Docket: T1340/7008

CANADIAN HUMAN RIGHTS TRIBUNAL

B E T W E E N:

FIRST NATIONS CHILD AND FAMILY CARING SOCIETY OF CANADA
and
ASSEMBLY OF FIRST NATIONS

Complainants

- and -

CANADIAN HUMAN RIGHTS COMMISSION

Commission

- and -

ATTORNEY GENERAL OF CANADA
(Representing the Minister of Indigenous Services Canada)

Respondent

- and -

CHIEFS OF ONTARIO,
AMNESTY INTERNATIONAL
NISHNAWBE ASKI NATION
TAKWA TAGAMOU NATION and
CHIPPEWAS OF GEORGINA ISLAND

Interested Parties

AFFIDAVIT OF BARBARA FALLON

I, Barbara Fallon, of the City of Toronto, in the Province of Ontario, **SOLEMNLY AFFIRM THAT:**

1. I am a Full Professor at the University of Toronto and hold a Canada Research Chair in Child Welfare. A copy of my curriculum vitae is attached hereto as **Exhibit "A"**.

2. I have been engaged by the First Nations Child and Family Caring Society of Canada (the "**Caring Society**") to provide evidence in relation to these proceedings.

As such, I have knowledge of the matters to which I herein depose and where my statements are based on information and belief, I have so stated and where stated I believe those statements to be true. I understand and acknowledge that, as an expert witness, I have the duty to assist the Canadian Human Rights Tribunal in an impartial, objective and independent manner.

Educational Background and Professional Experience

3. In addition to my role as Full Professor at the University of Toronto and holding a Canada Research Chair in Child Welfare, I am also the Associate Vice-President of Research at the University of Toronto. I was the Scientific Director of the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (FN/CIS) 2019 and the Principal Investigator of the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) 2023, 2018, 2013 and 2008. These studies provide a comprehensive description of the needs of children and families identified to the child welfare system, allowing for evidence-based improvements to policy and practice.

4. A copy of the First Nations/Ontario Incidence Study of Reported Child Abuse and Neglect 2018 Major Findings Report (FNOIS-2018), entitled *Mashkiwenmi-daa Noojimowin: Let's Have Strong Minds for the Healing*, is attached hereto as **Exhibit "B"**. A copy of the First Nations/Ontario Incidence Study of Reported Child Abuse and Neglect 2023 Major Findings Report (FNOIS-2023) is attached hereto as **Exhibit "C"**. I was also involved in the preparation of the *Policy Note: Rates of child maltreatment-related investigations involving First Nations children in Ontario*, attached hereto as **Exhibit "D".**

5. My research focuses on collecting and sharing reliable and valid national and provincial data to provide an evidence-based understanding of the trajectories of children and families in the child welfare system.

6. I completed a Bachelor of Arts in Political Science from McGill University in 1987. Following my undergraduate studies, I completed a Master of Social Work at

the University of Toronto in 1991. I continued my education in 2000 and completed a Ph.D., also at the University of Toronto, in 2005. My thesis addressed factors driving case decisions in child welfare services, particularly as regards to conventional wisdom surrounding the importance of organizations and workers in decision making.

7. Since 2007, I have been a member of the Factor-Inwentash Faculty of Social Work at the University of Toronto, where I served as the Associate Dean of Research from 2015-2019 and where I was also the PhD Director from 2013-2015.

8. I am currently the Principal Investigator of the Ontario Child Abuse and Neglect Data System (OCANDS). My other research interests include comparisons of child protection systems and the contribution of worker and organizational characteristics to child welfare decision making. My transdisciplinary work, including as one of the co-leads of the University of Toronto's Fraser Mustard Institute of Human Development Policy Bench, disseminates critical information to promote optimal child health and well-being.

9. In recognition of my work, I received the Child Welfare League of Canada's Outstanding Achievement Award for Research and Evaluation in 2009, the Status of Women Office's "Women Making a Difference" Award in 2010, and the University of Toronto's President's Impact Award in 2020. On November 14, 2025, I will be inducted as a Fellow of the Royal Society of Canada, Social Science Academy.

10. I have published over 200 peer reviewed journal articles and book chapters in the field of child welfare.

11. I have knowledge of these proceedings, as I was involved in structuring the data questions to identify the victims who were entitled to compensation pursuant to the Canadia Human Rights Tribunal's order in 2019 CHRT 39. In November 2019, I, along with my team, released the *Taxonomy for Compensation Categories for Frist Nations Children, Youth and Families Briefing Note* (the "**Taxonomy Report"**). I

was also involved in a review of available data to operationalize the four compensation classes set out in the Taxonomy Report which resulted in the report entitled *Review of Data and Process Considerations Under 2019 CHRT 39* (The "**2022 Data Report**").

12. In April 2024, I provided an affidavit and expert report in the Class Action proceeding[1] on behalf of the Caring Society in relation to the Claims Approval Motion for the Removed Child Class and the Removed Child Family Class.

Expert Evidence on First Nations Children and Families Investigated by Ontario's Child Protection System

13. The FNOIS-2023 is a study of child welfare investigations involving First Nations children, embedded within a larger cyclical provincial study: the Ontario Incidence Study of Reported Child Abuse and Neglect 2023 (OIS-2023). The primary objective of the OIS-2023 is to provide reliable estimates of the scope and characteristics of child abuse and neglect investigated by child welfare services in Ontario in 2023. Specifically, the FNOIS-2023 is designed to:

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

b. 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;

[1] T-402-19: *Moushoom et al v Attorney General of Canada* (representative plaintiffs: Xavier Moushoom, Jeremy Meawasige, Jonavon Meawasige, and, until her death, Maurina Beadle); T-141-20: *Assemble of First Nations et al v His Majesty the King* (representative plaintiffs: Ashley Bach, Karen Osachoff, Melissa Walterson, Noah Buffalo-Jackson, Carolyn Buffalon, Dick Eugene Jackson); T-1120-21: *Trout et al v Attorney General of Canada* (representative plaintiff: Zacheus Trout). The class proceedings in T-402-19 and T-141-20 were consolidated on July 7, 2021, and certified on November 26, 2021 (2021 FC 1225). The class proceedings in T-1120-21 were certified on February 11, 2022.

c. investigate the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm;

d. examine selected determinants of health that may be associated with maltreatment; and

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

14. Overall, the results of the FNOIS-2023 tell us that First Nations children have higher rates of investigation and placement and are facing more complex challenges than non-Indigenous children when they come into contact with the child welfare system.

15. First Nations children (and all children in Ontario) most often come into contact with the child welfare system as a result of the duty to report. Section 125 of the *Child, Youth and Family Services Act, 2017* (CYFSA) sets out the duty to report any situation where a person suspects that a child might be in need of protection.

16. The duty to reports applies to all members of the public.

17. Other than solicitor-client privilege, the duty to report overrides professional confidentiality rules. Furthermore, professionals who perform official duties with respect to children can be fined up to $5,000 if they fail to report their suspicion.

18. Ontario's duty to report requirements are amongst the most comprehensive in North America. The increase in reports documented by the OIS is most significant amongst professionals, in particular school personnel and the police.

19. Under section 126 of the CYFSA, when a referral or report is received by a Children's Aid Society (CAS) or an Indigenous Child and Family Well-Being Agency (ICFWBA), the agency must first determine whether an investigation is necessary. If an investigation is initiated, the agency is required to assign a child

protection worker to assess the reported information in order to determine whether the child is, or may be, in need of protection. This assessment is expected to be completed within 45 days.

20. The FNOIS-2023 data examines situations where a CAS or ICFWBA has determined that an investigation is necessary. The dispositions in the FNOIS-2023 report are those that occurred within the investigative period.

(a) First Nations Children Have Higher Rates of Investigation, Substantiation, and Placement and Are More Likely To Have Previous Involvement and Be Transferred to Ongoing Services

21. The FNOIS-2023 reports that the rate of child welfare investigations involving First Nations children is five times higher than that of the non-Indigenous children in Ontario.

22. In 55% of investigations involving First Nations children, the family has had more than 3 previous investigations, compared to 40% of investigations involving a non-Indigenous child. Only 17% of investigations involving First Nations children have never had a previous investigation compared to 29% of investigations involving a non-Indigenous child.

23. At the conclusion of the investigative stage, several key decisions are made by the CAS or the ICWBA. This includes whether the alleged or newly identified protection concerns are verified, whether the child is determined to be in need of protection, and what the appropriate investigative disposition should be.

24. If a child is determined to be in need of ongoing protection, the investigation proceeds to ongoing child protection services. CASs and ICFWBAs are mandated to remain involved and provide ongoing services and supports until the identified protection concern(s) have been sufficiently addressed or resolved. If the child is deemed safe and that no further intervention is required, the child's file will be closed.

25. The FNOIS-2023 reports that 42% of all investigations (which includes risk of future maltreatment investigations) involving a First Nations child resulted in substantiated maltreatment, compared to 32% of all investigations involving a non-Indigenous child.

26. The FNOIS-2023 reports that 29% of investigations involving a First Nations child resulted in ongoing services, compared to 16% of investigations involving a non-Indigenous child.

27. As part of the FNOIS-2023, we prepared an analysis comparing investigations involving children on and off reserve: Appendix F. This analysis shows that 36% of investigations involving a First Nations child living on-reserve resulted in ongoing services, compared to 27% of investigations involving a First Nations child living off-reserve.

28. In some cases, a decision is made during the investigation by the CAS or the ICFWBA that in order to keep the child safe, the child should be placed in out-of-home care. When an out-of-home care placement is indicated, the CAS or the ICFWBA will attempt to come to a consent agreement with the parents/caregivers regarding that placement, including offering a customary care placement under a customary care agreement. When there is no consent and the placement cannot be made on a voluntary basis, the CAS or the ICFWBA is required to commence a court application seeking a protection finding under the CYFSA and an out-of-home placement, which could involve placement with family/friends or it could involve an in-care placement such as a foster home or group home.

29. In Ontario, in 2023, 8% of all investigations involving a First Nations child resulted in an out-of-home placement during the investigation, compared to 3% of all investigations involving a non-Indigenous child.

30. As the table comparing on and off reserve indicates in Appendix F of the FNOIS-2023, 11% of all investigations involving a First Nations child living on-

reserve resulted in an out-of-home placement during the investigation, compared to 7% of all investigations involving a First Nations child living off-reserve.

31. First Nations children are also far more likely to be placed in out-of-home care following either a substantiated maltreatment investigation or a confirmed risk investigation. In such cases, the rate of placement for First Nations children is 17.3 times higher than that for non-Indigenous children. In my professional opinion, the increase from a five-fold disparity in investigation rates to an over 17-fold disparity in placement rates in situations where there are substantiated concerns is attributable to the lack of available services that can be offered and paid for by CAS and ICWFBA within the current child welfare system and funding structure, in order to address the complex and often unmet needs of First Nations children and their caregivers.

(b) Service Referrals During the Investigation

32. Throughout the investigation, the child protection worker is also responsible for assessing existing or potential risks to the child's safety or well-being. Where appropriate, services may be recommended, or referrals made to Community-Based supports, to address identified concerns or reduce the risk of future protection concerns.

33. The FNOIS-2023 reports that 51% of investigations involving a First Nations child received a service referral compared to 46% of investigations involving a non-Indigenous child.

34. As shown in Appendix F of the FNOIS-2023 report, investigations involving First Nations children living on-reserve were significantly less likely to result in referrals to certain types of services when compared to investigations involving First Nations children living off-reserve. This includes referrals to concrete supports (e.g., food bank, housing, social assistance) legal services, special education placements, cultural services, and intimate partner violence supports.

(c) Unique Challenges Facing First Nations Children

35. The FNOIS-2023 identifies a range of distinct and significant challenges experienced by First Nations children and families who are the subject of child welfare investigations in Ontario. These include disproportionately higher rates of concerns related to child functioning, caregiver well-being, and housing conditions, as outlined below:

36. Child functioning concerns (selected examples):

a. Positive toxicology at birth was noted at a rate of 5.61 per 1,000 First Nations children, compared to 0.34 per 1,000 non-Indigenous children – a rate over 16 times higher.

b. Fetal Alcohol Spectrum Disorder was identified at a rate of 6.92 per 1,000 First Nations children, compared to 0.29 per 1,000 non-Indigenous children – a rate of almost 24 times higher.

c. Intellectual or developmental disabilities were identified at a rate of 32.40 per 1,000 First Nations children, compared to 4.91 per 1,000 for non-Indigenous children – a rate over six times higher.

d. Academic and/or learning difficulties were noted at a rate of 43.63 per 1,000 First Nations children, compared to 7.05 per 1,000 for non-Indigenous children – a rate over six times higher.

e. Depression or anxiety was noted at 33.46 per 1,000 First Nations children, compared to 5.32 per 1,000 non-Indigenous children – a rate over six times higher.

f. Suicide attempts for the child were identified at a rate of 4.84 per 1,000 First Nations children, compared to 0.36 per 1,000 for non-Indigenous children – a rate over 13 times higher.

37. First Nations children also face unique challenges in the issues that their Primary caregiver face (selected examples):

a. Caregiver alcohol abuse was identified at a rate of 42.49 per 1,000 First Nations children, compared to 2.48 per 1,000 for non-Indigenous children – a rate more than 17 times higher.

b. Caregiver drug or solvent abuse was noted at a rate of 37.48 per 1,000 First Nations children, compared to 2.71 per 1,000 for non-Indigenous children – a rate over 13 times higher.

c. A caregiver cognitive impairment was identified at a rate of 15.84 per 1,000 First Nations children, compared to 1.54 per 1,000 for non-Indigenous children – a rate over 10 times higher.

d. Caregiver mental health concerns were noted at a rate of 81.41 per 1,000 First Nations children, compared to 10.43 per 1,000 for non-Indigenous children – a rate nearly eight times higher.

e. A caregiver was identified as a victim of intimate partner violence at a rate of 69.62 per 1,000 First Nations children, compared to 10.82 per 1,000 for non-Indigenous children – a rate over six times higher.

f. A caregiver with a history of being in foster care or a group home was noted at a rate of 25.21 per 1,000 First Nations children, compared to 1.67 per 1,000 for non-Indigenous children – a rate over 15 times higher.

38. In addition, First Nations children face unique challenges in relation to housing include the following examples:

a. Unsafe housing conditions were noted in 24.22 per 1,000 First Nations children, compared to 1.54 per 1,000 for non-Indigenous children – a rate nearly 16 times higher.

b. Overcrowded living conditions were identified at a rate of 31.84 per 1,000 First Nations children, compared to 3.53 per 1,000 for non-Indigenous children – a rate over nine times higher.

(d) On-Reserve v Off-Reserve Considerations

39. While the FNOIS-2023 data show that, overall, the frequency of presenting concerns is largely consistent between investigations involving First Nations children living on-reserve and those living off-reserve, several notable differences do emerge.

40. As shown in Appendix F of the FNOIS-2023 report, child protection workers were significantly more likely to identify primary caregiver concerns of alcohol misuse, drug or solvent misuse, and opioid misuse in investigations involving First Nations children living on-reserve compared to those investigations involving First Nations children living off-reserve. Specifically, alcohol misuse was identified in 33% of on-reserve cases compared to 18% off-reserve; drug or solvent misuse in 25% versus 14%; and opioid misuse in 8% versus 4%.

41. Children and families investigated by child welfare services often experience multiple, co-occurring concerns. To better understand the patterns and intersections of these needs, a secondary analysis of the OIS-2023 data was conducted in relation to First Nations children and families using latent class analysis (LCA). LCA is a statistical method used to identify subgroups within a population based on shared patterns of responses or characteristics. In this context, LCA was used to group investigations according to similar combinations of child, caregiver, and economic risk factors. This analysis was prepared by Dr. Rachael Lefebvre, who is supervised by me in my Child Welfare Lab. I presented this analysis on September 10, 2025 at the European Scientific Association on Residential and Family Care for Children and Adolescents Conference in Zagreb, Croatia and a copy of this presentation is attached hereto as **Exhibit "E"**.

42. The LCA identified six distinct profiles of need:

a. A low-needs profile, characterized by few observed child, caregiver or economic concerns (Class 1);

b. A profile defined by caregiver mental health and substance misuse, occurring alongside intimate partner violence (Class 2);

c. A profile reflecting economic hardship and limited social support, also co-occurring with intimate partner violence (Class 3);

d. A child-focused profile, marked by behavioural, neurodevelopmental, or mental health needs in the child (Class 4);

e. A profile with a combination of child needs, caregiver health concerns, and economic challenges (Class 5); and

f. A high-needs profile involving overlapping concerns across multiple domains, including caregiver mental health and substance misuse, intimate partner violence, child neurodevelopmental concerns, and severe socioeconomic adversity (Class 6).

43. When the LCA results were disaggregated by First Nations child status, marked differences in class membership emerged. Investigations involving First Nations children were more likely to fall into profiles reflecting greater and more complex needs. Specifically:

a. Only 27.8% of investigations involving a First Nations child fell into the low-needs profile (Class 1), compared to 55.6% of investigations involving non-First Nations children.

b. 33.9% of investigations involving a First Nations child fell into the caregiver mental health, substance use and intimate partner violence profile (Class 2), compared to 10.6% for non-First Nations children.

c. Investigations involving First Nations children were also more likely to fall into the profile characterized by child and caregiver health needs combined with economic stressors (10.3% vs. to 5.3% for non-First Nations children; Class 5), as well as the high-needs profile reflecting extensive and overlapping concerns (7.4% vs. 2.4%; Class 6).

44. The LCA findings underscore the disproportionate burden of co-occurring and complex concerns experienced by First Nations children and families involved in the child welfare system. In my view, these findings reflect the cumulative impact of broader systemic inequities, such as poverty, inadequate housing, limited access to culturally appropriate services, and the ongoing effects of colonialism and discrimination, which contribute to and exacerbate issues like substance misuse and mental health challenges.

(e) Summary

45. Section 1 of the CYSFA declares that the paramount purpose of the Act is to "promote the best interests, protection, and well-being of children". That paramount purpose, in part, is realized through investigating whether children are in need of protection or by protecting children when they are in need of protection. The protection findings of "neglect", "emotional harm", "risk of harm" and "failure to provide treatment" set out in the CYFSA, combined with "well-being of children" sets a very broad mandate for Ontario CASs and ICFWBAs. The impact of this broad mandate is reflected in the findings of Ontario Incidence Studies (OIS) that my research team has been conducting every five years since 1993. The expansion of definitions of protection and accompanying regulations corresponded to significant increases in rates of investigations. On a per capita basis the rate of investigations is more than twice as high in Ontario compared to Quebec.

46. Most reports to child welfare do not result in verified abuse or neglect.

47. Our analyses of the OIS and the FNOIS indicate that fewer than 15% of child welfare investigations involve situations where there is an urgent need to intervene. In contrast, over 85% of investigations reflect circumstances where families require more comprehensive assessment and the provision of supportive services.

48. Analyses of the needs of investigated First Nations children, their caregivers, and their living circumstances highlight significant need for a broad range of services, including substance misuse treatment, parent education, child and youth mental health services, and housing supports.

49. These support services are needed to ensure that children and families are provided with the least disruptive interventions.

50. Within the mandate of the CYFSA these prevention services are essential in order to prevent out-of-home placement as well as to prevent further harm.

AFFIRMED BEFORE ME over video teleconference on this 2nd day of October 2025 in accordance with O. Reg. 431/20, *Administering Oath or Declaration Remotely.* The Commissioner was in Toronto, Ontario and the affiant was in Toronto, Ontario.

Commissioner for Taking Affidavits

Barbara Fallon

This Exhibit “A” to the Affidavit of
Barbara Fallon affirmed before me this
2nd day of October 2025

A Commissioner for taking Affidavits etc.
Sarah Clarke
LSO #57377M

September, 2025

Barbara A Fallon
Curriculum Vitae
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UNIVERSITY DEGREES

PhD, Factor-Inwentash Faculty of Social Work, University of Toronto, 2000-2005
Master of Social Work, University of Toronto, 1989-1991
Bachelor of Arts in Political Science, McGill University, 1984-1987

ACADEMIC WORK EXPERIENCE

May 2022-April 2027	Associate Vice-President, Research University of Toronto
April 2021-June 2022	Professor (Cross Appointment) The Department of Paediatrics, The Hospital for Sick Children
Oct. 2020-Present	Adjoint Professor University of Colorado, School of Medicine
July 2018-Present	Professor (with tenure) Factor-Inwentash Faculty of Social Work, University of Toronto
July 2015-July 2019	Associate Dean of Research Factor-Inwentash Faculty of Social Work, University of Toronto
July 2014-July 2018	Associate Professor (with tenure) Factor-Inwentash Faculty of Social Work, University of Toronto
July 2013-June 2018	Factor-Inwentash Endowed Chair in Child Welfare Factor-Inwentash Faculty of Social Work, University of Toronto
July 2013-July 2014	Associate Professor (non-tenure, tenure track) Factor-Inwentash Faculty of Social Work, University of Toronto
July 2013-July 2015	PhD Director Factor-Inwentash Faculty of Social Work, University of Toronto
April 2007-June 2013	Assistant Professor (CLTA) Factor-Inwentash Faculty of Social Work, University of Toronto

HONOURS AND AWARDS

2024	**Honorable Mention: 2022 Child Abuse and Neglect Paper of the Year** Katz, I., Priolo-Filho, S., Katz, C., Andresen, S., Bérubé, A., Cohen, N., Connell, C., Collin-Véznia, D., **Fallon, B.,**....& Yamaoka, Y. (2022). One year into COVID-19: What have we learned about child maltreatment reports and child protective service responses? *Child Abuse & Neglect*, 130, 105473.
2023	**Factor-Inwentash Faculty of Social Work Supervision Excellence Award**
2021-2026	**Canada Research Chair in Child Welfare, Tier II**
2020-2025	**President's Impact Award,** *University of Toronto*
2016-2021	**Canada Research Chair in Child Welfare, Tier II**
2016	**Outstanding Reviewer Award,** *Child Abuse and Neglect*
2014	**Factor-Inwentash Faculty of Social Work Teaching Award**
2013-2018	**Factor-Inwentash Chair in Child Welfare**
2010	**Women Making a Difference, Celebrating Daily Excellence Award***, Status of Women Office*
2009	**Outstanding Achievement Award for Research and Evaluation***, Child Welfare League of Canada*
2006	**Thesis nominated for the CGAS/UMI Distinguished Dissertation Award by the Factor-Inwentash Faculty of Social Work, University of Toronto**: *Factors driving case decisions in child welfare services: Challenging conventional wisdom about the importance of organizations and workers*
2004-2005	**University of Toronto Open Doctoral Fellowship**
2002-2004	**Social Sciences & Humanities Research Council Doctoral Fellowship**
2001-2002	**Bell Canada Child Welfare Research Fellowship**
2000-2001	**University of Toronto Open Doctoral Fellowship**

RESEARCH GRANTS

Total grants awarded as Principal Investigator: $9,171,964.00

2024-2030	Co-developing evaluation mechanisms: Interrupting overrepresentation with culturally-based interventions Public Health Agency of Canada Principal Investigator: **B. Fallon** Co-Investigators: N. Trocmé, C. Regehr, A. Vandermorris, B. Essue, A. Guttman, D. Collin-Vezina, A. Quinn, T. Esposito, T. Black, A. Crowe, M. Kartusch, M. Harmonic, B. Moody, M. Miller, L. Hill Partners: Dnaagdawenmag Binnoojiiyag Child & Family Service, Native Child and Family Services, Peel Children's Aid Society, Association of Native Child and Family Services.	$1,111,327

2024-2026	The Commission of Inquiry: Exploring the experiences of Innu in child welfare Inquiry Respecting the Treatment Principal Investigator: **B. Fallon** Co-Investigators: T. Black	$120,000
2023-2024	Dnaagdawenmag Binnoojiiyag Child and Family Services: Informing Decisions with Data Dnaagdawenmag Binnoojiiyag Child and Family Services Principal Investigator: **B. Fallon**	$99,499
2023-2024	The Durham Model Evaluation Durham Children's Aid Society Principal Investigator: **B. Fallon**	$38,582
2023-2024	Linking Census and Child Welfare Data to Explore Health and Social Outcomes for First Nations Children and Families 2022 Leong Centre Catalyst Grant Competition Principal Investigator: **B. Fallon** Co-Investigator: T. Black, A. Crowe	$37,500
2022-2025	Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) 2023 Ministry of Children, Community and Social Services Principal Investigator: **B. Fallon** Co-Investigators: T. Black, N. Trocmé, S. Hélie, J. Fluke, D. Collin-Vézina, T. Esposito, H. Parada, B. King Collaborators: J. Schiffer, A. Crowe, K. Schumaker, J. Stoddart, B. Moody	$523,729
2022-2024	Youth Leaving Care - From State Care into Homelessness: Prevention and Early Intervention Networks of Centres of Excellence of Canada Principal Investigator: **B. Fallon** Co-Investigators: Association of Native Child and Family Services Agencies of Ontario	$240,000
2022-2023	Reflecting our Diverse Scholarship and Communities: Considerations for Research Data Management Practices Research and Innovation (ON), Compute Ontario Principal Investigator: **B. Fallon** Co-Investigators: D. Dearborn, D. Turner	$75,000
2021-2026	Canada Research Chair in Child Welfare, Tier II Social Sciences & Humanities Research Council of Canada Public Health Agency of Canada	$500,000

	Principal Investigators: **B. Fallon** Co-Investigator: T. Black	
2021-2022	Ontario Child Abuse and Neglect Data System (OCANDS) Performance Indicator Project Ministry of Children, Community and Social Services Principal Investigator: **B. Fallon**	$351,720
2021-2022	Toolkit for Evidence-Based Child Protection Practice The Law Foundation of Ontario Principal Investigator: **B. Fallon** Co-Investigator: C. Milne	$100,000
2021	Data Development for Canadian Child Welfare Information System Public Health Agency of Canada Principal Investigators: **B. Fallon** Co-Investigator: T. Black	$29,900
2020-2023	Proposal to operationalize the Canadian Human Rights Tribunal (CHRT) Ruling 39 Taxonomy of Compensation Categories for First Nations Children, Youth and Families Indigenous Services Canada Principal Investigators: **B. Fallon**, N. Trocmé Co-Investigator: A. Quinn	$307,995
2018-2019	Understanding Developmental Trauma to Inform Policy and Practice for Vulnerable Children and Their Families Social Sciences & Humanities Research Council of Canada Partner: Adoption Council of Ontario Award Holder: **B. Fallon** Collaborator: P. Convery	$25,000
2018-2023	Tracking Trajectories for Vulnerable Children Canada Foundation for Innovation Principal Investigator: **B. Fallon**	$70,410
2018-2022	First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (FN/CIS) 2019 Assembly of First Nations (AFN) Principal Investigator: **B. Fallon** Co-Investigators: N. Trocmé, B. MacLaurin, S. Hélie, D. Collin-Vézina, T. Esposito, B. King, T. Black	$2,429,144
2018-2021	John R. Evans Leader Fund Canada Foundation for Innovation/Ontario Research	$234,310 CFI $234,310 ORF

	Fund/Infrastructure Operating Fund Principal Investigator: **B. Fallon** (subgrant)	$70,410 IOF
2017-2020	Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) 2018 Ministry of Children, Community and Social Services Principal Investigator: **B. Fallon** Co-Investigators: N. Trocmé, T. Black, B. MacLaurin, J. Fluke, B. King, D. Collin-Vézina, T. Esposito Collaborators: K. Schumaker, J. Stoddart, B. Moody, D. Goodman, K. Budau	$462,000
2016-2022	Rights for Children and Youth Partnership: Strengthening Collaboration in the Americas Social Sciences & Humanities Research Council of Canada Principal Investigator: **B. Fallon** (subgrant)	$114,055
2016-2021	Canada Research Chair in Child Welfare, Tier II	$500,000
2016-2019	Understanding the Influence of Organizations on Child Welfare Service Delivery Social Sciences & Humanities Research Council of Canada Principal Investigator: **B. Fallon** Co-Investigators: N. Trocmé, C. Blackstock, B. MacLaurin, J. Fluke, M. Shier Collaborators: A. Jud	$102,724
2016-2018	Working Group: The Art and Science of Immunization Jackman Humanities Institute Working Group Leads: N. Crowcroft, **B. Fallon**, K. Shwetz Social Sciences & Humanities Research Council of Canada	$3,000
2016-2017	Letter of Intent for Connecting Research to Practice and Policy: Child Welfare Partnership for Ontario Social Sciences & Humanities Research Council of Canada Principal Investigator: **B. Fallon** Co-Investigators: N. Trocmé, J. Fluke, C. Blackstock, K. Schumaker, B. King, D. Goodman, R. Flynn, T. Esposito, V. Sinha	$20,000
2016-2017	Inter-Agency Communication and Coordination Among Agencies Serving Survivors of Human Trafficking in Ontario Covenant House Toronto Principal Investigator: **B. Fallon** Co-Investigators: K. Schwan, M. Van Wert	$30,000

2016-2017	Knowledge Mobilization in the Ontario Child Welfare Field Regarding Findings of the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) 2013 Ministry of Children, Community and Social Services Principal Investigator: **B. Fallon**	$23,462
2015- 2016	Connecting Child Welfare Research to Policy and Practice Social Sciences & Humanities Research Council of Canada Principal Investigator: **B. Fallon** Co-Investigators: N. Trocmé, T. Black	$50,000
2014-2015	Ontario Child Abuse and Neglect Data System (OCANDS) Canada Foundation for Innovation/Ontario Research Fund/Infrastructure Operating Fund Principal Investigator: **B. Fallon**	$200,000 CIF $200,000 ORF $100,000 IOF $420,627
2013-2015	Ontario Incidence Study of Reported Child Abuse and Neglect 2013 Ontario Ministry of Children and Youth Services Principal Investigator: **B. Fallon** Co-Investigators: N. Trocmé, B. MacLaurin, V. Sinha, A. Shlonsky, J. Fluke	
2011	Canada Foundation for Innovation/Ontario Research Fund/Infrastructure Operating Fund Knowledge Mobilization in the Ontario Child Welfare Field Regarding Findings of the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) 2008 Ministry of Children and Youth Services, Child Welfare Secretariat Principal Investigator: **B. Fallon**	$24,894
2011	2011 Aid to Research Workshops and Conferences in Canada Social Sciences & Humanities Research Council of Canada Principal Investigator: **B. Fallon**	$24,648
2011-2013	Public Outreach Grant - Increasing Research Capacity in Ontario Child Welfare Authorities Social Sciences & Humanities Research Council of Canada Principal Investigator: **B. Fallon**	$48,718
2008-2011	Ontario Incidence Study of Reported Child Abuse and Neglect 2008 Ontario Ministry of Children and Youth Services Principal Investigator: **B. Fallon** Co-Investigators: N. Trocmé, B. MacLaurin	$249,000

Internal University of Toronto Grant

2019-2024	Fraser Mustard Institute of Human Development Policy Bench University of Toronto Co-Leads: **B. Fallon**, S. Miller Advisory Committee: C. Birken, A. Denburg, J. Jenkins, J. Levine, S. Miller, F. Mishna, M. Sokolowski, S. Stewart	$1,250,000

Total grants awarded as Co-Investigator: $**15,454,484.45**

2025-2028	Exploring Trajectories Towards Resiliency and Mental Health among Indigenous Peoples: The Roles of Childhood Welfare Involvement, Early Adversities, Discrimination, Neighborhood Resources, and Healing Strategies Social Sciences & Humanities Research Council of Canada Principal Investigator: E. Fuller-Thomson Co-Investigators: R. Cameron, **B. Fallon**, A. Quinn Collaborators: T. Ratnasekera, C. Whetung	$265,469
2025-2028	CanFos: Improving the Health of Canadian First Nations, Métis, and Inuit Children in Foster Homes Canadian Institutes of Health Research Principal Investigators: A. Evans, N. Trocmé, A. Quinn, N. Racine Co-Investigators: K. Antwi-Boasiako, N. Saunders, C. Blackstock, A. Vandermorris, D. Corsi, **B. Fallon**	$148,710
2025-2030	Promoting healing and recovery of children and adolescents exposed to trauma: Culturally safe simulation-based virtual training designed for child welfare staff Public Health Agency of Canada Principal Investigator: D. Collin-Vezina Co-Investigators: T. O, Afifi, R. Alaggia, N. Berthelot, A. Boatswain-Kyte, M. D. Brend, J. M. Cénat, J. Côté-Guimont, I. V. Daignault, I. Daigneault, G. Dimitropoulos, **B. Fallon,** P. Frewen, V. Gagnon, S. Geoffrion, N. Godbout, A. Gonzalez, L. Hamilton, J. M. Harley, M. Hébert, A. Jenicek, A. Jenney, A. Keller, M. Kimber, V. Lafantaisie, D. Lafortune, R. Langevin, C. Laurier, K. Lwin, S. Madigan, A. Matte-Landy, K. Maurer, T. C. Montreuil, J. Nutton, E.	$1,285,235

	Olise, I. Ouellette-Morin, M. Park, N. Racine, D. Remolien, E. Romano, S. Stewart, J. Tailly-Dion, G. Tarabulsy, S. Tarshis, C. Wekerle Partners: Adoption Council of Ontario (ACO); African Canadian Development and Prevention Network (ACDPN); Alliance Jeunesse-Famille de l'Alberta Society (AJFAS); Association of Community Services (ALIGN); Boscoville; Centre d'expertise Marie-Vincent; Centre intégré universitaire de santé et de services sociaux (CIUSSS) de la Capitale-Nationale; Centre intégré universitaire de santé et de services sociaux l'ouest de l'Île de Montréal (CIUSSS ODIM); Centre intégré universitaire de santé et de services sociaux de la Mauricie-et-du-Centre-du-Québec (CIUSSS MCQ); Centre intégré universitaire de santé et de services sociaux du Centre-sud-de-l'Île-de-Montréal (CSSMTL); Child Welfare League of Canada (CWLC); Côte des Neiges Black Community Association (CDNBCA); First Nations of Quebec and Labrador Health and Social Services Commission (FNQLHSSC); Institut Universitaire Jeunes en difficulté (IUJD) au CIUSSS du Centre-Sud-de-l'île-de-Montréal (CCSMTL); Luna Child and Youth Advocacy Centre; Native Child & Family Services of Toronto (NCFST); Roberts Smart Centre; Wood's Homes	
2024-2026	Conceptualizing a Multicomponent Service Delivery Framework for Youth with Experiences of Sex Trafficking and Youth Homelessness Social Sciences & Humanities Research Council of Canada Principal Investigator: A. Noble Co-Investigators: **B. Fallon,** J. Connolly, J. Vanderheul, K. McDonald, L. McMillan, N. Thulien, R. Bourgeois, S. Kidd, S. Gaetz	$71,671
2024-2026	Child Maltreatment Reporting Experiences of School Personnel and Police Officers Involving Black Children and Families in Ontario, Canada Social Sciences & Humanities Research Council of Canada Principal Investigator: K. Antwi-Boasiako Co-Investigators: **B. Fallon**, K. Nikolova	$48,276

2023-2027	Beyond Neighbourhood Socioeconomic Disadvantages: Deepening Our Understanding of Structural Inequalities in Disparate Child Protection Involvement Social Sciences & Humanities Research Council of Canada Principal Investigator: T. Esposito Co-Investigators: A. Boatswain-Kyte, **B. Fallon**, C. Webb, C. Laprise, D. Hollinshead, J. Fluke, L. Hill, L. Tonmyr, M. Goyette, N. Trocmé, P. Bywaters, S. Hélie	$330,826
2023-2027	Childhood Exposure to Violence, Maltreatment, and Adversity: Piloting a Self-Report Study Social Sciences and Humanities Research Council Principal Investigator: J. Sanders Co-Investigator: **B. Fallon** Collaborator: J. Alschech, M.K. Arundel, T. Bullen	$80,286
2023-2024	Mental Health Services and Child Welfare: Understanding the Practices, Principles, Values, and Needs of Youth Mental Health and Child Welfare Service Systems to Improve Mental Health Service Integration for Children and Youth in Care in a Pan-Canadian Context Canadian Institutes of Health Research Principal Investigators: E. Khoury, M. Goyette, S. Iyer Co-Investigators: **B. Fallon, C**. Whalen, I. Winkelmann, J. Côte-Guimond, C. Macé, D. Hutt-Macleod, N. Parker, B. Robinson, K. Moxness, A. Abdel-Baki, D. Collin-Vezina, R. Diaz, S. Barbic, N. Bentayeb, G. Dimitropoulos, J. Henderson, S. MacDonald, J. Noël, M. Kimber, E. Hilton, T. Henseleit	$199,956
2023-2024	Child Welfare Disparities Data Meeting Social Sciences & Humanities Research Council of Canada Principal Investigator: T. Esposito Co-Investigators: N. Trocmé, **B. Fallon,** L. Tonmyr	$23,515
2023-2024	Workplace Violence in a Digital Age: Cyberagression Against Child Welfare Workers Social Sciences and Humanities Research Council Principal Investigator: C. Regehr Co-Investigators: F. Mishna, **B. Fallon**	$5,900

2022-2025	ARC Discovery Grant: Families with Multiple and Complex Needs: Refocusing on Early Intervention Australian Research Council Principal Investigators: M. O'Donnell, A. Wright, S. Eades, C. Malvaso, R. Pilkington Partner Investigator: **B. Fallon**	$548,000
2021-2022	Emerging COVID-19 Research Gaps & Priorities (July 2021) Canadian Institutes of Health Research Principal Investigator: J.L. Maguire Co-Investigators: K. Allan, C. Birken, S. Bolotin, E. Constantin, **B. Fallon**, C. Juando Prats, P. Juni, C. Keown-Stoneman, P. Li, X. Li, D. Lu, J. Papenburg, J. Parsons, S. Weir-Seeley, K. Zinszer	$499,861
2021-2022	From Idea to Reality: COVID-19 Vaccination for Children and Youth Canadian Institutes of Health Research Principal Investigator: J.L. Maguire Co-Investigators: K. Allan, C.S. Birken, S. Bolotin, E. Constantin, **B. Fallon**, A. Gingras, P. Juni, C. Keown-Stoneman, P. Li, D. Lu, S. Morris, J. Papenburg, L. Tran, A. Tuite, S. Weir-Seeley	$496,871
2021-2023	Improving Frontend User Experiences by Mapping the Backend Architecture: A Cross-Sectoral Data and Infrastructure Audit Making the Shift Principal Investigator: N. Nichols Co-Investigators: **B. Fallon**, M. Searle Project Partners: S. Roskies, A. Kassam, A. Buchnea	$199,838.45
2021-2023	The Real TO: Engaging Youth as Researchers and Change Agents in a Tumultuous Time Social Sciences and Humanities Research Council Principal Investigator: S. Begun Co-Investigators: A. Quinn, **B. Fallon**, B. King, L. McCready, L. Fang, S. Craig, T. Sharpe, T. Black, D. Green, J. Stephen, M. Ali, N. McManamna, O. Goodgame, R. Xyminis-chen, R. Sanderson, S. Brown Ramsay, J. Rudin, N. Bangham, J. Allen, A. Myron, B. Moody	$44,234
2021-2023	Learning Models During COVID-19 and School Outcomes in Children	$74,909

	Edwin S.H. Leong Centre for Health Children: COVID-19 Study of Children and Families University of Toronto Principal Investigator: C. Birken Co-Investigators: L. McNelles, **B. Fallon,** J. Omand, J. Maguire, L. Anderson	
2021-2023	The Cultural Landscape of the Inuit Diaspora: An Exploration of Inuit Culture Outside of Inuit Nunangat Connaught Fund Community Partnership Research Program Indigenous Stream University of Toronto Principal Investigators: A. Quinn, A. Kilabuk (Tungasuvvingat Inuit) Co-Investigators: B. King, **B. Fallon**	$49,896
2021	A Feasibility Trial Examining the On the Land Program Focused on Wellness and Quality of Life in Indigenous Children and Youth Temerty Knowledge Translation Grant Principal Investigator: S. Miller Co-Investigators: **B. Fallon**, D. Mabbot, T. Williams	$100,000
2020-2027	Canadian Consortium on Child Trauma and Trauma-Informed Care Social Sciences & Humanities Research Council of Canada Principal Investigator: D. Collin-Vézina Co-Investigators: T. Afifi, R. Alaggia, P. Arnold, S. Bennett, N. Berthelot, D. Brend, I. Daigneault, G. Dimitropoulos, **B. Fallon**, P. Frewen, S. Geoffrion, N. Godbout, A. Gonzales, M. Hébert, A. Jenney, M. Kimber, D. Lafortune, N. Lanctôt, R. Langevin, C. Laurier, K. Lwin, M. Park, J. Pearson, B. MacLaurin, M. MacKenzie, H. MacMillan, S. Madigan, K. Maurer, L. Milne, T. Milot, T. Montreuil, K. Nixon, J. Nutton, I. Ouellet-Morin, E. Romano, S. Stewart, G. Tarabulsy, M. Turcotte, C. Wekerle. Collaborators: M. Blaustein, C. Courtois, J. Ford, W. Gabriel, B. Geboe, G. Griffin, S. Hurley, P. Kerig, A. Koster, N. Lucero, B. Perry, C. Rocke, S. Rodger, M. Runtz, G. Sprang, M. Ungar, C. Whalen, N. Wathen. Partners: A cœur d'homme; Adoption Council of Ontario; ALIGN Association of Community Services; BOOST Child and Youth Advocacy Centre; Boscoville; Brant Family and Children's Services;	$2,499,658

	Calgary & Area Child Advocacy Centre; Calgary Board of Education; Catholic Children's Aid Society of Toronto; Central Alberta Child Advocacy Centre; Centre d'Intervention en abus sexuels pour la famille; Centre d'étude sur le trauma; Centre de recherche interdisciplinaire sur les problèmes conjugaux et les agressions sexuelles; Centre Marie-Vincent; Child & Adolescent Addiction, Mental Health and Psychiatry Program; Child Welfare League of Canada; CIUSSS de la Mauricie-et-du-Centre-du-Québec; CIUSSS du Centre-Ouest-de-l'Île-de-Montréal; CIUSSS du Centre-Sud-de-l'Île-de-Montréal; Dr. Julien Foundation; First Nations of Quebec and Labrador Health and Social Services Commission; George Hull; Government of New Brunswick- Department of Health; Hull Services; Institut national d'excellence en santé et services sociaux; Institut Universitaire - Jeunes en Difficulté; Lester B. Pearson School Board; Mathison Centre for Mental Health Research & Education; McMaster University Child Advocacy and Assessment Program; Ministry of Children, Community and Social Services- Child and Parent Resource Institute; Mothercraft; Native Child and Family Services of Toronto; Neecheewam; Offord Centre for Child Studies; Practice & Research Together; Public Health Agency of Canada; Ranch Ehrlo Society; Red Deer Public Schools; Services intégrés en abus et maltraitance; University of Regina Child Trauma Research Centre; Wisdom2Action; Woods Home; Yorkton Tribal Council Child & Family Services	
2020-2025	Pan-Canadian Child Welfare Administrative Data Knowledge Exchange Project Public Health Agency of Canada Principal Investigator: T. Esposito Co-Investigators: N. Trocmé, **B. Fallon.**	$170,000
2020-2022	The 'Phi-Nong' Project: Development and Pilot Testing of a Culturally Adapted Adapted, High-impact HIV Preventive Intervention with Young Men who have Sex with Men and Transgender Women in Chonburi Province, Thailand Canadian Institutes of Health Research Principal Investigator: P. Newman Co-Investigators: **B. Fallon,** C. Logie	$10,073

2020-2021	Identifier et Répondre Aux Besoins des Familles Desservies Par le Continuum Jeunes en Difficulté en Contexte de Pandémie Ministère de la Santé et des Services Sociaux du Québec Principal Investigator: D. Collin-Vézina Co-Investigators: **B. Fallon,** T. Esposito, D. Lafortune, M. Porier, G. Tarabulsy, N. Trocmé	$89,400
2020-2021	COVID19 and Intimate Partner Violence (IPV): Creating an Immediate Response IPV Checklist for Child Welfare Workers During a Pandemic Richard B. Splane Fund Principal Investigator: T. Black Co-Investigators: **B. Fallon**, B. King	$15,000
2019	The Youth Wellness Lab: Developing a Collaboration Between Researchers, Community-Based Partners, and Youth Factor-Inwentash Faculty of Social Work, University of Toronto Principal Investigators: B. King, S. Begun Co-Investigators: T. Black, **B. Fallon**, L. Fang, T. Sharpe, L. McCready	$25,000
2019	Canadian Consortium on Child Trauma and Trauma-Informed Care: Developing Cohesive Intersectoral Practices and Policies to Support Trauma-Impacted Children and Youth – Letter of Intent Social Sciences & Humanities Research Council of Canada Principal Investigator: D. Collin-Vézina Co-Investigators: R. Alaggia, P. Arnold, N. Berthelot, I. Daigneault, G. Dimitropoulos, **B. Fallon,** S. Geoffrion, N. Godbout, A. Gonzales, D. Lafortune, N. Lanctôt, C. Laurier, J. Pearson, B. MacLaurin, M. MacKenzie, H. MacMillan, S. Madigan, K. Maurer, L. Milne, T. Milot, K. Nixon, E. Romano, S. Stewart, G. Tarabulsy, M. Turcotte, C. Wekerle Collaborators: W. Gabriel, B. Geboe, K. Lwin, S. Rodger, M. Runtz, C. Whalen, N. Wathen	$20,000
2019-2024	An Examination of Homeless Youths' Longitudinal Aftercare Experiences	$92,979

	Principal Investigator: S. Begun Co-Investigators: **B. Fallon**, B. King, K. Schwan, N. E. Nichols, N. S. Thulien, S. A. Kidd, S. A. Gaetz Collaborators: A. J. F. Noble, C. O'Connor, D. French	
2019-2024	The SafeCare Program for Child Neglect: Examining Differential Outcomes and Change Mechanisms Canadian Institutes of Health Research Principal Investigators: E. Romano, A. Gonzalez Co-Investigators: **B. Fallon**, D. Whitaker	$1,285,200
2018-2023	Promoting Attachment and Mitigating Risk of Infant Maltreatment Among Young Expectant Mothers Involved in the Child Welfare System Social Sciences & Humanities Research Council of Canada Principal Investigator: B. King Co-Investigators: S. Begun, **B. Fallon** Collaborators: T. Esposito, K. Schumaker, C. Logie, J. Filippelli	$91,601
2018-2023	Improving Social Work Decision-Making in Situations of Risk and Uncertainty Social Sciences & Humanities Research Council of Canada Principal Investigator: C. Regehr Co-Investigators: M. Bogo, **B. Fallon**, G. Regehr Collaborator: J. Paterson	$140,469
2018-2023	The Influence of Neighbourhood Socioeconomic Disparities on Child Maltreatment Social Sciences & Humanities Research Council of Canada Principal Investigator: T. Esposito Co-Investigator: N. Trocmé Collaborators: **B. Fallon**, B. King, D. Rothwell, S. Hélie, V. Sinha, M. Poirier, M. Sirois, M. Goyette, K. Maurer	$319,222
2018-2020	First Nations Component of the Canadian Incidence Study of Reported Child Abuse and Neglect Public Health Agency of Canada Principal Investigator: V. Sinha Co-Investigators: T. Esposito, N. Trocmé, C. Blackstock, **B. Fallon,** B. MacLauren	$654,892

2018-2019	Exploring the Potential Benefits of Engaging Homeless Youth in Group-Based Improv Training Social Sciences & Humanities Research Council of Canada Principal Investigator: S. Begun Co-Investigators: **B. Fallon,** I. Sakamoto	$25,000
2017-2021	Building the Foundation for Healthy Life Trajectories in South Africa: A Preconception DOHaD Intervention Cohort Canadian Institutes of Health Research Principal Investigator: S. Lye Co-Investigators: **B. Fallon**, J. Jamieson, S. Matthews, S. Norris, L. Richter, P. Awadalla, D. Bassani, Z. Bhutta, L. Briollais, B. Cameron, T. Chirwa, L. Chola, C. Dennis, C. Gray, J. Hamilton, H. Jaspan, J. Jenkins, K. Kahn, A. Kengne, S. Kruger, V. Lambert, N. Levitt, L. Micklesfield, T. Puoane, M. Ramsay, D. Roth, S. Scherer, D. Sellen, D. Sloboda, M. Smuts, S. Moshe, S. Tollman, M. Tomlinson, S. Tough	$333,125
2016	Letter of Intent for Building the Foundation for Healthy Life Trajectories in South Africa: A Preconception DOHaD Intervention Cohort Canadian Institutes of Health Research & South African Medical Research Council	$35,000
2017-2019	Developmental Disruptions: Adolescent Involvement in the Child Welfare System in Ontario Connaught Fraud Principal Investigator: B. King Co-Investigator: **B. Fallon** Principal Investigator: S. Lye Co-Investigator: **B. Fallon**	$9,990
2016-2018	Quebec Incidence Study on Situations Reported in Youth Protect in 2018 Public Health Agency of Canada, Ministry of Health and Social Services Principal Investigator: S. Helié Co-Investigators: T. Esposito, N. Trocmé, **B. Fallon,** B. MacLauren, D. Collin-Vézina.	$350,000
2016-2018	Social Ecologies of Resilience and Teen Dating Violence among Indigenous and Northern Youth in the Northwest Territories	$299,919

	Social Sciences & Humanities Research Council of Canada Principal Investigator: C. Logie Co-Investigators: C. Lorene Lys, R. Alaggia, **B. Fallon**, D. Gesink, C. Loppie, E. Suarez	
2016-2019	From Surviving to Flourishing: Factors Associated with Optimal Well-Being Among Childhood Physical and Sexual Abuse Survivors Social Sciences & Humanities Research Council of Canada Principal Investigator: E. Fuller-Thomson Co-Investigators: **B. Fallon**, D. Goodman	$111,764
2015-2020	Rights for Children and Youth Partnership: Strengthening Collaboration in the Americas (RCYP) Social Sciences & Humanities Research Council of Canada Principal Investigator: H. Parada Co-Investigators: **B. Fallon**, C. Hernandez-Ramdwar, C. James, G. St. Bernard, H. Rosaura Gramajo Mancilla, J. Meeks-Gardner, M. Lorena Suazo, M. Carranza, P. Kissoon, S. Guilamo, T. Collins, U. George, W. Crichlow, L. Lobato Blanco, M. de Solano	$2,499,989
2014-2018	Children Exposed to Intimate Partner Violence: Expanding Our Understanding of Vulnerabilities and Resiliencies Social Sciences & Humanities Research Council of Canada Principal Investigator: R. Alaggia Co-Investigators: **B. Fallon**, K. Scott, A. Jenney	$197,398
2014-2015	Rights for Children and Youth Partnership: Strengthening Collaboration in the Americas – Letter of Intent Social Sciences & Humanities Research Council of Canada Principal Investigator: H. Parada Co-Investigators: **B. Fallon**, C. Hernandez-Ramdwar, C. James, G. St. Bernard, H. Rosaura Gramajo Mancilla, J. Meeks-Gardner, M. Lorena Suazo, M. Carranza, P. Kissoon, S. Guilamo, T. Collins, U. George, W. Crichlow, L. Lobato Blanco, M. de Solano	$20,000

2012-2017	Building Data Analysis Capacity with First Nations and Mainstream Youth Protection Services in Quebec Social Sciences & Humanities Research Council of Canada Principal Investigator: N. Trocmé Co-Investigators: D. Rothwell, **B. Fallon**, W. Thomson, D. Collin-Vézina, A. Shlonsky	$1,560,352
2011-2012	Building Data Analysis Capacity with First Nations and Mainstream Youth Protection services in Quebec – Letter of Intent Social Sciences & Humanities Research Council of Canada Principal Investigator: N. Trocmé Co-Investigators: D. Rothwell, **B. Fallon**, W. Thomson, D. Collin-Vézina, A. Shlonsky	$20,000
2008-2009	Canadian Incidence Study of Reported Child Abuse and Neglect 2008: First Nations Oversampling Government of Manitoba Principal Investigators: V. Sinha, N. Trocmé Co-Investigators: **B. Fallon**, B. MacLaurin	$100,000
2001	Research Proposal Development Grant for the Canadian Child Welfare Research Partnership Canadian Institutes of Health Research Principal Investigator: N. Trocmé Co-Investigators: **B. Fallon,** B. MacLaurin	$5,000

RESEARCH CONTRACTS

Total contracts awarded as Principal Investigator: $3,811,048

2024-2027	Poverty Informed Child Welfare Peel Children's Aid Society	$506,446
2022-2024	Early Years Case Management System Martin Family Initiative Principal Investigator: **B. Fallon** Co-Investigator: T. Black	$212,000
2022-2024	Data Service for the Indigenous Sector Association of Native and Child & Family Service Agencies of Ontario	$472,885

	Principal Investigator: **B. Fallon** Co-Investigators: T. Black, B. King	
2021-2022	Catholic Children's Aid Society of Toronto Catholic Children's Aid Society of Toronto Principal Investigator: **B. Fallon**	$155,171
2017-2020	Ontario Child Abuse and Neglect Database System (OCANDS): Performance Indicator Project Ontario Association of Children's Aid Societies Principal Investigator: **B. Fallon** Co-Investigators: T. Black, B. King	$1,148,804
2016-2017	Ontario Child Abuse and Neglect Database System (OCANDS): Performance Indicator Project Ontario Association of Children's Aid Societies Principal Investigator: **B. Fallon** Co-Investigators: T. Black, B. King	$86,077
2016-2017	Signs of Safety Provincial Project Ontario Association of Children's Aid Societies Principal Investigator: **B. Fallon** Co-Investigators: T. Black, B. King, J. Filippelli	$40,000
2015-2022	Highland Shores Children's Aid Society Highland Shores Children's Aid Society Principal Investigator: **B. Fallon** Co-Investigators: B. King	$300,000
2015-2016	Performance Indicators Results Project Association of Native Child and Family Service Agencies of Ontario (ANCFSAO) Principal Investigator: **B. Fallon** Co-Investigator: B. King	$21,690
2015- 2016	Child Welfare Tool Global Affairs Canada Principal Investigator: **B. Fallon** Co-Investigator: T. Black	$25,000
2015- 2016	Ontario Child Abuse and Neglect Database (OCANDS) Ontario Association of Children's Aid Societies Principal Investigator: **B. Fallon** Co-Investigator: T. Black, B. King	$266,944
2014	Performance Measurement and Management Project	$38,079

	Ontario Association of Children's Aid Societies Principal Investigator: **B. Fallon**	
2013-2014	Quality Assurance and Evaluation Strategy Ontario Association of Children's Aid Societies Principal Investigator: **B. Fallon**	$29,988
2008-2011	Canadian Incidence Study of Reported Child Abuse and Neglect 2008 Subcontract: McGill University Principal Investigator: **B. Fallon**	$489,000
2008	Evaluation of the Canadian Incidence Study (CIS): Data Collection Survey Instrument Public Health Agency of Canada Principal Investigator: **B. Fallon**	$10,000
2007	Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Literature Review Public Health Agency of Canada Principal Investigator: **B. Fallon**	$10,000

Total contracts awarded as Co-Investigator: $1,952,760

2021-2022	Disparity Mapping Project Ontario Association of Children's Aid Societies Principal Investigator: B. King Co-Investigators: **B. Fallon,** L. McCready	$40,000
2008-2011	Canadian Incidence Study of Reported Child Abuse and Neglect 2008 Public Health Agency of Canada Principal Investigator: N. Trocmé Co-Investigators: **B. Fallon**, B. MacLaurin	$966,000
2008-2011	Alberta Incidence Study of Reported Child Abuse and Neglect 2008 Alberta Children and Youth Services Principal Investigator: B. MacLaurin Co-Investigators: **B. Fallon**, N. Trocmé	$199,000
2008-2011	British Columbia Incidence Study of Reported Child Abuse and Neglect 2008 British Columbia Ministry of Children and Family Development Principal Investigator: B. MacLaurin	$198,856

	Co-Investigators: **B. Fallon**, N. Trocmé	
2008-2011	Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008 Saskatchewan Ministry of Social Services Principal Investigator: B. MacLaurin Co-Investigators: **B. Fallon**, N. Trocmé	$104,590
2003-2006	The Alberta Incidence Study of Reported Child Abuse and Neglect – Cycle 1 Principal Investigator: B. MacLaurin Co-Investigators: **B. Fallon**, N. Trocmé, A. Calhoun	$105,000
2003-2006	CIS-2003: Ontario Oversampling Ontario Ministry of Child, Family, and Community Services Principal Investigator: N. Trocmé Co-Investigators: **B. Fallon**, B. MacLaurin	$105,000
2003	CIS-2003: Development and Focus Testing of the Child Maltreatment Assessment Form Health Canada Principal Investigator: N. Trocmé Co-Investigators: **B. Fallon**, J. Daciuk	$24,314
2000-2001	Client Outcomes in Child Welfare Phase II Human Resources Development Canada Principal Investigator: N. Trocmé Co-Investigators: **B. Fallon**, B. MacLaurin, B. Nutter, S. Loo	$100,000
1998-2000	Ontario Incidence Study of Reported Child Abuse and Neglect Ontario Ministry of Community and Social Services Principal Investigator: N. Trocmé Co-Investigators: **B. Fallon**, B. MacLaurin	$80,000
1998-1999	Peer Support Program Evaluation: Toronto Child Abuse Centre Trillium Foundation Co-Investigators: N. Trocmé, B. MacLaurin, **B. Fallon**, J. Daciuk	$5,000
1998-1999	Ontario Outcomes Indicator Project: Phase I Ontario Ministry of Community and Social Services Principal Investigator: N. Trocmé Co-Investigators: B. MacLaurin, **B. Fallon**	$25,000

OTHER FUNDED RESEARCH

Total other funding rewarded as Principal Investigator/Lead Researcher: $160,000

2015-2019	The Effectiveness of ACT and Pathways 2 in Ontario Adoption Council of Ontario Principal Investigator: **B. Fallon**	$100,000
2015-2018	Understanding the Influence of Organizations on Child Welfare Service Delivery and Outcomes for Children and Families Private Donor Principal Investigator: **B. Fallon** Co-Investigators: D. Rothwell, N. Trocmé, C. Blackstock, B. MacLaurin, J. Fluke, A. Jud	$25,000
2014-2017	Evaluation of Infant Mental Health Program, ACT NOW Research Projects Fraser Mustard Institute of Human Development Lead Researcher: **B. Fallon** Research Team: R. Lefebvre	$15,000
2014-2016	Professional Development Evaluation, ACT NOW Research Projects Fraser Mustard Institute of Human Development Lead Researcher: **B. Fallon**	$15,000
2014-2017	Arts & Minds Program: Utilizing the Arts to Support Homeless Youth Max Clarkson Family Foundation Principal Investigator: **B. Fallon** Co-Investigator: K. Schwan	$5,000

Total other funding awarded as Co-Investigator: $33,509

2014-2016	Vaccine Hesitancy Study, ACT NOW Research Projects Fraser Mustard Institute of Human Development Principal Investigator: D. Tran Co-Investigators: J. Maguire, **B. Fallon**, P. Newman, N. Crowcroft, S. Desai, Dube, E Research Team: K. Allan	$33,509

PEER REVIEWED PUBLICATIONS (246)

Journal Articles (167)

Underlined names indicate a trainee of Dr. Fallon

Published in these high impact journals (impact factor):
Canadian Medical Association Journal (17.4)
Anesthesiology (9.2)
Child and Adolescent Psychiatry and Mental Health (7.5)
Neuroscience and Biobehavioral Psychology (9.1)
Frontiers in Psychiatry (5.4)

Frequently publish in these child welfare journals (impact factor):
Child Abuse & Neglect (5.09)
Child Maltreatment (4.26)
Children and Youth Services Review (3.3)

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Black, T., Chaze, F., **Fallon, B.**, & MacLaurin, B. (2005). Canadian Incidence Study (CIS) of Reported Child Abuse and Neglect-2003. *Canada's Children, 11*(2), 9–10.

