service agency administrators and research staff, students, and university faculty. It is hoped that additional workshops will be sponsored on a regular basis and can be expanded to include provision of ongoing support to workshop participants who undertake their own research projects.

- **Support for internal research capacity building initiatives undertaken by First Nations agencies** – the Centre for Research on Children and Families, at McGill University, which is home to part of the CIS research team, has dedicated funds for supporting First Nations agencies interested in further developing their internal capacity to collect and analyze data. Researchers attached to the centre are currently working on a number of projects in collaboration with First Nations child welfare agencies and organizations.

These capacity building efforts have bidirectional effects. They are intended to enhance the abilities of First Nations to conduct their own research and to make use of existing research. It is hoped that this will expand the pool of people willing to serve as advocates for, participants in, or research team members for future research studies. However, capacity building efforts are equally valued for the role they play in enhancing CIS research team capacity. Engagement with First Nations researchers, advisory committee members, students, and agencies helps CIS research team members to develop better understanding of First Nations perspectives, contexts and lived experiences. This contextualized understanding, in turn, shapes research and teaching agendas, facilitating development of additional capacity for meaningful, collaborative research on First Nations child welfare.

Chapter 3
METHODS

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) is the third national study examining the incidence of reported child abuse and neglect in Canada. It captured information about the first contacts of children and their families with child welfare agencies during a three-month sampling period in 2008. The study asked child welfare workers to provide data on the assessments and decisions they made during initial, four to six week long investigations opened during the sampling period. Children who were not reported to child welfare sites, referrals that were not opened for investigation, and investigations of new allegations on cases already open at the time of case selection, are not represented in CIS-2008 data. The CIS-2008 included 89 provincial/territorial child welfare sites, 22 First Nations and urban Aboriginal child welfare sites, and one Métis agency, which was sampled on a pilot basis

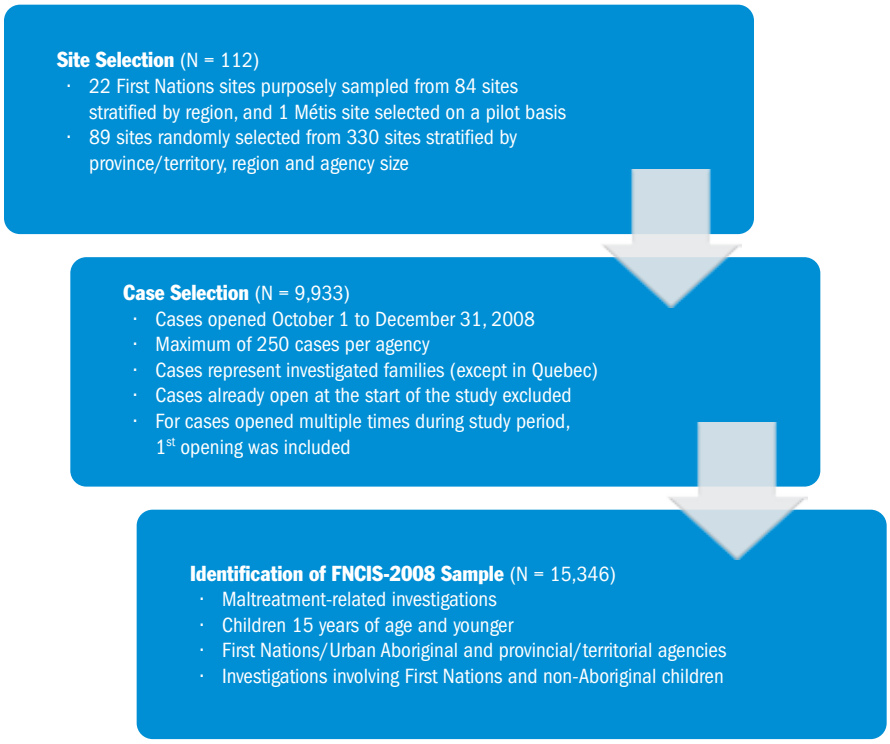
The FNCIS-2008 is a study of child welfare investigations involving First Nations children which is embedded within the CIS-2008. It is a partnership between the CIS research team and the FNCIS-2008 advisory committee, which is composed of representatives from major organizations supporting and coordinating First Nations child and family service agencies, First Nations agencies (in provinces that do not have coordinating organizations), and the Assembly of First Nations. The name FNCIS-2008 is used to describe the collective efforts of the CIS-2008 research team and the FNCIS-2008 advisory committee to support the inclusion of First Nations child welfare agencies in the CIS-2008 sample, and to analyze, interpret and disseminate information about the data on investigations involving First Nations children which were collected by the CIS-2008. The study analyses information on 3,106 investigations involving First Nations children and families living in reserve communities and off-reserve areas; these data are compared with information about 12,240 investigations involving non-Aboriginal investigations. The data presented in this report are weighted to adjust for oversampling in some provinces and to create annual estimates based on the three months of data collected; the weighted sample used in analyses includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

As the first national study to analyse investigation data from a large number of First Nations and urban Aboriginal agencies, the FNCIS-2008 has limitations which are common to many pilot studies. A lack of systematic information about the variation in structures and practice approaches of First Nations and urban Aboriginal agencies, combined with resource limitations, made it impossible to design a data collection instrument that was tailored for these agencies or to ensure selection of a nationally representative sample. Accordingly, **it is not possible to generate First Nations estimates which are directly comparable to results from prior CIS cycles or to generate national estimates for investigations involving First Nations children in 2008**. Results presented in this report must be interpreted with the caution necessitated by a pilot study – **they cannot be generalized to child welfare agencies not included in the CIS-2008 sample.**

SAMPLING

The FNCIS-2008 features a split sample design which combines data collected from a nationally representative sample of 89 provincial/territorial agencies with a sample of 22 purposely selected First Nations or urban Aboriginal agencies. The sampled provincial/territorial agencies provided data on 2,143 investigations involving First Nations children and 12,240 investigations involving non-Aboriginal agencies; the sampled First Nations or urban Aboriginal agencies provided data on 963 investigations involving First Nations children. The sample of First Nations and non-Aboriginal investigations examined in this report was drawn in three stages (Figure 3-1): first, a sample of child welfare sites from across Canada was selected, then cases were sampled over a three-month period within the selected sites, and finally, child investigations that met the study criteria were identified from the sampled cases.

FIGURE 3-1: FNCIS-2008 sample selection



Site Selection

Lists obtained from provincial/territorial child welfare ministries and the FNCIS-2008 advisory committee indicated that there were 415 child welfare sites (child welfare agencies, or offices for agencies with multiple branches) which conducted initial child welfare investigations in Canada at the time of CIS sample selection in 2008. They included 330 provincial/territorial child welfare sites and 84 First Nations/urban Aboriginal child welfare sites. From this sampling framework, 111 sites selected for inclusion in the CIS-2008 sample; 89 provincial/territorial sites, 20 First Nations agencies, and two urban Aboriginal agencies which served primarily First Nations children.[1] In addition, one Métis site was selected on a pilot basis. This is the first cycle of the CIS to include such a large sample of First Nations agencies; CIS-2003 included eight First Nations agencies and CIS-1998 included 3 First Nations agencies.

The expanded sample of First Nations agencies means that this cycle of the study offers a portrait of First Nations child welfare which is more complete and inclusive than previous cycles. The expansion of the First Nations sample presents the potential for new kinds of analyses, which are explored in Chapter 8, and it represents an important step towards the long-term goal of developing a full-scale study of First Nations child welfare. However, because CIS-2008 is the first study cycle to include such a large sample of First Nations child welfare agencies, data from this report cannot be directly compared to results from previous cycles. CIS 1998 and 2003 featured samples which were primarily representative of provincial/territorial agencies, with only minor contributions from First Nations sites; the increased representation of First Nations agencies in the 2008 sample must be taken into account before over-time changes can be assessed. In addition, as discussed in detail below, the purposive sampling of First Nations agencies means that results presented in this report cannot be generalized to child welfare agencies not included in the CIS-2008 sample.

Provincial/territorial sites were selected through a process which involved stratification of agencies (or offices if an agency had multiple branches) by province/territory and the selection of at least one site from within each stratum. In larger provinces, provincial/territorial sites were further stratified by size (defined by the number of case openings in a year) and by region. This helped to ensure that the sample would be representative of small, medium and large size sites and that it would capture agencies from all regions within the provinces and territories. The proportion of child welfare sites selected for data collection differed across provinces/territories. Alberta, British Columbia, Ontario, Quebec and Saskatchewan provided funds to support "oversampling," the inclusion of a sufficient number of agencies to allow production of province-specific incidence estimates. Thus, a greater proportion of sites were selected in those provinces than in the other provinces/territories.

Most provincial/territorial sites were selected randomly. However, there were a few exceptions. Sites in the largest metropolitan areas were sampled with certainty. In addition, sites from Nunavut, the Yukon, and the Northwest Territories were purposely sampled on the basis of

1 Because both of the selected urban Aboriginal agencies primarily served First Nations children during the data collection period (more than 85% of new investigations conducted by these agencies during the study period involved First Nations children), these agencies have been included in the sample examined in this report and, for the sake of parsimony, they are referred to as First Nations agencies from this point forward.

TABLE 3-1: CIS-2008 sites by region and agency type

	First Nations Sites*		Provincial/Territorial Sites	
	Total Sites Delegated to Conduct Investigations	Sampled Sites	Total Sites	Sampled Sites
Atlantic Provinces	12	2	82	4
Quebec/Ontario	14	9	65	35
Manitoba/Saskatchewan	31	6	29	21
Alberta/British Columbia	27	5	131	26
Northern Territories	0	0	23	3
Total	84	22	330	89

* One Métis site was also selected, on a pilot basis.

accessibility, expected case volume and regional representation. Finally, some provincial/territorial agencies were excluded from the sampling framework because their small case volumes or geographic location made data collection prohibitively costly; exclusion criteria varied by province/territory. Three provincial/territorial sites which were selected for inclusion in the study declined participation; three replacement sites were randomly selected. The sample of provincial/territorial sites included in the CIS-2008 sample is described in Table 3-1.

In addition to the provincial/territorial agencies, the CIS-2008 purposely sampled 23 Aboriginal agencies: 22 First Nations agencies and one Métis agency (included on a pilot basis). The geographic distribution of sampled First Nations sites is described in Table 3-1. As described in that table, the sampled agencies include more than one quarter of the First Nations agencies mandated to conduct child welfare investigations in Canada. While this sample of First Nations agencies is relatively large, the small size and limited data collection resources of many First Nations child welfare agencies reduced the potential to create accurate national estimates based on a randomly selected sample of this size. Inclusion of agencies which conducted a very small number of investigations during a year would have limited the statistical power of analyses. In addition, prior advisory committee and research team experience suggested that larger, more established agencies were more likely to have the human resources and information management infrastructure which was necessary to carry out the case tracking for CIS data collection. Accordingly, it was felt that selection based on these factors would yield a high agency participation rate, a large sample size, and a high form completion rate which, in combination, would outweigh the potential benefits of randomly selecting agencies. For these reasons, First Nations agencies were purposely sampled.

Identification of large, established agencies, which were believed to have the data collection capacity necessary for study participation, was based on three types of information: the number of agency case openings in 2008 (which were obtained from representatives appointed by the provincial directors of child welfare), details about caseload and agency history obtained directly from child welfare agencies, and FNCIS-2008 advisory committee members' recommendations. Priority was given to advisory committee members' recommendations. When advisory committee members recommended more than the required number of agencies, agencies were randomly selected from the recommended list; when fewer than required agencies were recommended, additional agencies were randomly selected from the list of agencies that met size criteria which varied by province.

Selected agencies were initially contacted about study participation by advisory committee members; CIS research team members followed up on these initial contacts. Of the agencies originally contacted, seven declined participation. Five declined because they lacked the technical (database) and human (staff time) resources needed for participation. Two additional agencies declined participation because they felt they weren't "representative" of the typical First Nation agency. Based on consideration of the sampling framework and time/resource limitations, four replacement agencies were selected. One agency dropped out of the sample during the study period and another small agency, which was included in the study, does not appear in the data because it did not open any new investigations during the study period.

The First Nations agencies included in the sample serve roughly 30% of the total First Nations child population served by First Nations agencies in Canada (Sinha and Leduc, 2011); the relatively large sample size provides a measure of confidence in the generalizeability of the data collected

from First Nations agencies. However, non-random selection inherently introduces potential bias and the study design purposely excluded the smallest and least established First Nations agencies from the sample. The paucity of available information on the variation in First Nations agencies makes it difficult to assess the extent or effect of any bias that does exist. However, several studies (Auditor General of Canada, 2008; First Nations Child and Family Caring Society of Canada, 2005; INAC, 2007; MacDonald and Ladd, et al., 2000) have noted that small agencies – particularly those which are remote – face challenges and resource constraints above and beyond those faced by larger agencies. The *Wen:de* report (FNCFCS, 2005) provides a detailed summary of these constraints, highlighting: the shortage of funds for salaries and benefits, the need to share resources with other reserve organizations and the lack of funds to cover capital expenses. In addition, the most under-resourced First Nations agencies may be poorly represented in the CIS-2008 sample; agencies which advisory committee members believed to lack the necessary resources for study participation were excluded from the sampling framework, and most of the First Nations agencies which declined study participation (five of seven) cited limited resources when declining participation. These limitations must be taken into account when drawing conclusions from study findings.

Case Selection

The second sampling stage involved selecting cases opened in the study sites during the three-month period from October 1, 2008 to December 31, 2008.[2] Three months was considered to be the optimum period to ensure high participation rates and maintain strong compliance with study procedures. In larger sites, which conducted over 1,000 investigations per year, a random sample of 250 cases was selected for inclusion in the study (Trocmé et al., 2009). In Quebec, where the province supported data collection in 16 of 18 provincial child welfare sites, an electronic data collection instrument, which was integrated into the provincial data information system, systematically sampled 50% of investigations for inclusion in the study.

In most jurisdictions, families are the **unit of service** at the point of the initial decision to open a case. Accordingly, this stage of sampling involved selection of families whose cases were opened by sites included in the CIS sample.[3]

Data were not collected for cases which:

- **Were screened out before formal opening or investigation.** These included cases which involved only request for information or for informal referrals, and those cases which clearly did not fall within the jurisdiction of the contacted child welfare site.[4]
- **Were already-opened at the start of the study period.** These included families who were already receiving services, under investigation, or being monitored on October 1, 2008.
- **Were previously opened or investigated during the three-month sampling period.** When multiple cases involving the same family were opened during the study period, data were collected only for the first case opening which resulted in an investigation. Data were not collected for subsequent case openings.
- **Were diverted to an alternative, non-protection stream prior to an initial investigation.** Some jurisdictions or sites have been developing **differential or alternative response models** which divert cases to alternative non-protection streams. In most provincial/territorial sites, the decisions to stream cases in this fashion are made after the initial investigation, meaning that alternative stream cases were included in the CIS sample. However, as discussed below, some sampled First Nations agencies systematically transferred cases to preventative (differential or alternative response) streams prior to investigation and data were not collected for these cases.

The case selection criteria for the CIS-2008 were originally based on consideration of practices in provincial/territorial agencies; there are indications that the case selection process employed is more appropriate for the practice models of provincial/territorial agencies than those of First Nations agencies. In particular, the focus on "investigations" likely leads to underestimation of the work being done by First Nations agencies. Many of the sampled First Nations agencies appeared to have well established preventative (differential or alternative response) models which allow workers to address child and

2 Due to agency commitments and late recruitment, three sites collected data during a slightly later three month time period.

3 The exceptions were provincial agencies in Quebec. Cases were sampled on a child basis from these agencies – see (Trocmé, Fallon et al., 2009) for more detailed discussion of Quebec methods and implications.

4 Some First Nations agencies volunteered to provide additional information, such as data for investigations involving families with open files or basic data on cases that did not progress to full investigation stage. This supplemental information is not included in the data analyzed here or in other study publications. It has, however been very useful in developing a greater understanding of First Nations agencies, of the ways in which CIS instruments and procedures fit with practice models in First Nations agencies, and of adaptations which should be encouraged in the next cycle of the CIS.

family needs without opening formal child welfare investigations. In some cases, these preventative models build on customary care traditions which continue to operate in parallel with the formal child welfare system. Cases which were streamed to preventative or traditional approaches prior to formal investigation are not captured in CIS-2008 data. In addition, the focus on "new" investigations may lead to further underestimation of the work done by First Nations agencies: the lack of alternative service options for families living in remote communities (Auditory General of Canada, 2011), the Directive 20-1 imposed pressure to place children in care (INAC, 2007), community member willingness to engage with First Nations run agencies, and the ongoing receipt of information about families by child welfare workers who are embedded in communal social networks might all contribute to development of practice models which feature longer term monitoring and support for families/children than typically provided by provincial/territorial agencies. A practice model in which families' case files remained open over long periods of time would, in turn, reduce the number of "new" investigations which met selection criteria, thereby further under-representing the work done by First Nations agencies.

Identification of Maltreatment-related Investigations

The final sampling stage involved identifying First Nations and non-Aboriginal children who were investigated as a result of maltreatment-related concerns. CIS-2008 collected data on two types of child maltreatment-related investigations: **maltreatment investigations**, which focused on assessing whether a child had already been subjected to abuse or neglect, and **risk investigations**, which focused only on determining whether a child was at significant risk of future maltreatment. The distinction between these two types of investigations is discussed in more detail below. CIS-2008 is the first study cycle to collect data on risk investigations and the inclusion of these investigations is an additional barrier to direct comparison of First Nations results across CIS cycles.

The sample analyzed in this report includes data on 3,106 investigations involving children, ages 0 to 15, who were identified as First Nations by investigating workers; 963 of these investigations were conducted by First Nations agencies, 2,143 investigations were conducted by provincial/territorial agencies. Data for investigations involving First Nations children are compared with data on 12,240 maltreatment-related investigations involving children, ages 0 to 15, who were identified as non-Aboriginal by investigating workers at provincial/territorial agencies. Identification of children's Aboriginal identity was based on a question asking workers whether a child was "not-Aboriginal," "First Nations status," "First Nations non-status," "Inuit," "Métis", or "other Aboriginal"; these assessments could not be independently verified.

As summarized in Figure 3-2, investigations which met any of the following criteria were excluded from the sample analyzed in this report.

- **Investigations involving children age 16 and older.** The age range covered by provincial and territorial child welfare statutes varies from 0–15 to 0–19 years. To ensure consistency across sampled jurisdictions, only children 15 years of age under are included in the sample examined in this report.
- **Investigations which were not maltreatment-related.** In some jurisdictions, child welfare sites conduct investigations for reasons other than assessment of child maltreatment-related concerns. For example, in Quebec, a case can be opened because a family requests support when a child is displaying serious behavioural problems. Similarly, some jurisdictions classify home studies for prospective adoptive or foster homes as case openings. These types of non-maltreatment-related investigations were excluded from the data collection process.
- **Investigations conducted by a Métis agency which was sampled on a pilot basis.** The CIS research team has a strong commitment to honouring OCAP principles to the maximum extent possible within the framework of a national study and does not yet have in place the partnerships with Métis organizations which are the necessary precursors to analysis of Métis specific data. Data from this agency will be internally analyzed in a process which will serve to build the relationships and research capacity needed to support an expanded Métis component in the next CIS cycle.
- **Investigations involving Inuit, Métis or "other Aboriginal" children.** The CIS research team has a strong commitment to honouring OCAP principles to the maximum extent possible within the framework of a national study and does not yet have in place the partnerships with Métis and Inuit organizations which would be necessary precursors to analysis of Inuit or Métis specific data.

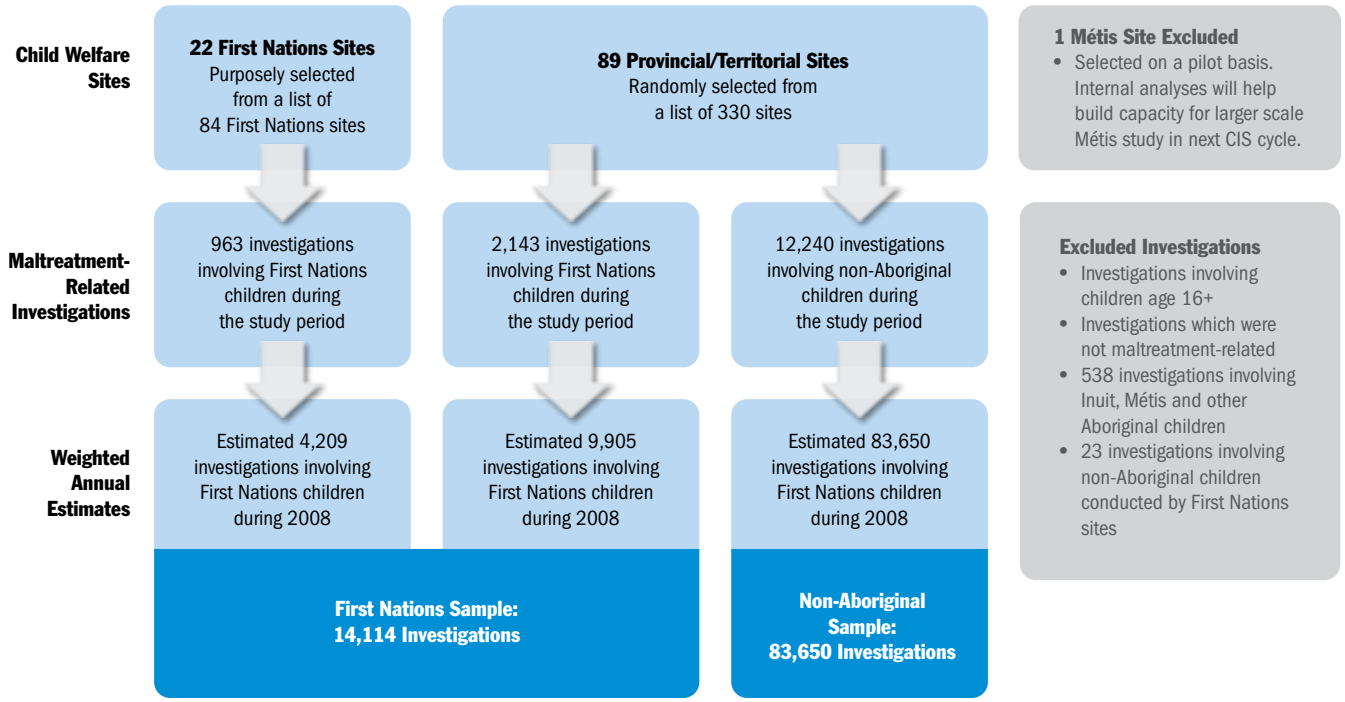
- **Investigations involving non-Aboriginal children which were conducted by First Nations sites.** 23 investigations involving non-Aboriginal children, which were conducted by First Nations agencies, have also been excluded. Exclusion of these investigations allows for analysis of a sample which can also be used in future analyses, which will focus on comparison of investigations conducted by First Nations and non-Aboriginal agencies. (See Chapter 8 for a detailed description of planned secondary analyses.)

DATA COLLECTION PROCEDURES

The CIS-2008 used a case file review procedure in which investigating workers were asked to complete a Maltreatment Assessment Form (see Appendix E) at the point of finishing their written reports for sampled investigations. This form was designed to collect standardized information based on a definitional framework provided by the study (see Appendix F) and workers' best clinical assessments; the form was kept as short and simple as possible to minimize response burden and ensure a high completion rate. The length of time between the receipt of the referral and the completion of the written assessment differed according to provincial, regional, and site practices. However, in most cases, a written assessment was required within four to six weeks of opening an investigation.

Data collection in each CIS-2008 site was facilitated by a "site researcher"; a member of the research team who visited sites on a regular basis to collect forms, respond to questions, and monitor study progress (see Appendix G for list of site researchers). In most instances, six visits to each location were required. For First Nations sites, the initial visit was typically a relationship building trip in which researchers introduced the FNCIS-2008, shared results from prior CIS cycles, and addressed site worker/administrator questions and concerns. At this initial visit, the site researcher and an agency worker/administrator also reviewed a FNCIS-2008 research agreement (Appendix H), which outlined research team and agency roles/responsibilities. The subsequent visit (typically the initial visit for provincial/territorial agencies) was an on-site training session during which workers reviewed forms and procedures and received CIS-2008 guidebooks (Appendix I), which clearly articulated the CIS definitions of all items on the case selection forms. During these training visits, workers were instructed to answer questions based on their clinical expertise and guidebook definitions rather than provincial or local standards. During the training visit, workers also completed a maltreatment assessment form for a selected case vignette

FIGURE 3-2: First Nations and Non-Aboriginal investigations, CIS-2008



(Appendix J); completed forms were then discussed and discrepancies in responses were reviewed to ensure that items were being properly interpreted. During subsequent visits, site researchers collected and reviewed data collection forms, providing additional support based on individual workers' needs.

Data collection forms were completed for 96% of investigations sampled by the CIS. These forms were verified twice for completeness and consistency of responses: first on-site by the site researchers and a second time by CIS-2008 research team members at the University of Toronto, McGill University or the University of Calgary. Consistency in form completion was examined by comparing answers to the close-ended items to brief case narratives which workers provided on the first page of each data collection instrument. Every effort was made to contact workers if there was incomplete information or inconsistencies for key variables (e.g., child age or category of maltreatment). Completion rates were over 98% on most items.

Maltreatment Assessment Form

The main data collection instrument used for the study was the Maltreatment Assessment Form (Appendix E), which was completed by the primary investigating child welfare worker at the end of each sampled child welfare investigation. The Maltreatment Assessment Form was designed to capture standardized information from child welfare workers conducting child maltreatment-related investigations. Because investigation procedures vary considerably across Canada, a key challenge in designing the CIS-2008 maltreatment assessment form was to identify information which workers commonly collected across jurisdictions and could provide in a standardized manner. Potential confusion around the meaning of the statistics collected and reported was addressed by clearly defining a framework for the study; rather than anchoring the definitions in specific legal or administrative definitions, the study used a single set of definitions corresponding to standard research classification schemes, which are summarized in Appendix F.

The CIS-2008 maltreatment assessment form was based on the instrument used in previous cycles of the CIS (Trocmé, Fallon et al., 2005; Trocmé et al., 2001); in updating instruments across cycles, one goal was to find the right balance between making improvements, based on findings from previous cycles and knowledge of policy/practice shifts, and maintaining comparability across cycles. Changes to the CIS-2008 version of the form were made in close consultation with the Research Working Group, a subcommittee of the National CIS-2008 Steering Committee coordinated by the Public Health Agency of Canada. Changes were based on data collection problems noted during the CIS-2003, an analysis of CIS-2003 response rates (Tonmyr, 2004), a case file validation study (Trocmé, Fallon et al., 2009), focus groups with child welfare workers in several jurisdictions (Trocmé, Fallon et al., 2009), and a reliability study which compared different pilot versions of the form (Trocmé, Fallon et al., 2009). Workers from one First Nations agency participated in the focus groups and those from another First Nations agency took part in the reliability study, but, because of the pilot nature of the study and resource limitations, the FNCIS-2008 advisory committee did not inform revision of the maltreatment assessment form.

The Maltreatment Assessment Form consisted of an Intake Face Sheet, a Household Information Sheet, and a Child Information Sheet.

Intake face sheet

The Intake Face Sheet was completed for every sampled case which involved a specific allegation of maltreatment or a concern about future risk of maltreatment. The sheet requested information on the date of referral, referral source, number of children in the home, age and sex of children in the home, relationship between children and up to two caregivers in the home, and the type of investigation (risk investigation or maltreatment investigation – the distinction between the two is discussed further below). Workers were also asked to provide a brief narrative description of the investigation on the intake face sheet. These narrative summaries included information on referral sources, reason for the investigation and result of the investigation. Finally, the intake face sheet included a tear-off section which collected partially identifying information (the case number and first two letters of the family's surname) for the purposes of facilitating data verification. Tear off sections were left at participating sites and destroyed at the end of the data verification process. The remainder of the form was completed only if the report resulted in a maltreatment-related investigation

Household Information Sheet

The Household Information Sheet was completed only if at least one child in the family was the subject of a maltreatment-related investigation. The household was defined as all people living at the address of the investigation at the time the incident of reported maltreatment took place or, in the case of risk investigations,

at the time of the investigation. The household information sheet collected detailed information on up to two caregivers. For each caregiver, the household information sheet requested descriptive information about the worker's contact with the caregiver, risk factors noted during the investigation period, the caregiver's own history of living in foster care/group homes, and the last two generations of caregiver's attendance at residential schools.[5]

The Household Information Sheet also collected information about household/family structure, including assessments of the number of other adults in the home, housing safety, overcrowding, and family moves. Finally, workers were also asked to provide case information, such as the status at the close of the investigation and whether referrals were made to other services. In describing households and caregivers associated with investigations, workers were instructed to answer based on their knowledge of the case and their best clinical assessments. Thus, for example, identification of caregiver risk factors is based on a series of questions asking workers to indicate whether they had knowledge of risk factors such as alcohol or drug/solvent abuse (see Appendix E for full questions); these assessments could not be independently verified.

Child Information Sheet

The third page of the Maltreatment Assessment Form, the Child Information Sheet, was completed for each child who was the subject of a maltreatment-related investigation.[6] It collected information on noted child functioning concerns, child welfare court activity, out-of-home placements, police involvement, and the caregiver's use of spanking as a form of discipline, for all investigated children. In describing child and maltreatment characteristics associated with investigations, workers were instructed to answer based on their knowledge of the case and their best clinical assessments. Thus, for example, identification of children's Aboriginal identity was based on a question asking workers whether a child was "not-Aboriginal," "First Nations status," "First Nations non-status," "Inuit," "Métis," or "other Aboriginal." The process for determining Aboriginal identity likely varied across sites and jurisdictions. As with all other CIS data, the Aboriginal identity data presented in this report is based on the assessments of investigating workers and these assessments could not be independently verified.

The child information sheet was also used to capture information about two distinct types of child-maltreatment-related investigations: **maltreatment investigations** and **risk investigations** (see Figure 3-3 for a summary of information collected about each type of investigation). Maltreatment investigations focus on concerns that a child may have been abused or neglected, that she already experienced a specific event which endangered her physical or emotional health. Risk investigations focus on situations in which it is not suspected/reported that a specific incident of maltreatment has already occurred, but in which circumstances, for instance parental substance abuse or other lifestyle concerns, suggest the possibility that there is a significant risk of future maltreatment. Cases that were being assessed for risk of future maltreatment were not explicitly included in previous cycles of the CIS.

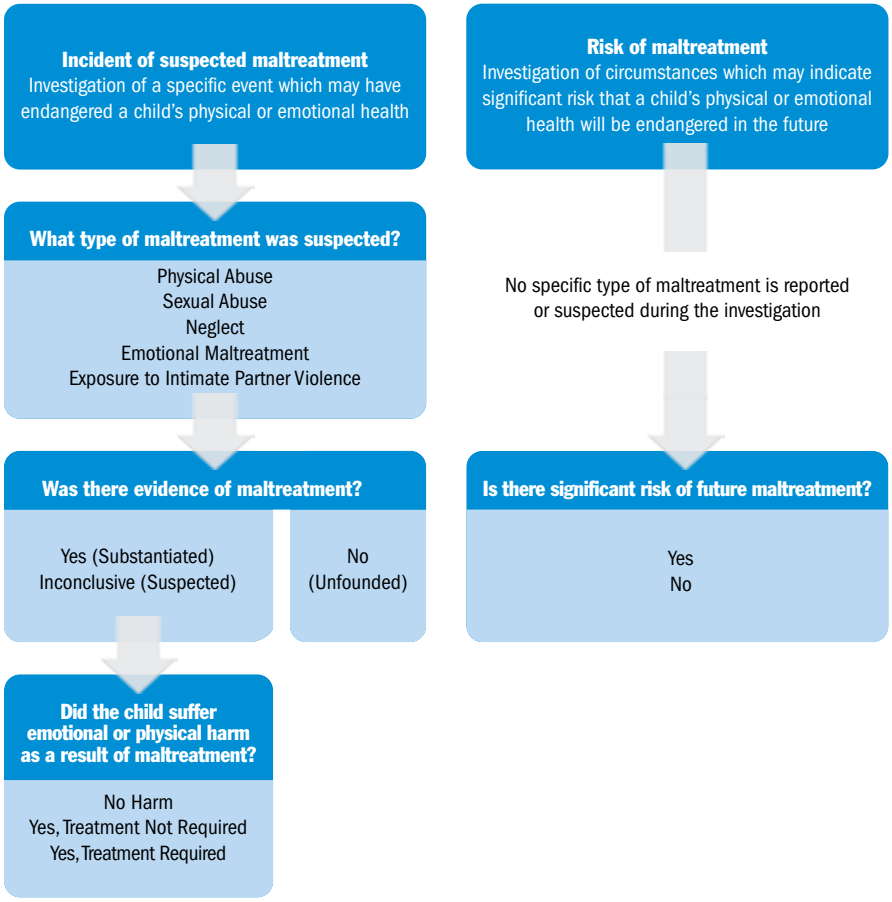
The primary objective of the CIS is to document details of investigations which focus on concerns that a child may have already been abused or neglected. For each **maltreatment investigation**, workers were asked to identify up to three **forms of maltreatment** which were involved in the reported or suspected incident(s). The CIS-2008 definition of child maltreatment includes 32 forms of maltreatment grouped into five maltreatment categories: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence (Appendix E, I). For each form of maltreatment, workers were asked to indicate the level of **substantiation**; to classify the evidence that the child was placed at risk of harm as a result of the investigated incident. The CIS uses a three-tiered classification system for investigated incidents of maltreatment. "Substantiated" means that the worker found conclusive evidence that an incident which placed a child at risk of harm did occur. "Unfounded" means that the worker concluded that the child was not placed at risk of harm. The "suspected" level provides an important clinical distinction in cases where there is not sufficient evidence to substantiate maltreatment, but where maltreatment cannot be ruled out (Trocmé, Knoke, Fallon, and MacLaurin, 2009).

Substantiation of maltreatment did not necessarily mean that a child suffered emotional or physical harm; rather, it indicated only that she had been placed at **risk of harm**. Thus,

5 Questions about residential school were included on the Maltreatment Assessment Form for the first time; they were among the few items that had low completion rates and data for these items are not presented in this report.

6 Two Child Information Sheets were attached to the Maltreatment Assessment Form, and additional Child Information Sheets were available in every office.

FIGURE 3-3: Two types of maltreatment-related investigations



a toddler who had been repeatedly left unsupervised in a potentially dangerous setting might be considered to have been neglected, even though the worker did not document any physical or emotional harm which occurred as a result of the failure to supervise the child. Accordingly, for those investigations in which at least one form of maltreatment was substantiated, workers were asked to indicate whether the child showed signs of **physical or emotional harm** and to indicate whether the severity of the harm suffered necessitated treatment.

In cases involving risk investigations only, workers were not able to identify specific incidents of reported/suspected maltreatment. Accordingly, they were not asked to identify forms of maltreatment, report levels of "substantiation" or to provide information about maltreatment duration or physical/emotional harm. Instead, they were asked to indicate whether or not, at the close of the investigation, they concluded that the child was at significant risk of future maltreatment.

WEIGHTING

As described in detail in the section on sampling which is included in this chapter, the FNCIS-2008 features a split sample design which combines data on 2,143 investigations involving First Nations children which were conducted by a sample of 89 provincial/territorial agencies with data on 963 investigations involving First Nations children which were conducted by a sample of 22 purposely selected First Nations agencies. Because most provincial/territorial agencies were randomly selected, data from these agencies can be used to create national estimates of the investigations conducted by all provincial and territorial agencies in Canada. In contrast, because First Nations agencies were purposely sampled, data collected from these sites cannot be used to create estimates of the investigations conducted by all First Nations child welfare agencies in the country; they represent only the investigations conducted by First Nations agencies included in the sample.

Because the planned FNCIS-2008 secondary analyses include comparisons between First Nations and provincial/territorial agencies, and it was deemed desirable to use a consistent sample for all FNCIS-2008 analyses, the data analysed in this report have been *weighted*[7] in a way which maintains the national representativeness of the data from provincial/territorial agencies and the relative importance of First Nations agency data in the combined First Nations sample. Purposely sampled First Nations agencies conducted 31% of all the investigations involving First Nations children for which data was collected; given the large proportion of First Nations investigations in the sample which were conducted by First Nations agencies, uncertainty about the representativeness of the First Nations agencies included in the

7 *Weighting* involves multiplying sampled data by factors which adjust the representation of each case in the data in order to correct for disproportionate representation of certain groups of interest and generate a sample which conforms to known population distributions on specified variables.

TABLE 3-2: Weighting of First Nations and Non-Aboriginal investigations included in the FNCIS-2008

	First Nations Agencies	Provincial/Territorial Agencies		
	First Nations Investigations	First Nations Investigations	Non-Aboriginal Investigations	**Total**
Unweighted	963	2,143	12,240	**15,346**
Weighting Adjusted	963	1,668	12,715	**15,346**
Weighting Adjusted and Annualized	4,209	9,905	83,650	**97,764**

sample translates into uncertainty about the national representativeness of the First Nations sample as a whole. Thus, **findings presented in this report cannot be generalized to other child welfare agencies or to the nation as a whole.**

Weight Adjustment of Data from Provincial/Territorial Agencies

Conceptually, the weights used to maintain national representativeness of the provincial/territorial agency data included in FNCIS-2008 can be viewed as four distinct factors which are multiplied by one another. (See Appendix K for a more technical description of these factors.)

Agency weight – The CIS-2008 sampled a high proportion of provincial agencies in British Columbia, Alberta, Saskatchewan, Ontario and Quebec. These five provinces supported inclusion of a sufficient number of provincial agencies in the CIS-2008 sample in order to enable analysis of province-specific data. As a result, the proportion of agencies sampled in these provinces was higher than the proportion sampled in other provinces/territories, and the unweighted data disproportionely reflects the investigation rates and profiles in these provinces. The first factor, which we can call W_s, adjusts for the disproportional representation of data from oversampling provinces. This weighting factor represents the ratio of the total number of agencies in a stratum (a group of agencies within a geographic region from which agencies were randomly sampled) to the number of agencies sampled from that stratum.

$$W_s = \frac{\#\ of\ agencies\ in\ stratum}{\#\ of\ agencies\ sampled\ in\ stratum}$$

Subsampling weight – In most agencies, data were collected for every new, maltreatment-related investigation opened during the three month data collection period; however, in order to reduce burden on workers, sample size was limited to 250, randomly selected investigations in 20 very large agencies and every other investigation was selected for data collection in 16 Quebec agencies. Accordingly, *unweighted* data from provincial/territorial agencies under-represents the investigations conducted by large agencies. The second factor, which we can call W_{ss}, accounts for the random sampling of investigations within the three-month data collection period. This factor represents the ratio of the number of investigations opened by an agency during the three-month data collection period to the number of investigations from that agency which were included in the CIS sample.

$$W_{ss} = \frac{\#\ of\ investigations\ Oct.\ 1–Dec.\ 31}{\#\ of\ investigations\ sampled}$$

Agency Size Correction – Child welfare agencies, including those in the study sample, vary greatly in terms of the number of children they serve and the number of investigations they conduct. The "agency weight" described above adjusts for differences in the number of agencies selected from each stratum, but does not account for variations in the size of the agencies within these strata. The third factor, which we can call PS_r, is intended to adjust for variations in the size of agencies within a stratum. It represents the ratio of the average child population served by agencies sampled within a stratum to the average child population for all agencies in the stratum. Ideally, this factor would adjust for variations in the number of investigations opened by agencies within a stratum. But, because reliable statistics on number of investigations completed by an agency have not been consistently available, child population is used as a proxy for agency size.[8] Accordingly, this factor assumes that the numbers of investigations opened by the agencies within a stratum are strictly proportional to agency child population and it does not account for variations in the per capita rate of investigations.

8 This approach was originally developed for the 1993 OIS and used in the 1998 CIS, which built on OIS methods, because, at the time, most jurisdictions could not report on investigation counts and there were dramatic discrepancies in the counts reported. While the quality of investigation statistics has improved, we continue to find important discrepancies in the ways investigations statistics are reported. Site researchers carefully review all case counts provided by the child welfare authorities participating in the study, however, this level of quality control is not available for authorities that were not part of the CIS sample.

$$PS_r = \frac{\textit{average child population in sampled agencies}}{\textit{average child population in agencies in stratum}}$$

Together, these three factors, $W_s \times W_{ss} \times PS_r$ are used to create estimates of the number of investigations completed within the three-month data collection period by all provincial/territorial agencies in Canada. Because these weighted estimates represent the number of investigations conducted by all 330 provincial/territorial agencies in the country, the 963 investigations conducted by the 22 purposely sampled First Nations agencies would have much less importance when combined with sampling-adjusted provincial/territorial agency data than when combined with unweighted data from the 89 sampled provincial/territorial agencies.

Sample size correction – This final weight adjustment factor is intended to ensure that the First Nations agency data maintain their relative importance when the agency weight, subsampling weight, and agency size correction are applied. The final factor, which we can call C, normalizes the agency weight and agency size correction, restricting the weighting-adjusted FNCIS-2008 sample size to 15,346; the number of investigations for which data were actually collected. The factor is a constant which represents the total number of investigations for which data were actually collected, relative to the estimated total number of investigations obtained by applying the agency weight, subsampling weight and agency size correction.[9]

$$C = \frac{\textit{total unweighted sample size}}{\textit{size of sample weighted by } W_s \times PS_r}$$

Together, these four factors, $W_s \times W_{ss} \times PS_r \times C$ describe the weight adjustment for data collected from provincial/territorial agencies. As indicated in Table 3-2, when the weight adjustment is applied, the number of estimated investigations involving First Nations children is less than the number of First Nations investigations in the unweighted data. This is because First Nations investigations represent a larger proportion of the investigations conducted by sampled provincial/territorial agencies in oversampled provinces than in other provinces/territories.

