

<p style="text-align: center;"><b>FEDERAL COURT CLASS PROCEEDING</b></p> <p>BETWEEN:</p> <p style="text-align: center;"><b>XAVIER MUSHOOM, JEREMY MEAWAISGE (by this litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p style="text-align: center;"><b>THE ATTONRY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>
<p style="text-align: center;"><b>FEDERAL COURT CLASS PROCEEDING</b></p> <p>BETWEEN:</p> <p style="text-align: center;"><b>ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p style="text-align: center;"><b>THE ATTONRY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>
<p style="text-align: center;"><b>FEDERAL COURT CLASS PROCEEDING</b></p> <p>BETWEEN:</p> <p style="text-align: center;">ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT</p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p style="text-align: center;"><b>THE ATTONRY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>

**RESPONDING MOTION RECORD OF  
THE FIRST NATIONS CHILD AND FAMILY CARING SOCIETY OF CANADA**

April 29, 2024

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Jackson by his Litigation Guardian, Carolyn  
Buffalo, Carolyn Buffalo, and Dick Eugene  
Jackson also known as Richard Jackson

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**TAB 1**

Court File Nos. T-402-19 / T-141-20 / T-1120-21

<p><b>FEDERAL COURT PROPOSED CLASS PROCEEDING</b></p> <p><b>B E T W E E N:</b></p> <p><b>XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>
<p><b>FEDERAL COURT PROPOSED CLASS PROCEEDING</b></p> <p><b>B E T W E E N:</b></p> <p><b>ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>HIS MAJESTY THE KING AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>
<p><b>FEDERAL COURT CLASS PROCEEDING</b></p> <p><b>B E T W E E N:</b></p> <p><b>ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>

**AFFIDAVIT OF BARBARA FALLON**

I, **Barbara Fallon**, of the City of Toronto, in the Province of Ontario **SOLEMLY 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 to provide evidence in relation to these proceedings. I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it. A copy of the required certificate in Form 52.2 is attached hereto as **Exhibit “B”**.

***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 am 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. A copy of the First Nations/Ontario Incidence Study of Reported Child Abuse and Neglect (FN/CIS) 2018, entitled *Mashkiwenmi-daa Noojimowin: Let’s Have Strong Minds for the Healing*, is attached hereto as **Exhibit “C”**.

4. 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.

5. 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 ultimately 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.



6. 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.

7. 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.

8. In 2009, I received the Child Welfare League of Canada's Outstanding Achievement Award for Research and Evaluation. In 2010, I received the Status of Women Office's Women Making a Difference, Celebrating Daily Excellence Award. In 2020, I received the University of Toronto's President's Impact Award.

9. I have also published over two hundred peer reviewed research, journal articles and book chapters in the child welfare field.

#### ***My knowledge of these proceedings***

10. In October 2019, I was contacted by Dr. Cindy Blackstock of the Caring Society to request assistance in structuring data questions to identify the victims who were entitled to compensation pursuant to the Canadian Human Rights Tribunal's order in 2019 CHRT 39.

11. In November 2019, the *Taxonomy for Compensation Categories for First Nations Children, Youth and Families Briefing Note* (the "**Taxonomy Report**") was completed. A copy of the Taxonomy Report is attached hereto as **Exhibit "D"**.

12. Dr. Nico Trocmé and I were then asked by Indigenous Services Canada to undertake 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**"). Dr. Trocmé and I were the co-principal investigators. As set out in the 2022 Data Report, "the project was initiated in an effort to minimize the burden on individual claimants to prove their eligibility, one of clear intentions of the CHRT decision. The project team was asked to support the future implementation of the decision through two main

tasks: (i) Review the availability and gaps in data that could help identify potentially eligible claimants under the 2019 CHRT 39 order, and (ii) Provide certain considerations for the compensation process, including the notice plan, for applicants to receive compensation under this decision” (p. 1).

13. This report was delivered to Indigenous Services Canada on January 31, 2022. A copy of this report is attached as Exhibit “A” to the affidavit of Dianne Corbiere filed in this proceeding and dated April 15, 2024.

14. On April 22, 2024, I received a copy of the Motion to Approve Claims Process – Removed Child Class / Removed Child Family Class | Court File Nos. T-402-19 / T-141-20 / T-1120-21 (herein after referred to as the Motion Record of the Plaintiffs) from Counsel for the Caring Society, Sarah Clarke.

15. On April 24, 2024, I received a letter from Counsel for the Caring Society, Sarah Clarke, asking me to provide information regarding a series of questions relating to the Motion Record of the Plaintiffs in this matter, which was served and filed with the Court on April 15, 2024. I have since reviewed the Affidavits of Dianne Corbiere and Joelle Gott, found in the Motion Record of the Plaintiffs. A true copy of the letter I received from Ms. Clarke is attached hereto as “**Exhibit E**”.

16. The questions I was asked to answer in Exhibit E specifically relate to the information I reported on in the 2022 Data Report. I was asked to answer the following in relation to the Claims Process, specifically regarding the way in which the Claims Process contemplates determining eligibility of Removed Child Class Members for compensation based on federal government accounting records kept with Indigenous Services Canada of the funds paid by Canada during the Class Period (1991-2022) toward each Removed Child Class Member (“**ISC Database Records**”):

- a. Would a database built from the ISC Database Records be comprehensive, such that all eligible Removed Child Class Members will be identified on the ISC Database?
- b. Are there Removed Child Class Members who may not be identified in a database built from the ISC Database Records? If so, why may this be the case and please

provide the basis for your understanding? If not, please provide the basis for your understanding.

- c. If your answer to question #2 is “yes”, are you able to provide an estimate of the number of Removed Child Class Members who may not be identified in a database built from the ISC Database Records? If not, why not?
  - d. Are there alternative methods outside of the ISC Database Records to identify Removed Child Class Members?
  - e. Are there differences between Ontario and the rest of the country regarding reporting of in-care costs to ISC? If so, please explain.
17. I answer and respond to the above questions in the report attached hereto as **Exhibit “F”**. As set out in my answers to the questions, I did not conduct any new research or conduct any further investigations beyond the work undertaken for the 2022 Data Report. The facts, assumptions and methodology used to answer the questions are based on the facts, assumptions and methodology set out in 2022 Data Report.

**AFFIRMED BEFORE ME** over video teleconference on this 29th day of April 2024 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.




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Commissioner for Taking Affidavits  
Sarah Clarke: LSO #57377M




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Barbara Fallon

This is Exhibit "A" to the Affidavit of  
BARBARA FALLON affirmed before me  
this 29<sup>th</sup> day of APRIL 2024

A handwritten signature in blue ink, appearing to be 'S. Clarke', written over a horizontal line.

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

April 19, 2024

Barbara A Fallon  
Curriculum Vitae

**Associate Vice-President, Research • University of Toronto**

Professor • Factor-Inwentash Faculty of Social Work, University of Toronto

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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

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

April 19, 2024

**HONOURS AND AWARDS**

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

**RESEARCH GRANTS****Total grants awarded as Principal Investigator: \$8,876,817**

<b>2023-2024</b>	Dnaagdawenmag Binnoojiiyag Child and Family Services: Informing Decisions with Data Dnaagdawenmag Binnoojiiyag Child and Family Services Principal Investigator: <b>B. Fallon</b>	\$99,499
<b>2023-2024</b>	The Durham Model Evaluation Durham Children's Aid Society Principal Investigator: <b>B. Fallon</b>	\$38,582
<b>2022-2025</b>	Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) 2023 Ministry of Children, Community and Social Services Principal Investigator: <b>B. Fallon</b> Co-Investigators: T. Black, N. Trocmé, S. Hélie, J. Fluke, D. Collin-Vézina, T. Esposito, H. Parada, B. King	\$523,729

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Collaborators: J. Schiffer, A. Crowe, K. Schumaker, J. Stoddart, B. Moody

<b>2022-2024</b>	The Child Welfare Toolkit: Phase II The Law Foundation of Ontario Principal Investigators: <b>B. Fallon</b> , C. Milne	\$100,000
<b>2023-2024</b>	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>B. Fallon</b> Co-Investigator: T. Black, A. Crowe	\$37,500
<b>2022-2024</b>	Youth Leaving Care - From State Care into Homelessness: Prevention and Early Intervention Networks of Centres of Excellence of Canada Principal Investigator: <b>B. Fallon</b> Co-Investigators: Association of Native Child and Family Services Agencies of Ontario	\$200,000
<b>2021-2026</b>	Canada Research Chair in Child Welfare, Tier II Social Sciences & Humanities Research Council of Canada	\$500,000
<b>2021</b>	Data Development for Canadian Child Welfare Information System Public Health Agency of Canada Principal Investigators: <b>B. Fallon</b> Co-Investigator: T. Black	\$29,900
<b>2021-2022</b>	Ontario Child Abuse and Neglect Data System (OCANDS) Performance Indicator Project Ministry of Children, Community and Social Services Principal Investigator: <b>B. Fallon</b>	\$351,720
<b>2021-2022</b>	Toolkit for Evidence-Based Child Protection Practice The Law Foundation of Ontario Principal Investigator: <b>B. Fallon</b> Co-Investigator: C. Milne	\$100,000
<b>2020-2021</b>	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>B. Fallon</b> , N. Trocmé Co-Investigator: A. Quinn	\$307,995

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<b>2018-2020</b>	<p>Understanding Developmental Trauma to Inform Policy and Practice for Vulnerable Children and Their Families  Social Sciences &amp; Humanities Research Council of Canada  Partner: Adoption Council of Ontario  Award Holder: <b>B. Fallon</b>  Collaborator: P. Convery</p>	\$25,000
<b>2018-2022</b>	<p>First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (FN/CIS) 2019  Assembly of First Nations (AFN)  Principal Investigator: <b>B. Fallon</b>  Co-Investigators: N. Trocmé, B. MacLaurin, S. Hélie, D. Collin-Vézina, T. Esposito, B. King, T. Black</p>	\$2,429,144
<b>2017-2020</b>	<p>Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) 2018  Ministry of Children, Community and Social Services  Principal Investigator: <b>B. Fallon</b>  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</p>	\$462,000
<b>2018-2021</b>	<p>John R. Evans Leader Fund  Canada Foundation for Innovation/Ontario Research Fund/Infrastructure Operating Fund  Principal Investigator: <b>B. Fallon</b></p>	<p>\$234,310 CFI  \$234,310 ORF  \$70,410 IOF</p>
<b>2017-2018</b>	<p>Working Group: The Art and Science of Immunization  Jackman Humanities Institute  Working Group Leads: N. Crowcroft, <b>B. Fallon</b>, K. Shwetz</p>	\$3,000
<b>2016-2021</b>	<p>Canada Research Chair in Child Welfare, Tier II  Social Sciences &amp; Humanities Research Council of Canada</p>	\$500,000
<b>2016-2021</b>	<p>Rights for Children and Youth Partnership: Strengthening Collaboration in the Americas  Social Sciences &amp; Humanities Research Council of Canada  Principal Investigator: <b>B. Fallon</b> (subgrant)</p>	\$114,055
<b>2016-2017</b>	<p>Letter of Intent for Connecting Research to Practice and Policy: Child Welfare Partnership for Ontario  Social Sciences &amp; Humanities Research Council of Canada  Principal Investigator: <b>B. Fallon</b></p>	\$20,000



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Co-Investigators: N. Trocmé, J. Fluke, C. Blackstock, K. Schumaker, B. King, D. Goodman, R. Flynn, T. Esposito, V. Sinha

<b>2016-2017</b>	Inter-Agency Communication and Coordination Among Agencies Serving Survivors of Human Trafficking in Ontario Covenant House Toronto Principal Investigator: <b>B. Fallon</b> Co-Investigators: K. Schwan, M. Van Wert	\$30,000
<b>2016-2019</b>	Understanding the Influence of Organizations on Child Welfare Service Delivery Social Sciences & Humanities Research Council of Canada Principal Investigator: <b>B. Fallon</b> Co-Investigators: N. Trocmé, C. Blackstock, B. MacLaurin, J. Fluke, M. Shier Collaborators: A. Jud	\$102,724
<b>2016-2017</b>	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>B. Fallon</b>	\$23,462
<b>2016-2017</b>	Working Group: The Art & Science of Immunization Jackman Humanities Institute Working Group Leads: A. Charise, <b>B. Fallon</b> , N. Crowcroft	\$3,000
<b>2015- 2016</b>	Connecting Child Welfare Research to Policy and Practice Social Sciences & Humanities Research Council of Canada Principal Investigator: <b>B. Fallon</b> Co-Investigators: N. Trocmé, T. Black	\$50,000
<b>2013-2015</b>	Ontario Incidence Study of Reported Child Abuse and Neglect 2013 Ontario Ministry of Children and Youth Services Principal Investigator: <b>B. Fallon</b> Co-Investigators: N. Trocmé, B. MacLaurin, V. Sinha, A. Shlonsky, J. Fluke	\$420,627
<b>2014-2015</b>	Ontario Child Abuse and Neglect Data System (OCANDS) Canada Foundation for Innovation/Ontario Research Fund/Infrastructure Operating Fund Principal Investigator: <b>B. Fallon</b>	\$200,000 CIF \$200,000 ORF \$100,000 IOF

April 19, 2024

<b>2011</b>	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>B. Fallon</b>	\$24,894
<b>2011</b>	2011 Aid to Research Workshops and Conferences in Canada Social Sciences & Humanities Research Council of Canada Principal Investigator: <b>B. Fallon</b>	\$24,648
<b>2011-2013</b>	Public Outreach Grant - Increasing Research Capacity in Ontario Child Welfare Authorities Social Sciences & Humanities Research Council of Canada Principal Investigator: <b>B. Fallon</b>	\$48,718
<b>2008-2011</b>	Ontario Incidence Study of Reported Child Abuse and Neglect 2008 Ontario Ministry of Children and Youth Services Principal Investigator: <b>B. Fallon</b> Co-Investigators: N. Trocmé, B. MacLaurin	\$249,000

**Internal University of Toronto Grant**

<b>2019-2024</b>	Fraser Mustard Institute of Human Development Policy Bench University of Toronto Co-Leads: <b>B. Fallon</b> , S. Miller Advisory Committee: C. Birken, A. Denburg, J. Jenkins, J. Levine, S. Miller, F. Mishna, M. Sokolowski, S. Stewart	\$1,250,000
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**Total grants awarded as Co-Investigator: \$12,300,467**

<b>2023-2027</b>	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>B. Fallon</b> , C. Webb, C. Laprise, D. Hollinshead, J. Fluke, L. Hill, L. Tonmyr, M. Goyette, N. Trocmé, P. Bywaters, S. Hélie	\$330,826
<b>2023-2024</b>	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	\$199,956

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	<p>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>B. Fallon</b>, 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</p>	
<b>2022-2025</b>	<p>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>B. Fallon</b></p>	\$548,000
<b>2021</b>	<p>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>B. Fallon</b>, D. Mabbot, T. Williams          Collaborators: J. Schiffer, M. Atanasoff, A. Riley</p>	\$100,000
<b>2021-2022</b>	<p>Emerging COVID-19 Research Gaps &amp; Priorities (July 2021)          Canadian Institutes of Health Research          Principal Investigator: J.L. Maguire          Co-Investigators: K. Allan, C. Birken, S. Bolotin, E. Constantin, <b>B. Fallon</b>, C. Juando Prats, P. Juni, C. Keown-Stoneman, P. Li, X. Li, D. Lu, J. Papenburg, J. Parsons, S. Weir-Seeley, K. Zinszer</p>	\$499,861
<b>2021-2022</b>	<p>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>B. Fallon</b>, A. Gingras, P. Juni, C. Keown-Stoneman, P. Li, D. Lu, S. Morris, J. Papenburg, L. Tran, A. Tuite, S. Weir-Seeley</p>	\$496,871
<b>2021-2023</b>	<p>Improving Frontend User Experiences by Mapping the Backend Architecture: A Cross-Sectoral Data and Infrastructure Audit          Making the Shift</p>	\$199,838.45