Black, T., Trocmé, N., **Fallon, B.**, MacLaurin, B., Roy, C., & Lajoie, J. (2005). *Children's exposure to domestic violence in Canada*. CECW Information Sheet #28E. Toronto, ON: Centre of Excellence for Child Welfare.

Fallon, B., Lajoie, J., Trocmé, N., Chaze, F., MacLaurin, B., & Black, T. (2005). *Sexual abuse of children in Canada*. CECW Information Sheet #25E. Montreal, QC: McGill University, School of Social Work.

MacLaurin, B., Trocmé, N., **Fallon, B.**, Chaze, F., Black, T., & Lajoie, J. (2005). *Physical abuse of children in Canada*. CECW Information Sheet #24E. Montreal, QC: McGill University, School of Social Work.

Roy, C., Black, T., Trocmé, N., MacLaurin, B., & **Fallon, B.** (2005). *Child neglect in Canada*. CECW Information Sheet #27E. Toronto, ON: Centre of Excellence for Child Welfare.

Trocmé, N., **Fallon, B.**, MacLaurin, B., Black, T., & Roy, C. (2005). *Child emotional maltreatment in Canada*. CECW Information Sheet #29E. Toronto, ON: Centre of Excellence for Child Welfare.

Trocmé, N., MacLaurin, B., **Fallon, B.**, Black, T., & Lajoie, J. (2005). *Child abuse and neglect investigations in Canada: Comparing 1998 and 2003 data*. CECW Information Sheet #26E. Montreal, QC: McGill University, School of Social Work.

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Trocmé, N., & **Fallon, B.** (2000). Canadian Incidence Study of Reported Child Abuse and Neglect: An overview. *Canada's Children, 7*(2), 6-8.

Trocmé, N., **Fallon, B.**, & MacLaurin, B. (2000). Canadian Incidence Study of Reported Child Abuse and Neglect: Project update. *CIS Newsletter, 4*(1). Toronto, ON: Factor-Inwentash Faculty of Social Work, University of Toronto.

MacLaurin, B., Theriault, E., Berland, J., Trocmé, N., & **Fallon, B.** (1999). The Canadian child welfare outcomes indicator matrix. In N. McDaniel (Ed.), *Conference proceedings: Seventh annual roundtable on outcome measures in child welfare services*. Englewood: American Humane Association.

Nutter, B., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (1999). Child welfare outcomes: An incremental approach. *ACSW – The Advocate*, *24*(4), 26.

Theriault, E., MacLaurin, B., & Berland, J., Trocmé, N., & **Fallon, B.** (1999). A Canadian child welfare research agenda. In N. McDaniel (Ed.), *Conference proceedings: Seventh annual roundtable on outcome measures in child welfare services*. Englewood: American Humane Association.

Trocmé, N., **Fallon, B.**, & MacLaurin, B. (1999). Canadian Incidence Study of Reported Child Abuse and Neglect: Project update. *CIS Newsletter, 3*(1). Toronto, ON: Factor-Inwentash Faculty of Social Work, University of Toronto.

Trocmé, N., **Fallon, B.**, & MacLaurin, B. (1999). Canadian Incidence Study of Reported Child Abuse and Neglect: Project update. *CIS Newsletter, 2*(1). Toronto, ON: Factor-Inwentash Faculty of Social Work, University of Toronto.

Fallon, B., MacLaurin, B., & Trocmé, N. (1998). Canadian Incidence Study of Reported Child Abuse and Neglect: Project overview. *Journal of the Ontario Association of Children's Aid Societies, 42*(2), 4-6.

Fallon, B., MacLaurin, B., and Trocmé, N. (1998). Measuring outcomes in child welfare: A Canadian framework. *Canada's Children, 5*(2), 3–11.

Trocmé, N., **Fallon, B.**, & MacLaurin, B. (1998). Canadian Incidence Study of Reported Child Abuse and Neglect: Project update. *CIS Newsletter, 1*(1). Toronto, ON: Factor-Inwentash Faculty of Social Work, University of Toronto.

Graduate Theses (1)

Fallon, B. (2005). *Factors driving case dispositions in child welfare services: Challenging conventional wisdom about the importance of organizations and workers*. Thesis submitted in conformity with

the requirements for the degree of Doctor of Philosophy, Factor-Inwentash Faculty of Social Work, University of Toronto.
Supervisor: Nico Trocmé

PRESENTATIONS (291)

Invited Presentations (63)
Underlined names indicate a trainee of Dr. Fallon

Fallon, B. (May 2025). *Ontario Incidence Study of Reported Child Abuse and Neglect (OIS-2023) Major Findings.* Ministry of Children, Community and Social Services (MCCSS). Toronto, Ontario, Canada.
Fallon, B. (March 2025). *Rethinking child protection.* Ontario College of Social Workers and Social Service Workers (OCSWSSW). Toronto, Ontario, Canada.
Crowe, A., Miller, M., & **Fallon, B.** (December 2024). *Understanding the Overrepresentation of First Nations Children in Ontario's Child Welfare System.* Association of Native Child and Family Services Agencies of Ontario (ANCFSAO). Toronto, Ontario, Canada.
Fallon, B. (October 2024). *Understanding Educational Neglect Using Ontario Incidence Study (OIS) Data.* Organization for Counsel for Children's Aid Societies (OCCAS). Toronto, Ontario, Canada.
Fallon, B. (October 2024). *Rethinking child protection: Our global challenge.* Australian Centre for Child Protection 20th Birthday Symposium.
Fallon, B. (March 2024). *Connecting Research to Community: Centering Relationships.* Children's Hospital of Eastern Ontario Grand Rounds Visiting Scholar. Ottawa, Ontario, Canada.
Fallon, B., & Sansone, G. (March 2024). *Connecting Research to Community: Strengthening system responses to complex mental health needs among children and youth.* Children's Hospital of Eastern Ontario Grand Rounds Visiting Scholar. Ottawa, Ontario, Canada.
Fallon, B., & Lefebvre, R. (March 2024). *Connecting Research to Community: Measuring what matters - Survey design methodology with a focus on poverty*. Children's Hospital of Eastern Ontario Grand Rounds Visiting Scholar. Ottawa, Ontario, Canada.
Fallon, B., & Crowe, A. (March 2024). *Connecting Research to Community: Developing meaningful partnerships.* Children's Hospital of Eastern Ontario Grand Rounds Visiting Scholar. Ottawa, Ontario, Canada.
Fallon, B., Crowe, A., Schiffer, J. (October 2023). *Denouncing the Continued Overrepresentation of First Nations Children in Canadian Child Welfare: Findings from the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect-2019*. Alumni Association of the Factor-Inwentash Faculty of Social Work, University of Toronto. Toronto, Ontario, Canada.
Fallon, B. (March 2023). *Opportunities for prevention and intervention in child welfare services.* Outcome Measurement in Child Protection: Children's Development and Social Workers' Decisions Conference. Copenhagen, Denmark.
Bonnie, N., **Fallon, B.,** Nolan, K. (March 2023). *Equity in child welfare: Understanding overrepresentation through the Ontario incidence study of reported child abuse and neglect.* Canadian Pediatric National Ground Rounds. Toronto, Ontario, Canada.
Fallon, B. (March 2023). *Let's talk: Overcoming communication barriers in hospital settings*. Collaborative practice committee Unity Health Toronto.
Crowe, A. & **Fallon, B.** (November 2022). *Bridging research gaps through impactful partnerships*. Edwin S.H. Leong Centre for Healthy Children Inaugural Symposium: Seizing the

Opportunity: Child Health Equity Research in Post-Pandemic Recovery. Toronto, Ontario, Canada.

Fallon, B. & Black, T. (November 2022). *First Nations Incidence study of reported child abuse and neglect.* Annual Association of Native Child and Family Service Agencies of Ontario (ANCFSAO) Conference. Collingwood, Ontario, Canada.

Crowe, A. & **Fallon, B.** (October 2022). *What gets measured gets done (sort of): Compliance versus meaning*. The Canadian Institute for the Administration of Justice 46th Annual Conference: The Right to Dignity in Canadian Law.

Fallon, B. & Soden, K. (October 2022). *Pathways to permanence*. Practice and Research Together.

Fallon, B. (June 2022). *First Nations/Canadian incidence study of reported child abuse and neglect 2019: Denouncing the over representation of First Nations children in Canada.* Children's Aid Foundation of Canada Annual General Meeting, and Board of Directors and Campaign Cabinet. Toronto, Ontario, Canada.

Fallon, B. & Milne, C. (March 2022). *Examining the clinical research to support workable openness.* Office of the Children's Lawyer.

Fallon, B. & Milne, C. (February 2022). *Introduction to the child welfare toolkit: Openness in adoption.* Peel Law Association Continuing Professional Development.

Fallon, B. (February 2022). *The social construction of maltreatment: When does poor parenting become maltreatment.* Department of Applied Psychology and Human Development Colloquium, Ontario Institute for Studies in Education (OISE).

Fallon, B., & Lwin, K. (January 2022). *Organizational risk tolerance and the role of learning.* Practice and Research Together Webinar.

Fallon, B., & Milne, C. (November 2021). *Toolkit for evidence informed child protection practice.* National Judicial Institute for the Heidi S. Levenson Polowin Education Seminar.

Katz, C., **Fallon, B.**, Katz, I., Fouche, A., Haffejee, S., & Varela N. (October 2021). *International group of scholars protecting children from maltreatment during COVID-19.* 2021 Kempe International Virtual Conference: A Global Call to Action to Change Child Welfare.

Fallon, B., Filippelli, J., & Parada, H. (July 2021). *Racial disparities and Latin American children: Key findings, trends and factors in post-investigative decision-making in Ontario.* Ministry of Children, Community and Social Services.

Fallon, B. (July 2021). *Ontario incidence study of reported child abuse and neglect 2018: Major findings.* ADM Steering Committee on Child Welfare Redesign.

Allan, K., Craig, S., & **Fallon, B**. (July 2021). COVID-19 *vaccination: A role for social work.* Ontario Association of Social Workers Learning Centre Webinar.

Allan, K., Craig, S., & **Fallon, B**. (July 2021). *COVID-19 vaccination: Building vaccine confidence using UpShot.* Ontario Association of Social Workers Learning Centre Webinar.

Katz, C., & **Fallon, B.** (June 2021). *Review of child abuse and neglect special issue: Protecting children from maltreatment during COVID-19, Volume II.* ISPCAN Journal Club.

Fallon, B., & Lefebvre, R. (May 2021). *Screening for economic hardship for child welfare-involved families during the covid-19 pandemic: A rapid partnership response.* Practice and Research Together Webinar.

Fallon, B., Kartusch, M., Stoddart, J., & Collin-Vezina, D. (March 2021). *Child welfare engagement with families during a pandemic: A clinical tool initiative across Ontario, Quebec, and New Brunswick.* Ministry of Children, Community and Social Services.

Bonnie, N., Facey, K., & **Fallon, B.** (March 2021). *OIS-2018 findings for Black children and families.* Ministry of Children, Community and Social Services.

Crowe, A., **Fallon B.,** & Schiffer, J. (March 2021). *Understanding the overrepresentation of First Nation's children in Ontario's child welfare system*. Ministry of Children, Community and Social Services.

Katz, C., & **Fallon B.** (January 2021). *Review of child abuse and neglect special issue: Protecting children from maltreatment during COVID-19, Volume I.* ISPCAN Journal Club.

Lwin, K., Filippelli, J., & **Fallon, B.** (April 2020). *Young children and the child welfare system's response: Exploring the influence of worker characteristics on decision-making*. Invited paper for the *Annual Conference for Pediatrics and Neonatology*. Boston, MA, United States.

Filippelli, J., **Fallon, B.,** Lwin, K., & King, B. (April 2019). *Child welfare involved infants, young children and their families: An exploration of child protection investigations.* Expanding Horizons for the Early Years: From Science to Practice. Toronto, Ontario, Canada.

Fallon, B. (December 2018). *Opportunities for prevention and intervention in child maltreatment investigations in Ontario.* Highland Shores Children's Aid Society. Belleville, Ontario, Canada.

Fallon, B. (June 2018). *Aboriginal child welfare performance indicators project*. Ontario Association for Children's Aid Societies (OACAS) Indigenous Sector Performance Indicators Workshop. Toronto, Ontario, Canada.

Fallon, B. (May 2018). *Opportunities for prevention & intervention in child protection services: Lessons from Canada*. The World Writes on the Body: How the Environment Impacts the Phenotype. Florence, Italy.

Fallon, B. (October 2017). *Ontario Incidence Study.* 15th ISPCAN European Regional Conference on Child Abuse and Neglect: Pre-conference Meeting. The Hague, Netherlands.

Fallon, B. (April 2017). *Opportunities for prevention & intervention in child maltreatment investigations in Ontario*. SickKids Centre for Brain & Mental Health Annual Brain and Mental Health Day Conference. Toronto, Ontario, Canada.

Fallon, B., & Black, T. (October 2016). *SSHRC connection grant research. Ontario Association for Children's Aid Societies (OACAS)* Child Welfare Data Forum: Improving Child Welfare through Data: Yesterday, Today, Tomorrow. Toronto, Ontario, Canada.

Fallon, B., & King, B. (October 2016). *Development of three aboriginal performance indicators. Aboriginal Sector Meeting,* Ontario Association of Children's Aid Societies. Cobourg, Ontario, Canada.

Fallon, B. (May 2016). *Keynote address: Addressing disparity in child welfare services: Data as part of the solution.* Access to Justice through Reconciliation: Responding to the Crisis of Indigenous Children & Youth in Care, The Action Group on Access to Justice. Toronto, Ontario, Canada.

Fallon, B., King, B., Black, T., & Vanloffeld, S. (April 2016). *Keynote address: Partnerships to improve care for Aboriginal children and families involved in the child welfare system.* Reconciliation Through Culturally Appropriate Child Welfare Practices ANCFSAO Annual Conference. Sarnia, Ontario, Canada.

Fallon, B. (March 2016). *Impact of early violence: Adverse early childhood experience – An analysis of risk and protective factors.* UNICEF Regional Meeting "1,000 days of protection: Preventing and responding to neglect, abuse and violence in early childhood. Havana, Cuba.

Fallon, B. (February 2016). *Substantiation in the Ontario child welfare system*. Waterloo Children's Aid Society. Waterloo, Ontario, Canada.

Fallon, B. (January 2016). *Keynote Address: The importance of communication in acute care hospitals.* SMH Faculty Development Day Presentation. Toronto, Ontario, Canada.

Fallon, B. (November 2015). *Social policy interventions.* Canadian Research Data Centre Network, Toronto, Ontario, Canada.

Fallon, B. (November 2015). *Ontario incidence study of reported child abuse and neglect 2013: Major findings.* Children's Aid Foundation. Toronto, Ontario, Canada.

Fallon, B. (November 2015). *Ontario incidence study of reported child abuse and neglect 2013: Major findings.* Ontario Association of Children's Aid Societies Child Welfare Data Forum. Toronto, Ontario, Canada.

Fallon, B. (June 2015). *Select findings: A focus on exposure to intimate partner violence.* PART Breaking Barriers: Understanding Exposure to Intimate Partner Violence in Child Welfare Learning Event. Toronto, Ontario, Canada.

Fallon, B. (February 2015). *Understanding the context of child welfare services: Importance of an ecological approach.* Aga Khan University Institute for Human Development Conference. Nairobi, Kenya.

Fallon, B. (May 2014). *Understanding the context of child welfare services: Importance of an ecological approach.* 2014 Canadian Child Abuse Association Joining Together Conference. Calgary, Alberta, Canada.

Fallon, B. (October 2012). *Development of a child welfare research agenda*. Provincial and Territorial Directors of Child Welfare Fall Meeting. Banff, Alberta, Canada.

Fallon, B., & Ma, J. (September 2012). *Opportunities for prevention and intervention in child maltreatment investigations involving infants in Ontario.* 2012 International Society of Child and Adolescent Resilience Colloquium. Toronto, Ontario, Canada.

Fallon, B. (June 2012). *Opportunities for prevention and intervention with young children: lessons from the Canadian incidence study of reported child abuse and neglect*. Keynote speaker, Familienbesurcher, Universitatsklinikum Ulm. *Ulm, Germany.*

Trocmé, N., **Fallon, B.**, MacLaurin, B., Sinha, V., Turcotte, D., & Hélie, S. (October 2010). *The Canadian incidence study of reported child abuse and neglect – 2008 Major findings.* Looking After Children Conference. Montreal, Quebec, Canada.

Fallon, B. (September 2010). *Ontario incidence study of reported child abuse and neglect: Using OIS data to inform policy.* Sparks conference. Ontario Ministry of Children and Youth Services, Toronto, Ontario, Canada.

Cross, T., Fluke, J., Drake, B., Fuller, T., & **Fallon, B.** (January 2010). *Substantiation of maltreatment in Canada.* Child Welfare League of America National Conference. Washington, DC, United States.

Fallon, B., & Trocmé, N. (January 2007). *Models and experiences on monitoring "methodological issues on child abuse data collection."* European Seminar on Monitoring Systems of Child Abuse Programs. Florence, Italy.

Fallon, B., Trocmé, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., & Felstiner, C. (November 2006). *Select comparisons from two cycles of the Ontario incidence study of reported child abuse and neglect (OIS): Understanding increases in rates of reported maltreatment in Ontario.* World Forum 2006, Future Directions in Child Welfare. Vancouver, British Columbia, Canada.

Fallon, B., & Trocmé, N. (November 2005). *OIS Ontario incidence study of reported child abuse and neglect: 1993/1998/2003.* Ontario Association of Children's Aid Societies. Toronto, Ontario, Canada.

Trocmé, N., **Fallon, B.**, MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (October 2005). *The Canadian incidence study of reported child abuse and neglect – 2003 Major findings*. World Conference on Prevention of Family Violence. Banff, Alberta, Canada.

Peer Reviewed Presentations (200)

Underlined names indicate a trainee of Dr. Fallon

Fluke, J., Jud, A., Quantin, C., Arild-Vis, S., Cowley, L., O'Leary, D., Otterman, G., Lwin, K., Rustad, K., **Fallon, B.,** Esposito, T., & Græsholt-Knudsen, T. (October 2025). *Setting the Table: Concepts and Methods for Cross-National Comparisons of Child Maltreatment Administrative Data – Part I.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Vilnius, Lithuania.

Fallon, B., Lefebvre, R., Moody, B., Rasteniene, J., & Black, T. (October 2025). *Exploring the Ontario child welfare system's response to exposure to intimate partner violence: Factors influencing child protection decisions.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Vilnius, Lithuania.

Fallon, B., Rasteniene, J., Moody, B., & Lefebvre, R. (October 2025). *Understanding educational neglect using data from the Ontario Incidence Study of Reported Child Abuse and Neglect.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Vilnius, Lithuania.

Lefebvre, R., Moody, B., Rasteniene, J., & **Fallon, B.** (October 2025). *The provision of material assistance as an important component of child welfare prevention efforts.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Vilnius, Lithuania.

Hélie, S., Collin-Vézina, D., Trocmé, N., Esposito, T., **Fallon, B.,** Morin, S., & Cardin, J.-F. (June 2025). *Étude d'Incidence Québécoise sur les enfants évalués en protection de la jeunesse en 2019 (ÉIQ-2019).* La conférence-midi de l'IUJD. Montréal, Canada.

Fallon, B., Trocmé, N., Joh-Carnella, N., & Denault, K. (August 2024). *Uncovering Physical Harm in Cases of Reported Child Maltreatment.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Uppsala, Sweden.

Lefebvre, R., **Fallon, B.,** Fluke, J., Trocmé, N., Black, T., Esposito, T., & Rothwell, D. (August 2024). *Distinguishing profiles of adversity among child protection investigations in Ontario, Canada: A latent class analysis.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Uppsala, Sweden.

Houston, E., **Fallon, B.,** Hélie, S., & Trocmé, N. (August 2024). *Comparative Analysis of Child Protection Investigations in Ontario and Quebec, Canada.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Uppsala, Sweden.

Trocmé, N., **Fallon, B.,** Lefebvre, R., Esposito, T., Hélie, S., Collin-Vézina, D., Matthews, B., & Jud. A. (July 2024). *How Could Mandatory Supporting be used as an Alternative to Mandatory Reporting?* (Panel Presentation). Violence Prevention Research Conference 2024. Portsmouth, New Hampshire.

Fallon, B., Lefebvre, R., & Trocmé, N. (July 2024). *Ontario's Ever Expanding Mandatory Reporting Criteria.* Violence Prevention Research Conference 2024. Portsmouth, New Hampshire.

Trocmé, N., **Fallon, B.,** Joh-Carnella, N. & Denault, K. (July 2024) *Uncovering physical harm in cases of reported child maltreatment.* Violence Prevention Research Conference 2024. Portsmouth, New Hampshire.

Lwin, K., Hoagland, A., Antwi-Boasiako, K., MacKenzie, P., & **Fallon, B.** (June 2024). *Examining the Relationship between Child Welfare Worker Characteristics and the Substantiation Decision*. Decision, Assessment, Risk, and Evaluation Conference (DARE). Zurich, Switzerland.

Omand, J., **Fallon, B.** (May 2024). *The association between learning models during COVID-19 and learning outcomes in children.* Pediatric Academic Societies. Toronto, Ontario, Canada.

King, B., Edwards, T., **Fallon, B.,** & Black, T. (January 2024). *Family protection or family policing? Examining police referrals, police investigations, and criminal charges in child welfare investigations*. Poster Presented at Annual Conference of the Society for Social Work and Research. Washington, DC.

Fallon B. (November 2023). *Violence Against Children in Canada: An Unfinished Policy Priority with Links to Action on Gender-Based Violence.* Research Roundtable on Gender-Based Violence, University of Toronto.

Fallon, B., Joh-Carnella, N., Houston, E., Livingston, E., & Trocmé, N**.** (September 2023). *The more we change the more we stay the same: Canadian child welfare systems' response to child well-being.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Edinburgh Congress. Edinburgh, Scotland.

Fluke, J., **Fallon, B.,** Kearney, A., Stoddart, J., Schumaker, K., & Droneck, J. (September 2023). *Using screening threshold analysis to modify child protection intake decision-making.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Edinburgh Congress. Edinburgh, Scotland.

Sanders, J., & **Fallon, B.** (September 2023). *"I won't even lie, I was terrified": Experiences of adversity among students who have been suspended or expelled*. International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Edinburgh Congress. Edinburgh, Scotland.

Black, T., & **Fallon, B.** (September 2023). *Twenty-five years of responding to intimate partner violence in Ontario, Canada.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Edinburgh Congress. Edinburgh, Scotland.

Houston, E., Crowe, A., Schiffer, J., & **Fallon, B.** (September 2023). *Examining predictors of First Nations children who live on and off reserve, who are placed in out-of-home care, in Ontario, Canada in 2018.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Edinburgh Congress. Edinburgh, Scotland.

Black, T., & **Fallon, B.** (September 2023). *Children with disabilities and their involvement with the child welfare system.* International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Edinburgh Congress. Edinburgh, Scotland.

Black, T., & **Fallon, B.** (September 2023). *Examining the increase of exposure to intimate partner violence investigations in Canada over time*. International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Edinburgh Congress. Edinburgh, Scotland.

Lyons, O., & **Fallon, B.** (September 2023). *Understanding child welfare workers' decisions around sexual abuse investigations in Ontario, Canada*. International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Edinburgh Congress. Edinburgh, Scotland.

King, B., Edwards, T., **Fallon, B.,** & Black, T. (September 2023). *Family protection or family policing? Examining police referrals, police investigations, and criminal charges in child welfare investigations*. International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Edinburgh Congress. Edinburgh, Scotland.

Joh-Carnella, N., Livingston, E., Kagan-Cassidy, M., Vandermorris, A., Smith, J.N., Lindberg, D.M., & **Fallon, B.** (September 2023). *Understanding the roles of the healthcare and child welfare systems in promoting the safety and well-being of children*. International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Edinburgh Congress. Edinburgh, Scotland.

Antwi-Boasiako, K., **Fallon, B.,** King, B., Trocmé, N., & Fluke, J. (September 2023). *Promoting equity in child protection systems: Addressing racialized disparities in decision-making – examining the impact of child welfare decision-making tools on Black families in Ontario, Canada*. The European Scientific Association On Residential And Family Care For Children And Adolescents (EuSARF).

Esposito, T., Caldwell, J., Chabot, M., Trocmé, N., Hélie, S., & **Fallon, B.** (September 2023). *Reunification trajectories in Quebec: Acknowledging chronic need to prevent breakdown*. The European Scientific Association On Residential And Family Care For Children And Adolescents (EuSARF).

Fallon, B. (December 2022). *Screening for economic hardship for child welfare-involved families during the COVID-19 pandemic: A rapid partnership response.* Northumbria University: Childhood, Care and Coronavirus Conference.

Best, L., **Fallon, B.,** Parada, H., & Filippelli, J. (October 2022). *The overrepresentation of Latin American children in Ontario's child welfare system*. The University of the West Indies-Toronto Metropolitan University Rights for Children and Youth Partnership Conference.

Fallon, B., Black, T., Fluke, J., Hollinshead, D., & Trocmé, N. (October 2022). *The longitudinal study of reported child abuse and neglect: Ontario Incidence Study of reported child abuse and neglect follow-up study.* 2022 Kempe Center International Virtual Conference: A Call to Action to Change Child Welfare.

Black, T., **Fallon, B.,** & Wilson, L. (October 2022). *Is the child protection system the right sector for addressing intimate partner violence in Ontario, Canada?* 2022 Kempe Center International Virtual Conference: A Call to Action to Change Child Welfare.

Eaton, A. D., Rourke, S. B., Craig, S. L., **Fallon, B. A.,** Emlet, C. A., Katz, E., & Walmsley, S. L. (October 2022). *Mindfulness and cognitive training interventions for social work to address intersecting cognitive and aging needs of older adults: A realist review*. 51st Annual Scientific and Educational Meeting of the Canadian Association on Gerontology. Regina, Saskatchewan, Canada.

Esposito, T., Chabot, M., Caldwell, J., Trocmé, N., **Fallon, B**., & Hélie, S. (March 2022). *Childhood prevalence of involvement with the child protection system in Québec: A longitudinal study.* Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN) Quebec City 2022. Quebec City, Quebec, Canada.

Fallon, B., Lefebvre, R., Trocmé, N., Richard, K., Hélie, S., Montgomery, M., Bennett, M., Joh-Carnella, N., Saint-Girons, M., Filippelli, J., Black, T., Esposito, T., King, B., Collin-Vézina, D., Dallaire, R., Gray, R., Levi, J., Petti, T., Thomas Prokop, S., & Soop, S. (March 2022). *Denouncing the continued overrepresentation of First Nations children in Canadian child welfare: Findings from the First Nations/Canadian incidence study of reported child abuse and neglect-2019.* Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN) Quebec City 2022. Quebec City, Quebec, Canada.

Fallon, B., Parada, H., King, B., & Filippelli, J. (March 2022). *Racial disparities and Latin American children: Key findings, trends and factors in post-investigative decision-making in Ontario*. Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN) Quebec City 2022. Quebec City, Quebec, Canada.

Black, T., & **Fallon, B.** (March 2022). *Is the child protection system the right sector for addressing intimate partner violence in Ontario, Canada?*. Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN). Quebec City 2022. Quebec City, Quebec, Canada.

King, B., Edwards, T., Black, T., & **Fallon, B**. (March 2022). *Factors associated with out-of-home care placement in Ontario, Canada*. Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN) Quebec City 2022. Quebec City, Quebec, Canada.

Esposito, T., Chabot, M., Caldwell, J., Trocmé, N., **Fallon, B**., & Hélie, S. (March 2022). *Childhood prevalence of involvement with the child protection system in Québec: A longitudinal study*. Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN) Quebec City 2022. Quebec City, Quebec, Canada.

Houston, E., Ganness, A., **Fallon, B**., & Black, T. (March 2022). *Examining Child Maltreatment-Related Investigations of Children from Newcomer and non-Newcomer Households in Ontario, Canada*. Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN) Quebec City 2022. Quebec City, Quebec, Canada.

Fallon, B., Black, T., Hollinshead, D., Fluke, J., Trocmé, N., Stoddart, J., Schumaker, K., Esposito, T., & King, B. (March 2022). *The Longitudinal Study of Reported Child Abuse and Neglect – Research.* Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN) Quebec City 2022. Quebec City, Quebec, Canada.

Lwin, K., **& Fallon, B**. (March 2022). *Examining the Role of Child Protection Worker Characteristics in the Substantiation Decision*. Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN) Quebec City 2022. Quebec City, Quebec, Canada.

Allan, K., Joh-Carnella, N., **& Fallon, B**. (March 2022). *Exploring medical neglect investigations in Canada using a nationally-representative dataset*. Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN) *Quebec City 202*2. Quebec City, Quebec, Canada.

Fallon, B., Joh-Carnella, N., Trocmé, N., Esposito, T., Hélie, S., & Lefebvre, R. (March 2022). *Major findings from the Canadian incidence study of reported child abuse and neglect 2019*. Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN) Quebec City 2022. Quebec City, Quebec, Canada.

Fluke, J., **Fallon, B.,** Middel, F., Xu, Y., Gautschi, J., & Hollinshead, D. (January 2022). *Judgements, Inequalities, and Biases in Child Welfare Decision-Making.* Symposium presented at the Society for Social Work and Research 26th Annual Conference- Social Work Science for Racial, Social, and Political Justice. Washington DC, United States.

Black, T., King, B., & **Fallon, B**. (January 2022). *Child Welfare Decision-Making in Ontario, Canada: A Longitudinal Examination of out of Home Placements*. Poster presented at the Society for Social Work and Research 26th Annual Conference- Social Work Science for Racial, Social, and Political Justice. Washington DC, United States.

Crowe, **Fallon, B.**, & Schiffer, J. (November 2021). *Denouncing the Continued Over Representation of First Nations Children in Child Welfare.* Paper presented at the Canadian Virtual Symposium on Advanced Practices in Child Maltreatment.

Kuefeldt, K., **Fallon B.,** & McKenzie, B. (September 2021). *Protecting Children Theoretical and Practical Aspects.* Book presented at the XVI European Scientific Association on Residential & Family Care for Children and Adolescents (EUSARF) Conference- The Perspective of the Child. Zürich, Switzerland.

Middel, F., Webb, C., **Fallon, B**., Keddell, E., & Williams-Butler, A. (September 2021). *Racial and ethnically marginalized groups and decision disparities in child welfare – Exploring alternate*

specifications to explain agency-level effects in placement decisions regarding Indigenous children in Canada. Paper presented at XVI European Scientific Association on Residential & Family Care for Children and Adolescents (EUSARF) Conference- The Perspective of the Child. Zürich, Switzerland.

Jud, A., Liel, C., **Fallon, B.**, & Viis, S. A. (September 2021). *The influence of child characteristics on worker decision making: An analysis of the Ontario Incidence of Reported Child Abuse and Neglect.* In Jud, A., **Fallon, B**., Ulrich, S. M., & Viis, S. A. (Chairs), *What can epidemiological data on child maltreatment tell about the perspective of the child*?. Paper presented at XVI European Scientific Association on Residential & Family Care for Children and Adolescents (EUSARF) Conference- The Perspective of the Child. Zürich, Switzerland.

Lefebvre, R., **Fallon, B.,** Rothwell, D., Trocmé, N., & Black, T. (September 2021). *Examining economic hardship among child welfare-involved families: Evidence from the Ontario Incidence Study of Reported Child Abuse and Neglect 2018.* Paper presented at the XVI European Scientific Association on Residential & Family Care for Children and Adolescents (EUROSAF). Zürich, Switzerland.

Lefebvre, R., **Fallon, B.,** Rothwell, D., Trocmé, N., & Black, T. (August 2021). *Examining economic hardship among child welfare-involved families: Evidence from the Ontario incidence study of reported child abuse and neglect 2018*. Paper presented at XVI European Scientific Association on Residential & Family Care for Children and Adolescents (EUSARF) Conference- The Perspective of the Child. Zürich, Switzerland.

Stoddart, J., & **Fallon, B.** (August 2021). *Substantiated maltreatment: Key factors that influence worker decision-making.* Paper presented at XVI European Scientific Association on Residential & Family Care for Children and Adolescents (EUSARF) Conference- The Perspective of the Child. Zürich, Switzerland..

Stoddart, J., & **Fallon, B.** (August 2021). *Risk of future maltreatment or framing structural inequities as parental failings?.* Paper presented at XVI European Scientific Association on Residential & Family Care for Children and Adolescents (EUSARF) Conference- The Perspective of the Child. Zürich, Switzerland.

Lwin, K., & **Fallon, B.** (August 2021). *Examining child welfare workers and organizations: The role of multilevel modeling*. Paper presented at XVI European Scientific Association on Residential & Family Care for Children and Adolescents (EUSARF) Conference- The Perspective of the Child. Zürich, Switzerland.

Lwin, K., & **Fallon, B.** (August 2021). *Decision making in child welfare: Examining the role of child welfare workers.* Paper presented at XVI European Scientific Association on Residential & Family Care for Children and Adolescents (EUSARF) Conference- The Perspective of the Child. Zürich, Switzerland.

Clarke, S., Milne, C., & **Fallon, B.** (August 2021). *What is "harm" and when is a child in need of protection?.* Paper presented at the 2020 National Family Law Program. Halifax, Nova Scotia, Canada.

Joh-Carnella, N., **Fallon, B**., Lefebvre, R., Lindberg, D., & Davidson, L. (June 2021). *Caregiver drug use in Ontario child welfare investigations: The need for coordinated intervention.* Paper presented at the International Congress on Child Abuse and Neglect (ISPCAN) Milan 2021.

Katz, C. (Chair) & **Fallon, B.** (Discussant). (April 2021). *Examine the child protection services responses during COVID-19: International perspective.* Symposium presented at the 2021 Society for Research in Child Development Biennial Meeting.

King, B., Black, T., & **Fallon, B.** (January 2021). *Child welfare decision-making in Ontario, Canada: A longitudinal examination of out of home placements*. Paper presented at the Annual Conference of the Society for Social Work Research (SSWR). San Francisco, CA, United States.

Antwi-Boasiako, K., King, B., Middel, F., **Fallon, B.,** Lopez Lopez, M., & Fluke, J. (October 2020). *Bellwethers of the burden of bias: Multi-country studies of disparities in child welfare*. Workshop presented at the Kempe International Virtual Conference: A Call to Action to Change Child Welfare.

Fallon, B. (January 2020). *An examination of decision thresholds across the child welfare service continuum: Opportunities for efficacy*. Symposium presented at the 24th Annual Conference of the Society for Social Work and Research (SSWR). Washington, DC, United States.

King, B., Black, T., **Fallon, B.,** & Lung, Y. (January 2020). *The role of risk in child welfare decision-making: A longitudinal examination of transfers to ongoing services*. In **B. Fallon** (Chair), *An examination of Decision Thresholds across the Child Welfare Service Continuum: Opportunities for Efficacy*. Paper presented at the 24th Annual Conference of the Society for Social Work Research (SSWR). Washington, DC, United States.

King, B., Filippelli, J., **Fallon, B.,** & Joh-Carnella, N. (January 2020). *Investigations involving urgent protection concerns vs. chronic needs: Are there differences in post-investigation service decisions?* In **B. Fallon** (Chair), An *examination of Decision Thresholds across the Child Welfare Service Continuum: Opportunities for Efficacy*. Paper presented at the 24th Annual Conference of the Society for Social Work Research (SSWR). Washington, DC, United States.

Stoddart, J., & **Fallon, B**. (January 2020). *An exploration into the use of differential response in Ontario: Is there a gap between vision and reality? Reducing racial and economic inequality*. Paper presented at the 24th Annual Conference of the Society for Social Work and Research (SSWR). Washington, DC, United States.

Filippelli, J., Lwin, K., **Fallon, B.,** & Trocmé, N. (January 2020). *Ongoing child welfare service provision: Clinical and worker characteristics that predict service for families with young children.* Poster presented at the 24th Annual Conference of the Society for Social Work Research (SSWR). Washington, DC, United States.

Fallon, B., Filippelli, J., Joh-Carnella, N., Miller, S., & Denburg, A. (September 2019). *Trends in investigations of abuse or neglect referred by hospital personnel in Ontario*. Paper presented at the ISPCAN Oman International Congress 2019. Muscat, Oman.

Fallon, B., Trocmé, N., Sanders, J., Sewell, K., & Houston, E. (September 2019). *Examining the impact of policy and legislation on the identification of neglect in Ontario: Trends over-time.* Paper presented at the ISPCAN Oman International Congress 2019. Muscat, Oman.

Schumaker, K., **Fallon, B.**, & Trocmé, N. (September 2019). *Exploring poverty-aware practice in child neglect investigations: An analysis using the 2013 Ontario incidence study of reported child abuse and neglect*. Paper presented at ISPCAN Oman International Congress 2019. Muscat, Oman.

Stoddart, J., & **Fallon, B.** (September 2019). *Differential response: Child protection vs child rights.* Paper presented at the ISPCAN Oman International Congress 2019. Muscat, Oman.

Stoddart, J., **Fallon, B.**, & Fluke, J. (September 2019). *Critical analysis of organizational risk threshold.* Paper presented at the ISPCAN Oman International Congress 2019. Muscat, Oman.

Allan, K., **Fallon, B.,** Maguire, J., & Tran, D. (May 2019). *How does acquiring a vaccine-preventable disease impact parental and physician responses to vaccine hesitancy*? Paper presented at the Vaccine Sciences Symposium. Toronto, Ontario, Canada.

Allan, K., **Fallon, B.,** Maguire, J., & Tran, D. (October 2018). *How does acquiring a vaccine-preventable disease impact parental and physician responses to vaccine hesitancy?* Paper presented at IDWeek 2018. San Francisco, California, United States.

Fallon, B., Trocmé, N., Black, T., Fluke, J., & Schumaker, K. (September 2018). *Clarifying the dual mandate of child welfare services in Ontario: Urgent protection or chronic need*? In **B. Fallon** (Chair), *Can classifying child protection cases as urgent or chronic lead to improved services for children and families*?. International Society for the Prevention of Child Abuse & Neglect (ISPCAN) XXII International Congress on Child Abuse and Neglect. Prague, Czech Republic.

Helton, J., Gochez-Kerr, T., Cross, T., Halverson, J., Kerwin, C., Fluke, J., Trocmé, N., & **Fallon, B.** (September 2018). *How can the urgent/chronic taxonomy be used to understand child welfare service provision in the US?* In **B. Fallon** (Chair), *Can classifying child protection cases as urgent or chronic lead to improved services for children and families?* International Society for the Prevention of Child Abuse & Neglect (ISPCAN) XXII International Congress on Child Abuse and Neglect. Prague, Czech Republic.

Schumaker, K., **Fallon, B.,** Trocmé, N., & Fluke, J. (September 2018). *Improving service using urgent / chronic taxonomy: Examples of agency application.* In **B. Fallon** (Chair), *Can classifying child protection cases as urgent or chronic lead to improved services for children and families?* International Society for the Prevention of Child Abuse & Neglect (ISPCAN) XXII International Congress on Child Abuse and Neglect. Prague, Czech Republic.

Filippelli, J., Kartusch, M., **Fallon, B.,** Trocmé, N., Fluke, J., & Cascone, A. (September 2018). *Why do investigations classified as urgent recur?: Applying the urgent/chronic taxonomy in a mixed urban rural setting*. In **B. Fallon** (Chair), *Can classifying child protection cases as urgent or chronic lead to improved services for children and families*?. International Society for the Prevention of Child Abuse & Neglect (ISPCAN) XXII International Congress on Child Abuse and Neglect. Prague, Czech Republic.

Stoddart, J., **Fallon, B.**, Trocmé, N., & Fluke, J. (September 2018). *Substantiated maltreatment: Which factors do workers focus on when making this critical decision?* Paper presented at the International Society for the Prevention of Child Abuse & Neglect (ISPCAN) XXII International Congress on Child Abuse and Neglect. Prague, Czech Republic.

Filippelli, J., Miller, S., Joh-Carnella, N., **Fallon, B.,** Black, T., & King, B. (September 2018). *Mandating reporting patterns for school and hospital referrals: Using trend data to identify barriers to reporting in a Canadian context*. Paper presented at the International Society for the Prevention of Child Abuse & Neglect (ISPCAN) XXII International Congress on Child Abuse and Neglect. Prague, Czech Republic.

King, B., **Fallon, B.,** & Filippelli, J. (September 2018). *The developmental context of investigative decision-making in child protection in Ontario, Canada*. Paper presented at the International Society for the Prevention of Child Abuse & Neglect (ISPCAN) XXII International Congress on Child Abuse and Neglect. Prague, Czech Republic.

Moody, B., Rasteniene, J., **Fallon, B.,** Trocmé, N., Black, T., & O'Connor, C. (January 2018). *Discharge rates by ethno-racial categories – Peel CAS*. Poster presented at the 22nd Annual Conference of the Society for Social Work and Research (SSWR). Washington DC, United States.

Lwin, K., **& Fallon, B.** (January 2018). *A profile of child welfare workers in Ontario: Workforce change between 1993 and 2013*. Poster presented at the 22nd Annual Conference of the Society for Social Work and Research (SSWR). Washington, DC, United States.

King, B., **Fallon, B.,** Boyd, R., Black, T., Antwi-Boasiako, K., & O'Connor, C. (January 2018). *Racial differences and the contribution of child, caregiver, and socioeconomic risk factors to child welfare investigative decision-making in Ontario.* Paper presented at the 22nd Annual Conference of the Society for Social Work and Research (SSWR). Washington DC, United States.

Baiden, P., Stewart, S. L., & **Fallon, B.** (January 2018). *An examination of non-suicidal self-injury among children and adolescents referred to community and inpatient mental health settings in Ontario, Canada.* Poster presented at the 22nd Annual Conference of the Society for Social Work and Research (SSWR). Washington DC, United States.

Baiden, P., Stewart, S. L., & **Fallon, B.** (January 2018). *Bullying victimization and non-suicidal self-injury among adolescents from community and inpatient mental health settings in Ontario, Canada.* Paper presented at the 22nd Annual Conference of the Society for Social Work and Research (SSWR). Washington DC, United States.

Fallon, B., Trocme, N., Fluke, J., Schumaker, K., & Black, T. (January 2018). *Clarifying the Dual Mandate of Child Welfare Services in Ontario: Urgent Protection or Chronic Need?* Paper presented at the 22nd Annual Conference of the Society for Social Work and Research (SSWR). Washington DC, USA.

Sanders, J., & **Fallon, B**. (October 2017). *Identifying academic difficulties in a child welfare population: Practice and educational implications*. Paper presented at the Council on Social Work Education 63rd Annual Program Meetings. Dallas, Texas, United States.

Fallon, B., Trocmé, N., Fluke, J., & Schumaker, K. (October 2017). *Urgent protection versus chronic need:clarifying the dual mandate of child welfare services in Ontario: Urgent protection or chronic need?* In **B. Fallon** (Chair), *Urgent protection versus chronic* 15th International Society for the Prevention of Child Abuse and Neglect (ISPCAN) European Regional Conference. The Hague, Netherlands.

Schumaker, K., **Fallon, B**., Trocmé, N., Fluke, J., & Black, T. (October 2017). *The application of an urgent protection or chronic need taxonomy in a child welfare agency context.* In **B. Fallon** (Chair), *Urgent protection versus chronic need.* 15th International Society for the Prevention of Child Abuse and Neglect (ISPCAN) European Regional Conference. The Hague, Netherlands.

Trocmé, N., Fluke, J., **Fallon, B**., & Schumaker, K. (October 2017). *Is the classification of urgent and chronic applicable for child protection in the US?* In **B. Fallon** (Chair), *Urgent protection versus chronic need*. 15th International Society for the Prevention of Child Abuse and Neglect (ISPCAN) European Regional Conference. The Hague, Netherlands.

Smith, C., Fluke, J., **Fallon, B**., Mishna, F., & Pierce, B. (October 2017). *The structure of child welfare organizations: Do service integration and role specialization influence the placement decision?* In C. Smith (Chair), *Child welfare decision making in context part 2.* 15th International Society for the Prevention of Child Abuse and Neglect (ISPCAN) European Regional Conference. The Hague, Netherlands.

Fallon, B., Black, T., & Esposito, T. (October 2017). *Understanding recurrence: Step 1 Control for Population Differences.* Ontario Association for Children's Aid Societies (OACAS) 2017 Child Welfare Data Forum: Better Outcomes for Children, Youth & Families. Toronto, ON, Canada.

Fallon, B., Black, T., & King, B. (June 2017). *Child welfare data initiatives across Canada*. 6th Conference of the International Society for Child Indicators. Montreal, Quebec, Canada.

Allan, K., Van Wert, M., & **Fallon, B**. (June 2017). *Caregiver physical health issues and maltreatment: Findings from the Ontario incidence study of reported child abuse and neglect 2013.* Paper presented at the 6th Conference of the International Society for Child Indicators. Montreal, Quebec, Canada.

Filippelli, J., & **Fallon, B**. (June 2017). *Infants and the practice and policy responses of the Ontario child welfare sector*. Paper presented at the One Child, Many Hands: A Multidisciplinary Conference on Child Welfare. Philadelphia, Pennsylvania, United States.

Black, T., Nikolova, K., Baird, S., Tarshis, S., & **Fallon, B**. (January 2017). *Exposure to intimate partner violence (IPV): Maltreatment typology or risk factor?* Poster presented at the 21st Society for Social Work and Research (SSWR) Conference. New Orleans, Louisiana, United States.

King, B., Van Wert, M., & **Fallon, B**. (January 2017). *Young mothers and their children: An examination of risk profiles and service decisions in a high-risk child welfare sample*. Poster presented at the 21st Society for Social Work and Research (SSWR) Conference. New Orleans, Louisiana, United States.

Lefebvre, R., Allan, K., **Fallon, B**., & Trocmé, N. (January 2017). *Exploring physical punishment and physical abuse in child protection investigations: A 10 year review*. Paper presented at the 21st Society for Social Work and Research (SSWR) Conference. New Orleans, Louisiana, United States.

Baiden, P., & **Fallon, B**. (January 2017). *Examining the independent association between non-suicidal self-injury and referral to psychiatric services among adolescents with a history of maltreatment in Canada: Findings from the 2013 Ontario incidence study of reported child abuse and neglect.* Paper presented at the 21st Society for Social Work and Research (SSWR) Conference. New Orleans, Louisiana, United States.

Van Wert, M., Mishna, F., **Fallon, B**., & Trocmé, N. (January 2017). *Child welfare service responses to maltreated children and youth with aggressive and criminal behaviour problems in Ontario, Canada.* Poster presented at the 21st Society for Social Work and Research (SSWR) Conference. New Orleans, Louisiana, United States.

Allan, K., Van Wert, M., & **Fallon, B**. (January 2017). *Caregiver physical health issues and maltreatment: An exploration*. Paper presented at the 21st Society for Social Work and Research (SSWR) Conference. New Orleans, Louisiana, United States.

Lee, B., Fuller Thomson, E., Black, T., **Fallon, B**., & Trocmé, N. (January 2017). *Examining child welfare decisions and services for Asian-Canadian versus white-Canadian households in the child welfare system*. Paper presented at the 21st Society for Social Work and Research (SSWR) Conference. New Orleans, Louisiana, United States.

Rothwell, D., Wegner-Lohin, J., Fast, E., de Boer, K., Trocmé, N., **Fallon, B**., & Esposito, T. (October 2016). *Explaining the economic disparity gap in rates of substantiated child maltreatment in Canada*. Paper presented at Re-Imagining Child Welfare Systems in Canada Symposium. Toronto, Ontario, Canada.

Allan, K., Tran., D., & **Fallon, B.** (August 2016). *Physician response to vaccine hesitancy in paediatric care.* Poster presented at the 28th International Congress of Pediatrics.Vancouver, British Columbia, Canada.

Sanders, J., & **Fallon, B.** (August 2016). *Identifying academic difficulties in a child welfare population: Practice and policy implications*. Poster presented at the XXI International

Society for the Prevention of Child Abuse and Neglect (ISPCAN) Congress. Calgary, Alberta, Canada.