Annualization

In addition to the weight adjustment of data from provincial/territorial agencies, all data presented in this report were weighted in order to derive annual estimates. Because the CIS collects data only during a three-month period from a sample of child welfare agencies, data from both First Nations and provincial/territorial agencies are weighted to create estimates of the number of investigations conducted by sampled agencies during 2008. Accordingly, all data are multiplied by a factor, which we can call PS_a, which represents the ratio of all investigations conducted by sampled agencies during 2008 to all investigations opened by the sampled agency during the Oct 1 – Dec 31 quarter. [10]

$$PS_r = \frac{\textit{\# of investigations in 2008}}{\textit{\# of investigations Oct. 1–Dec. 1}}$$

Two key limitations of the annualization weight must be noted. This factor corrects for seasonal fluctuation in the number of investigations, but it does not correct for any seasonal variations in investigation/maltreatment characteristics. In addition, while cases reported more than once during the three-month case sampling period were unduplicated (see *Case Selection* section in this chapter), the weights used for CIS-2008 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. Accordingly, the weighted annual estimates presented in this report represent new child maltreatment-related investigations conducted by the sampled agencies in 2008, rather than investigated children.

ANALYTIC METHODS

The FNCIS-2008 estimates are based on a relatively large sample of 15,346 child maltreatment investigations, but sampling error is primarily driven by the variability among the 110 sites represented in the data. Sampling error estimates were calculated to reflect the fact that the survey population had been stratified and that primary sampling units (sites) had been selected from each stratum. Variance estimates were calculated using Stata 11 (StataCorp, 2009), which computes estimates and their variance estimates from survey data using a jackknife replication method. The computed estimates do not account for error in determining the annual and regional weights, nor do they account for any other non-sampling errors that may occur, such as inconsistencies or inadequacies in administrative procedures from site to site. The error

9 Child populations were calculated using census data. See Appendix L for details of census data use.

10 The average annualization weight for agencies in which there was no subsampling of investigations during the three data collection period, was 3.61. The average annualization weight for 22 First Nations sites was 6.04; this average is influenced by high annualization weights in 3 very small agencies. These agencies conducted a total of 12 investigations during the study period; the average annualization weight for the 19 remaining First Nations agencies was 4.2.

estimates also cannot account for any variations due to seasonal effects; the accuracy of the annual estimates presented in this report depends, in part, on the extent to which the sampling period was representative of the whole year and there is currently no national level Canadian data which allows for assessment of the representativeness of the October 1–December 31 data collection period.

STATISTICS PRESENTED IN THIS REPORT

This report presents four types of statistics: weighted counts, percentages, incidence rates and indicators of statistical significance. Each type of statistic is best used for specific purposes and all must be interpreted with respect to both the structural/ historical context of First Nations child welfare and the strengths and limitations of CIS-2008 design and implementation. The introductory sections for Chapters 4 through 7 in this report present this type of contextualized interpretation of key findings.

Weighted Counts – represent the estimated number of investigations, completed by sampled agencies during 2008, which involved First Nations or non-Aboriginal children. Because of the purposive sampling

FIGURE 3-4: Understanding the statistics presented in this report

TABLE X-X: Level of substantiation in child maltreatment investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Maltreatment Investigations		Non-Aboriginal Maltreatment Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Unfounded	33.3	32%	10.7	43%	***	***
Suspected	9.8	10%	2.6	10%	***	
Substantiated	59.8	58%	11.8	47%	***	***
Total	**102.8**	**100%**	**25.1**	**100%**	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

The total weighted sample includes 14,114 First Nations and 83,650 non-Aboriginal investigations: 10,324 First Nations and 62,512 non-Aboriginal investigations were identified as maltreatment investigations.

Weighted Counts

Data on substantiation is available for an estimated 10,324 First Nations and 62,512 non-Aboriginal child maltreatment investigations.

Percentages

58% of First Nations maltreatment investigations conducted by sampled agencies in 2008 were substantiated.

$$\frac{100 \times \text{First Nations substantiated maltreatment rate}}{\text{total First Nations child maltreatment investigation rate}} = \frac{100 \times 59.8}{102.8} = 58\%$$

Indicators of Statistical Significance

Based on the sample size and study design, we can conclude with a very high degree of certainty that the percentage of First Nations child maltreatment investigations which were unfounded (32%) is actually lower than the percentage for non-Aboriginal child maltreatment investigations (43%).

Interpretation for incidence rates is analogous:

*** *very highly statistically significant ($p < .001$);*

** *highly statistically significant ($p < .01$);*

* *statistically significant ($p < .05$)*

Incidence Rates

"For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were an estimated 33.3 unfounded maltreatment investigations in 2008.

1,000 × % of First Nations maltreatment investigations unfounded × total First Nations child maltreatment investigation rate
= 1,000 × .32 × 102.8
= 33.3

of First Nations agencies, CIS-2008 data cannot be used to derive national estimates of investigations involving First Nations children. Accordingly, the counts presented here are most useful for establishing a general sense of the large scale of the work done by sampled child welfare agencies and of the enormity of their potential impact on children and families: each of the estimated 97,764 investigations reported here represents an actual child who came into contact with one of the child welfare sites included in the CIS-2008. These families and children potentially benefitted from the supports and services which sampled child welfare agencies can offer; they were also potentially affected by the intrusiveness of the investigation process. Weighted counts are presented sparingly in this report; as represented in Figure 3-4, they appear in the footnotes for each Table.

Percentages – represent the proportion of the First Nations or non-Aboriginal investigations completed by sampled agencies during 2008 which met specified criteria. As explained in Figure 3-4, they describe the distribution of First Nations and non-Aboriginal investigations across different categories. Percentages are useful for understanding the prevalence of child/household/maltreatment characteristics and of service outcomes among the investigations conducted by child welfare agencies. They are the proper statistics to describe the profile and flow of investigations within the child welfare system. As described in Figure 3-5, however, they do not reflect differences in the underlying rates of investigations for First Nations and non-Aboriginal children and care must be taken in the interpretation of percentages presented in this report.

Incidence Rates – represent the number of investigations which were conducted during 2008, for every 1,000 First Nations or non-Aboriginal children living in the geographic areas served by sample agencies (see Figure 3-4). Conceptually, knowing the rate of First Nations investigations is analogous to knowing what percentage of all First Nations children living in the geographic in the areas served by sampled agencies were the subjects of child maltreatment investigations in 2008; however, the incidence rates reported here are per 1,000, rather than 100, children. Unlike the percentages presented in this report, which describe the distribution of investigations within the child welfare system, incidence rates reflect underlying disparities in the proportion of First Nations and non-Aboriginal children who enter (are investigated by) the child welfare system (see Figures 3-5a and b for additional discussion of the differences between the percentages and incidence rates presented in this report). Incidence rates were calculated by dividing the counts of First Nations investigations by 100,385, the weighted First Nations child population (aged 0 to 15) living in the geographic areas served by sites in the CIS-2008 sample. Equivalently, non-Aboriginal incidence rates were calculated by dividing the counts investigations by 2,494,840, the weighted non-Aboriginal child population (aged 0 to 15 living) in the areas served by sites in the CIS-2008 sample (Sinha and Leduc, 2011). First Nations and non-Aboriginal child population counts were generated using data from the 2006 census which, due to incomplete enumeration of some First Nations reserves and settlements, under-represents the number of First Nations people in Canada (Statistics Canada, 2008); see Appendix L for a description of the use of census data to calculate child populations and discussions of the potential implications for FNCIS-2008 results.

Statistical Significance Indicators – represent the level of confidence in reported differences between First Nations and non-Aboriginal investigations, given the sample size and study design. *** Indicates that a difference between the two groups is "very highly statistically significant." This corresponds to a p-value of .001 and means that, if the study were repeated 1,000 times, the values reported for First Nations and non-Aboriginal percentages/incidence rates on the variable of interest would differ in at least 999 of these repetitions. ** Indicates that a difference between the two groups is "highly statistically significant." This corresponds to a p-value of .01 and means that, if the study were repeated 100 times, the values reported for First Nations and non-Aboriginal percentages/incidence rates on the variable of interest would differ in at least 9 of the repetitions. * Indicates that a difference between the two groups is "statistically significant." This corresponds to a p-value of .05 and means that, if the study were repeated 20 times, the values reported for First Nations and non-Aboriginal percentages/incidence rates on the variable of interest would differ in at least 19 of the repetitions.

Understanding the Difference Between Percentages and Incidence Rates

Figures 3-5a and 3-5b explain, in more detail, the difference between the percentages and incidence rates presented in this report. Figure 3-5a presents interpretation of the data on unfounded child maltreatment investigations in order to demonstrate how the percentage of First Nations investigations in a category may be lower than the percentage of non-

Aboriginal investigations in the category even if the First Nations incidence rate for that category is higher than the non-Aboriginal investigation rate. The bottom row of boxes in Figure 3-5a shows that for every 1,000 First Nations children living in the geographic areas served by sampled agencies there were 33.3 unfounded child maltreatment investigations (investigations in which a worker concluded that a child had not been maltreated) in 2008. In contrast, there were 10.7 unfounded child maltreatment investigations for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies. Thus, the rate of unfounded child maltreatment investigations was more than three times higher for the First Nations population served by the sampled agencies than for the non-Aboriginal population served by the sampled agencies.

The top row of boxes in Figure 3-5a shows that 32% of the First Nations child maltreatment investigations conducted by sampled agencies were unfounded. That is to say that the rate of unfounded maltreatment investigations involving First Nations children in the areas served by sampled agencies (33.3) is equal to 32% of the total rate of First Nations child maltreatment investigations (102.8); 33.3=.32*102.8. In contrast, 43% of the non-Aboriginal child maltreatment investigations conducted by sampled agencies were unfounded. That is to say that the rate of unfounded maltreatment investigations involving non-Aboriginal children in the areas served by sampled agencies (10.7) is equal to 43% of the total rate of non-Aboriginal child maltreatment investigations (25.1); 10.7=.43*25.1. The percentage of First Nations child maltreatment investigations which are unfounded is lower than the percentage of non-Aboriginal child maltreatment investigations which are unfounded (32% vs. 43%) even though the rate of unfounded investigations is higher for First Nations served by sampled agencies than for non-Aboriginal children served by sampled agencies (33.3 vs. 10.7). The discrepancy in the pattern of percentages and incidence rates exists because incidence rates reflect underlying disparities in the proportion of First Nations and non-Aboriginal children who are the subjects of maltreatment investigations (102.8 per 1,000 First Nations children

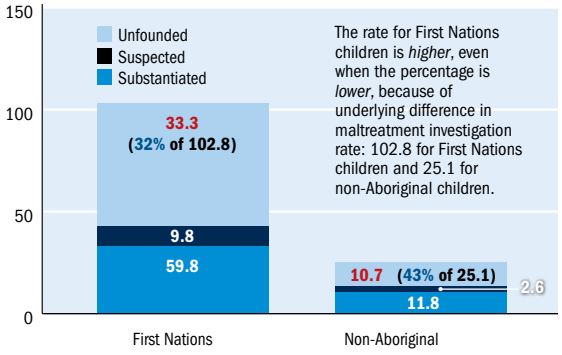
FIGURE 3-5a: The difference between percentages and incidence rates

***32%** of maltreatment investigations involving **First Nations** children which were conducted by sampled agencies in 2008 were unfounded.*

***43%** of maltreatment investigations involving **Non-Aboriginal** children which were conducted by sampled agencies in 2008 were unfounded.*

The proportion of First Nations maltreatment investigations which were unfounded was lower than the proportion of non-Aboriginal maltreatment investigations which were unfounded.

	First Nations Maltreatment Investigations		Non-Aboriginal Maltreatment Investigations	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations
Unfounded	33.3	32%	10.7	43%
Suspected	9.8	10%	2.6	10%
Substantiated	59.8	58%	11.8	47%
Total	**102.8**	**100%**	**25.1**	**100%**



*For every 1,000 **First Nations** children living in the geographic areas served by sampled agencies there were **33.3** unfounded maltreatment investigations in 2008.*

*For every 1,000 **Non-Aboriginal** children living in the geographic areas served by sampled agencies there were **10.7** unfounded maltreatment investigations in 2008.*

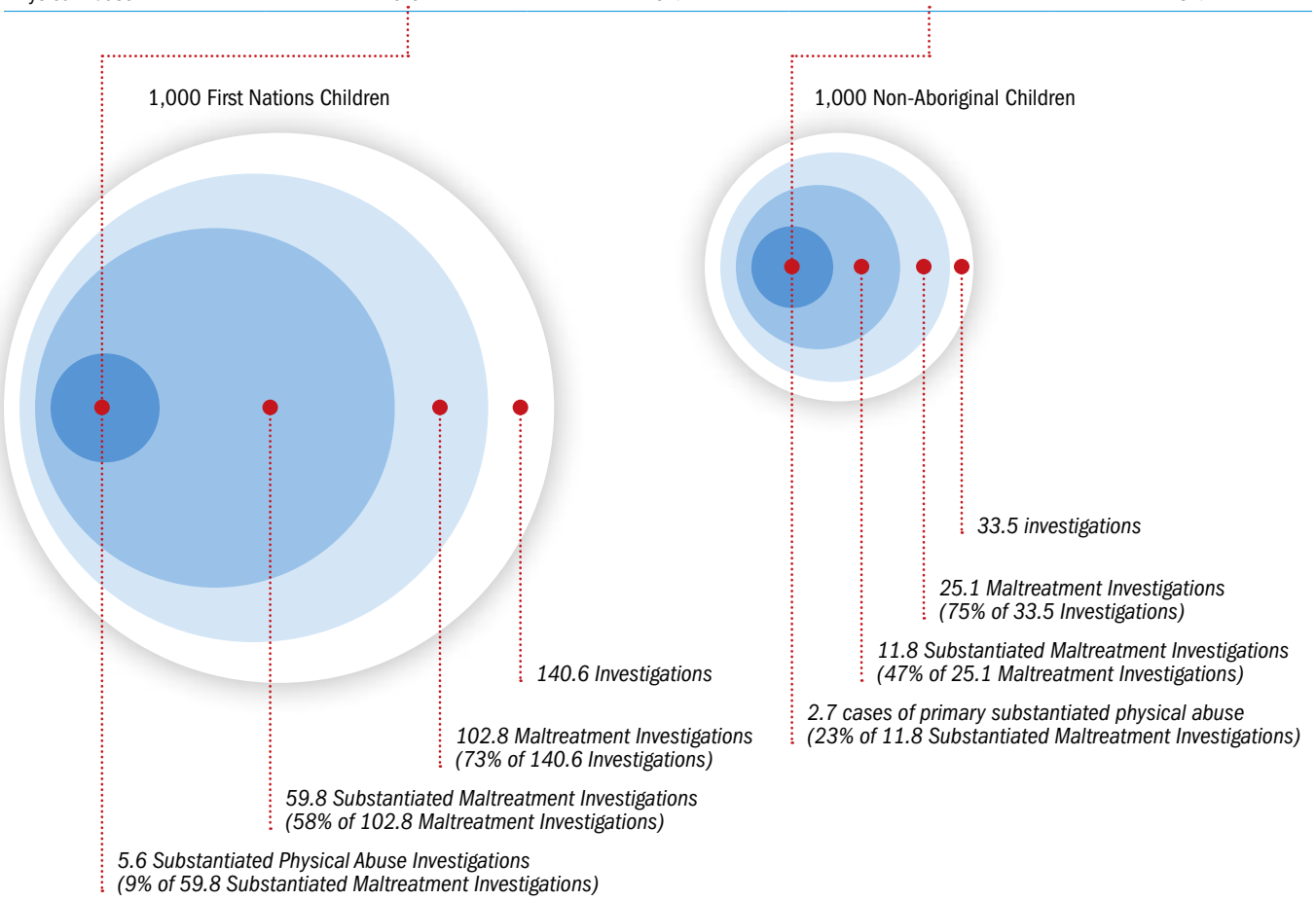
The rate of unfounded maltreatment investigations was more than 3 × higher for the First Nations population served by sampled agencies than for the non-Aboriginal population served by sampled agencies.

living in areas served by sampled agencies vs. 25.1 per 1,000 non-Aboriginal children living in areas served by sampled agencies), while percentages do not.

Figure 3-5b describes the compounding of differences between incidence rates and percentages across different subgroups of investigations examined in this report. The group of nested circles on the left represents investigations involving First Nations children. In 2008, there were 140.6 child maltreatment-related investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies. Of these 140.6 investigations, 102.8, or 73% were maltreatment investigations (the remaining 27% were risk investigations). Of the 102.8 maltreatment investigations, 59.8, or 58% were substantiated. Of these 59.8 substantiated investigations, 5.6, or 9%, involved the physical abuse as the primary form of maltreatment. The group of nested circles on the right represents investigations involving non-Aboriginal children. In 2008, there were 33.5 child maltreatment-related investigations for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies. Of these 33.5 investigations, 25.1, or 75% were maltreatment investigations. Of these 25.1 maltreatment investigations, 11.8, or 47% were substantiated. Of these 11.8 substantiated investigations, 2.7, or 23%, involved the physical abuse as the primary form of maltreatment. The contrast in patterns for percentages and incidence rates reflects the fact that, while the denominator used to calculate incidence rates remains constant across the nested circles in figure 3-5b, the denominator used to calculate percentages changes.

FIGURE 3-5b: The difference between percentages and incidence rates

	Substantiated First Nations Child Investigations		Substantiated Non-Aboriginal Child Investigations	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations
Physical Abuse	5.6	9%	2.7	23%



ETHICS

As described in detail in Chapter 2, the FNCIS-2008 was shaped by three overlapping concerns: adherence to OCAP principles, protection of research participant anonymity and respect for the strengths and limitations of the CIS design. The CIS-2008 data collection and data-handling protocols/procedures were designed to address these primary concerns. Data collection and handling protocols/procedures were reviewed and approved by McGill University, the University of Toronto, and the University of Calgary Ethics Committees. Written permission for participating in the data collection process was obtained from the Provincial/Territorial Directors of Child Welfare as well as from the administrators or directors of each participating child welfare site. The study was also evaluated by ethics review committees of participating sites or First Nations communities which had independent ethics review processes.

The study utilized a case file review methodology. Case files are the property of the delegated site or regional child welfare authority. Therefore, the permission of the site was required in order to access case files. Confidentiality of case and participant information, including worker and site identities, was maintained throughout the process. No directly identifying information was collected on the data collection instrument. The *Intake Face Sheet* collected near identifying information about the children including their first names and ages, but all names were blacked out before data collection instruments were removed from the child welfare site. The tear-off portion of the *Intake Face Sheet* had a space for the file/case number that the site assigned and the study number the CIS-2008 site researchers assigned; the tear-off portion also provided space for the first two letters of the family surname. This information was used for only verification purposes; tear-off portions of intake face sheets were left at participating sites and destroyed at the close of the data verification period.

The data collection instruments (which contained no directly-identifying information) were either scanned into an electronic database at the Universities of Toronto or McGill, or uploaded from encrypted CDs or flash drives. At both the University of Toronto and McGill University, the resulting electronic data was stored on a locked, password-protected hard drive in a locked office and on a CD stored in a locked cabinet off-site. Only those University of Toronto and McGill University research personnel with security clearance from the Government of Canada had access to this information through password-protected files. All paper data collection instruments were archived in secure filing cabinets within locked offices.

LIMITATIONS OF THE FNCIS-2008

Although every effort was made to make the FNCIS-2008 estimates as precise and reliable as possible, several limits of the study and of the data collected by CIS-2008 must be taken into consideration:

- The study involved **purposive, rather than random, selection of First Nations agencies**. Accordingly, the results presented here are not nationally representative. They apply only to the agencies included in the CIS-2008 sample.
- **Data were only collected for "new investigations."** The exclusion of cases which were dealt with in a preventative fashion, were not subjected to formal investigation, or involved investigations on already open files may result in an underestimation of the work done by First Nations agencies.
- Because of the large sample of First Nations sites, the use of normalized weights and the inclusion of risk investigations, **data in this report cannot be directly compared to data from prior cycles of the CIS.**
- The weights used to derive annual estimates include counts of children investigated more than once during the year, therefore **the unit of analysis for the weighted estimates is a child investigation**;
- The weights used to derive annual estimates account for seasonal fluctuation in the number of investigations conducted by agencies, but **annual estimates cannot account for seasonal fluctuation in investigation type or in other variables.**
- The CIS tracks **information during the first 6 weeks**; data on case dispositions such as out-of-home placements and applications to court, included only those events that occurred during the initial investigation period. In addition, maltreatment and/or harm which was disclosed or discovered after the initial investigation period is not represented in CIS data; it is likely that this results in an underestimation of those categories of maltreatment which, like sexual abuse, are more likely to be reported post-investigation.
- The CIS **only tracks reports investigated by child welfare** sites; it does not include reports that

were screened out, cases that were investigated only by the police, or cases that were never reported.

- The study is based on assessments provided by the investigating child welfare workers, which **cannot be independently verified**.
- As discussed in Appendix L, the 2006 census data, which was used in the creation of incidence estimates likely under-represents the First Nations child population served by sampled agencies, resulting in some **overestimation of the rate of investigations** involving First Nations children; the extent of this overestimation cannot be determined.

Chapter 4
CHARACTERISTICS OF CHILDREN AND CAREGIVERS

This chapter presents data on the estimated numbers and rates of investigations, involving First Nations and non-Aboriginal children, which were conducted by the child welfare agencies included in the CIS-2008 sample during 2008.[1] It also describes characteristics of the children and caregivers involved in these investigations. Data is presented in this chapter for an estimated 97,764 new child welfare investigations conducted by sampled agencies during 2008. These include all new investigations in which workers assessed the evidence that a child (aged 0 to 15) experienced an incidence of child abuse or neglect (maltreatment investigations). They also include all those new investigations in which workers had no reason to suspect a child had already been abused or neglected, but in which they sought to determine whether or not a child faced significant risk of future maltreatment (risk investigations). Accordingly, these data provide a portrait of caregivers and children who potentially benefitted from the supports and services which sampled child welfare agencies can offer and were also potentially affected by the intrusiveness of the investigation process.

The data collection methods, sampling design, and weighting procedures specific to the study must be considered before inferences are drawn from the estimates presented in this chapter. The CIS-2008 asked investigating child welfare workers to provide information about assessments made only during the first four to six weeks of new investigations conducted by sampled child welfare agencies; these worker assessments cannot be independently verified. In addition, the data presented here do not include maltreatment-related situations which were not reported to child welfare agencies, reports which were screened out prior to opening of an investigation, new reports on cases already open in the child welfare system, or information about post-investigation outcomes or disclosures. All data presented in this chapter are weighted estimates. The unit of analysis for the weighted estimates is a child investigation (rather than a unique child), and the annual estimates do not account for seasonal fluctuation in investigation type or in other variables. Finally, because of the purposive (rather than random) selection of First Nations agencies and changes in study methods, data in this report cannot be used to create national estimates of First Nations investigations, cannot be directly compared to data from prior cycles of the CIS, and cannot be generalized beyond the agencies included in the CIS-2008 sample. (See Chapter 3 for additional discussion of study methods and limitations.)

In the population served by sampled agencies, the rate of investigations involving First Nations children was higher than the rate of investigations involving non-Aboriginal children. Sampled agencies conducted an estimated 14,114 investigations involving First Nations children and 83,650 investigations involving non-Aboriginal children in 2008. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 140.6 child maltreatment-related investigations in 2008. In contrast, for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 33.5 child maltreatment-related investigations. For the population served by sampled agencies, the rate of investigations involving First Nations children was 4.2 times the rate of non-Aboriginal investigations. This four-fold disparity in initial investigation rates means that, even when the *percentage* of First Nations investigations in a specific category is much *smaller* than the percentage of non-Aboriginal investigations, the *incidence rate* for investigations in the specific category may be much *higher* for the First Nations population served by sampled agencies than for the non-Aboriginal population served.

1 The findings and interpretations presented in this chapter are products of the FNCIS-2008. They result from the collective efforts of the CIS-2008 research team and the FNCIS-2008 advisory committee to analyze and interpret the data on investigations involving First Nations children which were collected by the CIS-2008.

Indeed, First Nations incidence rates are significantly higher than non-Aboriginal incidence rates in virtually every sub-category of investigation examined in this report. Chapter 3 of this report (Figures 3-4, 3-5a, and 3-5b in particular) gives additional information on interpretation of percentages and incidence rates.

Data about investigated children's ages, presented in Table 4-2, indicate that one-third of First Nations investigations involved children under the age of three; 10% involved children less than one year of age and 23% involved children aged 1 to 3. The percentage of First Nations investigations involving very young children, aged 0 to 3, is higher than the percentage of non-Aboriginal investigations (33% vs. 25%). Because of the complete dependence of infants and young children on caregivers and the critical developmental milestones which occur during the early childhood period, maltreatment is considered particularly damaging for young children.

Table 4-3 presents information about the child functioning concerns which workers confirmed or suspected during the investigation period. In the majority of investigations conducted by sampled agencies, workers did not note any child functioning concerns (63% of investigations involving First Nations children and 62% of investigations involving non-Aboriginal children). One child functioning concern was noted in 11% of investigations involving First Nations children and 13% of non-Aboriginal investigations; multiple child functioning concerns were noted in 26% of First Nations investigations and 25% of investigations involving non-Aboriginal children. The most commonly noted child functioning concern in the investigations involving First Nations children which were conducted by sampled agencies was academic difficulties (18% of investigations); this was followed by depression/anxiety/withdrawal (13%), and then by aggression, intellectual/developmental disability and attachment issues (11% each).

The discrepancy in the age profiles of investigated First Nations and non-Aboriginal children makes it difficult to interpret data comparing child functioning concerns noted in the First Nations and non-Aboriginal investigations conducted by sampled agencies. Some of the child functioning concerns included on the CIS-2008 data collection instrument are more likely to be noted as children age and, as a result, are less likely to be noted for the young children who were the subjects of a large proportion of First Nations investigations. Accordingly, further analyses, comparing First Nations and non-Aboriginal children of similar ages, are required in order to determine the true differences in child functioning concerns. Disparities in age profiles notwithstanding, some differences in child functioning concerns identified in First Nations and non-Aboriginal investigations are notable. Concerns about FAS/FAE were noted in 8% of First Nations investigations and 1% of non-Aboriginal investigations; it is unlikely that this pronounced difference will be rendered statistically insignificant by analyses which control for age. In addition, given the nature of the difference in First Nations and non-Aboriginal age profiles, differences in the following child functioning concerns are likely to be more pronounced in analyses which control for age: multiple incidents of running away (noted in 6% of First Nations investigations and 3% of non-Aboriginal investigations), child/youth alcohol abuse (5% vs. 2%), and drug/solvent abuse (5% vs. 3%).

CIS-2008 collected information on up to two caregivers living in the home with investigated children. Tables 4-4 and 4-5 present data on investigated children's relationships to their primary male and female caregivers. In total, workers identified at least one female caregiver in 95% of First Nations investigation, and the vast majority of First Nations investigations (84%) involved children whose primary female caregivers were their biological mothers. In contrast, workers identified at least one male caregiver in 54% of First Nations investigations; and the child's biological father was identified as the primary male caregiver in 35% of First Nations investigations. This data on caregivers' relationships to investigated children is difficult to interpret because, in order to limit the burden placed on workers who participated in the study, the CIS-2008 allowed workers to provide information about a maximum of two caregivers living in the home. Accordingly, the relatively low percentage of male caregivers identified may reflect an absence of adult males playing caregiving roles within the household, but it may also reflect the presence of multiple female caregivers in the household. Further analysis is needed to disentangle these two possibilities.

In comparison with non-Aboriginal investigations, a smaller proportion of First Nations investigations involved biological mothers (84% vs. 89%) and biological fathers (35% vs. 46%) as primary caregivers. In addition, in comparison with non-Aboriginal investigations conducted by the sampled agencies, a larger proportion of First Nations investigations involved households in which neither the primary nor second caregiver (when two caregivers were identified) was male (46% vs. 36%). In contrast, a

larger proportion of First Nations than non-Aboriginal investigations involved grandparents, foster parents and "other" caregivers. Again, this data is difficult to interpret because the CIS-2008 data collection instrument limited workers to identification of two caregivers living in the home. Accordingly, these patterns may reflect a relative absence of biological parents and male caregivers in the households of investigated First Nations children. However, they may also reflect the presence of multiple adult care givers in the household, combined with First Nations customary care traditions which emphasize extended family and communal responsibility for care of children. Further research is needed to disentangle these possibilities. In addition, because the CIS-2008 data collection instrument limited workers to providing information on caregivers *living in the home with an investigated child*, this data may underestimate the caregiving resources for First Nations children with extended family and community members living outside the home who provide care.

Tables 4-6 and 4-7 present data on risk factor concerns which workers noted for primary male and female caregivers. Workers were asked to complete a risk factor checklist indicating whether they confirmed or suspected nine risk factors commonly assessed by workers during a four to six week long initial investigation; these assessments could not be independently verified. Multiple risk factor concerns were noted for female caregivers in 56% of First Nations investigations conducted by sampled agencies; one concern was noted in 21% of First Nations investigations and no concerns were noted in 23% of First Nations investigations. Similarly, multiple risk factors were noted for male caregivers in 54% of First Nations investigations; one concern was noted in 18% of investigations and no concerns were noted in 28% of investigations. In comparison with non-Aboriginal investigations, concerns about multiple female caregiver risk factors were noted in a larger proportion of First Nations investigations (56% vs. 34%); concerns about multiple male caregiver risk factors were also noted in a larger proportion of investigations (54% vs. 29%).

For primary female caregivers in First Nations investigations conducted by sampled agencies, the most commonly noted risk factor concerns were: being a victim of domestic violence (43%), alcohol abuse (40%), having few social supports (37%) and drug/solvent abuse (25%). For primary male caregivers in First Nations investigations, the most commonly noted risk factor concerns were: alcohol abuse (47%), perpetration of domestic violence (43%), drug/solvent abuse (30%) and having few social supports (28%). In comparison with non-Aboriginal investigations conducted by sampled agencies, workers identified concerns about alcohol abuse, drug/solvent abuse, few social supports, and domestic violence (victimization of female caregivers, and both perpetration and victimization for male caregivers) in a greater proportion of First Nations investigations. In addition, workers suspected or confirmed that caregivers had histories of being in foster care or group homes in a much higher proportion of First Nations than non-Aboriginal investigations. Concerns about primary female caregivers' histories of foster care/group home were noted in 13% of First Nations investigations and 5% of non-Aboriginal investigations; concerns about primary male caregivers' histories of foster care/group home were noted in 8% of First Nations investigations involving male caregivers and 4% of non-Aboriginal investigations.

Collectively, the data presented in this chapter speak to the complex needs of the First Nations children and families investigated by the sampled agencies. While the proportions of First Nations and non-Aboriginal investigations in which multiple child functioning concerns were identified were very similar, multiple caregiver risk factors were identified in a much larger proportion of First Nations investigations. Thus, data presented in this chapter suggest that the profiles of caregivers involved in First Nations investigations at least partially explain the disproportionate rate of investigations involving First Nations children in the areas served by sampled agencies. While caregiver risk factor data provides only a partial portrait of the factors which shape the experiences of the children investigated by sampled agencies,[2] the pattern in this data is clear and pronounced: many of the First Nations families investigated by sampled agencies faced multiple challenges to their abilities to provide the physical, social and emotional assets which foster healthy child development. The challenges faced by these caregivers of investigated First Nations children included domestic violence, social isolation and substance abuse, all of which can impede caregivers' abilities to protect and nurture children. In addition, the relatively high proportion of First Nations caregivers whom workers identified as having histories of living

2 In keeping with child welfare investigative practices which prioritize assessment of risks, FNCIS-2008 did not collect data on the protective factors which may foster resilience, allowing children to experience healthy development despite the presence of adverse factors.

TABLE 4-1: Child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Total Investigations	140.6	100%	33.5	100%	***	–

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pgs 45–48 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

in foster care or group homes serves as a reminder of the historical context which frames the experiences of First Nations children and families. Though CIS-2008 data cannot establish how many caregivers of investigated First Nations children may have experienced direct or intergenerational effects of the Sixties Scoop or residential schools, the data presented here cannot be properly interpreted without recognition of the ongoing implications of the historic pattern of mass removal of First Nations children from their homes and communities.

CHILD MALTREATMENT-RELATED INVESTIGATIONS

Table 4-1 describes the estimated numbers and rates of child maltreatment-related investigations, involving First Nations and non-Aboriginal children, which were conducted by sampled agencies in 2008. The counts and incidence rates presented in Table 4-1 include all investigations which focused on assessing whether a specific reported/suspected incident of child maltreatment occurred (maltreatment investigations) and all investigations which focused solely on assessing whether or not a child was at significant risk of future child maltreatment (risk investigations). They do not include cases that were screened out, cases that were investigated only by the police, or cases of child maltreatment that were never reported.

The agencies included in the CIS-2008 sample conducted an estimated 97,764 child maltreatment-related investigations in 2008; 14,114 investigations involving First Nations children and 83,650 investigations involving non-Aboriginal children. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 140.6 maltreatment-related investigations in 2008; for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies there were 33.5 investigations in 2008. In the population served by sampled agencies, the rate of investigations for First Nations children was 4.2 times that for non-Aboriginal children.

CHILD AGE

Table 4-2 describes the investigations involving First Nations and non-Aboriginal children, which were conducted by sampled agencies in 2008, by the ages of investigated children. It presents the percentages of First Nations and non-Aboriginal investigations which involved children in different age categories; it also presents the rates per 1,000 First Nations or non-Aboriginal children *within each age category*.[3] Of the investigations involving First Nations children, 10% focused on children of less than 1 year of age; for every 1,000 First Nations children under the age of one who lived in the geographic areas served by sampled agencies, there were 228.2 investigations in 2008. In addition, 23% of First Nations investigations involved children between the ages of 1 and 3 (189.8 investigations per 1,000 First Nations children, aged 1 to 3, who lived in the geographic areas served by sampled agencies), 24% involved children aged 4 to 7 (140.9 per 1,000 First Nations children aged 4 to 7 who lived in the geographic areas served by sampled agencies), 21% involved children aged 8 to 11 (115.4 per 1,000 First Nations children aged 8 to 11 who lived in the geographic areas served by sampled agencies) and 23% involved children between the ages of 12 and 15 (114.9 per 1,000 First Nations children aged 12 to 15 who lived in the geographic areas served by sampled agencies).

3 Because the incidence rates in this table are calculated by dividing the number of First Nations or non-Aboriginal investigations involving children within a specific age category by the population of First Nations or non-Aboriginal children in the same age category, (rather than dividing by a constant which represents the total, First Nations or non-Aboriginal, child population), the incidence rates presented in each row do not sum to equal the total incidence rate provided in the final (Total, 0–15 Years of Age) row.

Of the investigations involving non-Aboriginal children, 7% focused on children of less than 1 year of age; for every 1,000 non-Aboriginal children under the age of one who lived in the areas served by sampled agencies, there were 42.1 investigations in 2008. An additional 18% of non-Aboriginal investigations involved children between the ages of 1 and 3 (35.4 per 1,000 non-Aboriginal children, aged 1 to 3, who lived in the geographic areas served by sampled agencies). Each of the remaining age categories represented roughly 25% of non-Aboriginal investigations. In 2008, there were 36 investigations for 1,000 non-Aboriginal children aged 4 to 7, 32.6 investigations per 1,000 non-Aboriginal children aged 8 to 11, and 29.7 investigations per every 1,000 non-Aboriginal children aged 12 to 15, who lived in the geographic areas served by sampled agencies.

In comparison with non-Aboriginal investigations, a greater proportion of First Nations investigations involved young children under the age of 4 (33% of First Nations investigations vs. 25% non-Aboriginal investigations) and a lesser proportion involved children aged 8 to 15 (44% of First Nations investigations vs. 50% of non-Aboriginal investigations). Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in all age categories.

DOCUMENTED CHILD FUNCTIONING CONCERNS

The child functioning checklist (see Appendix E and definitions below) was developed in consultation with child welfare workers and researchers; it reflects the types of concerns that may be identified during an initial, four to six week investigation period. The checklist is not a validated measurement instrument for which population norms have been established. It documents only child functioning issues that are known to investigating child welfare workers and, therefore, may undercount the occurrence of some child functioning problems. In addition, data collected by the study do not capture child functioning issues that may have been observed, disclosed, or suspected after the close of the initial investigation.

Workers were asked to indicate all child functioning issues that had been confirmed by a diagnosis, directly observed by the investigating worker or another worker, or disclosed by the parent or child; they were also asked to indicate 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. Items were rated on a 4-point scale: "confirmed," "suspected," "no" and "unknown" child functioning concern. A child functioning concern was classified as "confirmed" if a problem had been diagnosed, observed by the worker or another worker, or disclosed by the caregiver or child. An issue was classified as "suspected" if worker's suspicions were sufficient to include the concern in their written assessment of the family or in a transfer summary to a colleague. For

TABLE 4-2: Child age in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Less Than One Year of Age	228.2	10%	42.1	7%	***	**
1–3 Years of Age	189.8	23%	35.4	18%	***	**
4–7 Years of Age	140.9	24%	36.0	25%	***	
8–11 Years of Age	115.4	21%	32.6	25%	***	***
12–15 Years of Age	114.9	23%	29.7	25%	***	
Total (0–15 Years of Age)	140.6	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 45–48 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

the purposes of the present report, the categories of "confirmed" and "suspected" have been collapsed into a "concern noted" category; the "no" and "unknown" categories have also been collapsed into a single, "no concern noted" category.

Child functioning in physical, emotional, cognitive, and behavioural domains was documented with a checklist that included the following items:

Depression/Anxiety/Withdrawal: Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.

Suicidal Thoughts: The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.

Self-Harming Behaviour: Includes high-risk or life-threatening behaviour, suicide attempts or physical mutilation or cutting.

ADD/ADHD: Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder 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 levels of development. Symptoms are frequent and severe enough to have a negative impact on children's lives at home, at school, or in the community.

Attachment Issues: The child does not have a 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.

Aggression: Behaviour directed at other children or adults that includes hitting, kicking, biting, fighting, bullying others or violence to property at home, at school, or in the community.

Running (multiple incidents): Has run away from home (or other residence) on multiple occasions for at least one overnight period.

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 drawing and/or descriptions, sophisticated or unusual sexual knowledge, or prostitution or seductive behaviour.

***Youth Criminal Justice Act* Involvement:** Charges, incarceration, or alternative measures within the Youth Justice system.

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's syndrome, autism, or Asperger's syndrome).

Failure to Meet Developmental Milestones: The child is not meeting development milestones for a non-organic reason.

Academic Difficulties: Include learning disabilities that are usually identified in schools, as well as any special education program for learning difficulties, special needs, or behaviour problems. Children with learning disabilities have normal or above-normal intelligence, but also have deficits in one or more areas of mental functioning (e.g., language use, numbers, reading, work comprehension).

Fetal Alcohol Syndrome/Fetal Alcohol Effects (FAS/FAE): 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.

Positive Toxicology at Birth: A toxicology screen for a newborn is positive for the presence of drugs or alcohol.

Physical Disability: 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/hearing impairment that noticeably affects activities of daily living.

Alcohol Abuse: Problematic consumption of alcohol (consider age, frequency, and severity).

Drug/Solvent Abuse: Include prescription drugs, illegal drugs, and solvents.

Other: Any other conditions related to child functioning.

Table 4-3 describes the number and nature of child functioning concerns that workers noted in the investigations involving First Nations and non-Aboriginal children which were conducted by sampled agencies in 2008. No child functioning concerns were noted in the majority of First Nations investigations (63%); for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 87.9 investigations in which workers did not note any child functioning concerns in 2008. One child functioning concern was noted in 11% of First Nations investigations (15.9 investigations per 1,000 First Nations children living in the geographic areas

served by sampled agencies) and multiple concerns were noted in 26% of First Nations investigations (36.8 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies).

Similarly, no child functioning concerns were noted in the majority of non-Aboriginal investigations (62%); for every 1,000 non-Aboriginal children living in the geographic areas served by the sampled child welfare agencies, there were 20.9 investigations in which workers did not note any child functioning concerns in 2008. One child functioning concern was noted in 13% of non-Aboriginal investigations (4.4 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies) and multiple concerns were noted in 25% of non-Aboriginal investigations (8.2 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). There were no statistically significant differences between the percentages of First Nations and non-Aboriginal investigations in each category. However, given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in all three categories.

Academic difficulties were the most commonly noted child functioning concern in First Nations investigations conducted by sampled agencies in 2008; concerns about academic difficulties were noted in 18% of investigations involving First Nations children (24.7 investigations per 1,000 First Nations children living in the geographic areas served by the sampled agencies). The next most commonly noted concern in First Nations investigations was depression/anxiety/withdrawal, which was noted in 13% of investigations (17.8 investigations per 1,000 First Nations children living in the geographic areas served by the sampled agencies). These concerns were followed closely by aggression (11%), intellectual/developmental disability (11%), attachment issues (11%), failure to meet developmental milestones (9%) and FAS/FAE (8%).

Academic difficulties were also the most commonly noted child functioning concern in the non-Aboriginal investigations conducted by sampled agencies in 2008; 19% of non-Aboriginal investigations (6.3 investigations per 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies). Depression/anxiety/withdrawal was the second most commonly noted concern; it was noted in 14% of non-Aboriginal investigations (4.6 investigations per 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies). Aggression was the third most commonly noted concern for non-Aboriginal investigations (12%); this was followed by attachment issues (9%), ADD/ADHD (9%) and failure to meet intellectual/developmental disability (9%).

The discrepancy in age profiles makes it difficult to interpret comparisons between the child functioning concerns noted in First Nations and non-Aboriginal investigations. Table 4-3 indicates that the percentage of First Nations investigations in which concerns were noted was significantly higher than the percentage of non-Aboriginal investigations for the following child functioning concerns: intellectual/developmental disability, running away – multiple incidents, failure to meet developmental milestones, FAS/FAE, positive toxicology at birth, physical disability, alcohol abuse, and drug/solvent abuse. The percentage of First Nations investigations in which concerns were noted was significantly lower than the percentage of non-Aboriginal investigations for the following child functioning concerns: ADD/ADHD, and "other" child functioning concerns. There were no significant differences in the percentages of First Nations and non-Aboriginal investigations in which workers noted concerns about: academic difficulties, depression/anxiety/withdrawal, aggression, attachment issues, self-harming behaviour, inappropriate sexual behaviour, suicidal thoughts, or youth criminal justice act involvement. Because some of these child functioning concerns are more likely to manifest or be discovered as children age, they are less likely to be noted for the young children who were the subjects of a large proportion of First Nations investigations. Accordingly, further analysis is required to in order to determine whether the differences identified in Table 4-2 persist, and whether additional differences are observed when comparisons are limited to investigations involving children in narrower age groups.