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Principal Investigator: N. Nichols  
 Co-Investigators: **B. Fallon**, M. Searle  
 Project Partners: S. Roskies, A. Kassam, A. Buchnea

<b>2021-2022</b>	<p>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>B. Fallon</b>, B. King, L. McCreedy, 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</p>	\$44,234
<b>2021-2023</b>	<p>Learning Models During COVID-19 and School Outcomes in Children          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>B. Fallon</b>, J. Omand, J. Maguire, L. Anderson</p>	\$74,909
<b>2021-2023</b>	<p>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>B. Fallon</b></p>	\$49,896
<b>2020-2021</b>	<p>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>B. Fallon</b>, T. Esposito, D. Lafortune, M. Poirier, G. Tarabulsy, N. Trocmé</p>	\$89,400
<b>2020-2021</b>	<p>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>B. Fallon</b>, B. King</p>	\$15,000

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Collaborators: B. Maracle, K. Budau, J. Stoddart

<b>2020-2027</b>	<p>Canadian Consortium on Child Trauma and Trauma-Informed Care</p> <p>Social Sciences &amp; Humanities Research Council of Canada</p> <p>Principal Investigator: D. Collin-Vézina</p> <p>Co-Investigators: T. Afifi, R. Alaggia, P. Arnold, S. Bennett, N. Berthelot, D. Brend, I. Daigneault, G. Dimitropoulos, <b>B. Fallon</b>, 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. Tarabulsky, M. Turcotte, C. Wekerle.</p> <p>Collaborators: M. Blaustein, C. Courtois, J. Ford, W. Gabriel, B. Geboe, G. Griffin, S. Hurley, P. Kerig, A. Koster, N. Lucero, B. Perry, C. Roche, S. Rodger, M. Runtz, G. Sprang, M. Ungar, C. Whalen, N. Wathen.</p> <p>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; Calgary &amp; 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 &amp; 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 &amp; 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 &amp; Research Together; Public Health Agency of Canada; Ranch Ehrlo Society; Red Deer Public Schools; Services intégrés en abus et</p>	\$2,499,658
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	maltraitance; University of Regina Child Trauma Research Centre; Wisdom2Action; Woods Home; Yorkton Tribal Council Child & Family Services	
<b>2019</b>	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>B. Fallon</b> , L. Fang, T. Sharpe, L. McCready	\$25,000
<b>2019</b>	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>B. Fallon</b> , 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
<b>2019-2023</b>	An Examination of Homeless Youths’ Longitudinal Aftercare Experiences Principal Investigator: S. Begun Co-Investigators: <b>B. Fallon</b> , 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	\$92,979
<b>2019-2024</b>	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>B. Fallon</b> , D. Whitaker	\$1,285,200
<b>2018-2021</b>	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>B. Fallon</b>	\$91,601

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	Collaborators: T. Esposito, K. Schumaker, C. Logie, J. Filippelli	
<b>2018-2021</b>	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>B. Fallon</b> , G. Regehr Collaborator: J. Paterson	\$140,469
<b>2018-2023</b>	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>B. Fallon</b> , B. King, D. Rothwell, S. Hélie, V. Sinha, M. Poirier, M. Sirois, M. Goyette, K. Maurer	\$319,222
<b>2017-2021</b>	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>B. Fallon</b> , 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
<b>2016</b>	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 Principal Investigator: S. Lye Co-Investigator: <b>B. Fallon</b>	\$35,000
<b>2016-2018</b>	Social Ecologies of Resilience and Teen Dating Violence among Indigenous and Northern Youth in the Northwest Territories Social Sciences & Humanities Research Council of Canada Principal Investigator: C. Logie Co-Investigators: C. Lorene Lys, R. Alaggia, <b>B. Fallon</b> , D. Gesink, C. Loppie, E. Suarez	\$299,919

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<b>2016-2020</b>	<p>From Surviving to Flourishing: Factors Associated with Optimal Well-Being Among Childhood Physical and Sexual Abuse Survivors  Social Sciences &amp; Humanities Research Council of Canada  Principal Investigator: E. Fuller-Thomson  Co-Investigators: <b>B. Fallon</b>, D. Goodman</p>	\$111,764
<b>2015-2020</b>	<p>Rights for Children and Youth Partnership: Strengthening Collaboration in the Americas (RCYP)  Social Sciences &amp; Humanities Research Council of Canada  Principal Investigator: H. Parada  Co-Investigators: <b>B. Fallon</b>, 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</p>	\$2,499,989
<b>2014-2017</b>	<p>Children Exposed to Intimate Partner Violence: Expanding Our Understanding of Vulnerabilities and Resiliencies  Social Sciences &amp; Humanities Research Council of Canada  Principal Investigator: R. Alaggia  Co-Investigators: <b>B. Fallon</b>, K. Scott, A. Jenney</p>	\$197,398
<b>2014-2015</b>	<p>Rights for Children and Youth Partnership: Strengthening Collaboration in the Americas – Letter of Intent  Social Sciences &amp; Humanities Research Council of Canada  Principal Investigator: H. Parada  Co-Investigators: <b>B. Fallon</b>, 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</p>	\$20,000
<b>2012-2017</b>	<p>Building Data Analysis Capacity with First Nations and Mainstream Youth Protection Services in Quebec  Social Sciences &amp; Humanities Research Council of Canada  Principal Investigator: N. Trocmé  Co-Investigators: D. Rothwell, <b>B. Fallon</b>, W. Thomson, D. Collin-Vézina, A. Shlonsky</p>	\$1,560,352
<b>2011-2012</b>	<p>Building Data Analysis Capacity with First Nations and Mainstream Youth Protection services in Quebec – Letter of Intent  Social Sciences &amp; Humanities Research Council of Canada  Principal Investigator: N. Trocmé</p>	\$20,000



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Co-Investigators: D. Rothwell, **B. Fallon**, W. Thomson, D. Collin-Vézina, A. Shlonsky

<b>2008-2009</b>	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>B. Fallon</b> , B. MacLaurin	\$100,000
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## RESEARCH CONTRACTS

**Total contracts awarded as Principal Investigator: \$2,954,038**

<b>2024-2026</b>	Poverty Informed Child Welfare Peel Children's Aid Society	\$39,000
<b>2022-2024</b>	Early Years Case Management System Martin Family Initiative Principal Investigator: <b>B. Fallon</b> Co-Investigator: T. Black	\$110,400
<b>2022-2024</b>	Data Service for the Indigenous Sector Association of Native and Child & Family Service Agencies of Ontario Principal Investigator: <b>B. Fallon</b> Co-Investigators: T. Black, B. King	\$222,885
<b>2021-2022</b>	Catholic Children's Aid Society of Toronto Catholic Children's Aid Society of Toronto Principal Investigator: <b>B. Fallon</b>	\$155,171
<b>2017-2020</b>	Ontario Child Abuse and Neglect Database System (OCANDS): Performance Indicator Project Ontario Association of Children's Aid Societies Principal Investigator: <b>B. Fallon</b> Co-Investigators: T. Black, B. King	\$1,148,804
<b>2016-2017</b>	Ontario Child Abuse and Neglect Database System (OCANDS): Performance Indicator Project Ontario Association of Children's Aid Societies Principal Investigator: <b>B. Fallon</b> Co-Investigators: T. Black, B. King	\$86,077
<b>2016-2017</b>	Signs of Safety Provincial Project Ontario Association of Children's Aid Societies	\$40,000

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Principal Investigator: **B. Fallon**  
 Co-Investigators: T. Black, B. King, J. Filippelli

<b>2015-2016</b>	Performance Indicators Results Project Association of Native Child and Family Service Agencies of Ontario (ANCFSAO) Principal Investigator: <b>B. Fallon</b> Co-Investigator: B. King	\$21,690
<b>2015-2020</b>	Highland Shores Children's Aid Society Highland Shores Children's Aid Society Principal Investigator: <b>B. Fallon</b> Co-Investigators: B. King	\$300,000
<b>2015- 2016</b>	Child Welfare Tool Global Affairs Canada Principal Investigator: <b>B. Fallon</b> Co-Investigator: T. Black	\$25,000
<b>2015- 2016</b>	Ontario Child Abuse and Neglect Database (OCANDS) Ontario Association of Children's Aid Societies Principal Investigator: <b>B. Fallon</b> Co-Investigator: T. Black, B. King	\$266,944
<b>2014</b>	Performance Measurement and Management Project Ontario Association of Children's Aid Societies Principal Investigator: <b>B. Fallon</b>	\$38,079
<b>2013-2014</b>	Quality Assurance and Evaluation Strategy Ontario Association of Children's Aid Societies Principal Investigator: <b>B. Fallon</b>	\$29,988
<b>2008-2011</b>	Canadian Incidence Study of Reported Child Abuse and Neglect 2008 Subcontract: McGill University Principal Investigator: <b>B. Fallon</b>	\$489,000
<b>2008</b>	Evaluation of the Canadian Incidence Study (CIS): Data Collection Survey Instrument Public Health Agency of Canada Principal Investigator: <b>B. Fallon</b>	\$10,000
<b>2007</b>	Canadian Incidence Study of Reported Child Abuse and Neglect 2008: Literature Review Public Health Agency of Canada Principal Investigator: <b>B. Fallon</b>	\$10,000

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**Total contracts awarded as Co-Investigator: \$1,912,760**

<b>2008-2011</b>	Canadian Incidence Study of Reported Child Abuse and Neglect 2008 Public Health Agency of Canada Principal Investigator: N. Trocmé Co-Investigators: <b>B. Fallon</b> , B. MacLaurin	\$966,000
<b>2008-2011</b>	Alberta Incidence Study of Reported Child Abuse and Neglect 2008 Alberta Children and Youth Services Principal Investigator: B. MacLaurin Co-Investigators: <b>B. Fallon</b> , N. Trocmé	\$199,000
<b>2008-2011</b>	British Columbia Incidence Study of Reported Child Abuse and Neglect 2008 British Columbia Ministry of Children and Family Development Principal Investigator: B. MacLaurin Co-Investigators: <b>B. Fallon</b> , N. Trocmé	\$198,856
<b>2008-2011</b>	Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008 Saskatchewan Ministry of Social Services Principal Investigator: B. MacLaurin Co-Investigators: <b>B. Fallon</b> , N. Trocmé	\$104,590
<b>2003-2006</b>	The Alberta Incidence Study of Reported Child Abuse and Neglect – Cycle 1 Principal Investigator: B. MacLaurin Co-Investigators: <b>B. Fallon</b> , N. Trocmé, A. Calhoun	\$105,000
<b>2003-2006</b>	CIS-2003: Ontario Oversampling Ontario Ministry of Child, Family, and Community Services Principal Investigator: N. Trocmé Co-Investigators: <b>B. Fallon</b> , B. MacLaurin	\$105,000
<b>2003</b>	CIS-2003: Development and Focus Testing of the Child Maltreatment Assessment Form Health Canada Principal Investigator: N. Trocmé Co-Investigators: <b>B. Fallon</b> , J. Daciuk	\$24,314
<b>2000-2001</b>	Client Outcomes in Child Welfare Phase II Human Resources Development Canada	\$100,000

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Principal Investigator: N. Trocmé  
 Co-Investigators: **B. Fallon**, B. MacLaurin, B. Nutter, S. Loo

<b>1998-2000</b>	Ontario Incidence Study of Reported Child Abuse and Neglect Ontario Ministry of Community and Social Services Principal Investigator: N. Trocmé Co-Investigators: <b>B. Fallon</b> , B. MacLaurin	\$80,000
<b>1998-1999</b>	Peer Support Program Evaluation: Toronto Child Abuse Centre Trillium Foundation Co-Investigators: N. Trocmé, B. MacLaurin, <b>B. Fallon</b> , J. Daciuk	\$5,000
<b>1998-1999</b>	Ontario Outcomes Indicator Project: Phase I Ontario Ministry of Community and Social Services Principal Investigator: N. Trocmé Co-Investigators: B. MacLaurin, <b>B. Fallon</b>	\$25,000

#### **OTHER FUNDED RESEARCH**

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

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

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Youth  
 Max Clarkson Family Foundation  
 Principal Investigator: **B. Fallon**  
 Co-Investigator: K. Schwan

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

<b>2014-2016</b>	Vaccine Hesitancy Study, ACT NOW Research Projects Fraser Mustard Institute of Human Development Principal Investigator: D. Tran Co-Investigators: J. Maguire, <b>B. Fallon</b> , P. Newman, N. Crowcroft, S. Desai, Dube, E Research Team: K. Allan	\$33,509
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**PEER REVIEWED PUBLICATIONS (233)**

**Journal Articles (159)**

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)

**Fallon, B.**, & Trocmé, N. (2024). Policy Paradox. *Child Protection and Practice*.

<https://doi.org/10.1016/j.chipro.2024.100015>

Trocmé, N., **Fallon, B.**, Joh-Carnella, N., & Denault, K. (2024). Uncovering Physical Harm in Cases of Reported Child Maltreatment. *Child Protection and Practice*.

<https://doi.org/10.1016/j.chipro.2024.100014>

Lefebvre, R., **Fallon, B.**, Fluke, J., Trocmé, N., Black, T., Esposito, T., & Rothwell, D. (2024). Distinguishing profiles of adversity among child protection investigations in Ontario, Canada. *Child Protection and Practice*. <https://doi.org/10.1016/j.chipro.2024.100022>

Houston, E., **Fallon, B.**, Hélie, S., & Trocmé, N. (2024). Comparative Analysis of Child Protection Investigations in Ontario and Quebec, Canada. *Child Protection and Practice*. <https://doi.org/10.1016/j.chipro.2024.100012>

Lwin, K., Hoagland, A., Antwi-Boasiako, K., MacKenzie, P., & **Fallon, B.** (2024). Examining the role of child welfare worker characteristics and the substantiation decision. *Child Abuse & Neglect*, 149, <https://doi.org/10.1016/j.chiabu.2024.106641>

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- Black, T., **Fallon, B.**, Brown, H., Innes, S., & William, K. (2024). Twenty-five years of child welfare data in Ontario, Canada: Examining the response of child welfare to reports of children's exposure to intimate partner violence (IPV). *Child Abuse & Neglect*, *147*, 106567. <https://doi.org/10.1016/j.chiabu.2023.106567>
- Tremblay, M., **Fallon, B.**, Ferguson, C., Willsi, G., Downiw, G., Rattlesnake, C., Kolb, B., Gokiert, R., & Hayden, J. (in press). Co-creating culturally responsive early childhood programming with Indigenous communities. *Contemporary Issues in Early Childhood*.
- Li, X; Keown-Stoneman, CDG; Anderson, LN; Allan, K; **Fallon, B.**; Parsons, JA; Birken, CS; Maguire, JL. (2024). Factors associated with COVID-19 vaccination in young children. *Canadian Journal of Public Health*. <https://doi.org/10.17269/s41997-023-00817-x>
- Eaton, A., Rourke, S., Craig, S., **Fallon, B.**, Emler, C., Katz, E., & Walmsley, S. (2024). Mindfulness and cognitive training interventions that address intersecting cognitive and aging needs of older adults. *Journal of Social Work*. <https://doi.org/10.1177/14680173231207961>
- Joh-Carnella, N., Livingston, E., Stoddart, J., & **Fallon, B.** (2023). Child welfare investigations of exposure to intimate partner violence referred by medical professionals in Ontario: a uniquely vulnerable population?. In *Healthcare* (Vol. 11, No. 18, p. 2599). <https://doi.org/10.3390/healthcare11182599>
- King, B., Parada, H., **Fallon, B.**, Olivo, V. E., Best, L. M., & Filippelli, J. (2023). Latin American Children in Ontario Child Welfare: An Examination of Investigation Disparities. *Children and Youth Services Review*, 107357. <https://doi.org/10.1016/j.chilyouth.2023.107357>
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Kufeldt, K., **Fallon, B.**, & McKenzie, B. (Eds.). (2021). *Protecting Children: Theoretical and Practical Aspects*. Toronto, ON: Canadian Scholars.