Filippelli, J., **Fallon, B**., Fuller-Thomson, E., & Trocmé, N. (August 2016). *Distinctly vulnerable: Infants investigated by the child welfare system and the decision to refer to services*. Poster presented at the XXI International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Congress. Calgary, Alberta, Canada.

Lee, B., Fuller-Thomson, E., Trocmé, N., **Fallon, B**., & Black, T. (August 2016). *Delineating disproportionality and disparity of Asian versus White households in the child welfare system*. Paper presented at the XXI International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Congress. Calgary, Alberta, Canada.

Lefebvre, R., Van Wert, M., **Fallon, B**., & Allan, K. (August 2016). *Examining the relationship between poverty and child maltreatment using data from the Ontario incidence study of reported child abuse and neglect-2013 (OIS-2013)*. Paper presented at the XXI International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Congress. Calgary, Alberta, Canada.

Fallon, B., Ekins, A., & Trocmé, N. (August 2016). *Urgent protection versus chronic need: clarifying the dual mandate of child welfare services in Ontario.* In N. Trocmé (Chair), *Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change*. Symposium presented at the XXI International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Congress. Calgary, Alberta, Canada.

MacLaurin, B., Reeves, J., Trocmé, N., **Fallon, B**., & Sinha, V. (August 2016). *Using data to inform practice and policy: Front-end child intervention services in Alberta*. In N. Trocmé (Chair), *Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change*. Symposium presented at the XXI International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Congress. Calgary, Alberta, Canada.

Sinha, V., Otis, N., Trocme, N., **Fallon, B**., & MacLaurin, B. (August 2016). *Moving towards a full-scale First Nations Incidence Study: comparisons of investigations in Aboriginal and provincial/territorial agencies.* In N. Trocmé (Chair), *Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change*. Symposium presented at the XXI International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Congress. Calgary, Alberta, Canada.

Filippelli, J., **Fallon, B**., Trocmé, N., & Fuller-Thomson, E. (August 2016). *A pathway to community supports: Infants and the provision of ongoing child welfare services.* Paper presented at the XXI International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Congress. Calgary, Alberta, Canada.

Allan, K., Van Wert, M., **Fallon, B**., & Lefebvre, R. (August 2016). *Medical Neglect Investigations in the Ontario child welfare system: Findings from the Ontario incidence study of reported child abuse and neglect 2013.* Paper accepted for presentation at the XXI International Society for the Prevention of Child Abuse and Neglect (ISPCAN) Congress. Calgary, Alberta, Canada.

Tarshis, S., Nikolova, K., Baird, S., Black, T., & **Fallon, B**. (July 2016). *Child protection investigations for exposure to IPV: A comparison study of 2008 and 2013*. In **B. Fallon** (Chair), *The state of exposure to intimate partner violence (IPV) and custody dispute cases in child protection services: 20 years of data*. Symposium presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

King, B., Collin-Vézina, D., **Fallon, B.,** & Joh-Carnella, N. (July 2016). *Clinical differences and outcomes of sexual abuse investigations by gender: Implications for policy and practice*. Paper presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Saini, M., Deljavan, S., Black, T., & **Fallon, B.** (June 2016). *Intersection of child custody disputes and exposure to intimate partner violence.* Poster presented at the Association of Family and Conciliation Courts 53rd Annual Conference, *Modern Families: New Challenges, New Solutions.* Seattle, Washington, United States.

Allan, K., **Fallon, B**., Maguire, J., Dubé, E., Crowcroft, N., Desai, S., ... Tran, D. (May 2016). *Physician response to vaccine hesitancy in paediatric care.* Presented at the Canadian Immunization Research Network (CIRN) Annual General Meeting. Toronto, Ontario, Canada.

Lefebvre, R., Van Wert, M., & **Fallon, B.** (January 2016). *Untangling maltreatment and poverty: Lessons from the Ontario incidence study of child abuse and neglect-2013*. Paper presented at the 20th Annual Conference of the Society for Social Work and Research (SSWR). Washington, D.C., United States.

Baiden, P., den Dunnen, W., & **Fallon, B**. (January 2016). *Understanding the effect of social support on access to mental health care among adult Canadians: Findings from a population-based study.* Paper presented at the 2016 Annual Conference of the Society for Social Work Research (SSWR), Washington, D.C., United States.

Tarshis, S., Nikolova, K., Baird, S., Black, T., & **Fallon, B**. (January 2016). *Child protection investigations for exposure to IPV: A comparison study of 2008 and 2013*. In **B. Fallon** (Chair), *The state of exposure to intimate partner violence (ipv) and custody dispute cases in child protection services: 20 Years of Data*. Paper presented at the 20th Annual Conference of the Society for Social Work and Research (SSWR). Washington, D.C., United States.

Black, T., Saini, M., Deljavan, S., & **Fallon, B.** (January 2016). *The intersection of child custody disputes and intimate partner violence*. In **B. Fallon** (Chair), *The state of exposure to intimate partner violence (ipv) and custody dispute cases in child protection Services: 20 Years of Data*. Paper presented at the 20th Annual Conference of the Society for Social Work and Research (SSWR). Washington, D.C., United States.

Fallon, B., Nikolova, K., Tarshis, S., Black, T., & Baird, S. (January 2016). *A 20 year review: Understanding the exponential increases in child protection investigations for exposure to IPV.* In **B. Fallon** (Chair), *The state of exposure to intimate partner violence (ipv) and custody dispute cases in child protection services: 20 years of data*. Paper presented at the 20th Annual Conference of the Society for Social Work and Research (SSWR). Washington, D.C., United sTATES.

Fluke, J., Wulczyn, F., Benbenishty, R., **Fallon, B**., Putnam-Hornstein, E., & Shlonsky, A. (January 2016). *Context for decision making in child welfare: Status and directions for research.* Roundtable presented at the 20th Annual Conference of the Society for Social Work and Research (SSWR). Washington, D.C., United States.

Allan, K., Van Wert, M., & **Fallon, B.** (January 2016). *A profile of medical neglect investigations in Ontario.* Presented at the 20th Annual Conference of the Society for Social Work and Research (SSWR). Washington, D.C., United States.

Fallon, B., Black, T., King, B., Moody, B., & Rastenien, J. (November 2015). *Understanding our children and families through administrative data: Building analytic capacity.* Ontario Association of Children's Aid Societies Child Welfare Data Forum. Toronto, ON, Canada.

Baird, S., Nikolova, K., Tarshis, S., Black, T., & **Fallon, B**. (October 2015). *The impact of education on child welfare investigations of intimate partner violence.* Paper presented at the Council on Social Work Education 2015 Annual Program Meeting (APM). Denver, Colorado, United States.

Tarshis, S., Baird, S., Nikolova, K., **Fallon, B**., & Black, T. (June 2015). *Examining the child welfare response to different forms of exposure to intimate partner violence*. Paper presented at the 2015 CASWE-ACFTS Conference. Ottawa, Ontario, Canada.

Baiden, P., Ramjattan, R., & **Fallon, B**. (June 2015). *Examining the association between suicidal behaviours and referral for psychiatric services: Findings from the 2008 Ontario Incidence Study of Reported Child Abuse and Neglect.* Paper presented at the 2015 Annual Conference of the Canadian Association for Social Work Education. Ottawa, Ontario, Canada.

Baiden, P., & **Fallon, B**. (March 2015). *Examining the relationship between out-of-home placement and attachment-related problems among maltreated children in Ontario*. Paper presented at the 2015 Biennial Meeting of the Society for Research in Child Development. Philadelphia, Pennsylvania, United States.

Nikolova, K., Baird, S., Tarshis, S., **Fallon, B**., & Black, T. (January 2015). *Children's exposure to intimate partner violence: The response from child protective services.* Paper presented at the 19th Annual Conference of the Society for Social Work and Research. New Orleans, Louisiana, United States.

Baiden, P., & **Fallon, B**. (January 2015). *Examining the association between early childhood adversities and psychological distress among workers aged 20 to 75 years old in Ontario: Findings from the 2012 Canadian Community Health Survey – Mental Health*. Paper presented at the 19th Annual Conference of the Society for Social Work and Research (SSWR). New Orleans, Louisiana, United States.

Fluke, J., Benbenishty, R., & **Fallon, B**. (September 2014). *Decision making in child protection: Making sense of risk and uncertainty.* Paper presented at the XX ISPCAN International Congress on Child Abuse and Neglect. Nagoya, Japan.

Fluke, J., Benbenishty, R., & **Fallon, B**. (September 2014). *Decision making in child protection: Making sense of risk and uncertainty – Organizational factors in the decision making ecology.* Paper presented at the XX ISPCAN International Congress on Child Abuse and Neglect. Nagoya, Japan.

Baiden, P., **Fallon, B**., Black, T., Van Wert, M., & den Dunnen, W. (July 2014). *Examining factors associated with police involvement in child maltreatment investigation in Ontario, Canada.* Paper presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Fallon, B., Black, T., Nikolova, K., Tarshis, S., & Baird, S. (July 2014). *Child welfare investigations involving exposure to intimate partner violence: Case and worker characteristics*. Paper presented at the annual International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Collin-Vézina, D., Fast, E., Hélie, S., Cyr, M., Pelletier, S., & **Fallon, B.** (July 2014). *Sibling and nonsibling sexual abuse cases under child protection investigation: Characteristics and service decisions.* Paper presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Trocmé, N., Durrant, J., & **Fallon, B.** (July 2014). *Is corporal punishment a child welfare or a public health concern? Canada's confused response to corporal punishment and physical abuse.*

Paper presented at the annual International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Baiden, P., **Fallon, B**., & den Dunnen, W. (July 2014). *Early exposure to intimate partner violence and children's aggression: Findings from the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008).* Paper presented at the 75th Annual Convention of the Canadian Psychological Association. Vancouver, British Columbia, Canada.

Fallon, B., & Trocmé, N. (September 2013). *What influences the decision to provide ongoing child welfare services?* Paper presented at the 13th ISPCAN European Regional Conference on Child Abuse and Neglect. Dublin, Ireland.

Fallon, B., & Trocmé, N. (September 2013). *What influences the decision to provide ongoing child welfare services?* Paper presented at the Decision-making on Child Care Symposium: From A to Z in Decision-making in Child Care. Groningen, Netherlands.

Sinha, V., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (January 2013). *Understanding the over-representation of First Nations children: A comparison of investigations conducted by aboriginal and provincial/territorial child welfare agencies*. Paper presented at the Society for Social Work and Research Conference. San Diego, California, United States.

Sinha, V., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (January 2013). *Ethno-racial disproportionality in child welfare: Lessons from analysis of Canadian data.* Paper presented at the Society for Social Work and Research Conference, San Diego, California, United States.

Fallon, B., & Trocmé, N. (September 2012). *Decision making ecology: Placement decision analysis with the Canadian incidence study of reported child abuse and neglect (CIS).* Symposium presented at the 12th European Scientific Association on Residential & Foster Care for Children and Adolescents Conference. Glasgow, Scotland.

Van Wert, M., Ma, J., Lefebvre, R., & **Fallon, B.** (September 2012). *Delinquency related behaviours among youth investigated by the Canadian child welfare system.* Paper presented at the 20th ISPCAN International Congress on Child Abuse and Neglect. Istanbul, Turkey.

Ma, J., Van Wert, M., Lefebvre, R., & **Fallon, B.** (September 2012). *Primary caregiver language in Canadian child welfare investigations*. Paper presented at the 20th ISPCAN International Congress on Child Abuse and Neglect. Istanbul, Turkey.

Van Wert, M., Ma, J., Lefebvre, R., & **Fallon, B.** (September 2012). *Ethno-racial and language status of caregivers to young people with and without delinquency related behaviours*. Paper presented at the 20th ISPCAN International Congress on Child Abuse and Neglect. Istanbul, Turkey.

Fallon, B., Trocmé, N., MacLaurin, B., & Sinha, V. (July 2012). *Understanding increasing reports of maltreatment in Canada.* Paper presented at the American Professional Society on the Abuse of Children Colloquium. Chicago, Illinois, United States.

MacLaurin, B., **Fallon, B.**, Trocmé, N., & Sinha, V. (July 2012). *The association between ethnicity and child maltreatment: Explaining factors.* Symposium presented at the International Society for the Study of Behavioural Development. Edmonton, Alberta, Canada.

Fast, E., Ma, J., Trocmé, N., Chabot, M., **Fallon, B.**, & MacLaurin, B. (July 2012). *Examining the role of age in the response of Child welfare systems.* Paper presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Collin-Vézina, D., Trocmé, N., **Fallon, B.,** & Hélie, S. (July 2012). *Does the use of more conservative standards help explain the decline in rates of substantiated child sexual abuse in*

Canada? Paper presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Baumann, D., Fluke, J., **Fallon, B.**, & Jud, A. (August 2011). *Application of the decision-making ecology.* Workshop delivered at the 2011 National Child Welfare Evaluation Summit. Washington, D.C., United States.

Sinha, V., Trocmé, N., Fast, E., **Fallon, B.**, & MacLaurin, B. (January 2011). *First Nations children in the Canadian child welfare system: Findings from the Canadian incidence study of reported child abuse and neglect (CIS-2008).* Paper presented at the Society for Social Work and Research (SSWR) Annual Conference. Tampa, Florida, United States.

Trocmé, N., **Fallon, B**., MacLaurin, B., Sinha, V., Turcotte, D., & Helie, S. (October 2010). *The Canadian incidence study of reported child abuse and neglect – 2008 Major findings*. Paper presented at the Congrès ACJQ / 9e Conférence internationale S'occuper des enfants. Montréal, Quebec, Canada.

Van Wert, M., & **Fallon, B.** (September 2010). *Child welfare service provision for youth involved in the justice system in Canada: Examining out-of-home placement.* Poster presented at the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Hawaii, United States.

Fallon, B., & Trocmé, N. (September 2010). *Canadian incidence study of reported child abuse and neglect.* Paper presented at the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Hawaii, United States.

Fallon, B., Trocmé, N., MacLaurin, B., & Sinha, V. (September 2010). *CIS-2008: Investigations of maltreatment versus risk of maltreatment.* Paper presented at the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Hawaii, United States.

Rha, W., Lee, B., & **Fallon, B.** (September 2010). *Asian families in the 2003 Canadian incidence study of reported child abuse and neglect*. Paper presented at the International Society for the Prevention of Child Abuse and Neglect (ISPCAN), Hawaii, United States.

Rha, W., Lee, B., & **Fallon, B.** (June 2010). *Physical abuse and Asian families in the Canadian child welfare system.* Paper presented at the Canadian Association for Social Work Education (CASWE) conference. Montreal, Quebec, Canada.

DuRoss, C., Fancher, D. & **Fallon, B.** (June 2010). *Child maltreatment recurrence in Canada: An exploratory look at repeat involvement with child welfare services*. Paper presented at the Canadian Association for Social Work Education (CASWE) Conference. Montreal, Quebec, Canada.

Rha, W., Lee, B., & **Fallon, B.** (June 2010). *Asian families in the 2003 Canadian incidence study of reported child abuse and neglect.* Paper presented at the Ontario Association of Children's Aid Societies Child Welfare Conference, Putting Children First, Making a Difference. Toronto, Ontario, Canada.

Fast, E., Sinha, V., Trocmé, N., **Fallon, B**., & MacLaurin, B. (2010). *The First Nations component of the Canadian incidence study of reported child abuse and neglect: A capacity building approach to national level First Nations research.* Paper presented at the Annual Conference of the Canadian Association for Social Work Education. Montreal, Quebec, Canada.

Chamberland, C., **Fallon, B.**, Black, T., Trocmé, N., & Chabot, M. (March 2008). *Emotional maltreatment in young Canadians: Results of the second incidence study of reported child abuse and neglect.* Xth Biennial International EUSARF Conference. Padua, Italy.

Collin-Vézina, D., Trocmé, N., Chabot, M., & **Fallon, B.** (July 2008). E*xplanations for the decline of investigated sexual abuse cases in Canada.* Victimization of Children and Youth, An International Conference. Portsmouth, New Hampshire, United States.

Chamberland, C., **Fallon, B.**, Black, T., Trocmé, N., & Chabot, M. (October 2007*). Les mauvais traitements psychologiques : Un problème invisible qui laisse des traces tangibles.* Colloque francophone de psychologie et psychopathologie de l'enfant, 30 ans de clinique de recherches et de pratiques. Paris, France.

Black, T., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (May 2007). *Response of the Canadian child welfare system to cases of exposure to domestic violence: Analysis of the Canadian incidence study of reported child abuse & neglect.* Paper presented at the 3rd International Conference for Children Exposed to Domestic Violence. London, Ontario, Canada.

Trocmé, N., Ungat, A. M., MacLaurin, B., **Fallon, B.**, Tonmyr, L., & Turcotte, D. (March 2007). *Canadian incidence study of reported child abuse and neglect.* Paper presented at the 2nd Annual Public Health Agency of Canada Research Forum. Winnipeg, Manitoba, Canada.

Black, T., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (January 2007). *Response of the Canadian child welfare system to cases of exposure to domestic violence: Analysis of the Canadian incidence study of reported child abuse & neglect.* Paper presented at the Society for Social Work Research (SSWR) Conference. San Francisco, California, United States.

Fallon, B., Trocmé, N., & MacLaurin, B. (January 2007). *The Canadian incidence study of reported child abuse and neglect: The methodological challenges of child maltreatment surveillance.* ChildONEurope Conference. Florence, Italy.

Black, T., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (October 2006). *L'intervention en protection de la jeunesse dans les situations d'exposition a la violence conjugale*. Paper presented at the Résovi International Conference, Violence Against Women, Diversifying Social Responses. Montreal, Quebec, Canada.

Trocmé, N., **Fallon, B.**, MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (October 2006). *Select comparisons from two cycles of a national incidence study of reported child abuse and neglect: Understanding increases in Canadian reports to child welfare services.* Paper presented at the 8th International Child and Youth Care Conference and the Congres Conjoint Familiales, Enfance Jeunesse due Quebec. Montreal, Quebec, Canada.

Black, T., Trocmé, N., **Fallon, B.,** & MacLaurin, B. (October 2006). *Response of the Canadian child welfare system to cases of exposure to domestic violence: Analysis of the Canadian Incidence Study of Reported Child Abuse & Neglect.* Poster session presented at the Journées annuelles de santé publique (JASP) conference. Montreal, Quebec, Canada.

Black, T., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (September 2006). *Response of the Canadian child welfare system to cases of exposure to domestic violence: Analysis of the Canadian incidence study of reported child abuse & neglect.* Paper presented at the XVIth ISPCAN International Congress on Child Abuse and Neglect, Children in a Changing World, Getting It Right. York, United Kingdom.

Fallon, B., & Trocmé, N. (September 2006). *Factors driving case decisions in child welfare services: Challenging conventional wisdom about organizations and workers (Doctoral dissertation, University of Toronto, 2005).* Doctoral dissertation presented at the XVIth ISPCAN International Congress on Child Abuse and Neglect, Children in a Changing World, Getting It Right. York, United Kingdom.

Trocmé, N., **Fallon, B.**, MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (September 2006). *Select comparisons from two cycles of the Canadian incidence study of reported child abuse and neglect (CIS): Understanding increases in Canadian reports to child welfare services*. Report presented at the XVIth ISPCAN International Congress on Child Abuse and Neglect, Children in a Changing World, Getting It Right. York, United Kingdom.

Black, T., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (July 2006). *Response of the Canadian child welfare system to cases of exposure to domestic violence: Analysis of the Canadian incidence study of reported child abuse & neglect.* Paper presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Durrant, J., Trocmé, N., **Fallon, B.**, Milne, C., Black, T., & Knoke, D. (July 2006). *Punitive violence against children in Canada.* Paper presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Fallon, B., & Trocmé, N. (July 2006). *Factors driving case decisions in child welfare services: Challenging conventional wisdom about organizations and workers (Doctoral dissertation, University of Toronto, 2005)*. Doctoral dissertation presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Trocmé, N., Knoke, D., **Fallon, B.**, & MacLaurin, B. (July 2006). *Understanding the case substantiation decision.* Paper presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Trocmé, N., **Fallon, B.**, MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (July 2006). *Select comparisons from two cycles of the Canadian incidence study of reported child abuse and neglect (CIS): Understanding increases in Canadian reports to child welfare services*. Paper presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.

Trocmé, N., **Fallon, B.**, MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (June 2006). *Select comparisons from two cycles of the Canadian incidence study of reported child abuse and neglect (CIS): Understanding increases in Canadian reports to child welfare services*. Paper presented at the 2006 National Social Work Conference, Transformation - Charting Our Course. Halifax, Nova Scotia, Canada.

Black, T., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (June 2006). *Response of the Canadian child welfare system to cases of exposure to domestic violence: Analysis of the Canadian incidence study of reported child abuse & neglect*. Paper presented at the 2006 National Social Work Conference, Transformation - Charting Our Course. Halifax, Nova Scotia, Canada.

Black, T., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (June 2006). *Response of the Canadian child welfare system to cases of exposure to domestic violence: Analysis of the Canadian incidence study of reported child abuse & neglect.* Poster session presented at the Suspected Child Abuse and Neglect Program's at the Hospital for Sick Children, Current Issues in Child Maltreatment Conference. Toronto, Ontario, Canada.

Durrant, J., Trocmé, N., **Fallon, B.**, Milne, C., Black, T., & Knoke, D. (June 2006). *Punitive violence against children in Canada.* Poster session presented at the Suspected Child Abuse and Neglect Program's at the Hospital for Sick Children, Current Issues in Child Maltreatment Conference. Toronto, Ontario, Canada.

Gerbert, M., Tonmyr, L., Ugnat, A., McCourt, C., **Fallon, B.**, MacLaurin, B., & Trocmé, N. (June 2006). *Canadian incidence study of reported child abuse and neglect: New data implications*. Canadian Paediatric Society 83rd Annual Conference. St. John's, Newfoundland and Labrador, Canada.

Trocmé, N., Knoke, D., **Fallon, B.**, & MacLaurin, B. (June 2006). *Understanding the case substantiation decision.* Poster session presented at the Suspected Child Abuse and Neglect Program's at the Hospital for Sick Children, Current Issues in Child Maltreatment Conference. Toronto, Ontario, Canada.

Trocmé, N., **Fallon, B.**, MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (June 2006). *Select comparisons from two cycles of the Canadian incidence study of reported child abuse and neglect (CIS): Understanding increases in Canadian reports to child welfare services.* Report presented at the 2006 National Social Work Conference, Transformation - Charting Our Course. Halifax, Nova Scotia, Canada.

Trocmé, N., **Fallon, B.**, MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (June 2006). *Select comparisons from two cycles of the Canadian incidence study of reported child abuse and neglect (CIS): Understanding increases in Canadian reports to child welfare services.* Report presented at the Suspected Child Abuse and Neglect Program's at the Hospital for Sick Children, Current Issues in Child Maltreatment Conference. Toronto, Ontario, Canada.

Trocmé, N., **Fallon, B.**, MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (May 2006). *Select comparisons from two cycles of the Canadian incidence study of reported child abuse and neglect (CIS): Understanding increases in Canadian reports to child welfare services.* Report presented at the Foster Care Operators Association of Ontario (FCOAO) Conference. Toronto, Ontario, Canada.

Trocmé, N., Black, T., **Fallon, B.**, MacLaurin, B., Daciuk, J., Felstiner, C., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (January 2006). *The Canadian incidence study of reported child abuse and neglect – 2003 Major Findings.* Paper presented at the 20th International Conference on Child and Family Maltreatment. San Diego, California, United States.

Tonmyr, L., **Fallon, B.**, MacLaurin, B., & Black, T. (2005). *Surveillance and research through child welfare agencies: Lessons from the Canadian incidence study of reported child abuse and neglect.* 9th International Family Violence Research Conference. Portsmouth, New Hampshire, United States.

Fallon, B., MacLaurin, B., & Trocmé, N. (September 2004). *Factors associated with the decision for ongoing child welfare services and placement in out-of-home care*. ISPCAN 15th International Congress on Child Abuse and Neglect. Brisbane, Australia.

Fallon, B., MacLaurin, B., & Trocmé, N. (September 2004). *Influence of organizational characteristics on decisions to provide services in cases of investigated maltreatment*. ISPCAN 15th International Congress on Child Abuse and Neglect. Brisbane, Australia.

Trocmé, N., **Fallon, B.**, MacLaurin, B., Tonmyr, L., & De Marco, R. (September 2004). *Preliminary findings from the 2003 Canadian incidence study of reported child maltreatment: Interpreting changes between the 1998 and 2003 cycles*. ISPCAN 15th International Congress on Child Abuse and Neglect. Brisbane, Australia.

Trocmé, N., Knoke, D., Blackstock, C., & **Fallon, B.** (July 2004). *Pathways to overrepresentation: Child welfare service response to Aboriginal children in Canada.* Victimization of Children and Youth, An International Conference. Portsmouth, New Hampshire, United States.

Fallon, B. (2001). *Factors associated with on-going service delivery*. Research Forum on Incidence Studies of Reported Child Abuse and Neglect.Val David, Quebec.

Trocmé, N., & **Fallon, B.** (July 2001). *Canadian incidence study of reported child abuse and neglect: Factors associated with ongoing service delivery*. Paper presented at the 7th International Family Violence Conference. Portsmouth, New Hampshire, United States.

Trocmé, N., Phaneuf, G., Scarth, S., MacLaurin, B., & **Fallon, B.** (October 2000). *The Canadian incidence study of reported child abuse & neglect: Major findings*. Child Welfare in Canada in the Year 2000, Child Welfare League of Canada. Cornwall, Ontario, Canada.

Trocmé, N. MacLaurin, B., & **Fallon, B.** (June 2000). *Canadian incidence study of reported child abuse and neglect: Methodology*. Victimization of Children and Youth, An International Research Conference at the Family Violence Research Laboratory. Portsmouth, New Hampshire, United States.

Fallon, B., & Trocmé, N. (October 2000). *The impact of professional and organizational factors on decision-making in child welfare: An empirical study child welfare in Canada in the year 2000.* Child Welfare League of Canada. Cornwall, Ontario, Canada.

Trocmé, N., & **Fallon, B.** (June 1999). *Canadian incidence study of reported child abuse and neglect.* The American Professional Society on the Abuse of Children (APSAC) Conference. San Antonio, Texas, United States.

Theriault, E., MacLaurin, B., Berland, J., Trocmé, N., & **Fallon, B.** (March 1999). *A Canadian child welfare research agenda.* Seventh Annual Roundtable on Outcome Measures in Child Welfare Services, American Humane Association. San Antonio, Texas, United States.

Additional Presentations (28)

Underlined names indicate a trainee of Dr. Fallon

Esposito, T., **Fallon, B.,** & Trocmé, N., Caldwell, J., Saint-Girons, M., & Précourt, S. (March 2023). *Kids count: 2nd national child welfare data exchange conference considerations & opportunities: the Canadian child welfare information system.*

Fallon, B. (February 2021). *Overrepresentation of black children in the child welfare system.* Ontario Association of Children's Aid Societies.

Saint-Girons, M., Joh-Carnella, N., & **Fallon, B.** (March 2021). *Equity concerns in the context of COVID-19: A look at First Nations, Inuit, and Métis communities in Canada.* Practice and Research Together Webinar.

Clarke, S., **Fallon, B.,** Milne, C., & Tempesta, C. (March 2021). *The role of evidence-based social science research in decision-making.* Ontario Bar Association.

Fallon, B. (February 2021). *COVID-19 practice checklist.* Ontario Association of Children's Aid Societies Executive Leadership Section (ELS) Meeting.

Fallon, B. (October 2020). *When conflict arises between the family and health care team.* Critical Care Canada Forum 2020 Virtual Conference.

Fallon B., Houston, E., & Ganness, A. (June 2020). *Newcomer data in the Ontario incidence study of reported child abuse and neglect 2018.* Child Welfare Immigration Centre of Excellence (CWICE) National Virtual Child Welfare. Supporting Children, Youth & Families during COVID-19.

Eaton, A., Craig, S., Rourke, S., **Fallon, B.,** McCullagh, J., & Walmsley S. (April 2020). *Pilot randomized controlled trial to determine the feasibility and acceptability of group therapy for people aging with HIV facing cognitive challenges.* Canadian Association for HIV Research (CAHR). (Virtual).

Fallon, B. (April 2020). *Child welfare and pandemics literature scan.* The Kempe COVID-19 Virtual Village.

Fallon, B., & Collin-Vézina, D. (April 2020). *Child welfare and pandemics: What we know and what we can do.* International Society for the Prevention of Child Abuse and Neglect.

Fallon, B. (March 2020). *Ontario incidence study of reported child abuse and neglect 2018.* Practice and Research Together Webinar.

Fallon, B. (December 2018). *Opportunities for prevention and intervention in child maltreatment investigations in Ontario*. Highland Shores CAS. Belleville, Ontario, Canada.

Schwan, K., **Fallon, B.**, Ratnam, C., & Huys, J. (January 2017). *Preventing youth homelessness across systems: Challenges and opportunities.* From Youth to Seniors: A Practitioners' Symposium on Homelessness. Toronto, Ontario, Canada.

Fallon, B., Black. T., & Harlick, M. (January 2017). *Substantiation.* Child Welfare Requirements Working Group, Ontario Association of Children's Aid Societies. Toronto, Ontario, Canada.

Fallon, B. (January 2017). *The importance of communication in critical care*. Patient and Family Experience Meeting, St. Michael's Hospital. Toronto, Ontario, Canada.

Fallon, B. (October 2016). *Disparity in child welfare services: Data as part of the solution*. Presentation at Six Nations Elected Council. Ohsweken, Ontario, Canada.

Allan, K., Ma, J., & **Fallon, B.** (April 2013). *Opportunities for prevention and intervention in child maltreatment investigations involving infants in Ontario.* Paper presented at the Institute on Infant Mental Health at the Hospital for Sick Children, Expanding Horizons for the Early Years Conference. Toronto, Ontario, Canada.

Fallon, B. (October 2012). *Increasing research capacity in Ontario child welfare agencies*. Ontario Association of Children's Aid Societies Webinar.

Fallon, B. (April 2012). *Ontario incidence study of reported child abuse and neglect 2008.* Practice and Research Together Webinar.

Fallon, B., Black, T., Milne, C., Van Wert, M., Rha, W., & Lee, B. (October 2009). *Canadian incidence study of reported child abuse and neglect: Moving research into policy*. Research and Practice: Joining Forces to Improve Lives. University of Toronto. Toronto, Ontario, Canada.

Trocmé, N., MacLaurin, B., **Fallon, B.**, Knoke, D., Pitman, L., & McCormack, M. (2007). *The overrepresentation of First Nations children in child welfare*. Paper presented at the Jewish General Hospital's Culture and Mental Health Research Unit. Montreal, Quebec, Canada.

Fallon, B., & Trocmé, N. (November 2007). *Factors driving case decisions in child welfare services: Challenging conventional wisdom about organizations and workers*. Dissertation presented at the Centre for Research on Children and Families, Research Seminar Series, McGill University. Montreal, Quebec.

Black, T., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (May 2007). *Response of the Canadian child welfare system to cases of exposure to domestic violence: Analysis of the Canadian incidence study of reported child abuse & neglect.* Paper presented at the 3rd International Conference for Children Exposed to Domestic Violence. London, ON.

Black, T., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (October 2007). *Canadian child welfare system response to exposure to domestic violence*. Presented at the Centre for Research on Children and Families Research Seminar Series, McGill University. Montreal, Quebec, Canada.

Black, T., Trocmé, N., **Fallon, B.**, & MacLaurin, B. (June 2006). *Response of the Canadian child welfare system to cases of exposure to domestic violence: Analysis of the Canadian incidence study of reported child abuse & neglect*. Paper presented at the Ontario Association of Children's Aid Societies & Canadian Mental Health Organization's Joint Conference, Working Together for Ontario's Children and Families. Toronto, Ontario, Canada.

Fallon, B., Trocmé, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., & Felstiner, C. (June 2006). *Ontario incidence study of reported child abuse and neglect (OIS): Major findings*. Report presented at the Ontario Association of Children's Aid Societies (OACAS) & Canadian Mental Health Organization's (CMHO) Joint Conference, Working Together for Ontario's Children and Families. Toronto, Ontario, Canada.

Fallon, B., & Trocmé, N. (November 2005). *Ois ontario incidence study of reported child abuse and neglect: 1993/1998/2003*. Ontario Association of Children's Aid Societies. Toronto, Ontario, Canada.

Fallon, B. (March 1998). *Major findings: Review of child welfare outcomes literature*. First Canadian Roundtable on Client Outcomes in Child Welfare, Human Resources Development Canada. Toronto, Ontario, Canada.

Graduate Supervision

PhD Supervision

2025	Interrupting Anti-Black Racism: Taking a Closer Look at Physical Abuse Allegations for Black Families Navigating Ontario's Child Welfare System Factor-Inwentash Faculty of Social Work, University of Toronto Travonne Edwards Currently an Assistant Professor in the School of Child and Youth Care at Toronto Metropolitan University
2020	Disproportionality and Disparity of Black Children in the Child Welfare System of Ontario Factor-Inwentash Faculty of Social Work, University of Toronto Kofi Antwi-Boasiako Currently an Assistant Professor at King's University College at Western University in the School of Social Work
2017	The Risk of Risk: An Exploration in the Impact of 'Risk' on Child Welfare Decision-making Lyle S. Hallman Faculty of Social Work, Wilfrid Laurier University
(Co-Supervisor)	Jill Stoddart Currently the Executive Director at Family & Children's Services Foundation
2017	Non-Suicidal Self-Injury and Suicidal Behaviours Among Children and Adolescents: The Role of Adverse Childhood Experiences and Bullying Victimization Factor-Inwentash Faculty of Social Work, University of Toronto

Philip Baiden
Currently an Associate Professor at The University of Texas at Arlington

2016 Infants and the Child Welfare System: An Exploration of Practice and Policy Responses in Ontario
Factor-Inwentash Faculty of Social Work, University of Toronto
(Co-Supervisor) Joanne Filippelli (Committee Member)
Currently a Senior Policy Analyst for the provincial government

2016 Intimate Partner Violence and Gender Inequality: A Multilevel Analysis
Factor-Inwentash Faculty of Social Work, University of Toronto
Kristina Nikolova
Currently an Assistant Professor at the University of Windsor, School of Social Work

2016 Coming Full Circle the Lifelong Journey of Becoming: An Exploration of Resiliency Processes and outcomes for Aboriginal Crown Wards of the Ontario Child Welfare System
Factor-Inwentash Faculty of Social Work, University of Toronto
Ashley Quinn
Currently an Assistant Professor at the University of Toronto, Factor-Inwentash Faculty of Social Work

2024 Examining the relationship between poverty, child maltreatment, and child welfare service delivery: Moving towards a poverty-informed child welfare practice
Factor-Inwentash Faculty of Social Work, University of Toronto
Rachael Lefebvre
Currently a Post-Doctoral Fellow at McGill University

2024 The Emerging Need for Population Level Analyses in Social Work: Examples from Canadian Child Protection Systems
Factor-Inwentash Faculty of Social Work, University of Toronto
Emmaline Houston

In progress Decision-making in Child Welfare: A Mixed Methods Study Exploring Child Welfare Workers' Investigative Decision-making
Factor-Inwentash Faculty of Social Work, University of Toronto
Olive Lyons

In progress Factor-Inwentash Faculty of Social Work, University of Toronto
Leyco Wilson

In progress Factor-Inwentash Faculty of Social Work, University of Toronto
Rasnat Chowdhury

PhD Thesis Committee Member

2022 Cultural Socialization Among Chinese Parents in Canada and the United States: Role of Racism, Co-ethnic Social Capital, and Regional-level Characteristics
Factor-Inwentash Faculty of Social Work, University of Toronto
Vivian Leung
Currently a Research Associate at a School Board

2021 Selecting Interventions, Engaging Community, and Implementing a Pilot Randomized, Controlled Trial of Group Therapy for People with Aging HIV-Associated Neurocognitive Disorder (HAND)
Factor-Inwentash Faculty of Social Work, University of Toronto
Andrew Eaton (Committee Member)
Currently an Assistant Professor at the University of Regina's Faculty of Social Work

2021 Addressing Vaccine Hesitancy in Canada: Paediatricians' Perspectives and Social Work Opportunities
Factor-Inwentash Faculty of Social Work, University of Toronto
Kate Allan (Committee Member)
Currently a Senior Program Consultant with the provincial government

2020 Understanding the Ecological Influences on Black Father Engagement and Child Welfare Services
Factor-Inwentash Faculty of Social Work, University of Toronto
Roxanne Ramjattan (Committee Member)
Currently a Professor at Seneca College

2020 Experiences of Students Who Have Been Suspended or Expelled from School
Factor-Inwentash Faculty of Social Work, University of Toronto
Jane Sanders (Committee Member)
Currently an Assistant Professor at King's University College in the School of Social Work

2020 Evaluating the Feasibility of a Clinical Supervision Model for Evidence-supported Interventions for Children with Severe Disruptive Behaviour
Factor-Inwentash Faculty of Social Work, University of Toronto
Karen Sewell (Committee Member)
Currently an Assistant Professor at Carleton University in the School of Social Work

2019 Exploring the Role of the School in the Development and Course of Problem Behaviour in Adolescence
Ontario Institute for Studies in Education (OISE), University of Toronto
Jake Keithley (Committee Member)

2019 The Overrepresentation of First Nations Child and Families Involved with Child Welfare
Factor-Inwentash Faculty of Social Work, University of Toronto
Jennifer Ma (Committee Member)
Currently an Assistant Professor at McMaster University in the School of Social Work

2018 Challenging Assumptions: Using Research to Evaluate Child Welfare Worker Qualifications
Factor-Inwentash Faculty of Social Work, University of Toronto
Kristen Lwin (Committee Member)
Currently an Assistant Professor at Windsor University in the School of Social Work

2017 Organizational Structure and Child Welfare Decisions: The Influence of Role Specialization and Service Integration

Factor-Inwentash Faculty of Social Work, University of Toronto
Carrie Smith (Committee Member)
Currently an Associate Professor at King's University College in the School of Social Work

2017 Living with Uncertainty: Psychological Needs of Children Coping with Parent Cancer
Factor-Inwentash Faculty of Social Work, University of Toronto
Gabrielle Pitt (Internal-External Reviewer)

2016 Examining Child Welfare Outcomes for Asian-Canadian Children and Families: A Mixed Method Study
Factor-Inwentash Faculty of Social Work, University of Toronto
Barbara Lee (Committee Member)
Currently an Assistant Professor at the University of British Columbia in the School of Social Work

2016 Economic Integration or Segregation? Immigrant Women's Labor Market Entrance and Their Support Service Utilization in South Korea
Factor-Inwentash Faculty of Social Work, University of Toronto
Kyung-Eun Yang (Committee Member)
Currently an Assistant Professor at Sungkonghoe University, Seoul, South Korea

2015 When Least Expected: Stories of Love, Commitment, Loss and Survival The Experience and Coping Strategies of Spouses of People with an Early-Onset Dementia
Factor-Inwentash Faculty of Social Work, University of Toronto
Adriana Schnall (Internal-External)
Currently a Manager and Professional Practice Chief for Social Work at Baycrest

2015 The Intersection of Child Maltreatment and Behaviour Problems: Implications for Child Welfare Service Providers
Factor-Inwentash Faculty of Social Work, University of Toronto
Melissa Van Wert (Committee Member)
Currently a Postdoctoral Fellow at McGill University, Centre for Research on Children and Families

2015 The Discursive Construction of Gendered Attributions of Blame for Child Sexual Abuse: A Feminist Critical Discourse Analysis of Maternal Failure to Protect in Child Welfare Policy and Practice
Factor-Inwentash Faculty of Social Work, University of Toronto
Corry Azzopardi (Committee Member)
Currently a Health Systems Research Scientist at the Suspected Child Abuse and Neglect Program at the Hospital for Sick Children

2012 Neighbourhood Socioeconomic Change and Childhood Injury in Toronto, Ontario
Factor-Inwentash Faculty of Social Work, University of Toronto
Tanya Morton (Internal-External Reviewer)

2012 An Exploration of the Relationship Between Poverty and Child Neglect in Canadian Child Welfare

Factor-Inwentash Faculty of Social Work, University of Toronto
Kate Schumaker (Committee Member)
Currently Director of Quality, Strategy & Planning at a Children's Aid Society

2011 Trauma, Resilience and Sexual Violence in the Context of Political Violence
Factor-Inwentash Faculty of Social Work, University of Toronto
Eliana Suarez (Committee Member)
Currently an Associate Professor at Wilfrid Laurier University, Lyle S Hallman Faculty of Social Work

2006 Treatment and Resilience in Child Sexual Abuse
Factor-Inwentash Faculty of Social Work, University of Toronto
Theresa Knott (Internal-External Reviewer)
Currently the Associate Vice President, Academic Experience at Fleming College

PhD Thesis External Examiner

2023 Faculty of Social Work, University of Calgary, Canada
Olivia Cullen

2023 Faculty of Behavioural and Social Sciences, University of Groningen, Netherlands
Floor Middel

2020 School of Social Work, University of Windsor, Canada
Gershon Osei

2019 Social Work and Social Policy Division of Education Arts and Social Sciences, Australian Centre for Child Protection and School of Psychology
Olivia Octoman

2019 Faculty of Arts, Psychology and Theology, Abo Akademi University, Finland
Wail Rehan

2016 Department of Psychology, York University, Canada
Julia Cinamon

2014 Factor-Inwentash Faculty of Social Work, University of Toronto
Holly McGinn

Post-Doctoral Supervision

2022-2023 Laura Best
Currently a medical student at the University of British Columbia

2022-2023 Kate Allan
Currently employed as a Senior Program Consultant with the provincial government

2020-2021 Joanne Filippelli
Currently employed as a Senior Policy Analyst with the provincial government

MSW Practicum Supervision

2021-2022 Adoption Council of Ontario
Miya Kagan-Cassidy

2021 Factor-Inwentash Faculty of Social Work, University of Toronto
Child Welfare Lab
Danielle Giokas

2021 Factor-Inwentash Faculty of Social Work, University of Toronto
Child Welfare Lab
Isayah Alman

2021 Factor-Inwentash Faculty of Social Work, University of Toronto
Catholic Children's Aid Society Foster Parent Survey
Miya Kagan-Cassidy

2018-2019 Factor-Inwentash Faculty of Social Work, University of Toronto
Justice for Children and Youth (JFCY)
Alanna Tevel

2018 Adoption Council of Toronto
Cora Goring

2017-2018 Cota, Community Living
Marva Martin

2017 Factor-Inwentash Faculty of Social Work, University of Toronto
Covenant House Toronto
Julia Finnie

2012 Factor-Inwentash Faculty of Social Work, University of Toronto
Canadian Incidence Study of Reported Child Abuse and Neglect
Rachael Lefebvre

2010-2011 Factor-Inwentash Faculty of Social Work, University of Toronto
Canadian Incidence Study of Reported Child Abuse and Neglect
Jennifer Ma

2008 Factor-Inwentash Faculty of Social Work, University of Toronto
Canadian Incidence Study of Reported Child Abuse and Neglect
Barbara Lee

2004-2005 Factor-Inwentash Faculty of Social Work, University of Toronto
Canadian Incidence Study of Reported Child Abuse and Neglect
Ferzana Chaze

2003-2004 Factor-Inwentash Faculty of Social Work, University of Toronto
Canadian Incidence Study of Reported Child Abuse and Neglect
Tara Black

2000-2001 Factor-Inwentash Faculty of Social Work, University of Toronto
Canadian Incidence Study of Reported Child Abuse and Neglect
Caroline Felstiner

1998-1999 Factor-Inwentash Faculty of Social Work, University of Toronto
Canadian Incidence Study of Reported Child Abuse and Neglect
Warren Helfrich

Other Supervision

2014-2015 Factor-Inwentash Faculty of Social Work, University of Toronto, in Partnership with Centre for Research on Children and Families, McGill University
Participatory Data Analysis Research Assistantships
Philip Baiden

2012-2014 Factor-Inwentash Faculty of Social Work, University of Toronto, in Partnership with Centre for Research on Children and Families, McGill University
Participatory Data Analysis Research Assistantships
Barbara Lee, Jennifer Ma, Melissa Van Wert

TEACHING

Courses Taught at the University of Toronto

2021 Welfare of Children
(University of Toronto, SWK4668H)

2020 Research for Evidence-Based Social Work Practice
(University of Toronto, SWK4510H)

2020 Welfare of Children
(University of Toronto, SWK4668H)

2019 Welfare of Children
(University of Toronto, SWK4668H)

2019 Research for Evidence-Based Social Work Practice
(University of Toronto, SWK4510H)

2019 Research Pro-seminar in Human Development and Applied Psychology (Guest Lecturer) (University of Toronto, APD3200)

2018 Welfare of Children (University of Toronto, SWK4668H)

2017- 2018 Research for Evidence-Based Social Work Practice
(University of Toronto, SWK4510H)

2016 Quantitative Design and Implementing Quantitative Social Work Research
(University of Toronto, SWK6308H)

2014-2016 Welfare of Children
(University of Toronto, SWK4668H)

2014-2015 PhD First Year Colloquium
(Factor-Inwentash Faculty of Social Work, University of Toronto)

2009-2014 Quantitative Design and Implementing Quantitative Social Work Research
(University of Toronto, SWK6308H)

2007-2009 Research for Evidence-Based Social Work Practice
(University of Toronto, SWK 4510H)

2003 Field of Integrative Practice: Child Welfare Section
(University of Waterloo)

2002-2007 Welfare of Children: Policy & Clinical Knowledge for Practice
(University of Toronto, SWK 4668H)

Courses Taught Internationally

2017- 2023 Challenges in Child Maltreatment Research (Faculty)

(Yearly, Kempe Interdisciplinary Summer Research Institute, United States)

Reading Courses Taught

2023	Disparities involving Black families (Krystal Griffiths)
2018	Analysis of Community Violence Interventions (Dalal Badawi)
2018	Emotional Maltreatment Literature Review (Olga Gorska)
2017	Young Parents in Care (Shalynn Musgrave)
2016	Child Maltreatment Theory (Kofi Antwi-Boasiako)
2016	Identifying Academic Difficulties in a Child Welfare Population: Practice and Policy Implications (Jane Sanders)
2015	Theoretical Foundations of Vaccine Hesitancy (Kate Allan)
2015	The Welfare of Children (Leslie McCallum)
2013	Capacity in Child Welfare Organizations (Brenda Moody)
2012	Hierarchical Linear Modeling (Kyung-Eun Yang)
2012	Organizational Theory (Kristen Lwin & Carrie Smith)
2012	Young Children involved in Child Welfare (Joanne Filippelli)
2012	Ethno-Racial Disproportionality in the Child Welfare System (Jennifer Ma)
2011	The History of Foster Care (Sarah Beatty)
2011	Organizational Behaviour in Child Welfare (Woyengi Goary)
2010	Theories of Child Maltreatment (Barbara Lee & Melissa Van Wert)
2010	Child Maltreatment Recurrence in Canada (Christine DuRoss & Danielle Fancher)
2009	Asian Families in the 2003 Canadian Incidence Study of Child Abuse and Neglect (Wendy Rha)
2008	The Response of the Child Welfare System to Neglect: 1993 and 2003 (Kate Schumaker)
2007	Hierarchical Model of the Decision to Place Children in Out-of-Home Care (Jonathan Schmidt)

SERVICE POSITIONS

Factor-Inwentash Faculty of Social Work

2022	Reviewer, Evaluation Report for Tenure, Dr. Rachelle Ashcroft
2022-2023	Reviewer Promotion to Full Professor: Rupaleem Bhuyan, Eunjung Lee, David Burnes
2022	Panel Member, Selection for New Research Manager
2021-Present	Coordinator, Children and Families Stream Working Group
2021-Present	Member, PhD Studies Committee
2021-Present	Reviewer, MSW Admissions Files
2021-Present	Member, PhD Admission Committee
2021-Present	Reviewer, Selection for New Strategic Research Officer
2021-2022	Reviewer, Selection for New Research Manager
2022	Reviewer, Evaluation Report for Tenure
2021	Member, Internal Awards Committee

2021	Member, Health and Safety Committee
2021	Reviewer, Selection for New Advancement Hire
2018-June 2019	Appointments Committee
2015-June 2019	Equity and Diversity Committee
2015-June 2019	Research Management Committee
2013-2015	Assessment Committee
2013- 2015	Principal Management Group Committee
2014- 2015	Factor-Inwentash Faculty of Social Work Representative for Trudeau Fellowship Committee
2014- Present	Member, Journal Watch
2012-June 2019	Internal Awards Committee
2011-June 2019	PhD Admissions Committee (Committee Chair as of 2014)

University of Toronto

2023	Reviewer, Promotion Review for Full Professor, Dalla Lana School of Public Health
2022	Reviewer, Promotion Review for Assistant to Associate Professor, Dalla Lana School of Public Health
2022-Present	Member, President's Impact Award and Impact Academy Selection Committee
2021-2022	Member, Community Engaged Research Working Group
2021-Present	Steering Committee Member, Feeding Kids, Nourishing Minds Research Study, Joannah and Brian Lawson Centre for Child Nutrition
2022	Reviewer, Promotion Report for Assistant to Associate Professor, Dalla Lana School of Public Health
2022	Reviewer, Promotion Report for Full Professor, Dalla Lana School of Public Health
2021-Present	University Representative, The Edwin S.H. Leong Chair in Child Health Intervention Selection Committee, University of Toronto & The Hospital for Sick Children
2021	Member, President's Impact Awards Selection Committee
2020	Member, Research & Innovation Impact Panel
2020	Member, Centre for Vaccine Preventable Diseases (CVPD), Dalla Lana School of Public Health
2020	Participant, Roundtable Discussion on University of Toronto Youth/Student Mental Health
2020-Present	Member, Centre for Child Development, Mental Health and Policy
2019-2020	Member, Connaught Global Challenge Award Review Panel
2019	Reviewer, Andrew Carnegie Fellowships
2018-Present	Director, Policy Bench, Fraser Mustard Institute for Human Development
2018-2020	Academic Advisory Board, Social- Emotional Development and Intervention
2018-2019	Reviewer, SSHRC Impact Awards Competition
2018	Reviewer, Canada Research Chair (CRC) University of Toronto Diversity Competition
2018	Member, Interview Panel for Partnership Development Officer focused on Social Sciences and Humanities, in Research Services

2017-2019	Member, University of Toronto SSHRC Partnership Grant Internal Peer Review Committee
2017-2019	Reviewer, Internal College of Reviewers for Research Awards and Honours
2017-Present	Member, Connaught Committee
2013-2018	Director of Knowledge Mobilization, Fraser Mustard Institute for Human Development
2012-2015	Factor-Inwentash Faculty of Social Work Representative to the Fraser Mustard Institute for Human Development, Academic Committee

External to the University of Toronto

2024	Reviewer for The International Society for the Prevention of Child Abuse & Neglect 2024 Congress
2024	External Expert Reviewer for SSHRC Brownell Panel
2023	External Reviewer for SSHRC Partnership Grants
2023	External Reviewer for the Killam Prizes and the Dorothy Killam Fellowships, National Killam Program
2023	Key Informant: Government Engagement Mechanisms on *An Act Respecting First Nations, Inuit And Métis Children, Youth And Families*
2023	Expert Witness: The Coroner's Inquest into the Death of Devon Freeman
2023	Expert Witness: Constitutional Test Case for Simcoe Children's Aid Society
2022-2023	Committee Member of the Multidisciplinary Review Panel, New Frontiers in Research Fund, Exploration Stream
2022	Board Member, Justice for Children and Youth
2022	Grant Application Reviewer, New Frontiers in Research Fund, Exploration Stream
2022-2023	Member of Board of Directors, Native Child and Family Services of Toronto
2021	Committee Member, Challenge4ClimateAction 2021
2021	Reviewer, Child Safeguarding Identification Intervention and Monitoring Mechanisms in the Teaching Hospitals of Lebanon, American University of Beirut
2021	Reviewer, Our Welfare at the Time of COVID-19: An Early Empirical Assessment, Clinical Nutrition, ESPEN.
2021	Reviewer, Children's Peritraumatic Responses to Intrafamilial Abuse in Diverse Communities, The Israel Science Foundation
2020	Child and Adolescent Screener for Trauma Events and Reponses, CASTER.
2020	Academic Advisor, Making the Shift, Department of Sociology, Trent University
2020	Scientific Advisory Committee, Child Maltreatment Research Projects, University of Calgary
2020	Peer Reviewer, What Influences the Sustainability of Integrated Children's Services Project
2020	Reviewer, COVID-19: Recommendations for School Reopening, SickKids Hospital
2020	Reviewer, May 2020 COVID-19 Rapid Research Funding Opportunity, Canadian Institutes of Health Research

2020-2021	Member, Child Safety Excellence Advisory Council, Boys and Girls Clubs of Canada
2019-Present	Advisor, Child Welfare Redesign, Ministry of Community, Children and Social Services
2019-Present	Member, Research Advisory Committee for Infant Mental Health Promotion at the Hospital for Sick Children
2019	Member, College of Reviewers for Special Canada Research Chair (CRC) Call
2019	Reviewer, Health Research Board
2019-2021	Member, Advisory Committee of the Indigenous-Global Child Project
2018-Present	Chair, Research Advisory Committee, Covenant House
2018-Present	Member, Child Health Institute Oversight Committee, SickKids Hospital
2018-Present	Member, Stand Up For Kids National Award Committee, Children's Aid Foundation of Canada
2017-Present	Member, External Advisory Committee, Martin Family Initiative Early Years Program
2017-2019	Member, Minister's Child and Family Well-Being Working Group, Ministry of Children and Youth Services
2017-Present	Member, Social Paediatrics Special Interest Group, SickKids Hospital
2017	Reviewer, Pierre Elliot Trudeau Foundation Fellowship
2017	Grant Application Reviewer, Social Sciences and Humanities Research Council of Canada Insights Grant
2017	Reviewer, National Collaborating Centre for Aboriginal Health
2016-2021	Executive Board Member (Vice-President), Native Child and Family Services of Toronto
2016	Executive Director Hiring Committee, Native Child and Family Services of Toronto
2016	Member, Art and Science of Immunization Working Group Committee, Jackman Humanities Institute
2016-2019	Member, Research Advisory Committee, The Ontario Association of Children's Aid Societies
2016	Member, Standards and Other Requirements Consistent Interpretation and Compliance Working Group, The Ontario Association of Children's Aid Societies
2016-Present	Chair, Research Advisory Committee, Covenant House
2016-2021	Toronto Central LHIN Citizens' Panel Member
2016-Present	Patient and Family Advisor, St. Michael's Hospital
2016	Consultant, Child and Youth Services, Government of Alberta
2016	Expert Advisor, Women's College Research Institute Collaborating Across Sectors Symposium
2016	Grant Application Reviewer, The Netherlands Organisation for Health Research and Development
2016	Program Expert, CIHR Foundation Grant for Tina Malti
2016	Panel Moderator, SickKids Centre for Brain & Mental Health Advocacy Day
2014	Expert Reviewer, DAPHNE III European Project - Coordinated Response to Child Abuse and Neglect via Minimum Data Set (Feasibility Assessment of the Minimum Data Set)

2012-2013	Peer Reviewer, Social Sciences & Humanities Research Council, Connection Grants
2012	Member of Board of Directors, Canadian Association for Social Work Education
2009	ChildONEurope (Knowledge Exchange about Child Abuse and Neglect Surveillance)
2007	Manitoba Health Institution (Application for Child Welfare Research Grants)
2007	Ministry of Education (Review of Evaluation Plan for Aboriginal Educational Initiative)
2006	Ontario Child Welfare Secretariat (Review of Funding Research Grants)
2005-Present	Member, Centre for Research on Children & Families, McGill University
1989-1995	Member, Board of Directors (1989-1995); Chair, Strategic Planning Committee (1991-1993), Thousand Island Area Resident's Association
1992-1993	Member, Children's Services Working Group, Ontario Association of Professional Social Workers

PROFESSOR REVIEWS

2021	Professional Evaluator of Candidate at the Department of Social and Behavioural Sciences at the City University of Hong Kong
2020	Professional Evaluator of Candidate at the Department of Social and Behavioural Sciences at the City University of Hong Kong

TENURE REVIEWS

2023	External Reviewer, Assessment of Candidate to Associate Professor at the School of Social Work at the University of British Columbia, Okanagan Campus.
2023	External Reviewer, Assessment of Candidate to Associate Professor in the Department of Applied Social Sciences at the Hong Kong Polytechnic University, Hong Kong
2023	External Reviewer, Assessment of Candidate to Full Professor of Social Work at the University of Texas at Arlington, United States
2022	External Assessor, Assessment of Candidate to Full Professor at the School of Social Work and Social Administration, University of Hong Kong, Hong Kong
2020	External Evaluator, Tenure Review of Candidate at the School of Social Work at the University of Windsor, Canada
2018	External Evaluator, Tenure Review of Candidate at the University of Buffalo for the School of Social Work, United States

JOURNAL EDITOR

2022-Present	Editorial Board, Children and Youth Services Review
2020-2021	Guest Editor, Child Abuse and Neglect Special Issue, Protecting Children from Maltreatment During COVID-19, Volumes I and II
2012-Present	Editorial Board, International Journal of Child and Adolescent Resilience
2010	Guest Co-editor for International Journal of Mental Health and Addiction

JOURNAL REVIEWER

2024-Present	Reviewer, Child Protection and Practice
2021-Present	Reviewer, Health & Social Care in the Community
2021-Present	Reviewer, Patterns
2020-Present	Reviewer, Child Welfare
2020-Present	Reviewer, Child Indicators Research
2018-Present	Reviewer, Child and Family Social Work
2018-Present	Reviewer, Pediatrics Editorial
2018-Present	Reviewer, BMC Health Services Research
2018-Present	Reviewer, Child Development
2016-Present	Reviewer, Journal of Public Child Welfare
2017-Present	Reviewer, Journal of Criminology and Criminal Justice
2017-Present	Reviewer, Journal of Forensic and Legal Medicine
2016-Present	Reviewer, Clinical Psychology Review
2016-Present	Reviewer, Human Service Organizations: Management, Leadership, & Governance
2014-Present	Reviewer, Journal of Aggression and Violent Behaviour
2014-Present	Reviewer, Developmental Medicine & Child Neurology
2012-Present	Reviewer, Child Welfare League of America Child Welfare Journal
2012-Present	Reviewer, Journal of Developmental Disabilities
2012-Present	Reviewer, Scandinavian Journal of Psychology
2011-Present	Reviewer, Child Abuse & Neglect
2011-Present	Reviewer, Children & Youth Services Review

MEDIA COVERAGE

Blackwood, F. (2022, July 10). Child protection systems in Australia are 'in crisis', but some programs are making a positive difference. *ABC News Australia*. Retrieved from https://www.abc.net.au/news/2022-07-11/child-protection-in-crisis-but-there-are-solutions/101223776

Majnemer, A., & McGrath, P. (2020, December 4). Priority for COVID-19 vaccine must include those with intellectual and developmental disabilities. *The Globe and Mail.* Retrieved from https://www.theglobeandmail.com/canada/article-priority-for-covid-19-vaccine-must-include-those-with-intellectual-and/

Schiffer, J., **Fallon B.,** & Miller, S. (2020, June 19). Toronto Indigenous organization launches program to help families with mental health. *The Globe and Mail.* Retrieved from https://www.theglobeandmail.com/canada/toronto/article-toronto-indigenous-organization-launches-program-to-help-families-with/

Ward, M., & **Fallon, B.** (2020, March 28). Ontario allows youth to remain in care after passing cut-off age during pandemic. *The Globe and Mail.* Retrieved from https://nationalpost.com/pmn/news-pmn/canada-news-pmn/ontario-allows-youth-to-remain-in-care-after-passing-cut-off-age-during-pandemic

Vendeville, G. (2017, December 7). New awards given to students researching gender-based violence. *U of T News.* Retrieved from https://www.utoronto.ca/news/new-awards-given-students-researching-gender-based-violence

Sobanski, S. (2017, October 12). October is child abuse prevention month. *Bancroft This Week.* Retrieved from http://www.bancroftthisweek.com/?p=8409

Contenta, S. & Rankin, J. (2017, August 15). Report shines light on poverty's role on kids in CAS system. *Toronto Star.* Retrieved from https://www.thestar.com/news/insight/2016/08/15/report-shines-light-on-povertys-role-on-kids-in-cas-system.html

University of Toronto. (2017, May 4). Direct and not indirect childhood abuse linked to non-suicidal self-injury in adolescents. *ScienceDaily.* Retrieved from www.sciencedaily.com/releases/2017/05/170504161525.htm

Factor Inwentash Faulty of Social Work. (2017). Transforming our knowledge of child welfare. *A Year in Review* [Brochure]. University of Toronto.