Disparities in age profiles notwithstanding, some differences in the child functioning concerns noted in First Nations and non-Aboriginal investigations conducted by sampled agencies are notable. Concerns about FAS/FAE were noted in 8% of First Nations investigations and 1% of non-Aboriginal investigations; it is unlikely that this pronounced difference will be rendered statistically insignificant by analyses which control for age. In addition, given the nature of the difference in First Nations

TABLE 4-3: Noted child functioning concerns in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
No Child Functioning Concerns Noted	87.9	63%	20.9	62%	***	
One Concern Noted	15.9	11%	4.4	13%	***	
Multiple Concerns Noted	36.8	26%	8.2	25%	***	
Total	140.6	100%	33.5	100%	***	
Noted Child Functioning Concerns						
Academic Difficulties	24.7	18%	6.3	19%	***	
Depression/ Anxiety/Withdrawal	17.8	13%	4.6	14%	***	
Aggression	16.2	11%	4.1	12%	***	
Intellectual/ Developmental Disability	15.7	11%	3.0	9%	***	*
Attachment Issues	15.3	11%	2.9	9%	***	
Failure To Meet Developmental Milestones	12.4	9%	2.0	6%	***	**
FAS/FAE	11.3	8%	0.4	1%	***	***
ADD/ADHD	9.4	7%	3.2	9%	***	**
Running (Multiple Incidents)	8.4	6%	0.9	3%	***	***
Drug/Solvent Abuse	7.2	5%	0.9	3%	***	**
Alcohol Abuse	6.7	5%	0.6	2%	***	***
Self-Harming Behaviour	4.6	3%	1.4	4%	***	
Inappropriate Sexual Behaviour	4.6	3%	1.1	3%	***	
Suicidal Thoughts	4.6	3%	1.0	3%	***	
Youth Criminal Justice Act Involvement	3.6	3%	0.6	2%	***	
Positive Toxicology At Birth	3.5	2%	0.2	1%	***	***
Physical Disability	3.4	2.4%	0.5	1.5%	***	*
Other Child Functioning	2.9	2%	1.2	3%	**	*

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 45–48 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

TABLE 4-4: Relationship to primary female caregiver in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Biological Parent	117.8	84%	29.9	89%	***	**
Parent's Partner	3.0	2%	0.9	3%	***	
Foster Parent	2.2	2%	0.1	0.4%	*	*
Adoptive Parent	1.1	1%	0.2	0.6%		
Grandparent	6.7	5%	0.6	2%	***	***
Other Caregiver	3.0	2%	0.3	1%	***	**
No Female Caregiver	6.7	5%	1.5	5%	***	
Total	140.5	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on female caregiver relationship to child were available for an estimated 14,101 First Nations and 83,606 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 45–48 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

and non-Aboriginal age profiles, differences in the following child functioning concerns are likely to be more pronounced in analyses which control for age: multiple incidents of running away (noted in 6% of First Nations investigations and 3% of non-Aboriginal investigations), child/youth alcohol abuse (5% First Nations investigations vs. 2% non-Aboriginal), and drug/solvent abuse (5% vs. 3%).

CAREGIVERS' RELATIONSHIPS TO THE CHILD

The CIS-2008 gathered information on up to two caregivers living in the home with investigated children.[4] Workers were instructed to identify a "primary caregiver" and a "second caregiver." They were also asked to describe the relationship between each caregiver and each child in the home. Workers characterized these relationships by selecting from the following categories: biological parent, parent's partner, foster parent, adoptive parent, grandparent, or "other caregiver." If household changes recently occurred, workers were asked to describe the situation at the time the referral was made. Table 4-4 gives the relationship between the investigated child and his/her primary female caregiver; for cases in which two female caregivers were identified, it presents the relationship between the investigated child and the primary caregiver. Table 4-5 gives the relationship between the investigated child and his/her male caregiver; for cases in which two male caregivers were identified, it presents the relationship between the investigated child and the primary caregiver.

Table 4-4 gives the relationships of the primary female caregivers to the First Nations and non-Aboriginal children in investigations conducted by sampled agencies in 2008. Biological mothers were the primary female caregivers in 84% of First Nations investigations conducted by sampled agencies; for every 1,000 First Nations children living in the geographic areas served by the sampled agencies, there were 117.8 child welfare investigations in which the biological mother was identified as the primary female caregiver. Grandmothers were identified as the primary female caregivers in 5% of First Nations investigations. A "parent's partner," "foster parent," or "other" caregiver were each identified as the primary female caregiver in 2% of First Nations investigations. In 5% of First Nations investigations, neither the primary nor the second caregiver (when two were identified) was female.

The biological mother of the investigated child was identified as the primary female caregiver in 89% of non-Aboriginal investigations; for every 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies, there were 29.9 child welfare investigations in which the biological mother was identified as the primary female caregiver in 2008. A parent's partner was identified as the primary female caregiver in 3% of

4 The two-caregiver limit was required to accommodate the form length restrictions set for the household information sheet.

non-Aboriginal investigations and a grandmother was identified as primary female caregiver in 2% of investigations. No female caregiver was identified in 5% of non-Aboriginal investigations.

In comparison with non-Aboriginal investigations, a lesser proportion of First Nations investigations involved biological mothers as primary female caregivers (84% vs. 89%) and a greater proportion involved grandmothers (5% vs. 2%), other caregivers (2% vs. 1%), and foster parents (2% vs. .4%) as primary female caregivers. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in every category of female caregiver relationship except "adoptive parent."

Table 4-5 gives the relationships of the primary male caregivers to First Nations and non-Aboriginal children in the investigations conducted by sampled agencies in 2008. The biological father of the investigated child was identified as the primary male caregiver in 35% of First Nations investigations; for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 49.6 investigations involving a biological father as a primary male caregiver in 2008. A parent's partner was identified as the primary male caregiver in 14% of First Nations investigations. A grandfather was identified as the primary male caregiver in 2% of First Nations investigations and an "other" caregiver was identified in another 2% of First Nations investigations. In 46% of First Nations investigations, neither the primary nor the second caregiver (when two were identified) was male. The relatively low percentage of male caregivers identified may reflect an absence of adult males playing caregiving roles within the household, but it may also reflect worker decisions to provide information about two female caregivers in the household rather than providing information for a male caregiver. Further analysis is needed to disentangle these two possibilities.

The biological father of the investigated child was identified as the primary male caregiver in 46% of non-Aboriginal investigations; for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 15.4 investigations involving a biological father as a primary male caregiver in 2008. A parent's partner was identified as the primary male caregiver in 15% of non-Aboriginal investigations. A grandfather, adoptive father, or "other" caregiver were each identified as the primary male caregiver in 1% of non-Aboriginal investigations. In 36% of non-Aboriginal investigations, neither the primary nor the second caregiver (when two were identified) was male. The relatively low percentage of male caregivers identified may reflect an absence of adult males playing caregiving roles within the household, but it may also reflect worker decisions to provide information about two female caregivers in the household rather than providing information for a male caregiver. Further analysis is needed to disentangle these two possibilities.

TABLE 4-5: Relationship to primary male caregiver in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Biological Parent	49.3	35%	15.4	46%	***	**
Parent's Partner	19.6	14%	5.1	15%	***	
Foster Parent	1.3	1%	0.1	0.3%	*	*
Adoptive Parent	0.3	0.2%	0.2	1%		
Grandparent	2.6	2%	0.4	1%	***	*
Other Caregiver	2.7	2%	0.3	1%	***	**
No Male Caregiver	64.1	46%	12.0	36%	***	***
Total	140.0	100%	33.4	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on male caregiver relationship to child were available for an estimated 14,050 First Nations and 83,343 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 45–48 for contextualized summary of chapter findings. Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

In comparison with non-Aboriginal investigations, a greater proportion of First Nations investigations conducted by sampled agencies in 2008 involved households in which neither of the two caregivers about whom workers provided information was male (46% vs. 36%). In comparison with non-Aboriginal investigations conducted by sampled agencies, a greater proportion of First Nations investigations also involved households with primary male caregivers who were "other caregivers" (2% vs. 1%), grandfathers (2% vs. 1%), or foster fathers (1% vs. .3%). In contrast, in comparison with non-Aboriginal investigations, a smaller proportion of First Nations investigations involved male caregivers who were the biological fathers of investigated children (35% vs. 46%). Given the underlying disparity in investigation rates for First Nations and non-Aboriginal children, First Nations incidence rates were significantly higher than non-Aboriginal incidence rates in every category of male caregiver relationship except "adoptive parent."

CAREGIVER RISK FACTORS

A checklist of caregiver risk factors (see Appendix E and definitions below) was developed in consultation with child welfare workers and researchers; it reflects the types of concerns that may be identified during an initial, four to six week investigation period. The checklist is not a validated measurement instrument for which population norms have been established. It documents only caregiver risk factors that are known to investigating child welfare workers; it may therefore undercount the occurrence of some risk factors. In addition, data collected by the study do not capture caregiver risk factors that may have been observed, disclosed, or suspected after the close of the initial investigation.

For each caregiver (primary and second), workers were asked to indicate risk factors that had been confirmed by a diagnosis, directly observed by the investigating worker or another worker, and/or disclosed by the parent or child; they were also asked to indicate 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. Items were rated on a 4-point scale: "confirmed," "suspected," "no," and "unknown" child functioning concern. A child functioning concern was classified as "confirmed" if a problem had been diagnosed, observed by the worker or another worker, or disclosed by the caregiver or child. An issue was classified as "suspected" if worker's suspicions were sufficient to include the concern in their written assessment of the family or in a transfer summary to a colleague. For the purposes of the present report, the categories of "confirmed" and "suspected" have been collapsed into a "concern noted" category; the "no" and "unknown" categories have also been collapsed into a single, "no concern noted" category.

The checklist included the following risk factors:

Alcohol Abuse: Caregiver abuses alcohol.

Drug/Solvent Abuse: Caregiver abuses prescription drugs, illegal drugs or solvents.

Cognitive Impairment: Caregiver has a cognitive impairment.

Mental Health Issues: Caregiver has 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 Domestic violence: During the past six months the caregiver was a victim of domestic violence including physical, sexual or verbal assault.

Perpetrator of Domestic violence: During the past six months the caregiver was a perpetrator of domestic violence including physical, sexual or verbal assault.

History of Foster Care or Group Home: Caregiver was in foster care and or group home care during his or her childhood.

Table 4-6 describes the number and nature of the risk factor concerns which workers noted for primary female caregivers in First Nations and non-Aboriginal investigations conducted by sampled agencies in 2008. Concerns about multiple risk factors were noted for primary female caregivers in a majority (56%) of the investigations involving First Nations children and identified female caregivers. For every 1,000 First Nations children living in the geographic areas served by the sampled agencies, there were 74.5 investigations in which workers noted multiple risk factor concerns for the primary female caregiver. One risk factor concern was noted for primary female caregivers in 21% of the First Nations investigations in which a female caregiver was identified; no risk factor concerns were noted for primary female caregivers in 23% of these investigations.

Concerns about multiple risk factors were noted for primary female caregivers in 34% of the non-Aboriginal investigations with identified female caregivers,

which were conducted by sampled agencies in 2008. For every 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies, there were 10.9 investigations in which workers noted multiple risk factor concerns for the primary female caregiver One risk factor concern was noted for primary female caregivers in 25% of the non-Aboriginal investigations in which a female caregiver was identified and no risk factor concerns were noted for primary female caregivers in 41% of these investigations.

The percentage of First Nations investigations in which no risk factor concerns were noted for primary female caregivers was significantly lower than the percentage for non-Aboriginal investigations (23% vs. 41%). The percentage of First Nations investigations in which multiple risk factor concerns were noted for primary female caregivers was significantly higher (56% vs. 34%); there was no statistically significant difference in the percentage of First Nations and non-Aboriginal investigations in which concern about one risk factor was noted. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in all three categories.

Domestic violence victimization was the risk factor concern most commonly noted for primary female caregivers in the First Nations investigations conducted by sampled agencies in 2008. Concerns that a female caregiver had been the victim of domestic violence within the last

TABLE 4-6: Female caregiver risk factors in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
No Concerns Noted Or Known	30.7	23%	13.2	41%	**	***
One Concern Noted	28.8	21%	8.0	25%	***	
Multiple Concerns Noted	74.5	56%	10.9	34%	***	***
Total	133.9	100%	32.0	100%	***	
Noted Female Caregiver Risk Factor Concerns						
Victim of Domestic Violence	57.0	43%	9.5	30%	***	***
Alcohol Abuse	53.8	40%	2.7	8%	***	***
Few Social Supports	49.6	37%	9.5	30%	***	**
Drug/Solvent Abuse	33.4	25%	3.1	10%	***	***
Mental Health Issues	25.3	19%	6.9	22%	***	
History of Foster Care Group Home	18.0	13%	1.6	5%	***	***
Perpetrator of Domestic Violence	11.2	8%	2.1	6%	***	
Physical Health Issues	10.8	8%	2.3	7%	***	
Cognitive Impairment	1.5	6%	8.1	5%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on female caregiver risk factors were available for an estimated 13,441 First Nations and 79,838 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 45–48 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

6 months were noted in 43% of First Nations investigations in which a female caregiver was identified; for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 57 child welfare investigations in which workers noted concerns that the primary female caregiver was a victim of domestic violence in 2008. The second most commonly noted female caregiver risk factor concern noted in First Nations investigations was alcohol abuse (40% of First Nation investigations with identified female caregivers, 53.8 investigations per 1,000 First Nations children living in the geographic areas served by the sampled agencies), followed by having few social supports (37% of First Nation investigations with identified female caregivers, 49.6 investigations per 1,000 First Nations children living in the geographic areas served by the sampled agencies) and drug/solvent abuse (25% of First Nation investigations with identified female caregivers, 33.4 investigations per 1,000 First Nations children living in the geographic areas served by the sampled agencies).

In the non-Aboriginal investigations which were conducted by sampled agencies in 2008, domestic violence victimization and having few social supports were the most commonly noted risk factor concerns for primary female caregivers. Workers noted each of these concerns in 30% of non-Aboriginal investigations with an identified female caregiver. For every 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies there were 9.5 investigations in which workers noted concerns that the primary female caregiver was a victim of domestic violence and 9.5 investigations in which few social supports were noted as a concern. These risk factor concerns were followed by mental health issues (22% of non-Aboriginal investigations with an identified female caregiver, 6.9 investigations per 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies), drug/solvent abuse (10% of non-Aboriginal investigations with an identified female caregiver, 3.1 investigations per 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies) and alcohol abuse (8% of non-Aboriginal investigations with an identified female caregiver, 2.7 investigations per 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies).

The percentage of the First Nations investigations conducted by sampled agencies in which concerns about female caregiver alcohol abuse were identified was 5 times higher than the percentage of non-Aboriginal investigations (40% vs. 8% of investigations with an identified female caregiver); the percentages of First Nations investigations in which concerns about female caregiver drug/solvent abuse or history of foster care/group home residence were identified was 2.5 times higher than the percentages for non-Aboriginal investigations (25% vs. 10% of investigations with an identified female caregiver for drug/solvent abuse and 13% vs. 5% of investigations with an identified female caregiver for history of foster care group home). The proportion of First Nations investigations conducted by sampled agencies in which workers noted concerns that the primary female caregiver was a domestic violence victim was higher than the proportion of non-Aboriginal investigations (43% of investigations with an identified female caregiver vs. 30% of investigations with an identified female caregiver). The proportion of First Nations investigations in which concerns about female caregivers having few social supports was also significantly higher than the proportion for non-Aboriginal investigations (37% of investigations with an identified female caregiver vs. 30% of investigations with an identified female caregiver). In contrast, there were no significant differences in the proportions of First Nations and non-Aboriginal investigations involving identified female caregivers in which workers noted concerns about mental health issues, perpetration of domestic violence, physical health issues or cognitive impairment. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in every female caregiver risk factor category.

Table 4-7 describes the number and nature of the risk factor concerns which workers noted for primary male caregivers in First Nations and non-Aboriginal investigations conducted by sampled agencies in 2008. Concerns about multiple risk factors were noted in a majority (54%) of First Nations investigations with an identified male caregiver. For every 1,000 First Nations children living in the geographic areas served by the sampled agencies, there were 41.2 investigations in which workers noted multiple risk factor concerns about a primary male caregiver. One risk factor concern was noted for primary male caregivers in 18% of First Nations investigations with an identified male caregiver and

no risk factor concerns were noted for primary male caregivers in 28% of these investigations.

Multiple risk factor concerns were noted for primary male caregivers in 29% of non-Aboriginal investigations with an identified male caregiver which were conducted by sampled agencies in 2008. For every 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies, there were 6.2 investigations in which workers noted concerns about multiple male caregiver risk factors in 2008. One risk factor concern was noted for primary male caregivers in 21% of non-Aboriginal investigations with an identified male caregiver and no risk factor concerns were noted for primary male caregivers in 50% of these investigations.

In the sampled agencies, the percentage of First Nations investigations with an identified male caregiver in which no risk factor concerns were noted was significantly lower than the percentage of non-Aboriginal investigations with an identified male caregivers (28% vs. 50%) and the percentage of cases in which multiple concerns were noted was significantly higher (54% vs. 29%). There was no statistically significant difference in the percentage of First Nations and non-Aboriginal investigations with identified male caregivers in which concern about one risk factor was noted. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in all three categories.

Alcohol abuse was the most commonly noted risk factor concern for primary male caregivers in the First Nations investigations conducted by sampled agencies in 2008. Concerns that male

TABLE 4-7: Male caregiver risk factors in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
No Concerns Noted	21.3	28%	10.8	50%	**	***
One Concern	14.0	18%	4.6	21%	***	
Multiple Concerns	41.2	54%	6.2	29%	***	***
Total	76.5	100%	21.6	100%	***	
Noted Male Caregiver Risk Factors Concerns						
Alcohol Abuse	36.1	47%	3.7	17%	***	***
Perpetrator of Domestic Violence	32.9	43%	5.3	24%	***	***
Drug/Solvent Abuse	22.7	30%	2.7	13%	***	***
Few Social Supports	21.7	28%	4.6	21%	***	*
Victim of Domestic Violence	9.2	12%	1.3	6%	***	**
Mental Health Issues	7.5	10%	2.5	11%	***	
History of Foster Care Group Home	6.1	8%	0.8	4%	***	**
Physical Health Issues	9.2	6%	1.3	6%	***	
Cognitive Impairment	3.9	5%	0.8	4%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on male caregiver risk factors were available for an estimated 8,579 First Nations and 60,249 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 45–48 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

caregivers had abused alcohol within the last 6 months were noted in 47% of First Nations investigations with an identified male caregiver which were conducted by the sampled agencies; for every 1,000 First Nations children living in the geographic areas served by sampled agencies there were 36.1 investigations in which workers noted concerns that the primary male caregiver abused alcohol. The second most commonly noted risk factor was perpetration of domestic violence (43% of First Nations investigations with an identified male caregiver, 32.9 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies), followed by drug/solvent abuse (30% of First Nations investigations with an identified male caregiver, 22.7 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies) and having few social supports (28% of First Nations investigations with an identified male caregiver, 21.7 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies).

In the non-Aboriginal investigations conducted by the sampled agencies in 2008, perpetration of domestic violence was the most commonly reported risk factor concern for primary male caregivers. Workers noted this concern in 24% of non-Aboriginal investigations with identified male caregivers which were conducted by sampled agencies in 2008; for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies there were 5.3 investigations in which workers noted concerns that the primary male caregiver was a perpetrator of domestic violence. The second most commonly noted risk factor concern was having few social supports (21% of non-Aboriginal investigations with identified male caregivers, 4.6 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). This was followed by alcohol abuse (17% of non-Aboriginal investigations with identified male caregivers, 3.7 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies), and drug/solvent abuse (13% of non-Aboriginal investigations with identified male caregivers, 2.7 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies).

In the sampled agencies, the percentage of First Nations investigations in which concerns about male caregiver alcohol abuse were identified was more than 2.5 times the percentage of non-Aboriginal investigations (47% vs. 17% of investigations with identified male caregivers). The percentages of First Nations investigations in which concerns about primary male caregiver drug/solvent abuse or history of foster care/group home residence were identified were more than 2 times higher than the percentages for non-Aboriginal investigations (30% vs. 13% of investigations with identified male caregivers for drug/solvent abuse, and 8% vs. 4% of investigations with identified male caregivers for history of foster care group home). Workers noted concerns that primary male caregivers were the perpetrators or victim of domestic violence for a greater proportion of First Nations than non-Aboriginal investigations (43% vs. 24% of investigations with identified male caregivers for perpetration of domestic violence, and 12% vs. 6% of investigations with identified male caregivers for domestic violence victimization). There were also statistically significant differences between the percentage of First Nations investigations and non-Aboriginal investigations in which concerns were noted about primary male caregivers having few social supports (28% vs. 21% of investigations with identified male caregivers) and cognitive impairment (5% vs. 4% of investigations with identified male caregivers). In contrast, there were no significant differences in the proportions of First Nations and non-Aboriginal investigations involving identified male caregivers in which workers noted concerns about mental health issues, physical health issues or cognitive impairment. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations for every male caregiver risk factor category.

Chapter 5
HOUSEHOLD CHARACTERISTICS

This chapter describes the structural characteristics of families and households involved in the estimated 97,764 new child welfare investigations involving First Nations and non-Aboriginal children which were conducted by agencies included in the CIS-008 sample during 2008.[1] These include all new investigations in which workers assessed the evidence that a child (aged 0 to 15) experienced an incidence of child abuse or neglect. They also include all those new investigations in which workers had no reason to suspect a child had already been abused or neglected, but in which they sought to determine whether or not a child faced significant risk of future maltreatment. Accordingly, these data provide a portrait of families and households which potentially benefitted from the supports and services which sampled child welfare agencies can offer and were also potentially affected by the intrusiveness of the investigation process.

The data collection methods, sampling design, and weighting procedures specific to the study must be considered before inferences are drawn from the estimates presented in this chapter. The CIS-2008 asked investigating child welfare workers to provide information about assessments made during the first four to six weeks of new investigations conducted by sampled child welfare agencies. Worker assessments cannot be independently verified. In addition, the data presented here do not include maltreatment-related situations which were not reported to child welfare agencies, reports which were screened out prior to opening of an investigation, new reports on cases already open in the child welfare system, or information about post-investigation outcomes or disclosures. All data presented in this chapter are weighted estimates; the unit of analysis for the weighted estimates is a child investigation (rather than a unique child), and the annual estimates cannot account for seasonal fluctuation in investigation type or in other variables. Finally, because of the purposive (rather than random) selection of First Nations agencies and changes in study methods, data in this report cannot be used to create national estimates of First Nations investigations, cannot be directly compared to data from prior cycles of the CIS, and cannot be generalized beyond the agencies included in the CIS-2008 sample. (See Chapter 3 for additional discussion of study methods and limitations.)

Table 5-1 gives information on the number of caregivers and children living in the household at the time a referral was made to a sampled child welfare agency. Workers identified two caregivers, the maximum number allowed on the maltreatment assessment form, in 53% of the investigations involving First Nations children which were conducted by sampled agencies in 2008, and one caregiver in the home in 47% of First Nations investigations. In comparison with non-Aboriginal investigations, a smaller proportion of First Nations investigations involved homes in which two caregivers were identified (53% vs. 62%). These data indicate that a greater proportion of First Nations than non-Aboriginal investigations involved households in which children lived with a lone caregivers. However, they may underestimate the caregiving resources available to First Nations children raised in traditions which emphasize caregiving by community members and extended family members who live in other households. In addition, because workers were only allowed to provide information about two caregivers living in the home with the investigated child, these data may also underestimate caregiving resources for investigated First Nations (and non-Aboriginal) children living in households with more than two caregivers.

Table 5-1 also shows that households in the First Nations investigations conducted by sampled agencies in 2008 included, on average, more children than the households in non-Aboriginal investigations conducted by sampled agencies. Workers identified one child in the home in

1 The findings and interpretations presented in this chapter are products of the FNCIS-2008. They result from the collective efforts of the CIS-2008 research team and the FNCIS-2008 advisory committee to analyze and interpret the data on investigations involving First Nations children which were collected by the CIS-2008.

19% of First Nations investigations, two children in the home in 30% of First Nations investigations, three children in the home in 22% of First Nations investigations and four or more children in the home in 29% of First Nations investigations conducted by sampled. In comparison with non-Aboriginal investigations, a greater proportion of the First Nations investigations conducted by sampled agencies involved households with four or more children (29% vs. 15%), and a lesser proportion involved households with one or two children (49% vs. 63%). Differences in the number of children in the household may potentially explain a portion of the disparity in the rates of child maltreatment investigations involving First Nations and non-Aboriginal investigation rates. If child welfare agencies systematically investigate all children living in a household when any child in the home is referred, than the larger size of First Nations households might contribute to an elevated number of First Nations child investigations.

Table 5-2 gives information on the primary income source for households in First Nations and non-Aboriginal investigations conducted by sampled agencies in 2008. Social assistance/ employment insurance/other benefits were identified as the primary source of household income in 49% of First Nations investigations, full time work was the primary income source in 33% of First Nations investigations, and part-time employment/seasonal work/multiple jobs were the primary income sources in 10% of First Nations investigations. In comparison with the non-Aboriginal investigations conducted by sampled agencies in 2008, a smaller proportion of First Nations investigations involved homes in which full time work was the primary income source (33% vs. 58%) and a greater proportion involved homes in which social assistance/ employment insurance/other benefits were the primary income source (49% vs. 26%). Thus, in comparison with the households in non-Aboriginal investigations conducted by sampled agencies, First Nations investigations involved households which were less likely to have the relative security that comes with full time employment. These households were also more likely to face the challenges to providing the assets which foster healthy child development which are linked to low incomes associated with social assistance/employment insurance/other benefits as the primary income source.

Workers were asked to provide information about the type of housing that investigated families occupied; Table 5-3 presents data on housing type in the First Nations and non-Aboriginal investigations conducted by sampled agencies in 2008. In 43% of the First Nations investigations conducted by sampled agencies families lived in rental housing; 22% of First Nations investigations involved families living in band-owned housing, 14% (non-band owned) public housing, and 12% owned homes. Like receipt of social assistance/employment insurance/ other benefits, living in (non-band owned) public housing can be seen as an indicator that a family functions on a limited income." Accordingly, these data indicate that a substantial proportion of the families in First Nations investigations may face challenges, associated with poverty, in providing the assets which foster healthy child development.

However, because of differences in the housing options available to First Nations families living on-reserve and other families, the implications for families living in other types of housing are very difficult to interpret from the data presented in this chapter. As discussed in Chapter 1, the *Indian Act* restricts private land ownership on-reserve and band owned housing is the only option in some First Nations communities. Accordingly, data on homeownership and other housing categories cannot be properly interpreted without further analyses which distinguish between First Nations families living on-reserve and those living off-reserve.

Workers were also asked to identify the number of residential moves which families experienced during the twelve months prior to the investigation; Table 5-4 presents data on residential mobility of families involved in the First Nations and non-Aboriginal investigations conducted by sampled agencies in 2008. Workers were asked to provide information on the number of moves made during the during the prior 12 months by the families involved in the First Nations and non-Aboriginal investigations conducted by sampled agencies. Workers identified no moves in the prior 12 months in 47% of First Nations investigations, one move in 16% of First Nations investigations and two or more moves in 13% of First Nations investigations. While the data indicates that workers identified multiple moves in higher proportion of First Nations than non-Aboriginal investigations conducted by sampled agencies (13% vs. 7%), confidence in inferences based on this comparison is undermined by the high proportion of First Nations and non-Aboriginal investigations in which workers indicated the number of family moves was unknown (25% of First Nations investigations and 19% of non-Aboriginal investigations).

Workers were asked to provide information on health/safety hazards and overcrowding in homes of

investigated families. Table 5-5 shows that there were no health or safety hazards noted in 90% of First Nations investigations conducted by sampled agencies in 2008, one hazard noted in 6% of First Nations investigations and multiple hazards noted in 4% of First Nations investigations. In comparison with non-Aboriginal investigations conducted by sampled agencies, workers noted no home hazards in a slightly lesser proportion of First Nations investigations (90% vs. 93%). The most commonly noted hazards in First Nations investigations were accessible drugs or drug paraphernalia (5.5%), other home health hazards (4.2%), and other home injury hazards (1.9%). Workers noted two specific hazards in a greater proportion of First Nations than non-Aboriginal investigations: accessible drugs or drug paraphernalia (5.5% vs. 2.5%) and accessible weapons (1.5% vs. .7%). Table 5-6 presents data which shows that, in comparison with non-Aboriginal investigations, home overcrowding was noted in a greater proportion of First Nations investigations (14% vs. 6%). As noted in Chapter 1, while housing conditions can vary widely, both within and across communities, the poor condition of housing in some reserve communities has been well documented. Accordingly, interpretation of this data must take into account the fact that identification of overcrowding and household safety hazards is based on workers' clinical assessments, which may be shaped by the average housing conditions in the communities in which they work. In addition, worker assessments may be informed by cultural/normative standards which differ from those held by investigated First Nations families.

Overall, the data on family/household structural factors suggest that families involved in the First Nations investigations conducted by sampled agencies had limited resources, which were strained by the demands of providing for multiple children. Social assistance/employment insurance/other benefits are limited income sources and identification of these governmental benefits as the primary household income source can be seen as an indicator of financial hardship. Similarly, a large body of research suggests that, on average, lone caregivers have fewer financial resources and may face greater challenges than two-caregiver families in providing the safe environments, adequate clothing and nutrition, appropriate child care and other assets which foster healthy child development. These challenges may be even more pronounced for lone caregivers living in remote or rural areas, where the cost of basic necessities can be elevated and the availability of support services limited. Thus data on household/family structural factors suggests that the high rate of First Nations investigations in the areas served by sampled agencies reflects challenges linked with poverty. In addition, it suggests a possibility that the high number of children living in investigated First Nations households may contribute to the disparity in First Nations and non-Aboriginal child maltreatment-related investigation rates in the areas served by sampled agencies.

NUMBER OF CAREGIVERS AND CHILDREN IN THE HOME

CIS-2008 gathered information on up to two caregivers living in homes with investigated children; it also gathered basic information (age and sex) on all children living in the home. Table 5-1 describes the number of caregivers and the number of children in the home for First Nations and non-Aboriginal investigations conducted by sampled agencies in 2008. Workers identified only one caregiver in the home in 47% of investigations involving First Nations children; for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 65.5 investigations involving homes with lone caregivers in 2008. Workers identified at least two caregivers in the home in 53% of First Nations investigations; for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 75.1 investigations involving homes with at least two caregivers. Workers identified two children in the home in 30% of the investigations involving First Nations children which were conducted by sampled agencies; for every 1,000 First Nations children living in the geographic areas served by the sampled agencies, there were 42.9 investigations involving homes with two children in 2008. In 29% of First Nations investigations conducted by sampled agencies in 2008, workers identified 4 or more children in the home (40.2 investigations per 1,000 First Nations children living in the geographic areas served by the sampled agencies). Workers identified three children in the home in an additional 22% and one child in the home in 19% of the First Nations investigations conducted by sampled agencies.

Workers identified only one caregiver in the home in 38% of investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008; for every 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies, there were 12.7 investigations involving homes with lone caregivers. Workers identified

TABLE 5-1: Number of caregivers and children in the home in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Number of Caregivers in the Home						
One	65.5	47%	12.7	38%	***	***
At Least Two	75.1	53%	20.8	62%	***	***
Total	140.6	100%	33.5	100%	***	
Number of Children in the Home						
One	26.6	19%	8.0	24%	***	***
Two	42.9	30%	13.1	39%	***	***
Three	30.9	22%	7.5	22%	***	
Four or More	40.2	29%	5.0	15%	***	***
Total	140.6	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 61–63 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

at least two caregivers in the home in 62% of non-Aboriginal investigations; for every 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies, there were 20.8 investigations involving homes with at least two caregivers. Workers identified two children in the home in 39% of the investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008; for every 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies, there were 13.1 investigations involving homes with two children. In 24% of non-Aboriginal investigations, workers identified only one child in the home (8 investigations per 1,000 non-children living in the geographic areas served by the sampled agencies). Workers identified three children living in the home in 22% and four or more children in 15% of non-Aboriginal investigations conducted by sampled agencies.

In comparison with investigations involving non-Aboriginal children, a greater proportion of First Nations investigations conducted by sampled agencies in 2008 involved lone caregivers (47% vs. 38%), and a lesser proportion involved homes with at least two caregivers (53% vs. 62%). In addition, a greater proportion of First Nations than non-Aboriginal involved households with four or more children (29% vs. 15%), and a lesser proportion involved households with only one child (19% vs. 24%) or with two children (30% vs. 39%). Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in both the "lone caregiver" and "at least two caregivers" categories, and in all categories for number of children in the home.

HOUSEHOLD SOURCE OF INCOME

Workers were asked to describe each caregiver's primary income source, by choosing between nine income classifications:

Full Time Employment: A caregiver is employed in a permanent, full-time position.

Part Time Employment (fewer than 30 hours/week): A caregiver is employed in a single part-time position.

Multiple Jobs: Caregiver has more than one part-time or temporary position.

Seasonal Employment: Caregiver works either full- or part-time positions for temporary periods of the year.

Employment Insurance (EI): Caregiver is temporarily unemployed and is receiving employment insurance benefits.

Social Assistance: Caregiver is currently receiving social assistance benefits.

TABLE 5-2: Primary household source of income in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Full Time	46.0	33%	19.4	58%	***	***
Part Time/ Seasonal/ Multiple Jobs	13.9	10%	3.2	10%	***	
Social Assistance/ Employment Insurance/ Other Benefits	69.1	49%	8.7	26%	***	***
Unknown/ No Source	11.6	8%	2.2	7%	***	
Total	140.6	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 61–63 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

Other Benefit: Refers to other forms of benefits or pensions (e.g. family benefits, long-term disability insurance, or child support payments).

None: Caregiver has no source of legal income.

Unknown: Source of income was not known.

Table 5-2 combines information about the primary caregivers' income source with income source information for second caregivers to describe primary household income source. It collapses income sources into four categories: "full time employment", "part time/seasonal/multiple jobs", "social assistance/EI/other benefits", "unknown/no source of income." For households with two identified caregivers, income sources were ranked and the higher ranked income source is indicated: highest ranked was full time employment, followed by part time/seasonal/multiple jobs, then social assistance/EI/other benefits, then unknown/no source of income.

Social assistance/employment insurance/other benefits were identified as the primary source of household income in 49% of the investigations involving First Nations children which were conducted by sampled agencies in 2008; for every 1,000 First Nations children living in the geographic areas served by the sampled child welfare agencies, there were 69.1 investigations involving households in which social assistance/employment insurance/ other benefits were the primary income source. Full time work was identified as the primary household income source in 33% of First Nations investigations conducted by sampled agencies (46 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies). Part time employment/seasonal work/multiple jobs were identified as the primary household income source in 10% of First Nations investigations and no/ unknown income source was identified in 8% of the First Nations investigations conducted by sampled agencies in 2008.

Full time work was identified as the primary source of household income in 58% of the non-Aboriginal investigations conducted by sampled agencies in 2008; for every 1,000 non-Aboriginal children living in the geographic areas served by the sampled child welfare, there were 19.4 investigations involving households in which full time work was the primary income source. Social assistance/employment insurance/ other benefits were identified as the primary household income source in 26% of non-Aboriginal investigations conducted by sampled agencies (8.7 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). Part time employment/seasonal work/multiple jobs were identified as the primary household income source in 10% of non-Aboriginal investigations and no/unknown income source was identified in 7% of non-Aboriginal investigations conducted by sampled agencies.

The proportion of households for which social assistance/employment insurance/other benefits were identified as the primary income source was nearly twice as high for First Nations investigations conducted by sampled agencies in 2008 as for non-Aboriginal investigations (49% vs. 26%); conversely, the proportion of households for which full time work was identified as the primary income source was significantly smaller for First Nations investigations than non-Aboriginal investigations (33% vs. 58%). There were no statistically significant differences in the proportions of First Nations and non-Aboriginal investigations in which the primary household income source was part time/seasonal/multiple jobs or unknown/no source. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in all household income source categories.

HOUSING TYPE

Workers were asked to identify the type of housing accommodation that best described the child's household living situation at the time of referral. They were asked to select between the following categories of housing:

Own Home: A purchased house, condominium, or townhouse.

Rental: A private rental house, townhouse or apartment.

Band Housing: Aboriginal housing built, managed, and owned by the band.

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.

Shelter/Hotel: An SRO hotel (single room occupancy hotel), homeless or family shelter, or motel accommodation.

Unknown: Housing accommodation was unknown.

Other: Any other form of shelter.

Table 5-3 describes housing type for the investigations involving First Nations and non-Aboriginal children which were conducted by sampled agencies in 2008. Rental housing was identified as the housing type in 43% of investigations involving First Nations children; for every 1,000 First Nations children living in the geographic areas served by the sampled child welfare agencies, there were 60.3 investigations involving families living in rental housing. Band housing was identified as the housing type in 22% of First Nations investigations (30.6 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies). An additional 14% of First Nations investigations involved families living in non-band owned, public housing and 12% involved families living in homes they owned.

Rental housing was identified as the housing type in 41% of the investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008; for every 1,000 non-Aboriginal children living in the geographic areas served by the sampled child welfare agencies in 2008, there were 13.9 investigations involving families living in rental housing. "Own home" was identified as the housing type in 39% of non-Aboriginal investigations (13 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). An additional 11% of non-Aboriginal investigations involved families living in non-band owned, public housing.

Because individual ownership of land is largely prohibited in reserve communities, private home ownership, private ownership of rental properties and non-band public housing are limited. Indeed, in many reserve communities, housing operated by a First Nations band may be the only housing option. Accordingly, it is difficult to interpret the differences in housing type for investigations involving First Nations and non-Aboriginal children. The proportion of First Nations investigations which involved families living in homes they owned was lower than the proportion of non-Aboriginal investigations (12% vs. 39%); the proportion of families living in hotels or shelters was also higher for First Nations than non-Aboriginal investigations (2% vs. 1%). However, the proportion of First Nations child investigations which involve band housing was, naturally, higher than the proportion for non-Aboriginal investigations (22% vs. 0%), and it is not possible to make meaningful comparison of housing type in First Nations and non-Aboriginal investigations unless the sample is limited to investigations involving families living off-reserve; thus, further analysis is required. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations for all housing types except "own home."

FAMILY MOVES

In addition to housing type, workers were asked to indicate the number of household moves made by the family within the past twelve months. Table 5-4 presents data on the number of moves made by families involved in

TABLE 5-3: Housing type in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Band Housing	30.6	22%	0.0	0%	***	***
Own home	17.4	12%	13.0	39%		***
Rental	60.3	43%	13.9	41%	***	
Public Housing	19.5	14%	3.5	11%	***	
Hotel/Shelter	3.2	2%	0.3	1%	***	*
Unknown	5.3	4%	1.8	5%	**	
Other	4.3	3%	0.9	3%	***	
Total	140.6	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 61–63 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

TABLE 5-4: Family moves within the last 12 months in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Number of Moves Unknown	34.8	25%	6.4	19%	***	
No Moves	66.1	47%	17.6	53%	***	
One Move	21.9	16%	7.1	21%	***	**
Two or More Moves	17.8	13%	2.5	7%	***	**
Total	140.6	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 61–63 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

the First Nations and non-Aboriginal investigations conducted by sampled agencies in 2008. Workers indicated that there were no household moves during the last 12 months in 47% of First Nations investigations conducted by sampled agencies; for every 1,000 First Nations children living in the geographic areas served by sampled agencies there were 66.1 investigations involving families who had not experienced a move in the prior 12 months. Workers did not know the number of moves experienced by the family in 25% of the investigations involving First Nations children which were conducted by sampled agencies; they noted one move in 16% of investigations involving First Nations children and two or more moves in 13% of First Nations investigations.

Workers indicated that there were no household moves during the last 12 months in 53% of non-Aboriginal investigations conducted by sampled agencies in 2008; for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies there were 17.6 investigations involving families who had not experienced a move in the prior 12 months. Workers noted one move in 21% of the investigations involving non-Aboriginal children, the number of moves was unknown in 19% of non-Aboriginal investigations, and workers knew of two or more moves in 7% of non-Aboriginal investigations conducted by sampled agencies in 2008.

Because the number of moves during the preceding 12 months was "unknown" in 25% of First Nations investigations and in 19% of non-Aboriginal investigations, it is difficult to draw conclusions based on these data. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations for all categories of family moves.

EXPOSURE TO HAZARDS IN THE HOME

Workers were asked to identify the presence of health and safety hazards in the home. Hazards which workers were asked about included: the presence of accessible weapons, the presence of accessible drugs or drug paraphernalia, evidence of drug production or drug trafficking in the home, chemicals or solvents used in drug production, home injury hazards (such as poisons, fire implements, or electrical hazards), and other home health hazards (such as insufficient heat or unhygienic conditions). For each health and safety hazard, workers were asked to indicate whether the hazard was present (yes), not present (no), or "unknown." For the purposes of Table 5-5, the "no" and "unknown" choices have been collapsed into a single, "hazard not noted" category. Identification of household safety hazards was based on workers' clinical judgements, which may be shaped by the average housing conditions in the communities in which they work. In addition, worker assessments may be informed by cultural/normative standards which differ from those held by First Nations families.