### Refereed Book Chapters (25)

Underlined names indicate a trainee of Dr. Fallon

- Houston, E., **Fallon, B.**, & Fluke, J. (2023). Understanding risk through social epidemiology. In B. Taylor, J. Fluke, J. C. Graham, E. Keddell, C. Killick, A. Shlonsky, & A. Whittaker (Eds.), *The Sage handbook of decision making, assessment and risk in social work* (pp. 431-441). SAGE Publications.
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- Fallon, B.**, Joh-Carnella, N., Saint-Girons, M., & Livingston, E. (2022). *Caregiver characteristics in on reserve investigations involving First Nations children aged 0-17 in Canada in 2019*. CWRP Information Sheet #229E. Canadian Child Welfare Research Portal.
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### 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 (245)

#### Invited Presentations (58)

Underlined names indicate a trainee of Dr. Fallon

- Fallon, B.** (March 2024). Connecting Research to Community: Centering Relationships. *Children's Hospital of Eastern Ontario Grand Rounds Visiting Scholar*.
- 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*
- 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*.
- Fallon, B.**, & Crowe, A. (March 2024). Connecting Research to Community: Developing meaningful partnerships. *Children's Hospital of Eastern Ontario Grand Rounds Visiting Scholar*.

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- 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.
- 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.
- 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.
- 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.
- 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. (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.

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- 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*. 15<sup>th</sup> 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.

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- 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, Familienbesucher, Universitätsklinikum Ulm. Ulm, Germany.
- Trocme, 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.

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- 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 (181)

Underlined names indicate a trainee of Dr. Fallon

- 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.
- 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.
- Fallon B.** (November 2023). *Violence Against Children in Canada: An Unfinished Policy*

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*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., Vander Morris, 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*. Paper accepted for presentation at the 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

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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., Emler, 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*. 51<sup>st</sup> 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.



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- 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 2022. 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.
- Judd, 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.

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- 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 24<sup>th</sup> 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 24<sup>th</sup> Annual Conference of the Society for Social Work Research (SSWR). Washington, DC, United States.

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- 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 24<sup>th</sup> 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 24<sup>th</sup> 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 24<sup>th</sup> 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.

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- 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 22<sup>nd</sup> 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 22<sup>nd</sup> 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 22<sup>nd</sup> 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 22<sup>nd</sup> 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 22<sup>nd</sup> Annual Conference of the Society for Social Work and Research (SSWR). Washington DC, United States.

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- 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). *Clarifying the dual mandate of child welfare services in Ontario: Urgent protection or chronic need?* In **B. Fallon** (Chair), *Urgent protection versus chronic need*. 15<sup>th</sup> 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., & 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 6<sup>th</sup> 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 21<sup>st</sup> 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 21<sup>st</sup> 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 21<sup>st</sup> 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*

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*abuse and neglect*. Paper presented at the 21<sup>st</sup> 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 21<sup>st</sup> 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 21<sup>st</sup> 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 21<sup>st</sup> 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*

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*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. Trocme (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.**, Trocme, 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 20<sup>th</sup> 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*

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- child protection services: 20 Years of Data*. Paper presented at the 20<sup>th</sup> 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 20<sup>th</sup> 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 20<sup>th</sup> 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 20<sup>th</sup> 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 20<sup>th</sup> Annual Conference of the Society for Social Work and Research (SSWR). Washington, D.C., United States.
- 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 State.



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- 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.
- 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 75<sup>th</sup> 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.

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- 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.
- 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 2020). *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.

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- 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 Conference. 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.
- 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 à 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 Congrès Conjoint Familiales, Enfance Jeunesse due Quebec. 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.

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- 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*. Report presented at the International Family Violence and Child Victimization Research Conference. Portsmouth, New Hampshire, United States.
- 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.

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- 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.
- 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.**, 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*

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*changes between the 1998 and 2003 cycles.* ISPCAN 15th International Congress on Child Abuse and Neglect. Brisbane, Australia.

- 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 (27)**

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*

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*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. (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.

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- 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

- 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 a 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



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- 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** Poverty among the Ontario Child Welfare Population: A Need for Poverty-Informed Child Protection 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** Factor-Inwentash Faculty of Social Work, University of Toronto  
Olive Lyons
- In progress** Factor-Inwentash Faculty of Social Work, University of Toronto  
Travonne Edwards
- In progress** Factor-Inwentash Faculty of Social Work, University of Toronto  
Leyco Wilson
- 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  
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)

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- 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

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- 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 Wilfred 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

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<b>2023</b>	Faculty of Behavioural and Social Sciences, University of Groningen, Netherlands Floor Middel
<b>2020</b>	School of Social Work, University of Windsor, Canada Gershon Osei
<b>2019</b>	Social Work and Social Policy Division of Education Arts and Social Sciences, Australian Centre for Child Protection and School of Psychology Olivia Octoman
<b>2019</b>	Faculty of Arts, Psychology and Theology, Abo Akademi University, Finland Wail Rehan
<b>2016</b>	Department of Psychology, York University, Canada Julia Cinamon
<b>2014</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Holly McGinn

*Post-Doctoral Supervision*

<b>2022-2023</b>	Laura Best Currently a medical student at the University of British Columbia
<b>2022-2023</b>	Kate Allan Currently employed as a Senior Program Consultant with the provincial government
<b>2020-2021</b>	Joanne Filippelli Currently employed as a Senior Policy Analyst with the provincial government

*MSW Practicum Supervision*

<b>2021-2022</b>	Adoption Council of Ontario Miya Kagan-Cassidy
<b>2021</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Child Welfare Lab Danielle Giokas
<b>2021</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Child Welfare Lab Isayah Alman
<b>2021</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Catholic Children's Aid Society Foster Parent Survey Miya Kagan-Cassidy
<b>2018-2019</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Justice for Children and Youth (JFCY) Alanna Tevel
<b>2018</b>	Adoption Council of Toronto Cora Goring
<b>2017-2018</b>	Cota, Community Living Marva Martin
<b>2017</b>	Factor-Inwentash Faculty of Social Work, University of Toronto

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	Covenant House Toronto Julia Finnie
<b>2012</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Canadian Incidence Study of Reported Child Abuse and Neglect Rachael Lefebvre
<b>2010-2011</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Canadian Incidence Study of Reported Child Abuse and Neglect Jennifer Ma
<b>2008</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Canadian Incidence Study of Reported Child Abuse and Neglect Barbara Lee
<b>2004-2005</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Canadian Incidence Study of Reported Child Abuse and Neglect Ferzana Chaze
<b>2003-2004</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Canadian Incidence Study of Reported Child Abuse and Neglect Tara Black
<b>2000-2001</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Canadian Incidence Study of Reported Child Abuse and Neglect Caroline Felstiner
<b>1998-1999</b>	Factor-Inwentash Faculty of Social Work, University of Toronto Canadian Incidence Study of Reported Child Abuse and Neglect Warren Helfrich

#### *Other Supervision*

<b>2014-2015</b>	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
<b>2012-2014</b>	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**

<b>2021</b>	Welfare of Children (University of Toronto, SWK4668H)
<b>2020</b>	Research for Evidence-Based Social Work Practice (University of Toronto, SWK4510H)
<b>2020</b>	Welfare of Children (University of Toronto, SWK4668H)
<b>2019</b>	Welfare of Children

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- (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)

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<b>2010</b>	Theories of Child Maltreatment (Barbara Lee & Melissa Van Wert)
<b>2010</b>	Child Maltreatment Recurrence in Canada (Christine DuRoss & Danielle Fancher)
<b>2009</b>	Asian Families in the 2003 Canadian Incidence Study of Child Abuse and Neglect (Wendy Rha)
<b>2008</b>	The Response of the Child Welfare System to Neglect: 1993 and 2003 (Kate Schumaker)
<b>2007</b>	Hierarchical Model of the Decision to Place Children in Out-of-Home Care (Jonathan Schmidt)

## SERVICE POSITIONS

### Factor-Inwentash Faculty of Social Work

<b>2022</b>	Reviewer, Evaluation Report for Tenure, Dr. Rachelle Ashcroft
<b>2022-2023</b>	Reviewer Promotion to Full Professor: Rupaleem Bhuyan, Eunjung Lee, David Burnes
<b>2022</b>	Panel Member, Selection for New Research Manager
<b>2021-Present</b>	Coordinator, Children and Families Stream Working Group
<b>2021-Present</b>	Member, PhD Studies Committee
<b>2021-Present</b>	Reviewer, MSW Admissions Files
<b>2021-Present</b>	Member, PhD Admission Committee
<b>2021-Present</b>	Reviewer, Selection for New Strategic Research Officer
<b>2021-2022</b>	Reviewer, Selection for New Research Manager
<b>2022</b>	Reviewer, Evaluation Report for Tenure
<b>2021</b>	Member, Internal Awards Committee
<b>2021</b>	Member, Health and Safety Committee
<b>2021</b>	Reviewer, Selection for New Advancement Hire
<b>2018-June 2019</b>	Appointments Committee
<b>2015-June 2019</b>	Equity and Diversity Committee
<b>2015-June 2019</b>	Research Management Committee
<b>2013-2015</b>	Assessment Committee
<b>2013- 2015</b>	Principal Management Group Committee
<b>2014- 2015</b>	Factor-Inwentash Faculty of Social Work Representative for Trudeau Fellowship Committee
<b>2014- Present</b>	Member, Journal Watch
<b>2012-June 2019</b>	Internal Awards Committee
<b>2011-June 2019</b>	PhD Admissions Committee (Committee Chair as of 2014)

### University of Toronto

<b>2023</b>	Reviewer, Promotion Review for Full Professor, Dalla Lana School of Public Health
<b>2022</b>	Reviewer, Promotion Review for Assistant to Associate Professor, Dalla Lana School of Public Health
<b>2022-Present</b>	Member, President's Impact Award and Impact Academy Selection Committee

April 19, 2024

<b>2021-2022</b>	Member, Community Engaged Research Working Group
<b>2021-Present</b>	Steering Committee Member, Feeding Kids, Nourishing Minds Research Study, Joanna and Brian Lawson Centre for Child Nutrition
<b>2022</b>	Reviewer, Promotion Report for Assistant to Associate Professor, Dalla Lana School of Public Health
<b>2022</b>	Reviewer, Promotion Report for Full Professor, Dalla Lana School of Public Health
<b>2021-Present</b>	University Representative, The Edwin S.H. Leong Chair in Child Health Intervention Selection Committee, University of Toronto & The Hospital for Sick Children
<b>2021</b>	Member, President's Impact Awards Selection Committee
<b>2020</b>	Member, Research & Innovation Impact Panel
<b>2020</b>	Member, Centre for Vaccine Preventable Diseases (CVPD), Dalla Lana School of Public Health
<b>2020</b>	Participant, Roundtable Discussion on University of Toronto Youth/Student Mental Health
<b>2020-Present</b>	Member, Centre for Child Development, Mental Health and Policy
<b>2019-2020</b>	Member, Connaught Global Challenge Award Review Panel
<b>2019</b>	Reviewer, Andrew Carnegie Fellowships
<b>2018-Present</b>	Director, Policy Bench, Fraser Mustard Institute for Human Development
<b>2018-2020</b>	Academic Advisory Board, Social- Emotional Development and Intervention
<b>2018-2019</b>	Reviewer, SSHRC Impact Awards Competition
<b>2018</b>	Reviewer, Canada Research Chair (CRC) University of Toronto Diversity Competition
<b>2018</b>	Member, Interview Panel for Partnership Development Officer focused on Social Sciences and Humanities, in Research Services
<b>2017-2019</b>	Member, University of Toronto SSHRC Partnership Grant Internal Peer Review Committee
<b>2017-2019</b>	Reviewer, Internal College of Reviewers for Research Awards and Honours
<b>2017-Present</b>	Member, Connaught Committee
<b>2013-2018</b>	Director of Knowledge Mobilization, Fraser Mustard Institute for Human Development
<b>2012-2015</b>	Factor-Inwentash Faculty of Social Work Representative to the Fraser Mustard Institute for Human Development, Academic Committee

### External to the University of Toronto

<b>2024</b>	Reviewer for The International Society for the Prevention of Child Abuse & Neglect 2024 Congress
<b>2024</b>	External Expert Reviewer for SSHRC Brownell Panel
<b>2023</b>	External Reviewer for SSHRC Partnership Grants
<b>2023</b>	External Reviewer for the Killam Prizes and the Dorothy Killam Fellowships, National Killam Program
<b>2023</b>	Key Informant: Government Engagement Mechanisms on <i>An Act Respecting First Nations, Inuit And Métis Children, Youth And Families</i>



April 19, 2024

<b>2023</b>	Expert Witness: The Coroner's Inquest into the Death of Devon Freeman
<b>2023</b>	Expert Witness: Constitutional Test Case for Simcoe Children's Aid Society
<b>2022-2023</b>	Committee Member of the Multidisciplinary Review Panel, New Frontiers in Research Fund, Exploration Stream
<b>2022</b>	Board Member, Justice for Children and Youth
<b>2022</b>	Grant Application Reviewer, New Frontiers in Research Fund, Exploration Stream
<b>2022-2023</b>	Member of Board of Directors, Native Child and Family Services of Toronto
<b>2021</b>	Committee Member, Challenge4ClimateAction 2021
<b>2021</b>	Reviewer, Child Safeguarding Identification Intervention and Monitoring Mechanisms in the Teaching Hospitals of Lebanon, American University of Beirut
<b>2021</b>	Reviewer, Our Welfare at the Time of COVID-19: An Early Empirical Assessment, Clinical Nutrition, ESPEN.
<b>2021</b>	Reviewer, Children's Peritraumatic Responses to Intrafamilial Abuse in Diverse Communities, The Israel Science Foundation
<b>2020</b>	Child and Adolescent Screener for Trauma Events and Responses, CASTER.
<b>2020</b>	Academic Advisor, Making the Shift, Department of Sociology, Trent University
<b>2020</b>	Scientific Advisory Committee, Child Maltreatment Research Projects, University of Calgary
<b>2020</b>	Peer Reviewer, What Influences the Sustainability of Integrated Children's Services Project
<b>2020</b>	Reviewer, COVID-19: Recommendations for School Reopening, SickKids Hospital
<b>2020</b>	Reviewer, May 2020 COVID-19 Rapid Research Funding Opportunity, Canadian Institutes of Health Research
<b>2020-2021</b>	Member, Child Safety Excellence Advisory Council, Boys and Girls Clubs of Canada
<b>2019-Present</b>	Advisor, Child Welfare Redesign, Ministry of Community, Children and Social Services
<b>2019-Present</b>	Member, Research Advisory Committee for Infant Mental Health Promotion at the Hospital for Sick Children
<b>2019</b>	Member, College of Reviewers for Special Canada Research Chair (CRC) Call
<b>2019</b>	Reviewer, Health Research Board
<b>2019-2021</b>	Member, Advisory Committee of the Indigenous-Global Child Project
<b>2018-Present</b>	Chair, Research Advisory Committee, Covenant House
<b>2018-Present</b>	Member, Child Health Institute Oversight Committee, SickKids Hospital
<b>2018-Present</b>	Member, Stand Up For Kids National Award Committee, Children's Aid Foundation of Canada
<b>2017-Present</b>	Member, External Advisory Committee, Martin Family Initiative Early Years Program
<b>2017-2019</b>	Member, Minister's Child and Family Well-Being Working Group, Ministry of Children and Youth Services
<b>2017-Present</b>	Member, Social Paediatrics Special Interest Group, SickKids Hospital
<b>2017</b>	Reviewer, Pierre Elliot Trudeau Foundation Fellowship

April 19, 2024

- 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

April 19, 2024

**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

**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

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- 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

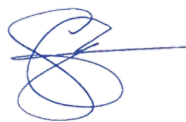
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This is Exhibit "B" to the Affidavit of  
BARBARA FALLON affirmed before me  
this 29<sup>th</sup> day of APRIL 2024



---

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

Court File Nos. T-402-19 / T-141-20 / T-1120-21

<p><b>FEDERAL COURT</b> <b>PROPOSED CLASS PROCEEDING</b></p> <p>B E T W E E N:</p> <p><b>XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>
<p><b>FEDERAL COURT</b> <b>PROPOSED CLASS PROCEEDING</b></p> <p>B E T W E E N:</p> <p><b>ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>HIS MAJESTY THE KING</b> <b>AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>
<p><b>FEDERAL COURT</b> <b>CLASS PROCEEDING</b></p> <p>B E T W E E N:</p> <p><b>ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>

**CERTIFICATE CONCERNING CODE OF CONDUCT OF EXPERT  
WITNESS – BARBARA FALLON**

I, **Barbara Fallon**, Ph.D, having been named as an expert witness by the First Nations Child and Family Caring Society, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Court Rules* and agreed to be bound by it.