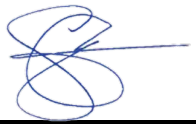
Contenta, S., Monsebraaten, L., & Rankin, J. (2016, June 23). CAS study reveals stark for Blacks, Aboriginals. *Toronto Star.* Retrieved from https://www.thestar.com/news/canada/2016/06/23/cas-study-reveals-stark-racial-disparities-for-blacks-aboriginals.html

Factor-Inwentash Faulty of Social Work. (2015). Faculty members leave a lasting legacy. *A Year in Review* [Brochure]. University of Toronto.

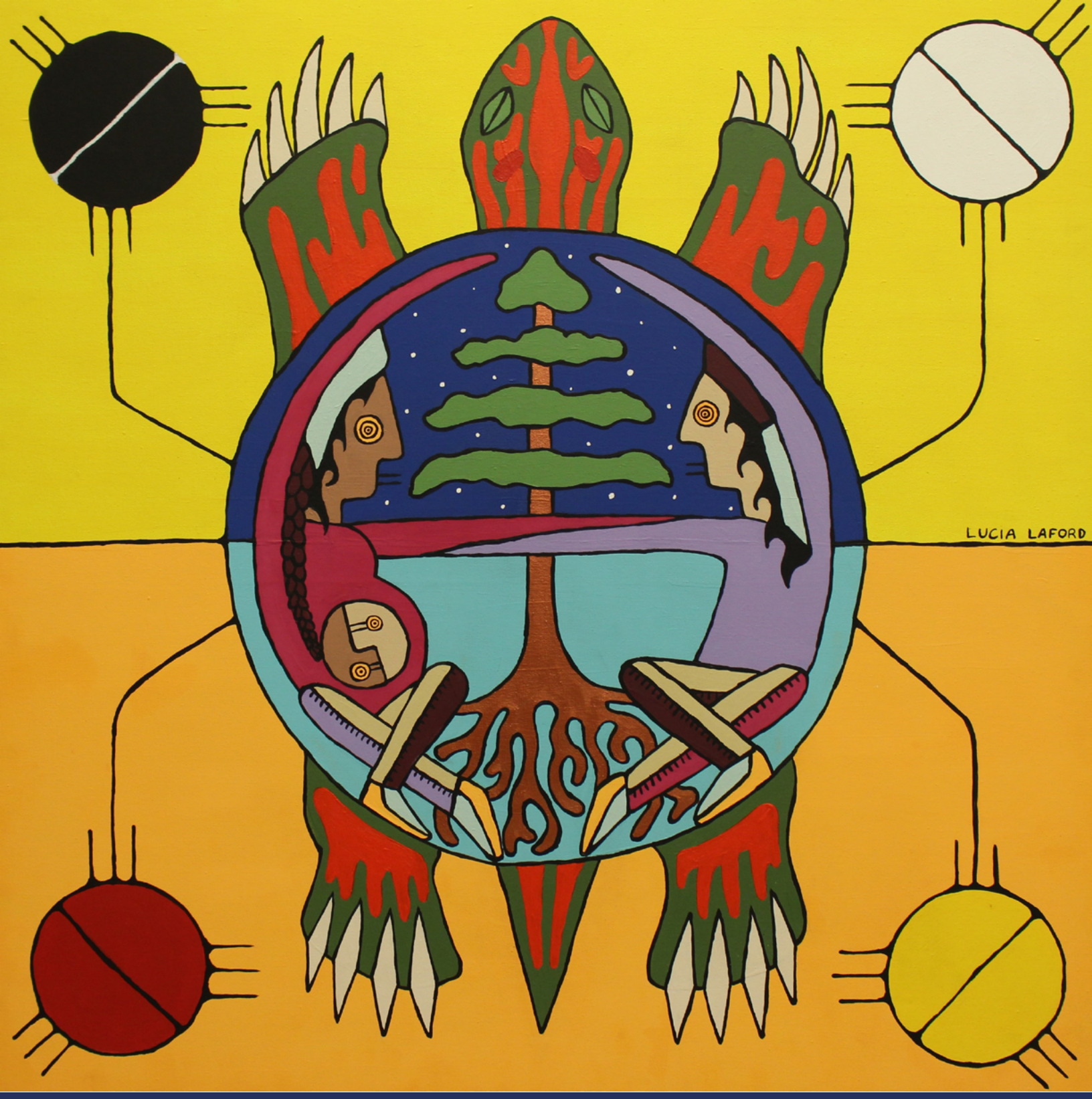
Factor-Inwentash Faulty of Social Work. (2014). Newly appointed associate professors with tenure. *A Year in Review* [Brochure]. University of Toronto.

Hannay, C. (2012, December 2). New cohort of Canada Research Chairs to include 38 per cent women. *The Globe and Mail.* Retrieved from https://beta.theglobeandmail.com/news/politics/new-cohort-of-canada-research-chairs-to-include-38-per-cent-women/article33131150/?ref=http://www.theglobeandmail.com&

This Exhibit “B” to the Affidavit of
Barbara Fallon affirmed before me this
2nd day of October 2025



A Commissioner for taking Affidavits etc.
Sarah Clarke
LSO #57377M



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

By: Amber Crowe, MSW, J.D. and Jeffrey Schiffer, Ph.D

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect-2018 Research Team: Barbara Fallon, Emmaline Houston, Tara Black, Rachael Lefebvre, Joanne Filippelli, Nicolette Joh-Carnella, Nico Trocmé

Suggested citation:
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A Gifted Name

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

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

About the Artist

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

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

Instagram @lucialaford
Email luce.nirvana@gmail.com
Website lucialaford.ca

Digital formatting by Rebecca Rivers.

Copies of this publication can be downloaded from the Canadian Child Welfare Research Portal at www.cwrp.ca and the Association of Native Child and Family Services Agencies of Ontario at www.ancfsao.ca.

Acknowledgements

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

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

Ontario's Ministry of Children, Community and Social Services (MCCSS) provided funding for the OIS-2018; funding for secondary analyses for this study was provided by Social Sciences and Humanities Research Council Canada Research Chair in Child Welfare (#950-231186). All participating agencies contributed significant in-kind support, which included not only the time required for staff to attend training sessions, complete forms, and respond to additional information requests, but also coordinating support from team administrative staff, supervisors, managers, and data information specialists.

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

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

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

Amber Crowe & Jeffrey Schiffer

Native Child Welfare Prayer, please hear my prayers

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

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

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

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

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

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

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

Written by: Danette Restoule, 2005

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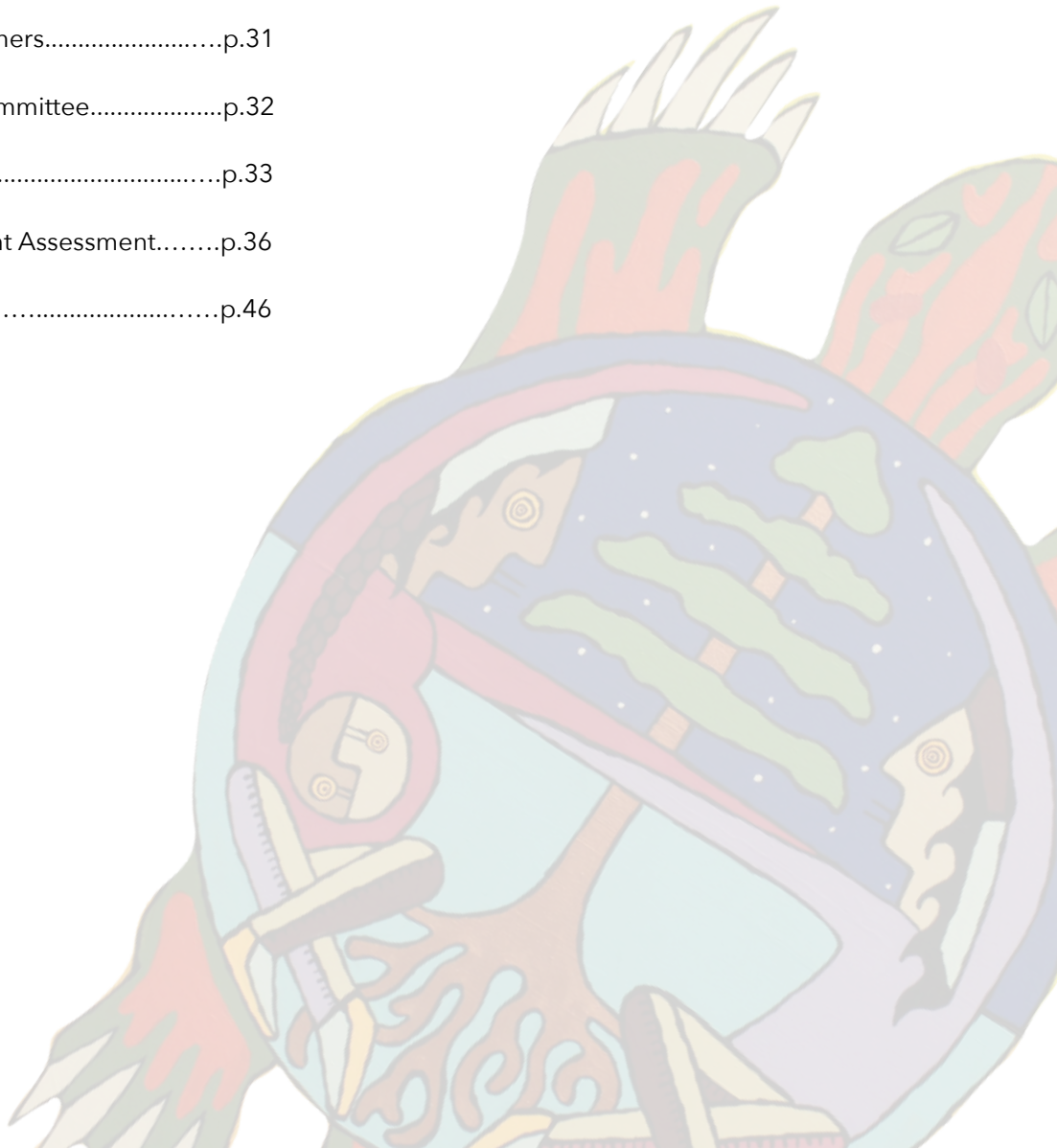


List of Tables

Executive Summary

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

The FNOIS-2018 is a study of child welfare investigations involving First Nations children which is embedded within a larger, cyclical provincial study: the Ontario Incidence Study of Reported Child Abuse and Neglect (OIS).

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

Objectives and Scope

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

1. examine the rate of incidence and characteristics of investigations involving First Nations children and families compared to non-Indigenous children and families;
2. determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence as well as multiple forms of maltreatment;
3. investigate the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm;
4. examine selected determinants of health that may be associated with maltreatment; and
5. monitor short-term investigation outcomes, including substantiation rates, out-of-home placement, and use of child welfare court.

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

- differences between First Nations children and non-Indigenous children must be understood within the context of colonialism and the associated legacy of trauma;
- investigations involving children aged 15 and under are included in the sample used in this report[1];
- the unit of analysis is a maltreatment-related investigation;
- the study is limited to reports investigated by child welfare agencies and does not include reports that were screened out, only investigated by the police, or never reported;
- the study is based on the assessments provided by investigating child welfare workers and are not independently verified;
- all estimates are weighted, annual estimates for 2018, presented either as a count of child maltreatment-related investigations (e.g., 12,300 child maltreatment-related investigations) or as the annual incidence rate (e.g., 3.1 investigations per 1,000 children)[2]

Investigated and Substantiated Maltreatment in 2018

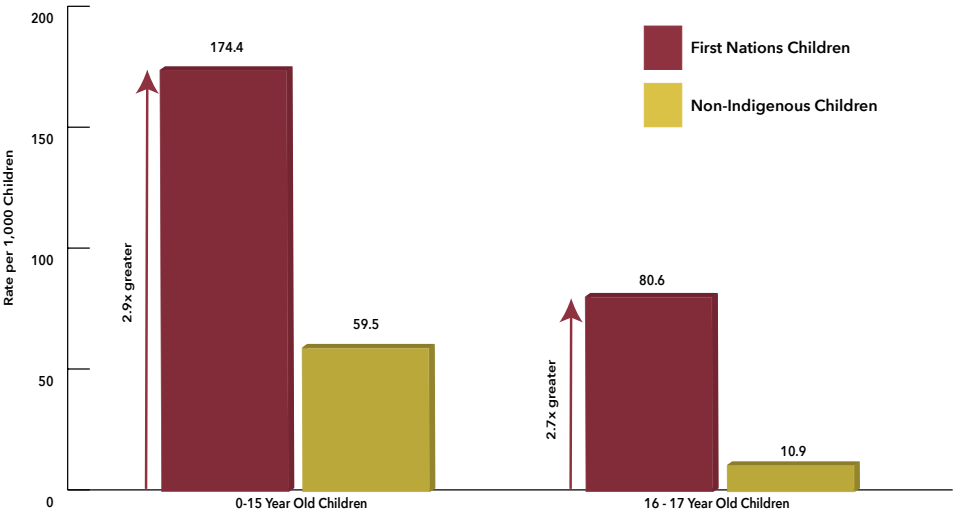
Children's Indigenous heritage was documented by the OIS-2018 in an effort to better understand some of the factors that bring children from these communities into contact with the child welfare system. Indigenous children were identified as a key group to examine because of concerns about pervasive overrepresentation of children from these communities in the child welfare system. This report examines the differences between investigations involving First Nations children and non-Indigenous children. Investigations involving Métis and Inuit children are excluded from these data and analyses concerning their intersection with the child welfare system will be guided by Métis and Inuit communities.

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

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

2 Please see Chapter 2 of this report for a detailed description of the study methodology.

Figure 1: Rates of First Nations and non-Indigenous Child Investigations in Ontario in 2018



1993-2018 Comparison

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

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

As shown in Figure 2, in 1998, an estimated 2,957 investigations were conducted in Ontario, a rate of 76.05 investigations per 1,000 First Nations children, compared to a rate of 26.24 per 1,000 non-Indigenous children. In 2003, the number of investigations for First Nations children increased, with an estimated 5,232 investigations and a rate of 120.51 per 1,000 children, compared to an estimated 52.36 investigations per 1,000 non-Indigenous children. In 2008, the number of investigations for First Nations more than doubled, with an estimated 12,736 investigations and a rate of 255.95 per 1,000 children. In 2013, there was an estimated 9,007 investigations involving First Nations children, a rate of 155.64 per 1,000 First Nations children. In 2018 there was an estimated 11,480 investigations involving First Nations children, a rate of 174.43 per 1,000 children. In contrast, the number of investigations did not change significantly between 2003 and 2008, 2008 and 2013, and 2013 and 2018 for non-Indigenous children.

Key Descriptions of Investigations in Ontario in 2018

Categories of Maltreatment

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

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

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

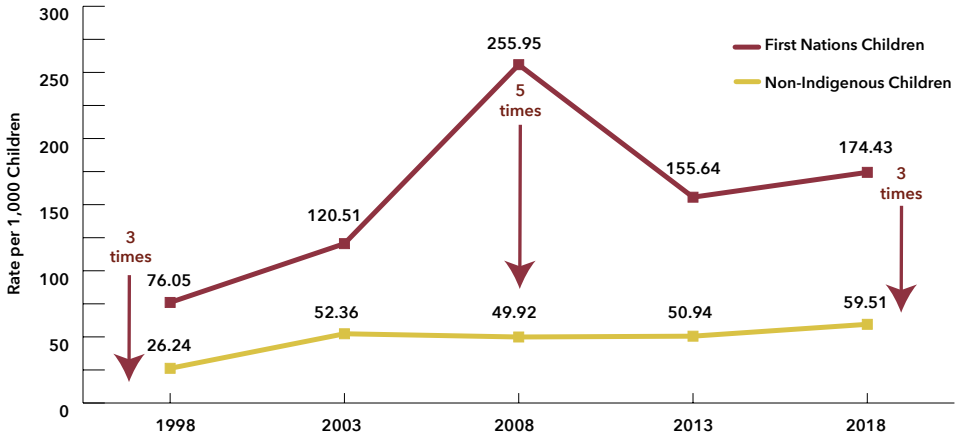
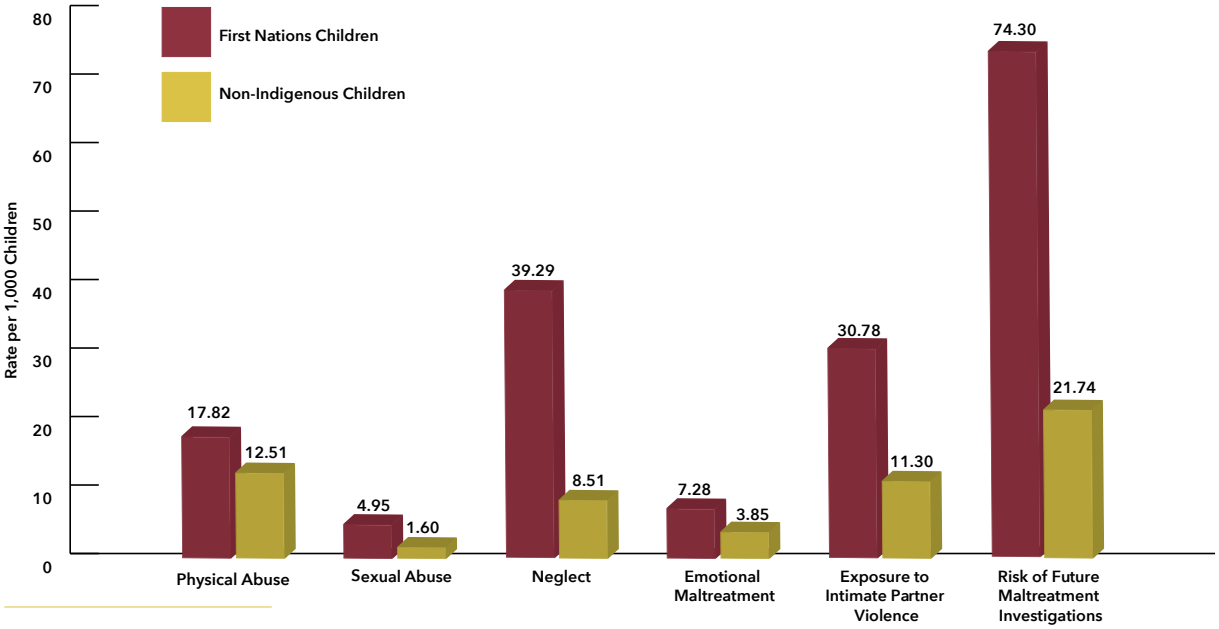


Figure 3: Primary Category of Investigation Involving First Nations and non-Indigenous Children in Ontario 2018



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

Ongoing Services

Investigating workers were asked whether the investigated case would remain open for further child welfare services after the initial investigation (Figure 4). Investigations involving First Nations children were transferred to ongoing services more often than investigations involving non-Indigenous children. Thirty-six percent of investigations involving First Nations children were transferred to ongoing services (an estimated 4,187 investigations; a rate of 63.62 per 1,000 children) compared to 18% of investigations for non-Indigenous children (an estimated 24,716 investigations; a rate of 10.92 per 1,000 First Nations children).

Placements

The OIS tracks out-of-home placements that occur at any time during the investigation. Investigating workers were asked to specify the type of placement. In cases where there may have been more than one placement, workers were asked to indicate the setting where the child spent the most time. Figure 5 shows the type of placement for substantiated investigations and confirmed risk of future maltreatment investigations. Sixteen percent of investigations for First Nations children involved a placement at the conclusion of the investigation: 10% were placed with a relative (a rate of 6.17 per 1,000 First Nations children), 5% in foster care (a rate of 3.05 per 1,000 First Nations children), and 1% in a group home or residential secure treatment. The rate of out-of-home placement for First Nations children is 8.02 times the rate of out-of-home placement for non-Indigenous children.

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

Household Risk Factors

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

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

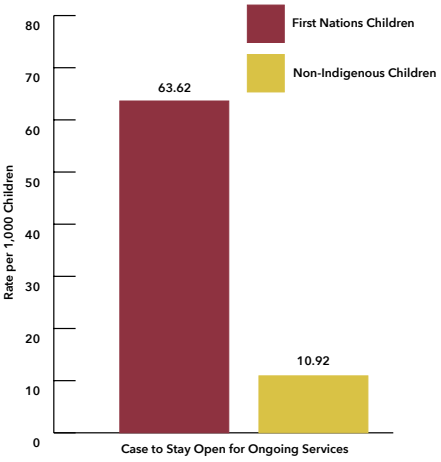
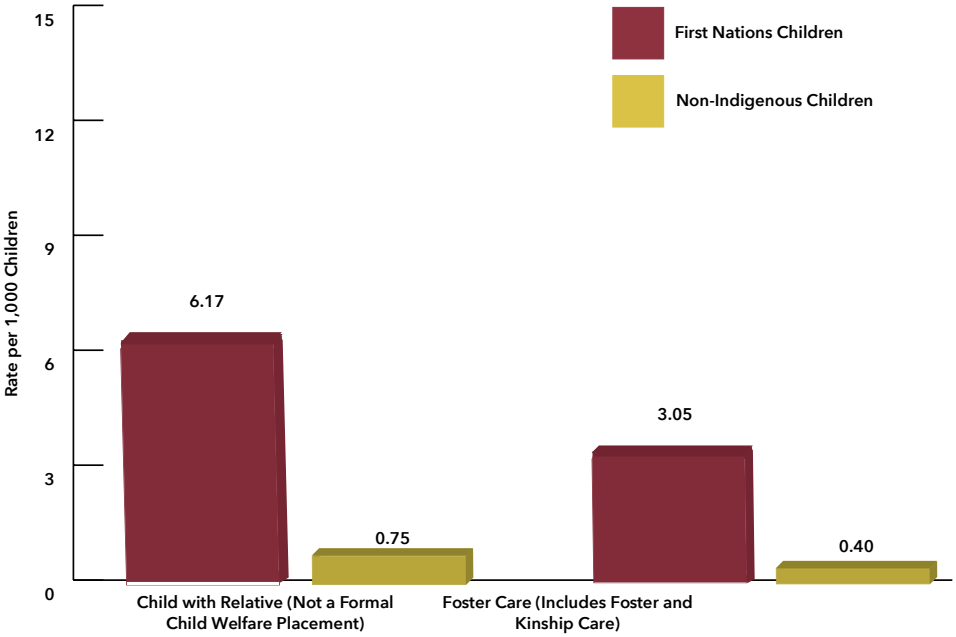


Figure 5: Placements in Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018



Group home placements were also measured in the OIS-2018. The rate of group home placements at investigation are too rare an event to provide a reliable estimate. The rate of group home placements are best measured after investigation. Nonetheless, First Nations children were more likely to be placed in a group home at the conclusion of an investigation.

Forty-eight percent of investigations involved First Nations children whose families received social assistance/ employment insurance/other benefits as their primary source of income, while 23% of non-Indigenous children families received benefits. Seventeen percent of investigations involving both First Nations and non-Indigenous children involved families that had moved once in the previous year. Eleven percent of investigations involving First Nations children involved families who moved twice or more in the past year, compared to 5% of non-Indigenous children's families. Sixteen percent of investigations involving First Nations children involved families living in public housing, while nine percent of investigations involving non-Indigenous children lived in public housing. Unsafe housing conditions were noted in four percent of investigations involving First Nations children, and three percent involving non-Indigenous children. Please see Figure 6.

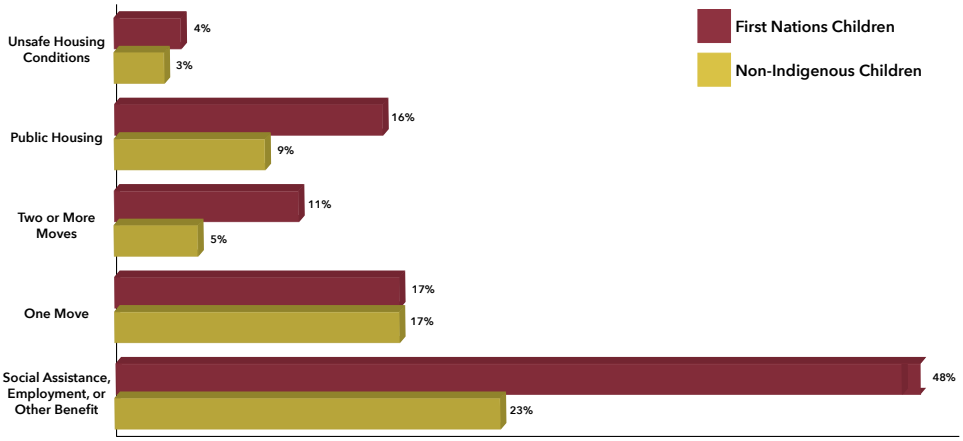
Primary Caregiver Risk Factors

Investigating workers were asked to consider nine potential caregiver risk factors (alcohol abuse, drug/solvent abuse, mental health issues, physical health issues, few social supports, victim of intimate partner violence, perpetrator of intimate partner violence and history of foster care/ group home). Where applicable, the reference point for identifying concerns about caregiver risk factors was the previous six months. Seventy percent of investigations involving First Nations children (an estimated 7,830; a rate of 118.97 per 1,000 First Nations children) have at least one noted primary caregiver risk factor compared to 53% for non-Indigenous children (an estimated 69,905 investigations; a rate of 30.90 per 1,000 non-Indigenous children). The most frequently noted primary caregiver risk factors for investigation involving First Nations children are: mental health issues (34%; an estimated 3,849 investigations), victim of intimate partner violence (31%; 3,524 investigations), and few social supports (26%; 2,889 investigations). Please see Figure 7.

Child Functioning Concerns

Child functioning classifications reflect physical, emotional, cognitive, and behavioural issues. Child welfare workers were asked to consider 17 potential functioning concerns. Investigating workers were asked to indicate problems that had been confirmed by a diagnosis, directly observed by the investigating worker or another worker, and/or disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. The six-month period before the

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



investigation was used as a reference point where applicable.

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

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

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

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

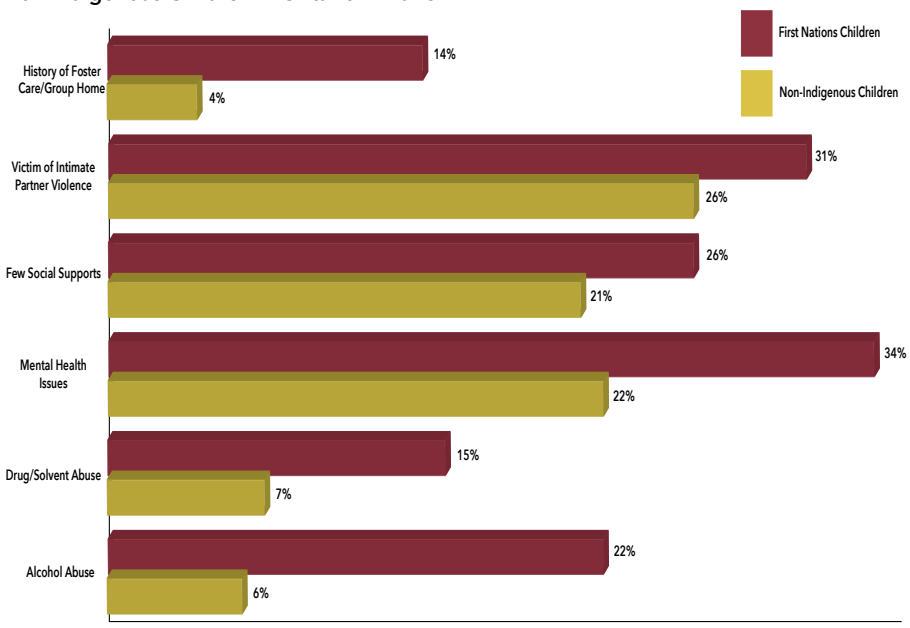
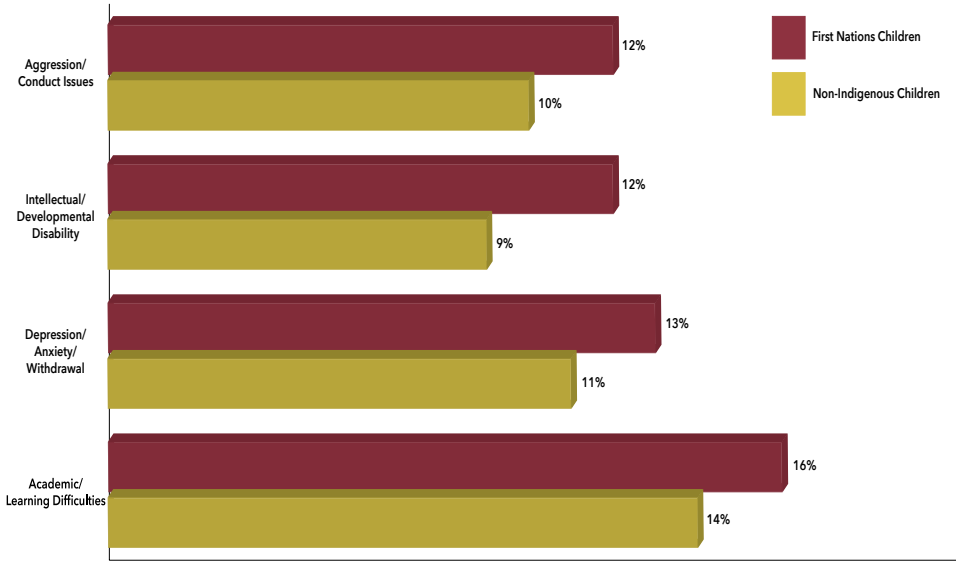


Figure 8: Child Functioning Concerns in Investigations Involving First Nations and Non-Indigenous Children in Ontario in 2018



Chapter 1: Introduction

Historical Context

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

In the 1880s, a partnership formed between the Crown and various Christian churches to develop and implement residential schools throughout Canada.[3] Residential schools were designed to assimilate Indigenous children's culture into the emerging culture of Euro-Canada. This assimilation was meant to be achieved by replacing Indigenous languages with English, Indigenous spirituality with Christianity, and Indigenous people's inherent right to territory with sedentary living and a capitalist economy.[4] For more than a century, residential schools operated as a joint venture between the Crown and churches as Canada's central institution for the assimilation of Indigenous children. These children who were Haudenosaunee, Cree, Blackfoot, Squamish, Haida and so many other distinct Indigenous cultures and nations were assimilated into Indians, a new category of colonial subject legislated through Canada's Indian Act.[5]

Since the closure of the last residential school in 1996[6] colonization has been redistributed across the contemporary Canadian landscape of public institutions. Schooling and education are now the responsibility of provincial and territorial systems.[7] The overtly religious content and missionizing is now the purview of explicitly religious school boards and churches and their auxiliary programs and services. The concern for child protection and safety, including vetting parental fitness, shifted from the residential school system to provincial and territorial systems of child welfare. Indigenous peoples have an extensive history of being dislocated from their families, communities, nations and territories. The socio-political momentum and intergenerational impacts of this history continue to contribute to the immutability of the current child welfare system. Legislating child welfare mandates brought rapid judgement of Indigenous parents and families and the removal of Indigenous children.[8] Provincial and territorial child welfare mandates were extended to include on-reserve communities in the 1950s.[9] In the years that followed, these new mandates continued the assimilation of Indigenous peoples through what is now known as the "Sixties Scoop."[10] However, the "scooping" was not confined to the 1960s or the immediate decades that followed.[11] By the 1990s, the overrepresentation of First Nations children in the child welfare system was clearly documented.[12]

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

1 Blackstock, C., & Trocmé, N. (2005). Community-Based child welfare for Aboriginal children: Supporting resilience through structural change. *Social Policy Journal of New Zealand*, 24, 12–33. https://doi.org/10.4135/9781412976312.n7
2 Ibid.
3 Miller, J. R. (2017). *Residential Schools and Reconciliation: Canada Confronts Its History*. University of Toronto Press, Scholarly Publishing Division.
4 Fontaine, L. S. (2017). Redress for linguicide: residential schools and assimilation in Canada. British Journal of Canadian Studies, 30(2), 183–204. https://doi.org/10.3828/bjcs.2017.11
5 An Act to Amend the Indian Act 1867. S.C. 1876, c. 18
6 Ibid.
7 Ghosh, R. (2004). Public education and multicultural policy in Canada: The special case of Quebec. *International Review of Education*, 50(5–6), 543–566. https://doi.org/10.1007/s11159-004-4685-9
8 Trocmé N., Esposito T., Nutton J., Rosser V., Fallon B. (2019) Child welfare services in Canada. In: Merkel-Holguin L., Fluke J., Krugman R. (eds) *National Systems of Child Protection. Child Maltreatment (Contemporary Issues in Research and Policy)*, vol 8. Springer, Cham. https://doi.org/10.1007/978-3-319-93348-1_3
9 *Indigenous Children and the Child Welfare System in Canada*. (2017). National Collaborating Centre for Aboriginal Health.
10 Sinclair, R. (2007). Identity lost and found: Lessons from the sixties scoop. First Peoples Child & Family Review, 3(1), 65–82. https://doi.org/10.7202/1069527ar
11 Ibid.
12 Blackstock, C., & Trocmé, N. (2005). Community-Based child welfare for Aboriginal children: Supporting resilience through structural change. *Social Policy Journal of New Zealand*, 24, 12–33. https://doi.org/10.4135/9781412976312.n7
13 Sinclair, R. (2007). Identity lost and found: Lessons from the sixties scoop. *First Peoples Child & Family Review*, 3(1), 65–82. https://doi.org/10.7202/1069527ar

Child welfare mandates for Indigenous Child and Family Well-Being Agencies (ICFWBA) emerged in the 1980s to 2000s[14] with 6 of the 13 mandated ICFWBA receiving their mandates in the last 5 years. Many of these agencies previously existed as Indigenous social service agencies, formed in the wake of the Indian Friendship Centre movement.[15] These agencies brought holistic service models grounded in Indigenous culture to the process of delegation; each agency began their own journey of decolonizing inherited colonial models of child welfare.

Shifting demographics as a result of changes in policy dictating the lives of legal "Indians" enabled burgeoning Indigenous communities in every major city across Canada. These exceedingly diverse and rapidly growing urban Indigenous communities posed their own new challenges for emerging Indigenous child welfare agencies in urban spaces. Indigenous communities in cities required Indigenous agencies to be culturally diverse (as they often served families from dozens of different First Nations), to develop mechanisms to connect families in urban centres to family and cultural resources in their home territories, and to respond and adapt to the emerging distinctive needs and aspirations of urban Indigenous communities. All of this had to be done while acknowledging and supporting the sovereignty and jurisdiction of First Nations as well as operating within the confines of provincial systems of legislation and compliance grounded in non-Indigenous cultural logic and worldview. The work Indigenous agencies have done, both on and off-reserve, in the service of community, in respect to Indigenous sovereignty, and in recognition of the sacredness of each child has been nothing short of phenomenal. The history of this work must be acknowledged. We must also acknowledge that there is a great deal more work to be done.

Current Context of First Nations Child Welfare in Canada and Ontario

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

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

The Ontario Ministry of Children, Community and Social Services (MCCSS), under the Child, Youth and Family Services Act (CYFSA), governs agencies' abilities to investigate child maltreatment-related allegations and where they can provide child protection services.[19] Services are restricted to geographic location, not community membership. While ANCFSAO services the majority of on-reserve communities, more than 80% of First Nations families live off-reserve in Ontario.[20] Native Child and Family Services of Toronto (NCFST) is the only agency to serve exclusively off-reserve families in Ontario. NCFST was founded in 1986 and was not mandated until 2004.[21] Recognition of the growing diverse and urban Indigenous population and collaboration with these communities is needed to mandate additional urban agencies. While mandated ICFWBA work to decolonize the child welfare system, it must be acknowledged that the requirement of a provincially mandated designation remains colonial. The need for provincial and territorial designation inherently lessens Indigenous sovereignty.

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

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

14 Manitowabi, S. (2020). *Historical and contemporary realities: Movement towards reconciliation*. Laurentian University.
15 Ibid.
16 Association of Native Child and Family Services Agencies of Ontario. (n.d.). About ANCFSAO. https://ancfsao.ca/home/about-2/
17 Ibid.
18 The following agencies are supported by ANCFSAO: Anishinaabe Abinoojii Family Services; Dilico Anishinabek Family Care, Dnaagdawenmag Binnoojiiyag Child & Family Services; Kina Gbe-zhgomi Child and Family Services; Kunuwanimano Child and Family Services; Mnaasged Child and Family Services; Native Child and Family Services of Toronto; Niijaansinaanik Child and Family Services; Nogdawindamin Family and Community Services; Payukotayno James and Hudson Bay Family Services; Tikinagan Child and Family Services; Weechi-it-te-win Family Services
19 *Child, Youth and Family Services Act 2017*. S.O. 2017, c. 14, Sched. 1
20 Crowe, A., Schiffer, J., with support from Fallon, B., Houston, E., Black, T., Lefebvre, R., Filippelli, J., Joh-Carnella, N., and Trocmé, N. (2021). *Mashkiwenmi-daa Noojimowin: Let's Have Strong Minds for the Healing (First Nations Ontario Incidence Study of Reported Child Abuse and Neglect-2018)*. Toronto, ON: Child Welfare Research Portal.
21 Native Child and Family Services of Toronto. (n.d.). About Us. https://nativechild.org/about-us/
22 Ontario Association of Children's Aid Societies. (2017). Child welfare apologizes to Indigenous families and communities. http://www.oacas.org/2017/10/child-welfare-apologizes-to-indigenous-families-and-communities/

customary care agreements
- Ensure Indigenous representation and involvement at the local Board of Directors
- Implement mandatory Indigenous training for staff
- Change the inter-agency protocol to include Jordan's Principle as a fundamental principle
- In consultation with Indigenous communities, develop a unique agency-based plan to better address the needs of the children and families from those communities
- Continue to develop relationships between their local agency and the local Indigenous communities
- Assist those individuals wanting to see their historical files by accessing and providing the information they request[23]

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

In January 2018, then Minister of Indigenous Services Honourable Jane Philpott, held an emergency two-day national meeting to address the humanitarian crisis of Indigenous child welfare in Canada.[24] Federal, provincial and territorial governments and Métis, Inuit and First Nations leaders, Elders, youth, community service organizations and advocates discussed causes of the overrepresentation of Indigenous children in care and proposed needed changes to address this crisis. A strong commitment to advance Indigenous self-determination was expressed by those in attendance.[25] Four solutions were proposed:
- Effective collaboration based on partnerships, transference of jurisdictional control and legislative reform
- Adequate, flexible funding
- Culturally appropriate, prevention-based service delivery
- Data strategies to support effective solutions[26]

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

The new Act affirms the unique relationship between Ontario and First Nations, Inuit and Métis peoples. The old Act used the terms "Indian," "native child," "native person," and "native community." The new Act uses more inclusive terms including "First Nations, Inuk or Métis child" and "First Nations, Inuit or Métis community." The new Act acknowledges that First Nations, Inuit and Métis peoples are constitutionally recognized peoples in Canada with their own laws and distinct cultural, political and historical ties to the Province of Ontario.[27]
The new Act allows the MCCSS to list First Nations, Inuit and Métis communities in a regulation. Once listed in a regulation, these communities are covered under provisions concerning notice, participation, consultation and customary care.

Post OIS-2018 Data Collection

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

23 Ibid.
24 McKay, C. (2018). *A report on children and families together: An Emergency Meeting on Indigenous child and family services*. Indigenous Services Canada, Government of Canada. https://www.sac-isc.gc.ca/eng/1531151888537/1531152018493?wbdisable=true
25 Ibid.
26 Ibid.
27 *Child, Youth and Family Services Act 2017*. S.O. 2017, c. 14, Sched. 1
28 *An Act respecting First Nations, Inuit and Métis children, youth and families* 2019 S.C. 2019, c. 24
29 Ibid.
30 *The Government of Canada's approach to implementation of the inherent right and the negotiation of Aboriginal Self-Government*. (2010). Government of Canada, Crown-Indigenous Relations and Northern Affairs Canada. https://www.rcaanc-cirnac.gc.ca/eng/1100100031843/1539869205136

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

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

The Act creates as many challenges as it does opportunities. It only represents one of the many pathways forward for Indigenous sovereignty and self-determination in child welfare. Enhanced preventative services are now funded for ICFWBA and non-mandated child welfare agencies operated by First Nations or urban Indigenous communities. A growing number of services are provided by ICFWBA or by Indigenous counselling and prevention services that work in conjunction with mandated services. ICFWBA, with the direction, mandate, and governance coming directly from the First Nations, Métis, and Inuit people they serve, are developing and implementing culturally informed service models. Through the Act, the Ontario government is supporting culturally based holistic service models and approaches while preparing to implement a new funding structure to better support ICFWBA.

In July 2020, MCCSS issued a policy directive officially recognizing Helping Establish Able Resource-Homes Together (HEART) and Strong Parent Indigenous Relationships Information Training (SPIRIT) as an alternative to the provincial homestudy process[33] for foster and kinship caregivers and adoptive parents.[34] Developed by ANCFSAO, HEART and SPIRIT are grounded in Indigenous worldview to support caregivers of Indigenous children and youth. HEART and SPIRIT trainings acknowledge the impact of historical and current events on Indigenous communities and provides tools for caregivers to foster children and youth's connection with their values and culture.[35]

Next Steps and Conclusion

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

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

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

The OIS-2018 was produced in

31 *Child, Youth and Family Services Act 2017*. S.O. 2017, c. 14, Sched. 1
32 Statistics Canada. (2017, October 25). *Aboriginal peoples in Canada: Key results from the 2016 Census*. https://www150.statcan.gc.ca/n1/daily-quotidien/171025/dq171025a-eng.htm
33 The provincial homestudy programs are: Structured Analysis, Family Evaluation (SAFE) and Parent Resources for Information, Development, and Education (PRIDE).
34 Ministry of Children, Community and Social Services. (2020, May 11). *Policy Directive: CW 003-20: Approved Tools for Caregiver Assessment and Pre-service Training, and for Plan of Care Development*. http://www.children.gov.on.ca/htdocs/English/professionals/childwelfare/CYFSA/policy_directive_CW003-20.aspx
35 Association of Native Child and Family Services Agencies of Ontario. (2020). *HEART and SPIRIT training*. https://ancfsao.ca/home/about-2/ourwork/heart-and-spirit-training/

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

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

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

The FNOIS-2018 is the first provincial report to provide an in-depth analysis examining the incidence of investigations involving First Nations children and families involved with the Ontario child welfare system. This report is evidence of the humanitarian crisis of the overrepresentation of First Nations children in the Ontario child welfare system. It is a step to inform future Indigenous child welfare laws, grounded in experiences of our communities. Through increased connection between First Nations families and their communities, generations will continue healing, as their minds remain strong and identities strengthen. We aim to leave our readers with a message of resilience, hope and support for creating a future with Indigenous sovereignty for our children and families.

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

Chapter 2: Methodology

This chapter describes the methods of the Ontario Incidence Study of the Reported Child Abuse and Neglect (OIS-2018). The First Nations Ontario Incidence Study of Reported Child Abuse and Neglect-2018 is a secondary data analysis of the OIS-2018. The FNOIS-2018 is a study of child welfare investigations involving First Nations children. The OIS-2018 is the sixth provincial study examining the incidence of reported child abuse and neglect in Ontario. The OIS-2018 captured information about children and their families as they came into contact with child welfare services over a three-month sampling period. Children who were not reported to child welfare services, screened-out reports, or new allegations on cases currently open at the time of case selection were not included in the OIS-2018. The FNOIS-2018 analyzes, interprets and disseminates information about the data of investigations involving First Nations children and their families collected by the OIS-2018. The objective of the FNOIS-2018 is to examine the response of the child welfare organizations to allegations of maltreatment or risk of maltreatment of First Nations children and their families.

A multi-stage sampling design was used for the OIS-2018, first to select a representative sample of 18 child welfare agencies (15 Children's Aid Societies (CAS) and 3 Indigenous Child and Family Well-Being Agencies (ICFWBA)), and then to sample cases within these agencies. Information was collected directly from investigating workers at the conclusion of the investigation. The OIS-2018 sample of 7,590 child maltreatment-related investigations was used to derive estimates of the annual rates and characteristics of investigated maltreatment in Ontario. In order to maintain comparability between cycles of the OIS, this report primarily provides descriptive data based on the 7,115 investigations of children 0-15 years of age. In Ontario, the age of protection was amended to include 16 and 17 year olds in 2018, and a basic table for this age group (475 investigations) is provided in Table 3-1b and Table 5-2.

As with any sample survey, estimates must be understood within the constraints of the survey instruments, the sampling design, and the estimation procedures used. This chapter presents the OIS-2018 methodology and discusses its strengths, limitations, and impact on interpreting the OIS-2018 estimates. The estimates provided are representative of Ontario, but not necessarily representative of the experiences of all First Nations children and families.

Sampling

The OIS-2018 sample was drawn in three stages: first, a representative sample of child welfare agencies from across Ontario was selected, then cases were sampled over a three-month period within the selected agencies, and, finally, child investigations that met the study criteria were identified from the sampled cases. The sampling approach was developed in consultation with a statistical expert.

Agency selection

Child welfare agencies are the Primary Sampling Units (PSU) for the OIS-2018. The term "child welfare agency" describes any organization that has the authority to conduct child protection investigations. In Ontario, agencies serve the full population in a specific geographic area; however, in some instances several agencies may serve different populations in the same area on the basis of religion or Indigenous heritage. There are specific agencies in Ontario which only provide services to Indigenous children and families and other agencies can be considered mainstream child welfare agencies. A final count of 48 agencies constituted the sampling frame for the 2018 study (see Table 1-1 in the OIS-2018 Major Findings report). A representative sample of 18 (15 CAS and 3 ICFWBA) child welfare agencies was selected for inclusion in the OIS-2018 using a stratified random sampling approach.

Child welfare agencies in Ontario were allocated among five strata from which the OIS-2018 participating agencies were sampled. Agencies were stratified by whether they provided mainstream child welfare services or services to Indigenous children and families. There were three strata for mainstream agencies and two for Indigenous agencies. Agencies were allocated to these strata by size (large, medium, or small for mainstream agencies; and large or medium/small for Indigenous agencies). Sizes were determined by the total number of investigations provided by the Ministry of Children, Community and Social Services from the past fiscal year. All agencies allocated in the large strata for both Indigenous and mainstream agencies were selected. Within each medium and small strata, systematic sampling was used.

Directors of the sampled agencies were sent letters of recruitment, which introduced the study and requested participation. Participation was voluntary. Three agencies declined to participate due to their particular circumstances and three did not respond to the request for participation leading to replacement agencies being selected from the remaining agencies within their

respective stratum.

Case Selection
The second sampling stage involved selecting cases opened in the participating agencies during the three-month period of October 1, 2018 to December 31, 2018. Three months was considered to be the optimum period to ensure high participation rates and good compliance with study procedures. Consultation with service providers indicated that case activity from October to December is considered to be typical of a whole year. However, follow-up studies are needed to systematically explore the extent to which seasonal variation in the types of cases referred to child welfare agencies may affect estimates that are based on a three-month sampling period.