Table 5-5 describes the home hazards that workers noted for the investigations involving First Nations and non-Aboriginal children which were conducted by sampled agencies in 2008. In the overwhelming majority of First Nations investigations (90%), workers did not note any home hazards; for every 1,000 First Nations children living in the geographic areas served by sampled agencies there were 127.2 investigations involving homes in which workers did not note any hazards. One hazard was noted in 6% of First Nations investigations and multiple hazards were noted in 4% of investigations. Similarly, workers did not note any home hazards in the overwhelming majority of investigations involving non-Aboriginal children (93%); for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies there were 31.3 investigations involving homes in which workers did not note any hazards. One hazard was noted in 4% of non-Aboriginal investigations conducted by sampled agencies and multiple hazards were noted in 2% of investigations. Overall, hazards in the home were noted in a very small proportion of cases; however, the proportion of First Nations investigations in which no hazards were noted was slightly lower than the proportion of non-Aboriginal investigations (90% vs. 93%).

The most commonly noted hazards in the investigations involving First Nations children which were conducted by sampled agencies in 2008 were accessible drugs or drug paraphernalia (5.5%, or 7.7 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies), other home health hazards (4.2%, or 5.8 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies), and other home injury hazards (1.9%, or 2.7 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies). The most commonly noted hazards in the non-Aboriginal investigations conducted by sampled agencies in 2008 were accessible drugs or drug paraphernalia (2.5% or .9 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies), other home health hazards (3.2%, or 1.1 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies), and other home injury hazards (2.6%, or .9 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies).

The proportions of First Nations investigations in which accessible weapons or accessible drugs/drug paraphernalia were noted were slightly higher than the proportions of non-Aboriginal investigations conducted by sampled agencies (1.5% vs. .7% for accessible weapons and 5.5% vs. 2.5% for accessible drugs/drug paraphernalia). There were no significant differences in the proportion of First Nations and non-Aboriginal investigations in which workers identified concerns about any of the other home hazards. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations for all categories of housing hazards, except chemicals/solvents used in drug production.

HOME OVERCROWDING

Workers were asked to indicate whether or not they found that investigated families were living in overcrowded housing. No standardized definition of overcrowding was provided; rather, workers were simply instructed to indicate whether households were made up of multiple families and/or were overcrowded. Accordingly, data on home overcrowding is based on workers' clinical assessments, which may be shaped by the average housing conditions in the communities in

TABLE 5-5: Exposure to hazards in the home in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
No Hazards Noted	127.2	90%	31.3	93%	***	*
One Hazard Noted	8.4	6%	1.5	4%	***	
Multiple Hazards Noted	5.1	4%	0.8	2%	***	
Total	140.6	100%	33.5	100%	***	
Noted Hazards						
Accessible Drugs or Drug Paraphernalia	7.7	5.5%	0.9	2.5%	***	***
Other Home Health Hazards	5.8	4.2%	1.1	3.2%	***	
Other Home Injury Hazards	2.7	1.9%	0.9	2.6%	***	
Accessible Weapons	2.0	1.5%	0.2	0.7%	***	*
Drug Production or Trafficking in the Home	1.6	1.2%	0.3	0.8%	*	
Chemicals/Solvents Used in Drug Production	0.1	0.1%	0.1	0.3%		

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 61–63 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

TABLE 5-6: Home overcrowding in child maltreatment investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Not Overcrowded	112.6	80%	30.5	91%	***	***
Home Overcrowded	19.6	14%	2.1	6%	***	***
Unknown	8.4	6%	0.9	3%	***	***
Total	140.6	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 61–63 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

which they work In addition, worker assessments may be informed by cultural/normative standards which differ from those held by First Nations families. Worker assessments of home overcrowding cannot be independently verified.

Workers indicated that 80% of First Nations investigations conducted by sampled agencies in 2008 involved homes that were not overcrowded. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 112.6 investigations involving homes which workers did not find to be overcrowded. Conversely, workers indicated overcrowded homes in 14% of the investigations involving First Nations children which were conducted by sampled agencies (19.6 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies) and "unknown" home overcrowding status in 6% of investigations involving First Nations children.

Workers indicated that 91% of non-Aboriginal investigations conducted by sampled agencies in 2008 involved homes that were not overcrowded. For every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 30.5 investigations involving homes which workers did not find to be overcrowded. Workers indicated overcrowded homes in 6% of non-Aboriginal investigations (2.1 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies) and "unknown" home overcrowding status in 3% of investigations.

The proportion of First Nations investigations involving homes which workers found to overcrowded was significantly higher than the proportion of non-Aboriginal investigations (14% vs. 6%), the proportion of First Nations investigations in which the overcrowding status was unknown was also significantly higher (6% vs. 3%). Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations for all categories of home overcrowding.

Chapter 6
CASE CHARACTERISTICS AND DECISIONS

This chapter describes referral sources, previous investigation history and case dispositions during the investigation period for the estimated 97,764 new child welfare investigations involving First Nations and non-Aboriginal children which were conducted by agencies included in the CIS-2008 sample during 2008.[1] These include all new investigations in which workers assessed the evidence that a child (aged 0 to 15) experienced an incidence of child abuse or neglect and all those new investigations in which workers had no reason to suspect a child had already been abused or neglected, but in which they sought to determine whether or not a child faced significant risk of future maltreatment. Accordingly, these data provide a portrait of short term service outcomes and major decisions made during initial (four to six week) child maltreatment-related investigations conducted by sampled agencies in 2008.

The data collection methods, sampling design, and weighting procedures specific to the study must be considered before inferences are drawn from the estimates presented in this chapter. The CIS-2008 asked investigating child welfare workers to provide information about assessments made during the first four to six weeks of new investigations conducted by sampled child welfare agencies. Worker assessments cannot be independently verified. In addition, the data presented here do not include maltreatment-related situations which were not reported to child welfare agencies, reports which were screened out prior to opening of an investigation, new reports on cases already open in the child welfare system, or information about post-investigation outcomes or disclosures. All data presented in this chapter are weighted estimates; the unit of analysis for the weighted estimates is a child investigation (rather than a unique child), and the annual estimates cannot account for seasonal fluctuation in investigation type or in other variables. Finally, because of the purposive (rather than random) selection of First Nations agencies and changes in study methods, data in this report cannot be used to create national estimates of First Nations investigations, cannot be directly compared to data from prior cycles of the CIS, and cannot be generalized beyond the agencies included in the CIS-2008 sample. (See Chapter 3 for additional discussion of study methods and limitations.)

Tables 6-1 and 6-2 give information about referral sources in the investigations involving First Nations and non-Aboriginal children which were conducted by sampled agencies in 2008. In 65% of First Nations investigations, a child welfare site was contacted by at least one professional referral source; there was at least one non-professional referral in 31% of First Nations investigations, and at least one other referral in 8% of First Nations investigations. The most common referral source in First Nations investigations conducted by sampled agencies was the police (23% of First Nations investigations). In 17% of First Nations investigations, a school was a referral source; 14% of investigations involving First Nations children involved referral by community agencies, and 12% involved referral by a relative. In comparison with the non-Aboriginal investigations conducted by sampled agencies, a greater proportion of First Nations investigations involved referral by a non-professional source (31% vs. 24%); this difference in non-professional referrals reflects the greater proportion of First Nations investigations which involved referral by a relative (12% vs. 5%). In comparison with the non-Aboriginal investigation conducted by sampled agencies, a smaller proportion of First Nations investigations involved referral by a professional source (65% vs. 71%); this difference in professional referrals reflects the smaller proportion of First Nations investigations which involved referral by a school (17% vs. 26%).[2]

1 The findings and interpretations presented in this chapter are products of the FNCIS-2008. They result from the collective efforts of the CIS-2008 research team and the FNCIS-2008 advisory committee to analyze and interpret the data on investigations involving First Nations children which were collected by the CIS-2008.

2 The disparity in school referrals persists even in analyses which control for the difference in age profiles for investigated First Nations and non-Aboriginal children.

Workers were asked if the investigated child had previously been the subject of a child maltreatment investigation. Data on history of previous child maltreatment investigations are reported in Table 6-3; this table does not include estimates from Quebec because of differences in the way cases were tracked in the province. In addition, the completeness of data in this table depends upon both the internal record keeping capacities of individual agencies and their abilities to access case histories from other agencies or jurisdictions. Workers reported that 55% percent of First Nations investigations conducted by sampled agencies involved a child previously reported for suspected maltreatment. In comparison with non-Aboriginal investigations, a greater proportion of First Nations investigations involved children who had previously been the subject of a child maltreatment investigation (55% vs.46%).

Workers were asked to indicate referrals made for services which extended beyond the parameters of "ongoing child welfare services"; these data are summarized in Table 6-4. Referrals described in this item included internal referrals to special programs provided by child welfare sites and external referrals to programs and services offered by other organizations. The data for this item indicates whether a young person or family member was referred for services, not whether they actually received them. Referrals to services were made during the investigations period in 59% of the investigations involving First Nations children which were conducted by sampled agencies. In comparison with investigations involving non-Aboriginal children, a greater proportion of First Nations investigations conducted by sampled agencies involved referral to outside services during the investigation period (59% vs. 51%). This disparity is even more pronounced when seen in terms of incidence rates, which take into account the underlying, four fold difference in First Nations and non-Aboriginal investigation rates. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 82.7 investigations in which workers referred investigated children or their family members to services which extended beyond the parameters of ongoing child welfare services in 2008. In contrast, for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 17.0 investigations in which workers referred investigated children or their family members to services which extended beyond the parameters of ongoing child welfare services. In the population served by sampled agencies, the rate of First Nations investigations involving referrals to outside services was 4.9 times the rate of non-Aboriginal investigations involving referrals to outside services.

Table 6-5 gives data on cases remaining open for further child welfare services after the initial investigation period (which typically lasted four to six weeks). In 38% of the investigations involving First Nations children which were conducted by sampled agencies in 2008, a decision was made to keep a case open in order to provide additional child welfare services after the investigation period. In comparison with non-Aboriginal investigations, a greater proportion of First Nations investigations remained open for ongoing services following the investigation period (38% vs. 24%). This disparity is even more pronounced when seen in terms of incidence rates, which take into account the underlying four-fold difference in First Nations and non-Aboriginal investigation rates. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 53.2 investigations which remained open for on-going child welfare services after the investigation period. In contrast, for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 7.9 investigations which remained open for on-going child welfare services after the investigation period. In the population served by sampled agencies, the rate of cases remaining open for ongoing services was 6.7 times the rate for non-Aboriginal cases remaining open for ongoing services.

Table 6-6 describes any applications made to child welfare court during the investigation period. Court applications were made in 9% of the investigations involving First Nations children which were conducted by sampled agencies in 2008. Reasons for court applications included orders of supervision with the child remaining in the home and out-of-home placement orders. In comparison with non-Aboriginal investigations, a greater proportion of First Nations investigations conducted by sampled agencies involved child welfare court applications during the investigation period (9% vs. 4%). This disparity is even more pronounced when seen in terms of incidence rates, which take into account the underlying, four-fold difference in First Nations and non-Aboriginal investigation rates. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 13 investigations involving applications to child welfare court. In contrast, for

every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 1.5 investigations involving applications to child welfare court. In the population served by sampled agencies, the rate of First Nations investigations involving court applications was 8.7 times the rate of non-Aboriginal investigations involving court applications.

Thus, decisions made during the investigation period compounded the underlying disparity in investigation rates for the First Nations and non-Aboriginal populations served by sampled agencies, and the overrepresentation of First Nations children in the sampled child welfare agencies increased with each major case disposition during the investigation period. The case dispositions which added to the overrepresentation of First Nations children in the child welfare system reflect the complex family needs which workers identified during the investigation process. In comparison with non-Aboriginal investigations, workers felt a greater proportion of First Nations investigations involved families requiring supports which extended beyond those which they were able to provide as a part of child welfare services. They also felt that a greater proportion of First Nations investigations involved families requiring mid to long-term supports which extended beyond the investigation period. In addition, they determined that circumstances in a greater proportion of First Nations investigations than non-Aboriginal investigations required the very serious step of making a child welfare court application. This pattern of short-term case dispositions is in keeping with the high levels of caregiver risk factors and family/household structural factors which workers identified; this suggests that caregiver and family/household needs at least partially explain the disparity in First Nations and non-Aboriginal case dispositions.

For the population served by sampled agencies, the disparity in the rates of First Nations and non-Aboriginal investigations involving out-of-home care during the investigation period was even more pronounced than the disparity in rates for other types of investigations. Tables 6-7 and 6-8 present data on out-of-home care during the First Nations and non-Aboriginal investigations conducted by sampled agencies in 2008. Table 6-7 indicates that the investigated child remained at home for the duration for the four to six week investigation period in 83% of the investigations involving First Nations children which were conducted by sampled agencies. In 10% of First Nations investigations, the investigated child spent some time in formal child welfare placement during the investigation period. In the remaining 7% of First Nations investigations, the investigated child experienced informal kinship care, an informal move to the home of someone within the child or caregiver's kinship network. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 10.3 investigations involving informal kinship care and 13.6 investigations involving formal child welfare placement in 2008. In comparison with non-Aboriginal investigations, a greater proportion of the First Nations investigations conducted by sampled agencies involved informal kinship care (7% vs. 3%) and a greater proportion involved formal out-of-home care (10% vs. 3%). In the population served by sampled agencies, the rate of First Nations investigations involving informal kinship care during the investigation period was 11.4 times the rate for non-Aboriginal investigations involving informal kinship care, and the rate for investigations involving formal out-of-home placement was 12.4 times the non-Aboriginal rate of investigations involving formal out-of-home placement.

The disparity in the rates of out-of-home care during the investigation period must be interpreted with careful attention to the types of out-of-home care involved and to the limits of the out-of-home care data collected. The CIS-2008 did not collect any information on the duration of out-of-home care; therefore, it is unknown how many investigations involved very brief placements, after which the child returned home. In addition, as described in Table 6-8, 42% of First Nations investigations which involved out-of-home care during the investigation period involved "informal kinship care." These were cases in which a child was informally moved to the home of someone within a caregiver's kinship network and the child welfare authority did not take temporary custody. Knowledge about informal kinship care arrangements is limited and the percentage of these "placements" in which caregivers may have voluntarily arranged for a child to move, without any child welfare worker intervention, is unknown. Finally, in the sampled agencies, an additional 12% of the First Nations investigations involving out-of-home care during the investigation period involved formal kinship care; thus, more than half (54%) of out-of-home placements in First Nations investigations involved moves within a child/caregiver's kinship network. Kinship care arrangements may offer greater continuity in personal relationships, cultural contexts and

links to community than other types of out-of-home care. In addition, the high proportion of kinship care placements may point to the existence of support networks which were available to investigated First Nations families but which were not directly represented in CIS-2008 data.

REFERRAL SOURCE

Workers were asked to provide information about the sources of referrals in each investigation. Each independent contact with the child welfare site regarding a child (or children) was counted as a separate referral and the person who contacted the child welfare site was identified as the referral source. For example, if a child disclosed an incident of abuse to a schoolteacher, who made a report to a child welfare site, the school was counted as a referral source. However, if both the schoolteacher and the child's parent called, both would be counted as referral sources.

The *CIS-2008 Maltreatment Assessment Form* included 19 pre-coded referral source categories, which for the purposes of analysis are collapsed into the 12 categories listed below.

Professional Referral Sources

Community Agencies: This includes social assistance workers (involved with the household), crisis service/shelter workers (includes any shelter or crisis services worker) for domestic violence or homelessness, community recreation centre staff (refers to any person from a recreation or community activity programs), day care centre staff (refers to a child care or day care provider), and community agency staff.

Health Professional: This includes referrals that originate from a hospital which were made by a doctor, nurse or social worker. It also includes referrals from a family physician's office, community health nurse (nurses involved in services such as family support, family visitation programs and community medical outreach), or physician (any family physician with a single or ongoing contact with the child and/or family).

School: Any school personnel (teacher, principal, teacher's aide, etc.)

Mental Health Professional/Agency: Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside of a school/hospital/child welfare/*Youth Justice Act* setting.

Other Child Welfare Services: Includes referrals from mandated child welfare service providers from other jurisdictions or provinces.

Police: Any member of a police force, including municipal, provincial/territorial or the Royal Canadian Mounted Police (RCMP).

Non-Professional Referral Sources

Parent: This includes parents who act as caregivers to the reported child, as well as non-custodial parents.

Child: A self-referral by any child listed on the *Intake Face Sheet* of the CIS-2008 Maltreatment Assessment Form.

Relative: Any relative of the child in question. Workers were asked to code "other" for situations in which a child was living with a foster parent and a relative of the foster parent reported maltreatment.

Neighbour/Friend: This category includes any neighbour or friend of the children or his/her family.

Other Referral Sources

Anonymous: A caller who is not identified.

Other Referral Source: Any referral source not listed above.

For Table 6-1, referral sources were collapsed into three main categories: non-professional referral sources, professional referral sources, and other referral sources. Professional referral sources include community agencies, health professionals, schools, mental health professionals/agencies, other child welfare services, and police. Non-professional referral sources include parents, investigated children, and neighbours/friends. Other referral sources include all other referral sources and anonymous callers. In 65% of the investigations involving First Nations children which were conducted by sampled agencies in 2008, a child welfare site was contacted by at least one professional referral source; there was no professional referral source in the remaining 35% of investigations. For every 1,000 First Nations children living in the geographic areas served by sampled agencies there were 90.7 investigations involving at least one professional referral in 2008. There was at least one non-professional referral in 31% of First Nations investigations (43.7 investigations per 1,000 First Nations children living in the geographic areas served by the sampled agencies). There was at least one other referral in 8% of First Nations investigations (11.2 investigations per 1,000 First Nations children living in the geographic areas served by the sampled agencies).

In 71% of the investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008, a child welfare site was contacted by at least one professional referral source. For every 1,000 non-Aboriginal

children living in the geographic areas served by sampled agencies there were 23.7 investigations involving at least one professional referral in 2008. There was at least one non-professional referral in 24% of non-Aboriginal investigations (8.2 investigations per 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies). There was at least one other referral in 8% of non-Aboriginal investigations (2.7 investigations per 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies).

In comparison with non-Aboriginal investigations conducted by sampled agencies, a lesser proportion of investigations involving First Nations children were referred by non-professional sources (65% vs. 71%) and a greater proportion were referred by non-professional sources (31% vs. 24%). There was no difference in the proportion of investigations involving referrals from anonymous or "other" sources.

Table 6-2 gives specific referral sources for the investigations involving First Nations and non-Aboriginal children which were conducted by sampled agencies in 2008. The most common referral source in First Nations investigations was the police: 23% of First Nations investigations involved referral by police (32.6 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies in 2008.) In 17% of First Nations investigations, a school was a referral source (23.5 investigations per 1,000 First Nations children living in the geographic areas served by the sampled agencies), 14% of First Nations investigations involved referral by a community agency (19.2 investigations per 1,000 First Nations children living in the geographic areas served by the sampled agencies), and 12% of First Nations investigations involved referral by a relative (16.7 per 1,000 First Nations children living in the geographic areas served by the sampled agencies).

The most common referral source in the investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008 was a school: 26% of non-Aboriginal investigations involved referral by a school (8.6 investigations per 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies). In 23% of non-Aboriginal investigations,

TABLE 6-1: Referral source in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Professional Referral						
None	49.9	35%	9.8	29%	***	*
At Least One	90.7	65%	23.7	71%	***	*
Total	140.6	100%	33.5	100%	***	
Non-Professional Referral						
None	96.9	69%	25.4	76%	***	***
At Least One	43.7	31%	8.2	24%	***	***
Total	140.6	100%	33.5	100%	***	
Anonymous/Other Referral						
None	129.4	92%	30.8	92%	***	
At Least One	11.2	8%	2.7	8%	***	
Total	140.6	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 71–74 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

the police were a referral source (7.7 investigations per 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies), 12% of non-Aboriginal investigations involved referral by community agencies (3.9 investigations per 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies), and 11% involved referral by a parent (3.8 investigations per 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies).

The proportion of First Nations investigations conducted by sampled agencies which were referred by relatives was more than twice the proportion of non-Aboriginal investigations (12% vs. 5%). In contrast, the proportion of First Nations investigations involving referrals by a school was significantly lower than the proportion for non-Aboriginal investigations (17% vs. 26%). Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations for all referral source categories except "day care."

PREVIOUS CHILD MALTREATMENT INVESTIGATIONS

Workers were asked if the investigated child had been previously reported to child welfare authorities for suspected maltreatment. Data on history of previous child maltreatment investigations are reported in Table 6-3; this table does not include estimates from Quebec because of differences in the way cases were tracked in the province. Data in this table represents workers' knowledge of prior investigations and, as a result, reflects both the record keeping capacities of individual agencies and their abilities to access case histories from other agencies or jurisdictions.

Workers reported that they knew of previous child maltreatment investigations involving the investigated child in 55% percent of First Nations investigations conducted by sampled agencies in 2008. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 81.8 child maltreatment investigations involving

TABLE 6-2: Specific referral sources in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Police	32.6	23%	7.7	23%	***	
School	23.5	17%	8.6	26%	**	**
Community Agency	19.2	14%	3.9	12%	***	
Other Child Welfare Service	8.6	6%	1.9	6%	***	
Hospital	8.0	6%	1.6	5%	***	
Day Care Centre	1.2	1%	0.4	1%		
Relative	16.7	12%	1.8	5%	***	***
Parent (Custodial or Non-Custodial)	14.3	10%	3.8	11%	***	
Neighbour/Friend	10.3	7%	2.3	7%	***	
Child (Subject of Referral)	3.3	2%	0.4	1%	***	
Anonymous	5.6	4%	1.7	6%	***	
Other	5.7	4%	1.0	3%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 71–74 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

children who had been previously reported. In 42% of First Nations investigations workers indicated that the child not been previously reported, and prior history was unknown in 3% of First Nations investigations.

Workers reported that 45% percent of the non-Aboriginal investigations conducted by sampled agencies in 2008 involved a child previously reported for suspected maltreatment. For every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 18.5 child maltreatment investigations involving children who had been previously reported. In 53% of non-Aboriginal investigations workers indicated that the child had not been previously reported, and prior history was unknown in 1% of non-Aboriginal investigations.

In comparison with non-Aboriginal investigations conducted by sampled agencies, a greater proportion of First Nations investigations conducted by sampled agencies involved previously reported children (55% vs. 46%) and a lesser proportion of First Nations investigations involved children who had not been previously reported (42% vs. 53%). Prior investigation history was also unknown in a greater proportion of First Nations than non-Aboriginal investigations (3% vs. 1%). Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations for all previous child investigation history categories.

REFERRAL TO OUTSIDE SERVICES

Workers were asked to indicate referrals made to services which extended beyond the parameters of "ongoing child welfare services." These included internal referrals to special programs provided by child welfare sites and external referrals to programs and services offered by other organizations. Note that data for this item indicates whether a young person or family member was referred for services, not whether they actually received them.

No referral made: No referral was made to any programs which extended beyond the parameters of "ongoing child welfare services".

Referral made: A referral was made to a parent support group, family/parent counselling, drug or alcohol counselling, welfare or social assistance, a food bank, shelter services (domestic violence or homelessness), domestic violence services, psychiatric or psychological services, special education placement, recreational services, victim support program, medical or dental services, child or day care, cultural services, or other child/family-focused programs or services.

Table 6-4 presents information on referrals to outside services during the investigations involving First Nations and non-Aboriginal children which were conducted by sampled agencies in 2008. Referrals to outside services were made during the investigations period in 59% of First Nations investigations. For every 1,000 First Nations children living in the geographic areas served by sampled areas, there were 82.7 investigations in which referrals to outside services were made during the investigation period.

TABLE 6-3: History of previous child maltreatment investigations in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children (excluding Quebec)

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
No History of Previous Investigations	61.8	42%	21.1	53%	***	***
History of Previous Investigations	81.8	55%	18.5	46%	***	***
Unknown History	4.7	3%	0.2	1%	***	***
Total	148.3	100%	39.8	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on history of previous investigations for investigated children were not collected in Quebec; data on history of previous investigations were available for an estimated 13,720 First Nations and 76,120 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 71–74 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

Referrals to services were made during the investigation period in 51% of the investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. For every 1,000 non-Aboriginal children living in the geographic areas served by sampled areas, there were 17 investigations in which referrals were made during the investigation period. Referrals were made in a greater proportion of First Nations than non-Aboriginal investigations (59% vs. 51%). For the population served by sampled agencies, the rate of First Nations investigations involving referrals to outside services was 4.9 times the rate of non-Aboriginal investigations which involved referrals to outside services. However, given the underlying disparity in the rates of First Nations and non-Aboriginal investigations in the population served by sampled agencies, the incidence rates for First Nations investigations which did not involve referrals were also significantly higher than those for non-Aboriginal investigations which did not involve referrals.

ONGOING CHILD WELFARE SERVICES

Workers were asked to indicate whether cases would remain open for ongoing child welfare services after the initial investigation period (which typically lasted four to six weeks). Data on cases remaining open after the investigation period is presented in Table 6-5. In 38% of the investigations involving First Nations children which were conducted by sampled agencies in 2008, a decision was made to keep a case open in order to provide additional child welfare services after the investigation period. For every 1,000 First Nations children living in the geographic areas served by sampled areas, there were 53.2 investigations which remained open for ongoing child welfare services.

In 24% of investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008, a decision was made to keep a case open in order to provide additional child welfare services after the investigation period. For every 1,000 non-Aboriginal children living in the geographic areas served by sampled areas, there were 7.9 investigations which remained open for ongoing child welfare services in 2008. The proportion of First Nations investigations which remained open for ongoing child welfare services was greater than the proportion of non-Aboriginal investigations which remained open for ongoing services (38% vs. 24%). For the population served by sampled agencies, the rate of First Nations investigations which stayed open for ongoing service was 6.7 times the rate of non-Aboriginal investigations which stayed open for ongoing services. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations which did not remain open for ongoing service were also significantly higher than those for non-Aboriginal investigations which did not stay open.

CHILD WELFARE COURT APPLICATIONS

Table 6-6 describes applications made to child welfare court during the investigation period. Applications to child welfare court can be made for a number of reasons, including orders of supervision with the child remaining in the home, and out-of-home placement orders (temporary or permanent). Although applications to court can be made during the investigation period, many statutes require that, where possible, non-court-ordered services are offered before an application is made to court. Because the CIS could track only applications made during the investigation period, the CIS court application rate does not account for applications made at later points of service.

TABLE 6-4: Referral to outside services during an investigation conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
No Referral	57.9	41%	16.6	49%	***	*
Referral	82.7	59%	17.0	51%	***	*
Total	140.6	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 71–74 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

TABLE 6-5: Case open for ongoing services following investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Case Closed	87.0	62%	25.5	76%	***	***
Case Open For Ongoing Service	53.2	38%	7.9	24%	***	***
Total	140.2	100%	33.4	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on provision of ongoing services were available for an estimated 14,074 First Nations and 83,535 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 71–74 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

TABLE 6-6: Applications to child welfare court in investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
No Court Application	127.5	91%	32.1	96%	***	**
Court Application	13	9%	1.5	4%	***	**
Total	140.5	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on court applications were available for an estimated 14,103 First Nations and 83,635 non-Aboriginal investigations

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 71–74 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

Workers chose from three possible statuses for court involvement during the initial investigation period:

No Application: Court involvement was not considered.

Application Considered: The child welfare worker was considering whether or not to submit an application to child welfare court.

Application Made: An application to child welfare court was submitted.

For the purposes of Table 6-6, the "application considered" and "no application" categories have been collapsed into a single category. Court applications were made in 9% of the investigations involving First Nations children which were conducted by sampled agencies in 2008. For every 1,000 First Nations children living in the geographic areas served by sampled child welfare agencies, there were 13 investigations involving court applications in 2008. Court applications were made in 4% of non-Aboriginal investigations conducted by sampled agencies; for every 1,000 non-Aboriginal children living in the geographic areas served by sampled child welfare agencies, there were 1.5 investigations involving court applications in 2008. The proportion of First Nations investigations conducted by sampled agencies which involved court applications was significantly higher than the proportion for non-Aboriginal investigations (9% vs. 4%). For the population served by sampled agencies, the rate of First Nations investigations involving court applications during the investigation period was 8.7 times the rate of non-Aboriginal investigations involving court applications during the investigation period. However, given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were also significantly higher than those for non-Aboriginal investigations for investigations which did not involve court applications.

OUT-OF-HOME CARE DURING THE INVESTIGATION PERIOD

The CIS tracked out-of-home placements that occurred during the initial, four to six week investigation period. The CIS **does not track events that occur after the initial investigation**, so out-of-home placements which occurred subsequent to the initial investigation period are not represented in study data. In addition, it is important to note that the study does not collect information about the number or duration of out-of-home placements which occur during the investigation period. Thus, CIS data does not identify investigations which involved more than one out-of-home placement during the investigation period. In addition, CIS data cannot differentiate between a short placement, which may have lasted only a few days during the investigation period, and longer term placements.

Workers were asked to specify the type of placement which occurred during the investigation period. In cases where there may have been more than one placement, workers were asked to describe the setting where the child spent the most time. The following placement classifications were used:

No Placement Required: No placement is required following the investigation.

Placement Considered: At this point of the investigation, an out-of home placement is still being considered.

Informal Kinship Care: An informal placement has been arranged within the family support network (kinship care, extended family, traditional care); the child experiences a change in residence and guardianship, but the child welfare authority does not assume temporary custody.

Kinship Foster Care: A formal placement has been arranged within the family support network (kinship care, extended family, traditional care); the child welfare authority has temporary or full custody and is paying for the placement.

Family Foster Care (non-kinship): Includes any family-based care, including foster homes, specialized treatment foster homes, and assessment homes.

Group Home Placement: An out-of-home placement required in a structured group living setting.

Residential/Secure Treatment: Placement required in a therapeutic residential treatment centre to address the needs of the child.

Table 6-7 presents information on the percentage and rate of First Nations and non-Aboriginal investigations in which a child experienced a formal or informal out-of-home placement during the initial investigation period. For the purposes of this table, "no placement required" and "placement considered" were collapsed into a single category: "child remained at home." All other categories except informal kinship care were collapsed into a second category, "formal child welfare placement." "Informal kinship care" is the third category described in Table 6-7.

The majority of First Nations investigations did not involve an out-of-home placement during the investigation period; the investigated child remained at home for the duration for the four to six week investigation period in 83% of First Nations investigations conducted by sampled agencies in 2008. In 10% of First Nations investigations, the investigated child spent some time (duration unknown) in a formal child welfare placement during the investigation period. In the remaining 7% of First Nations investigations, the investigated child experienced informal kinship care (duration unknown) during the investigation period. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 10.3 investigations involving informal kinship care and 13.6 investigations involving formal child welfare placement in 2008.

The majority of non-Aboriginal investigations did not involve an out-of-home placement during the investigation period; the investigated child remained at home for the duration of the four to six week investigation period in 94% of non-Aboriginal investigations conducted by sampled agencies in 2008. In 3% of non-Aboriginal investigations, the investigated child spent some time in formal child welfare placement (duration unknown) during the investigation period. In the remaining 3% of non-Aboriginal investigations, the investigated child experienced informal kinship care (duration unknown) during the investigation period. For every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were .9 investigations involving informal kinship care and 1.1 investigations involving some type of formal child welfare placement in 2008.

In comparison with the non-Aboriginal investigations conducted by sampled agencies, a greater proportion of the First Nations investigations conducted by sampled agencies involved informal kinship care (7% vs. 3%) and a greater proportion involved formal out-of-home placements (10% vs. 3%). In the population served by sampled agencies, the rate of First Nations investigations involving informal

TABLE 6-7: Out-of-home care in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Child Remained at Home	116.6	83%	31.5	94%	***	***
Informal Kinship Care	10.3	7%	0.9	3%	***	***
Formal Child Welfare Placement	13.6	10%	1.1	3%	***	***
Total	140.5	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on out-of-home care was available for an estimated 14,096 First Nations and 83,520 non-Aboriginal investigations

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 71–74 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

kinship care during the investigation period was 11.4 times the rate for non-Aboriginal investigations and the rate for investigations involving formal out-of-home placements was 12.4 times the non-Aboriginal rate. However, given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations which did not involve out-of-home placements were also significantly higher than those for non-Aboriginal investigations which did not involve out-of-home care.

Table 6-8 describes the types of out-of-home care involved in First Nations and non-Aboriginal child investigations involving out-of-home care during the investigation period which were conducted by sampled agencies in 2008. For the purposes of this table, placement in a group home and placement in a residential secure facility were collapsed into a single category. The table reports the percentage and rate of First Nations and non-Aboriginal placements in informal kinship care, formal kinship care, foster family (non-kinship) care, and group home/residential secure facility. The most common type of out-of-home care for First Nations children was informal kinship care; 42% of First Nations placements during the investigation period were in informal kinship care (10.3 investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies). These were cases in which the child welfare authority did not take temporary custody, but a child was informally moved to the home of someone within the caregiver's kinship network. Knowledge about informal kinship care arrangements is limited and the percentage of these "placements" in which caregivers may have voluntarily arranged for a child to move, without any intervention/assistance from a social worker, is unknown. Family (non-kinship) foster care represented 37% of First Nations investigations involving out-of-home care (8.9 investigations per 1,000 First Nations children), 12% of First Nations placements were in formal kinship foster care placements (3 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies), and 9% of First Nations placements during the investigation period were in a group homes or residential secure facilities (1.7 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies).

The most common type of out-of-home placement for non-Aboriginal children was an informal kinship care, 44% of non-Aboriginal placements during the investigation period were for informal kinship care (.9 investigations for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). Family (non-kinship) foster care placement represented 37% of non-Aboriginal placements during the investigation period (.8 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies), 10% of non-Aboriginal placements involved formal kinship foster care (.2 investigations per 1,000 non-Aboriginal children), and 8% involved placement in a group home or residential secure facility (.1 investigations per 1,000 non-Aboriginal children living in the

TABLE 6-8: Type of out-of-home care in child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Informal Kinship Care	10.3	42%	0.9	44%	***	
Formal Kinship Care	3	12%	0.2	10%	***	
Family Foster Care	8.9	37%	0.8	37%	***	
Group home or Residential Secure Facility	1.7	9%	0.1	8%	***	
Total	23.9	100%	2.0	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on type of out-of-home care were available for an estimated 2,936 First Nations and 4,928 non-Aboriginal investigations

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 71–74 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

geographic areas served by sampled agencies). There were no significant differences in the proportion of First Nations and non-Aboriginal placements in any category. However, given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in all out-of-home placement categories.

Chapter 7
MALTREATMENT CHARACTERISTICS

This chapter describes the findings of two distinct types of investigations conducted by the agencies included in the CIS-2008 sample: risk investigations and maltreatment investigations.[1] It also describes characteristics of child maltreatment for the substantiated child maltreatment investigations involving First Nations and non-Aboriginal children which were conducted by sampled agencies in 2008. While Chapters 4 through 6 presented data on all new child maltreatment-related investigations conducted by sampled agencies in 2008, data in this chapter focuses largely on an estimated 35,485 cases of substantiated child maltreatment: 6,003 investigations involving First Nations children and 29,482 investigations involving non-Aboriginal children. These substantiated maltreatment investigations are those cases in which the investigating worker concluded that a child did experience physical abuse, sexual abuse, neglect, emotional maltreatment or exposure to intimate partner violence.

The data collection methods, sampling design, and weighting procedures specific to the study must be considered before inferences are drawn from the estimates presented in this chapter. The CIS-2008 asked investigating child welfare workers to provide information about assessments made during the first four to six weeks of new investigations conducted by sampled child welfare agencies. Worker assessments cannot be independently verified. In addition, the data presented here do not include maltreatment-related situations which were not reported to child welfare agencies, reports which were screened out prior to opening of an investigation, new reports on cases already open in the child welfare system, or information about post-investigation outcomes or disclosures. All data presented in this chapter are weighted estimates; the unit of analysis for the weighted estimates is a child investigation (rather than a unique child), and the annual estimates cannot account for seasonal fluctuation in investigation type or in other variables. Finally, because of the purposive (rather than random) selection of First Nations agencies and changes in study methods, data in this report cannot be used to create national estimates of First Nations investigations, cannot be directly compared to data from prior cycles of the CIS, and cannot be generalized beyond the agencies included in the CIS-2008 sample. (See Chapter 3 for additional discussion of study methods and limitations.)

Table 7-1 describes child maltreatment-related investigations involving First Nations and non-Aboriginal children by investigation type. Workers classified 27% of the First Nations investigations conducted by sampled agencies in 2008 as risk investigations. These were investigations in which workers had no reason to suspect that a child already experienced maltreatment, but in which, because of circumstances like parental substance abuse or other lifestyle concerns, there was concern that a child faced significant risk of future maltreatment. (See Figure 3-3 for a more detailed discussion of the difference between risk and maltreatment investigations). The remaining 73% of First Nations investigations conducted by sampled agencies in 2008 were maltreatment investigations, in which workers sought to assess whether a child had already experienced physical abuse, sexual abuse, neglect, emotional maltreatment, or exposure to intimate partner violence. There were no significant differences in the proportions of risk and maltreatment investigations for First Nations and non-Aboriginal investigations.

Table 7-2 describes the outcomes of the estimated 3,790 risk investigations involving First Nations children and the estimated 21,139 risk investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. Workers determined that there was no significant risk of future maltreatment in 54% of First Nations risk investigations

1 The findings and interpretations presented in this chapter are products of the FNCIS-2008. They result from the collective efforts of the CIS-2008 research team and the FNCIS-2008 advisory committee to analyze and interpret the data on investigations involving First Nations children which were collected by the CIS-2008.

conducted by sampled agencies and indicated that there was significant risk of future maltreatment in 22% of First Nations risk investigations. The risk of future maltreatment was reported as unknown in 23% of First Nations investigations. There were no significant differences in the proportions of risk investigations involving First Nations and non-Aboriginal children in which the worker concluded that the child faced a significant risk of future maltreatment. However, in comparison with non-Aboriginal investigations, the proportion of First Nations investigations in which workers concluded that there was no risk of future maltreatment was lower (54% vs. 67%) and the proportion of First Nations investigations in which workers indicated that the risk of future maltreatment was unknown was significantly higher (23% vs. 14%).

Table 7-3 describes the outcomes of an estimated 10,324 maltreatment investigations involving First Nations children and 62,512 maltreatment investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. The CIS uses a three-tiered classification system for investigated incidents of maltreatment. "Substantiated" means that the worker found conclusive evidence that an incident which placed a child at risk of harm did occur. "Unfounded" means that the worker concluded that the child was not placed at risk of harm. The "suspected" level provides an important clinical distinction in cases where there is not sufficient evidence to substantiate maltreatment, but where maltreatment cannot be ruled out. Workers substantiated allegations/suspicions of child maltreatment in 58% of maltreatment investigations involving First Nations children; for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 59.8 substantiated maltreatment investigations in 2008. Workers concluded maltreatment allegations/suspicions were unfounded in 32% of First Nations child maltreatment investigations; maltreatment was suspected in 10% of First Nations investigations.

In comparison with non-Aboriginal investigations conducted by sampled agencies, allegations/suspicions of child maltreatment were substantiated in a greater proportion of First Nations investigations (58% vs. 47%) and deemed unfounded in a lesser proportion of First Nations investigations (32% vs. 43%). The disparity is more pronounced when comparing the rates of substantiated maltreatment investigations, which take into account the underlying, four-fold disparity in investigation rates for First Nations and non-Aboriginal children living in the geographic areas served by sampled agencies. In the population served by sampled agencies, the rate of substantiated maltreatment investigations involving First Nations children was 5.1 times the rate of substantiated maltreatment investigations involving non-Aboriginal children.

Workers in sampled agencies were asked to provide information on up to three categories of maltreatment identified during the initial, four to six week investigation period. The "primary" category of maltreatment is the one which workers felt best represented the substantiated maltreatment. Interpretation of data on maltreatment categories must take into account the fact that the CIS-2008 did not collect information about maltreatment which was identified or disclosed after the initial investigation period. Accordingly, the data presented in this chapter may underestimate the proportion of cases involving those categories of maltreatment, which, like sexual abuse, are more likely to be disclosed in the post-investigation period.

Table 7-4 presents data on the primary category of maltreatment in the estimated 6,003 substantiated maltreatment investigations involving First Nations children and 29,482 substantiated maltreatment investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 27.7 substantiated child maltreatment investigations in which neglect was the primary category of maltreatment and 19.9 substantiated investigations in which the primary maltreatment category was exposure to intimate partner violence.[2] In addition, for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 5.6 substantiated investigations in which emotional maltreatment was the primary category of maltreatment, 5.6 substantiated investigations with physical abuse as the primary maltreatment category and 1 substantiated sexual abuse investigation.

Comparison of primary maltreatment category data for First Nations and non-Aboriginal substantiated maltreatment investigations shows that the rate of substantiated investigations involving First Nations children was higher than the non-Aboriginal rate in each of the five primary maltreatment categories. The First Nations – non-Aboriginal rate disparity was most

2 Exposure to intimate partner violence is conceptually different from the other forms of maltreatment; substantiation of this maltreatment category means that a caregiver failed to protect a child from exposure to his/her own victimization.

pronounced in the category of neglect. While there were 27.7 substantiated neglect investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 3.5 substantiated neglect investigations for every 1,000 non-Aboriginal children; the rate of substantiated neglect investigations was 8 times greater for the First Nations population served by sampled agencies than for the non-Aboriginal population. The disparity in First Nations and non-Aboriginal substantiated investigation rates was smaller in the other maltreatment categories. In the population served by sampled agencies, the rate of substantiated emotional maltreatment investigations was 5.4 times greater for the First Nations population, the rate of substantiated exposure to intimate partner violence investigations involving First Nations children was 4.7 times greater than the rate for non-Aboriginal children, the rate of substantiated physical abuse investigations was 2.1 times greater for the First Nations population, and the rate of substantiated sexual abuse investigations was 2.7 times greater for the First Nations population served by sampled agencies than for the non-Aboriginal population.