Date: April 29, 2024

---

Barbara Fallon, Ph.D.

Address: 246 Bloor Street West, Toronto M5S 1V4

Phone: (416) 978-2527

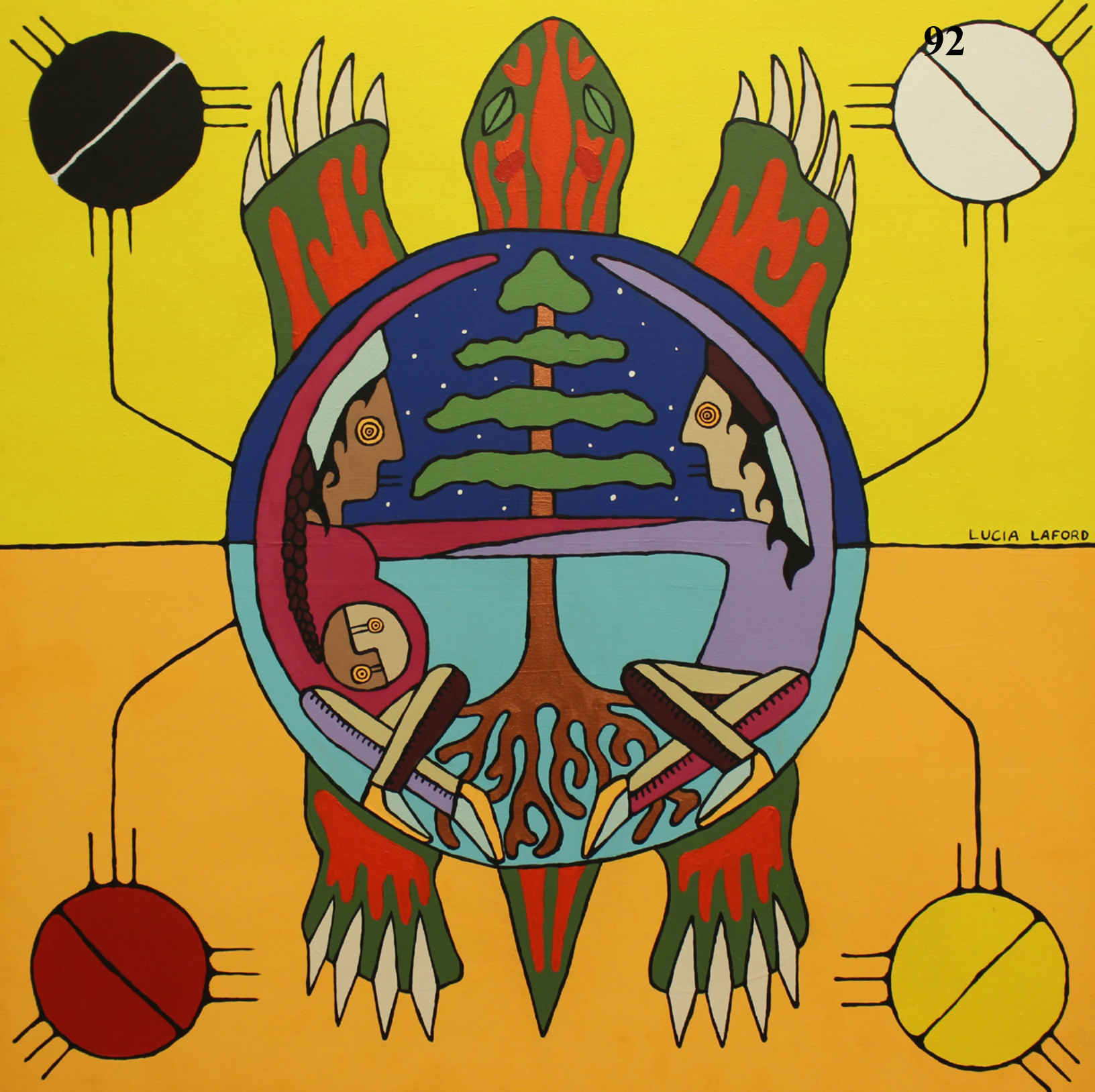
Fax: (416) 978-7072



This is Exhibit "C" to the Affidavit of  
BARBARA FALLON affirmed before me  
this 29<sup>th</sup> day of APRIL 2024

A handwritten signature in blue ink, appearing to be 'S Clarke', written over a horizontal line.

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:**

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.

**A Gifted Name**

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

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

**About the Artist**

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

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

Instagram [@lucialaford](#)

Email [luce.nirvana@gmail.com](mailto:luce.nirvana@gmail.com)

Website [lucialaford.ca](http://lucialaford.ca)

Digital formatting by Rebecca Rivers.

Non-commercial reproduction of this report in whole or in part is permitted, provided the authors and the Child Welfare Research Portal are acknowledged as the source of all copies.

Copies of this publication can be downloaded from the Canadian Child Welfare Research Portal at [www.cwrp.ca](http://www.cwrp.ca) and the Association of Native Child and Family Services Agencies of Ontario at [www.ancfsao.ca](http://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,**

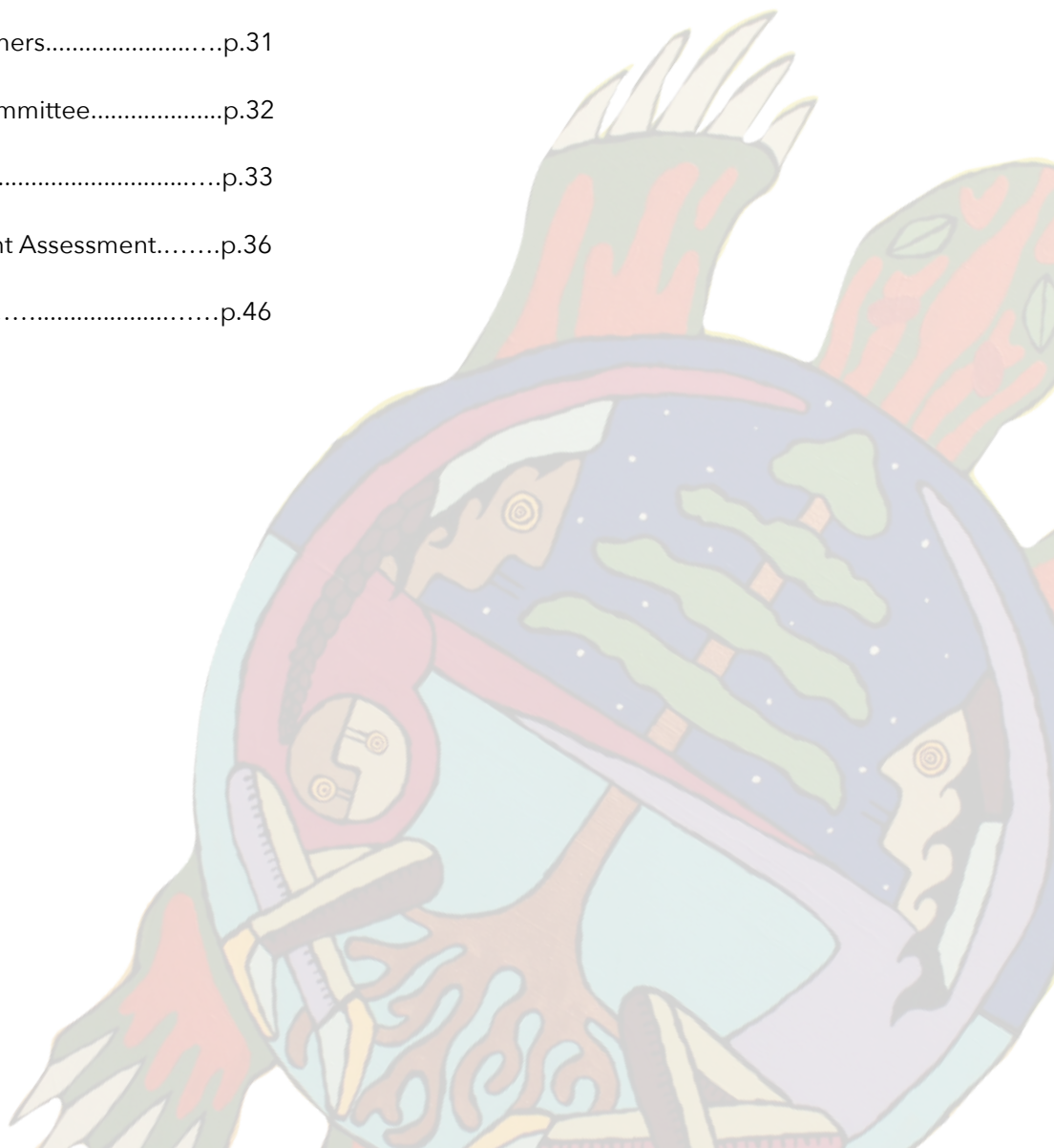
We are all teachers to one another from the youngest to the oldest,  
Our elders have already endured this long journey.  
They are here, to remind us to be brave and strong for our people,  
And to have a clear vision of our responsibilities to our Nations,  
and the generations yet to come.

*Written by: Danette Restoule, 2005*



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# 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<sup>1</sup>;
- the unit of analysis is a maltreatment-related investigation;
- the study is limited to reports investigated by child welfare agencies and does not include reports that were screened out, only investigated by the police, or never reported;
- the study is based on the assessments provided by investigating child welfare workers and are not independently verified;

- 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)<sup>2</sup>

## 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.

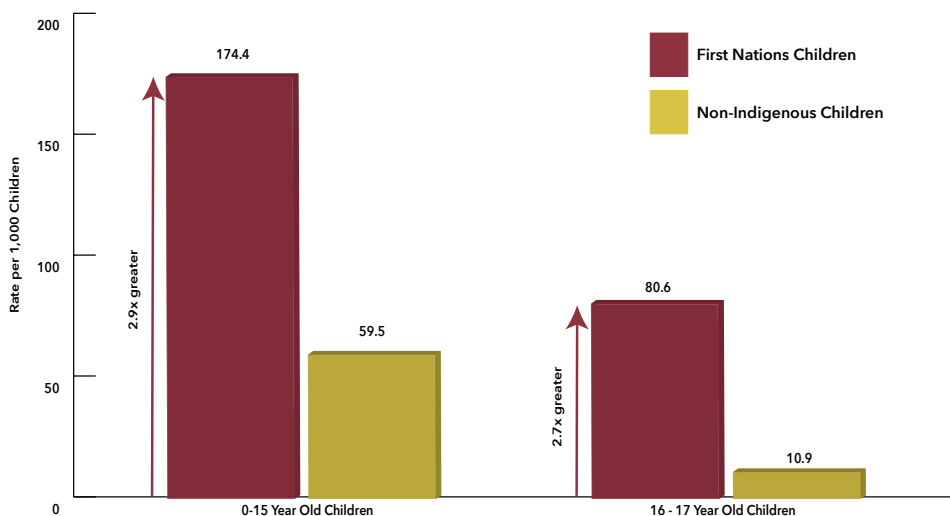
In Ontario in 2018, child welfare investigations are approximately three times more likely to involve a First Nations child than a non-Indigenous child; investigations involving First Nations children have an estimated rate of 174.43 per 1,000 children, compared to non-Indigenous children with an investigated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

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

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



Figure 1: Rates of First Nations and non-Indigenous Child 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

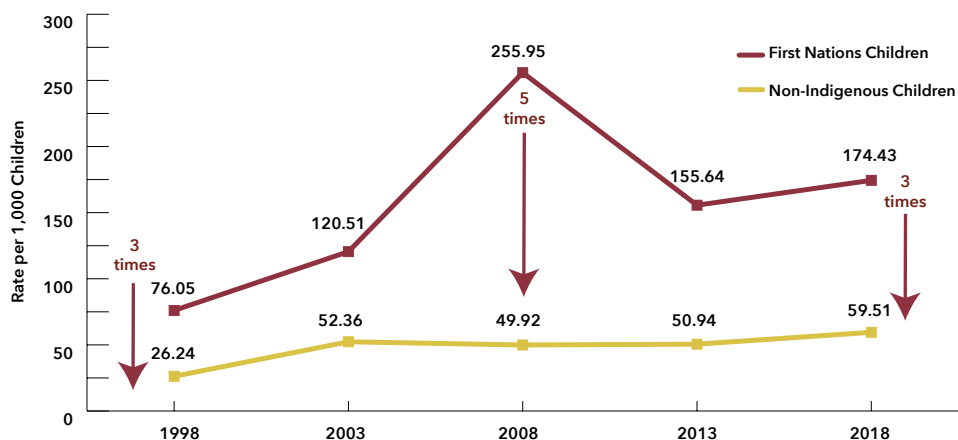
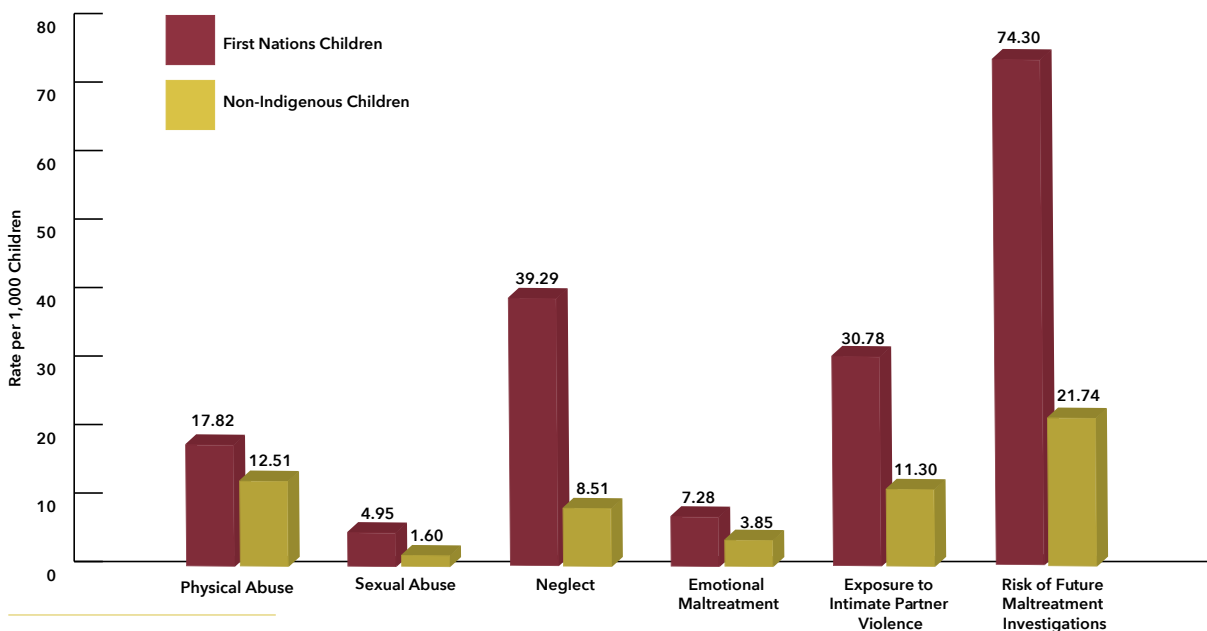


Figure 3: Primary Category of Investigation Involving First Nations and non-Indigenous Children in Ontario 2018



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 12.34 per 1,000 First Nations children), 5% in foster care (a rate of 6.11 per 1,000 First Nations children), and 1% in a group home or residential secure treatment. The rate of out of home placement for First Nations children is 12.4 times the rate of out of home placement for non-Indigenous children.