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

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

- situations that were reported but **screened out** before the case was opened were not included (Figure 2-1). There is too much variation in screening procedures to feasibly track these cases within the budget of the OIS;
- reports on **already open cases** were not included; and
- only the first report was included for cases that were **reported more than once** during the three-month sampling period.

Figure 2-1: Scope of OIS-2018

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

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

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

In Ontario, children eligible for inclusion in the final study sample were identified by having investigating workers complete the Intake Information section of the online OIS-2018 Maltreatment Assessment. The Intake Information section allowed the investigating worker to identify any children who were investigated because of maltreatment-related concerns (i.e., investigation of alleged incidents of maltreatment or assessment of risk of future maltreatment). These procedures yielded a final sample of 7,590 child investigations in Ontario because of maltreatment-related concerns. This included 7,115 child maltreatment-related investigations involving children less than one to 15 years old, and 475 investigations involving 16 and 17 year olds. As of 2018, the age of protection in Ontario was increased from under 16 to under 18.

Investigating Maltreatment vs. Assessing Future Risk of Maltreatment

The primary objective of the OIS is to document investigations of situations where there are concerns that a child may have been abused or neglected. While investigating maltreatment is central to the mandate of child protection authorities, their mandates can also apply to situations where there is no specific concern about past maltreatment but where the risk of future maltreatment is being assessed. As an aid to evaluating future risk of maltreatment, a variety of risk assessment tools and methods have been adopted in Ontario, including the Ontario Risk Assessment Model, an Eligibility Spectrum, a Risk Assessment Tool, and more formalized differential response models.[2] Risk assessment

1 In the OIS-2008, extensive analyses were conducted to improve the efficiency of the sampling design. The analyses revealed that sampling more than 250 investigations within a child welfare agency does not result in an improvement in the standard error. Obtaining a random sample of investigations also reduces worker burden in larger agencies.
2 Barber, J., Shlonsky, A., Black, T., Goodman, D., and Trocmé, N. (2008). Reliability and Predictive Validity of a Consensus-Based Risk Assessment Tool, Journal of Public Child Welfare, 2: 2, 173 – 195.

tools are designed to promote structured, thorough assessments and informed decisions. They measure a variety of factors that include child strengths and vulnerabilities, sources of familial support and stress, and caregiver addictions and mental health concerns. Risk assessment tools are intended to supplement clinical decision making and are designed to be used at multiple decision points during child welfare interventions.

Due to changes in investigation mandates and practices over the last twenty years, the OIS-2018 tracked risk assessments and maltreatment investigations separately. To better capture both types of cases, the OIS-2008 was redesigned to separately track maltreatment investigations versus cases opened only to assess the risk of future maltreatment. Before the OIS-2008, cases that were only being assessed for risk of future maltreatment were not specifically included.

For the OIS-2008, OIS-2013, and OIS-2018, investigating workers were asked to complete a data collection instrument for both types of cases. For cases involving maltreatment investigations, workers described the specific forms of maltreatment that were investigated and whether the maltreatment was substantiated. In cases that were only opened to assess future risk of maltreatment, investigating workers were asked to indicate whether the risk was confirmed, but not to specify the forms of future maltreatment about which they may have had concerns. Specifying the form of future maltreatment being assessed was not feasible given that risk assessments are based on a range of factors including child strengths and vulnerabilities, caregiver addictions, caregiver mental health concerns, and sources of familial support and stress.

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

Forms of Maltreatment Included in the OIS-2018

The OIS-2018 definition of child maltreatment includes 33 forms of maltreatment subsumed under five primary categories of maltreatment: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence.

A source of potential confusion in interpreting child maltreatment statistics lies in inconsistencies in the categories of maltreatment included in different statistics. Most child maltreatment statistics refer to both physical and sexual abuse, but other categories of maltreatment, such as neglect and emotional maltreatment, are not systematically included. There is even less consensus with respect to subtypes or forms of maltreatment. The OIS-2018 is able to track up to three forms of maltreatment for each child investigation.

Investigated Maltreatment vs. Substantiated Maltreatment

The child welfare statute in Ontario, the Child, Youth and Family Services Act requires that professionals working with children and the general public report all situations where they have concerns that a child may have been maltreated or where there is a risk of maltreatment. The investigation phase is designed to determine whether the child was in fact maltreated or not. Jurisdictions in Ontario use a two-tiered substantiation classification system that distinguishes between substantiated and unfounded cases, or verified and not verified cases. The OIS uses a three-tiered classification system for investigated incidents of maltreatment, in which a "suspected" level provides an important clinical distinction in certain cases: those in which there is not enough evidence to substantiate maltreatment, but maltreatment cannot be ruled out.[3]

In reporting and interpreting maltreatment statistics, it is important to clearly distinguish between risk-only investigations, maltreatment investigations, and substantiated investigations of maltreatment.

Risk of Harm vs. Harm

Cases of maltreatment that draw public attention usually involve children who have been severely injured or, in the most tragic cases, have died as a result of maltreatment. In practice, child welfare agencies investigate and intervene in many situations in which children have not yet been harmed, but are at risk of harm. For instance, a toddler who has been repeatedly left unsupervised in a potentially dangerous setting may be considered to have been neglected, even if the child has not been harmed. The OIS-2018 includes both types of situations in its definition of substantiated maltreatment. The FNOIS-2018 study also gathers information about physical and emotional harm attributed to substantiated maltreatment (Chapter 4).

The OIS-2018 documents both physical and emotional harm; however, definitions of maltreatment used for the study do not require the occurrence of harm.
There can be confusion around the difference between risk of harm and risk of maltreatment. A child who has been placed at risk of harm has experienced an event

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

that endangered their physical or emotional health. Placing a child at risk of harm is considered maltreatment. For example, neglect can be substantiated for an unsupervised toddler, regardless of whether or not harm occurs, because the parent is placing the child at substantial risk of harm. In contrast, risk of maltreatment refers to situations where a specific incident of maltreatment has not yet occurred, but circumstances, for instance parental substance abuse, indicate that there is a significant risk that maltreatment could occur in the future.

Instrument

The OIS-2018 survey instrument was designed to capture standardized information from child welfare workers conducting maltreatment investigations or investigations of risk of future maltreatment. Given the time constraints faced by child welfare workers, the instrument had to be kept as short and simple as possible.

The research team engaged in several tasks in preparation for data collection. One major task involved updating the paper-and-pencil *Maltreatment Assessment Form* used in the OIS-2013 to an online instrument, the *OIS-2018 Maltreatment Assessment*. The online data collection system was housed on a secure server at the University of Toronto with access only through the internet, through secure logins and connections. The *OIS-2018 Maltreatment Assessment* was the main data collection instrument used for the study. This instrument was completed by the primary investigating child welfare worker upon completion of each child welfare investigation (Appendix D). This data collection instrument consists of an *Intake Information* section, a *Household Information* section, and a *Child Information* section.

Intake Information Section
Information about the report or referral as well as partially identifying information about the child(ren) involved was collected on the *Intake Information* section. This section requested information on: the date of referral; referral source; number of caregivers and children in the home; age and sex of caregivers and children; the reason for referral; which approach to the investigation was used; the relationship between each caregiver and child; the type of investigation (a risk investigation or an investigated incident of maltreatment); whether there were other adults in the home; and whether there were other caregivers outside the home.

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

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

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

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

Validation Focus Groups
In the summer of 2018, focus groups were conducted in Ontario to gather feedback on proposed revisions to the OIS-2013 data collection instrument. A convenience sample of three agencies was recruited for participation in the focus groups. One focus group was held in each agency, with four to six intake workers in attendance at each. The process was iterative. One focus group occurred at a participating Indigenous agency.

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

2018 Advisory Committee, which is composed of Children's Aid Society administrators; a representative from the Ontario Ministry of Children, Community and Social Services; a representative from the Ontario Association of Children's Aid Societies; a representative from the Association of Native Child and Family Services Agencies of Ontario (ANCFSAO); and scholars (Appendix B).

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

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

Data Collection and Verification Procedures

Each participating agency was offered a training session conducted by a Site Researcher to introduce participating child welfare workers to the OIS-2018 instruments and procedures. The majority of agencies opted to receive the training session. In addition, many agency representatives requested one-on-one support for participating child welfare workers completing the OIS-2018 instruments throughout the data collection period. Additional support was built into the OIS-2018 online platform, including direct access to the OIS-2018 Guidebook (Appendix E), which includes definitions for all of the items and study procedures; written instructions for each item on the instrument available through a help pop-up; and audio instructions for a selection of items.

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

Completion of the data collection instrument was designed to coincide with the point when investigating workers complete their written report of the investigation; typically required within 45 days of beginning the investigation.

Data Verification and Data Entry
Completed data collection instruments were verified by two Site Researchers and the Principal Investigator for inconsistent responses. Consistency in instrument completion was examined by comparing the data collection instrument to the brief case narratives provided by the investigating worker. Workers were instructed not to include any identifying information on the study forms. The data were extracted from the online platform and entered into SPSS Version 26. Inconsistent responses and miscodes were systematically identified and cleaned. Duplicate cases were screened and deleted on the basis of agency identification numbers and date of opening.

Participation and Item Completion Rates
The *OIS-2018 Maltreatment Assessment* was as short and simple as possible to minimize the response burden and ensure a high completion rate. Item completion rates were over 99 percent for all items.[4] The online instrument could not be submitted until all items were completed. The participation rate was estimated by comparing actual cases opened during the case-selection period with the number of cases for which data collection instruments were completed. The overall participation rate was over 99 percent.

Estimation Procedures

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

Weighting
The data collected for the OIS-2018 were weighted in order to derive provincial, annual incidence estimates. Design weights were applied to each case selected

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

in sampled agencies during the three-month case selection period. In order to increase the precision and accuracy of estimates for the overall agency volume for 2018, calibration factors, based on known numbers of investigations, were applied. It is important to note that estimates are representative of Ontario, and not necessarily reflective of the experiences of delegated Indigenous Child and Family Well-Being Agencies in Ontario. Please see Appendix F in the OIS-2018 Major Findings Report for a detailed description of the weighting and estimation.

Incidence Rates
Provincial incidence estimates were calculated by dividing the weighted estimates by the child population in Ontario by age (less than one to 17 years). Child population numbers are based on 2016 Census data[5] (see Tables 5-1 and 5-2). A custom Census run was provided by Statistics Canada which included "Aboriginal status" by single years of age for Ontario Census divisions and Census subdivisions. It should be noted that there are concerns about the completeness and accuracy of "Aboriginal status" in the Census. This report compares investigations involving First Nations children to non-Indigenous children. Since we do not have jurisdiction over Métis and Inuit children, these children were removed from the Census child population rates and the FNOIS-2018 sample. Please see Appendix F in the OIS-2018 Major Findings Report for a detailed description of the weighting and estimation.

Case Duplication
Although cases reported more than once during the three-month case sampling period were unduplicated, the weights used to develop the OIS annual estimates include an unknown number of "duplicate" cases, i.e., children or families reported and opened for investigation two or more times during the year. Although each investigation represents a new incident of maltreatment, confusion arises if these investigations are taken to represent an unduplicated count of children. To avoid such confusion, the OIS-2018 uses the term "child investigations" rather than "investigated children," since the unit of analysis is the investigation of the child's alleged maltreatment.

Sampling Error Estimation
Although the OIS-2018 estimates are based on a relatively large sample of 7,590 child maltreatment-related investigations, sampling error is primarily driven by the variability between the 18 participating agencies. Sampling error estimates were calculated to reflect the fact that the survey population had been randomly selected from across the province. Standard error estimates were calculated for select variables at the $p < 0.05$ level. Most coefficients of variation were in the acceptable and reliable level, with the exception of low frequency events. Estimates that should be interpreted with caution include placement in foster care (22.66) and placement considered (23.63). There were estimates that had CV's over 33 that should be interpreted with extreme caution (placement in kinship in care, group home and group home/residential secure treatment estimates).

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

Ethics Procedures

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

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

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

Indigenous Ethics

The OIS-2018 adhered to the First Nations principles of Ownership of, Control over, Access to, and Possession of research (OCAP principles), which must be negotiated within the context of individual research projects. In the case of the OIS-2018, adherence to OCAP

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

principles is a shared concern that shapes the collaborative relationship between the OIS-2018 Advisory Committee and the research team. Representatives from ANCFSAO were invited to be members of the OIS-2018 Advisory Committee, which guided the research design and implementation. At the direction of the ANCFSAO, the current report examines the involvement of First Nations children in child maltreatment-related investigations compared to non-Indigenous children. Investigations involving First Nations children are compared to non-Indigenous children. Investigations involving non-Indigenous children do not include Métis and Inuit populations.

Ethno-racial Data Analyses
Any future analyses of ethno-racial data will be governed/informed in

consultation with applicable ethno-cultural communities and will reflect their perspectives and input.

Study Limitations

Although every effort was made to make the FNOIS-2018 estimates precise and reliable, several limitations inherent to the nature of the data collected must be taken into consideration:

- the weights used to derive annual estimates include counts of children investigated more than once during the year; therefore, the unit of analysis for the weighted estimates is a **child maltreatment-related investigation**;
- the FNOIS tracks **information during approximately the first 45 days** of case activity; service outcomes such as out-of-home placements and applications to court only include events that occurred during those first approximately 45 days; Table 4-6, and Table 4-7 were affected by this limitation;
- the provincial counts presented in this report are **weighted estimates**. In some instances sample sizes are too small to derive publishable estimates. For example, Table 4-4 presents the nature of physical harm; the number of substantiated investigations involving broken bones, burns and scalds, or head trauma could not be reported due to the small sample sizes;
- the OIS **only tracks reports investigated by child welfare** agencies and does not include reports that were screened out, cases that were only investigated by the police, and cases that were never reported. For instance, Table 3-3 presents the estimated number of investigations of exposure to intimate partner violence that were investigated and does not include incidents of intimate partner violence that were reported only to police or never reported; and
- the study is based on the assessments provided by the investigating child welfare workers and **could not be independently verified**. For example, Table 5-3 presents the child functioning concerns documented in cases of substantiated maltreatment. The investigating workers determined if the child demonstrated functioning concerns, for instance depression or anxiety. However, these child functioning concerns are not verified by an independent source.

Most importantly, the following chapters must be read and understood within the context and limitations of the data. The data collected are based on workers' knowledge at the time of the investigation and their clinical judgement. Workers were asked to indicate caregivers' and children's ethno-racial background and this is not independently verified. It is suspected that there is an under-identification of Indigenous families. Prior to Dnaagdawenmag Binnoojiiyag Child & Family Services becoming mandated, they assisted their partner agency in reviewing and identifying files that they would soon serve. During this process, Dnaagdawenmag Binnoojiiyag identified more than double the number of Indigenous family service files, and 19% more Indigenous children in-care than the numbers reported by their partner mainstream agency. This underestimation may be mirrored in the Census data with an undercounting of First Nations children. Please see incidence calculation below.

Incidence Calculation

$$\frac{\text{(Rate per 1,000 child maltreatment-related investigations for children under the age of 15 years old)}}{\text{(Census population of First Nations children under the age of 15 years old in Ontario)}} \times 1000$$

Chapter 3: Investigations Involving First Nations Children and Families

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

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

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

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

Table 3-1a: Indigenous Heritage of Children (under 16 Years Old) in Investigations in Ontario in 2018

Indigenous Heritage	Number of Investigations	Rate per 1,000 Children	%
First Nations	11,480	174.43	7%
First Nations, Status	6,324	N/A	4%
First Nations, Non-Status	5,156	N/A	3%
Non-Indigenous	134,642	59.51	91%
Total Investigations	**148,536**	**62.89**	**100%**

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

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

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

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

Table 3-1b: Indigenous Heritage of Children (16 - 17 Years Old) in Investigations in Ontario in 2018

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

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

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

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

Table 3-2: Referral Source in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	First Nations Children			**Non-Indigenous Children**		
Referral Source	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Any Non-Professional	2,700	41.02	24%	29,571	13.07	22%
Any Professional	8,011	121.72	70%	99,674	44.06	74%
Other/Anonymous	1,269	19.28	11%	9,964	4.40	7%
Total Investigations	**11,480**	**174.43**	**100%**	**134,642**	**59.51**	**100%**

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

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

Columns do not add up to totals because an investigation could have had more than one referral source.

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

Table 3-3: Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
	First Nations Children			Non-Indigenous Children		
Nature of Investigation	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Physical Abuse	1,173	17.82	10%	28,309	12.51	21%
Sexual Abuse	326	4.95	3%	3,627	1.60	3%
Neglect	2,586	39.29	23%	19,242	8.51	14%
Emotional Maltreatment	479	7.28	4%	8,717	3.85	6%
Exposure to Intimate Partner Violence	2,026	30.78	18%	25,561	11.30	19%
Subtotal: All Maltreatment Investigations	**6,590**	**100.13**	**57%**	**85,456**	**37.77**	**63%**
Risk of Future Maltreatment Investigations	4,890	74.30	43%	49,186	21.74	37%
Total Investigations	**11,480**	**174.43**	**100%**	**134,642**	**59.51**	**100%**

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

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

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

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

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

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

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

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

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

- Estimate was <100 investigations.

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

As shown in Table 3-4, a history of previous investigations were higher for those involving First Nations children; 85% (an estimated 9,529 investigations; a rate of 144.78

per 1,000 First Nations children) were noted as having previous investigations compared to 68% of investigations involving non-Indigenous children (an estimated 90,319; a rate of 39.92 per 1,000 non-Indigenous children). As shown in Table 3-5, workers referred families to services more often for those investigations involving First Nations children compared to non-Indigenous children. Almost half of the investigations involving First Nations children had referrals (48%; an estimated 5,473 investigations; a rate of 83.16 per 1,000 First Nations children) compared to 36% for

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

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

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

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

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

- Estimate was <100 investigations.

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

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

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

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

	First Nations Children			Non-Indigenous Children		
Provision of Ongoing Services	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Case to Stay Open for Ongoing Services	4,187	63.62	36%	24,716	10.92	18%
Case to be Closed	7,293	110.81	64%	109,926	48.59	82%
Total Investigations	**11,480**	**174.43**	**100%**	**134,642**	**59.51**	**100%**

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

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

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

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

Chapter 4: Substantiated Investigations Involving First Nations Children and Families

This chapter will examine substantiated investigations involving First Nations children. The OIS-2018 tracks two types of investigations: those conducted because of a concern about a maltreatment incident that may have occurred and those conducted to assess whether there is a significant risk of future maltreatment where there is no alleged or suspected maltreatment.

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

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

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

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

Twenty-four percent of investigations involving First Nations children were substantiated (a rate of 41.97 per 1,000 First Nations children); a similar proportion to those involving non-Indigenous children (25%). However, the rate is much lower for non-Indigenous children (15.04 per 1,000 non-Indigenous children). More investigations involving First Nations children had confirmed risk (11%; an estimated 1,207 investigations; a rate of 18.34 per 1,000 First Nations children) compared to non-Indigenous children (6%; an estimated 7,460 investigations; a rate of 3.30 per 1,000 non-Indigenous children).

Table 4-1: Substantiation Decisions in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

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

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

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

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

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

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

As shown in Table 4-2, more than half of substantiated maltreatment for First Nations children involved a single incident (52%; an estimated 1,434 substantiated investigations; a rate of 21.79 per 1,000 First Nations children). For substantiated investigations involving non-Indigenous children, more than half (56%) involved multiple incidents (an estimated 19,089 substantiated investigations; a rate of 8.44 per 1,000 non-Indigenous children).

If the maltreatment was substantiated, workers were asked to indicate whether the child was showing signs of emotional harm (e.g., nightmares, bed wetting, or social withdrawal) following the maltreatment incident(s). In order to rate the severity of emotional harm, hild required treatment to manage the symptoms of emotional harm. Workers noted no emotional harm in substantiated investigations involving First Nations children in 74% of substantiated investigations (an estimated 2,038 substantiated investigations; a rate of 30.97 per 1,000 First Nations children);

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

The OIS-2018 tracked physical harm identified by the investigating worker. Information on physical harm was collected using two measures: one describing severity of harm as measured by medical treatment needed and one describing the nature of harm. Most substantiated investigations have no physical harm noted: 94% for those involving First Nations children (an estimated 2,602 or a rate of 39.54 per 1,000 First Nations children) compared to 95% (32,000 or 14.23 per 1,000 non-Indigenous children; see Table 4-4).

Workers were ask to indicate the level of police involvement for each maltreatment code listed. If a police investigation was ongoing and a decision to lay charges had not yet been made, workers were directed to select the "Investigation" item. Most substantiated investigations did not have police involvement: 53% of substantiated investigations involving First Nations children, and 54% of those involving non-Indigenous children. Charges were laid in 28% of substantiated investigations for First Nations children (a rate of 11.88 per 1,000 First Nations children) compared to 24% for non-Indigenous children (a rate of 3.55 per 1,000 non-Indigenous children). There was a police investigation in 17% of

Table 4-2: Duration of Maltreatment in Substantiated Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	First Nations Children			Non-Indigenous Children		
Duration of Maltreatment	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Single Incident	1,434	21.79	52%	14,938	6.60	44%
Multiple Incidents	1,328	20.18	48%	19,089	8.44	56%
Total Substantiated Maltreatment	**2,762**	**41.97**	**100%**	**34,027**	**15.04**	**100%**

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

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

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

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

Table 4-3: Emotional Harm in Substantiated Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	First Nations Children			Non-Indigenous Children		
Emotional Harm	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Emotional Harm, No Therapeutic Treatment Required	119	1.81	4%	5,560	2.46	16%
Emotional Harm, Therapeutic Treatment Required	605	9.19	22%	6,995	3.09	21%
Subtotal: Any Emotional Harm Documented	**724**	**11.00**	**26%**	**12,555**	**5.55**	**37%**
No Emotional Harm Documented	2,038	30.97	74%	21,472	9.49	63%
Total Substantiated Investigations	**2,762**	**41.97**	**100%**	**34,027**	**15.04**	**100%**

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

Based on a sample of 206 substantiated child maltreatment investigations in 2018 involving First Nations children, aged 0 - 15 years, and 1,551 substantiated child maltreatment investigations involving non-Indigenous children, aged 0 - 15 years, with information about emotional harm.

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

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

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

Table 4-4: Physical Harm in Substantiated Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

	First Nations Children			Non-Indigenous Children		
Physical Harm	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Physical Harm, No Medical Treatment Required	-	-	2%	1,412	0.62	4%
Physical Harm, Medical Treatment Required	111	1.69	4%	415	0.18	1%
Subtotal: Any Physical Harm Documented	**160**	**2.43**	**6%**	**1,827**	**0.81**	**5%**
No Physical Harm Documented	2,602	39.54	94%	32,200	14.23	95%
Total Substantiated Investigations	**2,762**	**41.97**	**100%**	**34,027**	**15.04**	**100%**

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

Based on a sample of 206 substantiated child maltreatment investigations in 2018 involving First Nations children, aged 0 - 15 years, and 1,551 substantiated child maltreatment investigations involving non-Indigenous children, aged 0 - 15 years, with information about physical harm.

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

- Estimate was <100 investigations.

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

Table 4-5: Police Involvement in Substantiated Maltreatment Involving First Nations and non-Indigenous Children in Ontario in 2018

	First Nations Children			Non-Indigenous Children		
Police Involvement	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Investigation	479	7.28	17%	7,292	3.22	21%
Charges Laid	782	11.88	28%	8,039	3.55	24%
None	1,476	22.43	53%	18,299	8.09	54%
Unknown	-	-	1%	397	0.18	1%
Total Substantiated Maltreatment Investigations	**2,762**	**41.97**	**100%**	**34,027**	**15.04**	**100%**

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

Based on a sample of 206 substantiated child maltreatment investigations in 2018 involving First Nations children, aged 0 - 15 years, and 1,551 substantiated child maltreatment investigations involving non-Indigenous children, aged 0 - 15 years, with information about police involvement.

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

- Estimate was <100 investigations.

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

The following tables include substantiated investigations *and* confirmed risk of future maltreatment investigations.

Table 4-6 describes any applications made to child welfare court during the investigation period. Investigating workers were asked about three possible statuses for court involvement during the initial investigation: "no application", "application considered" and "application made". Table 4-6 collapses "no application" and "application considered" into a single category (No Application to Court). Five percent of substantiated and confirmed risk child investigations involving both First Nations and non-Indigenous children resulted in an application to child welfare court. However, the rate is higher for First Nations children (2.84 per 1,000 First Nations children) compared to non-Indigenous children (0.85 per non-Indigenous children).

Table 4-6: Applications to Child Welfare Court in Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations Involving First Nations and non-Indigenous Children

	First Nations Children			Non-Indigenous Children		
Child Welfare Court Application	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
No Application to Court	3,782	57.46	95%	39,564	17.49	95%
Application Made	187	2.84	5%	1,922	0.85	5%
Total Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations	**3,969**	**60.31**	**100%**	**41,486**	**18.34**	**100%**

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

Based on a sample of 291 substantiated child maltreatment and confirmed risk of future maltreatment investigations in 2018 involving First Nations children, aged 0 - 15 years, and 1,895 substantiated child maltreatment and confirmed risk of future maltreatment investigations involving non-Indigenous children, aged 0 - 15 years, with information about child welfare court applications.

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

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

As shown in Table 4-7, 16% of substantiated and confirmed risk investigations for First Nations children involved a placement: 10% were placed with a relative (a rate of 6.17 per 1,000 First Nations children), 5% in foster care (a rate of 3.05 per 1,000 First Nations children), and 1% in a group home or residential secure treatment. The proportion and rates of placement are smaller for these investigations involving non-Indigenous children: 4% were placed with a relative (a rate of 0.75 per 1,000 non-Indigenous children), and 2% in foster care (a rate of 0.40 per 1,000 non-Indigenous children). Group home placements were also measured in the OIS-2018. The rate of group home placements at investigation are too rare an event to provide a reliable estimate. The rate of group home placements are best measured after investigation. Nonetheless, First Nations children were more likely to be placed in a group home at the conclusion of an investigation.As shown in Table 4-7, 16% of substantiated and confirmed risk investigations for First Nations children involved a placement: 10% were placed with a relative (a rate of 6.17 per 1,000 First Nations children), 5% in foster care (a rate of 3.05 per 1,000 First Nations children), and 1% in a group home or residential secure treatment. The proportion and rates of placement are smaller for these investigations involving non-Indigenous children: 4% were placed with a relative (a rate of 0.75 per 1,000 non-Indigenous children), and 2% in foster care (a rate of 0.40 per 1,000 non-Indigenous children). Group home placements were also measured in the OIS-2018. The rate of group home placements at investigation are too rare an event to provide a reliable estimate. The rate of group home placements are best measured after investigation. Nonetheless, First Nations children were more likely to be placed in a group home at the conclusion of an investigation.

Table 4-7: Placements in Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
	First Nations Children			**Non-Indigenous Children**		
Placement Status	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Child Remained at Home	3,340	50.76	84%	38,795	17.15	94%
Child with Relative (Not a Formal Child Welfare Placement)	406	6.17	10%	1,689	0.75	4%
Foster Care (Includes Foster and Kinship Care)	201	3.05	5%	908	0.40	2%
Group Home/Residential Secure Treatment	-	-	1%	-	-	0%
Total Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations	**3,969**	**60.31**	**100%**	**41,486**	**18.34**	**100%**

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

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

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

- Estimate was <100 investigations.

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

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

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

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

Investigations involving First Nations children involve younger children compared to investigations involving non-Indigenous children. For example, 30% of First Nations children investigated are under 4 years old (an estimated 1,794 girls or a rate of 228.68 per 1,000 First Nations girls; and 1,662 boys or a rate of 208.79 per 1,000 First Nations boys). This compares to 20% of investigations involving non-Indigenous children under 4 years old (13,255 girls and 13,907 boys), and much lower rates (51.35 per 1,000 non-Indigenous girls, and 51.57 per 1,000 non-Indigenous boys). Whereas, the proportions of older children are similar: 22% of investigations involve 12 to 15 year old First Nations children (1,093 girls and 1,416 boys) compared to 23% 12 to 15 years old non-Indigenous children (16,772 girls and 15,271 boys). However, the rates of investigations involving older children are much higher for those involving 12 to 15 year old First Nations children: a rate of 138.97 per 1,000 First Nations 12-15 year old girls compared to a rate of 59.31 per 1,000 non-Indigenous girls, and a rate of 170.71 per 1,000 First Nations 12-15 year old boys compared to 51.00 per 1,000 non-Indigenous 12-15 year old boys.

The definition of a "child" in need of protection in Ontario changed in 2018: the age was increased from a child being defined as under 16 years to under 18 years. As shown in Table 5-2, in Ontario in 2018, an estimated 696 investigations involved 16 and 17 year old First Nations children (a rate of 80.65 per 1,000 First Nations 16-17 year old children) compared to an estimated 9,038 investigations involved 16 and 17 year old non-Indigenous children (a rate of 29.63 per 1,000 non-Indigenous 16-17 year old children). Most (62%) investigations involving First Nations children 16 – 17 years old are 16 year olds (an estimated 221 girls or a rate of 103.27, and an estimated 207 boys or a rate of 95.39). Though the proportions are similar, the rates are, again, much lower for investigations involving non-Indigenous children. The rate of investigation for 16 year old non-Indigenous girls is 39.30 per 1,000 and 29.61 for 16 year old non-Indigenous boys.

Child functioning classifications reflect physical, emotional, cognitive, and behavioural issues. Child welfare workers were asked to consider 17 potential functioning concerns. Investigating workers were asked to indicate problems that had been confirmed by a diagnosis, directly observed by the investigating worker or another worker, and/or disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. The six-month period before the investigation was used as a reference point where applicable. Thirty-five percent of investigations involving First Nations children have at least one noted child functioning concern (an estimated 4,044 investigations; a rate of 61.44 per 1,000 First Nations children) compared to 32% for non-Indigenous children (a rate of 18.87 per 1,000 non-Indigenous children). The most frequently noted child functioning concerns for investigations involving First Nations children are: 16% with academic or learning difficulties (an estimated 1,828 investigations), 13% with noted depression or anxiety or withdrawal (1,487), 12% with intellectual or developmental disabilities (1,420), and 12% with noted aggression or conduct issues (1,311). The most frequently noted child functioning concerns for investigations involving non-Indigenous children are similar: 14% with academic or learning difficulties (an estimated 18,740 investigations), 11% with noted depression or anxiety or withdrawal (14,771), 10% with noted aggression or conduct issues (13,802), and 10% with noted ADHD (13,584). The differences appear to be with younger children: 4% of investigations involving First Nations children have noted positive toxicology at birth (an estimated 413 investigations) compared to

Table 5-1: Child Age and Sex in Investigations involving First Nations and non-Indigenous Children Under 16 Years Old in Ontario in 2018									
		First Nations Children				Non-Indigenous Children			
Child Age and Sex		Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%	Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%
0-15 Years	**All Children**	**65,795**	**11,480**	**174.48**	**100%**	**2,262,420**	**134,642**	**59.51**	**100%**
	Females	32,485	5,437	167.37	47%	1,101,835	65,385	59.34	49%
	Males	33,310	6,043	181.42	53%	1,160,585	69,257	59.67	51%
0-3 Years	**Females**	**7,845**	**1,794**	**228.68**	**16%**	**258,110**	**13,255**	**51.35**	**10%**
	Males	**7,960**	**1,662**	**208.79**	**14%**	**269,680**	**13,907**	**51.57**	**10%**
< 1 Year	Females	1,910	557	291.62	5%	63,605	3,705	58.25	2%
	Males	1,990	540	271.36	5%	65,975	3,445	52.22	2%
1 Year	Females	1,895	374	197.36	3%	63,165	2,602	41.19	3%
	Males	2,020	333	164.85	3%	66,475	3,079	46.32	2%
2 Years	Females	1,980	479	241.92	4%	65,230	3,395	52.05	3%
	Males	1,995	399	200.00	3%	67,170	3,197	47.60	2%
3 Years	Females	2,060	384	186.41	3%	66,110	3,553	53.74	3%
	Males	1,955	390	199.49	3%	70,060	4,186	59.75	3%
4-7 Years	**Females**	**8,650**	**1,292**	**149.36**	**11%**	**275,570**	**18,234**	**66.17**	**14%**
	Males	**8,635**	**1,372**	**158.89**	**12%**	**291,285**	**19,404**	**66.62**	**14%**
4 Years	Females	2,045	363	177.51	3%	68,360	4,336	63.43	3%
	Males	2,075	229	110.36	2%	71,495	4,562	63.81	3%
5 Years	Females	2,180	337	154.59	3%	67,105	4,318	64.35	3%
	Males	2,135	345	161.59	3%	71,265	4,489	62.99	3%
6 Years	Females	2,180	451	206.88	4%	70,070	4,858	69.33	4%
	Males	2,230	364	163.23	3%	73,505	5,265	71.63	4%
7 Years	Females	2,245	141	62.81	1%	70,035	4,722	67.42	4%
	Males	2,195	434	197.72	4%	75,020	5,088	67.82	4%
8-11 Years	**Females**	**8,125**	**1,258**	**154.83**	**11%**	**285,370**	**17,124**	**60.01**	**13%**
	Males	**8,420**	**1,593**	**189.19**	**14%**	**300,180**	**20,675**	**68.88**	**15%**
8 Years	Females	2,080	311	149.52	3%	73,000	4,603	63.05	3%
	Males	2,125	301	141.65	3%	76,555	5,662	73.96	4%
9 Years	Females	2,090	278	133.01	2%	72,145	4,206	58.30	3%
	Males	2,155	528	245.01	5%	74,430	5,741	77.13	4%
10 Years	Females	1,980	305	154.04	3%	70,555	4,420	62.65	3%
	Males	2,120	350	165.09	3%	74,460	4,485	60.23	3%
11 Years	Females	1,975	364	184.30	3%	69,670	3,895	55.91	3%
	Males	2,020	414	204.95	4%	74,735	4,787	64.05	4%
12-15 Years	**Females**	**7,865**	**1,093**	**138.97**	**10%**	**282,785**	**16,772**	**59.31**	**12%**
	Males	**8,295**	**1,416**	**170.71**	**12%**	**299,440**	**15,271**	**51.00**	**11%**
12 Years	Females	1,990	197	98.99	2%	70,715	4,809	68.01	4%
	Males	2,055	435	211.68	4%	75,805	3,856	50.87	3%
13 Years	Females	1,810	310	171.27	3%	69,695	3,854	55.30	3%
	Males	2,045	227	111.00	2%	73,275	4,285	58.48	3%
14 Years	Females	2,025	278	137.28	2%	70,780	3,942	55.69	3%
	Males	2,010	367	182.59	3%	73,695	3,384	45.92	3%
15 Years	Females	2,040	308	150.98	3%	71,595	4,167	58.20	3%
	Males	2,185	387	177.12	3%	76,665	3,746	48.86	3%

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

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

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

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

Table 5-2: Child Age and Sex in Investigations Involving First Nations and non-Indigenous Children Aged 16 and 17 Years Old in Ontario in 2018									
		First Nations Children				Non-Indigenous Children			
Child Age and Sex		Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%	Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%
16-17 Years	**All Children**	**8,630**	**696**	**80.65**	**100%**	**305,000**	**9,038**	**29.63**	**100%**
	Females	**4,215**	**345**	**81.85**	**50%**	**147,935**	**4,851**	**32.79**	**54%**
	Males	**4,415**	**351**	**79.50**	**50%**	**157,065**	**4,187**	**26.66**	**46%**
16 Years	Females	2,140	221	103.27	**32%**	73,415	2,885	39.30	**32%**
	Males	2,170	207	95.39	**30%**	78,700	2,330	29.61	**26%**
17 Years	Females	2,075	124	59.76	**18%**	74,520	1,966	26.38	**22%**
	Males	2,245	144	64.14	**21%**	78,365	1,857	23.70	**21%**

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

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

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

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

Table 5-3: Child Functioning Concerns in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
	First Nations Children			Non-Indigenous Children		
Child Functioning Concern	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Positive Toxicology at Birth	413	6.28	4%	1,133	0.50	1%
FASD	409	6.21	4%	996	0.44	1%
Failure to Meet Developmental Milestones	1,126	17.11	10%	6,647	2.94	5%
Intellectual/Developmental Disability	1,420	21.58	12%	12,322	5.45	9%
Attachment Issues	1,029	15.63	9%	7,187	3.18	5%
ADHD	996	15.13	9%	13,584	6.00	10%
Aggression/Conduct Issues	1,331	20.22	12%	13,802	6.10	10%
Physical Disability	172	2.61	1%	1,653	0.73	1%
Academic/Learning Difficulties	1,828	27.77	16%	18,740	8.28	14%
Depression/Anxiety/Withdrawal	1,487	22.59	13%	14,771	6.53	11%
Self-harming Behaviour	538	8.17	5%	4,590	2.03	3%
Suicidal Thoughts	497	7.55	4%	4,518	2.00	3%
Suicide Attempts	204	3.10	2%	1,232	0.54	1%
Inappropriate Sexual Behaviour	334	5.07	3%	2,545	1.12	2%
Running (Multiple Incidents)	488	7.41	4%	1,907	0.84	1%
Alcohol Abuse	165	2.51	1%	759	0.34	1%
Drug/Solvent Abuse	197	2.99	2%	1,466	0.65	1%
Youth Criminal Justice Act Involvement	170	2.58	1%	791	0.35	1%
Other Functioning Concern	214	3.25	2%	1,422	0.63	1%
Subtotal: At Least One Child Functioning Concern	**4,044**	**61.44**	**35%**	**42,702**	**18.87**	**32%**
No Child Functioning Concerns	7,436	112.98	65%	91,940	40.64	68%
Total Investigations	**11,480**	**174.43**	**100%**	**134,642**	**59.51**	**100%**

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

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

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

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

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

The next tables describe the caregivers for investigations involving First Nations children. Investigations involving First Nations children have a larger proportion of single-caregiver households (44% or an estimated 4,941 investigations) with a rate of 75.07 per 1,000 First Nations children, compared to 36% for investigations involving non-

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

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

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

Based on a sample of 849 child maltreatment-related investigations in 2018 involving First Nations children, aged 0 - 15 years, and 6,049 child maltreatment-related investigations involving non-Indigenous children, aged 0 - 15 years, with information about the number of caregivers in the home.

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

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

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

Table 5-5: Age and Sex of Primary Caregivers in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018

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

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

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

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

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

- Estimate was <100 investigations.

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

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

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

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

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

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

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

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

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

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

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

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

- Estimate was <100 investigations.

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

group home). Where applicable, the reference point for identifying concerns about caregiver risk factors was the previous six months. Seventy percent of investigations involving First Nations children (an estimated 7,830; a rate of 118.97 per 1,000 First Nations children) have at least one noted primary caregiver risk factor compared to 53% for non-Indigenous children (an estimated 69,905 investigations; a rate of 30.90 per 1,000 non-Indigenous children). The most frequently noted primary caregiver risk factors for investigations involving First Nations children are: mental health issues (34%; an estimated 3,849 investigations), victim of intimate partner violence (31%; 3,524 investigations), and few social supports (26%; 2,889 investigations). The most frequently noted primary caregiver risk factors for investigations involving non-Indigenous children are similar: victim of intimate partner violence (26%; 35,112 investigations), mental health issues (22%; an estimated 29,732 investigations), and few social supports (21%; 28,109 investigations). The differences between investigations involving First Nations children compared to those involving non-Indigenous children are for the following primary caregiver risk factors: alcohol abuse (22% or an estimated 2,456 investigations involving First Nations children compared to 6% or an estimated 7,970 investigations involving non-Indigenous children), drug/solvent abuse (15% vs 7%), and history of foster care or group home (14% vs 4%; see Table 5-7).

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

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

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

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

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

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

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

Chapter 6: Household Characteristics for Investigations Involving First Nations Children

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

Investigations involving First Nations children most often have families who live off reserve (83%; an estimated 7,050 investigations; a rate of 107.12 per 1,000 First Nations children; see Table 6-1).

Investigating workers were asked to choose the income source that best described the primary source of the household income (see Appendix E for income source definitions). A smaller proportion of investigations involving First Nations children have caregivers with full-time employment as the household income source (32% or an estimated 3,619 investigations or a rate of 54.99 per 1,000 First Nations children) compared to 55% for non-Indigenous children (an estimated 72,735 investigations or a rate of 32.15 per 1,000 non-Indigenous children). While a larger proportion of investigations involving First Nations children have benefits or employment insurance or social assistance as the household income source (48% or an estimated 5,385 investigations or a rate of 81.82 per 1,000 First Nations children) compared to 23% for non-Indigenous children (an estimated 30,291 investigations or a rate of 13.39 per 1,000 non-Indigenous children; see Table 6-2).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Table 6-3: Housing Type in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
	First Nations Children			Non-Indigenous Children		
Housing Type	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Own Home	1,697	25.78	15%	47,183	20.86	36%
Rental	5,956	90.50	53%	56,870	25.14	43%
Public Housing	1,803	27.39	16%	12,278	5.43	9%
Band Housing	682	10.36	6%	0	0.00	0%
Shelter/Hotel	268	4.07	2%	1,299	0.57	1%
Living with Friends/Family	448	6.81	4%	6,375	2.82	5%
Other	-	-	1%	-	-	0%
Unknown	304	4.62	3%	8,511	3.76	6%
Total Investigations	**11,249**	**170.92**	**100%**	**132,615**	**58.62**	**100%**

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

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

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

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

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

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

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

Table 6-4: Family Moves Within the Last Twelve Months in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
	First Nations Children			Non-Indigenous Children		
Number of Moves in the Last Twelve Months	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
No Moves in the Last Twelve Months	6,765	102.79	60%	74,591	32.97	56%
One Move	1,945	29.55	17%	22,964	10.15	17%
Two or More Moves	1,197	18.19	11%	7,072	3.13	5%
Unknown	1,342	20.39	12%	27,988	12.37	21%
Total Investigations	**11,249**	**170.92**	**100%**	**132,615**	**58.62**	**100%**

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

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

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

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

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

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

Exposure to unsafe housing conditions was measured by investigating workers who indicated the presence or absence of unsafe conditions in the home. Unsafe housing conditions were similar proportions for investigations involving First Nations children compared to investigations involving non-Indigenous children. Four percent of investigations involving First Nations children had unsafe housing conditions (an estimated 435 investigations or a rate of 6.61 per 1,000 First Nations children) and 3% of investigations involving non-Indigenous children had unsafe housing conditions (an estimated 4,127 investigations or a rate of 1.82 per 1,000 children; see Table 6-5).

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

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

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

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

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

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

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

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

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

	First Nations Children			Non-Indigenous Children		
Home Overcrowding	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Yes	1,210	18.38	11%	7,577	3.35	6%
No	9,890	150.27	88%	121,374	53.65	92%
Unknown	149	2.26	1%	3,664	1.62	3%
Total Investigations	**11,249**	**170.92**	**100%**	**132,615**	**58.62**	**100%**

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

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

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

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

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

Appendix A: OIS-2018 Site Researchers

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

Their enthusiasm and dedication to the study were critical to ensuring its success.

The following is a list of Site Researchers from the Factor-Inwentash Faculty of Social Work, University of Toronto, who participated in the OIS-2018.

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

Data Verification and Cleaning

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

Data Analysis

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

Appendix B: OIS-2018 Advisory Committee

The OIS-2018 Advisory Committee was established to provide guidance and oversight to all phases of the research. The Advisory Committee is composed of Children's Aid Society administrators; a representative from the Ontario Ministry of Children, Community and Social Services; a representative from the Ontario Association of Children's Aid Societies; a representative from the Association of Native Child and Family Services Agencies of Ontario; and scholars. An additional function of the Advisory Committee is to ensure that the OIS respects the principles of Indigenous Ownership of, Control over, Access to, and Possession of research (OCAP principles) to the greatest degree possible given that the OIS is a cyclical study which collects data on investigations involving Indigenous and non-Indigenous children.

The following is a list of current members of the OIS-2018 Advisory Committee.

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

Krista Budau
Supervisor of Accountability,
Children's Aid Society of Algoma

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

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

Mark Kartusch
Executive Director,
Catholic Children's Aid Society of Toronto

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

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

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

Henry Parada
Professor,
School of Social Work at Ryerson University

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

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

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

Jill Stoddart
Director of Research, Development, and Outcomes,
Family and Children's Services of the Waterloo Region

Appendix C: Glossary of Terms

The following is an explanatory list of terms used throughout the Ontario Incidence Study of Reported Child Abuse and Neglect 2018 (OIS-2018) Report.

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

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

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

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

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

Child: The OIS-2018 defined child as age newborn to 15 inclusive.

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

Child Welfare Agency: Refers to child protection services and other related services. The focus of the OIS-2018 is on services that address alleged child abuse and neglect. The names designating such services vary by jurisdiction.

Childhood Prevalence: The proportion of people maltreated at any point during their childhood. The OIS-2018 does not measure prevalence of maltreatment.

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

Definitional Framework: The OIS-2018 provides an estimate of the number of cases of alleged child maltreatment (physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence) reported to and investigated by Ontario child welfare services in 2018 (screened-out reports are not included). The estimates are broken down by three levels of substantiation (substantiated, suspected, and unfounded). Cases opened more than once during the year are counted as separate investigations.

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

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

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

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

witness to physical violence) that are classified under the five OIS-2018 Categories of Maltreatment. The OIS-2018 captured 33 forms of maltreatment.

Indigenous Peoples: A collective name for the original peoples of North America and their descendants (often 'Aboriginal peoples' is also used). The Canadian constitution recognizes three groups of Indigenous peoples: Indians (commonly referred to as First Nations), Inuit, and Métis. These are three distinct peoples with unique histories, languages, cultural practices, and spiritual beliefs. More than 1.67 million people in Canada identify themselves as an Indigenous person, according to the 2016 Census National Household Survey (Crown-Indigenous Relations and Northern Affairs Canada, 2019).[2]

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

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

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

Reporting suspected child maltreatment is required by law in Ontario. The OIS-2018 does not document unreported cases.

Investigated cases are subject to various screening practices, which vary across agencies. The OIS-2018 did not track screened-out cases, nor did it track new incidents of maltreatment on already opened cases.

Substantiation distinguishes between cases where maltreatment is confirmed following an investigation, and cases where maltreatment is not confirmed. The OIS-2018 uses a three-tiered classification system, in which a suspected level provides an important clinical distinction for cases where maltreatment is suspected to have occurred by the investigating worker, but cannot be substantiated.

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

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

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

Multi-stage Sampling Design: A research design in which several systematic steps are taken in drawing the final sample to be studied. The OIS-2018 sample was drawn in three stages. First, a stratified random sample of child welfare agencies was selected from across Ontario. Second, families investigated by child welfare agencies were selected (all cases in small and medium sized agencies, a random sample in large agencies). Finally, investigated children in each family were identified for inclusion in the sample (non-investigated siblings were excluded).

Non-protection Cases: Cases open for child welfare services for reasons other than suspected maltreatment or risk of future maltreatment (e.g., prevention services, services for young pregnant women, etc.).
Reporting Year: The year in which child maltreatment-related cases were opened. The reporting year for the OIS-2018 is 2018.

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

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

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

Unit of Analysis: In the case of the OIS-2018, the unit of analysis is a child investigation.

Unit of Service: When a referral is made alleging

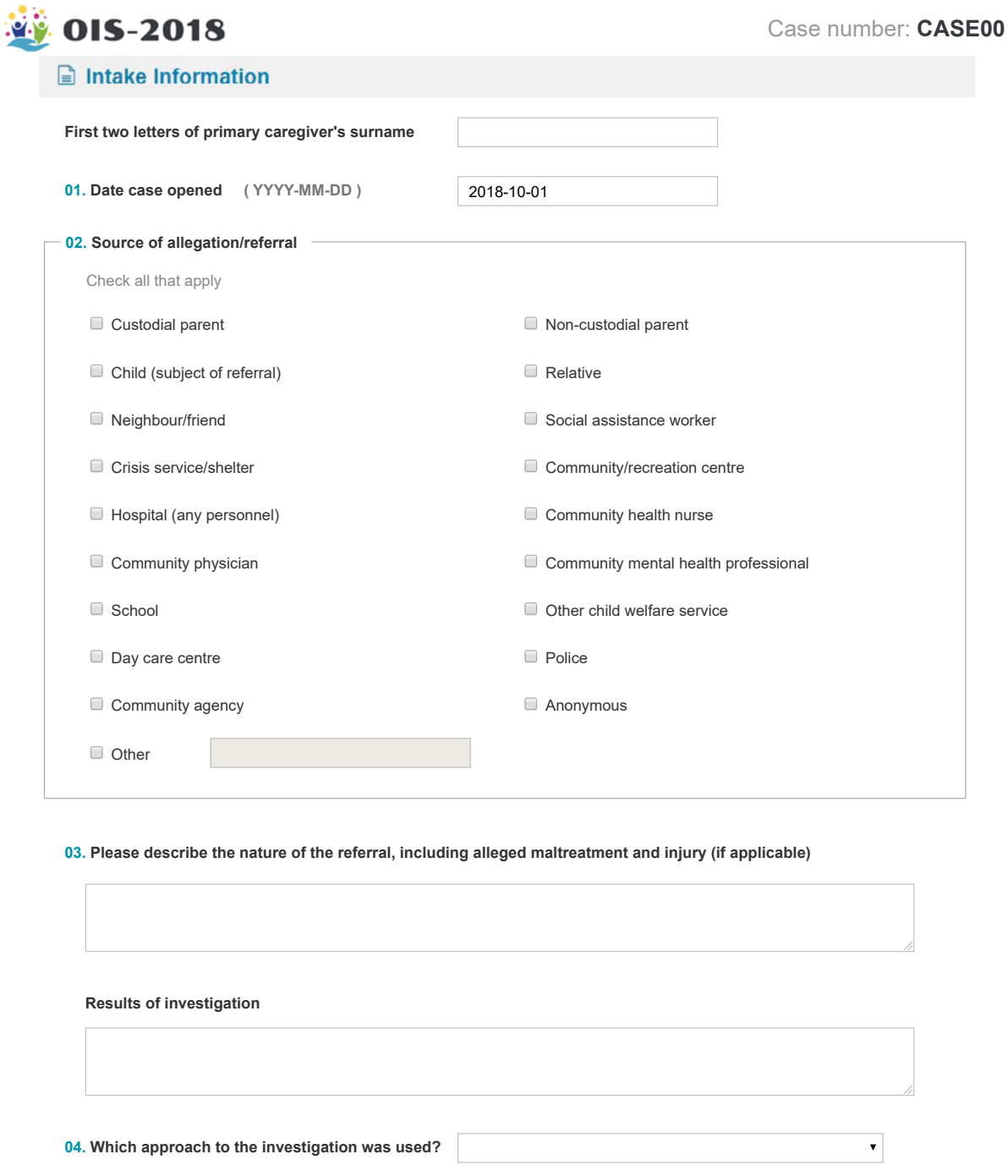
2 Ibid.
3 Ibid.