Because the disparity in First Nations and non-Aboriginal rates of substantiated investigations was more pronounced for neglect than for other maltreatment categories, neglect represents a much larger percentage of the substantiated maltreatment investigations involving First Nations children than non-Aboriginal children. In total, there were 59.8 substantiated child maltreatment investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies. Neglect was the primary category of maltreatment in 27.7 (or 46%) of these investigations. There were 11.8 substantiated child maltreatment investigations for every 1,000 non-Aboriginal children served by sampled agencies, and 3.5 (29%) of these investigations involved neglect as the primary category of maltreatment. In contrast, physical abuse and sexual abuse, those categories in which the disparity in rates of substantiated investigations involving First Nations and non-Aboriginal children was least pronounced, represent a smaller percentage of the substantiated maltreatment investigations involving First Nations children than non-Aboriginal children. For every 1,000 First Nations children living in the geographic areas served by sampled agencies there were 5.6 substantiated physical abuse investigations (9% of substantiated maltreatment investigations involving First Nations children). In contrast, for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 2.7 substantiated physical abuse investigations (23% of substantiated maltreatment investigations involving non-Aboriginal children. Similarly, the 1.0 substantiated sexual abuse investigation for every 1,000 First Nations children living in the geographic areas served by sampled agencies represented 2% of substantiated First Nations investigations, while the .4 substantiated sexual abuse investigations for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies represented 3% of substantiated non-Aboriginal investigations

Tables 7-5 and 7-6 give additional information on categories of maltreatment, reinforcing the finding that neglect is a primary driver of First Nations overrepresentation in the sampled agencies. Whereas Table 7-4 described the primary category of substantiated maltreatment, Table 7-5 provides a more detailed description, presenting all substantiated categories for investigations involving multiple categories of maltreatment. The most commonly co-occurring maltreatment types for First Nations investigations conducted by sampled agencies were neglect and exposure to intimate partner violence (7% of First Nations substantiated maltreatment investigations) and neglect and emotional maltreatment (4%).

Table 7-6 presents data on all the substantiated maltreatment investigations conducted by sampled agencies in 2008, which involved at least one form of substantiated neglect: it combines investigations which fell into the "neglect" only, "neglect and emotional maltreatment," and "neglect and exposure to intimate partner violence" categories described in Table 7-6 with additional investigations involving substantiated neglect which were subsumed under the "other multiple maltreatment" category in that table. In total, 52% of First Nations substantiated maltreatment investigations conducted by sampled agencies involved at least one form of substantiated neglect; 33% of non-Aboriginal substantiated maltreatment investigations involved at least one form of substantiated neglect.

Table 7-7 gives data on the specific forms of neglect which workers felt best characterized these substantiated neglect investigations. The two most common, primary forms of substantiated neglect in First Nations investigations conducted by sampled agencies were "failure to supervise: physical harm" (45% of substantiated maltreatment investigations) and physical neglect (35% of substantiated maltreatment investigations). In

combination, these two forms account for nearly 80% of substantiated neglect investigations involving First Nations children; educational neglect (7%), abandonment (6%), medical neglect (5%) and "failure to supervise: sexual abuse" (2%) account for an additional 20% of substantiated neglect investigations involving First Nations children. There were no significant differences in the proportions of substantiated First Nations and non-Aboriginal investigations for any form of substantiated neglect.

Table 7-8 presents information on the "duration" of primary maltreatment, for the substantiated maltreatment investigations involving First Nations and non-Aboriginal children which were conducted by sampled agencies in 2008. Workers reported a single incident of maltreatment in 39% of substantiated maltreatment investigations involving First Nations children and multiple incidents in 61% of these investigations. There was no significant difference in the duration of maltreatment reported for First Nations and non-Aboriginal children.

Tables 7-9 through 7-12 present data on emotional and physical harm documented in the substantiated maltreatment investigations conducted by sampled agencies in 2008. Workers were asked whether they knew or suspected that a child experienced physical harm as a result of maltreatment and whether they experienced harm severe enough to necessitate medical treatment; these data are presented in Tables 7-9 and 7-10. Physical harm was noted in 7% of substantiated maltreatment investigations involving First Nations children; medical treatment was required in 46% of these substantiated First Nations investigations in which physical harm was noted. There were no significant differences in the proportions of investigations involving physical harm or physical harm requiring medical treatment for First Nations and non-Aboriginal children. Described in terms of incidence rates, for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 140.6 maltreatment-related investigations, 4.1 substantiated maltreatment investigations involving physical harm, and 1.9 substantiated investigations involving physical harm which required medical treatment, in 2008.

Workers were also asked to indicate whether the investigated child showed signs of emotional harm (e.g., nightmares, bed wetting or social withdrawal) following an incident of maltreatment, and whether the documented emotional harm was severe enough to require therapeutic treatment; these data are presented in Tables 7-11 and 7-12. Emotional harm was noted in 37% of substantiated First Nations child maltreatment investigations; workers indicated emotional harm which required therapeutic treatment in 57% of these First Nations substantiated maltreatment investigations in which emotional harm was documented. The percentage of First Nations substantiated maltreatment investigations involving documented emotional harm was significantly higher than the percentage of non-Aboriginal substantiated maltreatment investigations involving documented emotional harm (37% vs. 26%); however, there was no significant difference in the proportions of First Nations and non-Aboriginal investigations involving documented emotional harm in which therapeutic treatment was required. Described in terms of incidence rates, for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 140.6 maltreatment-related investigations, 22 substantiated maltreatment investigations involving documented emotional harm, and 12.4 substantiated investigations involving emotional harm which required therapeutic treatment, in 2008.

The overall picture presented by these data is one in which the overrepresentation of First Nations children in the sampled agencies is driven largely by cases involving neglect. Research on neglect suggests that it is closely linked with the household/family structural factors and that the consequences of chronic neglect for children are as severe as (and in some domains, more severe than) for other forms of maltreatment. Data presented in this chapter also indicate that the vast majority of First Nations investigations conducted by sampled agencies did not involve physical harm requiring medical treatment or emotional harm requiring therapeutic treatment. Data on physical harm and emotional harm are based on assessments workers made during four to six week long investigations; thus, they do not take into account symptoms of harm which were manifested, observed or disclosed in the post-investigation period. Accordingly, it is likely that they underestimate the true levels of emotional and physical harm among investigated First Nations children. But even if the rate of First Nations investigations documenting physical harm requiring medical treatment (1.9 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies) or emotional harm requiring therapeutic treatment (12.4 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies) were doubled, they would still represent a minority of the 140.6 total investigations conducted for every 1,000 First Nations children living in the geographic areas served by sampled agencies.

TABLE 7-1: Type of child maltreatment-related investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Investigations		Non-Aboriginal Child Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
Risk Investigation	37.8	27%	8.5	25%	***	
Maltreatment Investigation	102.8	73%	25.1	75%	***	
Total	140.6	100%	33.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

Protecting children from severe physical and emotional harm is of paramount importance and child welfare agencies must be equipped to act in the best interest of children in need of urgent protection. However, the data presented in this chapter suggest that protection from immediate, severe emotional or physical harm is not the central concern for most of the First Nations children investigated by sampled agencies. Rather, the difficulties facing many of the families involved in these First Nations child welfare investigations may require programs offering longer-term, comprehensive services designed to help them address the multiple factors – poverty, substance abuse, domestic violence and social isolation – which pose challenges to their abilities to ensure the well being of First Nations children.

INVESTIGATION TYPE

Workers were asked to provide data on two distinct types of child maltreatment-related investigations (see Figure 3-3 for a more detailed description of the difference):

Risk investigation: it was not suspected/reported that a specific incident of maltreatment already occurred, and no specific incident of maltreatment was suspected at any point during the investigation. The investigation focused on assessing whether there was a significant risk of future maltreatment.

Maltreatment investigation: it was suspected/reported that a specific incident of maltreatment already occurred. The investigation focused on assessing whether a child may already have been maltreated.

Table 7-1 describes the types of child maltreatment-related investigations, involving First Nations and non-Aboriginal children, which were conducted by sampled agencies in 2008. Maltreatment investigations represented 73% of First Nations investigations conducted by sampled agencies; the remaining 27% were risk investigations. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 102.8 maltreatment investigations and 37.8 risk investigations in 2008.

Maltreatment investigations represented 75% of non-Aboriginal investigations conducted by sampled agencies in 2008; the remaining 25% of non-Aboriginal investigations were risk assessments. For every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 25.1 maltreatment investigations and 8.5 risk investigations in 2008. There were no significant differences in the proportions of First Nations and non-Aboriginal maltreatment or risk investigations conducted by sampled agencies. However, given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in both categories.

OUTCOMES IN RISK INVESTIGATIONS

Workers were asked to describe the outcome of risk investigations, using three response categories:

Risk of future maltreatment: at the close of the investigation, the worker determined that the child was at significant risk of future maltreatment.

No risk of future maltreatment: at the close of the investigation, the worker determined that the child was not at significant risk of future maltreatment.

Unknown risk of future maltreatment: at the close of the investigation, the worker was unable to determine whether the child was at significant risk of future maltreatment.

Table 7-2 describes the outcomes of the estimated 3,790 risk investigations involving First Nations children and the estimated 21,139 risk investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. Workers determined that there was no significant risk of future maltreatment in 54% of First Nations risk investigations (20.4 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies) and indicated that there was significant risk of future maltreatment in 22% of First Nations risk investigations (8.5 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies). The risk of future maltreatment was reported as unknown in 23% of the risk investigations involving First Nations children which were conducted by sampled agencies in 2008.

Workers determined that there was no significant risk of future maltreatment in 67% of non-Aboriginal risk investigations (5.7 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies) and indicated that there was significant risk of future maltreatment in 19% of non-Aboriginal risk investigations (1.6 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). The risk of future maltreatment was reported as unknown in 14% of the risk investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008.

In comparison with risk investigations involving non-Aboriginal children which were conducted by sampled agencies, workers reported unknown risk of future maltreatment in significantly greater proportion of First Nations risk investigations (23% vs. 14%) and found that there was no risk of future maltreatment in a significantly smaller proportion of First Nations risk investigations (54% vs. 67%). There was no significant difference n the proportion of First Nations and non-Aboriginal risk investigations in which workers concluded there was a significant risk of future maltreatment. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in all three risk of future maltreatment categories.

SUBSTANTIATION OF MALTREATMENT INVESTIGATIONS

Workers were asked to describe the outcome of child maltreatment investigations, using three response categories:

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.

TABLE 7-2: Risk of future maltreatment in risk investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Risk Investigations		Non-Aboriginal Risk Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Risk Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Risk Investigations	Incidence per 1,000 Children	% of Risk Investigations
No Risk of Future Maltreatment	20.4	54%	5.7	67%	***	***
Risk of Future Maltreatment	8.5	22%	1.6	19%	***	
Unknown Risk of Future Maltreatment	8.8	23%	1.1	14%	***	***
Total	37.8	100%	8.5	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. An estimated 3,790 First Nations and 21,139 non-Aboriginal investigations were identified as risk investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

TABLE 7-3: Level of substantiation in child maltreatment investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Child Maltreatment Investigations		Non-Aboriginal Child Maltreatment Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Maltreatment Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Maltreatment Investigations	Incidence per 1,000 Children	% of Maltreatment Investigations
Unfounded	33.3	32%	10.7	43%	***	***
Suspected	9.8	10%	2.6	10%	***	
Substantiated	59.8	58%	11.8	47%	***	***
Total	102.8	100%	25.1	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. An estimated 10,324 First Nations and 62,512 non-Aboriginal investigations were identified as maltreatment investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

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 worker determined that the child had not been maltreated.

Table 7-3 describes the outcomes of the estimated 10,324 maltreatment investigations involving First Nations children and 62,512 maltreatment investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. Workers concluded that allegations/suspicions of child maltreatment were substantiated in 58% of maltreatment investigations involving First Nations children; for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 59.8 investigations in which maltreatment allegations/suspicions were substantiated. Allegations/suspicions of maltreatment were deemed to be unfounded in 32% of First Nations investigations (33.3 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies) and suspected in 10% of First Nations investigations (9.8 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies).

Workers concluded that allegations/suspicions of child maltreatment were substantiated in 47% of the maltreatment investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. For every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 11.8 investigations in which maltreatment allegations/suspicions were substantiated. Allegations/suspicions of maltreatment were deemed to be unfounded in 43% of non-Aboriginal investigations conducted by sampled agencies (10.7 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies) and suspected in 10% of non-Aboriginal investigations (2.6 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies).

In comparison with the non-Aboriginal child maltreatment investigations conducted by sampled agencies, maltreatment was substantiated in a greater proportion of First Nations investigations (58% vs. 47%). In comparison with non-Aboriginal child maltreatment investigations, maltreatment was determined to be unfounded in a smaller proportion of First Nations investigations (32% vs. 43%). This disparity in the proportion of First Nations and non-Aboriginal maltreatment investigations which were substantiated by sampled agencies compounds the underlying disparity in investigation rates; in the population served by sampled agencies, the rate of substantiated maltreatment investigations involving First Nations children was 5.1 times the rate of substantiated maltreatment investigations involving non-Aboriginal children. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, the incidence rates for First Nations investigations were also significantly higher than those for non-Aboriginal investigations in the "unfounded" and "suspected" substantiation categories.

PRIMARY CATEGORIES OF SUBSTANTIATED MALTREATMENT

The CIS-2008 asked workers to identify the types of maltreatment which were reported or suspected and investigated during the initial four to six week investigation period. Workers were asked to select from 32 forms of maltreatment subsumed under five categories: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence. The definitions of these five categories are summarized below (also see "Question 31: Maltreatment Codes in Appendix E"; or the *CIS-2008 Guidebook,* Appendix I, which gives specific definitions of each maltreatment form).

Data collection forms required that workers identify a minimum of one and a maximum of three forms of maltreatment for each investigation of suspected/reported maltreatment. In cases involving more than three forms of maltreatment, workers were asked to select the three forms that best described the reason for investigation. The **primary category** of maltreatment was the form that best described the investigated maltreatment. In cases where there were two or more forms of maltreatment and only one was substantiated, the substantiated form was selected as the primary form. **Forms of maltreatment which were reported, disclosed or investigated after the initial four to six week investigation period are not represented in CIS-2008 data.** Accordingly, the data presented in this chapter may underestimate the proportion and incidence of cases involving those categories of maltreatment, which, like sexual abuse, are more likely to be disclosed in the post-investigation period.

The maltreatment typology in the CIS-2008 includes five major categories of maltreatment

Physical Abuse: shake, push, grab or throw, hit with hand, punch kick or bite, hit with object, choking or poisoning or stabbing, and "other physical abuse."

Sexual Abuse: penetration, attempted penetration, oral sex, fondling, sex talk or images, voyeurism, exhibitionism, exploitation, and "other sexual abuse."

Neglect: failure to supervise resulting in risk of physical harm, failure to supervise resulting in risk of sexual abuse, permitting criminal behaviour, physical neglect, medical neglect (including dental), failure to provide psychiatric or psychological treatment, abandonment, and educational neglect.

Emotional Maltreatment: terrorizing or threat of violence, verbal abuse or belittling, isolation or confinement, inadequate nurturing or affection, exploiting or corrupting behaviour, and exposure to non-partner physical violence.

Exposure to Intimate Partner Violence: direct witness to physical violence, indirect exposure to physical violence, and exposure to emotional violence.

Table 7-4 presents data on the primary category of maltreatment in the estimated 6,003 substantiated maltreatment investigations involving First Nations children and 29,482 substantiated maltreatment investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 27.7 substantiated child maltreatment investigations in which neglect was the primary category of maltreatment and 19.9 substantiated investigations in which the primary maltreatment category was exposure to intimate partner violence.[3] In addition, for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 5.6 substantiated investigations in which emotional maltreatment was the primary category of maltreatment, 5.6 substantiated investigations with physical abuse as the primary maltreatment category and 1 substantiated sexual abuse investigation.

Comparison of primary maltreatment category data for First Nations and non-Aboriginal substantiated maltreatment investigations shows that the rate of substantiated investigations involving First Nations children was higher than the non-Aboriginal rate in each of the five primary maltreatment categories. The First Nations – non-Aboriginal rate disparity was most pronounced in the category of neglect. While there were 27.7 substantiated neglect investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 3.5 substantiated neglect investigations for every 1,000 non-Aboriginal children; the rate of substantiated neglect investigations was 8 times greater for the First Nations population served by sampled agencies than for the non-Aboriginal population. The disparity in First Nations and non-Aboriginal substantiated investigation rates was smaller in the other maltreatment categories. In the population served by sampled agencies, the rate of substantiated emotional maltreatment investigations was 5.4 times greater for the First Nations population, the rate of substantiated intimate

3 It is important to note that exposure to intimate partner violence differs from the other forms of maltreatment because substantiation of this maltreatment category means that a caregiver failed to protect a child from exposure to his/her own victimization.

partner violence investigations involving First Nations children was 4.7 times greater than the rate for non-Aboriginal children, the rate of substantiated physical abuse investigations was 2.1 times greater for the First Nations population, and the rate of substantiated sexual abuse investigations was 2.7 times greater for the First Nations population served by sampled agencies than for the non-Aboriginal population.

Because the disparity in First Nations and non-Aboriginal rates of substantiated investigations was more pronounced for neglect than for other maltreatment categories, neglect represents a much larger percentage of the substantiated maltreatment investigations involving First Nations children than non-Aboriginal children. In total, there were 59.8 substantiated child maltreatment investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies. Neglect was the primary category of maltreatment in 27.7 (or 46%) of these investigations.

There were 11.8 substantiated child maltreatment investigations for every 1,000 non-Aboriginal children served by sampled agencies, and 3.5 (29%) of these investigations involved neglect as the primary category of maltreatment. In contrast, physical abuse and sexual abuse, those categories in which the disparity in rates of substantiated investigations involving First Nations and non-Aboriginal children was least pronounced, represent a smaller percentage of the substantiated maltreatment investigations involving First Nations children than non-Aboriginal children. For every 1,000 First Nations children living in the geographic areas served by sampled agencies there were 5.6 substantiated physical abuse investigations (9% of substantiated maltreatment investigations involving First Nations children). In contrast, for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 2.7 substantiated physical abuse investigations (23% of substantiated maltreatment investigations involving non-Aboriginal children. Similarly, the 1.0 substantiated sexual abuse investigation for every 1,000 First Nations children living in the geographic areas served by sampled agencies represented 2% of substantiated First Nations investigations, while the .4 substantiated sexual abuse investigations for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies represented 3% of substantiated non-Aboriginal investigations. See figures 3-5a, 3-5b, 10 and 11 for further explanation of the relationship between incidence rates and percentages for these categories.

SINGLE AND MULTIPLE CATEGORIES OF SUBSTANTIATED MALTREATMENT

The CIS tracked up to three forms of maltreatment which were investigated during the initial, four to six week investigation period; accordingly, some cases involved multiple categories of substantiated maltreatment. Table 7-4

TABLE 7-4: Primary category of substantiated maltreatment in substantiated maltreatment investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Substantiated Maltreatment Investigations		Non-Aboriginal Substantiated Maltreatment Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Substantiated Maltreatment Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Substantiated Maltreatment Investigations	Incidence per 1,000 Children	% of Substantiated Maltreatment Investigations
Neglect	27.7	46%	3.5	29%	***	**
Exposure to Intimate Partner Violence	19.9	33%	4.2	36%	***	
Physical Abuse	5.6	9%	2.7	23%	**	***
Emotional Maltreatment	5.6	9%	1.0	9%	**	
Sexual Abuse	1.0	2%	0.4	3%	**	*
Total	59.8	100%	11.8	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Maltreatment was substantiated in an estimated 6,003 First Nations and 29,482 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

described the primary category of substantiated maltreatment, presenting the category of maltreatment about which workers felt best characterized each investigation involving multiple substantiated maltreatment categories. Table 7-5 provides a more detailed description, presenting all substantiated categories for investigations involving multiple categories of maltreatment.

A single category of maltreatment was substantiated in 80% of the substantiated maltreatment investigations involving First Nations children which were conducted by sampled agencies in 2008. Multiple categories of maltreatment were substantiated in 20% of substantiated First Nations investigations (11.9 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies). Both neglect and exposure to intimate partner violence were substantiated in 7% of substantiated investigations involving First Nations children (4.3 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies); both neglect and emotional maltreatment were substantiated in 4% of substantiated First Nations investigations (2.3 investigations per 1,000 First Nations children living in the geographic areas served by sampled agencies).

Multiple categories of maltreatment were substantiated in 18% of substantiated non-Aboriginal investigations (2.1 investigations per 1,000 non-Aboriginal children served living in the geographic areas served by sampled agencies). Both neglect and exposure to intimate partner violence were substantiated in 4% of substantiated investigations involving non-Aboriginal children (.4 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). Emotional maltreatment and exposure to intimate partner violence were co-substantiated in 3% of substantiated maltreatment investigations involving non-Aboriginal children, physical abuse and emotional maltreatment were co-substantiated in an additional 3% of these investigations.

Table 7.5 shows that the disparity in First Nations and non-Aboriginal incidence rates varies across single and multiple maltreatment categories. Given the underlying disparity in investigation rates, which is compounded by the disparity in rates of substantiation, the rate of substantiated investigations is significantly higher for First Nations than non-Aboriginal children served by sampled agencies in all categories except physical abuse (single category), and co-substantiated physical abuse and emotional maltreatment. For the population served by sampled agencies, the disparity in incidence rates is most pronounced for neglect (single category), co-substantiated neglect and exposure to intimate partner violence, and co-substantiated neglect and emotional maltreatment. The rate of substantiated single-category neglect investigations for First Nations children is 7.7 time that for non-Aboriginal children served by sampled agencies: 22 investigations per 1,000 First Nations children vs. 2.9 investigations per 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies. The First Nations rate of co-substantiated neglect and exposure to intimate partner violence is 9.8 times that for non-Aboriginal children (4.3 vs. .4) and the First Nations rate of co-substantiated neglect and emotional maltreatment is 8.9 times the non-Aboriginal rate (2.3 vs. .3).

Because the disparity in First Nations and non-Aboriginal incidence rates is most pronounced for investigations involving single category or co-substantiated neglect, these investigations represents a larger percentage of the substantiated maltreatment investigations involving First Nations children than non-Aboriginal children. The proportions of First Nations investigations substantiated by sampled agencies in 2008 were significantly higher than non-Aboriginal proportions in the following categories: single category neglect (37% vs. 24%), neglect and emotional maltreatment (4% vs. 2%), and neglect and exposure to intimate partner violence (7% vs. 4%). In contrast, because the disparities in First Nations and non-Aboriginal incidence rates were less pronounced in the population served by sampled agencies, there were no significant differences in the proportions of substantiated First Nations and non-Aboriginal investigations in most other categories: sexual abuse (single category), emotional maltreatment (single category), exposure to intimate partner violence (single category), emotional maltreatment and exposure to intimate partner violence (co-substantiated), physical abuse and emotional maltreatment (co-substantiated), physical abuse and neglect (co-substantiated), and "other" co-substantiated maltreatment categories. Because there was no significant difference in First Nations and non-Aboriginal incidence rates for substantiated maltreatment investigation involving single category physical abuse, these investigations represent a significantly lower proportion of the substantiated First Nations investigations than of the substantiated non-Aboriginal investigations conducted by sampled agencies (5% vs. 17%). See figures 3-5a, 3-5b, 10 and 11 for further explanation of the relationship between incidence rates and percentages.

TABLE 7-5: Single and multiple categories of substantiated child maltreatment in substantiated maltreatment investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Substantiated Maltreatment Investigations		Non-Aboriginal Substantiated Maltreatment Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Substantiated Maltreatment Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Substantiated Maltreatment Investigations	Incidence per 1,000 Children	% of Substantiated Maltreatment Investigations
Only Physical Abuse	2.9	5%	2.1	17%		***
Only Sexual Abuse	0.9	1%	0.3	3%	**	
Only Neglect	22.0	37%	2.9	24%	***	**
Only Emotional Maltreatment	4.3	7%	0.7	6%	*	
Only Exposure to Intimate Partner Violence	17.8	30%	3.8	32%	***	
Total Single Category	47.9	80%	9.7	82%	***	
Neglect and Exposure to Intimate Partner Violence	4.3	7%	0.4	4%	***	*
Neglect and Emotional Maltreatment	2.3	4%	0.3	2%	***	*
Emotional Maltreatment and Exposure to Intimate Partner Violence	1.2	2%	0.4	3%	***	
Physical Abuse and Emotional Maltreatment	1.1	2%	0.3	3%		
Physical Abuse and Neglect	0.8	1%	0.1	1%	**	
Other Multiple Categories	2.2	4%	0.6	5%	**	
Total Multiple Categories	11.9	20%	2.1	18%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Maltreatment was substantiated in an estimated 6,003 First Nations and 29,482 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

PRIMARY FORMS OF NEGLECT

Tables 7-4 and 7-5 described five broad categories of substantiated maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to intimate partner violence. Because neglect was identified as the primary form of maltreatment in nearly half of all substantiated First Nations investigations conducted by sampled agencies in 2008, Tables 7-6 and 7-7 provide more detailed information on investigations involving at least one form of substantiated neglect.

In addition to data on categories of maltreatment, the CIS-2008 also collected more detailed information on the specific forms of maltreatment investigated during the initial four to six week child maltreatment investigation period. For investigations involving neglect, workers were asked to identify the form of neglect which best described an investigation by selecting from the following forms:

- **Failure to supervise: physical harm:** The child suffered physical harm or is at risk of suffering physical harm because of the caregiver's failure to supervise or protect the child adequately. Failure to supervise includes situations where a child is harmed or endangered as a result of a caregiver's actions (e.g., drunk driving with a child, or engaging in dangerous criminal activities with a child).
- **Failure to supervise: sexual abuse:** The child has been or is at substantial risk of being sexually molested or sexually exploited; the caregiver knows or should have known of the possibility of sexual molestation and failed to protect the child adequately.
- **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.
- **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.
- **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.
- **Failure to provide psychological treatment:** The child is suffering from either emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, or a mental, emotional or developmental condition that could seriously impair the child's development. The child's caregiver does not provide, or refuses, 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.
- **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.
- **Educational neglect:** Caregivers knowingly permit chronic truancy (5+ days a month), or fail to enroll the child, or repeatedly keep the child at home. If the child is experiencing mental, emotional or developmental problems associated with school, and treatment is offered but caregivers do not cooperate with treatment, classify the case under failure to provide treatment as well.

Table 7-6 presents data for the estimated 6,003 substantiated maltreatment investigations involving First Nations children and the estimated 29,482 substantiated maltreatment investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. At least one form of neglect was substantiated in 52% of substantiated First Nations investigations. This percentage includes all the "neglect" only, "neglect and emotional maltreatment, "and "neglect and exposure to intimate partner violence" categories described in Table 7-5; it also includes those investigations in which neglect and another category of maltreatment were co-substantiated which were subsumed under the "other multiple maltreatment" category in Table 7-5. For every 1,000 First Nations children living in the geographic areas served by sampled agencies, there were 30.8 investigations involving at least one form of substantiated neglect in 2008.

At least one form of neglect was substantiated in 33% of the substantiated maltreatment investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. For every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies, there were 3.9 investigations involving at least one form of substantiated neglect in 2008. In comparison with non-Aboriginal investigations, the proportion of First Nations investigations involving any substantiated neglect was higher (52% vs. 33%). Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, and the compounding disparity in substantiation rates, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in both the "substantiated neglect" and the "no substantiated neglect" categories.

Table 7-7 presents data on the primary form of substantiated neglect for the estimated 3,097 substantiated neglect (single or co-substantiated) investigations involving First Nations children and the estimated 9,725substantiated neglect (single

TABLE 7-6: Substantiated maltreatment investigations involving any substantiated neglect conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Substantiated Maltreatment Investigations		Non-Aboriginal Substantiated Maltreatment Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Substantiated Maltreatment Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Substantiated Maltreatment Investigations	Incidence per 1,000 Children	% of Substantiated Maltreatment Investigations
No Substantiated Neglect	29	48%	7.9	67%	***	***
At Least One Form Of Substantiated Neglect	30.8	52%	3.9	33%	***	***
Total	59.8	100%	11.8	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Maltreatment was substantiated in an estimated 6,003 First Nations and 29,482 non-Aboriginal investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

TABLE 7-7: Primary form of substantiated child neglect in substantiated maltreatment investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Substantiated Neglect Investigations		Non-Aboriginal Substantiated Neglect Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Substantiated Neglect Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Substantiated Neglect Investigations	Incidence per 1,000 Children	% of Substantiated Neglect Investigations
Failure to Supervise: Physical Harm	13.7	45%	1.6	43%	***	
Physical Neglect	10.6	35%	1.3	34%	***	
Educational Neglect	2.1	7%	0.2	6%	*	
Abandonment	2	6%	0.3	7%	***	
Medical Neglect	1.6	5%	0.2	6%	**	
Failure to Supervise: Sexual Abuse	0.6	2%	0.1	3%		
Permitting Criminal Behavior	+	+	+	+	+	+
Failure to Provide Psychological Treatment	+	+	+	+	+	+
Total	30.6	100%	3.7	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. At least one form of neglect was substantiated in an estimated 3,097 First Nations and 9,725 non-Aboriginal maltreatment investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

+ Data omitted: number of cases in category was less than 50.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

or co-substantiated) investigations involving non-Aboriginal children which were conducted by sampled agencies in 2008. "Failure to supervise: physical harm" was the most common primary form of substantiated neglect in First Nations investigations; it was identified as the primary form of neglect in 45% of substantiated neglect investigations involving First Nations children (13.7 investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies). "Physical neglect" was the second most common primary form of substantiated neglect in First Nations investigations; it was identified as the primary form of neglect in 35% of substantiated neglect investigations involving First Nations children (10.6 investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies). Primary educational neglect represented 7% of substantiated neglect investigations involving First Nations children, abandonment represented 6% and medical neglect was the primary substantiated form of neglect in 5% of these investigations. The numbers of investigations involving substantiation of "permitting criminal behaviour" and "failure to provide psychological treatment" were too low to include data for these categories in Table 7-6.

"Failure to supervise: physical harm" was the most common primary form of substantiated neglect in the substantiated neglect investigations involving non-Aboriginal which were conducted by sampled agencies in 2008; it was identified as the primary form of neglect in 43% of substantiated neglect investigations involving non-Aboriginal children (1.6 investigations for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). "Physical neglect" was the second most common primary form of substantiated neglect in non-Aboriginal investigations; it was identified as the primary form of neglect in 34% of substantiated neglect investigations involving non-Aboriginal children (1.3 investigations for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). There were no significant differences in the primary forms of substantiated neglect identified in First Nations and non-Aboriginal investigations. However, given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, and the compounding disparity in substantiation rates, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations for all forms of substantiated neglect except "failure to supervise: sexual abuse."

DURATION OF MALTREATMENT

Workers were asked to describe the duration of maltreatment by classifying substantiated investigations as involving single or multiple incidents of maltreatment. Given the length restrictions for the CIS-2008 questionnaire, it was not possible to gather additional information on the frequency of maltreatment in order to distinguish between long-term situations with infrequent maltreatment and those involving with frequent maltreatment. Table 7-8 presents data on the duration of maltreatment for an estimated 5,982 substantiated maltreatment investigations involving First Nations children and an estimated 29,038 substantiated maltreatment investigations involving non-Aboriginal children, conducted by sampled agencies in 2008, for which workers provided information on duration of maltreatment.

In 39% of the substantiated investigations involving First Nations children which were conducted by sampled agencies in 2008, workers identified a single incident of maltreatment. For every 1,000 First Nations children living in the geographic areas served by the sampled agencies, there were 23.4 substantiated investigations in which workers noted a single maltreatment incident. The other 61% of substantiated First Nations investigations conducted by sampled agencies involved multiple incidents of maltreatment (36.2 investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies).

Data on the duration of maltreatment indicates that 42% of substantiated non-Aboriginal investigations conducted by sampled agencies in 2008 involved a single incident of maltreatment. For every 1,000 non-Aboriginal children living in the geographic areas served by the sampled agencies, there were 4.9 substantiated investigations involving a single incident of maltreatment. The other 58% of substantiated non-Aboriginal maltreatment investigations conducted by sampled agencies involved multiple incidents of maltreatment (6.7 investigations for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). There were no statistically significant differences in the proportions of First Nations and non-Aboriginal investigations involving single or multiple incidents of maltreatment. However, given the underlying disparity in the rates of

TABLE 7-8: Duration of primary form of child maltreatment in substantiated maltreatment investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Substantiated Maltreatment Investigations		Non-Aboriginal Substantiated Maltreatment Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Substantiated Maltreatment Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Substantiated Maltreatment Investigations	Incidence per 1,000 Children	% of Substantiated Maltreatment Investigations
Single Incident	23.4	39%	4.9	42%	***	
Multiple Incidents	36.2	61%	6.7	58%	***	
Total	59.6	100%	11.6	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations, Data on maltreatment duration were available for an estimated 5,982 First Nations and 29,038 non-Aboriginal substantiated maltreatment investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

First Nations and non-Aboriginal investigations for the population served by sampled agencies, and the compounding disparity in substantiation rates, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in both the single and multiple incident categories.

PHYSICAL HARM

The CIS-2008 tracked physical harm suspected or known to have been caused by the investigated maltreatment, and also asked workers to assess the severity of harm by indicating whether medical treatment was required. Workers were asked to document the nature of physical harm that was suspected or known to have been caused by the investigated maltreatment. These ratings were based on the information routinely collected during the maltreatment investigation. While investigation protocols require careful examination of any physical injuries and may include a medical examination, it should be noted that children are not necessarily examined by a medical practitioner.

Seven possible types of injury or health conditions were documented:

No Harm: there was no apparent evidence of physical harm to the child as a result of maltreatment.

Bruises/Cuts/Scrapes: The child suffered various physical hurts visible for at least 48 hours.

Burns and Scalds: The child suffered burns and scalds visible for at least 48 hours.

Broken Bones: The child suffered fractured bones.

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).

Other Health Conditions: The child suffered from other physical health conditions, such as complications from untreated asthma, failure to thrive, or a sexually transmitted disease.

Fatal: Child has died; maltreatment was suspected during the investigation as the cause of death. Included cases where maltreatment was eventually unfounded.

Because the numbers of cases in any single category of physical harm were very small, Table 7-9 collapses all seven types of injuries and health conditions into a single category, "physical harm noted." Table 7-9 presents data on physical harm for the estimated 6,003 substantiated investigations involving First Nations children and the estimated 29,357 substantiated maltreatment investigations involving non-Aboriginal children, conducted by sampled agencies in 2008, for which workers provided information on physical harm.

Physical harm was noted in 7% of substantiated First Nations investigations conducted by sampled agencies in 2008. For every 1,000 First Nations children living in geographic areas served by the sampled agencies, there were 4.1 substantiated investigations in which a worker noted physical harm in 2008. Physical harm was noted in 8% of substantiated non-Aboriginal investigations conducted by sampled agencies in 2008. For every 1,000 non-Aboriginal children living in geographic areas served by the sampled agencies, there was 1 substantiated investigation in which a worker noted physical harm. There were no significant differences in the proportions of First Nations and non-Aboriginal investigations involving physical harm. However, given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the

TABLE 7-9: Documented physical harm in substantiated child maltreatment investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Substantiated Maltreatment Investigations		Non-Aboriginal Substantiated Maltreatment Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Substantiated Maltreatment Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Substantiated Maltreatment Investigations	Incidence per 1,000 Children	% of Substantiated Maltreatment Investigations
No Physical Harm Noted	55.7	93%	10.8	92%	***	
Physical Harm Noted	4.1	7%	1.0	8%	***	
Total	59.8	100%	11.8	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on documented physical harm were available for an estimated 6,003 First Nations and 29,357 non-Aboriginal substantiated investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

TABLE 7-10: Medical treatment in substantiated child maltreatment investigations, involving documented physical harm, conducted in sampled agencies in 2008, for First Nations and non-Aboriginal Children

	First Nations Substantiated Maltreatment Investigations Involving Documented Physical Harm		Non-Aboriginal Substantiated Maltreatment Investigations Involving Documented Physical Harm		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Substantiated Maltreatment Investigations Involving Documented Physical Harm	Incidence per 1,000 Non-Aboriginal Children	% of Substantiated Maltreatment Investigations Involving Documented Physical Harm	Incidence per 1,000 Children	% of Substantiated Maltreatment Investigations Involving Documented Physical Harm
Physical Harm Did Not Require Medical Treatment	2.2	54%	0.7	69%	***	
Medical Treatment Required	1.9	46%	0.3	31%	***	
Total	4.1	100%	1.0	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on medical treatment were available for an estimated 410 First Nations and 2,432 non-Aboriginal substantiated maltreatment investigations involving documented physical harm.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

population served by sampled agencies, and the compounding disparity in substantiation rates, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in both the "physical harm noted" and "no physical harm noted" categories.

Table 7-10 presents data for the estimated 410 substantiated maltreatment investigations involving First Nations children and 2,432 substantiated maltreatment investigations involving non-Aboriginal children, conducted by sampled agencies in 2008, in which workers noted evidence of physical harm resulting from maltreatment. Workers indicated physical harm required medical treatment in 46% of substantiated First Nations investigations involving physical harm (1.9 investigations for every 1,000 First Nations children living in geographic areas served by sampled agencies). Workers indicated physical harm required medical treatment in 31% of substantiated non-Aboriginal investigations involving physical harm (.3 investigations for every 1,000 non-Aboriginal children living in geographic areas served by sampled agencies). Because of the small number of investigations which physical harm requiring medical

treatment, the difference in proportion of First Nations and non-Aboriginal investigations requiring medical treatment (46% First Nations vs. 31% non-Aboriginal) was not statistically significant. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, and the compounding disparity in substantiation rates, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in both the "medical treatment required" and "no medical treatment required" categories.

DOCUMENTED EMOTIONAL HARM

Considerable research indicates that child maltreatment can lead to emotional harm. Child welfare workers are often among the first to be aware of the emotional effects of maltreatment, either through their observations or through contact with allied professionals. If maltreatment was substantiated, workers were asked to indicate whether the child was showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the maltreatment incident(s). These maltreatment-specific descriptions of emotional harm are not to be confused with the general child functioning ratings that are presented in Chapter 4. However, it is important to note that while many victims may not show symptoms of emotional harm at the time of the investigation, the effects of the maltreatment may manifest afterwards. Therefore, since the information collected in the CIS-2008 was limited to the initial assessment period, the emotional harm documented here likely underestimates the emotional effects of maltreatment.

Table 7-11 presents data on the estimated 5,988 substantiated maltreatment investigations involving First Nations children and 29,384 substantiated maltreatment investigations involving non-Aboriginal children, conducted by sampled agencies in 2008, for which workers provided information about emotional harm. Emotional harm was noted in 37% of substantiated First Nations maltreatment investigations; for every 1,000 First Nations children living in the geographic areas served by the sampled agencies, there were 22 substantiated maltreatment investigations in which a worker noted signs of emotional harm. Emotional harm was noted in 26% of substantiated non-Aboriginal maltreatment investigations; for every 1,000 non-Aboriginal children living in geographic areas served by the sampled agencies, there were 3.1 substantiated investigations in which a worker noted signs of emotional harm. In comparison with substantiated non-Aboriginal investigations, a greater proportion of substantiated First Nations investigations involved documented emotional harm (37% vs. 26%). Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, and the compounding disparity in rates of substantiation, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigations in both the "documented emotional harm" and "no documented emotional harm" categories.

TABLE 7-11: Documented emotional harm in substantiated maltreatment investigations conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Substantiated Maltreatment Investigations		Non-Aboriginal Substantiated Maltreatment Investigations		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Investigations	Incidence per 1,000 Non-Aboriginal Children	% of Investigations	Incidence per 1,000 Children	% of Investigations
No Documented Emotional Harm	37.7	63%	8.5	74%	***	***
Emotional Harm Documented	22.0	37%	3.1	26%	***	**
Total	59.7	100%	11.6	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on documented emotional harm were available for an estimated 5,988 First Nations and 29,384 non-Aboriginal substantiated maltreatment investigations.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

Table 7-12 presents data for the estimated 2,206 substantiated maltreatment investigations involving First Nations children and 7,622 substantiated maltreatment investigations involving non-Aboriginal children, conducted by sampled agencies in 2008, for which workers assessed the severity of emotional harm. Workers indicated that the emotional harm was severe enough to require therapeutic treatment in 57% of substantiated First Nations investigations in which emotional harm was documented (12.4 investigations for every 1,000 First Nations children living in the geographic areas served by sampled agencies). Workers indicated emotional harm which required therapeutic treatment in 62% of substantiated non-Aboriginal investigations in which emotional harm was documented (1.9 investigations for every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). There was no significant difference in the proportion of First Nations and non-Aboriginal investigations in which emotional harm was documented in which workers reported the child required therapeutic treatment. Given the underlying disparity in the rates of First Nations and non-Aboriginal investigations for the population served by sampled agencies, and the compounding disparity in substantiation rates, the incidence rates for First Nations investigations were significantly higher than those for non-Aboriginal investigation in both the "documented emotional harm" and "no documented emotional harm" categories.

TABLE 7-12: Therapeutic treatment in substantiated maltreatment investigations, involving documented emotional harm, conducted in sampled agencies in 2008, for First Nations and non-Aboriginal children

	First Nations Substantiated Maltreatment Investigations Involving Documented Emotional Harm		Non-Aboriginal Substantiated Maltreatment Investigations Involving Documented Emotional Harm		Statistical Significance of Difference	
	Incidence per 1,000 First Nations Children	% of Substantiated Maltreatment Investigations Involving Emotional Documented Harm	Incidence per 1,000 Non-Aboriginal Children	% of Substantiated Maltreatment Investigations Involving Documented Emotional Harm	Incidence per 1,000 Children	% of Substantiated Maltreatment Investigations Involving Documented Emotional Harm
Therapeutic Treatment Not Required	9.6	43%	1.2	38%	***	
Treatment Required	12.4	57%	1.9	62%	***	
Total	22.0	100%	3.1	100%	***	

*** very highly statistically significant; ** highly statistically significant; * statistically significant

Weighted sample includes an estimated 14,114 First Nations and 83,650 non-Aboriginal investigations. Data on therapeutic treatment were available for an 2,206 First Nations and 7,622 non-Aboriginal substantiated maltreatment investigations involving documented emotional harm.