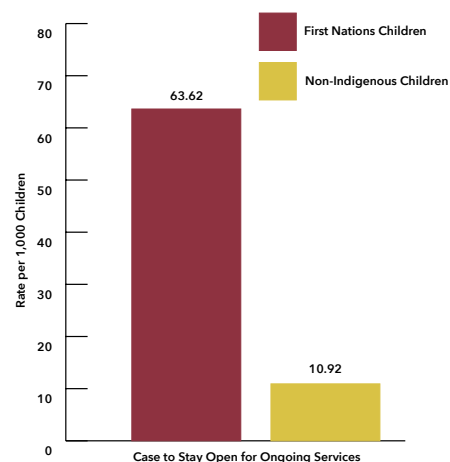
The rate of group home placements at investigation are too rare an event to provide a reliable estimate. The rate of group home placements are

best measured after investigation. Nonetheless, First Nations children were more likely to be placed in a group home at the conclusion of an investigation.

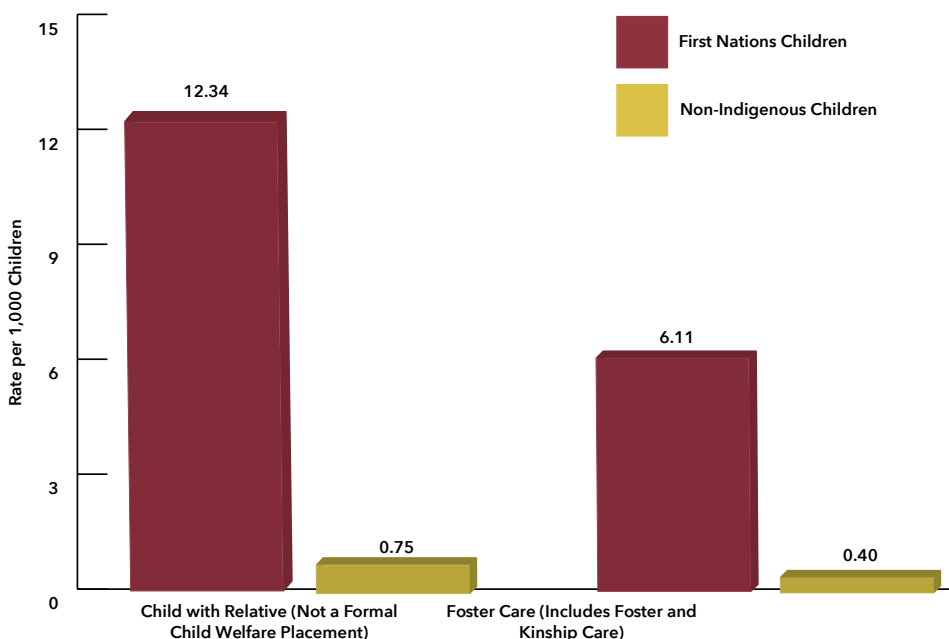
**Household Risk Factors**

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

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



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



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

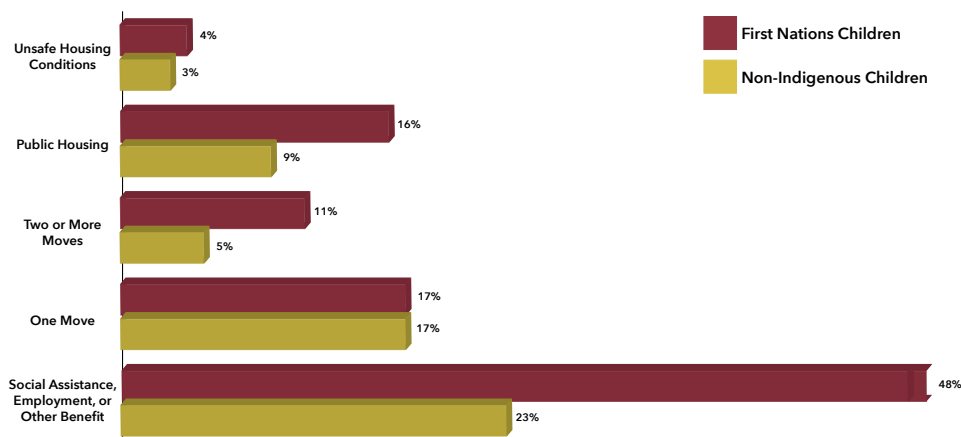
Forty-eight percent of investigations involving First Nations children whose families received social assistance/employment insurance/other benefits as their primary source of income, while 23% of non-Indigenous children families received benefits. Seventeen percent of investigations involving both First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

**Primary Caregiver Risk Factors**  
Investigating workers were asked to consider nine potential caregiver risk factors (alcohol abuse, drug/solvent abuse, mental health issues, physical health issues, few social supports, victim of intimate partner violence, perpetrator of intimate partner violence and history of foster care/ group home). Where applicable, the reference point for identifying

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

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

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



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

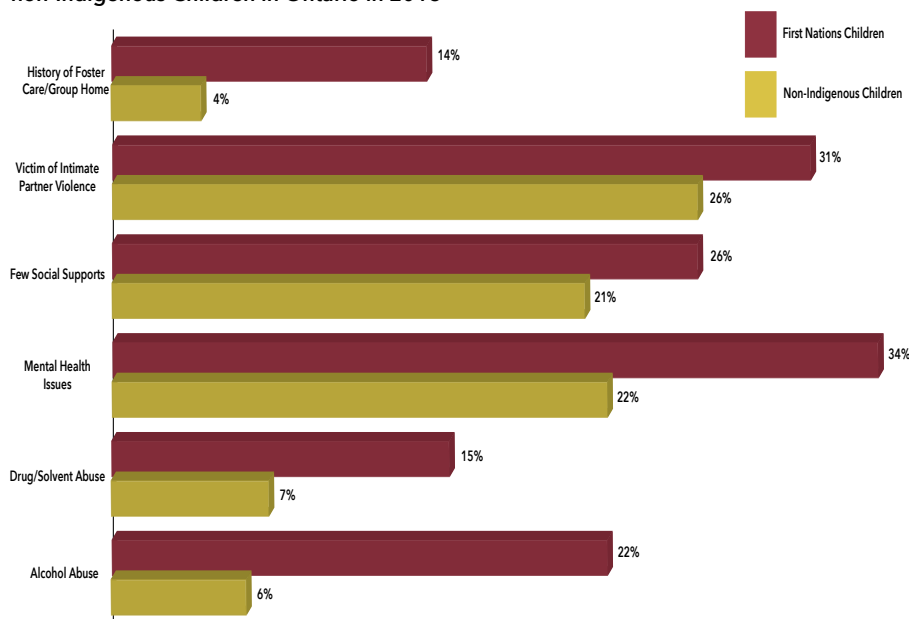
investigation was used as a reference point where applicable.

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

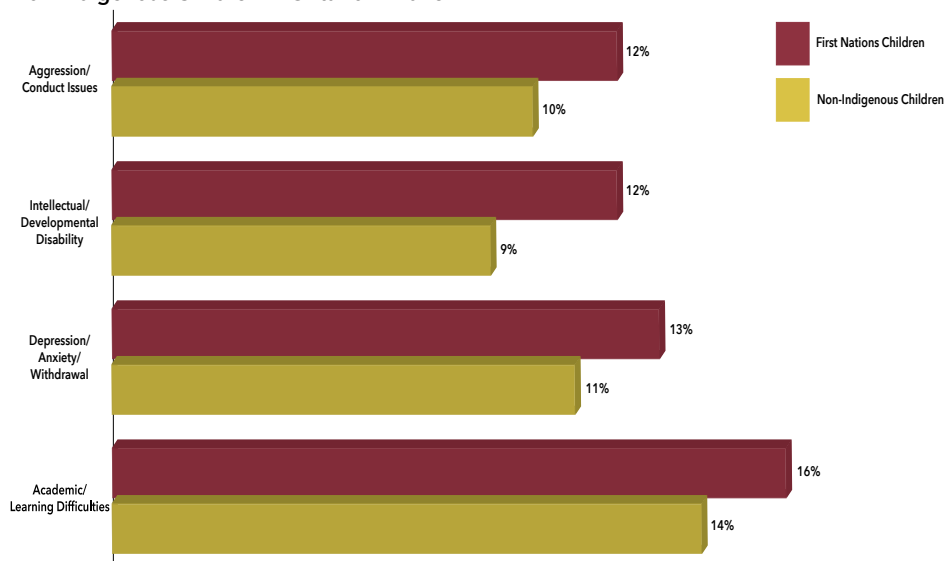
The most frequently noted child functioning concerns for investigations involving First Nations children were: 16% with academic or learning difficulties (an estimated 1,828 investigations), 13% with noted depression or anxiety or withdrawal (1,487), 12% with intellectual or developmental disabilities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

For updates on the FNOIS and for more detailed publications visit the Canadian Child Welfare Research Portal at [www.cwrp.ca](http://www.cwrp.ca) and Association of Native Child and Family Services Agencies of Ontario at [www.ancfsao.ca](http://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.<sup>1</sup> 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.<sup>2</sup>

In the 1880s, a partnership formed between the Crown and various Christian churches to develop and implement residential schools throughout Canada.<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup>

Since the closure of the last residential school in 1996<sup>6</sup> colonization has been redistributed across the contemporary Canadian landscape of public institutions. Schooling and education are now the responsibility of provincial and territorial systems.<sup>7</sup> 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.<sup>8</sup> Provincial and territorial child welfare mandates were extended to include on-reserve communities in the 1950s.<sup>9</sup> In the years that followed, these new mandates continued the assimilation of Indigenous peoples through what is now known as the "Sixties Scoop."<sup>10</sup> However, the "scooping" was not confined to the 1960s or the immediate decades that followed.<sup>11</sup> By the 1990s, the overrepresentation of First Nations children in the child welfare system was clearly documented.<sup>12</sup>

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.<sup>13</sup> 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](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<sup>14</sup> 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.<sup>15</sup> 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.”<sup>16</sup> Combined, these agencies serve 90% of on-reserve communities in Ontario.<sup>17</sup> Through ANCFSAO’s leadership, they support 11 mandated and one pre-mandated ICFWBA who provide decolonized child welfare services to their communities.<sup>18</sup>

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.<sup>19</sup> 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.<sup>20</sup> 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.<sup>21</sup> 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.<sup>22</sup> 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

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

<sup>15</sup> Ibid.

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

<sup>17</sup> Ibid.

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

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

<sup>20</sup> 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.

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

<sup>22</sup> 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<sup>23</sup>

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.<sup>24</sup> 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.<sup>25</sup> 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<sup>26</sup>

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.<sup>27</sup>

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.<sup>28</sup> 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.<sup>29</sup> 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.<sup>30</sup> 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

<sup>23</sup> Ibid.

<sup>24</sup> 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>

<sup>25</sup> Ibid.

<sup>26</sup> Ibid.

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

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

<sup>29</sup> Ibid.

<sup>30</sup> *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.<sup>31</sup>

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.<sup>32</sup> 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<sup>33</sup> for foster and kinship caregivers and adoptive parents.<sup>34</sup> 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.<sup>35</sup>

### 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

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

<sup>32</sup> 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>

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

<sup>34</sup> 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](http://www.children.gov.on.ca/htdocs/English/professionals/childwelfare/CYFSA/policy_directive_CW003-20.aspx)

<sup>35</sup> 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.<sup>36</sup> 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.

<sup>36</sup> 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.<sup>1</sup> 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.<sup>2</sup> Risk assessment

<sup>1</sup> 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.

<sup>2</sup> 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.<sup>3</sup>

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

<sup>3</sup> 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.<sup>4</sup> 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

<sup>4</sup> 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<sup>5</sup> (see Tables 5-1 and 5-2). A custom Census run was provided by Statistics Canada which included "Aboriginal status" by single years of age for Ontario Census divisions and Census subdivisions. It should be noted that there are concerns about the completeness and accuracy of "Aboriginal status" in the Census. This report compares investigations involving First Nations children to non-Indigenous children. Since we do not have jurisdiction over Métis and Inuit children, these children were removed from the Census child population rates and the FNOIS-2018 sample. Please see Appendix F in the OIS-2018 Major Findings Report for a detailed description of the weighting and estimation.

#### *Case Duplication*

Although cases reported more than once during the three-month case sampling period were unduplicated, the weights used to develop the OIS annual estimates include an unknown number of "duplicate" cases, i.e.,

children or families reported and opened for investigation two or more times during the year. Although each investigation represents a new incident of maltreatment, confusion arises if these investigations are taken to represent an unduplicated count of children. To avoid such confusion, the OIS-2018 uses the term "child investigations" rather than "investigated children," since the unit of analysis is the investigation of the child's alleged maltreatment.

#### *Sampling Error Estimation*

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

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

period is representative of the whole year.

#### **Ethics Procedures**

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

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

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

#### **Indigenous Ethics**

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

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

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

#### *Ethno-racial Data Analyses*

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

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

#### **Study Limitations**

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

- the weights used to derive annual estimates include counts of children investigated more than once during the year; therefore, the unit of analysis for the weighted estimates is a **child maltreatment-related investigation**;
- the FNOIS tracks **information during approximately the first 45 days** of case activity; service

outcomes such as out-of-home placements and applications to court only include events that occurred during those first approximately 45 days; Table 4-6, and Table 4-7 were affected by this limitation;

- the provincial counts presented in this report are **weighted estimates**. In some instances sample sizes are too small to derive publishable estimates. For example, Table 4-4 presents the nature of physical harm; the number of substantiated investigations involving broken bones, burns and scalds, or head trauma could not be reported due to the small sample sizes;
- the OIS **only tracks reports investigated by child welfare** agencies and does not include reports that were screened out, cases that were only investigated by the police, and cases that were never reported. For instance, Table 3-3 presents the estimated number of investigations of exposure to intimate partner violence that were investigated and does not include incidents of intimate partner violence that were reported only to police or never reported; and
- the study is based on the assessments provided by the investigating child welfare workers and **could not be independently verified**. For example, Table 5-3 presents the child functioning concerns documented in cases of substantiated maltreatment. The investigating workers determined if the child demonstrated functioning concerns, for instance depression or anxiety. However, these child functioning concerns are not verified by an

independent source.