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

Appendix D: OIS-2018 Maltreatment Assessment

The OIS-2018 Maltreatment Assessment Consists of:

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



OIS-2018

Case number: **CASE00**

Intake Information

First two letters of primary caregiver's surname

01. Date case opened (YYYY-MM-DD) 2018-10-01

02. Source of allegation/referral

Check all that apply

- ☐ Custodial parent
- ☐ Non-custodial parent
- ☐ Child (subject of referral)
- ☐ Relative
- ☐ Neighbour/friend
- ☐ Social assistance worker
- ☐ Crisis service/shelter
- ☐ Community/recreation centre
- ☐ Hospital (any personnel)
- ☐ Community health nurse
- ☐ Community physician
- ☐ Community mental health professional
- ☐ School
- ☐ Other child welfare service
- ☐ Day care centre
- ☐ Police
- ☐ Community agency
- ☐ Anonymous
- ☐ Other

03. Please describe the nature of the referral, including alleged maltreatment and injury (if applicable)

Results of investigation

04. Which approach to the investigation was used?

05. Caregiver(s) in the home

☐ No caregiver investigated

☐ No secondary caregiver in the home

○ Community caregiver

○ Youth living independently

Primary caregiver		Secondary caregiver in the home at time of referral	
a) Sex	▾	**a) Sex**	▾
b) Age	▾	**b) Age**	▾

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

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

07. Other adults in the home

Check all that apply

☐ None

☐ Grandparent

☐ Child >= 18

☐ Other

08. Caregiver(s) outside the home

Check all that apply

☐ None

☐ Father

☐ Mother

☐ Grandparent

☐ Other

Household Information

Primary/Secondary caregiver **Sex** : **Age** :

A09. Primary income

A10. Ethno-racial

If Indigenous,

a) On/Off reserve

b) Indigenous Status

A11. Has this caregiver moved to Canada within the last 5 years? Yes No Unknown

A12. Primary language

A13. Caregiver response to investigation

A14. Caregiver risk factors

Please complete all risk factors (a to i)

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

Please select all drug abuse categories that apply

- ☐ Cannabis (e.g., marijuana, hashish, hash oil)
- ☐ Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)
- ☐ Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)
- ☐ Stimulants (e.g., cocaine, amphetamines, methamphetamines)
- ☐ Hallucinogens (e.g., acid (LSD), PCP)
- ☐ Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)
- ☐ Unknown

15. Child custody dispute ○ Yes ○ No ○ Unknown

16. Type of housing ▾

17. Number of moves in past year ▾

18. Home overcrowded ○ Yes ○ No ○ Unknown

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

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

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

21. Case previously opened for investigation ▾

a) How long since the case was closed? ▾

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

23. Referral(s) for any family member

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

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

Check all that apply

- ☐ Parent education or support services
- ☐ Family or parent counselling
- ☐ Drug/alcohol counselling or treatment
- ☐ Psychiatric/mental health services
- ☐ Intimate partner violence services
- ☐ Welfare or social assistance
- ☐ Food bank
- ☐ Shelter services
- ☐ Housing
- ☐ Legal
- ☐ Child victim support services
- ☐ Recreational services
- ☐ Special education placement
- ☐ Medical or dental services
- ☐ Child or day care
- ☐ Speech/language services
- ☐ Cultural services
- ☐ Immigration services
- ☐ Other

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

Check all that apply

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

If NO, please specify the reason(s)

Check all that apply

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

Child Information

First name

24.Sex

25.Age

26. Ethno-racial

27. Indigenous Status

28. Child functioning

Please complete all child functioning issues (a to s)

	Confirmed	Suspected	No	Unknown
a) Positive toxicology at birth				
b) FASD				
c) Failure to meet developmental milestones				
d) Intellectual/developmental disability				
e) Attachment issues				
f) ADHD				
g) Aggression/conduct issues				
h) Physical disability				
i) Academic/learning difficulties				

	Confirmed	Suspected	No	Unknown
j) Depression/anxiety/withdrawal				
k) Self-harming behaviour				
l) Suicidal thoughts				
m) Suicide attempts				

n) Inappropriate sexual behaviour	○	○	○	○
o) Running (multiple incidents)	○	○	○	○
p) Alcohol abuse	○	○	○	○
q) Drug/solvent abuse	○	○	○	○
r) Youth Criminal Justice Act involvement	○	○	○	○
s) Other	○	○	○	○

Please select all drug abuse categories that apply

- ☐ Cannabis (e.g., marijuana, hashish, hash oil)
- ☐ Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)
- ☐ Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)
- ☐ Stimulants (e.g., cocaine, amphetamines, methamphetamines)
- ☐ Hallucinogens (e.g., acid (LSD), PCP)
- ☐ Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)
- ☐ Unknown

29. TYPE OF INVESTIGATION Investigated incident of maltreatment

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

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

30. Maltreatment codes

	1st Code	2nd Code	3rd Code
Enter primary form of maltreatment first			

31. Alleged perpetrator

	1st Code	2nd Code	3rd Code
Primary caregiver	☐	☐	☐
Secondary caregiver	☐	☐	☐
Other perpetrator	☐	☐	☐
a. Relationship			
b. Age			
c. Sex			
32. Substantiation			
a. Was the report a fabricated referral?			
33. Was maltreatment a form of punishment?			
34. Duration of maltreatment			
35. Police involvement			

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

a) Child requires therapeutic treatment

37. Physical harm

a) **Is physical harm evident?**

b) **Types of physical harm**

Check all that apply

- ☐ Bruises, cuts or scrapes
- ☐ Broken bones
- ☐ Burns and scalds
- ☐ Head trauma
- ☐ Fatal
- ☐ Health condition : Please specify

c) **Was medical treatment required?**

38. Is there a significant risk of future maltreatment? ○ Yes ○ No ○ Unknown

39. Previous investigations

a) **Child previously investigated by child welfare for alleged maltreatment** ○ Yes ○ No ○ Unknown

b) **Was the maltreatment substantiated?** ○ Yes ○ No ○ Unknown

40. Placement

a) **Placement during investigation**

b) **Placement type**

c) **Did the child reunify during the investigation?**

41. Child welfare court application?

a) **Referral to mediation/alternative response**

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

Comments and Other Information (Not Required)

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

44. Intake information

45. Household information

46. Child information

Appendix E: OIS-2018 Guidebook

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

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

Background

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

The *OIS-2018* is funded by the Ministry of Children, Community and Social Services of Ontario. Significant in-kind support is provided by child welfare agency managers, supervisors, front-line workers, information technology personnel, and other staff. The project is led by Professor Barbara Fallon and managed by a team of researchers at the University of Toronto's (U of T) Factor-Inwentash Faculty of Social Work.

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

Objectives

The primary objective of the *OIS-2018* is to provide reliable estimates of the scope and characteristics of reported child abuse and neglect in Ontario in 2018. Specifically, the study is designed to:

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

Sample

In smaller agencies, information will be collected on all child maltreatment-related investigations opened during the three-month period between October 1, 2018 and December 31, 2018. In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study.

OIS Maltreatment Assessment

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

The *Child Information* section will need to be completed for each investigated child. Children living in the household

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

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

Data Collection

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

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

Confidentiality

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

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

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

Data collected through the OIS website will be stored on a secure server at U of T in a secure setting and accessed through secure logins and connections. The data will be archived on the same server. Data are not stored on local computers. Programming and research staff are required to save their work on the protected server and must sign agreements that they will not bring data out of the secure server environment.

Access to data is severely limited. This is not a public database. Only those U of T research personnel working on the *OIS-2018* will have access to the data through a password protected and secure log in. A research ID number will be assigned to each case for the purpose of data management and will not be able to be linked to any other database containing identifying or near-identifying information.

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

Completing the OIS Maltreatment Assessment

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

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

Definitions: Intake Information Section

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

QUESTION 1: DATE CASE OPENED

This refers to the date the case was opened/re-opened. Please enter the date using yyyy-mm-dd format.

QUESTION 2: SOURCE OF ALLEGATION/REFERRAL

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

- Custodial parent: Includes parent(s) identified in Question 5: Caregiver(s) in the home.
- Non-custodial parent: Contact from an estranged spouse (e.g., individual reporting the parenting practices of his or her former spouse).
- Child (subject of referral): A self-referral by any child listed in the Intake Information section of the *OIS Maltreatment Assessment*.
- Relative: Any relative of the child who is the subject of referral. If the child lives with foster parents, and a relative of the foster parents reports maltreatment, specify under "Other."
- Neighbour/friend: Includes any neighbour or friend of the child(ren) or his or her family.
- Social assistance worker: Refers to a social assistance worker involved with the household.
- Crisis service/shelter: Includes any shelter or crisis service for domestic violence or homelessness.
- Community/recreation centre: Refers to any form of recreation and community activity programs (e.g., organized sports leagues or Boys and Girls Clubs).
- Hospital (any personnel): Referral originates from a hospital and is made by a doctor, nurse, or social worker rather than a family physician or nurse working in a family doctor's office in the community.
- Community health nurse: Includes nurses involved in services such as family support, family visitation programs, and community medical outreach.
- Community physician: A report from any family physician with a single or ongoing contact with the child and/or family.
- Community mental health professional: Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside a school/hospital/child welfare/Youth Criminal Justice Act (YCJA) setting.
- School: Any school personnel (teacher, principal, teacher's aide, school social worker etc.).
- Other child welfare service: Includes referrals from mandated child welfare service providers from other jurisdictions or provinces.
- Day care centre: Refers to a child care or day care provider.
- Police: Any member of a police force, including municipal or provincial/territorial police, or RCMP.
- Community agency: Any other community agency/office or service.
- Anonymous: A referral source who does not identify him- or herself.
- Other: Specify the source of referral in the section provided (e.g., foster parent, store clerk, etc.).

QUESTION 3: PLEASE DESCRIBE REFERRAL, INCLUDING ALLEGED MALTREATMENT, INJURY, RISK OF MALTREATMENT (IF APPLICABLE), AND RESULTS OF INVESTIGATION

Provide a short description of the referral, including, as appropriate, the investigated maltreatment or the reason for

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

QUESTION 4: WHICH APPROACH TO THE INVESTIGATION WAS USED?

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

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

QUESTION 5: CAREGIVER(S) IN THE HOME

Describe up to two caregivers in the home. Only caregiver(s) in the child's primary residence should be noted in this section. If both caregivers are equally engaged in parenting, identify the caregiver you have had most contact with as the primary caregiver. Provide each caregiver's sex and age category. If the caregiver does not identify as either male or female, please select either option and indicate their identity in question 45 in the *Comments* section.

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

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

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

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

a) **List first names of all children (<18 years) in the home at time of referral:** List the first name of each child who was living in the home at the time of the referral.
b) **Age of child:** Indicate the age of each child living in the home at the time of the referral. For children younger than 1, indicate their age in months.
c) **Sex of child:** Indicate the sex of each child living in the home at the time of the referral. If the child does not identify as either male or female, please select either option and indicate their identity in question 46 in the *Comments* section.
d) **Primary caregiver's relationship to child:** Indicate the primary caregiver's relationship to each child.
e) **Secondary caregiver's relationship to child:** Indicate the secondary caregiver's relationship to each child (if applicable). Describe the secondary caregiver only if the caregiver is in the home.
f) **Subject of referral:** Indicate which children were noted in the initial referral.
g) **Type of investigation:** Indicate the type of investigation conducted: investigated incident of maltreatment, risk investigation only, or not investigated.

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

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

specific incident is suspected during the investigation).

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

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

QUESTION 7: OTHER ADULTS IN THE HOME

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

QUESTION 8: CAREGIVER(S) OUTSIDE THE HOME
Identify any other caregivers living outside the home who provide care to any of the children in the household, including a separated parent who has any access to the children. Check all that apply.

Definitions: *Household Information Section*

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

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

Questions A9–A14 pertain to the primary caregiver in the household. If there was a secondary caregiver in the household at the time of referral, you will need to complete questions B9–B14 for the secondary caregiver.

QUESTION 9: PRIMARY INCOME
We are interested in estimating the primary source of the caregiver's income. Choose the category that best describes the caregiver's source of income. Note that this is a caregiver-specific question and does not refer to a combined income from the primary and secondary caregiver.

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

QUESTION 10: ETHNO-RACIAL GROUP
Examining the ethno-racial background can provide valuable information regarding differential access to child welfare services. Given the sensitivity of this question, this information will never be published out of context. This section uses a checklist of ethno-racial categories used by Statistics Canada in the 2016 Census.

Endorse the ethno-racial category that best describes the caregiver. Select "Other" if you wish to identify multiple

ethno-racial groups, and specify in the space provided.

If Indigenous

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

QUESTION 11: HAS THIS CAREGIVER MOVED TO CANADA WITHIN THE LAST 5 YEARS?

Identify whether or not the caregiver moved to Canada within the last five years. If you do not know this information, select "Unknown."

QUESTION 12: PRIMARY LANGUAGE

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

QUESTION 13: CONTACT WITH CAREGIVER IN RESPONSE TO INVESTIGATION

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

QUESTION 14: CAREGIVER RISK FACTORS

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

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

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

- Cannabis (e.g., marijuana, hashish, hash oil)
- Opiates, Opioids, and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)
- Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)
- Stimulants (e.g., cocaine, amphetamines, methamphetamines, Ritalin)
- Hallucinogens (e.g., acid, LSD, PCP)
- Solvents/Inhalants (e.g., glue, paint thinner, paint, gasoline, aerosol sprays)

QUESTION 15: CHILD CUSTODY DISPUTE

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

QUESTION 16: HOUSING

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

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

QUESTION 17: NUMBER OF MOVES IN PAST YEAR

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

QUESTION 18: HOME OVERCROWDED

Indicate if the household is overcrowded in your clinical opinion.

QUESTION 19: HOUSING SAFETY

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

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

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

QUESTION 21: CASE PREVIOUSLY OPENED FOR INVESTIGATION

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

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

QUESTION 22: CASE WILL STAY OPEN FOR ONGOING CHILD WELFARE SERVICES

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

QUESTION 23: REFERRAL(S) FOR ANY FAMILY MEMBER

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

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

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

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

- **Parent education or support services:** Any program/service designed to offer support or education to parents (e.g., parenting instruction course, home-visiting program, Parents Anonymous, Parent Support Association).
- **Family or parent counselling:** Any type of family or parent counselling (e.g., couples or family therapy).
- **Drug/alcohol counselling or treatment:** Addiction program (any substance) for caregiver(s) or child(ren).
- **Psychiatric/mental health services:** Child(ren) or caregiver(s) referral to mental health or psychiatric services (e.g., trauma, high-risk behaviour or intervention).
- **Intimate partner violence services:** Referral for services/counselling regarding intimate partner violence, abusive relationships, or the effects of witnessing violence.
- **Welfare or social assistance:** Referral for social assistance to address financial concerns of the household.
- **Food bank:** Referral to any food bank.
- **Shelter services:** Referral for services regarding intimate partner violence or homelessness.
- **Housing:** Referral to a social service organization that helps individuals access housing (e.g., housing help centre).
- **Legal:** Referral to any legal services (e.g., police, legal aid, lawyer, family court).
- Child victim support services: Referral to a victim support service (e.g., sexual abuse disclosure group).
- **Special education placement:** Referral to any specialized school program to meet a child's educational, emotional, or behavioural needs.
- **Recreational services:** Referral to a community recreational program (e.g., organized sports leagues, community recreation, Boys and Girls Clubs).
- **Medical or dental services:** Referral to any specialized service to address the child's immediate medical or dental health needs.
- **Speech/language:** Referral to speech/language services (e.g., speech/language specialist).
- **Child or day care:** Referral to any paid child or day care services, including staff-run and in-home services.
- **Cultural services:** Referral to services to help children or families strengthen their cultural heritage.
- **Immigration services:** Referral to any refugee or immigration service.
- **Other:** Indicate and specify any other child- or family-focused referral.

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

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

Definitions: Child Information Section

QUESTION 24: CHILD SEX

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

QUESTION 25: CHILD AGE

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

QUESTION 26: CHILD ETHNO-RACIAL GROUP

Examining the ethno-racial background can provide valuable information regarding differential access to child welfare services. Given the sensitivity of this question, this information will never be published out of context. This section uses a checklist of ethno-racial categories used by Statistics Canada in the 2016 Census.

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

QUESTION 27: CHILD INDIGENOUS STATUS

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

QUESTION 28: CHILD FUNCTIONING

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

- **Positive toxicology at birth:** When a toxicology screen for a newborn tests positive for the presence of drugs or alcohol.

- **FASD:** Birth defects, ranging from mild intellectual and behavioural difficulties to more profound problems in these areas related to in utero exposure to alcohol abuse by the biological mother.
- **Failure to meet developmental milestones:** Children who are not meeting their developmental milestones because of a non-organic reason.
- **Intellectual/developmental disability:** Characterized by delayed intellectual development, it is typically diagnosed when a child does not reach his or her developmental milestones at expected times. It includes speech and language, fine/gross motor skills, and/or personal and social skills (e.g., Down syndrome, Autism Spectrum Disorder).
- **Attachment issues:** The child does not have physical and emotional closeness to a mother or preferred caregiver. The child finds it difficult to seek comfort, support, nurturance, or protection from the caregiver; the child's distress is not ameliorated or is made worse by the caregiver's presence.
- **ADHD:** ADHD is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically seen in children at comparable stages of development. Symptoms are frequent and severe enough to have a negative impact on the child's life at home, at school, or in the community.
- **Aggression/conduct issues:** Aggressive behaviour directed at other children or adults (e.g., hitting, kicking, biting, fighting, bullying) or violence to property at home, at school, or in the community.
- **Physical disability:** Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying. This includes sensory disability conditions such as blindness, deafness, or a severe vision or hearing impairment that noticeably affects activities of daily living.
- **Academic/learning difficulties:** Difficulties in school including those resulting from learning difficulties, special education needs, behaviour problems, social difficulties, and emotional or mental health concerns.
- **Depression/anxiety/withdrawal:** Feelings of depression or anxiety that persist for most of the day, every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.
- **Self-harming behaviour:** Includes high-risk or life-threatening behaviour and physical mutilation or cutting.
- **Suicidal thoughts:** The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.
- **Suicide attempts:** The child has attempted to commit suicide.
- **Inappropriate sexual behaviour:** Child displays inappropriate sexual behaviour, including age-inappropriate play with toys, self, or others; displaying explicit sexual acts; age- inappropriate sexually explicit drawings and/or descriptions; sophisticated or unusual sexual knowledge; or prostitution or seductive behaviour.
- **Running (multiple incidents):** The child has run away from home (or other residence) on multiple occasions for at least one overnight period.
- **Alcohol abuse:** Problematic consumption of alcohol (consider age, frequency, and severity).
- **Drug/solvent abuse:** Include prescription drugs, illegal drugs, and solvents.
- **Youth Criminal Justice Act involvement:** Charges, incarceration, or alternative measures with the youth justice system.
- **Other:** Specify any other conditions related to child functioning; your responses will be coded and aggregated.

QUESTION 29: TYPE OF INVESTIGATION

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

QUESTION 30: MALTREATMENT CODES

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

Enter the applicable maltreatment code numbers from the list provided under the five major types of maltreatment (1–33) in the boxes under Question 30. Enter in the first box the maltreatment code that **best characterizes** the investigated maltreatment. If there are multiple types of investigated maltreatment (e.g., physical abuse and neglect),

choose one maltreatment code within each typology that best describes the investigated maltreatment. **All major forms** of alleged, suspected or investigated maltreatment s**hould be noted** in the maltreatment code box **regardless of the outcome of the investigation**.

Physical Abuse

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

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

Sexual Abuse

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

7. **Penetration:** Penile, digital, or object penetration of vagina or anus.
8. **Attempted penetration:** Attempted penile, digital, or object penetration of vagina or anus.
9. **Oral sex:** Oral contact with genitals either by perpetrator or by the child.
10. **Fondling:** Touching or fondling genitals for sexual purposes.
11. **Sex talk or images:** Verbal or written proposition, encouragement, or suggestion of a sexual nature (include face to face, phone, written, and Internet contact, as well as exposing the child to pornographic material).
12. **Voyeurism:** Include activities where the alleged perpetrator observes the child for the perpetrator's sexual gratification. Use the "Exploitation" code if voyeurism includes pornographic activities.
13. **Exhibitionism:** Include activities where the perpetrator is alleged to have exhibited himself or herself for his or her own sexual gratification.
14. **Exploitation:** Include situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.
15. **Other sexual abuse:** Other or unspecified sexual abuse.

Neglect

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

16. **Failure to supervise:** physical harm: The child suffered physical harm or is at risk of suffering physical harm because of the caregiver's failure to supervise or protect the child adequately. Failure to supervise includes situations where a child is harmed or endangered as a result of a caregiver's actions (e.g., drunk driving with a child, or engaging in dangerous criminal activities with a child).
17. **Failure to supervise:** sexual abuse: The child has been or is at substantial risk of being sexually molested or sexually exploited, and the caregiver knows or should have known of the possibility of sexual molestation and failed to protect the child adequately.
18. **Permitting criminal behaviour:** A child has committed a criminal offence (e.g., theft, vandalism, or assault) because of the caregiver's failure or inability to supervise the child adequately.
19. **Physical neglect:** The child has suffered or is at substantial risk of suffering physical harm caused by the

caregiver's failure to care and provide for the child adequately. This includes inadequate nutrition/clothing and unhygienic, dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.

20. **Medical neglect (includes dental):** The child requires medical treatment to cure, prevent, or alleviate physical harm or suffering and the child's caregiver does not provide, or refuses, or is unavailable or unable to consent to the treatment. This includes dental services when funding is available.
21. **Failure to provide psych. treatment:** The child is suffering from either emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, or a mental, emotional, or developmental condition that could seriously impair the child's development, and the child's caregiver does not provide, refuses to provide, or is unavailable or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school-related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. A parent awaiting service should not be included in this category.
22. **Abandonment:** The child's parent has died or is unable to exercise custodial rights and has not made adequate provisions for care and custody, or the child is in a placement and parent refuses/is unable to take custody.
23. **Educational neglect:** Caregivers knowingly permit chronic truancy (5+ days a month), fail to enroll the child, or repeatedly keep the child at home.

Emotional Maltreatment

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

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

Exposure to Intimate Partner Violence

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

30. Direct witness to physical violence: The child is physically present and witnesses the violence between intimate partners.
31. Indirect exposure to physical violence: The child overhears but does not see the violence between intimate partners; the child sees some of the immediate consequences of the assault (e.g., injuries to the mother); or the child is told or overhears conversations about the assault.
32. Exposure to emotional violence: Includes situations in which the child is exposed directly or indirectly to emotional violence between intimate partners. Includes witnessing or overhearing emotional abuse of one partner by the other.

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33. Exposure to non-partner physical violence: The child has been exposed to violence occurring between a caregiver and another person who is not the spouse/partner of the caregiver (e.g., between a caregiver and a neighbour, grandparent, aunt, or uncle).

QUESTION 31: ALLEGED PERPETRATOR

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

If Other Perpetrator

If Other alleged perpetrator is selected, please specify:

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

QUESTION 32: SUBSTANTIATION

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

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

If the maltreatment was unfounded, answer 32 a).

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

QUESTION 33: WAS MALTREATMENT A FORM OF PUNISHMENT?

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

QUESTION 34: DURATION OF MALTREATMENT

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

QUESTION 35: POLICE INVOLVEMENT

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

QUESTION 36: IF ANY MALTREATMENT IS SUBSTANTIATED OR SUSPECTED, IS MENTAL OR EMOTIONAL HARM EVIDENT?

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

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

QUESTION 37: PHYSICAL HARM

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

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

b) **Types of physical harm:** Please check all types of physical harm that apply.

- Bruises/cuts/scrapes: The child suffered various physical hurts visible for at least 48 hours.
- Broken bones: The child suffered fractured bones.
- Burns and scalds: The child suffered burns and scalds visible for at least 48 hours.
- Head trauma: The child was a victim of head trauma (note that in shaken-infant cases the major trauma is to the head, not to the neck).
- Fatal: Child has died; maltreatment was suspected during the investigation as the cause of death. Include cases where maltreatment was eventually unfounded.
- Health condition: Physical health conditions, such as untreated asthma, failure to thrive, or sexually transmitted infections (STIs).

c) Was medical treatment required? In order to help us rate the severity of any documented physical harm, indicate whether medical treatment was required as a result of the physical injury or harm.

QUESTION 38: IS THERE A SIGNIFICANT RISK OF FUTURE MALTREATMENT?

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

QUESTION 39: PREVIOUS INVESTIGATIONS

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

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

QUESTION 40: PLACEMENT

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

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

b) **Placement type:** Check one category related to the placement of the child. If the child is already living in an alternative living situation (emergency foster home, receiving home), indicate the setting where the child has spent the most time.

- **Kinship out of care:** An informal placement has been arranged within the family support network; the child welfare authority does not have temporary custody.
- **Customary care:** Customary care is a model of Indigenous child welfare service that is culturally relevant and incorporates the unique traditions and customs of each First Nation.
- **Kinship in care:** A formal placement has been arranged within the family support network; the child welfare authority has temporary or full custody and is paying for the placement.
- **Foster care (non-kinship):** Include any family-based care, including foster homes, specialized treatment foster homes, and assessment homes.
- **Group home:** All types of group homes, including those operating under a staff or parent model.
- **Residential/secure treatment:** A 24-hour residential treatment program for several children that provides room and board, intensive awake night supervision, and treatment services.
- **Other:** Specify any other placement type.

c) Did the child reunify? Indicate whether the child's original caregiver resumed caregiving responsibilities over the course of the investigation.

QUESTION 41: CHILD WELFARE COURT APPLICATION

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

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

QUESTION 42: CAREGIVER(S) USED SPANKING IN THE LAST 6 MONTHS

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

Definitions: Comments and Other Information

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

FREQUENTLY ASKED QUESTIONS

1. FOR WHAT CASES SHOULD I COMPLETE AN OIS MALTREATMENT ASSESSMENT?

The Site Researcher will establish a process in your agency/office to identify to workers the openings or investigations included in the sample for the *OIS-2018*. Workers will be informed via email if any of their investigations will be included in the OIS sample.

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

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

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

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

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

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

4. WHEN SHOULD I COMPLETE THE OIS MALTREATMENT ASSESSMENT?

Complete the *OIS Maltreatment Assessment* at the same time that you prepare the report for your agency/office that documents the conclusions of the investigation (usually within 45 days of a case being opened for investigation). For some cases, a comprehensive assessment of the family or household and a detailed plan of service may not be complete yet. Even if this is the case, complete the instrument to the best of your abilities.

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

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

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

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

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

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

8. IS THIS INFORMATION CONFIDENTIAL?

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

This Exhibit “C” to the Affidavit of
Barbara Fallon affirmed before me this
2nd day of October 2025

A Commissioner for taking Affidavits etc.
Sarah Clarke
LSO #57377M

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

MAJOR FINDINGS

Amber Crowe, MSW, J.D. and Micheal Miller, MBA

With support from: Barbara Fallon, Rachael Lefebvre, Tara Black, Nico Trocmé, Sonia Hélie, Bryn King, Tonino Esposito, John Fluke, Delphine Collin-Vézina, Henry Parada, Lorraine Hill and Mark Kartusch

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Copies of this publication can be downloaded from the Canadian Child Welfare Research Portal at www.cwrp.ca and the Association of Native Child and Family Services Agencies of Ontario at www.ancfsao.ca.

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Miigwetch to Ontario's Ministry of Children, Community and Social Services (MCCSS), which provided funding for the Ontario Incidence Study-2023 and to the Social Sciences and Humanities Research Council Canada Research Chair in Child Welfare for funding the First Nations analyses. We also extend thanks to the 20 agencies' management and staff for their valuable in-kind contributions of time in attending training sessions and completing forms to compile the necessary data for this report.

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

Amber Crowe & Micheal Miller

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LIST OF TABLES AND FIGURES

EXECUTIVE SUMMARY

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

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

Objectives and Scope

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

1. examine the rate of incidence and characteristics of investigations involving First Nations children and families compared to non-Indigenous children and families;
2. determine rates of investigated and substantiated physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to intimate partner violence as well as multiple forms of maltreatment;
3. investigate the severity of maltreatment as measured by forms of maltreatment, duration, and physical and emotional harm;
4. examine selected determinants of health that may be associated with maltreatment; and
5. monitor short-term investigation outcomes, including substantiation rates, out-of-home placement, and use of child welfare court.

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

- differences between First Nations children and non-Indigenous children must be understood within the context of colonialism and the associated legacy of trauma;
- investigations involving children aged 15 and under are included in the sample used in this report[1];
- the unit of analysis is a maltreatment-related investigation;
- the study is limited to reports investigated by child welfare agencies and does not include reports that were screened out, only investigated by the police, or never reported;
- the study is based on the assessments provided by investigating child welfare workers and are not independently verified; and
- all estimates are weighted, annual estimates for 2023, presented either as a count of child maltreatment-related investigations (e.g., 12,300 child maltreatment-related investigations) or as the annual incidence rate (e.g., 3.1 investigations per 1,000 children)[2]

Investigations in Ontario in 2023

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

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

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

2 Please see Chapter 2 of this report for a detailed description of the study methodology.

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

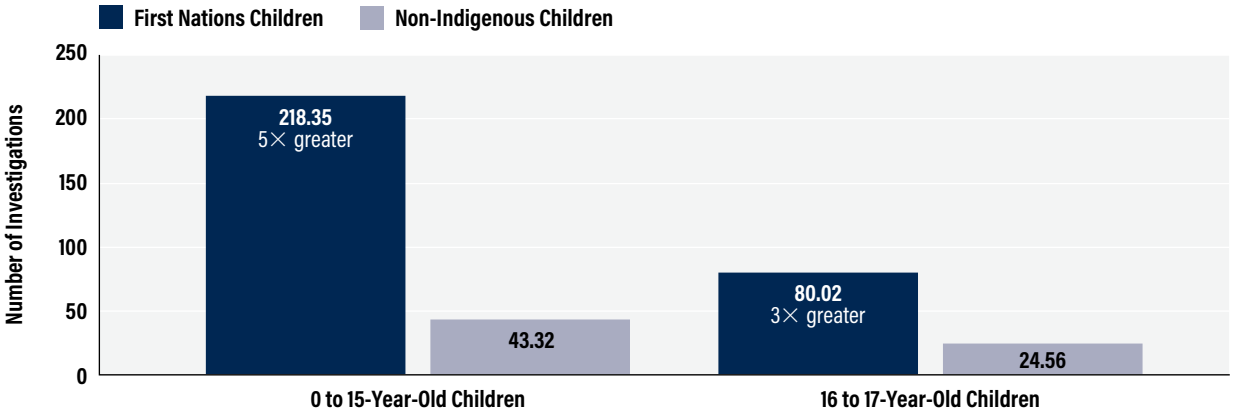
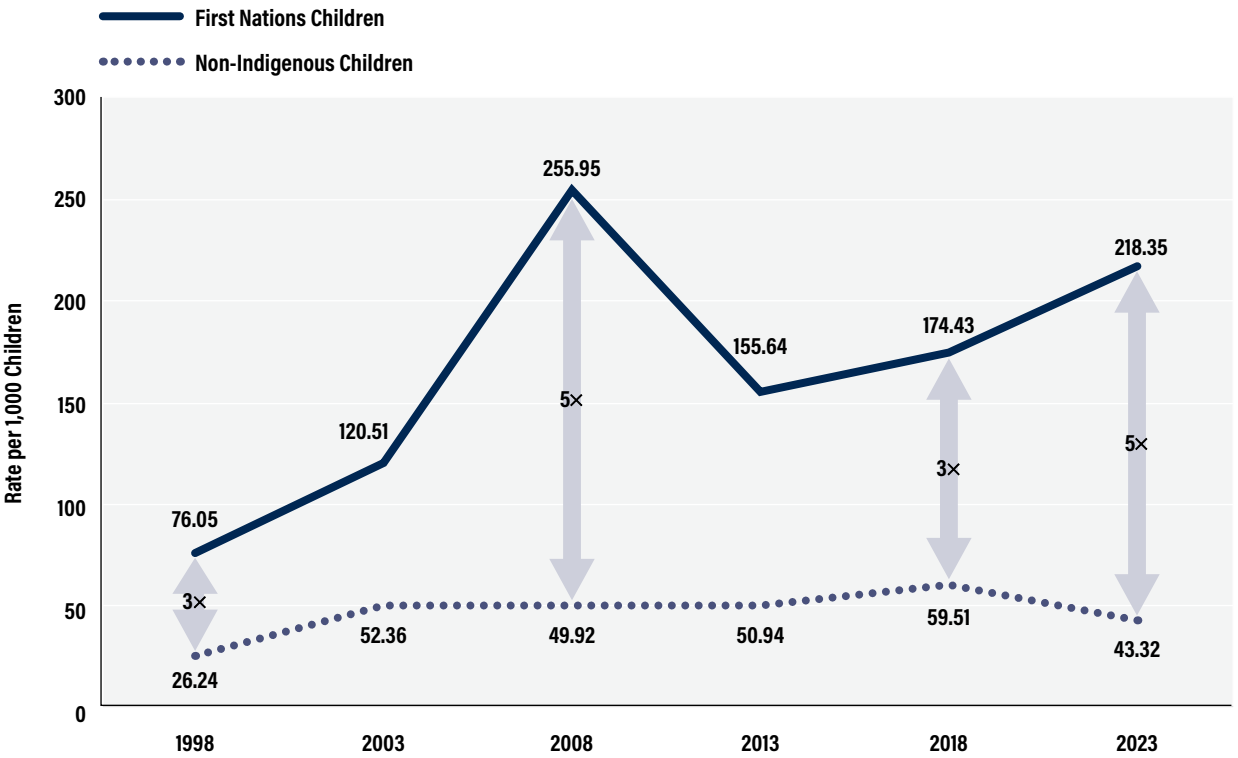


FIGURE 2: Incidence of Investigations Over Time in OIS Cycles: First Nations and Non-Indigenous Children (< 16 Years)



1993-2023 Comparison

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

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

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

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

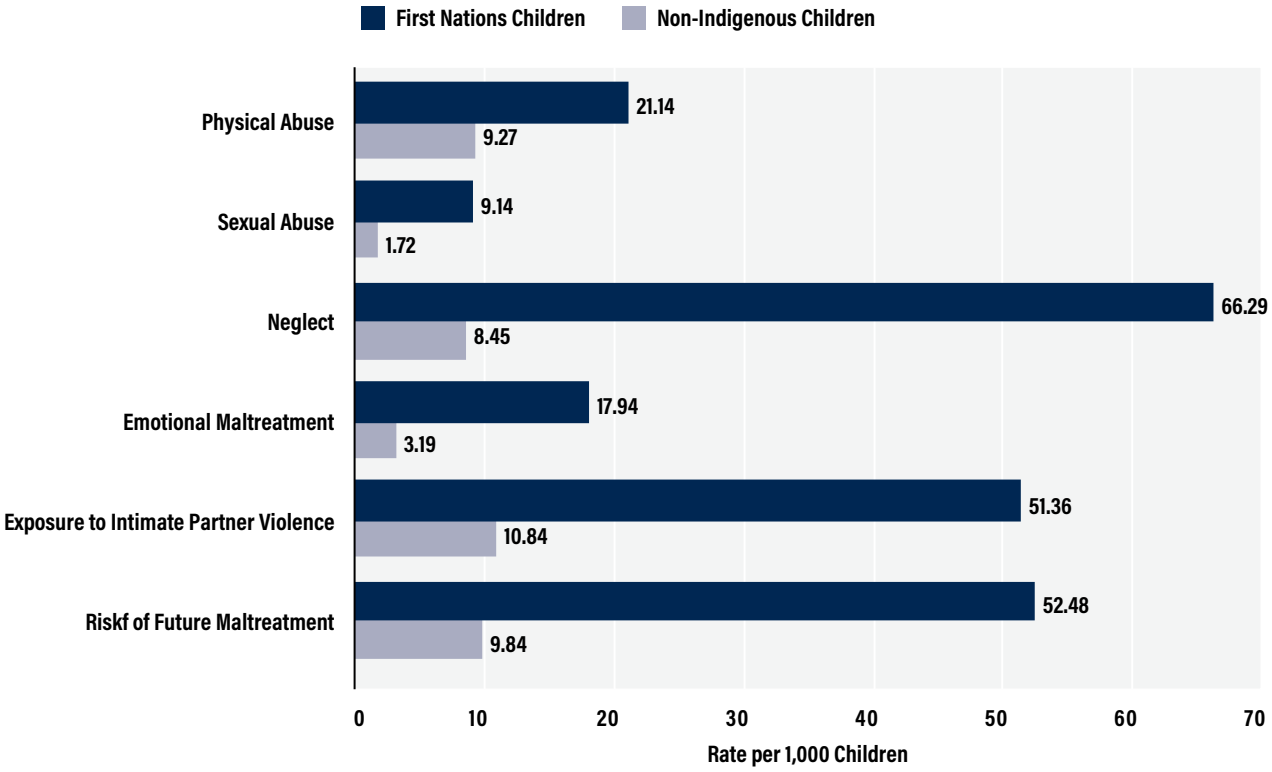
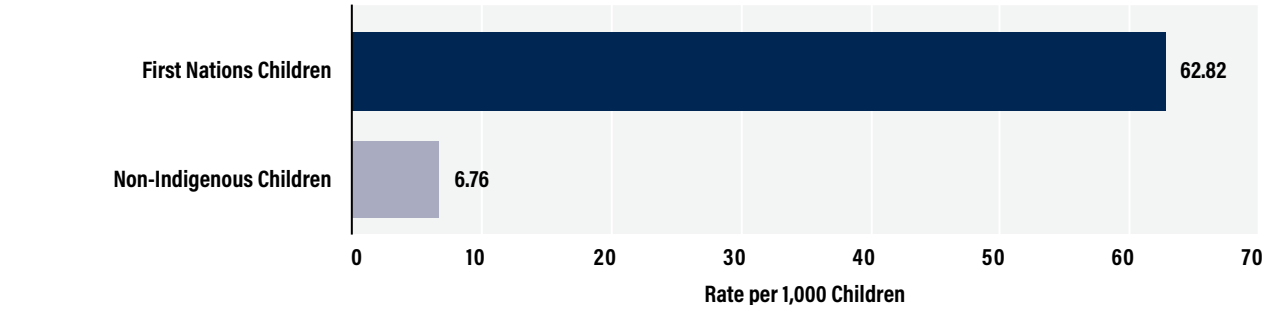


FIGURE 4: Provision of Ongoing Services in Child Maltreatment-Related Investigations Involving First Nations and Non-Indigenous Children (< 16 Years) in Ontario in 2023



Key Descriptions of Investigations in Ontario in 2023

Categories of Maltreatment

Figure 3 presents the incidence of maltreatment-related investigations in Ontario in 2023, by primary category of maltreatment. Twenty-four percent of investigations involving First Nations children were conducted for risk of future maltreatment (an estimated 3,435; a rate of 52.48 per 1,000 First Nations children) compared to 23% for non-Indigenous children (a rate of 9.84 per 1,000 non-Indigenous children). Investigations involving allegations of maltreatment accounted for 76% of those involving First Nations children (an estimated 10,857 investigations; a rate of 165.87 per 1,000 First Nations children). The highest rate of these maltreatment investigations were for neglect (a rate of 66.29 per 1,000 First Nations children), followed by exposure to intimate partner violence (a rate of 51.36 per 1,000 First Nations children), physical abuse (a rate of 21.14 per 1,000 First Nations children), emotional maltreatment (a rate of 17.94 per 1,000 First Nations children), and sexual abuse (a rate of 9.14 per 1,000 First Nations children).

Ongoing Services

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

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

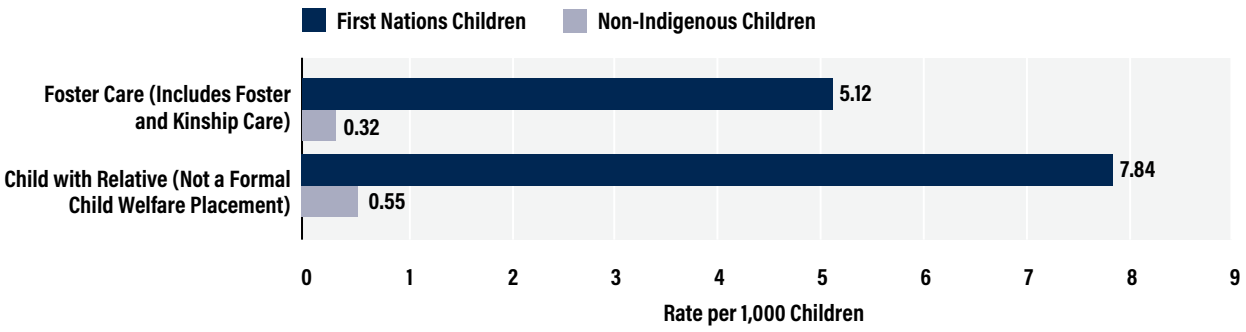
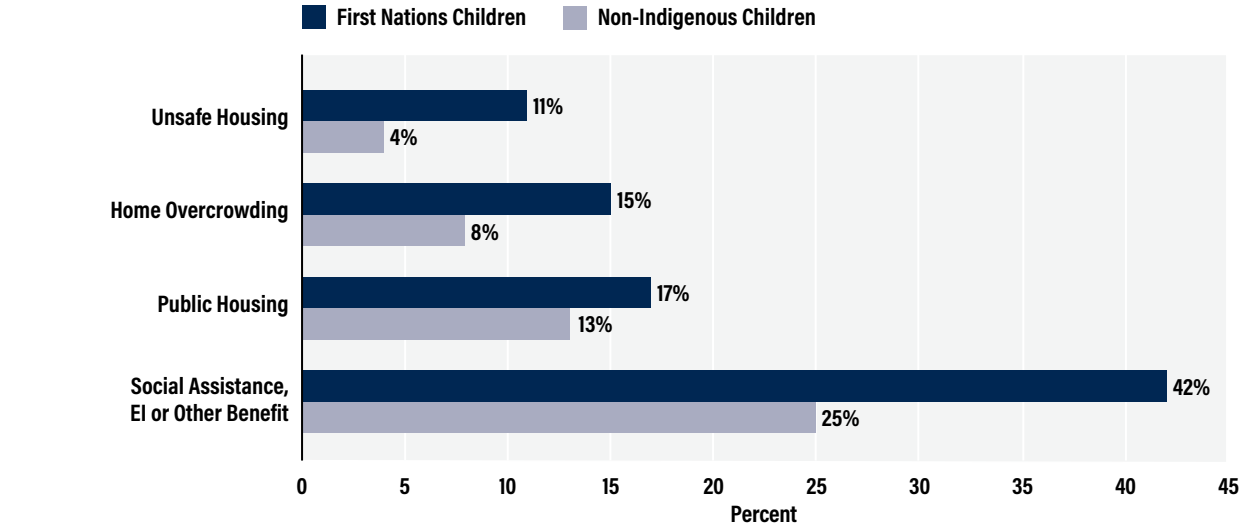


Table note: Group home placements were also measured in the OIS-2023. Group home placements at investigation are too rare an event to provide a reliable estimate. The rate of group home placements are best measured after investigation. Nonetheless, First Nations children were more likely to be placed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

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



Placements

The OIS tracks out-of-home placements that occur at any time during the investigation. Investigating workers were asked to specify the type of placement. In cases where there may have been more than one placement, workers were asked to indicate the setting where the child spent the most time. Figure 5 shows the type of placement for substantiated investigations and confirmed risk of future maltreatment investigations. Fifteen percent of substantiated maltreatment and confirmed risk investigations for First Nations children involved a placement: 8% were placed with a relative (a rate of 7.84 per 1,000 First Nations children), 5% in foster care (a rate of 5.12 per 1,000 First Nations children), 1% in a group home or residential secure treatment, and 1% in another placement. The rate of out-of-home placement for First Nations children in substantiated maltreatment and confirmed risk investigations is 17.3 times the rate of out-of-home placement for non-Indigenous children in substantiated maltreatment and confirmed risk investigations.

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

Household Risk Factors

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

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

Primary Caregiver Risk Factors

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

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

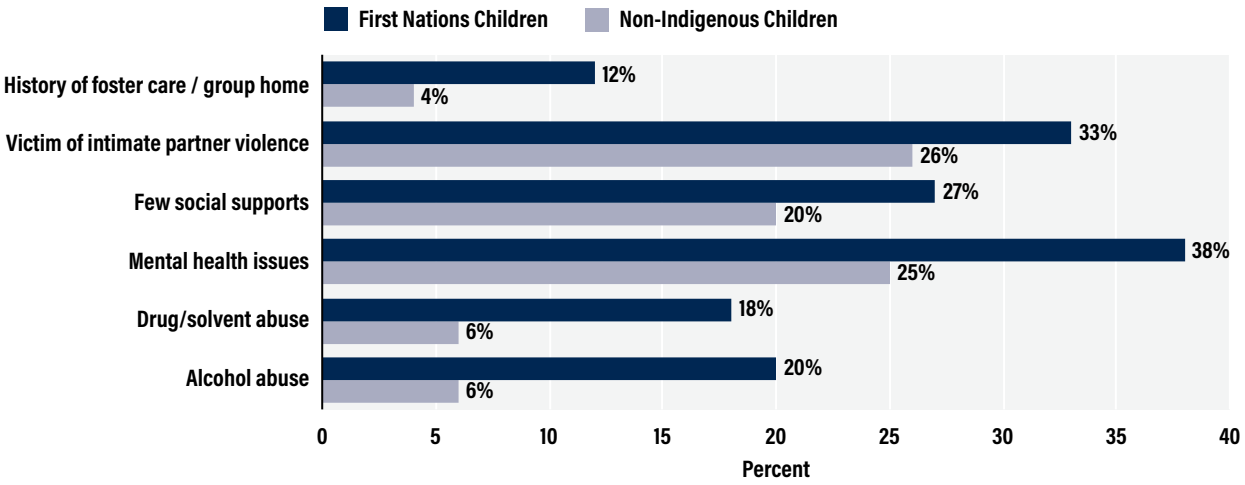
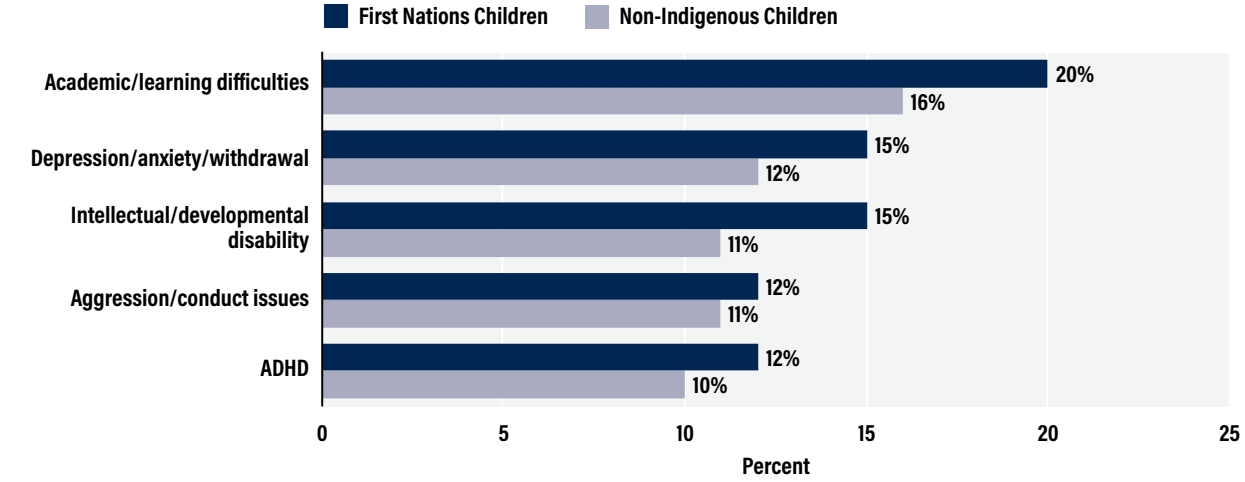


FIGURE 8: Child Functioning Concerns in Child Maltreatment-Related Investigations Involving First Nations and Non-Indigenous Children (<16 Years) in Ontario in 2023



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

Child Functioning Concerns

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

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

CHAPTER 1: INTRODUCTION

Historical Context

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

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

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

Despite these challenges, First Nation communities have actively resisted colonial systems. Their advocacy for culturally grounded child welfare services has led to the emergence of 13 mandated Indigenous Child and Family Well-Being Agencies in Ontario, with half of them receiving the provincial legislated mandate in the past ten years. These agencies were advocated for, designed, and created by the First Nations they serve (except one which was grounded in a grassroots urban population and the Indian Friendship Centre movement). All Indigenous Child and Family Well-Being Agencies, alongside the communities they serve, have worked collaboratively to decolonize child welfare by integrating Indigenous knowledge, values, and holistic approaches.

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

Current Context of First Nations Child Welfare in Canada and Ontario

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

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

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

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

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

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

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

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

Next Steps

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

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

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

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

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CHAPTER 2: METHODOLOGY

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

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

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

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

Sampling

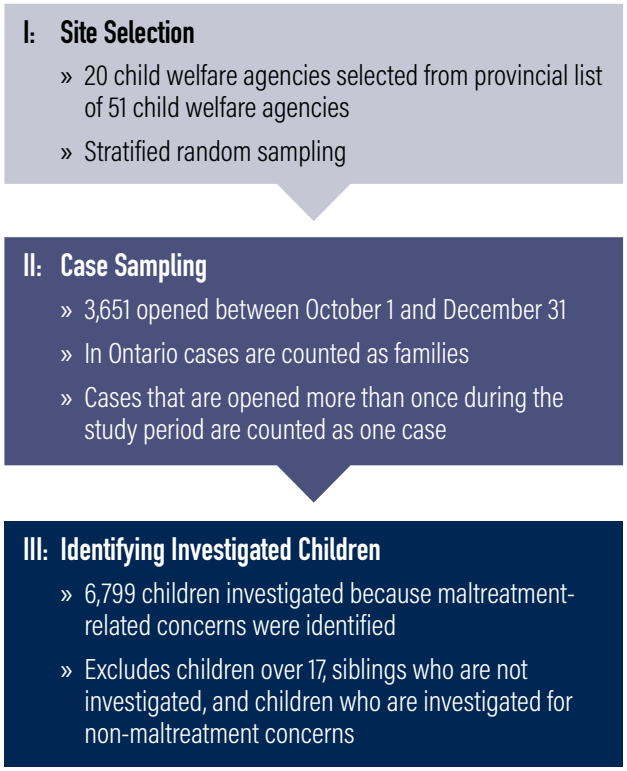
The OIS-2023 sample was drawn in three stages: first, a representative sample of child welfare agencies from across Ontario was selected, then cases were sampled over a three-month period within the selected agencies, and, finally, child investigations that met the study criteria were identified from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

Agency selection

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

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

FIGURE 2-1: Three Stage Sampling



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

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

Case Selection

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

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

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

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

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

Identifying Investigated Children

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

In Ontario, children eligible for inclusion in the final study sample were identified by having investigating workers complete the *Intake Information* section of the online *OIS-2023 Maltreatment Assessment*. The *Intake Information* section allowed the investigating worker to identify any children who were investigated because of maltreatment-related concerns (i.e., investigation of alleged incidents of maltreatment or assessment of risk of future maltreatment). These procedures yielded a final sample of 6,799 child investigations in Ontario because of maltreatment-related concerns.

Investigating Maltreatment vs. Assessing Future Risk of Maltreatment

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

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

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

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

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

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

Forms of Maltreatment Included in the OIS-2023

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

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

Investigated Maltreatment vs. Substantiated Maltreatment

The child welfare statute in Ontario, the Child, Youth and Family Services Act requires that professionals working with children and the public report all situations where they have concerns that a child may have been maltreated or where there is a risk of maltreatment. The investigation phase is designed to determine whether the child was in fact maltreated or not. Jurisdictions in Ontario use a two-tiered substantiation classification system that distinguishes between substantiated and unfounded cases or verified and not verified cases. The OIS uses a three-tiered classification system for investigated incidents of maltreatment, in which a "suspected" level provides an important clinical distinction in certain cases: those in which there is not enough evidence to substantiate maltreatment, but maltreatment cannot be ruled out.[3]

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

Risk of Harm vs. Harm

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

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

There can be confusion around the difference between risk of harm and risk of maltreatment. A child who has been placed at risk of harm has experienced an event that endangered their physical or emotional health. Placing a child at risk of harm is considered maltreatment. For example, neglect can be substantiated for an unsupervised toddler, regardless of whether harm occurs, because the parent is placing the child at substantial risk of harm. In contrast, risk of maltreatment refers to situations where a specific incident of maltreatment has not yet occurred, but circumstances, for instance parental substance abuse, indicate that there is a significant risk that maltreatment could occur in the future.

Instrument

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

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

Intake Information Section

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

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

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

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

Household Information Section

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

Child Information Section

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

Guidebook

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

Revising and Validating the OIS-2023 Maltreatment Assessment

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

Validation Focus Groups

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

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

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

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

Data Collection and Verification Procedures

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

Data Verification and Data Entry

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

Participation and Item Completion Rates

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

Estimation Procedures

Design

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

Weighting

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

Incidence Rates

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

Case Duplication

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

Sampling Error Estimation

Although the OIS-2023 estimates are based on a relatively large sample of 6,799 child maltreatment-related investigations, sampling error is primarily driven by the variability between the 20 sampled participating agencies and the non-sampled agencies. Sampling error estimates were calculated to reflect the fact that the survey population had been randomly selected from across the province. Standard error estimates were calculated for select variables at the $p < 0.05$ level. Most coefficients of variation were in the acceptable and reliable level, with the exception of low frequency events. Estimates that should be interpreted with caution include informal kinship care (18.10). There were estimates that had CV's over 33 that should be interpreted with extreme caution (e.g., placement in group home/residential secure treatment estimates). Please see Appendix F in the OIS-2023 Major Findings Report.

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

Ethics Procedures

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

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

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

Indigenous Ethics

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

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

Ethno-racial Data Analyses

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

Study Limitations

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

- the weights used to derive annual estimates include counts of children investigated more than once during the year; therefore, the unit of analysis for the weighted estimates is a child investigation;
- the FNOIS tracks information during approximately the first 45 days of case activity; service outcomes such as out-of-home placements and applications to court only include events that occurred during those first approximately 45 days; Table 4-6 and Table 4-7 were affected by this limitation;
- the provincial counts presented in this report are weighted estimates. In some instances, sample sizes are too small to derive publishable estimates. For example, Table 4-4 presents the nature of physical harm; the number of substantiated investigations involving burns and scalds or head trauma could not be reported due to the small sample sizes;
- the FNOIS only tracks reports investigated by child welfare agencies and does not include reports that were screened out, cases that were only investigated by the police, and cases that were never reported. For instance, Table 3-3 presents the estimated number of investigations of exposure to intimate partner violence and does not include incidents of intimate partner violence that were reported only to police or never reported;
- the study is based on the assessments provided by the investigating child welfare workers and could not be independently verified. For example, Table 5-3 presents the child functioning concerns documented in cases of substantiated maltreatment. The investigating workers determined if the child demonstrated functioning concerns, for instance depression or anxiety. However, these child functioning concerns are not verified by an independent source; and
- Most importantly, the following chapters must be read and understood within the context and limitations of the data. The data collected are based on workers' knowledge at the time of the investigation and their clinical judgement. Workers were asked to indicate caregivers' and children's ethno-racial background and this is not independently verified. It is suspected that there is an under-identification of Indigenous families. Prior to Dnaagdawenmag Binnoojiiyag Child & Family Services becoming mandated, they assisted their partner agency in reviewing and identifying files that they would soon serve. During this process, Dnaagdawenmag Binnoojiiyag identified more than double the number of Indigenous family service files, and 19% more Indigenous children in-care than the numbers reported by their partner mainstream agency. This underestimation may be mirrored in the Census data with an undercounting of First Nations children.

CHAPTER 3: INVESTIGATIONS INVOLVING FIRST NATIONS CHILDREN AND FAMILIES

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

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

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 – 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0–15 years, with information about the child's Indigenous heritage.
Columns do not add to totals as Métis, Inuit and Other Indigenous children are not included in this table.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 64 child maltreatment-related investigations in 2023 involving First Nations children aged 16–17 years and 363 child-maltreatment-related investigations involving non-Indigenous children aged 16–17 years, with information about the child's Indigenous heritage.
Columns do not add to totals as Métis, Inuit and Other Indigenous children are not included in this table.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

As shown in Table 3-3 on page 22, twenty-four percent of investigations involving First Nations children were conducted for risk of future maltreatment (an estimated 3,435; a rate of 52.48 per 1,000 First Nations children) compared to 23% for non-Indigenous children (a rate of 9.84 per 1,000 non-Indigenous children. Investigations involving allegations of maltreatment accounted for 76% of those involving First Nations children (an estimated 10,857 investigations; a rate of 165.87 per 1,000 First Nations children). The highest proportion of these maltreatment allegations were for neglect (30%), followed by 24% for exposure to intimate partner violence, 10% for physical abuse, 8% for emotional maltreatment, and 4% for sexual abuse. Investigations involving allegations of maltreatment accounted for 77% of those involving non-Indigenous children (an estimated 77,372 investigations; a rate of 33.48 per 1,000 non-Indigenous children); of these, 25% for exposure to intimate partner violence, 21% were for physical abuse, 20% for neglect, 7% for emotional maltreatment, and 4% for sexual abuse.