Interpretation of findings must take into account context and structure of First Nations child welfare. See pages 83–87 for contextualized summary of chapter findings.

Because of methodological differences, results in this report cannot be directly compared to those in the FNCIS-2003 report (*Mesnmimk Wasatek: Catching a Drop of Light*) or to other analyses of CIS-2008 data.

Chapter 8
FUTURE DIRECTIONS

The expanded sample of First Nations agencies included in the CIS-2008, combined with the expanded resources and supports for the FNCIS yield the potential for analyses that were not possible in prior cycles. This chapter presents information about three, planned FNCIS-2008 analyses: (1) formal testing of the relationships between the overrepresentation of First Nations children in the child welfare system and the child, caregiver, household and maltreatment characteristics described in this report, (2) comparison of the profiles of investigations involving First Nations children which were conducted by provincial/territorial agencies in 2008 to those conducted in 2003 and 1998, and (3) comparison of those investigations involving First Nations children which were conducted by provincial/territorial agencies to those conducted by First Nations agencies included in the CIS-2008. These analyses are summarized in Figure 8-1. This chapter of the report describes major technical challenges and conceptual questions which will be involved in these secondary analyses. It also presents information on plans for engagement of First Nations child welfare organizations in the interpretation, framing and dissemination of the results of these analyses. The FNCIS-2008 dataset is available for additional types of secondary analyses; the final section in this chapter provides information on accessing the dataset.

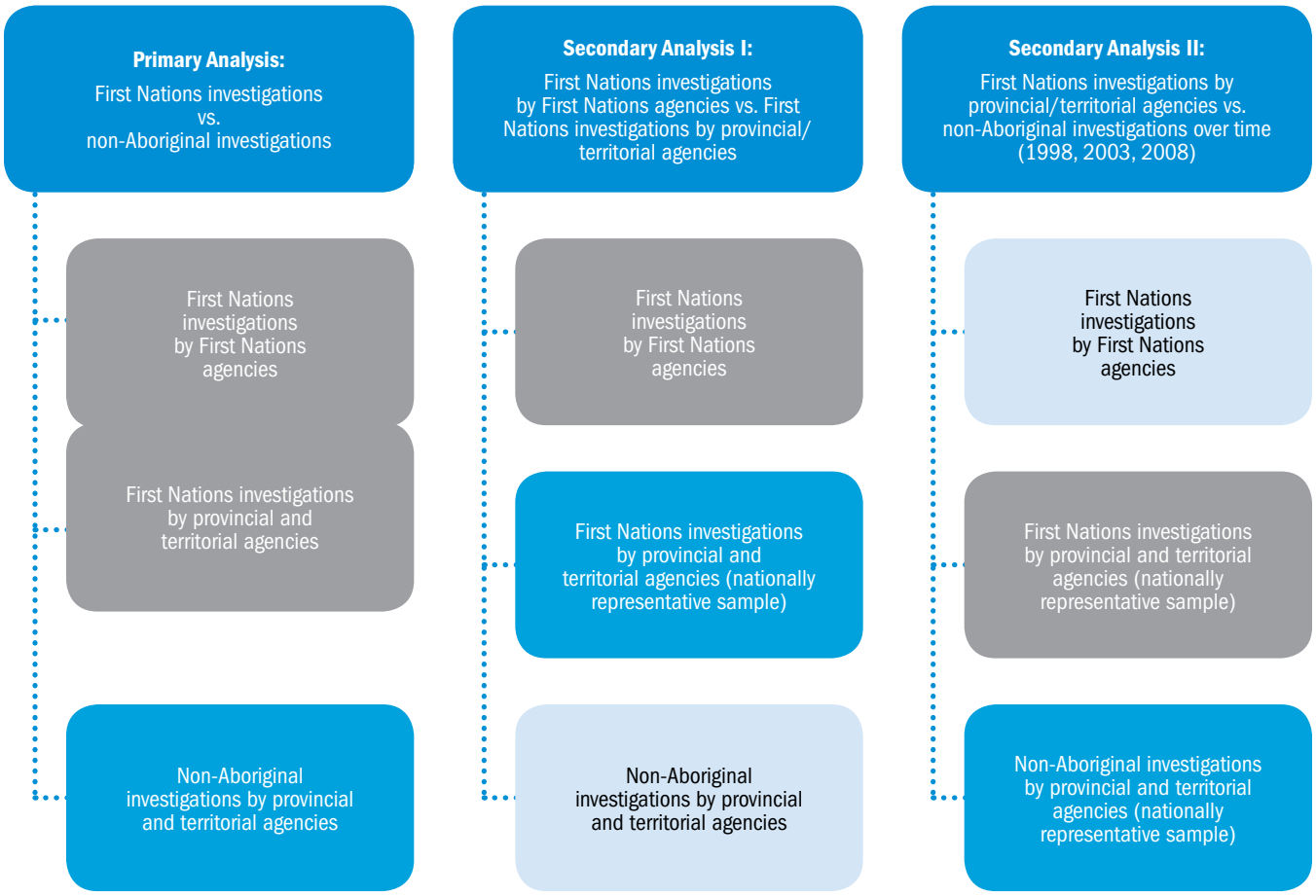
FURTHER TESTING OF FACTORS CONTRIBUTING TO THE OVERREPRESENTATION OF FIRST NATIONS CHILDREN

Data presented in this report show that, in the areas served by the sampled agencies, the rate of investigations involving First Nations children was 4.2 times the rate of investigations involving non-Aboriginal children (140.6 investigations per every 1,000 First Nations children living in the geographic areas served by sampled agencies vs. 33.5 investigations per every 1,000 non-Aboriginal children living in the geographic areas served by sampled agencies). They also show that short-term case dispositions compounded this disparity (See Figures 1, 6, 7, and Tables 4.1, 6-5 through 6-8, and 7-3). While the data presented in this report strongly suggest that there is a link between household/caregiver profiles and the overrepresentation of First Nations children in the child welfare system, the relationships between household/caregiver characteristics and the rates of investigation, substantiation and placement during the investigation period for First Nations and non-Aboriginal investigations have not been formally tested in analyses presented here.

Future research will further investigate the relationships between household/caregiver characteristics and the rates of investigation and placement during the investigation period for First Nations and non-Aboriginal investigations. Specifically, the data presented in this report suggest the need for two types of further analysis:

- **Examination of population characteristic which may explain the disparity in the rates of First Nations and non-Aboriginal investigations conducted by the sampled agencies in 2008.** In particular, the data presented in this report suggest two population characteristics, which can be described using census data, may at least partially explain the disparity in the rate of First Nations and non-Aboriginal investigations: poverty and average number of children in the household. As discussed in Chapter 1, existing research shows a consistent pattern in which low-income families are more likely to be investigated by the child welfare system than other families, and poverty rates are higher for the First Nations population than for the non-Aboriginal population. Accordingly, it may be that the disparity in First Nations and non-Aboriginal investigation rates is partially explained by poverty; this can be tested through multivariate analyses which compare investigation rates while controlling for poverty rates. In addition Trocmé et al (2011)

FIGURE 8-1: Planned FNCIS-2008 analyses



have shown that, between 1998 and 2003, child welfare agencies in Canada began more systematically investigating all children in households about which they received referrals. Accordingly, it may be that a greater number of children in the households in First Nations than in non-Aboriginal investigations (see Table 5-1) also partially explain the disparity in First Nations and non-Aboriginal investigation rates. This possibility can be tested through comparison of the rates of household (rather than child) investigations involving First Nations and non-Aboriginal children.

- **Examination of the child, household, caregiver and maltreatment characteristics which may explain disparities in the proportions of First Nations and non-Aboriginal investigations in which maltreatment was substantiated or which involved out-of-home placements during the investigation period.** Prior research using CIS data suggests that child, household, caregiver and maltreatment characteristics explain a large portion of the disparity in substantiation and placement decisions in First Nations and non-Aboriginal investigations (Trocmé, Knoke, and Blackstock, 2004; Trocmé et al., 2006). Analyses using data from both the 1998 and 2003 cycles of the CIS find that disparity in substantiation rates is fully explained by child, household, caregiver and maltreatment characteristics. Analysis of 1998 data showed that disparities in placement were also fully explained by these factors; in contrast, analysis of 2003 data showed that there was a large and statistically significant difference in the percentage of First Nations and non-Aboriginal investigations involving out-of-home placement even when comparisons were made between investigations with similar child, household, caregiver and maltreatment characteristics (multivariate analyses which controlled for these characteristics). Planned FNCIS-2008 analyses will replicate prior analyses, examining the relationships between disparities in maltreatment substantiation

and out-of-home placement rates, and child/caregiver/household/maltreatment characteristics in data from CIS-2008.

COMPARISONS OF FIRST NATIONS INVESTIGATIONS CONDUCTED BY PROVINCIAL/TERRITORIAL AGENCIES IN 1998, 2003, AND 2008

All three cycles of the CIS (1998, 2003 and 2008) collected data which can be used to create nationally representative portraits of the First Nations and non-Aboriginal investigations conducted by provincial/territorial agencies. Accordingly, it is possible to compare data for investigations, involving First Nations and non-Aboriginal children, across study cycles. These over-time comparisons have the potential to reveal shifts in service profiles, investigation outcomes, or characteristics of investigated First Nations children/families/households. They will also allow for examination of changes in the levels of First Nations overrepresentation in provincial/territorial child welfare systems since 1998.

Incidence rates are the proper statistics for over-time comparisons because they control for changes in the number of children served by provincial/territorial child welfare agencies. In order to calculate incidence rates, the child population served by provincial/territorial agencies in 1998, 2003 and 2008 must be calculated using census data. These child populations are calculated by mapping the geographic boundaries of all the areas served by provincial/territorial agencies, matching these boundaries with census boundaries and summing the child populations for all census units served by provincial/territorial agencies. Alternately, the child populations served by all Aboriginal agencies could be calculated, in the same fashion, for each year; these child populations could then be subtracted from the national child population. Because the numbers of First Nations agencies included in the 1998 and 2003 samples were small, and neither over time comparisons nor comparisons between different types of agencies were planned, data on geographic boundaries were not compiled for all provincial/territorial agencies or for all Aboriginal agencies in prior cycles of the CIS; this data must be compiled before over-time comparisons can be completed.

COMPARISONS OF FIRST NATIONS INVESTIGATIONS CONDUCTED BY PROVINCIAL/TERRITORIAL AGENCIES AND THOSE CONDUCTED BY FIRST NATIONS AND URBAN ABORIGINAL AGENCIES INCLUDED IN THE CIS-2008 SAMPLE

The final type of FNCIS-2008 analysis which has been planned is comparison of those investigations involving First Nations children which were conducted by provincial/territorial agencies to those conducted by First Nations agencies included in the CIS-2008.There are several key questions and challenges which must be addressed in order to complete comparisons between First Nations/urban Aboriginal and provincial/territorial agencies. The first is: How do we define a First Nations agency?

In this report, a dichotomous distinction, between First Nations and provincial/territorial agencies has been made for the sake of simplicity; in reality, there is a spectrum of agencies which might be described as First Nations agencies. As described in Table 8-1, agencies can be seen as differing in terms of their nesting within provincial/territorial or First Nations social service systems, their provision of services to on or off-reserve communities, and the ethno-racial identity of the families/children they are mandated to serve. For purposes of this report, categories iii–vi in Table 8-1 have been grouped, and collectively identified as "First Nations agencies." Because the analyses presented in this report group all investigations involving First Nations children together, this was merely a descriptive decision, which did not impact on the result. For analyses that focus on comparing different types of agencies, however, a more deliberate approach is required. The First Nations and urban Aboriginal agencies included in the CIS-2008 sample are diverse, covering all but one of the categories described in Table 8-1. Accordingly, the first step towards comparisons between First Nations/urban Aboriginal and provincial/territorial agencies will be for FNCIS-2008 advisory committee and research team members to collaboratively develop a framework for comparison.

A second challenge will be to make sense of any observed differences between investigations conducted by First Nations/urban Aboriginal and provincial/territorial agencies. Addressing this challenge will involve systematically exploring factors which may help explain the differences, critically assessing the validity of findings which are based on a data collected using an instrument designed primarily for use of provincial/territorial agencies, and ensuring that the framing and interpretation of results puts them in proper historical and structural context.

The factors which will have to be examined and incorporated into interpretation of results include:

TABLE 8-1: Spectrum of "First Nations/urban Aborigina" and "provincial/territorial" child welfare agencies

Agency Type	Families/ Children Served	Geographic Communities Served	Governance	Descriptive Classification in this Report
i.	all	off-reserve	provincial/territorial ministry	provincial/territorial
ii.	all	reserve and off-reserve	provincial/territorial ministry	provincial/territorial
iii.	all	reserve and off-reserve	Aboriginal institutions/committees and provincial/territorial ministry	First Nations
iv.	Aboriginal	off-reserve	Aboriginal institutions/committees and provincial/territorial ministry	First Nations/ urban Aboriginal
v.	First Nations/Aboriginal	reserve and off-reserve	First Nations	First Nations
vi.	First Nations	on-reserve	First Nations	First Nations

- **On-Off reserve differences** – Because of differences in funding/ jurisdictional frameworks, socioeconomic conditions, and other factors, the rates or profiles of investigations involving on-reserve families may systematically differ from those involving off-reserve families. As described in Table 8-2, 66% of the investigations conducted by sampled First Nations/urban Aboriginal agencies involved on-reserve households, and only 14% of the investigations involving First Nations children which were conducted by provincial/territorial agencies involved on-reserve households. Accordingly, patterns in profiles or rates of investigations involving on-reserve families, will be more pronounced in the data for First Nations/urban Aboriginal agencies than in the data for provincial/territorial agencies. As a result, careful analysis to distinguish between differences which stem from on-off reserve location of households and those differences directly linked to agency type will be important.
- **Community/population socioeconomic characteristics** – As discussed in Chapter 1, existing research shows a consistent pattern in which low-income families are more likely to be investigated by the child welfare system (particularly for neglect) than other families. Accordingly, it may be that any disparity in investigation rates or profiles is partially explained by differences in poverty rates, or other socioeconomic measures, for the First Nations populations served by First Nations/urban Aboriginal and provincial/territorial agencies. While data describing the First Nations populations served by the agencies included in the CIS-2008 is limited, there may also be other census data, such as information about the geographic remoteness of the communities served by sampled agencies, which can be used to identify systematic differences between the communities or First Nations populations served by First Nations/urban Aboriginal and non-Aboriginal agencies.
- **Differences in the practice models employed by First Nations agencies and those of the provincial/territorial agencies for which the CIS-2008 data collection instrument was originally designed** – Informal discussion with FNCIS-2008 advisory committee members and representatives of First Nations/ urban Aboriginal agencies which participated in the CIS-2008 suggest that some of the sampled First Nations/urban Aboriginal agencies may have practice models that prioritize community based and alternative approaches over formal child protection investigations, which emphasize rapid assessment of risk factors and substantiation of maltreatment. Preliminary analysis of CIS-2008 data provides some support for this, showing that, on average, sampled First Nations/ urban Aboriginal and provincial/ territorial agencies differ with regards to the proportion of cases which they screen out prior to investigation, the proportion of maltreatment-related investigations which are risk investigations, and the proportion of maltreatment investigations in which maltreatment is substantiated. Understanding differences in First Nations/urban Aboriginal

TABLE 8-2: First Nations child maltreatment-related investigations included in CIS-2008, by location of household (on or off reserve) and agency type

Location of Household	First Nations Agencies/Urban Aboriginal	Provincial/Territorial Agencies
On Reserve	66%	14%
Off Reserve	30%	79%
Unknown	3%	7%

and provincial/territorial practice models will be essential to ensuring valid interpretation of any observed differences in the investigation rates and profiles. In order to ensure that differences in practice models are identified and are accounted for in interpretation of comparisons between First Nations and provincial/territorial agencies, First Nations child welfare organizations which participated in the CIS-2008 will be invited to participate in the interpretation of analyses through the process described below.

A third challenge will be to ensure that interpretation of analyses comparing investigations conducted by First Nations and provincial/territorial agencies are properly grounded in understanding of the history and current structure of First Nations child welfare. The knowledge and experience of the FNCIS-2008 advisory committee members, Chapter 1 of this report, and series of information sheets which examine the current structure of First Nations child welfare, province by province,[1] provide a strong foundation on which to build the necessary, contextualized interpretation. In addition, as is discussed below, First Nations/urban Aboriginal child welfare agencies which participated in CIS-2008 and additional First Nations/urban Aboriginal child welfare organizations will be invited to participate in the interpretation and framing of these analyses.

ENGAGING FIRST NATIONS/ABORIGINAL CHILD WELFARE ORGANIZATIONS IN THE INTERPRETATION, FRAMING AND DISSEMINATION OF PLANNED SECONDARY ANALYSES

The collaborative framework described in Chapter 2 of this report will serve as a foundation for ongoing research team and FNCIS-2008 advisory committee collaboration on data analyses and research dissemination. The CIS research team maintains its strong commitment to OCAP principles and will not conduct analyses focusing on the First Nations children, caregivers, households or agencies represented in CIS-2008 data without the approval and collaboration of the FNCIS-2008 advisory committee. Collaboration on the analyses described above will proceed through the established processes described in Chapter 2. Advisory committee and research team members will also continue to work together to promote translation of the knowledge summarized in this report. Several groups were briefed about the report methods and findings prior to public release; these included First Nations chiefs, directors of First Nations child welfare agencies, and representatives of provincial/territorial child welfare ministries. Additional dissemination efforts planned include on-site presentations for First Nations agencies which participated in CIS-2008 (funding provided by AANDC) and for other interested groups, participation in a webinar sponsored by Practice and Research Together Ontario, and presentation at both research and practice oriented conferences.

Because FNCIS-2008 will be the first study cycle to examine differences between First Nations/urban Aboriginal and provincial/territorial agencies, the research team and advisory committee have agreed that it is necessary to engage a broader group of First Nations/urban Aboriginal child welfare organizations in the interpretation and framing of these analyses. Social Sciences and Humanities Research Council (SSHRC) funding has been obtained to support a participatory approach in which analyses are refined and reframed based on four stages of collaboration and consultation with First Nations/urban Aboriginal child welfare organizations (Sinha, Montgomery, and Trocmé, 2010). In the first stage, the CIS research team and FNCIS-2008 advisory committee will work together to produce preliminary analyses. In the second stage, interested First Nations/urban Aboriginal child welfare agencies which were included in the CIS-2008 sample will be engaged through on-site presentations of preliminary results and discussion with agency representatives about their understandings of, questions about and reactions to findings. The research team, working in collaboration with advisory committee will then refine and reframe analyses based on this consultation with participating agencies. In the third stage, revised findings will be presented to larger groups of First Nations child welfare organizations through a similar process. In the final stage, the research team and advisory committee will continue their collaboration, building on feedback from the stage-three consultations to finalize and disseminate results of provincial/territorial and First Nations/urban Aboriginal agency comparisons.

1 These information sheets are available from the "Aboriginal child welfare" section of the Child Welfare Research Portal, cwrp.ca.

This approach is intended to honour the principles of Aboriginal Ownership, Control, Access, and Possession of research in Aboriginal contexts. It is also intended to help ensure the validity of research findings, by engaging expert representatives of First Nations/urban Aboriginal child welfare organizations in interpretation and critical analysis of research findings. Finally, it is hoped that this process will help to build future capacity for research on First Nations child welfare by facilitating both important knowledge exchange and the development of closer working relationships between researchers and First Nations/urban Aboriginal child welfare organizations.

OTHER SECONDARY ANALYSES OF FNCIS-2008 DATA

The FNCIS-2008 dataset is available for secondary analyses by researchers who are not affiliated with the CIS research team. The CIS-2008 dataset is available through the Public Health Agency of Canada; see http://www.cecw-cepb.ca/research-opportunities/application-cis-dataset for application details. A supplemental application, for review by the First Nations advisory committee, will be required for access to the FNCIS-2008 dataset, which contains a variable distinguishing First Nations and provincial/territorial agencies and the weights described in this report.

Appendix A
ERRATA FOR FNCIS-2003

ERRATA FOR MESNMIMK WASATEK: CATCHING A DROP OF LIGHT ISSUED MARCH 2011

In preparing material for the FNCIS-2008, we discovered a mistake in the incidence rate calculations. Registered North American Indian (Status First Nations) children were inadvertently counted twice in the calculation of incidence rates. While this did not affect any of the estimates of the number of investigations involving First Nations Children, it did lead to a substantial underestimation of the incidence of investigations per 1,000 First Nations children in the general population and a slight overestimation of the incidence of investigations involving non-Aboriginal children.

The original estimates for the incidence of investigations were 58.34/1000 First Nations children and 44.11/1000 non-Aboriginal children; the revised estimates are 110.56/1000 First Nations children and 42.23/1000 non-Aboriginal children. These revisions affect all incidence rate estimates for First Nations and non-Aboriginal children; they do not impact estimated percentages or child counts for First Nations or non-Aboriginal investigations included in CIS-2003, nor do they affect incidence rate estimates for other populations examined using CIS-2003 data. The revised estimates reveal a level of overrepresentation of First Nations children in the child welfare system that is much more pronounced than originally reported by CIS-2003, but which is more in keeping with the level of overrepresentation suggested by the limited data available from other sources (Farris-Manning, C., & Zanstra, M. 2003). These revisions do not change the key patterns identified in original analyses: the overrepresentation of First Nations children is driven by neglect, compounded at each stage of the investigation cycle and associated with structural risk factors such as poverty, poor housing and substance abuse."

On pages 12, 13, 14, 41, 42, 42–46, 48, 49, 50, 51, 92 and 93 of the *Mesnmimk Wasatek* report, the rates of investigation for First Nations and non-Aboriginal children have been updated. These data are presented in Tables 1, 2 and 3.1 to 3.8. A full copy of the revised report is available from the Child Welfare Research Portal, www.cwrp.ca. A summary of the revisions is below.

TABLE 1: First Nations and Non-Aboriginal Child Maltreatment Investigations by Level of Substantiation in Canada, Excluding Quebec, in 2003

	Original Table: Incidence per 1,000 children		Revised Table: Incidence per 1,000 children	
Categories of maltreatment	First Nations Child Investigations	Non-Aboriginal Investigations	First Nations Child Investigations	Non-Aboriginal Child Investigations
Substantiated	30.24	20.72	57.30	19.84
Suspected	8.20	5.51	15.55	5.28
Unsuspected	19.90	17.88	37.71	17.12
Total child investigations	58.34	44.11	110.56	42.23

TABLE 2: Primary Categories of Substantiated First Nations and Non-Aboriginal Child Maltreatment Investigations in Canada, Excluding Quebec, in 2003

	Original Table: Incidence per 1,000 children		Revised Table: Incidence per 1,000 children	
Level of substantiation	First Nations Child Investigations	Non-Aboriginal Investigations	First Nations Child Investigations	Non-Aboriginal Child Investigations
Physical abuse	3.15	5.56	5.97	5.33
Sexual abuse	.53	.63	1.00	.60
Neglect	17.06	5.20	32.33	4.98
Emotional maltreatment	3.57	3.20	6.77	3.07
Exposure to domestic violence	5.93	6.13	11.24	5.87
Total child investigations	30.24	20.72	57.30	19.84

TABLE 3-1: First Nations and Non-Aboriginal Child Maltreatment Investigations by Level of Substantiation in Canada, Excluding Quebec, in 2003

	Original Table: Incidence per 1,000 children		Revised Table: Incidence per 1,000 children	
Level of substantiation	First Nations Child Investigations	Non-Aboriginal Investigations	First Nations Child Investigations	Non-Aboriginal Child Investigations
Substantiated	30.24	20.72	57.30	19.84
Suspected	8.20	5.51	15.55	5.28
Unsubstantiated	19.90	17.88	37.71	17.12
Total child investigations	58.34	44.11	110.56	42.23

TABLE 3-2: PRIMARY Categories of Substantiated First Nations and Non-Aboriginal Child Maltreatment Investigations in Canada, Excluding Quebec, in 2003

	Original Table: Incidence per 1,000 children		Revised Table: Incidence per 1,000 children	
Categories of maltreatment	First Nations Child Investigations	Non-Aboriginal Investigations	First Nations Child Investigations	Non-Aboriginal Child Investigations
Physical abuse	3.15	5.56	5.97	5.33
Sexual abuse	.53	.63	1.00	.60
Neglect	17.06	5.20	32.33	4.98
Emotional maltreatment	3.57	3.20	6.77	3.07
Exposure to domestic violence	5.93	6.13	11.24	5.87
Total child investigations	30.24	20.72	57.30	19.84

TABLE 3-3: Single and Multiple Categories of Primary Substantiated First Nations and Non-Aboriginal Child Maltreatment Investigations in Canada, Excluding Quebec, in 2003

	Original Table: Incidence per 1,000 children		Revised Table: Incidence per 1,000 children	
Single categories of substantiated maltreatment	First Nations Child Investigations	Non-Aboriginal Investigations	First Nations Child Investigations	Non-Aboriginal Child Investigations
Physical abuse only	2.01	4.04	3.80	3.87
Sexual abuse only	.45	.54	.86	.52
Neglect only	14.15	4.42	26.81	4.23
Emotional maltreatment only	1.89	2.47	3.57	2.47
Exposure to domestic violence only	5.15	5.37	9.78	5.14
Total substantiated investigations with one form	23.66	16.84	44.83	16.13

TABLE 3-4: Primary Forms of Substantiated Physical Abuse in First Nations and Non-Aboriginal Child Maltreatment Investigations in Canada, Excluding Quebec, in 2003

	Original Table: Incidence per 1,000 children		Revised Table: Incidence per 1,000 children	
Forms of Physical Abuse	First Nations Child Investigations	Non-Aboriginal Investigations	First Nations Child Investigations	Non-Aboriginal Child Investigations
Shake, push, grab or throw	1.31	1.17	2.49	1.12
Hit with hand	1.23	2.39	2.32	2.28
Punch, kick or bite	–	.36	–	.35
Hit with object	.16	1.09	.30	1.04
Other physical abuse	.34	.55	.65	.53
Total child investigations	30.24	20.72	57.30	19.84

TABLE 3-5: Primary Forms of Substantiated Sexual Abuse in First Nations and Non-Aboriginal Child Maltreatment Investigations in Canada, Excluding Quebec, in 2003

	Original Table: Incidence per 1,000 children		Revised Table: Incidence per 1,000 children	
Form of sexual abuse	First Nations Child Investigations	Non-Aboriginal Investigations	First Nations Child Investigations	Non-Aboriginal Child Investigations
Penetration	–	.06	–	.06
Attempted penetration	–	.02	–	.02
Oral Sex	–	.05	–	.04
Fondling	.36	.38	.68	.37
Sex talk	–	.04	–	.04
Voyeurism	–	–	–	–
Exhibitionism	–	.03	–	.03
Exploitation	–	.04	–	.04
Total child investigations	30.24	20.72	57.30	19.84

TABLE 3-6: Primary Forms of Substantiated Neglect in First Nations and Non-Aboriginal Child Maltreatment Investigations in Canada, Excluding Quebec, in 2003

	Original Table: Incidence per 1,000 children		Revised Table: Incidence per 1,000 children	
Forms of neglect	First Nations Child Investigations	Non-Aboriginal Investigations	First Nations Child Investigations	Non-Aboriginal Child Investigations
Failure to supervise: Physical	4.67	2.11	8.85	2.02
Failure to supervise: Sexual	.40	.29	.76	.27
Physical neglect	6.69	1.57	12.68	1.50
Medical neglect	.57	.25	1.07	.24
Failure to provide psychological treatment	–	.12	–	.11
Permitting criminal behavior	.77	.07	1.46	.07
Abandonment	2.81	.59	5.33	.57
Educational neglect	1.13	.20	2.14	.19
Total child investigations	30.24	20.72	57.30	19.84

TABLE 3-7: Primary Forms of Substantiated Emotional Maltreatment in First Nations and Non-Aboriginal Child Maltreatment Investigations in Canada, Excluding Quebec, in 2003

	Original Table: Incidence per 1,000 children		Revised Table: Incidence per 1,000 children	
Forms of emotional maltreatment	First Nations Child Investigations	Non-Aboriginal Investigations	First Nations Child Investigations	Non-Aboriginal Child Investigations
Emotional abuse	2.56	2.29	4.85	2.19
Non-organic failure to thrive	–	.01	–	.01
Emotional neglect	.94	.58	1.77	.55
Exposure to non-intimate violence	–	.32	–	.31
Total child investigations	30.24	20.72	57.30	19.84

TABLE 3-8: Primary Substantiated Exposure to Domestic Violence in First Nations and Non-Aboriginal Child Maltreatment Investigations in Canada, Excluding Quebec, in 2003

	Original Table: Incidence per 1,000 children		Revised Table: Incidence per 1,000 children	
Exposure to domestic violence	First Nations Child Investigations	Non-Aboriginal Investigations	First Nations Child Investigations	Non-Aboriginal Child Investigations
Exposure to domestic violence	5.93	6.13	5.93	5.87
Total child investigations	30.24	20.72	57.30	19.84

Appendix B

UNDERSTANDING ETHNO-RACIAL DISPARITY IN THE CHILD WELFARE SYSTEM

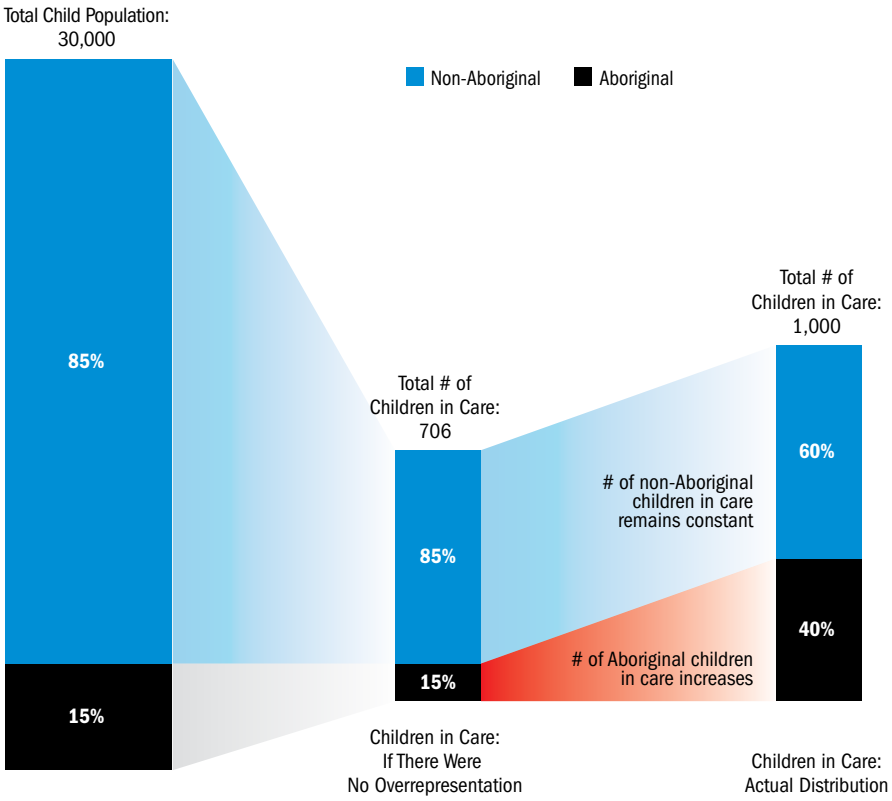
Overrepresentation, disproportionality, and disparity are all technical terms used to characterize the number of children, within a specific ethno-racial group, in the child welfare system or in out-of-home care.

Overrepresentation is a term used to indicate that the proportion of children within a child welfare system, or in out-of-home care, who come from a specific ethno-racial group is **greater** than the proportion of children from that ethno-racial group in the child population. In the example presented in figure B-1, Aboriginal children are overrepresented in out-of-home care; they make up 15% of the child population and 40% of the children in care.

Disproportionality is a more general term used to indicate that the proportion of children within a child welfare system, or in out-of-home care, who come from a specific ethno-racial group is **different** from proportion of children from that ethno-racial group in the child population. In the example presented in figure B-1, Aboriginal children are disproportionately represented in out-of-home care. Non-Aboriginal children are also disproportionately represented in out-of-home care in that example: they represent 85% of the child population and only 60% of the children in out-of-home care.

Disparity is a term used to describe **comparisons between the rates of representation** in the child welfare

FIGURE B-1: Understanding disparity in representation: A hypothetical example



% of Children in Care		% of Total Child Population		Disparity in Representation of Aboriginal and non-Aboriginal Children in Care
Aboriginal Children	Non-Aboriginal Children	Aboriginal Children	Non-Aboriginal Children	
40%	60%	15%	85%	3.8

Disparity in representation of Aboriginal and non-Aboriginal Children in Care:

$$\frac{40}{15} \div \frac{60}{85} = 3.8 \quad OR \quad \frac{(.4 \times 1{,}000) \div (.15 \times 30{,}000)}{(.6 \times 1{,}000) \div (.85 \times 30{,}000)} = 3.8$$

system/out-of-home care for two ethno-racial groups. For example, a comparison between the number of First Nations children in out-of-home care for every 1,000 First Nations children living in the geographic areas served by a child welfare system and the number of non-Aboriginal children in out-of-home care for every 1,000 non-Aboriginal children living in the geographic areas served by the same child welfare system. Measures of disparity take into account disproportionality of representation for both enthoracial groups being compared. Accordingly, they offer a measure of the change in representation which would have to occur in order for both groups to be proportionally represented in the child welfare system or in out-of-home care. In the example presented in figure B-1, there are 23.5 out-of-home placements for every 1,000 non-Aboriginal children and 88.8 placements for every 1,000 Aboriginal children, and the disparity in representation is 88.8/23.5, or 3.8. Alternately, the proportion of children in care who are Aboriginal is 2.7 times the proportion of Aboriginal children in the population and the proportion of children in care who are non-Aboriginal is .7 times the proportion of non-Aboriginal children in the population; accordingly, the disparity in representation is 2.7/.7 or 3.8. This means that the number of Aboriginal children in care is 3.8 times what it would be if the representation of Aboriginal children in care were proportional to the representation of Aboriginal children in the child population. (See equations below for additional details.)

$$= \text{disparity}_{\text{Aboriginal\_non-Aboriginal}}$$

$$= \frac{\text{rate}_{\text{Aboriginal}}}{\text{rate}_{\text{naon-Aboriginal}}}$$

$$= \frac{\text{placements per 1,000 children}_{\text{First Nations}}}{\text{placements per 1,000 children}_{\text{non-Aboriginal}}}$$

$$= \frac{\frac{\text{\# of placements}_{\text{Aboriginal}}}{\text{child population}_{\text{Aboriginal}}}}{\frac{\text{\# of placements}_{\text{non-Aboriginal}}}{\text{child population}_{\text{non-Aboriginal}}}}$$

$$= \frac{\frac{\%\ \text{placements}_{\text{Aboriginal}} \times \text{\# of placements}_{\text{total}}}{\%\ \text{child population}_{\text{Aboriginal}} \times \text{child population}_{\text{total}}}}{\frac{\%\ \text{placements}_{\text{non-Aboriginal}} \times \text{\# of placements}_{\text{total}}}{\%\ \text{child population}_{\text{non-Aboriginal}} \times \text{child population}_{\text{total}}}}$$

$$= \frac{\frac{\%\ \text{placements}_{\text{Aboriginal}}}{\%\ \text{child population}_{\text{Aboriginal}}}}{\frac{\%\ \text{placements}_{\text{non-Aboriginal}}}{\%\ \text{child population}_{\text{non-Aboriginal}}}}$$

$$= \frac{\text{disproportionality}_{\text{Aboriginal}}}{\text{disproportionality}_{\text{non-Aboriginal}}}$$

Appendix C

COMPLETE LISTING OF FNCIS-2008 ADVISORY COMMITTEE MEMBERS, 2007–2011

Melanie Barrieau
Assembly of First Nations
Ontario

Marlyn Bennett
First People's Child and Family Review Journal

Cindy Blackstock
First Nations Child and Family Caring Society of Canada
Ontario

Mary Bradstreet Metallic
Assembly of First Nations
Ontario

Elsie Flette
Southern First Nations Network of Care
Manitoba

Joan Glode (former chair)
Mi'kmaw Family and Children's Services of Nova Scotia
Nova Scotia

Richard Gray
First Nations of Quebec and Labrador Health and Social Services Commission
Quebec

Gail Hartsook
Saskatchewan First Nations Family and Community Institute
Saskatchewan

Shawn Hoey
Caring for First Nations Children Society
British Columbia

Betty Kennedy
The Association of Native Child and Family Services Agencies of Ontario
Ontario

Dexter Kinnequon
Lac La Ronge Indian Band Child and Family Services
Saskatchewan

Trudy Lavallee
Assembly of Manitoba Chiefs
Manitoba

Judy Levi
North Shore MicMac District Council
New Brunswick

Linda Lucas
Caring for First Nations Children Society
British Columbia

H. Monty Montgomery
University of Regina (Saskatoon)

Randy McHugh
Siksika Family Services
Alberta

Stephanie O'Brien
Assembly of First Nations
Ontario

Caroline Peacock
Yellowhead Tribal Services Agency
Alberta

Tara Petti
Southern First Nations Network of Care
Manitoba

Kenn Richard
Native Child and Family Services Toronto

Jonathon Thomson
Assembly of First Nations
Ontario

Appendix D

CIS-2008 GLOSSARY

Aboriginal Peoples: The descendants of the original inhabitants of North America. The Canadian Constitution of 1982 recognizes three groups of Aboriginal people – Indians, Métis and Inuit. These are three separate peoples with unique heritages, languages, cultural practices and spiritual beliefs (Indian and Northern Affairs Canada [INAC], 2009).

Age Group: The age range of children included in the CIS-2008 sample. Unless otherwise specified, all data presented are for children between newborn and 15 years of age inclusively.

Annual Incidence Rate: The number of child maltreatment investigations or child-maltreatment–related investigations per 1,000 children in a given year.

Annualization Weight: The number of cases opened during 2008 divided by the number of cases sampled during the three-month case selection period in each primary sampling unit.

Case Duplication: Children who are the 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 site records as openings. Cases may be opened on a family basis or a child basis. Openings do not include referrals that have been screened-out.

Child: The CIS-2008 defined child as age newborn to 15 years inclusive.

Categories of Maltreatment: The five key classification categories under which the 32 forms of maltreatment were subsumed: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence.

Child Maltreatment Investigations: Case openings that meet the CIS-2008 criteria for investigated maltreatment.

Child Welfare Organizations: The primary sampling unit for the CIS is the local child welfare organization responsible for conducting child-maltreatment-related investigations. In some jurisdictions, these organizations are autonomous agencies; in others, they are local offices for the provincial or territorial child protection authority. A total of 412 child welfare organizations were identified across Canada as the sampling frame for the CIS-2008.

Child Welfare Sites: Refers to child welfare organizations that were included in the final CIS-2008 sample. A total of 112 child welfare sites were included in the final sample.

Differential or Alternative 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 involved with child welfare. Typically, models involve 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: A term that came into common usage in the 1970s to replace the word "Indian." Although the term First Nation is widely used, no legal definition of it exists. Among its uses, the term "First Nations peoples" refers to the Indian peoples in Canada, both Status and non-Status. Some have also adopted the term "First Nation" to replace the word "band" in the name of their community (INAC, 2009).

First Nations Status: A person who is registered as a First Nations person under the *Indian Act*. The act sets out the requirements for determining who is a First Nations person for the purposes of the *Indian Act* (INAC, 2009).

Form of Child Maltreatment: Any of the 32 forms of maltreatment (e.g., hit with an object, sexual exploitation, or direct witness to physical violence) captured in the CIS-2008. These were categorized as physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to intimate partner violence.

Inuit: Aboriginal People of Arctic Canada who live primarily in Nunavut, Northwest Territories and northern parts of Labrador and Quebec (INAC, 2009).

Level of Identification and Substantiation: There are four key steps in the case identification process: detection, reporting, investigation, and substantiation. Detection is the first stage. Little is known about the relationship between detected and undetected cases. Reporting suspected child maltreatment is required by law in all provinces and territories in Canada. Reporting mandates

apply at a minimum to professionals working with children, and in many jurisdictions apply to the general public as well. The CIS-2008 does not document unreported cases. Investigated cases are subject to various screening practices, which vary across sites. The CIS-2008 did not track screened-out cases, nor did it track new incidents of maltreatment on already opened cases. Substantiation distinguishes cases where maltreatment is confirmed following an investigation and cases where maltreatment is not confirmed (unfounded). The CIS-2008 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 worker, but cannot be substantiated.

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

Métis: People of mixed First Nations and European ancestry who identify themselves as Métis, as distinct from First Nations people, Inuit or non-Aboriginal people. The Métis have a unique culture that draws on their diverse ancestral origins, such as Scottish, French, Ojibway and Cree (INAC, 2009).

Multi-Stage Sampling Design: A research design in which several systematic steps are taken in drawing the final sample to be studied. The CIS-2008 sample was drawn in three stages.

Non-Maltreatment Cases: Cases open for child welfare services for reasons other than suspected maltreatment (e.g., prevention services, parent-child conflict, services for young pregnant women).

Oversampling: This procedure ensures that the final sample includes a sufficient number of cases from a sub-group of interest (for example, a single province). Certain provinces elected to provide additional funding for a representative number of sites to be sampled for the province. This way, it is possible to conduct separate analyses on the data collected from the province. For example, in the CIS-2008, investigations from Ontario were oversampled to ensure that enough data were collected to provide provincial estimates.

Primary Sampling Unit: See definition of Child Welfare Organizations and Sites. In a multi-stage sampling design, the initial stage of sampling is based on an element of the population, and that element is the primary sampling unit. In the CIS-2008, the initial stage of sampling was a random selection of child welfare sites.

Regionalization Weight: Regionalization weights were determined by dividing the child population (age 0–15) in the strata by the child population (age 0–15) of the primary sampling units selected from the strata. See definitions of primary sampling unit and stratum. Weights based on Census 2006 population data.

Reporting Year: The year in which the child maltreatment case was opened (with a few exceptions). This procedure ensures that the final sample includes a sufficient number of cases from a sub-group of interest (for example, a single province). The reporting year for this cycle was 2008.