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

#### **Incidence Calculation**

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

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(Census population of First Nations children under the age of 15 years old in Ontario) x 1000



# Chapter 3: Investigations Involving First Nations Children and Families

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

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

Table 3-1b presents the estimated investigations involving 16 and 17 year old First Nations and non-Indigenous children in Ontario in 2018. In Ontario in 2018, an estimated 696 investigations involved 16 and 17 year old First Nations children (a rate of 80.65 per 1,000 children) compared to an estimated 9,038 investigations involving 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%
<b>Total Investigations</b>	<b>148,536</b>	<b>62.89</b>	<b>100%</b>

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	%
<b>First Nations</b>	<b>696</b>	<b>80.65</b>	<b>7%</b>
Non-Indigenous	9,038	29.63	93%
<b>Total Investigations</b>	<b>9,734</b>	<b>31.04</b>	<b>100%</b>

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**

Referral Source	First Nations Children			Non-Indigenous Children		
	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%
<b>Total Investigations</b>	<b>11,480</b>	<b>174.43</b>	<b>100%</b>	<b>134,642</b>	<b>59.51</b>	<b>100%</b>

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**

Nature of Investigation	First Nations Children			Non-Indigenous Children		
	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%
<b>Subtotal: All Maltreatment Investigations</b>	<b>6,590</b>	<b>100.13</b>	<b>57%</b>	<b>85,456</b>	<b>37.77</b>	<b>63%</b>
Risk of Future Maltreatment Investigations	4,890	74.30	43%	49,186	21.74	37%
<b>Total Investigations</b>	<b>11,480</b>	<b>174.43</b>	<b>100%</b>	<b>134,642</b>	<b>59.51</b>	<b>100%</b>

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

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

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

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

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

Table 3-4: History of Previous Investigations in Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018						
Previous Investigations	First Nations Children			Non-Indigenous Children		
	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Child Previously 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%
<b>Total Investigations</b>	<b>11,249</b>	<b>170.92</b>	<b>100%</b>	<b>132,615</b>	<b>58.62</b>	<b>100%</b>

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

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

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

- Estimate was <100 investigations.

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

maltreatment, and 3% for sexual abuse.

As shown in Table 3-4, a history of

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

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

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

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

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

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

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 have more than one referral 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**

Provision of Ongoing Services	First Nations Children			Non-Indigenous Children		
	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%
<b>Total Investigations</b>	<b>11,480</b>	<b>174.43</b>	<b>100%</b>	<b>134,642</b>	<b>59.51</b>	<b>100%</b>

*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

Substantiation Decision	First Nations Children			Non-Indigenous Children		
	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%
<b>Total Investigations</b>	<b>11,480</b>	<b>174.43</b>	<b>100%</b>	<b>134,642</b>	<b>59.51</b>	<b>100%</b>

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

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

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

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

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

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

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

investigations involving non-Indigenous children, more than half (56%) involved multiple incidents (an estimated 19,089 substantiated investigations; a rate of 8.44 per 1,000 non-Indigenous children).

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

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

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

Duration of Maltreatment	First Nations Children			Non-Indigenous Children		
	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%
<b>Total Substantiated Maltreatment</b>	<b>2,762</b>	<b>41.97</b>	<b>100%</b>	<b>34,027</b>	<b>15.04</b>	<b>100%</b>

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

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

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

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

Indigenous children; see Table 4-4).

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

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

Emotional Harm	First Nations Children			Non-Indigenous Children		
	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%
<b>Subtotal: Any Emotional Harm Documented</b>	<b>724</b>	<b>11.00</b>	<b>26%</b>	<b>12,555</b>	<b>5.55</b>	<b>37%</b>
No Emotional Harm Documented	2,038	30.97	74%	21,472	9.49	63%
<b>Total Substantiated Investigations</b>	<b>2,762</b>	<b>41.97</b>	<b>100%</b>	<b>34,027</b>	<b>15.04</b>	<b>100%</b>

*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						
Physical Harm	First Nations Children			Non-Indigenous Children		
	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%
<b>Subtotal: Any Physical Harm Documented</b>	<b>160</b>	<b>2.43</b>	<b>6%</b>	<b>1,827</b>	<b>0.81</b>	<b>5%</b>
No Physical Harm Documented	2,602	39.54	94%	32,200	14.23	95%
<b>Total Substantiated Investigations</b>	<b>2,762</b>	<b>41.97</b>	<b>100%</b>	<b>34,027</b>	<b>15.04</b>	<b>100%</b>

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						
Police Involvement	First Nations Children			Non-Indigenous Children		
	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%
<b>Total Substantiated Maltreatment Investigations</b>	<b>2,762</b>	<b>41.97</b>	<b>100%</b>	<b>34,027</b>	<b>15.04</b>	<b>100%</b>

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						
Child Welfare Court Application	First Nations Children			Non-Indigenous Children		
	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%
<b>Total Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations</b>	<b>3,969</b>	<b>60.31</b>	<b>100%</b>	<b>41,486</b>	<b>18.34</b>	<b>100%</b>

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 12.34 per 1,000 First Nations children), 5% in foster care (a rate of 6.11 per 1,000 First Nations children), and 1% in a group home or residential secure treatment. The proportion and rates of placement are smaller for these investigations involving non-Indigenous children: 4% were placed with a relative (a rate of 0.75 per 1,000 non-Indigenous children), and 2% in foster care (a rate of 0.40 per 1,000 non-Indigenous children). Group home placements were also measured in the OIS-2018. The rate of group home placements at investigation are too rare an event

to provide a reliable estimate. The rate of group home placements are best measured after investigation. Nonetheless, First Nations children were more likely to be placed in a group home at the conclusion of an investigation. As shown in Table 4-7, 16% of substantiated and confirmed risk investigations for First Nations children involved a placement: 10% were placed with a relative (a rate of 12.34 per 1,000 First Nations children), 5% in foster care (a rate of 6.11 per 1,000 First Nations children), and 1% in a group home or residential secure treatment. The proportion and rates of placement are smaller for these investigations involving non-Indigenous children: 4% were placed with a relative (a rate of 0.75 per 1,000 non-Indigenous

children), and 2% in foster care (a rate of 0.40 per 1,000 non-Indigenous children). Group home placements were also measured in the OIS-2018. The rate of group home placements at investigation are too rare an event to provide a reliable estimate. The rate of group home placements are best measured after investigation. Nonetheless, First Nations children were more likely to be placed in a group home at the conclusion of an investigation.



**Table 4-7: Placements in Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations Involving First Nations and non-Indigenous Children in Ontario in 2018**

Placement Status	First Nations Children			Non-Indigenous Children		
	Number of Investigations	Rate per 1,000 Children	%	Number of Investigations	Rate per 1,000 Children	%
Child Remained at Home	3,340	101.50	84%	38,795	17.15	94%
Child with Relative (Not a Formal Child Welfare Placement)	406	12.34	10%	1,689	0.75	4%
Foster Care (Includes Foster and Kinship Care)	201	6.11	5%	908	0.40	2%
Group Home/Residential Secure Treatment	-	-	1%	-	-	0%
<b>Total Substantiated Maltreatment and Confirmed Risk of Future Maltreatment Investigations</b>	<b>3,969</b>	<b>120.61</b>	<b>100%</b>	<b>41,486</b>	<b>18.34</b>	<b>100%</b>

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 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**

Child Age and Sex		First Nations Children				Non-Indigenous Children			
		Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%	Child Population in Ontario	Number of Investigations	Rate per 1,000 Children	%
<b>0-15 Years</b>	<b>All Children</b>	<b>65,795</b>	<b>11,480</b>	<b>174.48</b>	<b>100%</b>	<b>2,262,420</b>	<b>134,642</b>	<b>59.51</b>	<b>100%</b>
	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%
<b>0-3 Years</b>	<b>Females</b>	<b>7,845</b>	<b>1,794</b>	<b>228.68</b>	<b>16%</b>	<b>258,110</b>	<b>13,255</b>	<b>51.35</b>	<b>10%</b>
	<b>Males</b>	<b>7,960</b>	<b>1,662</b>	<b>208.79</b>	<b>14%</b>	<b>269,680</b>	<b>13,907</b>	<b>51.57</b>	<b>10%</b>
< 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%
<b>4-7 Years</b>	<b>Females</b>	<b>8,650</b>	<b>1,292</b>	<b>149.36</b>	<b>11%</b>	<b>275,570</b>	<b>18,234</b>	<b>66.17</b>	<b>14%</b>
	<b>Males</b>	<b>8,635</b>	<b>1,372</b>	<b>158.89</b>	<b>12%</b>	<b>291,285</b>	<b>19,404</b>	<b>66.62</b>	<b>14%</b>
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%
<b>8-11 Years</b>	<b>Females</b>	<b>8,125</b>	<b>1,258</b>	<b>154.83</b>	<b>11%</b>	<b>285,370</b>	<b>17,124</b>	<b>60.01</b>	<b>13%</b>
	<b>Males</b>	<b>8,420</b>	<b>1,593</b>	<b>189.19</b>	<b>14%</b>	<b>300,180</b>	<b>20,675</b>	<b>68.88</b>	<b>15%</b>
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%
<b>12-15 Years</b>	<b>Females</b>	<b>7,865</b>	<b>1,093</b>	<b>138.97</b>	<b>10%</b>	<b>282,785</b>	<b>16,772</b>	<b>59.31</b>	<b>12%</b>
	<b>Males</b>	<b>8,295</b>	<b>1,416</b>	<b>170.71</b>	<b>12%</b>	<b>299,440</b>	<b>15,271</b>	<b>51.00</b>	<b>11%</b>
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**

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

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

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

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

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

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

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

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

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

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

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

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

The next tables describe the caregivers for investigations involving First Nations children. Investigations involving First Nations children have a larger proportion of single-caregiver households (44% or an estimated 4,941 investigations) with a rate of 75.07 per 1,000 First Nations children, compared to 36% for investigations involving non-

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

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

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**

Primary Caregiver Age and Sex		First Nations Children			Non-Indigenous Children		
		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%
<b>Total</b>	<b>Females</b>	<b>9,930</b>	<b>150.88</b>	<b>88%</b>	<b>119,469</b>	<b>52.81</b>	<b>90%</b>
	<b>Males</b>	<b>1,320</b>	<b>20.06</b>	<b>12%</b>	<b>13,045</b>	<b>5.77</b>	<b>10%</b>
<b>Total Investigations</b>		<b>11,249</b>	<b>170.92</b>	<b>100%</b>	<b>132,514</b>	<b>58.57</b>	<b>100%</b>

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**

Primary Caregiver's Relationship to Child	First Nations Children			Non-Indigenous Children		
	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%
<b>Total Investigations</b>	<b>11,249</b>	<b>170.92</b>	<b>100%</b>	<b>132,567</b>	<b>58.59</b>	<b>100%</b>

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**

Primary Caregiver's Relationship to Child	First Nations Children			Non-Indigenous Children		
	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%
<b>Subtotal: At Least One Primary Caregiver Risk Factor</b>	<b>7,830</b>	<b>118.97</b>	<b>70%</b>	<b>69,905</b>	<b>30.90</b>	<b>53%</b>
No Primary Caregiver Risk Factors	3,419	51.95	30%	62,694	27.71	47%
<b>Total Investigations</b>	<b>11,249</b>	<b>170.92</b>	<b>100%</b>	<b>132,599</b>	<b>58.61</b>	<b>100%</b>

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

*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**

Household Income Source	First Nations Children			Non-Indigenous Children		
	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%
<b>Total Investigations</b>	<b>11,249</b>	<b>170.92</b>	<b>100%</b>	<b>132,615</b>	<b>58.62</b>	<b>100%</b>

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

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

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

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

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



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

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

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**

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

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**

Unsafe Housing Conditions	First Nations Children			Non-Indigenous Children		
	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%
<b>Total Investigations</b>	<b>11,249</b>	<b>170.92</b>	<b>100%</b>	<b>132,615</b>	<b>58.62</b>	<b>100%</b>

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**

Home Overcrowding	First Nations Children			Non-Indigenous Children		
	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%
<b>Total Investigations</b>	<b>11,249</b>	<b>170.92</b>	<b>100%</b>	<b>132,615</b>	<b>58.62</b>	<b>100%</b>

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

**Jolanta Rasteniene**

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

**Krista Budau**

*Supervisor of Accountability,*  
Children's Aid Society of Algoma

**Henry Parada**

*Professor,*  
School of Social Work at Ryerson University

**Deborah Goodman**

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

**Kenn Richard**

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

**Meghan Henry**

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

**Kate Schumaker**

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

**Mark Kartusch**

*Executive Director,*  
Catholic Children's Aid Society of Toronto

**Theresa Stevens**

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

**Tina Malti**

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

**Jill Stoddart**

*Director of Research, Development, and Outcomes,*  
Family and Children's Services of the Waterloo Region

**Brenda Moody**

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

## 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).<sup>1</sup>

**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

<sup>1</sup> 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).<sup>2</sup>

**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).<sup>3</sup>

**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

<sup>2</sup> Ibid.  
<sup>3</sup> 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

- |  |   |
|--|---|
| <input type="checkbox"/> Custodial parent            | <input type="checkbox"/> Non-custodial parent                 |
| <input type="checkbox"/> Child (subject of referral) | <input type="checkbox"/> Relative                             |
| <input type="checkbox"/> Neighbour/friend            | <input type="checkbox"/> Social assistance worker             |
| <input type="checkbox"/> Crisis service/shelter      | <input type="checkbox"/> Community/recreation centre          |
| <input type="checkbox"/> Hospital (any personnel)    | <input type="checkbox"/> Community health nurse               |
| <input type="checkbox"/> Community physician         | <input type="checkbox"/> Community mental health professional |
| <input type="checkbox"/> School                      | <input type="checkbox"/> Other child welfare service          |
| <input type="checkbox"/> Day care centre             | <input type="checkbox"/> Police                               |
| <input type="checkbox"/> Community agency            | <input type="checkbox"/> Anonymous                            |
| <input type="checkbox"/> Other                       | <input type="text"/>  |

03. Please describe the nature of the referral, including alleged maltreatment and injury (if applicable)

Results of investigation

04. Which approach to the investigation was used?



**05. Caregiver(s) in the home**

No caregiver investigated  No secondary caregiver in the home

Community caregiver

Youth living independently

Primary caregiver	Secondary caregiver in the home at time of referral
<p><b>a) Sex</b> <input style="width: 100%;" type="text"/></p> <p><b>b) Age</b> <input style="width: 100%;" type="text"/></p>	<p><b>a) Sex</b> <input style="width: 100%;" type="text"/></p> <p><b>b) Age</b> <input style="width: 100%;" type="text"/></p>

**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 <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input style="width: 100%;" type="text"/>

**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
<b>a) Alcohol abuse</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>b) Drug/solvent abuse</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>c) Cognitive impairment</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>d) Mental health issues</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>e) Physical health issues</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>f) Few social supports</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>g) Victim of intimate partner violence</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>h) Perpetrator of intimate partner violence</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>i) History of foster care/group home</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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

- |  |  |
|--|--|
| <input type="checkbox"/> Parent education or support services  | <input type="checkbox"/> Child victim support services |
| <input type="checkbox"/> Family or parent counselling          | <input type="checkbox"/> Recreational services         |
| <input type="checkbox"/> Drug/alcohol counselling or treatment | <input type="checkbox"/> Special education placement   |
| <input type="checkbox"/> Psychiatric/mental health services    | <input type="checkbox"/> Medical or dental services    |
| <input type="checkbox"/> Intimate partner violence services    | <input type="checkbox"/> Child or day care             |
| <input type="checkbox"/> Welfare or social assistance          | <input type="checkbox"/> Speech/language services      |
| <input type="checkbox"/> Food bank                             | <input type="checkbox"/> Cultural services             |
| <input type="checkbox"/> Shelter services                      | <input type="checkbox"/> Immigration services          |
| <input type="checkbox"/> Housing                               | <input type="checkbox"/> Other <input type="text"/>    |
| <input type="checkbox"/> Legal                                 |  |

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

Check all that apply

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

**If NO, please specify the reason(s)**

Check all that apply

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

 **Child Information**

**First name**

**24. Sex**

**25. Age**

**26. Ethno-racial**

**27. Indigenous Status**

**28. Child functioning**

Please complete all child functioning issues (a to s)

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

- 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
<b>01</b> Shake, push, grab or throw		<b>02</b> Hit with hand		<b>03</b> Punch, kick or bite
<b>04</b> Hit with object		<b>05</b> Choking, poisoning, stabbing		<b>06</b> Other physical abuse

30. Maltreatment codes

Enter primary form of maltreatment first

	1st Code	2nd Code	3rd Code
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>31. Alleged perpetrator</b>			
Primary caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other perpetrator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Relationship	<input type="text"/>		
b. Age	<input type="text"/>		
c. Sex	<input type="text"/>		
<b>32. Substantiation</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
a. Was the report a fabricated referral?	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>33. Was maltreatment a form of punishment?</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>34. Duration of maltreatment</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>35. Police involvement</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

a) Child requires therapeutic treatment

## 37. Physical harm

a) Is physical harm evident?

b) Types of physical harm

Check all that apply

 Bruises, cuts or scrapes Broken bones Burns and scalds Head trauma Fatal Health condition :

Please specify

c) Was medical treatment required?