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

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

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

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 – 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0–15 years, with information about referral source.
Columns do not add to totals because an investigation could have had more than one referral source.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 – 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0–15 years, with information on the nature of the investigation.
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 – 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0–15 years, with information about referrals to services.
Columns do not add to totals because an investigation could have had more than one referral made.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 – 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0–15 years, with information about transfers to ongoing services.
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

CHAPTER 4: SUBSTANTIATED INVESTIGATIONS INVOLVING FIRST NATIONS CHILDREN AND FAMILIES

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

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

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

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

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

As shown in Table 4-1 on page 26, 42% of maltreatment investigations involving First Nations children were substantiated (a rate of 92.37 per 1,000 First Nations children); a higher proportion to those involving non-Indigenous children (32%). Additionally, the rate is much lower for non-Indigenous children (13.87 per 1,000 non-Indigenous children). More investigations involving First Nations children had confirmed risk (5%; an estimated 711 investigations; a rate of 10.86 per 1,000 First Nations children) compared to non-Indigenous children (3%; an estimated 3,475 investigations; a rate of 1.50 per 1,000 non-Indigenous children).

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

As shown in Table 4-2 on page 26, more than two thirds of substantiated maltreatment for First Nations children involved multiple incidents (an estimated 4,345 substantiated investigations; a rate of 66.38 per 1,000 First Nations children). For substantiated investigations involving non-Indigenous children, 68% involved multiple incidents (an estimated 21,687 substantiated investigations; a rate of 9.38 per 1,000 non-Indigenous children).

If the maltreatment was substantiated, workers were asked to indicate whether the child was showing signs of emotional harm (e.g., nightmares, bed wetting, or social withdrawal) following the maltreatment incident(s). In order to rate the severity of emotional harm, workers indicated whether the child required treatment to manage the symptoms of emotional harm. Workers noted no emotional harm in 67% of substantiated maltreatment investigations involving First Nations children (an estimated 4,046 substantiated investigations; a rate of 61.81 per 1,000 First Nations children); emotional harm was noted for 33% of substantiated maltreatment investigations (an estimated 2,000; a rate of 30.56 per 1,000 First Nations children) with the majority requiring therapeutic treatment (26% of substantiated investigations). Workers noted no emotional harm in the same proportion of substantiated maltreatment investigations involving non-Indigenous children (67%, an estimated 21,497 substantiated investigations; a rate of 9.30 per 1,000 non-Indigenous children; see Table 4-3 on page 27).

The OIS-2023 tracked physical harm identified by the investigating worker. Information on physical harm was collected using two measures: one describing severity of harm as measured by medical treatment needed and one describing the nature of harm. Most substantiated maltreatment investigations have no physical harm noted: 94% for those involving First Nations children (an estimated 5,693 or a rate of 86.98 per 1,000 First Nations children) compared to 95% (30,362 or 13.14 per 1,000 non-Indigenous children; see Table 4-4 on page 27).

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

The following tables (i.e., Table 4-6 on page 28 and Table 4-7 on page 29) include substantiated maltreatment investigations and confirmed risk of future maltreatment investigations. Table 4-6 describes any applications made to child welfare court during the investigation period. Investigating workers were asked about three possible statuses for court involvement during the initial investigation: "no application", "application considered" and "application made." Table 4-6 on page 27collapses "no application" and "application considered" into a single category (No Application to Court). Five percent of substantiated maltreatment and confirmed risk investigations involving First Nations children, and 3% involving non-Indigenous children resulted in an application to child welfare court. However, the rate is higher for First Nations children (4.78 per 1,000 First Nations children) compared to non-Indigenous children (0.49 per non-Indigenous children).

As shown in Table 4-7, 15% of substantiated maltreatment and confirmed risk investigations for First Nations children involved a placement: 8% were placed with a relative (a rate of 7.84 per 1,000 First Nations children), 5% in foster care (a rate of 5.12 per 1,000 First Nations children), 1% in a group home or residential secure treatment, and 1% in another placement. The proportion and rates of placement are smaller for these investigations involving non-Indigenous children: 4% were placed with a relative (a rate of 0.55 per 1,000 non-Indigenous children), and 2% in foster care (a rate of 0.32 per 1,000 non-Indigenous children). The rate of group home placements at investigation are too rare an event to provide a reliable estimate. The rate of group home placements are best measured after investigation. Nonetheless, First Nations children were more likely to be placed in a group home at the conclusion of an investigation.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 – 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0–15 years, with information about substantiation or risk of future maltreatment.
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 521 substantiated child maltreatment investigations in 2023 involving First-Nations children, aged 0–15 years, and 1,576 substantiated child maltreatment investigations involving non-Indigenous children, aged 0–15 years, with information about duration of maltreatment.
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 521 substantiated child maltreatment investigations in 2023 involving First-Nations children, aged 0–15 years, and 1,576 substantiated child maltreatment investigations involving non-Indigenous children, aged 0–15 years, with information about emotional harm.
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 521 substantiated child maltreatment investigations in 2023 involving First-Nations children, aged 0–15 years, and 1,576 substantiated child maltreatment investigations involving non-Indigenous children, aged 0–15 years, with information about physical harm.
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 521 substantiated child maltreatment investigations in 2023 involving First-Nations children, aged 0–15 years, and 1,576 substantiated child maltreatment investigations involving non-Indigenous children, aged 0–15 years, with information about police involvement.
Rate and percentage columns may not add to totals due to rounding.
"—" Indicates that estimate was <100 investigations. Low frequency estimates are not reported but are included in total.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 583 substantiated child maltreatment and confirmed risk of future maltreatments investigations in 2023 involving First Nations children, aged 0–15 years, and 1,748 substantiated child maltreatment and confirmed risk of future maltreatments investigations involving non-Indigenous children, aged 0–15 years, with information about child welfare court applications.
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 583 substantiated child maltreatment and confirmed risk of future maltreatments investigations in 2023 involving First Nations children, aged 0–15 years, and 1,748 substantiated child maltreatment and confirmed risk of future maltreatments investigations involving non-Indigenous children, aged 0–15 years, with information about placement.
Rate and percentage columns may not add to totals due to rounding.
"—" Indicates that estimate was <100 investigations. Low frequency estimates are not reported but are included in total.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

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

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

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

Investigating workers were asked to indicate problems that had been confirmed by a diagnosis, directly observed by the investigating worker or another worker, and/or disclosed by the parent or child, as well as issues that they suspected were problems but could not fully verify at the time of the investigation. The six-month period before the investigation was used as a reference point where applicable. Forty-four percent of investigations involving First Nations children had at least one noted child functioning concern (an estimated 6,315 investigations; a rate of 96.48 per 1,000 First Nations children) compared to 36% for non-Indigenous children (a rate of 15.76 per 1,000 non-Indigenous children). The most frequently noted child functioning concerns for investigations involving First Nations children were: 20% with academic or learning difficulties (an estimated 2,856 investigations), 15% with noted depression or anxiety or withdrawal (an estimated 2,190 investigations), 15% with an intellectual or developmental disability (an estimated 2,121 investigations), 12% with noted aggression or conduct issues (an estimated 1,744 investigations), and 12% with noted ADHD (an estimated 1,738 investigations). The most frequently noted child functioning concerns for investigations involving non-Indigenous children are similar but less frequently noted: 16% with academic or learning difficulties (an estimated 16,302 investigations), 12% with noted depression or anxiety or withdrawal (12,302 investigations), 11% with noted aggression or conduct issues (11,482 investigations), and 11% with noted intellectual or developmental disabilities (11,339 investigations). There are also differences for functioning concerns more likely to be noted for younger children: 3% of investigations involving First Nations children have noted positive toxicology at birth (an estimated 367 investigations) compared to 1% (789 investigations) for non-Indigenous children, 3% have noted FASD (453 investigations) compared to 1% (675 investigations), and 10% (an estimated 1,443 investigations) have noted a failure to meet developmental milestones compared to 7% for non-Indigenous children (an estimated 7,369 investigations; see Table 5-3 on page 33).

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

Primary caregivers are predominantly female for investigations involving First Nations children (86%; an estimated 11,873 investigations; a rate of 181.39 per 1,000 First Nations children), and for investigations involving non-Indigenous children (89%; an estimated 86,603 investigations; a rate of 37.47 per 1,000 non-Indigenous children). Investigations involving First Nations children have a higher proportion of younger primary caregivers: 30% of caregivers are 30 years and younger compared to 19% for investigations involving non-Indigenous children (see Table 5-5 on page 34).

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

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,268 child-maltreatment-related investigations in 2023 involving First Nations children, aged 0–17 years, and 5,290 investigations involving non-Indigenous children, aged 0–17 years with information about child age.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

caregivers were similar in proportions between investigations involving First Nations children compared to investigations involving non-Indigenous children with the exception of grandparents: grandparents were noted as the primary caregiver for 5% of investigations involving First Nations children (an estimated 727 investigations; a rate of 11.11 per 1,000 First Nations children) compared to 2% for non-Indigenous children (an estimated 2,260 investigations; a rate of 0.98 per 1,000 non-Indigenous children; see Table 5-6 on page 35).

Investigating workers were asked to consider nine potential caregiver risk factors (alcohol abuse, drug/solvent abuse, cognitive impairment, mental health issues, physical health issues, few social supports, victim of intimate partner violence, perpetrator of intimate partner violence, and history of foster care/group home). Where applicable, the reference point for identifying concerns about caregiver risk factors was the previous six months. Seventy-four percent of investigations involving First Nations children (an estimated 10,217; a rate of 156.09 per 1,000 First Nations children) have at least one noted primary caregiver risk factor compared to 54% for non-Indigenous children (an estimated 52,751 investigations; a rate of 22.83 per 1,000 non-Indigenous children). The most frequently noted primary caregiver risk factors for investigations involving First Nations children are: mental health issues (38%; an estimated 5,329 investigations), victim of intimate partner violence (33%; 4,557 investigations), and few social supports (27%; 3,708 investigations). The most frequently noted primary caregiver risk factors for investigations involving non-Indigenous children are similar: victim of intimate partner violence (26%; 25,007 investigations), mental health issues (25%; an estimated 24,094 investigations), and few social supports (20%; 19,288 investigations). The largest differences between investigations involving First Nations children compared to those involving non-Indigenous children are for the following primary caregiver risk factors: alcohol abuse (20% or an estimated 2,781 investigations involving First Nations children compared to 6% or an estimated 5,741 investigations involving non-Indigenous children), drug/solvent abuse (18% vs 6%), and history of foster care or group home (12% vs 4%; see Table 5-7 on page 36).

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 – 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0–15 years, with information about child gender.
Rate and percentage columns may not add to totals due to rounding.
2021 Census does not provide population estimates for gender younger than 15 years of age; therefore, no rates per 1,000 children are provided for this table.
"—" Indicates that estimate was <100 investigations. Low frequency estimates are not reported but are included in total.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of the legacy of colonialism and the resulting trauma to children, families, and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,204 child maltreatment-related investigations in 2023 involving First Nations children, aged 0 – 15 years, and 4,927 child-maltreatment-related investigations involving non-Indigenous children, aged 0–15 years, with information about child functioning concerns.
Columns do not add to totals because investigating workers could identify more than one child functioning concern.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0–15 years, and 4,797 investigations involving non-Indigenous children, aged 0–15 years, with information about the number of caregivers in the home.
This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

(Table continues on following page)

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0–15 years, and 4,797 investigations involving non-Indigenous children, aged 0–15 years, with information about the number of caregivers in the home.
This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Rate and percentage columns may not add to totals due to rounding.
The response options for primary caregiver gender included the following: Female Cis, Male Cis, Gender non-binary, Transgender, Transgender female, Transgender male, Two-spirit, Another gender identitiy, Do not know, and Prefer not to answer. In a sample of 5 investigations, a gender category other than Female Cis or Male Cis was endorsed. Given this small number, data aggregation to a two-category gender variable for this table was necessary to protect the confidentiality of the caregiver.
"—" Indicates that estimate was <100 investigations. Low frequency estimates are not reported but are included in total.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0–15 years, and 4,797 investigations involving non-Indigenous children, aged 0–15 years, with information about the number of caregivers in the home.
This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0–15 years, and 4,797 investigations involving non-Indigenous children, aged 0–15 years, with information about the number of caregivers in the home.
This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Columns do not add to totals because investigating workers could identify more than one primary caregiver risk factor.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

CHAPTER 6: HOUSEHOLD CHARACTERISTICS FOR INVESTIGATIONS INVOLVING FIRST NATIONS CHILDREN

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

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

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

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

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

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

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0–15 years, and 4,797 investigations involving non-Indigenous children, aged 0–15 years, with information about household source of income.
This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

Investigating workers were asked to select the housing accommodation category that best described the investigated child's living situation (see Appendix E for housing type definitions). A smaller proportion of investigations involving First Nations children have families living in an owned home (16% or an estimated 2,217 investigations or a rate of 33.87 per 1,000 First Nations children) compared to 30% for non-Indigenous children (an estimated 29,611 investigations or a rate of 12.81 per 1,000 children). A larger proportion of investigations involving First Nations children rent their home (37%; an estimated 5,098 investigations, or a rate of 77.89 per 1,000 First Nations children) compared to 41% (an estimated 40,140 investigations or a rate of 17.37 per 1,000 non-Indigenous children) involving non-Indigenous children. A larger proportion of investigations involving First Nations children live in public housing (17%; 2,338 investigations or a rate of 35.72 per 1,000 First Nations children) compared to 13% (an estimated 12,237 investigations; a rate of 5.29 per 1,000 non-Indigenous children) involving non-Indigenous children (see Table 6-3).

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

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

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

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0–15 years, and 4,797 investigations involving non-Indigenous children, aged 0–15 years, with information about housing type.
This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Rate and percentage columns may not add to totals due to rounding.
"—" Indicates that estimate was <100 investigations. Low frequency estimates are not reported but are included in total.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0–15 years, and 4,797 investigations involving non-Indigenous children, aged 0–15 years, with information about household moves.
This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0–15 years, and 4,797 investigations involving non-Indigenous children, aged 0–15 years, with information about unsafe housing conditions.
This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

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

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

First Nations Ontario Incidence Study of Reported Child Abuse and Neglect 2023.
Based on a sample of 1,183 child maltreatment-related investigations in 2023 involving First Nations children, aged 0–15 years, and 4,797 investigations involving non-Indigenous children, aged 0–15 years, with information about home overcrowding.
This question was not applicable for a sample of 148 investigations in which the case was opened under a community caregiver and for a sample of 4 investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Rate and percentage columns may not add to totals due to rounding.
The differences in rates between First Nations and non-Indigenous children and investigations must be understood in the context of understanding the impact of colonialism and the resulting trauma to children, families and communities.

APPENDIX A: OIS-2023 SITE RESEARCHERS

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

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

Barbara Fallon
(Principal Investigator)

Tara Black
(Co-Manager)

Rachael Lefebvre
(Co-Manager)

Brennan Berardo

Danielle Billard

Krista Budau

Emmaline Houston

Nicolette Joh-Carnella

Bryn King

Michelle Lewis

Nico Trocmé

Data Verification and Cleaning

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

Data Analysis

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

APPENDIX B: OIS-2023 ADVISORY COMMITTEE

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

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

Nicole Bonnie
Consultant,
Equity, Diversity, and Inclusion

Krista Budau
Director of Service,
Children's Aid Society of Algoma

Amber Crowe
Executive Director,
Dnaagdawenmag Binnoojiiyag Child & Family Services

Andrea Evans
Pediatrician,
Children's Hospital of Eastern Ontario

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

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

Mark Kartusch
Director of Development and Special Projects,
Dnaagdawenmag Binnoojiiyag Child & Family Services

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

Micheal Miller
Executive Director,
Association of Native Child and Family Well-Being Agencies of Ontario

Brenda Moody
Director, Strategic Data Intelligence
Peel Children's Aid Society

Henry Parada
Professor,
School of Social Work at Toronto Metropolitan University

Vania Patrick-Drakes
Interim Manager of OVOV,
Ontario Association of Children's Aid Societies

Jolanta Rasteniene
Manager, Accountability & Analytics
Peel Children's Aid Society

Jeffrey Schiffer
Chief Impact Officer,
Children's Aid Foundation

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

Jill Stoddart
Executive Director,
Family and Children's Services Foundation

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

APPENDIX C: GLOSSARY OF TERMS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX D: OIS-2023 MALTREATMENT ASSESSMENT

The OIS-2023 Maltreatment Assessment Consists of:

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

Intake Information

01. Date case opened (YYYY-MM-DD) 2023-10-01

02. Source of allegation/referral

Check all that apply

- ☐ Custodial parent
- ☐ Non-custodial parent
- ☐ Child (subject of referral)
- ☐ Relative
- ☐ Neighbour/friend
- ☐ Social assistance worker
- ☐ Crisis service/shelter
- ☐ Community/recreation centre
- ☐ Hospital (any personnel)
- ☐ Community health nurse
- ☐ Community physician
- ☐ Community mental health professional
- ☐ School
- ☐ Other child welfare service
- ☐ Day care centre
- ☐ Police
- ☐ Community agency
- ☐ Anonymous
- ☐ Other

03. Please describe the nature of the referral, including alleged maltreatment and injury (if applicable)

Results of investigation

04. Which approach to the investigation was used?

05. Caregiver(s) in the home (child's/children's primary residence)

☐ No caregiver investigated

☐ No secondary caregiver in the home

○ Community caregiver

○ Youth living independently

Primary caregiver		Secondary caregiver in the home at time of referral	
a) Gender		a) Gender	
b) Age		b) Age	

06. Children (under 19) in the home at time of referral and caregiver's relationship to them

	a) First initial **only** of child	b) Age of child	c) Gender of child	d) Primary caregiver's relationship to child	e) Secondary caregiver's relationship to child	f) Subject of referral	g) Was child investigated?
Child 1	X					☑	Investigate

Add Child

08. Caregiver(s) outside the home

Check all that apply

☐ None

☐ Father

☐ Mother

☐ Grandparent

☐ Other

Save

Next

Household Information

Primary/Secondary caregiver

Gender : Unknown
Age : Unknown

A09. Primary income

A10. Ethno-Racial or Indigeneity

If Indigenous,

a) On/Off reserve

b) Indigenous Status

First Nations Status Eligibility

Did you engage with the family's band? ○ Yes ○ No

At what stage of the investigation was the band contacted?

Please tell us about the Band engagement

If Black,

Did you have an Anti-Black Racism consultation? ○ Yes ○ No

Please check all that apply:

- ☐ African (Nigerian, Somalian, Ethiopian)
- ☐ Caribbean (Jamaican, Haitian, Trinidadian)
- ☐ European (British, French, Portuguese, Spanish)
- ☐ North American (American, Canada)
- ☐ South and Central American (Brazilian, Panamanian)
- ☐ Don't know

If Latin American,

Please check all that apply:

- ☐ Caribbean (Cuban, Haitian)
- ☐ Central American (Honduran, Mexican)
- ☐ European (British, French, Portuguese, Spanish)
- ☐ North American
- ☐ South American
- ☐ Don't know

A11. Has this caregiver moved to Canada within the last 5 years? ○ Yes ○ No ○ Unknown

Are they an asylum seeker/refugee? ○ Yes ○ No

A12. Primary language [ ]

A13. Caregiver response to investigation [ ]

A14. Caregiver risk factors within the past 6 months

Please complete all risk factors (a to i)

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

Please select all drug abuse categories that apply

- ☐ Cannabis (e.g., marijuana, hashish, hash oil)
- ☐ Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)
- ☐ Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)
- ☐ Stimulants (e.g., cocaine, amphetamines, methamphetamines)
- ☐ Hallucinogens (e.g., acid (LSD), PCP)
- ☐ Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)
- ☐ Unknown

15. **Child custody dispute (i.e., court application made or pending)** ○ Yes ○ No ○ Unknown

16. **Type of housing**

17. **Number of moves in past year**

18. **Home overcrowded** ○ Yes ○ No ○ Unknown

19. **Are there unsafe housing conditions?** ○ Yes ○ No ○ Unknown

Briefly describe the unsafe housing conditions

20. In the last 6 months, the household has struggled to pay for:

a) **Food** ○ Yes ○ No ○ Unknown

Was the family provided with any financial/material assistance? ○ Yes ○ No

b) **Housing** ○ Yes ○ No ○ Unknown

c) **Utilities** ○ Yes ○ No ○ Unknown

d) **Telephone/Cell phone** ○ Yes ○ No ○ Unknown

e) **Transportation** ○ Yes ○ No ○ Unknown

f) **Medical care (includes dental and mental health)** ○ Yes ○ No ○ Unknown

21. **Has this case been previously opened for investigation?**

a) **How long since the case was closed?**

22. **Case will stay open for on-going child welfare services** ○ Yes ○ No

23. Referral(s) for any family member

a) **Referral(s) made for any family member to an internal or external service(s)** ○ Yes ○ No

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

Check all that apply

- [ ] Parent education or support services
- [ ] Family or parent counselling
- [ ] Drug/alcohol counselling or treatment
- [ ] Psychiatric/mental health services
- [ ] Intimate partner violence services
- [ ] Welfare or social assistance
- [ ] Food bank
- [ ] Shelter services
- [ ] Housing
- [ ] Legal
- [ ] Child victim support services
- [ ] Recreational services
- [ ] Special education placement
- [ ] Medical or dental services
- [ ] Child or day care
- [ ] Speech/language services
- [ ] Cultural services
- [ ] Immigration services
- [ ] Other

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

Check all that apply

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

If NO, please specify the reason(s)

Check all that apply

- [ ] Already receiving services – not within the child welfare agency
- [ ] Already receiving services – file is transferred to ongoing services
- [ ] Service not available in the area
- [ ] Ineligible for service
- [ ] Services could not be financed
- [ ] Service determined not to be needed
- [ ] Refusal of services
- [ ] There is an extensive waitlist for services
- [ ] No culturally appropriate services

Save Previous Next

Child Information

Child 1

First initial X

24. Gender

Child sexual orientation

25. Age

26. Ethno-racial or Indigeneity

27. Indigenous Status

28. Child functioning

Please complete all child functioning issues (a to s)

	Confirmed	Suspected	No	Unknown
a) Positive toxicology at birth	○	○	○	○
b) FASD	○	○	○	○
c) Failure to meet developmental milestones	○	○	○	○
d) Intellectual/developmental disability	○	○	○	○
e) Attachment issues	○	○	○	○
f) ADHD	○	○	○	○
g) Aggression/conduct issues	○	○	○	○
h) Physical disability	○	○	○	○
i) Academic/learning difficulties	○	○	○	○
	Confirmed	Suspected	No	Unknown
j) Depression/anxiety/withdrawal	○	○	○	○

k) Self-harming behaviour	○	○	○	○
l) Suicidal thoughts	○	○	○	○
m) Suicide attempts	○	○	○	○
n) Inappropriate sexual behaviour	○	○	○	○
o) Running (multiple incidents)	○	○	○	○
p) Alcohol abuse	○	○	○	○
q) Drug/solvent abuse	○	○	○	○
r) Youth Criminal Justice Act involvement	○	○	○	○
s) Other	○	○	○	○

Please select all drug abuse categories that apply

- ☐ Cannabis (e.g., marijuana, hashish, hash oil)
- ☐ Opiates and Opioids and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)
- ☐ Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)
- ☐ Stimulants (e.g., cocaine, amphetamines, methamphetamines)
- ☐ Hallucinogens (e.g., acid (LSD), PCP)
- ☐ Solvents/Inhalants (e.g., glues, paint thinner, paint, gasoline, aerosol sprays)
- ☐ Unknown

29. TYPE OF INVESTIGATION

○ Investigated incident of maltreatment

○ Risk investigation only

Maltreatment codes

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

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

30. Maltreatment codes – Enter primary form of maltreatment first

	1st Code	2nd Code	3rd Code
31. Alleged perpetrator			
Primary caregiver	☐	☐	☐
Secondary caregiver	☐	☐	☐
Other perpetrator	☐	☐	☐
a. Relationship			
b. Age			
c. Gender			
32. Substantiation			
a) Was the report a fabricated referral? (by referral source)			
33. Was maltreatment a form of punishment?			
34. Duration of maltreatment			
35. Police involvement			

36. Is mental or emotional harm evident (as a result of the substantiated or suspected maltreatment)? ○ Yes ○ No

a) Child requires therapeutic treatment ○ Yes ○ No

37. Physical harm

a) Is physical harm evident? ○ Yes ○ No

b) Types of physical harm

Check all that apply

- ☐ Bruises, cuts or scrapes
- ☐ Broken bones
- ☐ Burns and scalds
- ☐ Head trauma
- ☐ Fatal
- ☐ Health condition : Please specify

c) Was medical treatment required? ○ Yes ○ No

38. Is there a significant risk of future maltreatment? ○ Yes ○ No ○ Unknown

39. Was this child a previous victim of maltreatment? ○ Yes ○ No ○ Unknown

40. Placement

a) Placement during investigation ○ Yes ○ No ○ Considered

b) Placement type

c) Estimate the time it takes to travel between the child's residence and their placement

d) Did the child reunify during the investigation? ○ Yes ○ No

41. Child welfare court application? ○ Yes ○ No ○ Considered

a) Referral to mediation/alternative dispute resolution (ADR) ○ Yes ○ No

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

Comments and Other Information (Not Required)

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

44. Intake information

45. Household information

46. Child information

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APPENDIX E: OIS-2023 GUIDEBOOK

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

Background

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

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

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

Objectives

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

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

Sample

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

OIS Maltreatment–Related Assessment

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

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

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

Data Collection

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

Confidentiality

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

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

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

Data collected through the OIS website will be stored on a secure server at U of T in a secure setting and accessed through secure logins and connections. The data will be archived on the same server. Data are not stored on local computers. Programming and research staff are required to save their work on the protected server and must sign agreements that they will not bring data out of the secure server environment.

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

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

Completing the OIS Maltreatment–Related Assessment

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

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

Definitions: *Intake Information Section*

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

Question 1: Date Case Opened

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

Question 2: Source of Allegation/Referral

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

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

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

- **Social assistance worker:** Refers to a social assistance worker involved with the household.
- **Crisis service/shelter:** Includes any shelter or crisis service for domestic violence or homelessness.
- **Community/recreation centre:** Refers to any form of recreation and community activity programs (e.g., organized sports leagues or Boys and Girls Clubs).
- **Hospital (any personnel):** Referral originates from a hospital and is made by a doctor, nurse, or social worker rather than a family physician or nurse working in a family doctor's office in the community.
- **Community health nurse:** Includes nurses involved in services such as family support, family visitation programs, and community medical outreach.
- **Community physician:** A report from any family physician with a single or ongoing contact with the child and/or family.
- **Community mental health professional:** Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside a school/hospital/child welfare/*Youth Criminal Justice Act* (YCJA) setting.
- **School:** Any school personnel (teacher, principal, teacher's aide, school social worker etc.).
- **Other child welfare service:** Includes referrals from mandated child welfare service providers from other jurisdictions or provinces.
- **Day care centre:** Refers to a child care or day care provider.
- **Police:** Any member of a police force, including municipal or provincial/territorial police, or RCMP.
- **Community agency:** Any other community agency/office or service.
- **Anonymous:** A referral source who does not identify him- or herself.
- **Other:** Specify the source of referral in the section provided (e.g., foster parent, store clerk, etc.).

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

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

Question 4: Which Approach to the Investigation Was Used?

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

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

Question 5: Caregiver(s) in the Home

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

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

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

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

Include biological, step-, adoptive and foster children.

a. **First initial only of child:** List a pseudonym first letter for *all children (<18 years) in the home at time of referral.*

b. **Age of child:** Indicate the age of each child living in the home at the time of the referral.

c. **Gender of child:** Indicate the gender of each child living in the home at the time of the referral.

d. **Primary caregiver's relationship to child:** Indicate the primary caregiver's relationship to each child.

e. **Secondary caregiver's relationship to child:** Indicate the secondary caregiver's relationship to each child (if applicable). Describe the secondary caregiver only if the caregiver is in the home.

f. **Subject of referral:** Indicate which children were noted in the initial referral.

g. **Was child investigated?:** Indicate whether the child was the focus of an investigated by indicating whether they were *investigated or not investigated.*

Question 8: Caregiver(s) Outside the Home

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

Definitions: *Household Information Section*

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

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

Questions A9–A14 pertain to the primary caregiver in the household. If there was a secondary caregiver in the household at the time of referral, you will need to complete questions B9–B14 for the secondary caregiver.

Question 9: Primary Income

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

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

Question 10: Ethno-Racial or Indigeneity Group

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

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

If Indigenous

a. **On/off reserve:** Identify if the caregiver is residing "on" or "off" reserve.

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

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

If Black

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

If Latin American

Identify the specific ethno-racial group of the caregiver.

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

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

Question 12: Primary Language

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

Question 13: Contact With Caregiver in Response to Investigation

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

Question 14: Caregiver Risk Factors

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

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

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

- Cannabis (e.g., marijuana, hashish, hash oil)
- Opiates, Opioids, and morphine derivatives (e.g., codeine, fentanyl, heroine, morphine, opium, oxycodone)
- Depressants (e.g., barbiturates, benzodiazepines such as Valium, Ativan)
- Stimulants (e.g., cocaine, amphetamines, methamphetamines, Ritalin)
- Hallucinogens (e.g., acid, LSD, PCP)
- Solvents/Inhalants (e.g., glue, paint thinner, paint, gasoline, aerosol sprays)

Question 15: Child Custody Dispute

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

Question 16: Housing

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

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

Question 17: Number of Moves in Past Year

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

Question 18: Home Overcrowded

Indicate if the household is overcrowded in your clinical opinion.

Question 19: Housing Safety

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

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

a. **Food:** Indicate if the household struggled to pay for food at any time in the last 6 months.

b. **Housing:** Indicate if the household struggled to pay for housing at any time in the last 6 months.

c. **Utilities:** Indicate if the household struggled to pay for utilities at any time in the last 6 months (e.g., heating, electricity).

d. **Telephone/cell phone:** Indicate if the household struggled to pay for a telephone or cell phone bill at any time in the last 6 months.

e. **Transportation:** Indicate if the household struggled to pay for transportation related expenses (e.g., transit pass, car insurance) at any time in the last 6 months.

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

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

Question 21: Case Previously Opened for Investigation

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

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

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

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

Question 23: Referral(s) for Any Family Member

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

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

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

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

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

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

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

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

Definitions: Child Information Section

Question 24: Child Gender

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

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

Question 25: Child Age

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

Question 26: Child Ethno-Racial Group

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

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

Question 27: Child Indigenous Status

If the child is Indigenous, indicate the Indigenous status of the child for which the *Child Information* section is being completed: **First Nations status** (child has formal Indian or treaty status, that is, is registered with Crown-Indigenous

Relations and Northern Affairs Canada [formerly INAC]), **First Nations non-status**, **Métis, Inuit**, or **Other** (specify and use the *Comments section if necessary).*

Question 28: Child Functioning

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

- **Positive toxicology at birth:** When a toxicology screen for a newborn tests positive for the presence of drugs or alcohol.
- **FASD:** Birth defects, ranging from mild intellectual and behavioural difficulties to more profound problems in these areas related to in utero exposure to alcohol abuse by the biological mother.
- **Failure to meet developmental milestones:** Children who are not meeting their developmental milestones because of a non-organic reason.
- **Intellectual/developmental disability:** Characterized by delayed intellectual development, it is typically diagnosed when a child does not reach his or her developmental milestones at expected times. It includes speech and language, fine/gross motor skills, and/or personal and social skills (e.g., Down syndrome, Autism Spectrum Disorder).
- **Attachment issues:** The child does not have physical and emotional closeness to a mother or preferred caregiver. The child finds it difficult to seek comfort, support, nurturance, or protection from the caregiver; the child's distress is not ameliorated or is made worse by the caregiver's presence.
- **ADHD:** ADHD is a persistent pattern of inattention and/or hyperactivity/impulsivity that occurs more frequently and more severely than is typically seen in children at comparable stages of development. Symptoms are frequent and severe enough to have a negative impact on the child's life at home, at school, or in the community.
- **Aggression/conduct issues:** Aggressive behaviour directed at other children or adults (e.g., hitting, kicking, biting, fighting, bullying) or violence to property at home, at school, or in the community.
- **Physical disability:** Physical disability is the existence of a long-lasting condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying. This includes sensory disability conditions such as blindness, deafness, or a severe vision or hearing impairment that noticeably affects activities of daily living.
- **Academic/learning difficulties:** Difficulties in school including those resulting from learning difficulties, special education needs, behaviour problems, social difficulties, and emotional or mental health concerns.
- **Depression/anxiety/withdrawal:** Feelings of depression or anxiety that persist for most of the day, every day for two weeks or longer, and interfere with the child's ability to manage at home and at school.
- **Self-harming behaviour:** Includes high-risk or life-threatening behaviour and physical mutilation or cutting.
- **Suicidal thoughts:** The child has expressed thoughts of suicide, ranging from fleeting thoughts to a detailed plan.
- **Suicide attempts:** The child has attempted to commit suicide.
- **Inappropriate sexual behaviour:** Child displays inappropriate sexual behaviour, including age-inappropriate play with toys, self, or others; displaying explicit sexual acts; age- inappropriate sexually explicit drawings and/or descriptions; sophisticated or unusual sexual knowledge; or prostitution or seductive behaviour.
- **Running (multiple incidents):** The child has run away from home (or other residence) on multiple occasions for at least one overnight period.
- **Alcohol abuse:** Problematic consumption of alcohol (consider age, frequency, and severity).
- **Drug/solvent abuse:** Include prescription drugs, illegal drugs, and solvents.
- ***Youth Criminal Justice Act* involvement:** Charges, incarceration, or alternative measures with the youth justice system.
- **Other:** Specify any other conditions related to child functioning; your responses will be coded and aggregated.

Question 29: Type of Investigation

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

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

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

child at risk for physical abuse and neglect, but no specific allegation has been made and no specific incident is suspected during the investigation).

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

Question 30: Maltreatment Codes

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

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

Physical Abuse

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

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

Sexual Abuse

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

7. **Penetration:** Penile, digital, or object penetration of vagina or anus.
8. **Attempted penetration:** Attempted penile, digital, or object penetration of vagina or anus.
9. **Oral sex:** Oral contact with genitals either by perpetrator or by the child.
10. **Fondling:** Touching or fondling genitals for sexual purposes.
11. **Sex talk or images:** Verbal or written proposition, encouragement, or suggestion of a sexual nature (include face to face, phone, written, and Internet contact, as well as exposing the child to pornographic material).
12. **Voyeurism:** Include activities where the alleged perpetrator observes the child for the perpetrator's sexual gratification. Use the "Exploitation" code if voyeurism includes pornographic activities.
13. **Exhibitionism:** Include activities where the perpetrator is alleged to have exhibited himself or herself for his or her own sexual gratification.
14. **Exploitation:** Include situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.
15. **Other sexual abuse:** Other or unspecified sexual abuse.

Neglect

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

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

18. **Permitting criminal behaviour:** A child has committed a criminal offence (e.g., theft, vandalism, or assault) because of the caregiver's failure or inability to supervise the child adequately.

19. **Physical neglect:** The child has suffered or is at substantial risk of suffering physical harm caused by the caregiver's failure to care and provide for the child adequately. This includes inadequate nutrition/clothing and unhygienic, dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.

20. **Medical neglect (includes dental):** The child requires medical treatment to cure, prevent, or alleviate physical harm or suffering and the child's caregiver does not provide, or refuses, or is unavailable or unable to consent to the treatment. This includes dental services when funding is available.

21. **Failure to provide psychological treatment:** The child is suffering from either emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, or a mental, emotional, or developmental condition that could seriously impair the child's development, and the child's caregiver does not provide, refuses to provide, or is unavailable or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school-related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. A parent awaiting service should not be included in this category.

22. **Abandonment:** The child's parent has died or is unable to exercise custodial rights and has not made adequate provisions for care and custody, or the child is in a placement and parent refuses/is unable to take custody.

23. **Educational neglect:** Caregivers knowingly permit chronic truancy (5+ days a month), fail to enroll the child, or repeatedly keep the child at home.

Emotional Maltreatment

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

24. **Terrorizing or threat of violence:** A climate of fear, placing the child in unpredictable or chaotic circumstances, bullying or frightening a child, or making threats of violence against the child or the child's loved ones or objects.

25. **Verbal abuse or belittling:** Non-physical forms of overtly hostile or rejecting treatment. Shaming or ridiculing the child, or belittling and degrading the child.

26. **Isolation/confinement:** Adult cuts the child off from normal social experiences, prevents friendships, or makes the child believe that he or she is alone in the world. Includes locking a child in a room, or isolating the child from the normal household routines.

27. **Inadequate nurturing or affection:** Through acts of omission, does not provide adequate nurturing or affection. Being detached and uninvolved or failing to express affection, caring, and love and interacting only when absolutely necessary.

28. **Exploiting or corrupting behaviour:** The adult permits or encourages the child to engage in destructive, criminal, antisocial, or deviant behaviour.

29. **Alienating the other parent:** Parent's behaviour signals to the child that it is not acceptable to have a loving relationship with the other parent or one parent actively isolates the other parent from the child. (E.g., the parent gets angry with the child when he/she spends time with the other parent; the parent limits contact between the child and the other parent; the parent inappropriately confides in the child about matters regarding the parents' relationship, financial situation, etc.)

Exposure to Intimate Partner Violence

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

30. **Direct witness to physical violence:** The child is physically present and witnesses the violence between intimate partners.

31. **Indirect exposure to physical violence:** The child overhears but does not see the violence between intimate partners; the child sees some of the immediate consequences of the assault (e.g., injuries to the mother); or the child is told or overhears conversations about the assault.

32. **Exposure to emotional violence:** Includes situations in which the child is exposed directly or indirectly to emotional violence between intimate partners. Includes witnessing or overhearing emotional abuse of one partner by the other.

33. **Exposure to non-partner physical violence:** The child has been exposed to violence occurring between a caregiver and another person who is not the spouse/partner of the caregiver (e.g., between a caregiver and a neighbour, grandparent, aunt, or uncle).

Question 31: Alleged Perpetrator

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

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

If Other Perpetrator

If Other alleged perpetrator is selected, please specify:

a. **Relationship:** Indicate the relationship of this "Other" alleged perpetrator to the child (e.g., brother, uncle, grandmother, teacher, doctor, stranger, classmate, neighbour, family friend).

b. **Age:** Indicate the age category of this alleged perpetrator. Age is essential information used to distinguish between child, youth, and adult perpetrators.

c. **Sex:** Indicate the sex of this alleged perpetrator.

Question 32: Substantiation

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

» **Substantiated:** An allegation of maltreatment is considered substantiated if the balance of evidence indicates that abuse or neglect has occurred.

» **Suspected:** An allegation of maltreatment is suspected if you do not have enough evidence to substantiate maltreatment, but you also are not sure that maltreatment can be ruled out.

» **Unfounded:** An allegation of maltreatment is unfounded if the balance of evidence indicates that abuse or neglect has not occurred.

If the maltreatment was unfounded, answer 32 a).

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

Question 33: Was Maltreatment a Form of Punishment?

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

Question 34: Duration of Maltreatment

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

Question 35: Police Involvement

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

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

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

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

Question 37: Physical Harm

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

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

b. **Types of physical harm:** Please check all types of physical harm that apply.

» **Bruises/cuts/scrapes:** The child suffered various physical hurts visible for at least 48 hours.

» **Broken bones:** The child suffered fractured bones.

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

» **Head trauma:** The child was a victim of head trauma (note that in shaken-infant cases the major trauma is to the head, not to the neck).

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

» **Health condition:** Physical health conditions, such as untreated asthma, failure to thrive, or sexually transmitted infections (STIs).

c. **Was medical treatment required?** In order to help us rate the severity of any documented physical harm, indicate whether medical treatment was required as a result of the physical injury or harm.

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

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

Question 39: Previous Victimization

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

Question 40: Placement

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

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

b. **Placement type:** Check one category related to the placement of the child. If the child is already living in an alternative living situation (emergency foster home, receiving home), indicate the setting where the child has spent the most time.

- **Kinship out of care:** An informal placement has been arranged within the family support network; the child welfare authority does not have temporary custody.
- **Customary care:** Customary care is a model of Indigenous child welfare service that is culturally relevant and incorporates the unique traditions and customs of each First Nation.
- **Kinship in care:** A formal placement has been arranged within the family support network; the child welfare authority has temporary or full custody and is paying for the placement.
- **Foster care (non-kinship):** Include any family-based care, including foster homes, specialized treatment foster homes, and assessment homes.
- **Group home:** All types of group homes, including those operating under a staff or parent model.
- **Residential/secure treatment:** A 24-hour residential treatment program for several children that provides room and board, intensive awake night supervision, and treatment services.
- **Other:** Specify any other placement type.

c. **Estimate the time it takes to travel between the child's residence and their placement:** Indicate the time it takes for travel by car between the child's primary residence and their placement.

d. **Did the child reunify?** Indicate whether the child's original caregiver resumed caregiving responsibilities over the course of the investigation.

Question 41: Child Welfare Court Application

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

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

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

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

Definitions: *Comments and Other Information*

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

Frequently Asked Questions

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

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

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

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

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

The *OIS Maltreatment-Related Assessment* should be completed by the worker who conducts the intake assessment and prepares the assessment or investigation

report. If several workers investigate a case, the worker with primary responsibility for the case should complete the *OIS Maltreatment-Related Assessment.*

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

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

5. Is this information confidential?

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

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

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

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

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

(Table continues on following page)

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

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

Based on a sample of 706 maltreatment-related investigations involving a First Nations child aged 0-17 years, with information about reserve status. Reserve status was unknown for an additional 78 maltreatment-related investigations.
This table does not include the sample of 21 maltreatment investigations in which the case was opened under a community caregiver, nor the 3 maltreatment investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Percentages are column percentages and may not add to 100% due to rounding.
The chi-square statistic indicates when there is a statistically significant difference between on-reserve and off-reserve. * p < 0.05, ** p < 0.01, *** p < 0.001, and ns = non-significant.

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

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

Based on a sample of 536 maltreatment investigations involving a First Nations child aged 0-17 years, with information about reserve status. Reserve status was unknown for an additional 53 maltreatment investigations.
This table does not include the sample of 21 maltreatment investigations in which the case was opened under a community caregiver, nor the 3 maltreatment investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Percentages are column percentages and may not add to 100% due to rounding.
The chi-square statistic indicates when there is a statistically significant difference between on-reserve and off-reserve. * p < 0.05, ** p < 0.01, *** p < 0.001, and ns = non-significant.

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

	Reserve Status				
	On-Reserve		Off-Reserve		
Significant Risk of Future Maltreatment	#	%	#	%	χ^2
Yes	174	20%	449	20%	**ns**
No	667	76%	1,673	74%	
Unknown	—	—	151	7%	
Total	**882**	**100%**	**2,273**	**100%**	

Based on a sample of 170 risk of future maltreatment investigations involving a First Nations child aged 0-17 years, with information about reserve status. Reserve status was unknown for an additional 25 risk of future maltreatment investigations.
Percentages are column percentages and may not add to 100% due to rounding.
The chi-square statistic indicates when there is a statistically significant difference between on-reserve and off-reserve. * p < 0.05, ** p < 0.01, *** p < 0.001, and ns = non-significant.

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

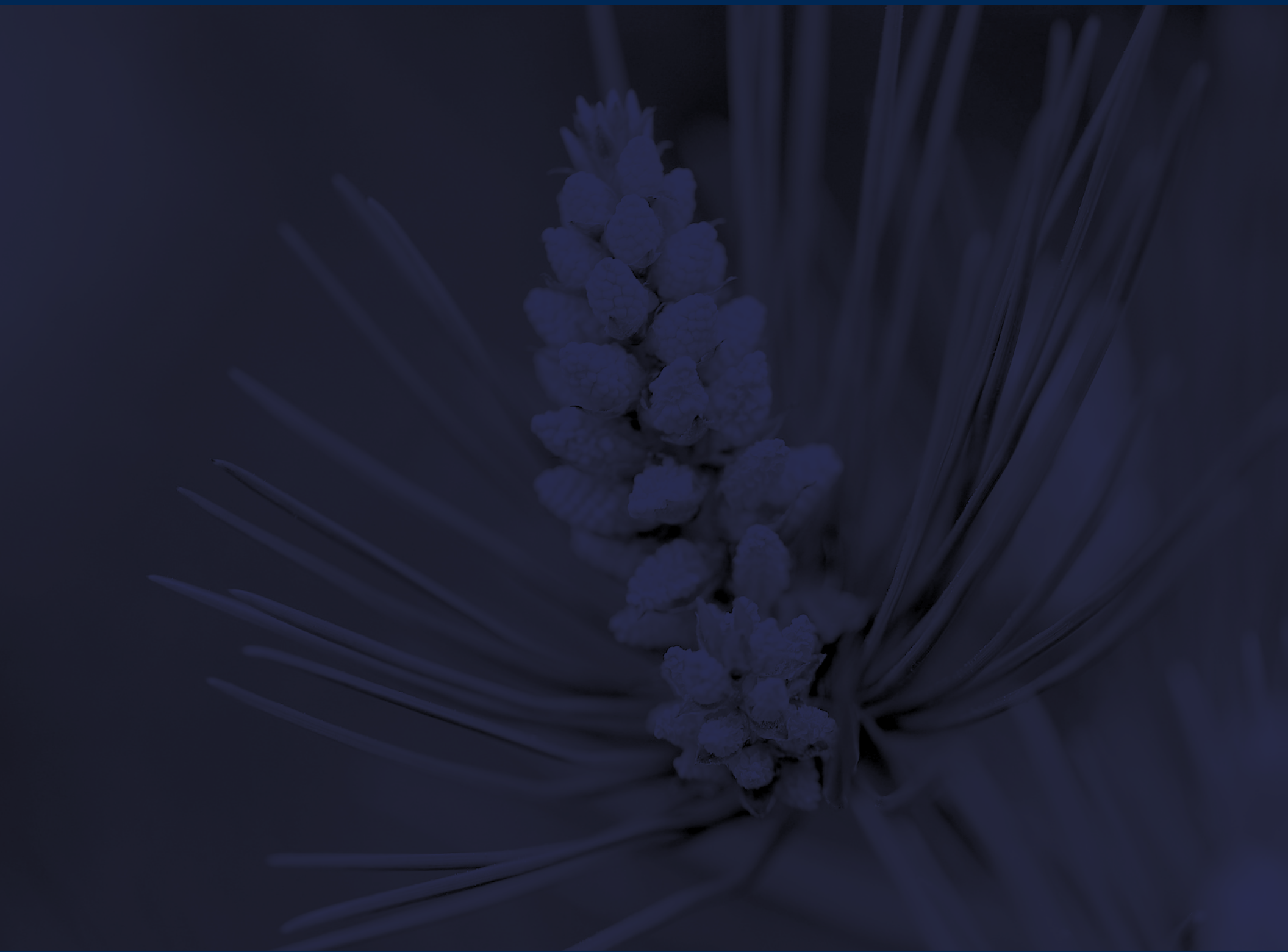
	Reserve Status				
	On-Reserve		Off-Reserve		
Investigation Service Outcome	#	%	#	%	χ^2
Case transferred to ongoing services	1,172	36%	2,675	27%	4.681*
Service referral made	1,179	36%	5,562	57%	21.672***
Child welfare court	115	4%	220	2%	ns
Placement	368	11%	650	7%	4.167*
Total	**3,256**	**100%**	**9,811**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

Based on a sample of 706 maltreatment-related investigations involving a First Nations child aged 0-17 years, with information about reserve status. Reserve status was unknown for an additional 78 maltreatment-related investigations.
This table does not include the sample of 21 maltreatment investigations in which the case was opened under a community caregiver, nor the 3 maltreatment investigations in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Percentages are column percentages and may not add to 100% due to rounding.
The chi-square statistic indicates when there is a statistically significant difference between on-reserve and off-reserve. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, and ns = non-significant.

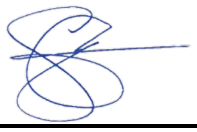
TABLE F-5: Service Referrals by Living On- and Off-Reserve in Child Maltreatment–Related Investigations Involving a First Nations Child (<18 Years) in Ontario in 2023

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

Based on a sample of 364 maltreatment-related investigations with a service referral involving a First Nations child aged 0-17 years, with information about reserve status. Reserve status was unknown for an additional 38 maltreatment-related investigations with a service referral made.
This table does not include the sample of 4 maltreatment investigations with a service referral in which the case was opened under a community caregiver, nor the 3 maltreatment investigations with a service referral in which the youth was living independently. A community caregiver is defined as anyone providing care to a child in an out-of-home setting (e.g., institutional setting).
Percentages are column percentages and may not add to 100% due to rounding.
The chi-square statistic indicates when there is a statistically significant difference between on-reserve and off-reserve. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$, and ns = non-significant.



This Exhibit “D” to the Affidavit of
Barbara Fallon affirmed before me this
2nd day of October 2025



A Commissioner for taking Affidavits etc.
Sarah Clarke
LSO #57377M

Policy Note:

Rates of child maltreatment-related investigations involving First Nations children in Ontario

Micheal Miller & Amber Crowe
Prepared by Ontario Incidence Study of Reported Child Abuse & Neglect (OIS) Study Team

July 3, 2024

Introduction

This briefing note was prepared to inform how the compensation from the $23.4 billion Final Settlement Agreement on First Nations Child and Family Services and Jordan's Principle (FSA) and other class action proceedings affecting First Nations could potentially influence child welfare services provided to First Nations children in Ontario.

Background

The Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) is a cyclical, provincial-level study examining rates of child maltreatment-related investigations conducted in the province (Crowe & Schiffer, 2021). To date, there have been six cycles of the OIS conducted (OIS-1993, OIS-1998, OIS-2003, OIS-2008, OIS-2013, and OIS-2018). The OIS-2023 is currently in the data collection phase. In 2018, there was a report published specifically examining the profile of investigations involving First Nations children.[1]

In each OIS cycle, a multi-stage sampling design is implemented to obtain a representative sample of child welfare investigations in the province. The OIS uses a file review methodology and collects information directly from investigating child welfare workers regarding their child maltreatment-related investigations (see Crowe & Schiffer, 2021 for full methodological description).

The OIS allows for an examination of investigation trends in child welfare service provision over 25 years. The purpose of this briefing note is to describe trends in child welfare investigations involving First Nations children in Ontario between 2003 and 2018 while examining key policy changes that may have impacted these trends.

The OIS shows that First Nations children are approximately three times more likely to be the subject of a child maltreatment-related investigation compared to non-Indigenous children; this has been a consistent finding since 1998. However, in 2008, the disparity increased to five-fold, returning to a three-fold disparity in 2013 and 2018.

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

Analytic Approach

This briefing note explores whether the compensation from the Indian Residential Schools Settlement Agreement implemented at the beginning in 2007 may have contributed to the increased identification and investigation of First Nations children in the Ontario child welfare system in 2008. To ascertain whether the Indian Residential Schools Settlement Agreement contributed to the dramatic increase, key policy decisions and reports were assessed during this time. Policy changes may have influenced the rate of investigation of First Nations children in several ways: (1) the rate at which First Nations children were identified by and reported to child welfare services, (2) the rate at which investigations involving First Nations children were opened, as well as (3) the rate at which children investigated by child welfare services were identified as First Nations.

As the OIS allows for trend analysis given the cyclical nature of the data collection, we provide further analysis of the OIS data to better understand the increase in investigations in 2008.

The Issue

Between the OIS-2003 and OIS-2008, there was more than a doubling in the rate of child welfare investigations involving First Nations children in Ontario. There was not a parallel increase in the number of investigations involving non-Indigenous children over the same time, and as a result, the disparity in the rate of investigations between First Nations and non-Indigenous children increased from 2.30 in 2003 to 5.13 in 2008 (see Table 1 & Figure 1). The extent of the disparity decreased to three-fold in 2013 and 2018 (see Figure 1 & Table 1).