Risk of Future Maltreatment: A situation where a child is considered to be at risk for maltreatment in the future due to the child's or the family's circumstances. 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. In this report, risk of future maltreatment is used to distinguish maltreatment investigations where there are concerns that a child may have already been abused or neglected from cases where there is no specific concern about past maltreatment but where the risk of future maltreatment is being assessed.

Risk of Harm: Placing a child at risk of harm means that a specific action (or inaction) occurred that seriously endangered the safety of that child.

Screened-out: Referrals that are not opened for an investigation. The procedures for screening out cases vary considerably across Canada.

Stratum: Child welfare organizations were stratified by province and territory, and, in larger provinces, they were further stratified by size and by region. In addition, separate strata were developed for First Nations organizations.

Unit of Analysis: The denominator used in calculating maltreatment rates. In the CIS-2008 the unit of analysis is the child-maltreatment-related investigation.

Unit of Service: Some child welfare jurisdictions consider the entire family as the unit of service, while others consider the individual child who was referred for services as the unit of service. For those jurisdictions that provide service on the basis of the child, a new investigation is opened for each child in the family where maltreatment is alleged. For those jurisdictions that provide service on the basis of the family, a new investigation is opened for the entire family regardless of how many children have been allegedly maltreated.

Appendix E

CIS-2008 MALTREATMENT ASSESSMENT FORM

The CIS-2008 Maltreatment Assessment Form consists of:

- Intake Face Sheet;
- Household Information Sheet; and
- 2 identical Child Information Sheets.

Canadian Incidence Study of Reported Child Abuse and Neglect – CIS-2008

Étude canadienne sur l'incidence des cas signalés de violence et de négligence à l'égard des enfants – ECI-2008

Funded by Public Health Agency of Canada and supported by the provincial and territorial governments of Canada

CIS Maltreatment Assessment

INTAKE FACE SHEET *(Please complete this face sheet for **all** cases)*

CIS OFFICE USE ONLY

1. Date referral was received: D D M M Y Y

2. Date case opened: D D M M Y Y

3. Source of allegation/referral *(Fill in all that apply)*

○ Custodial parent	○ Neighbour/friend	○ Hospital (any personnel)	○ School	○ Police
○ Non-custodial parent	○ Social assistance worker	○ Community health nurse	○ Other child welfare service	○ Community agency
○ Child (subject of referral)	○ Crisis service/shelter	○ Community physician	○ Day care centre	○ Anonymous
○ Relative	○ Community/recreation centre	○ Community mental health professional	○ Other: _____	

4. Please describe referral, including alleged maltreatment or risk of maltreatment (if applicable) and results of investigation

CIS OFFICE USE ONLY

In jurisdictions with differential/alternative response choose one: ○ Customized/alternate response ○ Traditional protection investigation

5. Caregiver(s) in the home

Primary caregiver

a) Sex ○ Male ○ Female

b) Age ○ <16 ○ 16–18 yrs ○ 19–21 yrs ○ 22–30 yrs ○ 31–40 yrs ○ 41–50 yrs ○ 51–60 yrs ○ >60 yrs

Second caregiver in the home at time of referral

○ No second caregiver in the home

a) Sex ○ Male ○ Female

b) Age ○ <16 ○ 16–18 yrs ○ 19–21 yrs ○ 22–30 yrs ○ 31–40 yrs ○ 41–50 yrs ○ 51–60 yrs ○ >60 yrs

*Use the following **relationship codes** to indicate caregiver's relationship to the child in 6d) and 6e) and, in the case of "other," please specify the relationship in the space provided*

1 Biological parent
2 Parent's partner
3 Foster parent
4 Adoptive parent
5 Grandparent
6 Other: _____

CIS OFFICE USE ONLY	6a) List first names of *all* children (<20 years) in the home at time of referral	6b) Age of child	6c) Sex of child	6d) Primary caregiver's relationship to child (see relationship codes above)	6e) Other caregiver's relationship to child (see relationship codes above)	6f) Referred	6g) Risk investigation only	6h) Investigated incident of maltreatment
			○ M ○ F			○	○	○
			○ M ○ F			○	○	○
			○ M ○ F			○	○	○
			○ M ○ F			○	○	○
			○ M ○ F			○	○	○
			○ M ○ F			○	○	○

A Child Information Sheet should be completed for each child investigated for a risk of maltreatment (6g) or incident of maltreatment (6h).

Worker's name: _____

CIS OFFICE USE ONLY

First two letters of primary caregiver's surname:

Other family surname, if applicable:

Case number:

This information will remain confidential, and no identifying information will be used outside your own agency.
This tear-off portion of the instrument will be destroyed by the site researcher at this agency/office upon completion of data collection.

McGill University, Centre for Research on Children and Families, 3506 University Street, Suite 106, Montréal QC H3A 2A7 • t: 514-398-5399 • f: 514-398-5287
University of Toronto, Faculty of Social Work, 246 Bloor Street West, Toronto ON M5S 1A1 • t: 416-978-2527 • f: 416-978-7072
University of Calgary, Faculty of Social Work, 2500 University Drive, NW, Calgary AB T2N 1N4 • t: 403-220-4698 • f: 403-282-7269
First Nations Child and Family Caring Society of Canada, 251 Bank Street, Suite 302, Ottawa ON K2P 1X3 • t: 613-230-5885 • f: 613-230-3080 08/08

PROCEDURES

1. The **Intake Face Sheet** should be completed on every case that you assess/investigate, even if there is no suspected maltreatment.
2. The entire **CIS Maltreatment Assessment** form (*Intake Face Sheet, Household Information Sheet* and *Child Information Sheet(s)*) should be completed for each investigation. Each investigated child requires a separate *Child Information Sheet*.

Note: Currently open/active cases with new allegations of child maltreatment are not included in the CIS.

COMPLETION INSTRUCTIONS

To ensure accuracy and minimize response time, the **CIS Maltreatment Assessment** shoud be completed when you complete the standard written assessment/investigation report for the child maltreatment investigation.

Unless otherwise specified, all information *must* be completed by the investigating worker.

Complete *all* items to the best of your knowledge. To increase accuracy of data scanning, please avoid making marks beyond the fill-in circles.

Thank you for your time and interest.

COMMENTS

If you are unable to complete an investigation for any child indicated in 6g) or 6h) please explain why

CIS OFFICE USE ONLY

Comments: **Intake information**

Comments: **Household information**

Comments: **Child information**

This information will remain confidential, and no identifying information will be used outside your own agency.
This tear-off portion of the instrument will be destroyed by the site researcher at this agency/office upon completion of data collection.

McGill University, Centre for Research on Children and Families, 3506 University Street, Suite 106, Montréal QC H3A 2A7 • t: 514-398-5399 • f: 514-398-5287
University of Toronto, Faculty of Social Work, 246 Bloor Street West, Toronto ON M5S 1A1 • t: 416-978-2527 • f: 416-978-7072
University of Calgary, Faculty of Social Work, 2500 University Drive, NW, Calgary AB T2N 1N4 • t: 403-220-4698 • f: 403-282-7269
First Nations Child and Family Caring Society of Canada, 251 Bank Street, Suite 302, Ottawa ON K2P 1X3 • t: 613-230-5885 • f: 613-230-3080

CIS Maltreatment Assessment: Household Information

CIS OFFICE USE ONLY

Please describe household composition at time of referral

Primary Caregiver : _____

A8. Primary income
- ○ Full time
- ○ Part time (<30 hrs/wk)
- ○ Multiple jobs
- ○ Seasonal
- ○ Employment insurance
- ○ Social assistance
- ○ Other benefit
- ○ None
- ○ Unknown

A9. Ethno-racial
- ○ White
- ○ Black (e.g., African, Haitian, Jamaican)
- ○ Latin American
- ○ Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)
- ○ Aboriginal
- ○ South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
- ○ Chinese
- ○ Southeast Asian other than Chinese (e.g., Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)
- ○ Other: _____

A10a) If Aboriginal ○ On reserve ○ Off reserve

b) ○ First Nations status ○ First Nations non-status ○ Métis ○ Inuit ○ Other: _____

c) Caregiver attended residential school ○ Yes ○ No ○ Unknown

d) Caregiver's parent attended residential school ○ Yes ○ No ○ Unknown

A11. Primary language ○ English ○ French ○ Other: _____

A12. Contact with caregiver in response to investigation
○ Co-operative ○ Not co-operative ○ Not contacted

A13. Caregiver risk factors

	Confirmed	Suspected	No	Unknown
Alcohol abuse	○	○	○	○
Drug/solvent abuse	○	○	○	○
Cognitive impairment	○	○	○	○
Mental health issues	○	○	○	○
Physical health issues	○	○	○	○
Few social supports	○	○	○	○
Victim of domestic violence	○	○	○	○
Perpetrator of domestic violence	○	○	○	○
History of foster care/group home	○	○	○	○

Second Caregiver in the home : _____
○ No other caregiver in the home

B8. Primary income
- ○ Full time
- ○ Part time (<30 hrs/wk)
- ○ Multiple jobs
- ○ Seasonal
- ○ Employment insurance
- ○ Social assistance
- ○ Other benefit
- ○ None
- ○ Unknown

B9. Ethno-racial
- ○ White
- ○ Black (e.g., African, Haitian, Jamaican)
- ○ Latin American
- ○ Arab/West Asian (e.g., Armenian, Egyptian, Iranian, Lebanese, Moroccan)
- ○ Aboriginal
- ○ South Asian (e.g., East Indian, Pakistani, Punjabi, Sri Lankan)
- ○ Chinese
- ○ Southeast Asian other than Chinese (e.g., Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)
- ○ Other: _____

B10a) If Aboriginal ○ On reserve ○ Off reserve

b) ○ First Nations status ○ First Nations non-status ○ Métis ○ Inuit ○ Other: _____

c) Caregiver attended residential school ○ Yes ○ No ○ Unknown

d) Caregiver's parent attended residential school ○ Yes ○ No ○ Unknown

B11. Primary language ○ English ○ French ○ Other:

B12. Contact with caregiver in response to investigation
○ Co-operative ○ Not co-operative ○ Not contacted

B13. Caregiver risk factors

	Confirmed	Suspected	No	Unknown
Alcohol abuse	○	○	○	○
Drug/solvent abuse	○	○	○	○
Cognitive impairment	○	○	○	○
Mental health issues	○	○	○	○
Physical health issues	○	○	○	○
Few social supports	○	○	○	○
Victim of domestic violence	○	○	○	○
Perpetrator of domestic violence	○	○	○	○
History of foster care/group home	○	○	○	○

14. Other adults in the home *(Fill in all that apply)*
- ○ None
- ○ Grandparent
- ○ Children >19
- ○ Other: _____

15. Caregiver(s) outside the home *(Fill in all that apply)*
- ○ None
- ○ Father
- ○ Mother
- ○ Grandparent
- ○ Other: _____

16. Child custody dispute ○ Yes ○ No ○ Unknown

17. Housing
- ○ Own home
- ○ Rental
- ○ Public housing
- ○ Band housing
- ○ Unknown
- ○ Hotel/Shelter
- ○ Other: _____

18. Home overcrowded ○ Yes ○ No ○ Unknown

19. Number of moves in past year
○ 0 ○ 1 ○ 2 ○ 3 or more ○ Unknown

20. Housing safety

a) Accessible weapons ○ Yes ○ No ○ Unknown

b) Accessible drugs or drug paraphernalia ○ Yes ○ No ○ Unknown

c) Drug production or trafficking in the home ○ Yes ○ No ○ Unknown

d) Chemicals or solvents used in production ○ Yes ○ No ○ Unknown

e) Other home injury hazards ○ Yes ○ No ○ Unknown

f) Other home health hazards ○ Yes ○ No ○ Unknown

21. Household regularly runs out of money for basic necessities ○ Yes ○ No ○ Unknown

22. Case previously opened
○ Never ○ 1 time ○ 2-3 times ○ >3 times ○ Unknown

a) If case was opened before, how long since previous opening
○ <3 mo ○ 3-6 mo ○ 7-12 mo ○ 13-24 mo ○ >24 mo

23. Case will stay open for on-going child welfare services ○ Yes ○ No

a) If yes, is case streamed to differential or alternative response ○ Yes ○ No

24. Referral(s) for any family member *(Fill in all that apply)*
- ○ No referral made
- ○ Parent support group
- ○ In-home family parent counselling
- ○ Other family or parent counselling
- ○ Drug or alcohol counselling
- ○ Welfare or social assistance
- ○ Food bank
- ○ Shelter services
- ○ Domestic violence services
- ○ Psychiatric or psychological services
- ○ Special education placement
- ○ Recreational services
- ○ Victim support program
- ○ Medical or dental services
- ○ Child or day care
- ○ Cultural services
- ○ Other: _____

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CIS Maltreatment Assessment: Child Information

CIS OFFICE USE ONLY

First name: _____ 25. Sex ○ Male ○ Female 26. Age

27. Type of investigation ○ Investigated incident of maltreatment OR ○ Risk investigation only

28. Aboriginal status ○ Not Aboriginal ○ First Nations status ○ First Nations non-status ○ Métis ○ Inuit ○ Other:

29. Child functioning *(Are you aware if any of the following apply to this child at this point in time?)*

(Fill in each item)	Confirmed	Suspected	No	Unknown		Confirmed	Suspected	No	Unknown
Depression/anxiety/withdrawal	○	○	○	○	Intellectual/developmental disability	○	○	○	○
Suicidal thoughts	○	○	○	○	Failure to meet developmental milestones	○	○	○	○
Self-harming behaviour	○	○	○	○	Academic difficulties	○	○	○	○
ADD/ADHD	○	○	○	○	FAS/FAE	○	○	○	○
Attachment issues	○	○	○	○	Positive toxicology at birth	○	○	○	○
Aggression	○	○	○	○	Physical disability	○	○	○	○
Running (Multiple incidents)	○	○	○	○	Alcohol abuse	○	○	○	○
Inappropriate sexual behaviour	○	○	○	○	Drug/solvent abuse	○	○	○	○
Youth Criminal Justice Act involvement	○	○	○	○	Other: _____	○	○	○	○

30. If risk investigation only, is there a significant risk of future maltreatment? ○ Yes ○ No ○ Unknown
For risk investigation only, please complete only Questions 39, 40, 41 and 42

31. Maltreatment Codes

Physical abuse
1 - Shake, push, grab or throw
2 - Hit with hand
3 - Punch, kick or bite
4 - Hit with object
5 - Choking, poisoning, stabbing
6 - Other physical abuse

Sexual abuse
7 - Penetration
8 - Attempted penetration
9 - Oral sex
10 - Fondling
11 - Sexual talk or images
12 - Voyeurism
13 - Exhibitionism
14 - Exploitation
15 - Other sexual abuse

Neglect
16 - Failure to supervise: physical harm
17 - Failure to supervise: sexual abuse
18 - Permitting criminal behaviour
19 - Physical neglect
20 - Medical neglect (includes dental)
21 - Failure to provide psych. treatment
22 - Abandonment
23 - Educational neglect

Emotional maltreatment
24 - Terrorizing or threat of violence
25 - Verbal abuse or belittling
26 - Isolation/confinement
27 - Inadequate nurturing or affection
28 - Exploiting or corrupting behaviour

Exposure to intimate partner violence
29 - Direct witness to physical violence
30 - Indirect exposure to physical violence
31 - Exposure to emotional violence
32 - Exposure to non-partner physical violence

Insert Maltreatment Codes in the boxes below
(Enter primary form of maltreatment first)

32. Alleged perpetrator *(Fill in all that apply)*

1st	2nd	3rd	
○	○	○	Primary caregiver
○	○	○	Second caregiver
○	○	○	_____ Other

If Other perpetrator:

a) Age
○ <13 ○ 13-15 ○ 16-20
○ 21-30 ○ 31-40 ○ 41-50
○ 51-60 ○ >60

b) Sex ○ Male ○ Female

33. Substantiation *(Fill in only one per column)*

1st	2nd	3rd	
○	○	○	Substantiated
○	○	○	Suspected
○	○	○	Unfounded

a) Substantiated or suspected maltreatment, is mental or emotional harm evident?
○ Yes ○ No

b) If yes, child requires therapeutic treatment
○ Yes ○ No

c) Was the unfounded report a malicious referral?
○ Yes ○ No ○ Unknown

d) If unfounded, is there a significant risk of future maltreatment?
○ Yes ○ No ○ Unknown

34. Was maltreatment a form of punishment? *(Fill in only one per column)*

1st	2nd	3rd	
○	○	○	Yes
○	○	○	No
○	○	○	Unknown

35. Duration of maltreatment *(Fill in only one per column)*

1st	2nd	3rd	
○	○	○	Not applicable (unfounded)
○	○	○	Single incident
○	○	○	Multiple incidents

36. Physical harm *(Fill in all that apply)*
○ No harm ○ Bruises/Cuts/Scrapes
○ Broken bones ○ Burns and scalds
○ Head trauma ○ Fatal
○ Other health condition: _____

37. Severity of harm

a) Medical treatment required
○ Yes ○ No ○ N/A - no harm

b) Health or safety seriously endangered by suspected or substantiated maltreatment
○ Yes ○ No ○ N/A - no harm

c) History of injuries
○ Yes ○ No ○ Unknown

38. Physician/nurse physically examined child as part of the investigation
○ Yes ○ No

39. Placement during investigation
○ No placement required
○ Placement considered
○ Informal kinship care
○ Kinship foster care
○ Family foster care (non kinship)
○ Group home
○ Residential/secure treatment

40. Child welfare court
○ No court considered ○ Application considered
○ Application made

a) Referral to mediation/alternative response
○ Yes ○ No

41. Previous reports

a) Child previously reported to child welfare for suspected maltreatment
○ Yes ○ No ○ Unknown

b) If yes, was the maltreatment substantiated?
○ Yes ○ No ○ Unknown

42. Caregivers use spanking as a form of discipline
○ Yes ○ No ○ Unknown

43. Police involvement in adult domestic violence investigation
○ None ○ Charges laid
○ Investigation only ○ Unknown
○ Charges being considered ○ N/A

44. Police involvement in child maltreatment investigation
○ None ○ Charges being considered
○ Investigation only ○ Charges laid

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Appendix F

CIS-2008 DEFINITIONAL FRAMEWORK

	Definitional Problem	Measures Taken by CIS 2008
Source of data	Statistics are rarely presented with sufficient detail to allow one to consider all the data collection issues.	CIS-2008 data were collected from child protection workers upon completion of their initial investigation (time depends on provincial, regional, and site practices).
Forms of maltreatment	Maltreatment statistics vary considerably with respect to the forms of maltreatment included.	The CIS-2008 includes 32 defined forms of maltreatment under five main categories: physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to intimate partner violence.
Multiple forms of maltreatment	Failure to document multiple forms of maltreatment can lead to underestimating some forms of maltreatment.	CIS-2008 documents up to three forms of maltreatment.
Risk	Changes in Canadian child welfare practices increasingly support the investigation of cases in which the primary focus is "risk of future maltreatment."	CIS-2008 captures some information about investigations whose primary focus was risk of future maltreatment, but this report focuses on substantiated child maltreatment.
Levels of identification/ substantiation	The point at which cases are being identified significantly affects child maltreatment estimates, given that many identified cases are not reported, many reported cases are not investigated, and many investigated cases are not substantiated.	CIS-2008 reports on cases investigated by child welfare authorities. A three-tiered definition of substantiation is used: (1) substantiated, (2) suspected, and (3) unfounded. Screened out or uninvestigated reports are not included.
Level of harm	Some statistics only include cases where children have been harmed; others include cases of harm and substantial risk of harm.	CIS-2008 includes cases where children are harmed as well as cases where children are at risk of harm. Physical and emotional harm are documented.
Timeframe	Research on child maltreatment can focus on the annual incidence, which is the number of cases in a single year; or, it can focus on childhood prevalence, which is the number of children maltreated during childhood.	The CIS-2008 measures the annual incidence of investigated maltreatment.
Reporting year	Rates of reported maltreatment have been increasing steadily as public awareness of child abuse increases. Rates from two different years must be compared accordingly.	The reporting year for the CIS-2008 is 2008.
Unit of analysis	Child welfare investigations can use either a child-based or family-based method of tracking cases. For child-based, each investigated child is counted as a separate investigation, while for family-based investigations, the unit of analysis is the investigated family, regardless of the number of children investigated.	The CIS-2008 counts cases on the basis of child investigations
Duplication	Children investigated several times in a year are often counted as separate investigations. Approximately 20 per cent of investigations in a given year involve children investigated more than once.	The CIS-2008 estimates are not fully unduplicated. Children who are investigated twice during the 3 month study period are only counted once, but, because the annual estimates are based unduplicated annual agency statistics, the CIS annual estimates cannot be fully unduplicated. The unit of analysis is therefore a child investigation.
Age group	The age group of children investigated by child welfare services varies by province or territory.	CIS-2008 estimates are presented for children under 16 (Newborn to 15 inclusive).
Identification of First Nations Children	Classification of Aboriginal identity is difficult. The categories of Aboriginal identity commonly used in Canada (Métis, Inuit, First Nations and First Nations non-Status) have been contested by many, are poorly defined, and involve consideration of information which may often not be known to workers.	CIS-2008 bases identification of First Nations children on worker assessment. Workers were asked to identify children as being "non-Aboriginal," "First Nations Status," "First Nations non-Status," "Métis," "Inuit" or "Other Aboriginal." Children identified by workers as First Nations status or non-status are included in the First Nations samples examined here.

Appendix G

CIS-2008 SITE RESEARCHERS

The following is a list of Site Researchers who participated in the CIS-2008.

BRITISH COLUMBIA

Alison Barker
Ministry of Children and Family Development

Janet Douglas
Ministry of Children and Family Development

Scott Horvath
Ministry of Children and Family Development

ALBERTA

Rick Enns
Faculty of Social Work
University of Calgary

Richard Feehan
Faculty of Social Work
University of Calgary

Jordan Gail
Faculty of Social Work
University of Calgary

Olivia Kitt
Faculty of Social Work
University of Calgary

Bruce MacLaurin (Co-Investigator)
Faculty of Social Work
University of Calgary

Carolyn Zelt
Faculty of Social Work
University of Calgary

SASKATCHEWAN

Jill Holroyd
Research and Evaluation Branch
Department of Social Services

Janet Farnell
Child Protection
Department of Social Services

David Rosenbluth
Research and Evaluation Branch
Department of Social Services

Shelley Thomas Prokop
First Nations Family and Community Institute

MANITOBA

Tara Petti
Southern First Nations Network of Care

ONTARIO

Tara Black (Co-Manager)
Factor-Inwentash Faculty of Social Work
University of Toronto

Tina Crockford
Factor-Inwentash Faculty of Social Work
University of Toronto

Barbara Fallon (Co-Investigator)
Factor-Inwentash Faculty of Social Work
University of Toronto

Caroline Felstiner (Co-Manager)
Factor-Inwentash Faculty of Social Work
University of Toronto

Barbara Lee
Factor-Inwentash Faculty of Social Work
University of Toronto

Nicole Petrowski
Factor-Inwentash Faculty of Social Work
University of Toronto

Kate Schumaker (Co-Manager)
Factor-Inwentash Faculty of Social Work
University of Toronto

QUEBEC

Audrée-Jade Carignan
Centre jeunesse de Montréal
Institut universitaire

Elizabeth Fast (Co-Manager)
School of Social Work
McGill University

Sonia Hélie (Co-Investigator)
Centre jeunesse de Montréal
Institut universitaire

Geneviève Lamonde
Centre jeunesse de Québec
Institut universitaire

Vandna Sinha (Co-Investigator)
School of Social Work
McGill University

Nico Trocmé (Principal Investigator)
School of Social Work
McGill University

Daniel Turcotte (Co-Investigator)
École de service social
Université Laval

Pamela Weightman (Coordinator)
School of Social Work
McGill University

ATLANTIC PROVINCES

Ken Barter
Faculty of Social Work
Memorial University

Appendix H

FNCIS-2008 RESEARCH AGREEMENT

The FNCIS-2008 Research Agreement describes the study goals; it also outlines the roles and responsibilities of the research team, the FNCIS-2008 advisory committee and the First Nations child welfare agencies which participated in the study.

First Nations Canadian Incidence Study of Reported Child Abuse and Neglect (CIS), 2008

Research Agreement

Entered into by [First Nations Child Welfare Agency]

and the CIS Research team (Lead Researchers: Nico Trocmé, McGill University; Barbara Fallon, University of Toronto; Bruce Maclaurin, University of Calgary; Vandna Sinha, McGill University)

[Date]

The CIS Research team agrees to conduct this research project with the following understandings:

Research Purposes:

The purposes of this research project are: 1) to examine the incidence of reported child maltreatment in Canada and the characteristics of the children and families investigated by child welfare services; 2) to generate new knowledge about the nature of and response to maltreatment of Aboriginal children; 3) to increase the capacity for future research on child maltreatment in Aboriginal communities; and, 4) to inform evidence-based strategies for preventing and addressing abuse and neglect.

Scope of Research:

The First Nations component of Canadian Incidence Study of Reported Child Abuse and Neglect (First Nations CIS) is part of a national study of child abuse and neglect that is conducted every five years. The first two national studies were conducted in 1998 and 2003; they collected child welfare investigation information using a standardized data collection form which was completed by workers at child welfare agencies which voluntarily participated in the study. The CIS-1998 sample

included three First Nations child welfare agencies and CIS-2003 included eight. Data collection for the next cycle will follow the same procedures and will take place in 2008. Given the interest by First Nations in the CIS study, CIS-2008 will attempt to increase the number of participating First Nations child welfare agencies to 24.

Research Activities:

The CIS asks child welfare workers working in mainstream and Aboriginal agencies to report data on child welfare investigations using a standard, three page instrument (see Appendix A). This study collects data based on information in case files and knowledge of the case worker; it does not involve direct contact between the research team and children or families. Workers will be asked to complete a form for each new investigation for which a referral was received between October 1, 2008 and December 31, 2008. The full form takes approximately 15 minutes to complete.

Your agency has been designated a researcher who will assist in the research process:

Name: _____

Phone: _____Email: _____

This researcher will have primary responsibility for facilitating the relationship between your agency and the research team. She will maintain regular phone/email communication with the person designated by your agency, will visit your agency to conduct worker training and data verification (approximately every 4-6 weeks throughout the data collection period), and will be available to deal with questions or issues that may emerge during the data collection process.

First Nations Oversight:

The First Nations CIS is overseen by a Canada-wide First Nations CIS Advisory Committee (see page 1 of agreement for list). The mandate of this committee is to ensure that the CIS respects the principles of Aboriginal Ownership of, Control over, Access to and Possession of research (OCAP principles) to the greatest degree possible given that the CIS is a cyclical study which collects data on Aboriginal and non-Aboriginal investigations. In order to facilitate aggregation of data collected from participating child welfare agencies and to facilitate comparison across study cycles, the First Nations CIS uses a standardized data collection instrument and set of data collection procedures. The First Nations CIS Advisory Committee members will inform the full process of

developing additional components of research design, implementing the research project, conducting analysis and disseminating findings through regular meetings and updates. They will provide advice on and approve the sampling framework, help ensure compliance with Aboriginal research ethics guidelines and facilitate the recruitment of participating agencies and communities. Committee members will help to establish parameters for and prioritize secondary analyses and to facilitate dissemination to interested communities. Given limited financial resources, the committee currently meets primarily by teleconference, but, given the vital mandate of this group, efforts are underway to find the financial resources to meet in person when necessary.

The First Nations CIS Advisory Committee will implement procedures for reviewing and approving any secondary research that proposes to use First Nations CIS data which is not included in the public-use CIS dataset. Those researchers who are focusing on CIS First Nations data will be required to submit their analysis proposal to the First Nations CIS Advisory Committee, in addition to meeting the ethics and research guidelines for the general CIS. The public-use dataset will exclude key identifying variables, making it impossible for users to identify the province, agency, worker or family for which data is reported. The public-use data set will also exclude information which would enable researchers to distinguish First Nations child welfare agencies from mainstream agencies. Research that distinguishes between First Nations and mainstream agencies will only be allowed once research proposals have been reviewed and approved by the First Nations CIS Advisory Committee.

Community Participation:

The research team will also work closely with individual agencies participating in the study to address their specific needs and concerns. However, it is important to emphasize that, given the national scope of the CIS, some aspects of the study design cannot be changed. Within the limitations imposed by the need to have a uniform research process across communities, the research team will incorporate and address local concerns and recommendations at each step of the project. The research team members and/or First Nations CIS Advisory Committee members will keep participating agencies updated about project progress and will directly answer community questions whenever requested.

In addition, the CIS research team is committed to increasing the capacity of Aboriginal communities and child welfare agencies to collect and analyze child welfare data. The research team will work with interested parties to support their capacity development efforts. For example, in May 2008, the

research team held a week-long workshop for child welfare personnel and researchers on use of the First Nations CIS data set. Given the success of the first workshop, and participant feedback indicating a need for further training, the CIS research team will seek funding to provide similar workshops on a yearly basis. The research team will prioritize spaces in the workshop for Aboriginal researchers and staff of Aboriginal child welfare agencies. In addition, the research team could provide consultation on how agencies may make better use of their own data, provide technical support in the event the agency wishes to extend the CIS data collection period and work with individual agencies to provide additional support for their research activities.

Reporting:

By the end of 2010, each participating agency will receive a written report which summarizes the data collected from their agency. To protect the anonymity of workers who complete the CIS forms, the community reports will present only aggregated agency/community level statistics. In order to ensure that results are communicated in a fashion that is useful and accessible to community members, CIS researchers are currently seeking funds to support on-site dissemination visits to each participating agency.

All participating agencies will have access to the CIS data relating to their own agency and will also be able to apply for access to the public-use data set containing information on all cases in the CIS data set. In order to facilitate use by community members, the CIS research team will sponsor a series of research methods workshops in which they train participants in the use and analysis of First Nations CIS data. The first workshop in this series was held in summer of 2008.

Data Sharing, Distribution and Storage:

All data collection instruments submitted to the research team will be archived in a secure filing cabinet, approved by the RCMP as per the contractual agreement with Public Health Agency of Canada, Injury and Maltreatment Section. Confidentiality of case information and participants including workers and agencies/offices are maintained throughout the study process. The First Nations CIS dataset will be housed at the Center for Research on Children and Families at McGill University and proposals to use the First Nations CIS dataset will be reviewed and approved through the process developed by the First Nations CIS Advisory Committee.

Informed consent and confidentiality:

The CIS is restricted to examining information that has already been gathered through standard child welfare investigations. The research team has no direct contact with children or families and participating workers are not asked to collect any supplemental information for the CIS. Permission to collect non-identifying investigation information will be sought from community leaders, child welfare authorities and community ethics boards as deemed necessary by participating child welfare agencies.

No identifying information will be included in the data sent to the research team. However, to allow for on-site verification of the data, near-identifying information (family initials, children's first names and case file number) will be collected on a tear-off portion of the form that will remain at the child welfare agency/office. Any identifying information that is inadvertently included on the form will be blacked-out on-site by the designated researcher before the forms are sent to the research team for data entry.

Ethics approval for this project has been given by the McGill University Ethics Board, the University of Toronto Ethics Board and the University of Calgary Ethics Board. The CIS research team will work with participating agencies to obtain additional approvals – e.g. from community ethics boards, agency board of directors or band councils – as deemed necessary by participating agency directors.

Funding, Benefits and Commitments

Funding:

The research team has received funding and other forms of support for First Nations CIS data collection from: The Public Health Agency of Canada, The Ministry of Children and Youth Services (Ontario), The Manitoba Department of Family Services Housing, and the Centre for Excellence on Child Welfare.

Benefits:

The main researchers who wish to use this research project for their benefit are: Dr. Nico Trocmé, Dr. Vandna Sinha, Dr. Barbara Fallon, Bruce MacLaurin, Cindy Blackstock, Shelley Thomas Prokop, and Elizabeth Fast. Through the methods workshops and other capacity building activities sponsored by the research team, several Aboriginal researchers will also be trained on using the data set.

The researchers will submit a descriptive First Nations report to the funding agency in 2011. Scientific presentations in peer-reviewed publications and

conferences will be made. The final report and other publications will be reviewed by the First Nations CIS Advisory Committee members prior to publication. The First Nations CIS Advisory Committee and the CIS research team are committed to ensuring that CIS data reaches Aboriginal communities in a way that informs their work and will work together to develop a meaningful dissemination strategy for the First Nations component of the CIS.

Commitments:

The researchers agree to abide by the agreements described above. Researchers also agree to inform the participating agency about the progress of the project in a clear, specific, and timely manner and to act as a resource to the participating agencies on research related questions that are of relevance to them.

The participating agency agrees to work with the researchers in order to collect data in a manner consistent with other sites. The participating agency also agrees to encourage the active participation of agency staff in the study and to provide feedback to the research team on the overall study.

The primary commitment by participating agency is projected to be 6-8 months of involvement starting in July 2008. Between July and October, agency representatives will work with researchers to: obtain any approvals that are necessary in order for the agency to participate in the study, describe the case flow process and obtain the background information needed for the study, generate child welfare worker support for the study, and set a date for training child welfare workers in data collection. The ½ day, on-site training session will familiarize child welfare workers with the data collection instrument, review the data collection guidebook and answer any questions about filling in forms. This training will be held in early-mid October.

Through many revisions of the data collection instrument based on experience and extensive feedback, the research team has attempted to make the form and guidebook as user friendly as possible. Previous study cycles have indicated that it takes approximately 15 minutes to fill out one data collection instrument. The total amount of time spent on the project depends on the number of new investigations that are completed between October 1 and December 31, 2008. The researcher who is assigned to your agency will provide on and off-site support to ensure consistent data collection.

Agency participation in this study is purely voluntary and you may choose to terminate participation at any time. If an agency decides to terminate their participation in the study, the research team agrees to cease data collection in the agency. Furthermore, if an agency that is terminating participation in

the study requests it, the research team will agree not use the data already collected from the agency in any way.

Having read the above, we agree to work together on the Canadian Incidence Study of Reported Child Abuse and Neglect in Keeping with this agreement.

Signed by:

Date:

_____

(Signature of Designated Researcher)
Name:
Position:

Date:
Agency:

_____

(Signature of Agency Contact Person)
Name:
Position:

Date:

_____

Nico Trocmé
Principal Investigator, Canadian Incidence Study of Reported Child Abuse and Neglect

Appendix I

CIS-2008 GUIDEBOOK

The following is the CIS-2008 Guidebook used by child welfare workers to assist them in completing the Maltreatment Assessment Form.

CIS-2008 Guidebook

Site Researcher: _____
Telephone: _____
Fax: _____
Email: _____
Mail: _____

McGill University, Centre for Research on Children and Families, 3506 University Street, Suite 106, Montréal QC H3A 2A7 • t: 514-398-5399 • f: 514-398-5287
University of Toronto, Factor-Inwentash Faculty of Social Work, 246 Bloor Street West, Toronto ON M5S 1A1 • t: 416-978-2527 • f: 416-978-7072
University of Calgary, Faculty of Social Work, 2500 University Drive, NW, Calgary AB T2N 1N4 • t: 403-220-4698 • f: 403-282-7269
First Nations Child and Family Caring Society of Canada, 251 Bank Street, Suite 302, Ottawa ON K2P 1X3 • t: 613-230-5885 • f: 613-230-3080

Site Agency/Office: _____
Case Selection Starts: _____
Case Selection Ends: _____

Return all completed forms to your local Agency/Office Contact Person: _____, located at _____.

If your Site Researcher is not available, and your need immediate assistance, please contact the CIS Central Office in Toronto, at (416) 978-2527

THE CANADIAN INCIDENCE STUDY
OF REPORTED CHILD ABUSE AND NEGLECT

2008 Guidebook

BACKGROUND

The *Canadian Incidence Study of Reported Child Abuse and Neglect—CIS-2008*—is the third national study of reported child abuse and neglect investigations in Canada. Results from the *CIS-2003,* the *CIS-1998*, and its precursor, the *1993 Ontario Incidence Study,* have been widely disseminated in conferences, reports, books and journal articles (see Centre of Excellence for Child Welfare and Public Health Agency of Canada websites http://www.cecw-cepb.ca/ and http://www.phac-aspc.gc.ca/cm-vee/public-eng.php).

The *CIS-2008* is funded by the Public Health Agency of Canada. Additional funding has been provided by the provinces of Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan and the Centre of Excellence for Child Welfare with significant in-kind support provided by every province/territory. The project is managed by a team of researchers at McGill University's Centre for Research on Children and Families, the University of Toronto's Factor-Inwentash Faculty of Social Work, the University of Calgary's Faculty of Social Work, the Université de Laval's Ecole de service social, the Centre Jeunesse de Montréal-Institut Universitaire and the First Nations Child and Family Caring Society.

OBJECTIVES

The primary objective of the *CIS-2008* is to provide reliable estimates of the scope and characteristics of reported child abuse and neglect in Canada. Specifically, the study is designed to

- determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment and exposure to domestic violence, as well as multiple forms of maltreatment;
- investigate the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm;
- 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; and
- compare 1998, 2003, and 2008 rates of substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to domestic violence; the severity of maltreatment; and short-term investigation outcomes.

SAMPLE

The primary sampling unit for the *CIS-2008* is a study-designed child welfare service area (CWSA). A CWSA is a distinct child geographic area served by a child welfare agency/office.[1] One hundred and eighteen child welfare agencies/offices across Canada were randomly selected

[1] Some distinct geographic areas are served by more than one child welfare agency/office.

from the 411 CWSAs. A minimum of one CWSA was chosen from each province and territory. Provinces were allocated additional CWSAs based on both the provincial proportion of the Canadian child population and on oversampling funds provided in Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan. Oversampling funding provided by certain provinces allowed for the selection of additional CWSAs in these provinces, which permits researchers to generate estimates of the incidence of abuse and neglect specific to that province. Additional funds were also provided to oversample First Nations child welfare agencies.

In smaller agencies, information will be collected on all child maltreatment investigations opened during the three-month period between October 1, 2008, and December 31, 2008. In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study.

CIS MALTREATMENT ASSESSMENT FORM

The *CIS Maltreatment Assessment Form* was designed to capture standardized information from child welfare investigators on the results of their investigations. It consists of four yellow legal-sized pages with "Canadian Incidence Study of Reported Child Abuse and Neglect—CIS-2008" clearly marked on the front sheet.

The *CIS Maltreatment Assessment Form* comprises an *Intake Face Sheet*, a *Comment Sheet* (which is on the back of the *Intake Face Sheet*), a *Household Information Sheet*, and two *Child Information Sheets*. The form takes ten to fifteen minutes to complete, depending on the number of children investigated in the household.

The *CIS Maltreatment Assessment Form* examines a range of family, child, and case status variables. These variables include source of referral, caregiver demographics, household composition, key caregiver functioning issues, housing and home safety. 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, child welfare and criminal court involvement.

TRAINING

Most training sessions will be held in October 2008 for all workers involved in the study. Your Site Researcher will visit your agency/office prior to the data collection period and will continue to make regular visits during the data collection process. These on-site visits will allow the Site Researcher to collect forms, enter data, answer questions and resolve any problems that may arise. If you have any questions about the study, contact your Site Researcher (see contact information on the front cover of the *CIS-2008 Guidebook*).

CONFIDENTIALITY

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

To guarantee client confidentiality, all near-identifying information (located at the bottom of the *Intake Face Sheet*) will be coded at your agency/office. Near-identifying information is data that could potentially identify a household (e.g., agency/office case file number, the first two letters of the primary caregiver's surname and the first names of the children in the household). This information is required for purposes of data verification only. This tear-off portion of the *Intake*

Face Sheet will be stored in a locked area at your agency/office until the study is completed, and then will be destroyed.

The completed *CIS Maltreatment Assessment Form* (with all identifying information removed) will be sent to the University of Toronto or McGill University sites for data entry and will then be kept under double lock (a locked RCMP–approved filing cabinet in a locked office). Access to the forms for any additional verification purposes will be restricted to select research team members authorized by the Public Health Agency of Canada.

Published analyses will be conducted at the national level. Provincial analyses will be produced for the provinces gathering enough data to create a separate provincial report (Alberta, British Columbia, Manitoba, Ontario, Quebec and Saskatchewan). **No agency/office, worker or team-specific data will be made available to anyone, under any circumstances.**

COMPLETING THE *CIS MALTREATMENT ASSESSMENT FORM*

The *CIS Maltreatment Assessment Form* 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 four weeks of the date the case was opened.

It is essential that **all items** on the *CIS Maltreatment Assessment Form* applicable to the specific investigation be completed. Use the "Unknown" response if you are unsure. If the categories provided do not adequately describe a case, provide additional information on the *Comment Sheet*. If you have any questions during the study, contact your Site Researcher. The contact information is listed on the front cover of the *CIS-2008 Guidebook*.

FREQUENTLY ASKED QUESTIONS

1. FOR WHAT CASES SHOULD I COMPLETE A *CIS MALTREATMENT ASSESSMENT FORM*?

In smaller agencies, information will be collected on all child maltreatment investigations opened during the three-month period between October 1, 2008, and December 31, 2008. Generally, if your agency/office counts an investigation in its official opening statistics reported to a Ministry or government office, then the case is included in the sample and a *CIS Maltreatment Assessment Form* should be completed, unless your Site Researcher indicates otherwise. The Site Researcher will establish a process in your agency/office to identify to workers the openings or investigations included in the agency/office sample for the *CIS-2008*.

In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study. Workers in large agencies will be provided with a case list of all eligible cases, and should complete a *CIS Maltreatment Assessment Form* for all cases selected through this process.

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

Complete an *Intake Face Sheet* and the tear-off portion of the *Intake face Sheet* for all cases opened during the data selection period at your agency/office (e.g., maltreatment investigations as well as prenatal counselling, child/youth behaviour problems, request for services from another agency/office, and, where applicable, screened-out cases) or for all cases identified in the random selection process. If maltreatment was alleged at any point during the investigation, complete the remainder of the *CIS Maltreatment Assessment Form* (both *Household Information* and *Child Information Sheets*). 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 a *CIS Maltreatment Assessment Form* if a case was initially referred for parent/adolescent conflict, but during the investigation the child made a disclosure of physical abuse or neglect). Also complete a *Household Information Sheet* and relevant items on the *Child Information Sheet* (questions 25 through 30, and questions 39 through 41) for any child for whom you conducted a risk assessment. For risk assessments only, do not complete the questions regarding a specific event or incident of maltreatment. 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.