38. Is there a significant risk of future maltreatment?

 Yes No Unknown

## 39. Previous investigations

a) Child previously investigated by child welfare for alleged maltreatment

 Yes No Unknown

b) Was the maltreatment substantiated?

 Yes No Unknown

## 40. Placement

a) Placement during investigation

b) Placement type

c) Did the child reunify during the investigation?

41. Child welfare court application?

a) Referral to mediation/alternative response

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



 **Comments and Other Information (Not Required)**

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

44. Intake information

45. Household information

46. Child information

## Appendix E: OIS-2018 Guidebook

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

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

#### Background

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

The *OIS-2018* is funded by the Ministry of Children, Community and Social Services of Ontario. Significant in-kind support is provided by child welfare agency managers, supervisors, front-line workers, information technology personnel, and other staff. The project is led by Professor Barbara Fallon and managed by a team of researchers at the University of Toronto's (U of T) Factor-Inwentash Faculty of Social Work.

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

#### Objectives

The primary objective of the *OIS-2018* is to provide reliable estimates of the scope and characteristics of reported child abuse and neglect in Ontario in 2018. Specifically, the study is designed to:

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

#### Sample

In smaller agencies, information will be collected on all child maltreatment-related investigations opened during the three-month period between October 1, 2018 and December 31, 2018. In larger agencies, a random sample of 250 investigations will be selected for inclusion in the study.

#### OIS Maltreatment Assessment

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

The *Child Information* section will need to be completed for each investigated child. Children living in the household

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

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

### Data Collection

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

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

### Confidentiality

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

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

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

Data collected through the OIS website will be stored on a secure server at U of T in a secure setting and accessed through secure logins and connections. The data will be archived on the same server. Data are not stored on local computers. Programming and research staff are required to save their work on the protected server and must sign agreements that they will not bring data out of the secure server environment.

Access to data is severely limited. This is not a public database. Only those U of T research personnel working on the *OIS-2018* will have access to the data through a password protected and secure log in. A research ID number will be assigned to each case for the purpose of data management and will not be able to be linked to any other database containing identifying or near-identifying information.

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

### Completing the OIS Maltreatment Assessment

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

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

### Definitions: Intake Information Section

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

### QUESTION 1: DATE CASE OPENED

This refers to the date the case was opened/re-opened. Please enter the date using yyyy-mm-dd format.

### QUESTION 2: SOURCE OF ALLEGATION/REFERRAL

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

- Custodial parent: Includes parent(s) identified in Question 5: Caregiver(s) in the home.
- Non-custodial parent: Contact from an estranged spouse (e.g., individual reporting the parenting practices of his or her former spouse).
- Child (subject of referral): A self-referral by any child listed in the Intake Information section of the *OIS Maltreatment Assessment*.
- Relative: Any relative of the child who is the subject of referral. If the child lives with foster parents, and a relative of the foster parents reports maltreatment, specify under “Other.”
- Neighbour/friend: Includes any neighbour or friend of the child(ren) or his or her family.
- Social assistance worker: Refers to a social assistance worker involved with the household.
- Crisis service/shelter: Includes any shelter or crisis service for domestic violence or homelessness.
- Community/recreation centre: Refers to any form of recreation and community activity programs (e.g., organized sports leagues or Boys and Girls Clubs).
- Hospital (any personnel): Referral originates from a hospital and is made by a doctor, nurse, or social worker rather than a family physician or nurse working in a family doctor’s office in the community.
- Community health nurse: Includes nurses involved in services such as family support, family visitation programs, and community medical outreach.
- Community physician: A report from any family physician with a single or ongoing contact with the child and/or family.
- Community mental health professional: Includes family service agencies, mental health centres (other than hospital psychiatric wards), and private mental health practitioners (psychologists, social workers, other therapists) working outside a school/hospital/child welfare/Youth Criminal Justice Act (YCJA) setting.
- School: Any school personnel (teacher, principal, teacher’s aide, school social worker etc.).
- Other child welfare service: Includes referrals from mandated child welfare service providers from other jurisdictions or provinces.
- Day care centre: Refers to a child care or day care provider.
- Police: Any member of a police force, including municipal or provincial/territorial police, or RCMP.
- Community agency: Any other community agency/office or service.
- Anonymous: A referral source who does not identify him- or herself.
- Other: Specify the source of referral in the section provided (e.g., foster parent, store clerk, etc.).

### QUESTION 3: PLEASE DESCRIBE REFERRAL, INCLUDING ALLEGED MALTREATMENT, INJURY, RISK OF MALTREATMENT (IF APPLICABLE), AND RESULTS OF INVESTIGATION

Provide a short description of the referral, including, as appropriate, the investigated maltreatment or the reason for

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

#### QUESTION 4: WHICH APPROACH TO THE INVESTIGATION WAS USED?

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

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

#### QUESTION 5: CAREGIVER(S) IN THE HOME

Describe up to two caregivers in the home. Only caregiver(s) in the child's primary residence should be noted in this section. If both caregivers are equally engaged in parenting, identify the caregiver you have had most contact with as the primary caregiver. Provide each caregiver's sex and age category. If the caregiver does not identify as either male or female, please select either option and indicate their identity in question 45 in the *Comments* section.

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

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

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

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

- List first names of all children (<18 years) in the home at time of referral:** List the first name of each child who was living in the home at the time of the referral.
- Age of child:** Indicate the age of each child living in the home at the time of the referral. For children younger than 1, indicate their age in months.
- Sex of child:** Indicate the sex of each child living in the home at the time of the referral. If the child does not identify as either male or female, please select either option and indicate their identity in question 46 in the *Comments* section.
- Primary caregiver's relationship to child:** Indicate the primary caregiver's relationship to each child.
- Secondary caregiver's relationship to child:** Indicate the secondary caregiver's relationship to each child (if applicable). Describe the secondary caregiver only if the caregiver is in the home.
- Subject of referral:** Indicate which children were noted in the initial referral.
- Type of investigation:** Indicate the type of investigation conducted: investigated incident of maltreatment, risk investigation only, or not investigated.

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

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

specific incident is suspected during the investigation).

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

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

#### QUESTION 7: OTHER ADULTS IN THE HOME

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

#### QUESTION 8: CAREGIVER(S) OUTSIDE THE HOME

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

#### Definitions: *Household Information Section*

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

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

**Questions A9-A14 pertain to the primary caregiver in the household. If there was a secondary caregiver in the household at the time of referral, you will need to complete questions B9-B14 for the secondary caregiver.**

#### QUESTION 9: PRIMARY INCOME

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

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

#### QUESTION 10: ETHNO-RACIAL GROUP

Examining the ethno-racial background can provide valuable information regarding differential access to child welfare services. Given the sensitivity of this question, this information will never be published out of context. This section uses a checklist of ethno-racial categories used by Statistics Canada in the 2016 Census.

Endorse the ethno-racial category that best describes the caregiver. Select "Other" if you wish to identify multiple

ethno-racial groups, and specify in the space provided.

### If Indigenous

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

### QUESTION 11: HAS THIS CAREGIVER MOVED TO CANADA WITHIN THE LAST 5 YEARS?

Identify whether or not the caregiver moved to Canada within the last five years. If you do not know this information, select “Unknown.”

### QUESTION 12: PRIMARY LANGUAGE

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

### QUESTION 13: CONTACT WITH CAREGIVER IN RESPONSE TO INVESTIGATION

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

### QUESTION 14: CAREGIVER RISK FACTORS

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

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

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

- Cannabis (e.g., marijuana, hashish, hash oil)
- Opiates, Opioids, and morphine derivatives (e.g., codeine, fentanyl, heroin, 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 **should be noted** in the maltreatment code box **regardless of the outcome of the investigation**.

### Physical Abuse

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

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

### Sexual Abuse

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

7. **Penetration:** Penile, digital, or object penetration of vagina or anus.
8. **Attempted penetration:** Attempted penile, digital, or object penetration of vagina or anus.
9. **Oral sex:** Oral contact with genitals either by perpetrator or by the child.
10. **Fondling:** Touching or fondling genitals for sexual purposes.
11. **Sex talk or images:** Verbal or written proposition, encouragement, or suggestion of a sexual nature (include face to face, phone, written, and Internet contact, as well as exposing the child to pornographic material).
12. **Voyeurism:** Include activities where the alleged perpetrator observes the child for the perpetrator's sexual gratification. Use the "Exploitation" code if voyeurism includes pornographic activities.
13. **Exhibitionism:** Include activities where the perpetrator is alleged to have exhibited himself or herself for his or her own sexual gratification.
14. **Exploitation:** Include situations where an adult sexually exploits a child for purposes of financial gain or other profit, including pornography and prostitution.
15. **Other sexual abuse:** Other or unspecified sexual abuse.

### Neglect

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

16. **Failure to supervise:** physical harm: The child suffered physical harm or is at risk of suffering physical harm because of the caregiver's failure to supervise or protect the child adequately. Failure to supervise includes situations where a child is harmed or endangered as a result of a caregiver's actions (e.g., drunk driving with a child, or engaging in dangerous criminal activities with a child).
17. **Failure to supervise:** sexual abuse: The child has been or is at substantial risk of being sexually molested or sexually exploited, and the caregiver knows or should have known of the possibility of sexual molestation and failed to protect the child adequately.
18. **Permitting criminal behaviour:** A child has committed a criminal offence (e.g., theft, vandalism, or assault) because of the caregiver's failure or inability to supervise the child adequately.
19. **Physical neglect:** The child has suffered or is at substantial risk of suffering physical harm caused by the

caregiver's failure to care and provide for the child adequately. This includes inadequate nutrition/clothing and unhygienic, dangerous living conditions. There must be evidence or suspicion that the caregiver is at least partially responsible for the situation.

20. **Medical neglect (includes dental):** The child requires medical treatment to cure, prevent, or alleviate physical harm or suffering and the child's caregiver does not provide, or refuses, or is unavailable or unable to consent to the treatment. This includes dental services when funding is available.
21. **Failure to provide psych. treatment:** The child is suffering from either emotional harm demonstrated by severe anxiety, depression, withdrawal, or self-destructive or aggressive behaviour, or a mental, emotional, or developmental condition that could seriously impair the child's development, and the child's caregiver does not provide, refuses to provide, or is unavailable or unable to consent to treatment to remedy or alleviate the harm. This category includes failing to provide treatment for school-related problems such as learning and behaviour problems, as well as treatment for infant development problems such as non-organic failure to thrive. A parent awaiting service should not be included in this category.
22. **Abandonment:** The child's parent has died or is unable to exercise custodial rights and has not made adequate provisions for care and custody, or the child is in a placement and parent refuses/is unable to take custody.
23. **Educational neglect:** Caregivers knowingly permit chronic truancy (5+ days a month), fail to enroll the child, or repeatedly keep the child at home.

### Emotional Maltreatment

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

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

### Exposure to Intimate Partner Violence

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

30. Direct witness to physical violence: The child is physically present and witnesses the violence between intimate partners.
31. Indirect exposure to physical violence: The child overhears but does not see the violence between intimate partners; the child sees some of the immediate consequences of the assault (e.g., injuries to the mother); or the child is told or overhears conversations about the assault.
32. Exposure to emotional violence: Includes situations in which the child is exposed directly or indirectly to emotional violence between intimate partners. Includes witnessing or overhearing emotional abuse of one partner by the other.

33. Exposure to non-partner physical violence: The child has been exposed to violence occurring between a caregiver and another person who is not the spouse/partner of the caregiver (e.g., between a caregiver and a neighbour, grandparent, aunt, or uncle).

### QUESTION 31: ALLEGED PERPETRATOR

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

#### If Other Perpetrator

If Other alleged perpetrator is selected, please specify:

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

### 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).

- 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 is Exhibit "D" to the Affidavit of  
BARBARA FALLON affirmed before me  
this 29<sup>th</sup> day of APRIL 2024

A handwritten signature in blue ink, appearing to be 'S. Clarke', with a horizontal line extending to the right.

---

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

# Canadian Human Rights Tribunal (CHRT) Ruling 2019 CHRT 39 — Taxonomy of Compensation Categories for First Nations Children, Youth and Families —

**Briefing Note**  
November 2019



UNIVERSITY OF  
**TORONTO**

**POLICY BENCH**

Fraser Mustard Institute for  
Human Development



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# List of Acronyms

AFN	Assembly of First Nations
CANLII	Canadian Legal Information Institute
CFS	Child and Family Services
CHRA	Canadian Human Rights Act
CHRT	Canadian Human Rights Tribunal
FC	Federal Court
FN	First Nations
FNFCS	First Nations Family Caring Society
OHRC	Ontario Human Rights Commission
PEI	Prince Edward Island



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# Canadian Human Rights Tribunal (CHRT) Ruling 2019 CHRT 39

## —Taxonomy of Compensation Categories for First Nations Children, Youth and Families —

### 1.0 Purpose

The purpose of this briefing note is to: (1) develop a taxonomy of compensation categories; and (2) frame questions that will help guide individuals appointed by the Canadian Human Rights Tribunal (CHRT) to carry out the process of identifying individuals eligible to receive compensation according to the conditions set out by 2019 CHRT 39. The development of compensation categories and framing of questions involved:

- a) a content review of the 2019 CHRT 39 ruling;
- b) mapping out the compensation categories, identifying common themes and defining key terms and concepts;
- c) reviewing provincial and territorial child welfare legislation, identifying and defining key terms and concepts;
- d) analyzing and synthesizing information concerning the 2019 CHRT 39 ruling and child welfare legislation in Canada; and
- e) framing questions corresponding to the compensation categories.

### 2.0 Background

On September 6, 2019, the CHRT issued the eighth non-compliance order—2019 CHRT 39—concerning compensation for First Nations children, youth and families negatively impacted by Canada’s child welfare system. The CHRT found that Canada’s “willful and reckless conduct” and discriminatory child welfare practices have contributed to the ongoing pain and suffering of First Nations children, families and communities. According to the Tribunal’s ruling, the Government of Canada is required to pay First Nations children, youth and families the maximum amount of compensation permitted under the *1985 Canadian Human Rights Act (CHRA)* who were: unnecessarily placed in care since January 1, 2006; necessarily placed in care but outside of their extended families since January 1, 2006 or denied or delayed receiving services between December 12, 2007 and November 2, 2017 as a result of the Government of Canada’s discriminatory application of Jordan’s Principle.