Table 1. Rates (per 1,000 children in Ontario) of child welfare investigations for First Nations and Non-Indigenous children in Ontario in 2003, 2008, 2013, and 2018

	2003		2008		2013		2018	
	Estimate	Rate	Estimate	Rate	Estimate	Rate	Estimate	Rate
First Nations	5,232	120.51	12,736	255.95	9,007	155.64	11,480	174.43
Non-Indigenous	122,196	52.36	115,270	49.92	115,496	50.94	134,642	59.51
Disparity		**2.30**		**5.13**		**3.06**		**2.93**

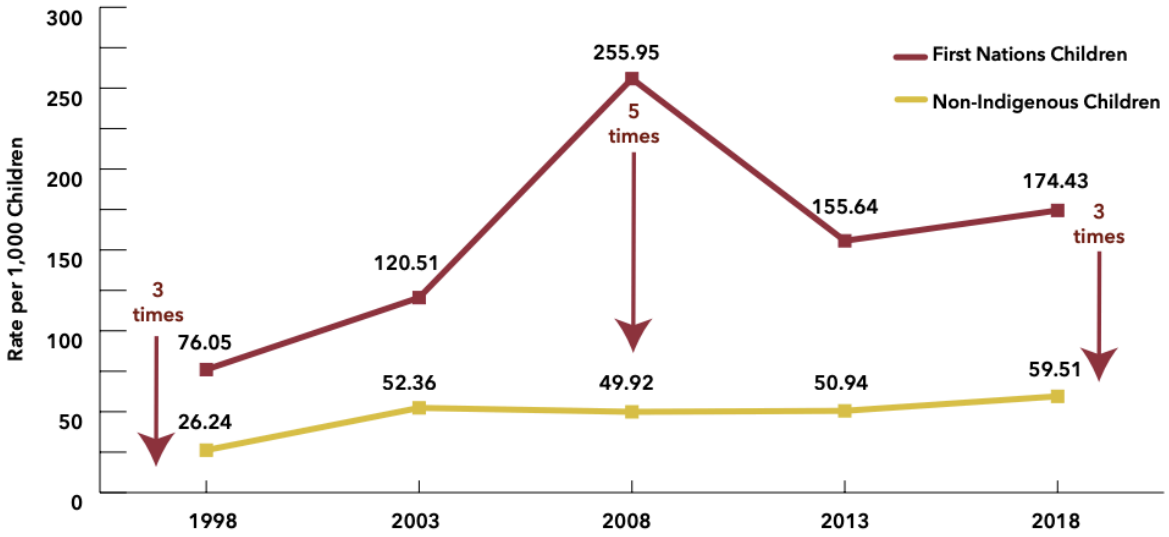


Figure 1. Incidence of Reported Maltreatment Over Time in OIS Cycles: First Nations and non-Indigenous*

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

Table 2. Relevant policy changes in Ontario influencing child welfare investigations among First Nations children between 2003 and 2018

Date	Policy Change
2005	Two reports prepared by the First Nations Child and Family Caring Society document key flaws and inequities in INAC's First Nations child and family services policy and recommends an additional minimum investment of 109 million per annum (excluding Ontario and the Territories) structures in specific ways to address the inequity and support culturally appropriate services. Among the policy recommendations is Jordan's Principle which is a child first principle to resolving jurisdictional disputes impeding First Nations children from accessing government services.
2006	INAC provides some funds to redress the inflation losses incurred by First Nations child and family service agencies between 1995-2005. The amount provided is estimated to be less than a third of what was needed. Progress on the implementation on the other recommendations of the Wen:de reports are negligible despite Canada running a 22-billion-dollar surplus budget.
2007	INAC confirms that their funding policy is linked to growing numbers of First Nations children in child welfare care and First Nations child and family service agencies being unable to meet their mandated responsibilities. Read the INAC fact sheet.
February 23, 2007	Complaint of discrimination filed at the Canadian Human Rights Commission (CHRC) by the First Nations Child and Family Caring Society (FNCFCS) and the Assembly of First Nations (AFN) alleging discriminatory funding of child welfare and children's services on reserve.
2007	Implementation of Indian Residential Schools Settlement Agreement
2008	Auditor General of Canada releases her report on First Nations Child and Family Services in May of 2008. The report finds that INAC's First Nations child and family services program (including the Directive, the 1965 Indian Welfare Agreement and INAC's enhanced funding arrangement are inequitable). INAC agrees with the Auditor General's Report.
June 11, 2008	Prime Minister Stephen Harper made a Statement of Apology to former residential school students on behalf of the Government of Canada
2008	Increases to the Ontario Child Benefit (OCB) and to the minimum wage raised family income even through the recession and are two of the main factors responsible for the decrease in child poverty since 2008
January 26, 2011	Table on Child Welfare in Toronto Ontario regarding customary care. The Tripartite Technical Table on Child Welfare is comprised of representatives from the Ontario First Nations; the Social Services Coordination Unit of the Chiefs of Ontario; the Association of Native Child

	and Family Services Agencies of Ontario; the Ministry of Children and Youth Services; the Ministry of Aboriginal Affairs; and Indian and Northern Affairs Canada. Lack of attention to the customary care provision of the Ontario's *Child, Youth and Family Services Act* (CYFSA) by mainstream agencies is highlighted with strategies to address and increase the use of customary care.
April 1, 2015	Designation of Kina Gbezhgomi Child & Family Services
May 1, 2015	Designation of Kunuwanimano Child and Family Services
December, 2015	Calls to Action released in final report by the Truth and Reconciliation Commission of Canada
January, 2016	*CHRT 2* (the "Merit Decision"): The Canadian Human Rights Tribunal (CHRT; "the Tribunal") substantiates the 2007 complaint, finding systemic discrimination on the part of the government of Canada against First Nations children and their families in the provision of First Nations Child and Family Services and in its "narrow and inadequate" (paragraph 107) implementation of Jordan's Principle. This was followed by a series of non-compliance orders related to findings of ongoing discrimination.
April, 2017	Designation of Nogdawindamin Family and Community Services
May, 2017	*CHRT 14*: The Tribunal finds that Canada's implementation of Jordan's Principle was overly narrow in only including children on reserve or ordinarily resident on reserve (paragraphs 50, 52–54, 67). The Panel confirms that Jordan's Principle "applies equally to all First Nations children, whether resident on or off reserve" (paragraph 135, 1.B.i.).
June, 2017	Anti-Racism Act in Ontario is passed, enabling government mandated collection of race-based data (including Indigenous identity) by public sector organizations
December, 2017	Policy Directive: CW005-17 issued by Ontario Ministry of Children and Youth Services which requires Children's Aid Societies using CPIN to collect and report identity-based data. Indigenous societies were not required to collect this information.
April, 2018	Ontario's Anti-Racism Data Standards released with requirements for data collection, management and use, including requirements for data related to Indigenous identity and race.
August, 2018	Federal Court of Canada and the Ontario Court of Justice approved settlement between the Federal Government of Canada and individuals who were part of the "Sixties Scoop."

Table sources:

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Types of investigations

Findings from the OIS show that, except for emotional maltreatment, the rates of investigations for all other types of maltreatment (physical abuse, sexual abuse, neglect, and exposure to intimate partner violence [IPV]) involving First Nations children increased between 2003 and 2008. In contrast, the rates of each of these types of investigations involving non-Indigenous children either stayed the same or decreased over the same time. Between the OIS-2003 and OIS-2008, "risk only" investigations were introduced into the study definition of maltreatment-related investigations. These investigations are focused on assessing the risk of future maltreatment to the child based on their context rather than investigating alleged incidents of maltreatment. For example, investigations focused on caregiver capacity, parent/teen conflict, or caregiver substance use would fall into the "risk only" investigation category. After being introduced in 2008, risk only investigations represented about one-third of investigations involving both First Nations and non-Indigenous children (see Table 3, Table 4, & Figure 2).

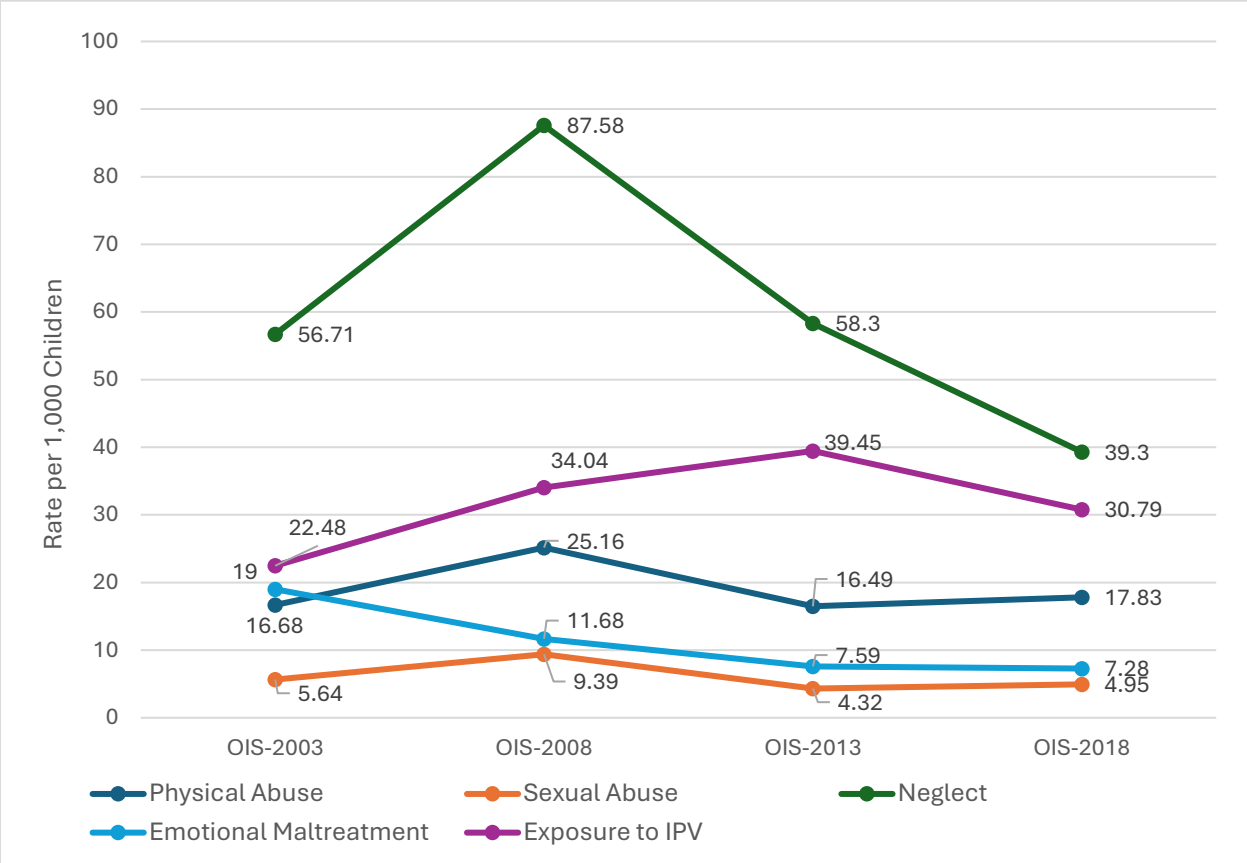


Figure 2: Focus of child welfare investigations* involving First Nations children in the OIS-2003, OIS-2008, OIS-2013, and OIS-2018

(*) Risk-only investigations are not included in this Figure 2, since this category was not documented in OIS-2003

Primary caregiver risk factors & child functioning concerns

Child welfare workers participating in the OIS were asked to consider several potential caregiver risk factors (e.g. mental or physical health issues, substance abuse, history of IPV) and child functioning concerns (e.g. confirmed or suspected diagnoses of depression, anxiety, learning difficulties, intellectual/developmental disabilities) during investigations. These characteristics were noted based on the workers' clinical judgement during the investigation.

As shown in Table 3 and Figure 3, the rate of investigations involving First Nations children with primary caregivers who had noted risk factors more than doubled between the OIS-2003 and OIS-2008 (from 82.16 to 180.95 investigations per 1,000 children). The rate subsequently decreased but remained persistently elevated compared to the 2003 rate (rate in 2018 was 119.01 investigations per 1,000 children). Notably, the rate of investigations involving First Nations children whose primary caregivers were noted to have mental health issues has increased with each cycle of the OIS (from 27.69 investigations per 1,000 children in 2003 to 58.50 investigations per 1,000 children in 2018; see Table 3). The rate of investigations involving non-Indigenous children with primary caregivers who had risk factors noted by the investigating worker was relatively stable from 2003 to 2018; this rate was between 2.6 times (in 2003) and 6.4 times (in 2008) lower than the rate involving First Nations children.

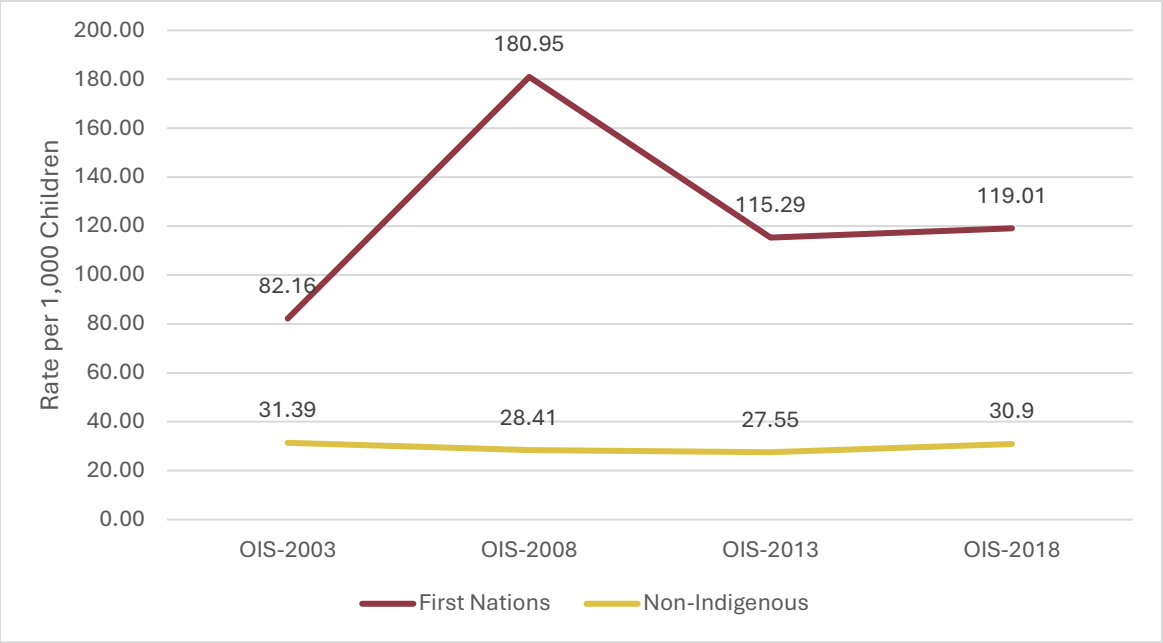


Figure 3. Child welfare investigations involving First Nations and non-Indigenous children with noted primary caregiver risk factors in the OIS-2003, OIS-2008, OIS-2013, and OIS-2018

Rates of investigations involving First Nations children with both externalizing (e.g. aggression, alcohol abuse, Youth Criminal Justice Involvement) and internalizing (e.g. depression, anxiety, and withdrawal) child functioning concerns increased between the OIS-2003 and OIS-2008. In subsequent cycles, the rates decreased but remained above the 2003 rates (see Figure 4 & Figure 5). Rates of investigations involving non-Indigenous children with noted functioning concerns were lower than those involving First Nations children and were stable between the OIS-2003 and OIS-2018.

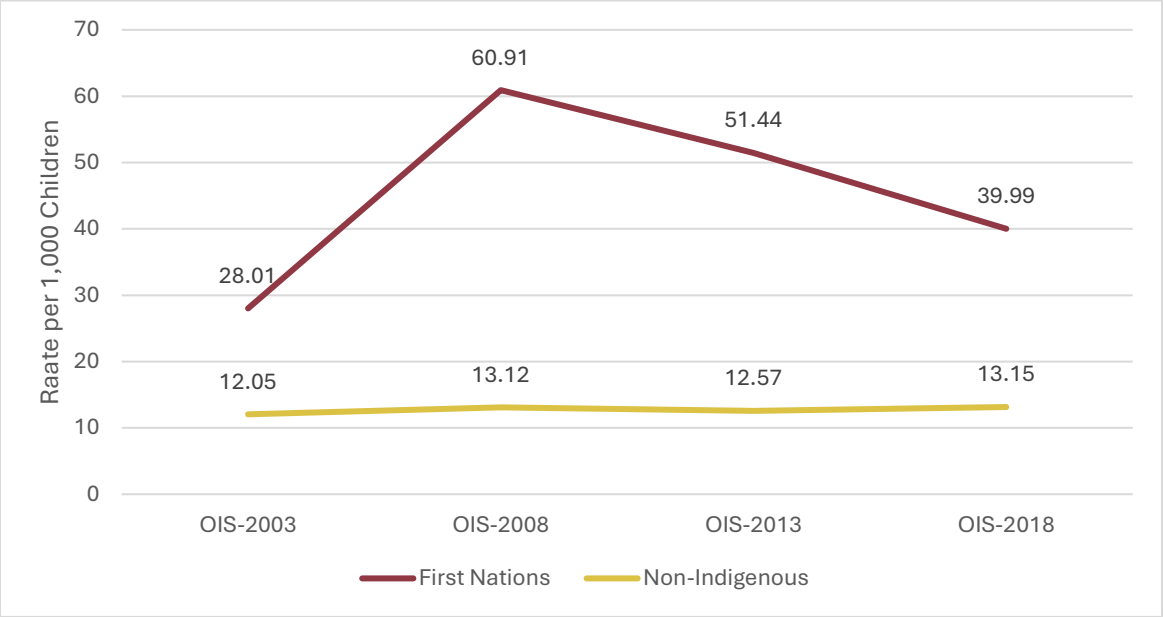


Figure 4. Child welfare investigations involving First Nations and non-Indigenous children with noted externalizing child functioning concerns in the OIS-2003, OIS-2008, OIS-2013, and OIS-2018*

*externalizing child functioning concerns included:
OIS-2003: ADHD, negative peer involvement, alcohol abuse, drug/solvent abuse, violence towards others, running, inappropriate sexual behaviour, Youth Criminal Justice Act involvement
OIS-2008: ADHD, aggression, running, inappropriate sexual behaviour, Youth Criminal Justice Act Involvement, academic difficulties, alcohol abuse, drug/solvent abuse
OIS-2013: ADHD, aggression, running, inappropriate sexual behaviour, Youth Criminal Justice Act involvement, academic difficulties, alcohol abuse, drug/solvent abuse
OIS-2018: ADHD, aggression, academic/learning difficulties, inappropriate sexual behaviour, running, alcohol abuse, drug/solvent abuse

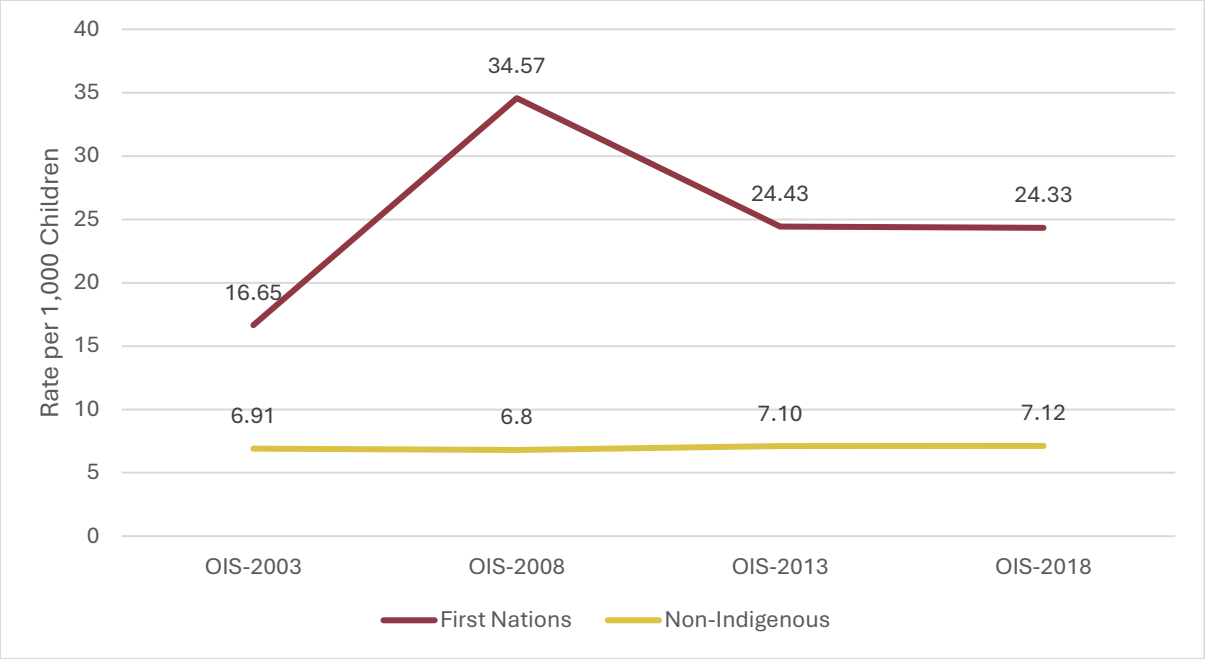


Figure 5. Child welfare investigations involving First Nations and non-Indigenous children with noted internalizing child functioning concerns in the OIS-2003, OIS-2008, OIS-2013, and OIS-2018*

*internalizing child functioning concerns included:
OIS-2003: Depression/anxiety, self-harming behaviour
OIS-2008: Depression/anxiety/withdrawal, self-harming behaviour, suicidal thoughts
OIS-2013: Depression/anxiety/withdrawal, suicidal thoughts, self-harming behaviour
OIS-2018: Depression/anxiety/withdrawal, self-harming behaviour, suicidal thoughts, suicide attempts

Out-of-home placements

The OIS also collects information on child welfare placements in out-of-home care (including foster care, formal kinship placement, group homes, residential secure treatment, informal kinship care, and customary care) for investigated children. The rate of investigations involving First Nations children that resulted in out-of-home placement of the child more than doubled between the 2003 and 2008 cycles of the OIS (from 15.04 investigations per 1,000 children in 2003 to 32.60 investigations per 1,000 children in 2008). From 2008 to 2018, the rate of placement in investigations involving First Nations children decreased below the 2003 rate (12.74 investigations per 1,000 children in 2008 and 10.52 investigations per 1,000 children in 2018; see Figure 6). Most placements of First Nations children were noted to be informal in nature (see Table 3). In comparison, the rate of out-of-home placements for non-Indigenous children remained much lower from 2003 to 2018 (see Figure 6).

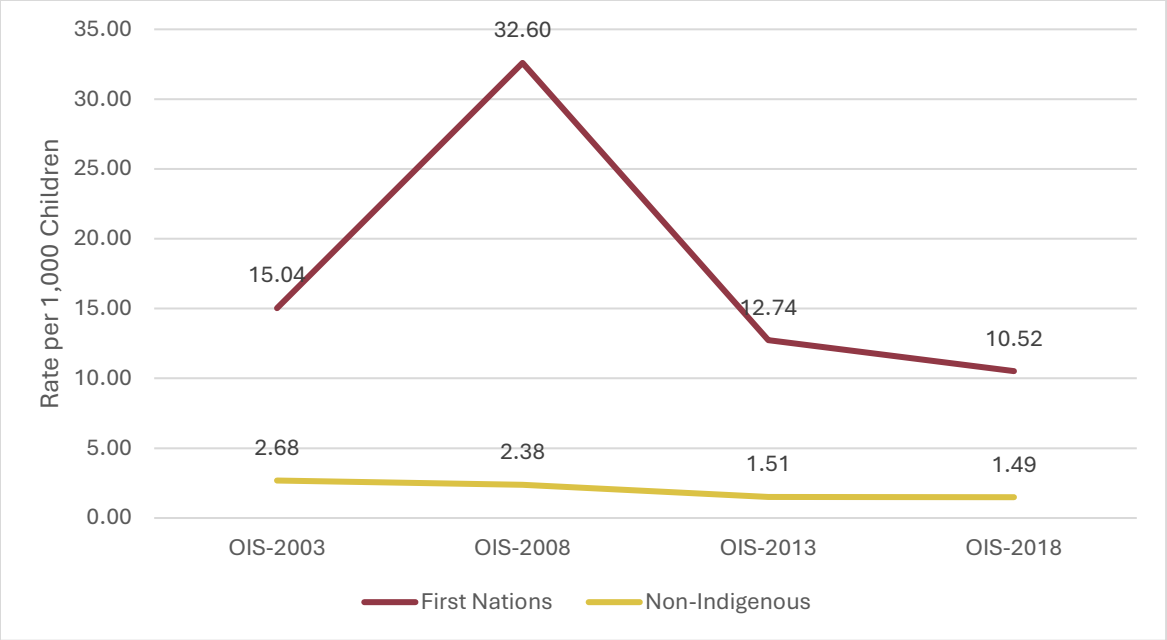


Figure 6. Out-of-home placements in investigations involving First Nations and non-Indigenous children in the OIS-2003, OIS-2008, OIS-2013, and OIS-2018

Limitations

The OIS is cross-sectional and so does not track long-term case outcomes. Broader worker, organizational or environmental factors are not considered. The data captured in this study only include cases that are reported to and investigated by child welfare agencies. The data is observational. There are threats to internal validity for the study design that could mean there are alternative explanations for the increase in 2008 although there were no other significant policy changes between 2003 and 2013.

Conclusion

In conclusion, data from the OIS-2003 to the OIS-2018 demonstrates a more than doubling in rates of investigations involving First Nations children without a significant increase in rates of investigations involving non-Indigenous children. Investigations involving First Nations children were predominantly focused on assessing neglect or the risk of future maltreatment for children. Rates of caregiver risk factors and child functioning concerns identified by investigating child welfare workers were higher for First Nations compared to non-Indigenous children, along with rates of placements in out-of-home care. **Between the OIS-2003 and OIS-2008 there was the largest increase in investigations involving First Nations children; the increase was paralleled in rates of caregiver risk factors, child functioning concerns, and placements in out-of-home care**. It

could be that several policy changes influenced this trend in investigation rates. Notably, the compensation for the Indian Residential Schools Settlement Agreement was rolled out during this same time. The only identifiable major policy/contextual explanation that links with the increase in child maltreatment investigations is the roll out of payments pursuant to the Indian Residential School Settlement Agreement. This briefing note helps to inform First Nations and service providers about how class actions can effect communities and to better prepare the child welfare sector to respond to future class action settlements.

Appendix

Table 3. Focus of investigation, primary caregiver risk factors, and placements in Ontario child welfare investigations involving First Nations children in 2003, 2008, 2013, and 2018

	First Nations											
	OIS-2003			OIS-2008			OIS-2013			OIS-2018		
	#	%	Rate per 1,000	#	%	Rate per 1,000	#	%	Rate per 1,000	#	%	Rate per 1,000
Focus of Investigation												
Physical Abuse	724	14%	16.68	1,252	10%	25.16	954	11%	16.49	1,173	10%	17.83
Sexual Abuse	245	5%	5.64	467	4%	9.39	250	3%	4.32	326	3%	4.95
Neglect	2,462	47%	56.71	4,358	34%	87.58	3,374	37%	58.30	2,586	23%	39.30
Emotional Maltreatment	825	16%	19.00	581	5%	11.68	439	5%	7.59	479	4%	7.28
Exposure to IPV	976	19%	22.48	1,694	13%	34.04	2,283	25%	39.45	2,026	18%	30.79
Risk	--	--	--	4,385	34%	88.12	1,706	19%	29.48	4,891	43%	74.34
Primary Caregiver Risk Factors												
Alcohol Abuse	1,804	34%	41.55	4,790	38%	96.26	2,551	28%	44.08	2,456	21%	37.33
Drug/Solvent Abuse	1,009	19%	23.24	2,733	21%	54.92	1,652	18%	28.55	1,703	15%	25.88
Cognitive Impairment	347	7%	7.99	605	5%	12.16	641	7%	11.08	922	8%	14.01
Mental Health Issues	1,202	23%	27.69	2,123	17%	42.66	2,745	30%	47.43	3,849	34%	58.50

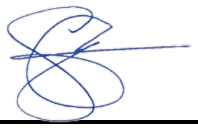
Physical Health Issues	280	5%	6.45	980	8%	19.69	746	8%	12.89	1,000	9%	15.20
Few Social Supports	1,929	37%	44.43	4,147	33%	83.34	3,600	40%	62.21	2,889	25%	43.91
Victim of IPV	1,956	37%	45.05	3,845	30%	77.27	3,408	38%	58.89	3,524	31%	53.56
Perpetrator of IPV	697	13%	16.05	851	7%	17.10	1,529	17%	26.42	1,236	11%	18.79
History of Child Maltreatment	1,402	27%	32.29	--	--	--	--	--	--	--	--	--
History of Foster Care	--	--	--	1,082	8%	21.74	1,555	17%	26.87	1,558	14%	23.68
At Least One Caregiver Risk Factor	3,567	68%	82.16	9,004	71%	180.95	6,672	74%	115.29	7,830	68%	119.01
Child Functioning Concerns												
Externalizing	1,216	23%	28.01	3,031	24%	60.91	2,977	33%	51.44	2,631	23%	39.99
Internalizing	723	14%	138.19	1,720	14%	34.57	1,414	16%	24.43	1,601	14%	24.33
Placement												
No Placement	4,579	88%	105.47	11,114	87%	223.35	8,269	92%	142.89	10,788	94%	163.96
Informal Placement	335	6%	7.72	872	7%	17.52	157	2%	2.71	422	4%	6.41
Foster or Formal Kinship Placement	292	6%	6.73	450	4%	9.04	538	6%	9.30	248	2%	3.77
Group Home or Residential Secure Treatment	-	-	-	300	2%	6.03	-	-	-	-	-	-
Total Investigations	**5,232**	**100%**	**120.51**	**12,736**	**100%**	**255.95**	**9,006**	**100%**	**155.62**	**11,480**	**100%**	**174.48**

Table 4. Focus of investigation, primary caregiver risk factors, and placements in Ontario child welfare investigations involving Non-indigenous children in 2003, 2008, 2013, and 2018

	Non-Indigenous											
	OIS-2003			OIS-2008			OIS-2013			OIS-2018		
	#	%	Rate per 1,000	#	%	Rate per 1,000	#	%	Rate per 1,000	#	%	Rate per 1,000
Focus of Investigation												
Physical Abuse	35,975	29%	15.41	21,699	19%	9.40	24,023	21%	10.60	28,309	21%	12.51
Sexual Abuse	6,487	5%	2.78	4,176	4%	1.81	4,012	3%	1.77	3,627	3%	1.60
Neglect	38,691	32%	16.58	24,339	21%	10.54	23,071	20%	10.18	19,242	14%	8.51
Emotional Maltreatment	17,479	14%	7.49	7,453	6%	3.23	10,030	9%	4.42	8,717	6%	3.85
Exposure to IPV	23,565	19%	10.10	20,553	18%	8.90	28,819	25%	12.71	25,561	19%	11.30
Risk	--	--	--	37,050	32%	16.04	25,542	22%	11.27	49,186	37%	21.74
Primary Caregiver Risk Factors												
Alcohol Abuse	9,588	8%	4.11	8,454	7%	3.66	5,768	5%	2.54	7,970	6%	3.52
Drug/Solvent Abuse	8,568	7%	3.67	9,689	8%	4.20	6,952	6%	3.07	9,224	7%	4.08
Cognitive Impairment	6,301	5%	2.70	4,253	4%	1.84	4,291	4%	1.89	4,104	3%	1.81
Mental Health Issues	21,552	18%	9.23	22,338	19%	9.67	23,012	20%	10.15	29,732	22%	13.14
Physical Health Issues	9,393	8%	4.02	8,415	7%	3.64	7,338	6%	3.24	7,416	6%	3.28
Few Social Supports	34,174	28%	14.64	31,242	27%	13.53	26,920	23%	11.87	28,109	21%	12.42
Victim of IPV	38,407	31%	16.46	31,543	27%	13.66	29,192	25%	12.87	35,112	26%	15.52

Perpetrator of IPV	8,006	7%	3.43	6,202	5%	2.69	8,582	7%	3.78	8,965	7%	3.96
History of Child Maltreatment	18,459	15%	7.91	--	--	--	--	--	--	--	--	--
History of Foster Care	--	--	--	4,696	4%	2.03	4,259	4%	1.88	4,658	3%	2.06
At Least One Caregiver Risk Factor	73,273	60%	31.39	65,618	57%	28.41	62,458	54%	27.55	69,905	52%	30.90
Child Functioning Concerns												
Externalizing	28,129	23%	12.05	30,627	27%	13.12	28,492	25%	12.57	29,758	22%	13.15
Internalizing	16,129	13%	6.91	15,702	14%	6.80	16,088	14%	7.10	16,116	12%	7.12
Placement												
No Placement	115,930	95%	49.67	109,778	95%	47.54	112,070	97%	49.43	131,276	98%	58.02
Informal Placement	2,387	2%	1.02	2,640	2%	1.14	1,717	1%	0.76	1,975	1%	0.87
Foster or Formal Kinship Placement	2,691	2%	1.15	2,505	2%	1.08	1,471	1%	0.65	1,238	1%	0.55
Group Home or Residential Secure Treatment	1,034	1%	0.44	347	0%	0.15	239	0%	0.11	152	0%	0.07
Total Investigations	**122,196**	**100%**	**52.36**	**115,270**	**100%**	**49.92**	**115,497**	**100%**	**50.94**	**134,642**	**100%**	**59.51**

This Exhibit “E” to the Affidavit of
Barbara Fallon affirmed before me this
2nd day of October 2025



A Commissioner for taking Affidavits etc.
Sarah Clarke
LSO #57377M

EuSARF2025

TRANSFORMATION, TRANSITION AND INNOVATION IN CHILD WELFARE

Date	Preconferences	Main conference
8-12 September 2025	**8-9 September 2025**	**10-12 September 2025**

University of Zagreb Faculty of Education and Rehabilitation Sciences
Zagreb, Croatia

Organizers: **European Scientific Association on residential and Family Care for Children and Adolescents (EuSARF) and University of Zagreb Faculty of Education and Rehabilitation Sciences**

EUSARF2025 is under the auspices of the University of Zagreb

EuSARF
EUROPEAN SCIENTIFIC ASSOCIATION ON RESIDENTIAL AND FAMILY CARE FOR CHILDREN AND ADOLESCENTS

The Provision of Material Assistance as an Important Component of Child Welfare Prevention Efforts

Dr. Rachael Lefebvre
Dr. Barbara Fallon (Presenting Author)
Ms. Brenda Moody
Ms. Jolanta Rasteniene

September 10, 2025

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Background

- Economic and material hardship are drivers of child welfare involvement
- A growing body of research has shown promising results in the use of various economic and material supports to reduce risk of child maltreatment and child welfare involvement
- Flexible funds by child welfare agencies can help address families' immediate, identified needs (e.g., housing assistance, household items, transportation, medical needs)

Current Study Objectives

1. Examine the Ontario child welfare system's use of financial/material assistance for families who are experiencing economic hardship

2. Identify the distinct profiles of need for families who experience economic hardship and are investigated by the Ontario child protection system

Methods

- Secondary data analysis of the Ontario Incidence Study of Reported Child Abuse and Neglect-2023 (OIS-2023)
- OIS-2023 is a cross-sectional provincial study of child welfare investigations conducted in Ontario, Canada in 2023
- Child, family, household and case information is collected directly from the investigating worker at the end of their initial investigation
- Representative sample is weighted to reflect provincial, annual estimates

OIS-2023 Sampling

Site selection (n=20)

Sample of 20 out of 51 child welfare organizations

Case selection

Investigations opened between October 1-December 31, 2023, with a cap at 250 cases for large agencies

Identify investigated children (n=6,799)

Investigated because of maltreatment-related concerns

Excludes: children over 17, non-investigated siblings, and children who were investigated for non-maltreatment concerns

Weighted estimates (n=125,879)

Provincial, annual estimates derived for 2023

Methods

- **Representative sample of 6,621 investigations** involving children aged 0-17 (weighted estimate is **122,143 investigations**; community caregiver investigations **excluded**)

- Univariate analyses describe the experience of economic hardship among Ontario child welfare investigations and the system's use of material assistance

- A latent class analysis identifies distinct classes of need using indicators of child, caregiver and economic adversity

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Measuring Economic Hardship

- Workers were asked “In the last 6 months, did the household struggle to pay for:”
  - Food
  - Housing
  - Utilities
  - Telephone/cellphone
  - Transportation
  - Medical care

- If yes, workers were asked “Was the family provided with any financial/material assistance?”

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Findings

- The household was struggling to pay for at least one of the necessities in **22% of all investigations**

- Financial/material assistance was **most likely to be provided** by the agency for **food** (provided to **53%** of households who were struggling to pay for food), **transportation** (**27%**) and **medical care** (**15%**)

- Financial assistance to support **housing costs** was provided in **11%** of investigations where the household was struggling to pay for their housing

- **Overall**, assistance was provided in **almost half of investigations (45%)** where the household was struggling to pay for at least one necessity

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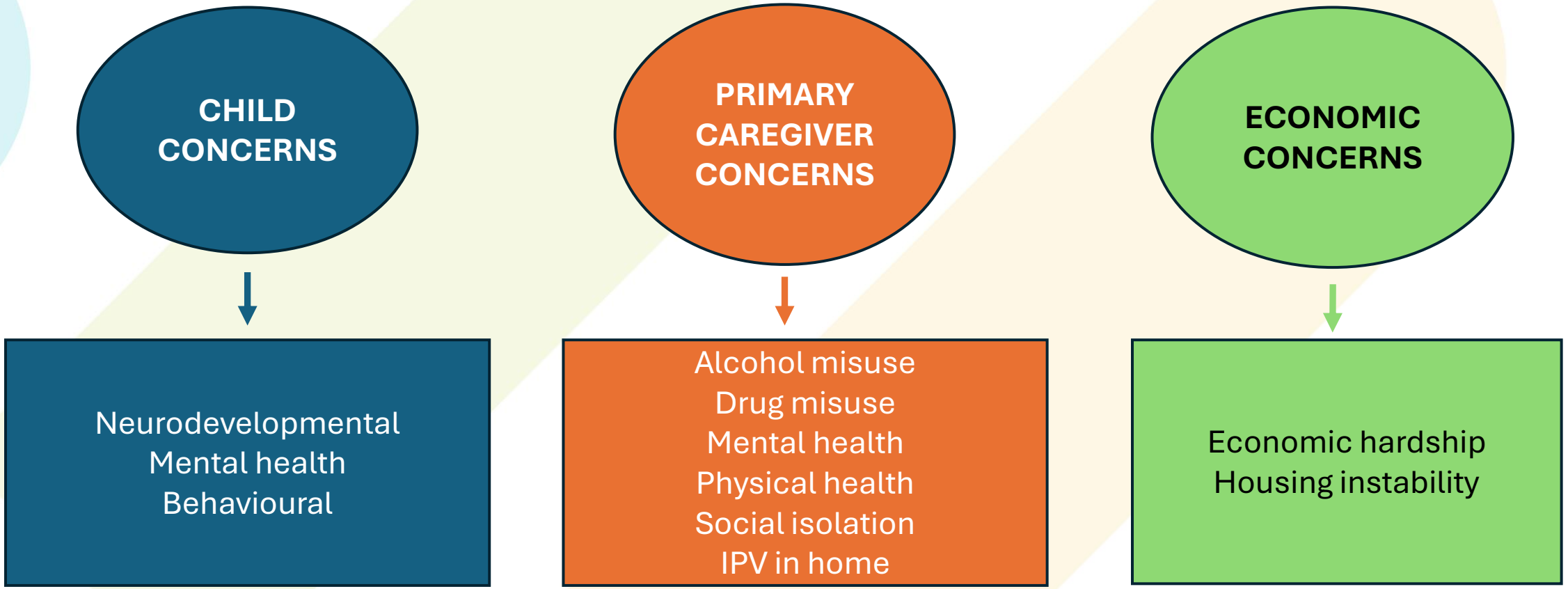
Latent Class Analysis (LCA)

- Data-driven modelling technique that can identify sub-groups within a population based on patterns of responses from multiple indicators

- Outcome = mutually exclusive & exhaustive sub-groups (i.e., latent classes)

- Used when construct of interest is multidimensional/too complex to be measured by a single indicator

LCA (OIS-2023): Indicators Used



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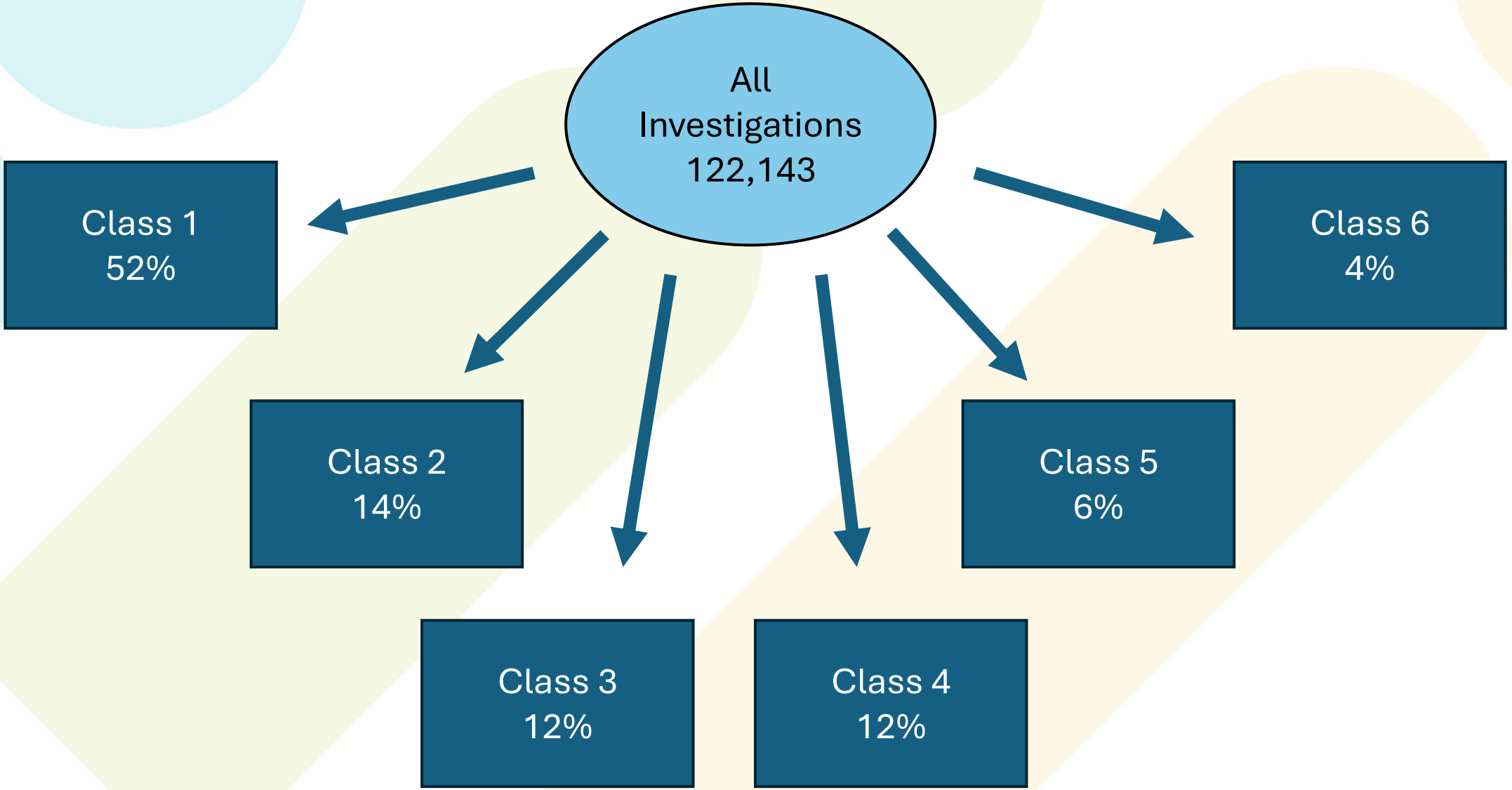

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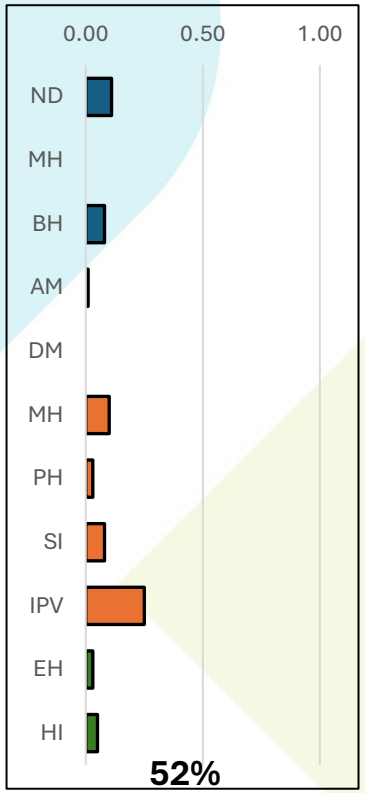
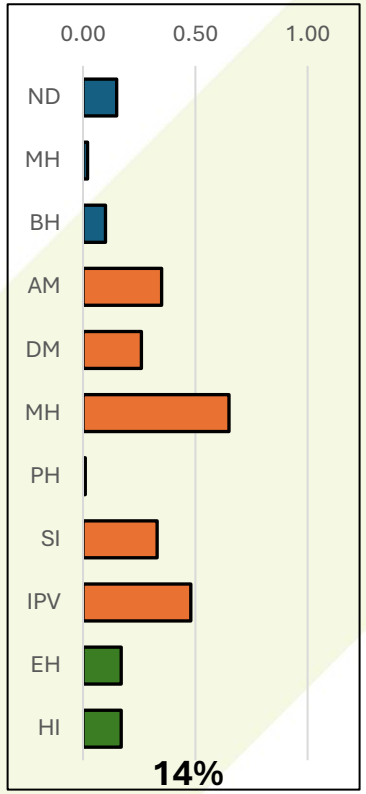
LCA (OIS-2023): Profiles

Less observed needs



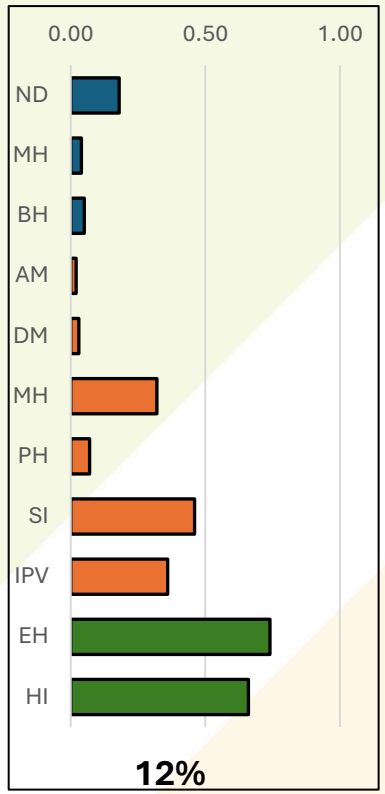
52%

Caregiver mental health & substance misuse with IPV



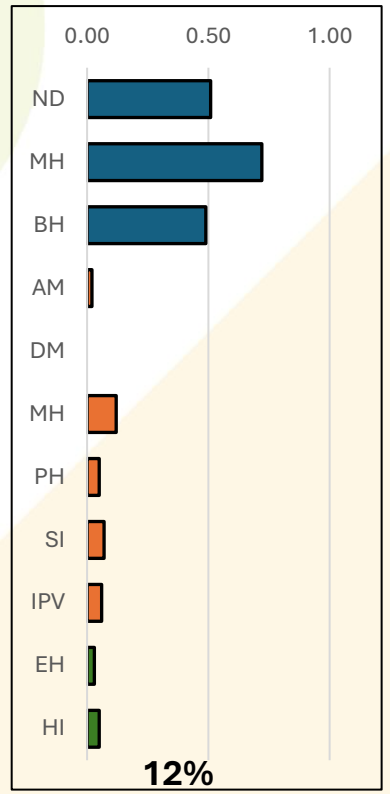
14%

Economic & social support needs with IPV



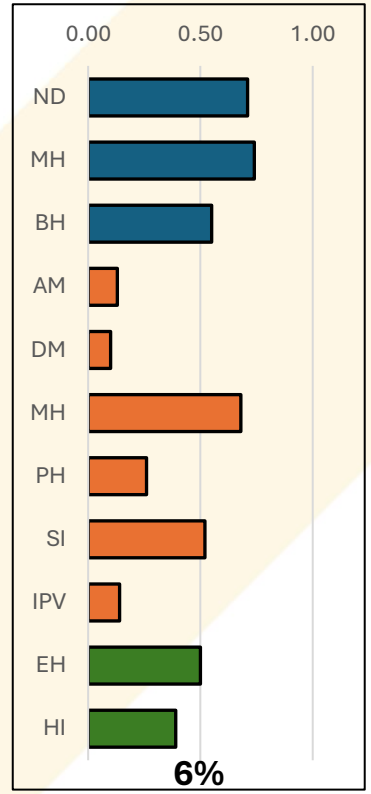
12%

Child-focused needs



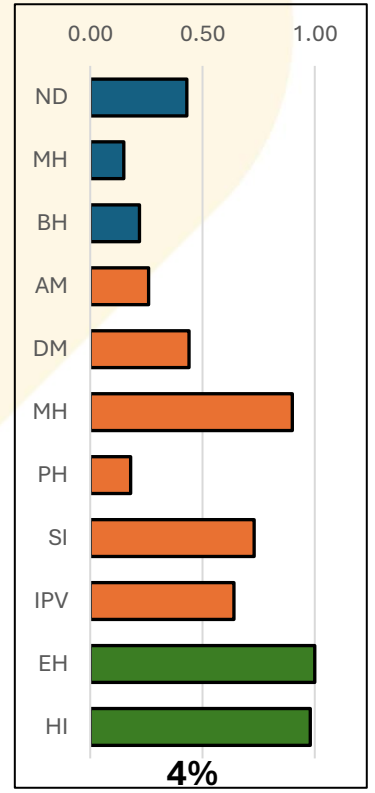
12%

Child-focused, caregiver health & economic needs



6%

Extensive support needs



4%

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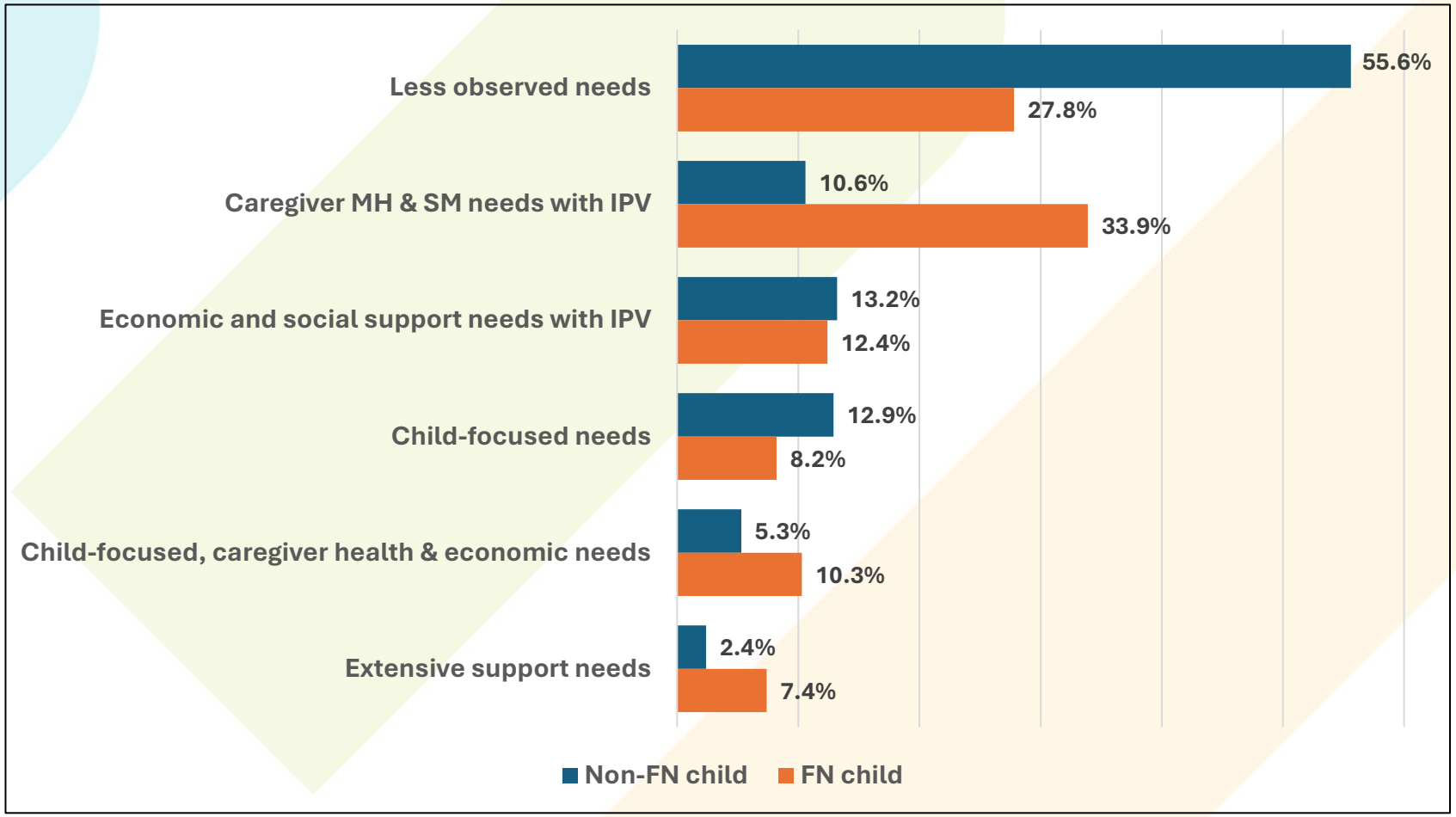
LCA Prevalences by First Nations Child



Rate of Transfer to Ongoing Child Welfare Services (overall = 17.6%)

- **4.5%**
- **45.9%**
- **20.9%**
- **13.6%**
- **40.7%**
- **67.6%**

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Discussion

- Findings underscore the complex and co-occurring nature of unmet needs among families investigated by child welfare
- Distinct profiles of need require tailored child welfare intervention and prevention strategies
- There is a need for more consistent and widespread use of economic and material supports within the child welfare system
- Prioritizing flexible funding to address families' economic and material needs requires collaborative policy frameworks across sectors beyond child welfare to effectively combat economic hardship

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Peel CAS Early Help Program

- Developed in response to two key CW challenges: overrepresentation and “revolving door”
- Voluntary participation and families are engaged collaboratively
- Workers focus on building trusting relationships with families and reducing fear/stigma often associated with traditional CPS
- Family-centered and strengths-based approach; workers support families to define their needs and determine pathways that will best support their well-being

Peel CAS Early Help Program

- Support vs. surveillance: workers are system navigators rather than investigators; longer family engagement and support timeframe (90 vs. 45 days)

- Preventative focus: targets social determinants of health, such as housing instability, poverty and lack of access to services

- Recognition that economic disparities contribute to overrepresentation of marginalized groups
  - Key component of the program is the provision of a variety of material/financial resources (e.g., financial assistance for rent, funds for immediate family needs)

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Thank you!

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