3. SHOULD I COMPLETE A *CIS MALTREATMENT ASSESSMENT FORM* ON SCREENED-OUT CASES?

The procedures for screening out cases vary considerably across Canada. Although the CIS does not attempt to capture informally screened-out cases, we will gather *Intake Face Sheet* information on screened-out cases that are formally counted as case openings by your agency/office. If in doubt, contact your Site Researcher.

4. WHEN SHOULD I COMPLETE THE *CIS MALTREATMENT ASSESSMENT FORM*?

Complete the *CIS Maltreatment Assessment Form* at the same time that you prepare the report for your agency/office that documents the conclusions of the investigation (usually within four weeks of a case being opened). 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 form to the best of your abilities.

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

The *CIS Maltreatment Assessment Form* 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 *CIS Maltreatment Assessment Form.*

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

The *CIS Maltreatment Assessment Form* primarily focuses on the household; however, the *Child Information Sheet* is specific to the individual child being investigated. **Complete one child sheet for each child investigated for an incident of maltreatment or for whom you conducted a risk assessment.** If you had no maltreatment concern about a child in the home, or you did not conduct a risk assessment, then do not complete a *Child Information Sheet* for that child. Additional pads of *Child Information Sheets* are available in your training package.

7. WILL I RECEIVE TRAINING FOR THE *CIS MALTREATMENT ASSESSMENT FORM*?

All workers who complete investigations in your agency/office 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 CIS-2008, he or she should contact the Site Researcher regarding any questions about the form. Your Site Researcher's name and contact information is on the front cover of the *CIS-2008 Guidebook*.

8. WHAT SHOULD I DO WITH THE COMPLETED FORMS?

Give the completed *CIS Maltreatment Investigation Form* to your Agency/Office Contact Person. All forms will be reviewed by the Site Researcher during a site visit, and should he or she have additional questions, he or she will contact you during this visit. Your Agency/Office Contact Person is listed on the inside cover of the *CIS-2008 Guidebook*.

9. IS THIS INFORMATION CONFIDENTIAL?

The information you provide is confidential, and no identifying information will leave your agency/office. Your Site Researcher will code any near-identifying information from the bottom portion of the *Intake Sheet.* Where a name has been asked for, the Site Researcher will black out the name prior to the form leaving your agency/office. Refer to the section above on confidentiality.

DEFINITIONS: *INTAKE FACE SHEET*

QUESTION 1: DATE REFERRAL WAS RECEIVED

This date refers to the day that the referral source made initial contact with your agency/office.

QUESTION 2: DATE CASE OPENED

This refers to the date the case was opened. In some agencies/offices, this date will be the same as the referral date.

QUESTION 3: SOURCE OF ALLEGATION/REFERRAL

Fill in 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 fill in the circle 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 fill in the circle 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 on the *Intake Face Sheet* of the *CIS Maltreatment Assessment Form*.

- **Relative:** Any relative of the child in question. If 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:** 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.
- **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 Justice Act* (YJA) 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 4: PLEASE DESCRIBE REFERRAL, INCLUDING ALLEGED MALTREATMENT OR RISK OF MALTREATMENT (IF APPLICABLE) AND RESULTS OF INVESTIGATION

For jurisdictions that have a differential or alternate response approach at the investigative stage, 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.

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). If the reason for the case opening was not for alleged or suspected maltreatment, describe the reason (e.g., adoption home assessment, request for information).

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. Provide each caregiver's age and sex in the space indicated.

QUESTION 6: LIST ALL CHILDREN IN THE HOME (<20 YEARS)

Include biological, step-, adoptive and foster children.

a) **List first names of *all* children (<20 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 .
b) **Age of child:** Indicate the age of each child living in the home at the time of the referral. Use 00 for children younger than 1.
c) **Sex of child:** Indicate the sex of each child in the home.
d) **Primary caregiver's relationship to child:** Describe the primary caregiver's relationship to each child, using the codes provided.
e) **Other caregiver's relationship to child:** Describe the other caregiver's relationship to each child (if applicable), using the codes provided. Describe the caregiver only if the caregiver is in the home.
f) **Referred:** Indicate which children were noted in the initial referral.
g) **Risk investigation only:** Indicate if the child was investigated because of risk of maltreatment only. Include only situations in which **no allegation** of maltreatment was made, and **no specific incident of maltreatment** was suspected at any point during the investigation (e.g., include referrals for parent–teen conflict; child behaviour problems; parent behaviour such as substance abuse, where there is a risk of future maltreatment but no concurrent allegations of maltreatment. 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).
h) **Investigated incident of maltreatment:** Indicate if the child was investigated because of an allegation of maltreatment. In jurisdictions that require that all children be routinely interviewed for an investigation, include only those children where, in your clinical opinion, maltreatment was alleged or you investigated an incident or event of maltreatment (e.g., include three siblings ages 5 to 12 in a situation of chronic neglect, but do not include the 3-year-old brother of a 12-year-old girl who was sexually abused by someone who does not live with the family and has not had access to the younger sibling).

TEAR-OFF PORTION OF *INTAKE FACE SHEET*

The semi-identifying information on the tear-off section will be kept securely at your agency/office, for purposes of verification. It will be destroyed at the conclusion of the study.

WORKER'S NAME

This refers to the person completing the form. When more than one individual is involved in the investigation, the individual with overall case responsibility should complete the *CIS Maltreatment Assessment Form*.

FIRST TWO LETTERS OF PRIMARY CAREGIVER'S SURNAME

Use the reference name used for your agency/office filing system. In most cases this will be the primary caregiver's last name. If another name is used in the agency/office, include it under "Other family surname" (e.g., if a parent's surname is "Thompson," and the two children have the surname of "Smith," then put "TH" **and** "SM"). **Use the first two letters of the family name only. Never fill in the complete name.**

CASE NUMBER

This refers to the case number used by your agency/office.

DEFINITIONS: *COMMENT SHEET*

The back of the *Intake Face Sheet* provides space for additional comments about an investigation. Use the *Comment Sheet* only if there is a situation regarding a household or a child that requires further explanation.

There is also space provided at the top of the *Comments Sheet* for situations where an investigation or/assessment was unable to be completed for children indicated in 6(g) or 6(h).

DEFINITIONS: *HOUSEHOLD INFORMATION SHEET*

The *Household Information Sheet* 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 a risk assessment was conducted. 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 other caregiver if there are two adults/caregivers living in the household (the same caregivers identified on the *Intake Face Sheet*).

If you have a unique circumstance that does not seem to fit the categories provided, write a note on the *Comment Sheet* under "Comments: Household information."

Questions A8–A13 pertain to the primary caregiver in the household. If there was a second caregiver in the household at the time of referral, complete questions B8–B13 for the second caregiver. If both caregivers are equally engaged in parenting, identify the caregiver you have had most contact with as the primary caregiver. If there was only one caregiver in the home at the time of the referral, endorse "no other caregiver in the home" under "second caregiver in the home".

QUESTION 8: 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 include income from the second 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 activity are apparent, specify on *Comment Sheet* under "Comments: Household information."
- **Unknown:** Check this box if you do not know the caregiver's source of income.

QUESTION 9: 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 not be published out of context. This section uses an abbreviated checklist of ethno-racial categories used by Statistics Canada in the 1996 Census.

Check the ethno-racial category that best describes the caregiver. Select "Other" if you wish to identify two ethno-racial groups, and specify.

QUESTION 10: IF ABORIGINAL

a) **On or off reserve:** Identify if the caregiver is residing "on" or "off" reserve.
b) **Caregiver's status:** First Nations status (caregiver has formal Indian or treaty status, that is, registered with the Department of Indian and Northern Affairs), Inuit, First Nations non-status, Métis or Other (specify and use the *Comment Sheet* if necessary).
c) **Caregiver attended residential school:** Identify if the caregiver attended a residential school.
d) **Caregiver's parent attended residential school:** Identify if the caregiver's parent (i.e., the children's grandparent) attended residential school.

QUESTION 11: PRIMARY LANGUAGE

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

QUESTION 12: 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 13: CAREGIVER RISK FACTORS

These questions pertain to the primary caregiver and/or the other caregiver, and are to be rated as "Confirmed," "Suspected," "No," or "Unknown." Fill in "Confirmed" if problem has been **diagnosed, observed** by you or another worker, or **disclosed** by the caregiver. Use the "Suspected" category if your suspicions are sufficient to include in a written assessment of the household or a transfer summary to a colleague. Fill in "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 functioning issues. 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 domestic violence:** During the **past six months** the caregiver was a victim of domestic violence, including physical, sexual or verbal assault.
- **Perpetrator of domestic violence:** During the **past six months** the caregiver was a perpetrator of domestic 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.

QUESTION 14: OTHER ADULTS IN THE HOME

Fill in all categories that describe adults (excluding the orimary and other caregivers) who lived in the house at the time of the referral to child welfare. Note that children (<20 years of age) in the home have already been described on the *Intake Face Sheet*. If there have been recent changes in the household, describe the situation **at the time of the referral.** Fill in all that apply.

QUESTION 15: 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 child(ren). Fill in all that apply.

QUESTION 16: 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 17: HOUSING

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

- **Own home:** A purchased house, condominium or townhouse.

- **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.
- **Unknown:** Housing accommodation is unknown.
- **Other:** Specify any other form of shelter.
- **Rental:** A private rental house, townhouse, or apartment.
- **Band housing:** Aboriginal housing built, managed and owned by the band.
- **Hotel/Shelter:** An SRO hotel (single room occupancy), homeless or family shelter, or motel accommodations.

QUESTION 18: HOME OVERCROWDED

Indicate if household is made up of multiple families and/or overcrowded.

QUESTION 19: NUMBER OF MOVES IN PAST YEAR

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

QUESTION 20: HOUSING SAFETY

a) **Accessible weapons:** Guns or other weapons that a child may be able to access.
b) **Accessible drugs or drug paraphernalia:** Illegal or legal drugs stored in such a way that a child might access and ingest them, or needle**s** stored in such a way that a child may access them.
c) **Drug production or trafficking in the home:** Is there evidence that this home has been used as a drug lab, narcotics lab, grow operation or crack house? This question asks about evidence that drugs are being grown (e.g., marijuana), processed (e.g., methamphetamine) or sold in the home. Evidence of sales might include observations of large quantities of legal or illegal drugs, narcotics, or drug paraphernalia such as needles or crack pipes in the home, or exchanges of drugs for money. Evidence that drugs or narcotics are being grown or processed might include observations that a house is "hyper-sealed" (meaning it has darkened windows and doors, with little to no air or sunlight).
d) **Chemicals or solvents used in production:** Industrial chemicals/solvent stored in such a way that a child might access and ingest or touch.
e) **Other home injury hazards:** The quality of household maintenance is such that a child might have access to things such as poisons, fire implements or electrical hazards.
f) **Other home health hazards:** The quality of living environment is such that it poses a health risk to a child (e.g., no heating, feces on floor/walls).

QUESTION 21: HOUSEHOLD REGULARLY RUNS OUT OF MONEY FOR BASIC NECESSITIES

Indicate if the household regularly runs out of money for necessities (e.g., food, clothing).

QUESTION 22: CASE PREVIOUSLY OPENED

Describe case status at the time of the referral.

Case previously opened: Has this family previously had an open file with a child welfare agency/office? For provinces where cases are identified by family, has a caregiver in this family been part of a previous investigation even if it was concerning different children? Respond if there is documentation, or if you are aware that there have been previous openings. Estimate the number

of previous openings. This would relate to case openings for any of the children identified as living in the home (listed on the *Intake Face Sheet*).

a) **If case was opened before, how long since previous opening:** How many months between the time the case was last opened and this current opening?

QUESTION 23: CASE WILL STAY OPEN FOR ONGOING CHILD WELFARE SERVICES

At the time you are completing the *CIS Maltreatment Investigation Form*, do you plan to keep the case open to provide ongoing services?

a) **If yes, is case streamed to differential or alternative response:** If case is remaining opened for ongoing service provision, indicate if the case is streamed to differential or alternative response.

QUESTION 24: REFERRAL(S) FOR ANY FAMILY MEMBER

Indicate referrals that have been made to programs designed to offer services beyond the parameters of "ongoing child welfare services." Include referrals made internally to a special program provided by your agency/office as well as referrals made externally to other agencies/services. Note whether a referral was made and is part of the case plan, not whether the young person or family has actually started to receive services. Fill in all that apply.

- **No referral made:** No referral was made to any programs.
- **Parent support group:** Any group program designed to offer support or education (e.g., Parents Anonymous, Parenting Instruction Course, Parent Support Association).
- **In-home family/parenting counselling:** Home-based support services designed to support families, reduce risk of out-of-home placement, or reunify children in care with their family.
- **Other family or parent counseling:** Refers to any other type of family or parent support or counseling not identified as "parent support group" or "in-home family/parenting counseling" (e.g., couples or family therapy).
- **Drug or alcohol counselling: Addiction program (any substance) for careg**iver(s) or children.
- **Welfare or social assistance:** Referral for social assistance to address financial concerns of the household.
- **Food bank:** Referral to any food bank.
- **Shelter services:** Regarding domestic violence or homelessness.
- **Domestic violence services:** Referral for services/counselling regarding domestic violence, abusive relationships or the effects of witnessing violence.
- **Psychiatric or psychological services:** Child or parent referral to psychological or psychiatric services (trauma, high risk behaviour or intervention).
- **Special education placement:** 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).
- **Victim support program:** Referral to a victim support program (e.g., sexual abuse disclosure group).

- **Medical or dental services:** Any specialized service to address the child's immediate medical or dental health needs.
- **Child or day care:** Any paid child or day care services, including staff-run and in-home services.
- **Cultural services:** Services to help children or families strengthen their cultural heritage.
- **Other:** Indicate and specify any other child- or family-focused referral.

DEFINITIONS: CHILD INFORMATION SHEET

QUESTION 25: CHILD NAME AND SEX

Indicate the first name and sex of the child for which the *Child Information Sheet* is being completed. Note, this is for verification only.

QUESTION 26: AGE

Indicate the child's age.

QUESTION 27: TYPE OF INVESTIGATION

Indicate if the investigation was conducted for a specific incident of maltreatment, or if it was conducted to assess risk of maltreatment only. Refer to page 8, question 6 g) and h) for a detailed description of "risk investigation only" versus investigation of an "incident of maltreatment."

QUESTION 28: ABORIGINAL STATUS

Indicate the Aboriginal status of the child for which the *CIS Maltreatment Assessment Form* is being completed: **Not Aboriginal**, **First Nations status** (caregiver has formal Indian or treaty status, that is, is registered with the Department of Indian and Northern Affairs), **First Nations non-status**, **Métis**, **Inuit** or **Other** (specify and use the *Comment Sheet* if necessary).

QUESTION 29: CHILD FUNCTIONING

This section focuses on issues related to a child's level of functioning. Fill in "Confirmed" if problem has been **diagnosed, observed** by you or another worker, or **disclosed** by the parent 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. Fill in "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.

- **Depression/anxiety/withdrawal:** Feelings of depression or anxiety that persist for most of every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.
- **Suicidal thoughts:** The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.
- **Self-harming behaviour:** Includes high-risk or life-threatening behaviour, suicide attempts, and physical mutilation or cutting.
- **ADD/ADHD:** ADD/ADHD is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically

seen in children of comparable levels of development. Symptoms are frequent and severe enough to have a negative impact on children's lives at home, at school or in the community.

- **Attachment issues:** The child does not have a 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.
- **Aggression:** Behaviour directed at other children or adults that includes hitting, kicking, biting, fighting, bullying others or violence to property, at home, at school or in the community.
- **Running (Multiple incidents):** Has run away from home (or other residence) on multiple occasions for at least one overnight period.
- **Inappropriate sexual behaviour:** Child displays inappropriate sexual behavior, including age-inappropriate play with toys, self or others; displaying explicit sexual acts; age-inappropriate sexually explicit drawing and/or descriptions; sophisticated or unusual sexual knowledge; prostitution or seductive behaviour.
- ***Youth Criminal Justice Act* involvement:** Charges, incarceration or alternative measures with the Youth Justice system.
- **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 and Asperger syndrome.
- **Failure to meet developmental milestones:** Children who are not meeting their development milestones because of a non-organic reason.
- **Academic difficulties:** Include learning disabilities that are usually identified in schools, as well as any special education program for learning difficulties, special needs, or behaviour problems. Children with learning disabilities have normal or above-normal intelligence, but deficits in one or more areas of mental functioning (e.g., language usage, numbers, reading, work comprehension).
- **FAS/FAE:** 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.
- **Positive toxicology at birth:** When a toxicology screen for a newborn tests positive for the presences of drug or alcohol.
- **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.
- **Alcohol abuse:** Problematic consumption of alcohol (consider age, frequency and severity).
- **Drug/solvent abuse:** Include prescription drugs, illegal drugs and solvents.
- **Other:** Specify any other conditions related to child functioning; your responses will be coded and aggregated.

QUESTION 30: IF RISK INVESTIGATION ONLY, IS THERE A SIGNIFICANT RISK OF FUTURE MALTREATMENT?

Only complete this question in cases in which you selected "Risk investigation only" in "Question 27: Type of investigation". Indicate, based on your clinical judgment, if there is a significant risk of future maltreatment.

Note: If this is a risk investigation only, once you have completed question 30, skip to question 39, and complete only questions 39, 40, 41 and 42.

QUESTION 31: MALTREATMENT CODES

The maltreatment typology in the *CIS-2008* 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 CIS, the Ontario Incidence Study. Because there is significant variation in provincial and territorial child welfare statutes, we are using a broad typology. Rate cases **on the basis of your clinical opinion**, not on provincial, territorial or agency/office-specific definitions.

Select the applicable maltreatment codes from the list provided (1–32), and write these numbers **clearly** in the boxes below Question 31. Enter in the first box the form of maltreatment that best characterizes the investigated maltreatment. If there is only one type of investigated maltreatment, choose all forms within the typology that apply. 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, **identify the most harmful form** and circle the codes of other relevant descriptors.

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

Sexual Abuse

The child has been sexually molested or sexually exploited. This includes oral, vaginal or anal sexual activity; attempted sexual activity; sexual touching or fondling; exposure; voyeurism; involvement in prostitution or pornography; and verbal sexual harassment. If several forms of sexual activity are involved, **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.

- **Penetration:** Penile, digital or object penetration of vagina or anus.
- **Attempted penetration:** Attempted penile, digital, or object penetration of vagina or anus.
- **Oral sex:** Oral contact with genitals either by perpetrator or by the child.
- **Fondling:** Touching or fondling genitals for sexual purposes.
- **Sex talk or images:** Verbal or written proposition, encouragement or suggestion of a sexual nature (include face to face, phone, written and Internet contact, as well as exposing the child to pornographic material).
- **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.
- **Exhibitionism:** Include activities where the perpetrator is alleged to have exhibited himself or herself for his or her own sexual gratification.
- **Exploitation:** Include situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.
- **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. Note that the term "neglect" is not consistently used in all provincial/territorial statutes, but interchangeable concepts include "failure to care and provide for or supervise and protect," "does not provide," "refuses or is unavailable or unable to consent to treatment."

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

- **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.
- **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. The child's caregiver does not provide, or refuses, 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.
- **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.
- **Educational neglect:** Caregivers knowingly permit chronic truancy (5+ days a month), or fail to enroll the child, or repeatedly keep the child at home. If the child is experiencing mental, emotional or developmental problems associated with school, and treatment is offered but caregivers do not cooperate with treatment, classify the case under failure to provide treatment as well.

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.

- **Terrorizing or threat of violence:** A climate of fear, placing the child in unpredictable or chaotic circumstances, bullying or frightening a child, threats of violence against the child or child's loved ones or objects.
- **Verbal abuse or belittling:** Non-physical forms of overtly hostile or rejecting treatment. Shaming or ridiculing the child, or belittling and degrading the child.
- **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.
- **Inadequate nurturing or affection:** Through acts of omission, does not provide adequate nurturing or affection. Being detached, uninvolved; failing to express affection, caring and love, and interacting only when absolutely necessary.
- **Exploiting or corrupting behaviour:** The adult **permits or encourages t**he child to engage in destructive, criminal, antisocial, or deviant behaviour.

Exposure to Intimate Partner Violence

- **Direct witness to physical violence:** The child is physically present and witnesses the violence between intimate partners.
- **Indirect exposure to physical violence:** Includes situations where the child overhears but does not see the violence between intimate partners; or 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.

- **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.
- **Exposure to non-partner physical violence:** A 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 32: ALLEGED PERPETRATOR

This section relates to the individual who is alleged, suspected or guilty of maltreatment toward the child. Fill in the appropriate perpetrator for each form of identified maltreatment as the primary caregiver, second caregiver or "Other." If "Other" is selected, specify the relationship of the alleged perpetrator to the child (e.g., brother, uncle, grandmother, teacher, doctor, stranger, classmate, neighbour, family friend). If you select "Primary Caregiver" or "Second Caregiver," write in a short descriptor (e.g., "mom," "dad," or "boyfriend") to allow us to verify consistent use of the label between the *Household Information* and *Child Information Sheets*. 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, fill in 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, identify

a) **Age:** If the alleged perpetrator is "Other," indicate the age of this individual. Age is essential information used to distinguish between child, youth and adult perpetrators. If there are multiple alleged perpetrators, describe the perpetrator associated with the primary form of maltreatment.
b) **Sex:** Indicate the sex of the "Other" alleged perpetrator.

QUESTION 33: SUBSTANTIATION (fill in only one substantiation level per column)

Indicate the level of substantiation at this point in your investigation. Fill in only one level of substantiation per column; each column reflects a separate form of investigated maltreatment, and thus should include only one substantiation outcome.

- **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 substantiated or suspected, answer 33 a) and 33b).

a) **Substantiated or suspected maltreatment, is mental or emotional harm evident?** Indicate whether child is showing signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) following the maltreatment incident(s).
b) **If yes, child requires therapeutic treatment:** Indicate whether the child requires treatment to manage the symptoms of mental or emotional harm.

If the maltreatment was unfounded, answer 33 c) and 33d).

c) **Was the unfounded report a malicious 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).
d) **If unfounded, is there a significant risk of future maltreatment?** If maltreatment was unfounded, indicate, based on your clinical judgment, if there is a significant risk of future maltreatment.

QUESTION 34: WAS MALTREATMENT A FORM OF PUNISHMENT?

Indicate if the alleged maltreatment was a form of punishment.

QUESTION 35: DURATION OF MALTREATMENT

Check the duration of maltreatment as it is known at this point of time in your investigation. This can include a single incident or multiple incidents. If the maltreatment type is unfounded, then the duration needs to be listed as "Not Applicable (Unfounded)."

QUESTION 36: PHYSICAL HARM

Describe the physical harm suspected or known to have been caused by the investigated forms of maltreatment. Include harm ratings even in accidental injury cases where maltreatment is unfounded, but the injury triggered the investigation.

- **No harm:** There is no apparent evidence of physical harm to the child as a result of maltreatment.
- **Broken bones:** The child suffered fractured bones.
- **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).
- **Other health condition:** Other physical health conditions, such as untreated asthma, failure to thrive or STDs.
- **Bruises/cuts/scrapes:** The child suffered various physical hurts visible for at least 48 hours.
- **Burns and scalds:** The child suffered burns and scalds visible for at least 48 hours.
- **Fatal:** Child has died; maltreatment was suspected during the investigation as the cause of death. Include cases where maltreatment was eventually unfounded.

QUESTION 37: SEVERITY OF HARM

a) **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 injury or harm for any of the investigated forms of maltreatments.
b) **Health or safety seriously endangered by suspected or substantiated maltreatment:** In cases of "suspected" or "substantiated" maltreatment, indicate whether the child's health or safety was endangered to the extent that the child could have suffered life-threatening or permanent harm (e.g., 3-year-old child wandering on busy street, child found playing with dangerous chemicals or drugs).
c) **History of injuries:** Indicate whether the investigation revealed a history of previously undetected or misdiagnosed injuries.

QUESTION 38: PHYSICIAN/NURSE PHYSICALLY EXAMINED CHILD AS PART OF THE INVESTIGATION

Indicate if a physician or nurse conducted a physical examination of the child over the course of the investigation.

QUESTION 39: PLACEMENT DURING INVESTIGATION

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.

- **No placement required:** No placement is required following the investigation.
- **Placement considered:** At this point of the investigation, an out-of-home placement is still being considered.
- **Informal kinship care:** An informal placement has been arranged within the family support network (kinship care, extended family, traditional care); the child welfare authority does not have temporary custody.
- **Kinship foster care:** A formal placement has been arranged within the family support network (kinship care, extended family, customary care); the child welfare authority has temporary or full custody and is paying for the placement.
- **Family foster care (non kinship):** Include any family-based care, including foster homes, specialized treatment foster homes and assessment homes.
- **Group home:** Out-of-home placement required in a structured group living setting.
- **Residential/secure treatment:** Placement required in a therapeutic residential treatment centre to address the needs of the child.

QUESTION 40: CHILD WELFARE COURT

There are three categories to describe the current status of child welfare court at this time in the investigation. If investigation is not completed, answer to the best of your knowledge at this time. Select one category only.

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

QUESTION 41: PREVIOUS REPORTS

a) **Child previously reported to child welfare for suspected maltreatment:** This section collects information on previous reports to Child Welfare for the **individual child in question**. Report if the child has been previously reported to Child Welfare authorities because of suspected maltreatment. Use "Unknown" if you are aware of an investigation but cannot confirm this. Note that this is a child-specific question as opposed to the previous report questions on the *Household Information Sheet*.

b) **If yes, was the maltreatment substantiated:** Indicate if the maltreatment was substantiated with regard to this previous investigation.

QUESTION 42: CAREGIVERS USE SPANKING AS A FORM OF DISCIPLINE

Indicate if caregivers use spanking as a form of discipline. Use "Unknown" if you are unaware of caregivers using spanking.

QUESTION 43: POLICE INVOLVEMENT IN ADULT DOMESTIC VIOLENCE INVESTIGATION

Indicate level of police involvement specific to a domestic violence investigation. If police investigation is ongoing and a decision to lay charges has not yet been made, select the investigation-only item.

QUESTION 44: POLICE INVOLVEMENT IN CHILD MALTREATMENT INVESTIGATION

Indicate level of police investigation for the present child maltreatment investigation. If police investigation is ongoing and a decision to lay charges has not yet been made, select the investigation-only item.

THANK YOU FOR YOUR SUPPORT AND INTEREST IN THE THIRD CYCLE OF THE CANADIAN INCIDENCE STUDY.

NOTES AND COMMENTS

SUBJECT INDEX

Appendix J

FNCIS-2008 TRAINING VIGNETTE

The FNCIS-2008 Training Vignette was designed for use in training workers at participating First Nations child welfare agencies to complete the Maltreatment Assessment Form. The case described in the vignette was designed, in consultation with FNCIS advisory committee members, to reflect the complexity of cases that First Nations agencies may encounter.

Intake Assessment: Sarah and Jason

File Number: 2345-234 G

Referring Source: Neighbour **Date of Referral:** October 06, 2008

Caregiver's Aboriginal Status: First Nations Status

Mother's Name: Betsy Smith **Father's Name:** Don James (deceased)

Children:	**Date of Birth:**
Sarah	May 05, 2003 – First Nations Status
Jason	February 02, 2008 – First Nations Status

Case Record: Investigation in 2006, lack of supervision of 3-year-old Sarah.

Referral Summary:

Date: Oct 6/08 The caller lives across the road from Ms. Smith. She reports that Betsy lives with her two children in a house on-reserve along with Betsy's older brother Bruce (30 yrs) and his wife Jean. The neighbour says that Betsy is a good mom but sometimes she leaves the kids alone with Bruce and Jean who are always drinking. Yesterday, Betsy left the kids alone with Bruce and Jean for at least four hours and the neighbour found Bruce passed out on the back steps and when she knocked on the door Jean was there but had obviously been drinking. This is not the first time this has happened and when the neighbour talked to Betsy about it she says it is no big deal as Jean and Bruce might "drink a bit but they love the kids." The neigbour does not want to cause any trouble as she has known the family for a long time but she does worry about the kids.

Date: Oct 7/08 The worker (who is employed by a mandated First Nations' run agency that serves children and families on reserve) arranged to drop by the home of Ms. Smith (26) the following day at 10 am. Ms. Smith was surprised to see the worker at her home but agreed to let the worker in. She apologized for the house being untidy as she had not been able to clean up yet this morning. Jean and Bruce were still sleeping and but the kids were up watching t.v. The house used to be Betsy's mom and

dad's house which they left to her and her brother when they passed. The house was in poor condition and the problem that was causing Betsy so much concern was the mold in the basement but the band did not have enough money so Betsy would have to wait.

Ms. Smith indicated that she has been unemployed since Sarah was born. She relies on social assistance to pay her bills and although she has run out of food a few times and there is no food bank on reserve, extended family or other community members usually help out but there have been days when she and the kids have gone hungry.

When asked about her brother and his wife, she acknowledged that they drink but it is not as much as other people think and they help out by looking after the kids when Betsy has to go out. Betsy drinks too but only once and a while and never while she is looking after the kids. She indicated that she has an on-and-off boyfriend named John who does not help with the kids. Ms. Smith was raised on this reserve.

When challenged about the level of her brother and sister in law's drinking, Betsy says that they have come a long way given how much their parents drank to ease the pain of residential school. Betsy's grandmother looked after her and her two brothers because her mom and dad were not able to but Betsy says her grandfather was very strict and the boys got the worst of it. Betsy still feels sorry for Bruce and takes care of him the best she can but she does wish he would get a job and help out some more. Her grandmother is still in the community and Betsy goes over to help care for her on a regular basis – which is one of the reasons she leaves the kids with her brother. The worker asks Betsy if she can arrange for her brother and sister in law to move out – Betsy says there is no where else for them to go and besides her mom and dad left the house to both of them.

Sarah was talkative and friendly. She showed no signs of anxiety or fear in front of her mother. Sarah proudly told the worker what a big girl she was as she could dress herself, make her own breakfast and make a bottle for her brother.

The worker asked Ms. Smith if ongoing visits from the agency would be helpful to aid her in establishing child care routines and to support her in organizing the daily tasks of family life. The worker had Ms. Smith sign a release form so she could speak with Sarah's school and the medical station.

Date: **Oct 7/08** Ms. Q is a kindergarten teacher at Sarah's school that is located within walking distance of the family's home. Ms. Q expressed concern as Sarah has sometimes made comments about her

uncle's drinking and when he and Jean cares for her she sometimes arrives at school not fed, unkempt and properly dressed. Some days she smells unclean and the teacher has heard other children make fun of Sarah's smell. Sarah has missed six days of school to date. There does not seem to be any concerns when Betsy is caring for the kids although the teacher says she sometimes looks overwhelmed and needs some help.

Date: Oct 8/ 08 The worker spoke to a nurse at the medical station who reported that Jason was born healthy and is meeting developmental milestones, Ms. Smith has brought in both her children for check-ups on a fairly regular basis.

Investigation Conclusions

This case involves Betsy leaving the kids with her brother and his wife who live in the same home but drink often. Betsy minimizes the impact of the drinking on her kid's supervision and clearly alternate care is needed when Betsy goes out. Social worker will work with Band office to see if mold poses a health problem and set up some more formal structures to ensure they have enough food to eat

Outcome: Case to be transferred for ongoing services

Appendix K
FNCIS-2008 WEIGHTS

The weighting strategy used by the FNCIS-2008 combines two sampling weights, which collectively model the inverse probability of selection for any given investigation included in the sample, with two post stratification factors, which are intended to correct for variation in the number of investigations opened by agencies within a stratum and to create annual estimates, and a constant, which normalizes the weights.

The combined weight for each investigation is:

$$W^*_{1,hi} = W_{1,hi} \times W_{2,hiq} \times PS_{r,h} \times PS_{a,hi} \times C$$

Where

h = index pointing to a specific stratum; h=1, …, H

i = index pointing to a specific agency (a PSU) within stratum h

$W_{1,hi}$ is a first stage sampling weight which represents the inverse of the probability of selection for any given PSU in a strata

$$W_{1,h} = \frac{N_h}{n_h}$$

Where:

N_h = total number of agencies (PSUs) in stratum h

n_h = number of agencies selected in stratum h

$W_{2,hiq}$ is a second stage sampling weight which represents the inverse of the probability of selection for any given investigation opened by a sampled agency during the Oct 1–Dec 31, 2008 sampling period.

$$W_{2,hiq} = \frac{M_{hiq}}{m_{hiq}}$$

Where:

M_{hiq} = total number of cases in agency i in stratum h for quarter q

m_{hiq} = number of cases collected in agency i in stratum h for quarter q

In most agencies data was collected for every investigation opened during the sampling period and $W_{2,hiq} = 1$. However, in order to reduce burden on workers, sample size was limited to 250, randomly selected investigations in 20 very large agencies and every other investigation was selected for data collection in 16 Quebec agencies; for these agencies, $W_{2,hiq} > 1$.

$PS_{r,h}$ is a post-stratification factor which is intended to correct for variations in the number of investigations opened by agencies of a given stratum.

$$PS_{r,h} = \frac{X_h}{\hat{X}_h}$$

Where:

X_h = total (known) child population in stratum h

$\hat{X}_h = \sum_{i=1}^{n_h} W_{1,hi} X_{hi}$ = total estimated child population in stratum h

$PS_{r,h}$ represents the ratio of the actual stratum child population to the estimated stratum child population which is obtained by assuming that the average child population served by sampled PSUs represents the child population served by each PSU in the stratum. Child population is used as a proxy measure of PSU size because reliable statistics on number of investigations completed by an agency have not been consistently available[1]. Accordingly, this post-stratification factor assumes that the numbers of investigations opened by the agencies within a stratum are strictly proportional to agency child population; it does not account for variations in the per capita rate of investigations.

C is a constant which normalizes the agency weight and agency size correction, restricting the weighted adjusted FNCIS-2008 sample size to the number of cases for which data was actually collected.

$$C = \frac{n}{\hat{N}}$$

Where:

n = the total, unweighted sample size

$\hat{N}$= the sum of the estimation weights $\sum_{hi}(W_{1,hi} \times PS_{r,h})$

1 This approach was originally developed for the 1993 OIS and the 1998 CIS because at the time most jurisdictions could not report on investigation counts or there were dramatic discrepancies in the counts reported. While the quality of investigation statistics has improved, we continue to find important discrepancies in the ways investigations statistics are reported. Site researchers carefully review all case counts provided by the child welfare authorities participating in the study, however, this level of quality control is not available for authorities that were not part of the CIS sample.

$PS_{a,hi}$ is a post-stratification factor which is intended to estimate the number of investigations opened by agencies during 2008

$$PS_{a,hi} = \frac{M_{hi}}{M_{hiq}}$$

Where:

M_{hiq} = total number of cases in agency i in stratum h for quarter q

M_{hi} = total number of cases in agency i in stratum h for the full year

$PS_{a,hi}$ represents the ratio of all investigations conducted by a sampled PSU during 2008 to all investigations opened by the sampled PSU during the Oct 1–Dec 31 quarter. This post stratification factor corrects for seasonal fluctuation in the number of investigations, but it does not correct for any seasonal variations in investigation/ maltreatment characteristics.

Appendix L

ROLE OF CENSUS DATA IN THE FNCIS-2008

Data from the long form census (2006) was used to calculate the child population estimates necessary for development of the weights used in the analyses presented in this report; census based child population estimates were also used in the calculation of incidence rates presented in this report. Census data is the most complete and systematic source of publicly accessible data on the First Nations and non-Aboriginal child population in Canada. The long form census is the only data source which provides population estimates, by Aboriginal identity, for both reserve and off-reserve communities; without the long form census it would not be possible to estimate the size of the First Nations population served by agencies in the CIS-2008 sample. Still, census data likely undercounts the First Nations child population served by sampled agencies. This appendix provides details of the use of census data in preparation of the analyses presented in this report.

CIS researchers worked with provincial/territorial child welfare ministries, agency directors and the FNCIS-2008 advisory committee to map the boundaries of the geographic areas served by each of the agencies included in the CIS-2008 sample. Maps of agency boundaries were superimposed on census subdivision maps and the census subdivisions which fell within (or partially within) each agency's boundaries were recorded. Thus, the boundaries of catchment areas served by child welfare agencies in the CIS sample were geocoded and census data was merged by unique identification codes for census subdivisions. Census data on the First Nations and non-Aboriginal identity population, age 0–15 was aggregated to the agency level and merged with CIS-2008 data.

First Nations population estimates derived from census data likely undercount the actual First Nations population. Statistics Canada acknowledges an undercounting of the First Nations population, reporting that there "were 22 incompletely enumerated Indian reserves" in the 2006 census (Statistics Canada, 2009, pg. 54). The Assembly of First Nations suggests that the undercounting is more pronounced, reporting that only "complete data" was collected from only 63.1% of First Nations reserves in 2006 (Assembly of First Nations, 2008). While it is not possible to fully assess the extent of the undercounting, comparison between the "registered Indian" counts produced by the census and those produced by AANDC can provide some insight into undercounting. AANDC Basic Developmental Data for 2004 (INAC, 2005) reports 719,496 status First Nations people in 2003. These data show a steady growth in the registered Indian population of 2–3% per year since 1996; assuming a continuation of this trend, applying a 2.5% annual growth rate for the years following 2003, yields an estimated 2006 registered Indian population of 774,820. Statistics Canada reports 623,780 Registered Indians in 2006; thus, if the AANDC data is assumed to be accurate (or at least more accurate than census data), the 2006 census undercounts registered Indians by roughly 20%.

Calculating the First Nations and non-Aboriginal child populations based on census data requires some decisions about the definitions of these two terms. The 2006 census asked three questions which Statistics Canada uses in defining the Aboriginal population.[1] The first question asks people to indicate their Aboriginal identity, by choosing as many of the following categories as they find applicable: non-Aboriginal, North American Indian (First Nations), Métis, Inuit, and Other Aboriginal. The second asks people whether or not they are "Registered North American Indians" (status First Nations). The third asks whether they are members of a First Nation band and asks respondents to indicate the name of the band in which they have membership.

In major Statistics Canada publications, the numbers reported for "First Nations" are based only on the Aboriginal identity variable and include only those who singly identified as "North American Indian" (excluding those who selected First Nations and one or more other

1 There is also a fourth census question, which asks about "Aboriginal ancestry," that was not used in calculation of population estimates for this report.

categories). Ths approach results in distinct (non-overlapping) First Nation, Inuit, and Métis populations which do not double count any individuals and which, as a result, can be analyzed simultaneously. However, the use of this narrow definition of First Nations has a serious drawback: it exacerbates the undercounting of the First Nations population by the census.

As described above, in comparison with INCA data, census 2006 data undercounts registered Indians by roughly 20%. When the definition of a "registered Indian" is limited to those who were singly identified as "North American Indians" (First Nations), the count of registered Indians in the 2006 census falls from 623,780 to 565,400, thus exacerbating the undercounting of the First Nations population.

Table L-1 presents the First Nations child (age 0–15) population of Canada, using each of the definitions possible based on three Aboriginal identity questions asked in the census. The narrowest definition of First Nations, which includes only those who singly identified as North American Indian, yields a child population of 241,310. The broadest definition – including all those who singly or multiply identified as North American Indians, all who identified as Registered North American Indians, and all those who indicated they were members of a First Nations band – yields a child population of 260,005. For the purposes of this report, incidence rates were calculated using the child population figures calculated using the broadest possible definition of First Nations. This can be seen as a "conservative" approach because the higher estimate of the First Nations population yields lower incidence rates for the First Nations population, thereby slightly reducing the disparity between incidence rates for First Nations and non-Aboriginal children.

While the decision to use a broad definition of "First Nations" maximizes the First Nations child population which can be calculated using the census, it does not address the underlying problem of undercounting of the First Nations population by the census. In addition, it is worth noting that a conceptual mismatch between the census framework and First Nations child welfare agency practice may contribute to additional undercounting of the First Nations children served by sampled First Nations agencies. The census provides counts of the population of children who live within the geographic boundaries served by First Nations communities; in contrast, some First Nations agencies may determine eligibility for services on the basis of band membership rather than, or in combination with, geographic location of residence. Band members living in close proximity to their home communities, or travelling back and forth between their home communities and other places, may be among the clients served by First Nations agencies, but they are not represented in the population counts used to create First Nations weights and determine incidence rates.

Unfortunately, it is not possible to assess the extent to which census data underestimates the true size of the First Nations child population served by child welfare agencies included in the CIS-2008 sample. There is no way to determine whether the underestimation of the status First Nations child population is of the same level as the underestimation of the adult population which is suggested by comparison with AANDC data. Similarly, though Statistics Canada believes that undercounting should be most pronounced for status First Nations population (Gionet, 2009), there is no real way to assess the scale of underestimation of the non-status First Nations population. Finally, there is no way to assess the size of the population of band members living outside of agency catchment areas which is served by sampled agencies.

Moreover, it is difficult to assess the full impact of underestimation of the First Nations child population served by sampled child welfare agencies on FNCIS-2008. The use of census data in creation of the weights used in the FNCIS-2008 potentially results in a slight *underestimation of number* investigations done by provincial/territorial agencies serving large and undercounted First Nations populations. In contrast, the use of census data in the calculation of incidence rates potentially results in a slight overestimation of the rate of investigations in the First Nations population served by sampled agencies. **While the underestimation of the First Nations population served by sampled agencies is a source of uncertainty, it is important to note that even a substantial underestimation of the First Nations child population served by sampled agencies would not erase the pattern of disparity in First Nations and non-Aboriginal representation in the child welfare system which is the focus of this report.**[2]

2 A 20% underestimation of the First Nations population served by sampled agency, for example, would reduce the disparity in First Nations and non-Aboriginal investigation rates from 4.2 to 3.7 and the disparity in formal out-of-home placements during the investigation period from 12.4 to 10.6.

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