Data from the *2011 Canadian National Household Survey* reveal that Aboriginal children continue to be overrepresented in foster care relative to Canada’s non-Aboriginal child population. Statistics show that Aboriginal children between the ages of 0 and 15 represent only seven

percent of Canada's total child population, but account for 49 percent of the total foster child population (Wray and Sinha, 2015, p. 1). First Nations children accounted for the greatest share of children—approximately 40 percent—between the ages of 0 and 15 in foster care, followed by children identifying as Métis (approximately six percent) and Inuit (approximately two percent) (Wray and Sinha, 2015, p. 3).<sup>1</sup> The disparity between Aboriginal and non-Aboriginal children in care is even more pronounced when examining rates of Aboriginal children in foster care with those of non-Aboriginal foster children. The *2011 Canadian National Household Survey* found that at the national level, the rates of Aboriginal children in foster care according to the various aboriginal identity categories were between six and 15 times higher than the rate of non-Aboriginal foster children (3 per 1,000 children) (Wray and Sinha, 2015, p. 1). The rate of First Nations children in foster care was the highest, with an overall population rate of 45 per 1,000 children followed by children identifying as Inuit (28 per 1,000 children) and Métis (17 per 1,000 children) (Wray and Sinha, 2015, pp. 1, 4).

In 2008, neglect was identified as the primary category of substantiated child maltreatment investigations involving First Nations children, with approximately 46 percent (or 28 per 1,000 First Nation children) of all cases involving some form of neglect (Vandna, Trocmé, Fallon et al., 2011, p. xix).<sup>2</sup> This included: failure to supervise (physical harm); physical neglect; educational neglect; abandonment; medical neglect; failure to supervise (sexual abuse); permitting criminal behaviour; and failure to provide physiological treatment (Vandna, Trocmé, Fallon et al., 2011, p. 95). The data suggests the overrepresentation of First Nations children in care is driven by child maltreatment cases involving neglect which is closely associated with “household/family structural factors and caregiver risk concerns like those identified in a large proportion of First Nations investigations; factors such as poverty, caregiver substance abuse, social isolation and domestic violence can impede caregiver’s abilities to meet children’s basic physical and psychosocial needs” (Vandna, Trocmé, Fallon et al., 2011, p. xix).<sup>3</sup>

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<sup>1</sup> The percentage of Indigenous children in care can reach 100 percent in some provinces and territories (Ontario Human Rights Commission, 2018).

<sup>2</sup> Exposure to intimate partner violence accounted for 33 percent (or 20 per 1,000 First Nations children) of substantiated maltreatment investigations involving First Nations children followed by physical abuse and emotional maltreatment each accounting for nine percent (or 6 per 1,000 First Nations children) and finally, sexual abuse for two percent (or 1 per 1,000 First Nations children)” (Vandna, Trocmé, Fallon et al., 2011, p. xix).

<sup>3</sup> On April 12, 2018, the Ontario Human Rights Commission (OHRC) released, *Interrupted Childhoods: Over-Representation of Indigenous and Black Children in Ontario Child Welfare*. The report outlines the findings of the OHRC’s inquiry into the over-representation of Indigenous and Black children in Ontario’s child welfare system. The OHRC’s (2018, p. 2) inquiry found that the overrepresentation of Indigenous children in Canada’s foster care system can be attributed to a number of “complex and multi-faceted” issues stemming largely from the intergenerational effects of colonialism and associated child welfare practices.

The Assembly of First Nations (AFN) (2019, n.p.) estimates up to 54,000 children may be eligible for compensation. According to estimates by a Government of Canada official, compensation under the terms of the 2019 CHRT 39 ruling could reach \$6 billion if compensation is distributed to eligible victims by 2020 and an estimated \$8 billion if delays in the compensation process extend implementation into 2025/2026 (Perron Affidavit, 2019, para. 39).

### 3.0 Status

The CHRT has ordered the Government of Canada and the complainants in the proceedings—First Nations Family Caring Society (FNFCS) and the AFN—to devise a plan of action identifying who qualifies for compensation and the best method for the distribution of compensation covered by the CHRT’s decision. The CHRT has given the parties until December 10, 2019 to submit their proposals for review.<sup>4</sup> On October 4, 2019—three days before the October 7, 2019 deadline to appeal—the Government of Canada filed an application to the Federal Court for a judicial review and a stay of the CHRT’s compensation ruling. In its application, the Government of Canada claims awarding compensation to those eligible under the terms of the Tribunal’s decision is “inconsistent with the nature of the complaint, the evidence, past jurisprudence and the [CHRA].”<sup>5</sup> On October 11, 2019, the Federal Court appointed Justice Paul Favel as Case Management Judge to manage the parties involved in the case.<sup>6</sup> Hearings on Canada’s stay application will be held in Federal Court on November 25 and 26, 2019.

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<sup>4</sup> *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at para. 269.

<sup>5</sup> See *Attorney General of Canada v First Nations Child and Family Caring Society of Canada, Assembly of First Nations, Canadian Human Rights Commission, Chiefs of Ontario, Amnesty International, Nishnawbe Aski Nation*, 2019 CHRT 39, Notice of Application for Judicial Review to FC.

<sup>6</sup> See *Attorney General of Canada and First Nations Child and Family Caring Society of Canada, Assembly of First Nations, Canadian Human Rights Commission, Chiefs of Ontario, Amnesty International and Nishnawbe Aski Nation*. Order.

## 4.0 Compensation Categories

**Three central compensation categories are extrapolated from the 2019 CHRT 39 ruling:**

**Category 1:** Compensation for First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child in the Child Welfare System;

**Category 2:** Compensation for First Nations Children in Cases of Necessary Removal of a Child in the Child Welfare System

**Category 3:** First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child to Obtain Essential Services and/or Experienced Gaps, Delays and Denials of Services that Would Have Been Available under Jordan's Principle.

These have been further divided into subcategories, for which the eligibility requirements are explained below.



## 4.1 Compensation Category 1 – Compensation for First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child in the Child Welfare System

**Table 1: Compensation Category 1**

**Compensation Category 1 — First Nations children and their parents or grandparents in cases of unnecessary removal of a child in the child welfare system**

**Time Period:** *January 1, 2006 (date following last WEN DE report)<sup>7</sup> until earliest of - either (1) Panel decides that unnecessary removal of First Nations children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.*

**Eligibility Requirements:**

**1A) First Nations children living on reserve and in the Yukon Territory who**

- Were **unnecessarily apprehended** *due to* substantiated neglect *driven by*
  - poverty,
  - no housing *OR* deemed inappropriate housing,
  - *AND/OR* substance abuse
- *AND* **placed in care** outside of their homes, families, *or* communities
- *AND* especially in regards to substance abuse, **did not benefit from prevention services** in the form of least disruptive measures or other prevention services permitting them to keep their child safely in their homes, families and communities<sup>8</sup>
- *EVEN IF* they were **reunited with the immediate and extended family** at a later date
- *EXCEPT IF* qualify for compensation under CHRT 39, para. 250 (see Categories 3A, 3B)

*Source:* *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at paras. 245-246.

*Compensation:* \$20,000 (para. 246) + \$20,000 (paras. 253-254) = \$40,000

(Continued on Next Page)

<sup>7</sup> See First Nations Caring Society (2005).

<sup>8</sup> 2016 CHRT 2 ruling found that First Nations children living on-reserve were discriminated against by the Canadian government in part because they did not receive adequate prevention services. This finding was not the subject of a judicial review by the Canadian Government and has therefore been assumed to be true throughout the Briefing Note.

## 4.1 Compensation Category 1 – First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child in the Child Welfare System

**Table 1: Compensation Category 1**

<b>Compensation Category 1: First Nations children and their parents or grandparents in cases of unnecessary removal of a child in the child welfare system</b>
<p><b>Time Period:</b> <i>January 1, 2006 (date following last WEN DE report)<sup>9</sup> until earliest of - either (1) Panel decides that unnecessary removal of FN children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.</i></p>
<p><b>Eligibility Requirements:</b></p> <p><b>1B) First Nations parents or grandparents living on reserve and in the Yukon Territory who</b></p> <ul style="list-style-type: none"> <li>• Had their child <b>unnecessarily apprehended</b> <i>due to</i> substantiated neglect <i>driven by</i>: <ul style="list-style-type: none"> <li>▪ poverty,</li> <li>▪ no housing <i>OR</i> deemed inappropriate housing,</li> <li>▪ <i>AND/OR</i> substance abuse</li> </ul> </li> <li>• <i>AND</i> <b>placed in care</b> outside of their homes, families, <i>or</i> communities</li> <li>• <i>AND</i> especially in regards to substance abuse, <b>did not benefit from prevention services</b> in the form of least disruptive measures or other prevention services permitting them to keep their child safely in their homes, families and communities<sup>10</sup></li> <li>• <i>EXCEPT IF</i> <ul style="list-style-type: none"> <li>▪ the parents <i>or</i> grandparents <b>sexually, physically, OR psychologically abused</b> their children</li> <li>▪ <i>OR</i> qualify for compensation under CHRT 39, para. 251 (see Categories 3C, 3D)</li> </ul> </li> </ul> <p><i>Source: First Nations Child &amp; Family Caring Society of Canada et al. v. Attorney General of Canada, 2019 CHRT 39 at paras. 247 and 255.</i></p> <p><b>Compensation:</b> \$20,000 each child (para. 248) + \$20,000 (paras. 253-254) = \$40,000</p>

<sup>9</sup>See First Nations Caring Society (2005).

<sup>10</sup> 2016 CHRT 2 ruling found that First Nations children living on-reserve were discriminated against by the Canadian government in part because they did not receive adequate prevention services. This finding was not the subject of a judicial review by the Canadian Government and has therefore been assumed to be true throughout the Briefing Note.

## 4.2 Compensation Category 2 – Compensation for First Nations Children in Cases of Necessary Removal of a Child in the Child Welfare System

**Table 2: Compensation Category 2**

**Compensation Category 2: First Nations children in cases of necessary removal of a child in the child welfare system.**

**Time Period:** *January 1, 2006 until earliest of - either (1) Panel decides that unnecessary removal of First Nations children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.*

**Eligibility Requirements:**

- 2) First Nations **children** living **on reserve and in the Yukon territory** who
- Were **necessarily apprehended** from their homes
  - *BUT* placed in care **outside of their extended families and communities**, and therefore did not benefit from prevention services
  - *EXCEPT IF* qualify for compensation under CHRT 39, para. 250 (see Categories 3A, 3B)

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at para. 249.

Compensation: \$20,000 (para. 249) + \$20,000 (paras. 253-254) = \$40,000

### 4.3 Compensation Category 3 – Compensation for First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child to Obtain Essential Services and/or Experienced Gaps, Delays and Denials of Supports, Services, and/or Products that Would Have Been Available under *Jordan's Principle*

**Table 3: Compensation Category 3**

**Compensation Category 3: Compensation for First Nations children and their parents or grandparents in cases of unnecessary removal of a child to obtain essential supports, services, and/or products and/or experienced gaps, delays and denials of supports, services, and/or products that would have been available under Jordan's Principle**  
**Jordan's Principle applies to children, parents, or grandparents living on or off reserve. Substantive equality is a legal requirement in Jordan's Principle and applies to Compensation Category 3.**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the Jordan's Principle motion)<sup>11</sup> and November 2, 2017 (date of Tribunal's CHRT 35 ruling on Jordan's Principle.<sup>12</sup>*

**Eligibility Requirements:**

- 3A) First Nations children, living on or off reserve, who**
- Were **deprived of essential services as a result of:**
    - a gap, delay *AND/OR* denial of services
  - **AND placed in care** outside of their homes, families, or communities **in order to receive those services**

*Source: First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada, 2019 CHRT 39 at para. 250.*

**Compensation:** \$20,000 (para. 250) + \$20,000 (paras. 253-254) = \$40,000

- 3B) First Nations children, living on or off reserve, who**
- **WITHOUT being placed in out-of-home care**
  - **DID NOT benefit from services** covered by Jordan's Principle as defined in 2017 CHRT 14 and 35,
    - *OR* who **received such services after an unreasonable delay**
    - *OR* **upon reconsideration ordered by the Tribunal**

*Source: First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada, 2019 CHRT 39 at para. 250.*

**Compensation:** \$20,000 (para. 250) + \$20,000 (paras. 253-254) = \$40,000

(Continued on Next Page)

<sup>11</sup> See Canada. Parliament, House of Commons, Journals, 39<sup>th</sup> Parliament, 2<sup>nd</sup> sess., 2007 December 12, Number 036.

<sup>12</sup> See *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (Representing the Minister of Indigenous and Northern Affairs Canada)*, 2019 CHRT 35.

### 4.3 Compensation Category 3 – First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child to Obtain Essential Services and/or Experienced Gaps, Delays and Denials of Supports, Services, and/or Products That Would Have Been Available Under *Jordan's Principle*

**Table 3: Compensation Category 3**

**Compensation Category 3: Compensation for First Nations children and their parents or grandparents in cases of unnecessary removal of a child to obtain essential supports, services, and/or products and/or experienced gaps, delays and denials of services that would have been available under *Jordan's Principle*.**

**Jordan's Principle applies to children, parents, or grandparents living on or off reserve. Substantive equality is a legal requirement in Jordan's Principle and applies to Compensation Category 3.**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the Jordan's Principle ruling)<sup>13</sup> and November 2, 2017 (date of Tribunal's CHRT 35 ruling on Jordan's Principle).<sup>14</sup>*

**Eligibility Requirements:**

**3C) First Nations parents *or* grandparents, living on or off reserve, who**

- Were **deprived of essential services** for their child *as a result of*:
  - a gap, delay *AND/OR* denial of services
- *AND* had their **child placed in care** outside of their homes, families, *or* communities **in order to receive these services** *and therefore*, did not benefit from services covered under Jordan's Principle as per 2017 CHRT 14 and 35
- *EXCEPT IF* the parents *or* grandparents **sexually, physically, OR psychologically abused** their children

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at paras. 251 & 255.

Compensation: \$20,000 (para. 251) + \$20,000 (paras. 253-254) = \$40,000

**3D) First Nations parents *or* grandparents, living on or off reserve,**

- Whose child was **not removed from the home**
- *BUT* was **denied services**
  - *OR* **received services after an unreasonable delay**
  - *OR* **upon reconsideration ordered by the Tribunal**
- *EXCEPT IF* the parents *or* grandparents **sexually, physically, OR psychologically abused** their children

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at paras. 251 & 255.

Compensation: \$20,000 (para. 251) + \$20,000 (paras. 253-254) = \$40,000

<sup>13</sup> See Canada. Parliament, House of Commons, Journals, 39<sup>th</sup> Parliament, 2<sup>nd</sup> sess., 2007 December 12, Number 036.

<sup>14</sup> See *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (Representing the Minister of Indigenous and Northern Affairs Canada)*, 2019 CHRT 35.

## 5.0 Glossary of Terms

### 5.1 Emotional Maltreatment

**Emotional Maltreatment:**<sup>15</sup> “The child has suffered, or is at substantial risk of suffering, emotional harm at the hands of the person looking after the child” (Sinha, Trocmé, Fallon, et al., 2011, p. 154). It includes: terrorizing or threat of violence; verbal abuse or belittling; isolation or confinement; inadequate nurturing or affection; and exploiting or corrupting behaviour” (Sinha, Trocmé, Fallon, et al., 2011, p. 154). “Witnessing or exposure to domestic violence is considered a form of emotional maltreatment under some legislation” (Child Welfare Research Portal, n.d., *Emotional Maltreatment*).

### 5.2 Extended Family

**Extended Family:** “[I]ncludes a person whom a child considers to be a close relative or whom the Indigenous group, community or people to which the child belongs considers, in accordance with the customs, traditions or customary adoption practices of that Indigenous group, community or people, to be a close relative of the child” (*An Act respecting First Nations, Inuit and Métis children, youth and families*, S.C. 2019, c. 24).

### 5.3 First Nations<sup>16</sup>

**First Nations:** “The term “First Nations” refers to one of three distinct groups recognized as “Aboriginal” in the *Constitution Act* of 1982. The other two distinct groups characterized as “Aboriginal” are the Métis and the Inuit” (Assembly of First Nations, n.d.). There is no legal definition of First Nations, but the “term ‘First Nations (people)’ generally applies to both Status and Non-Status Indians” (Government of Canada, 2015) – that is, people who are registered for Indian status and those who are eligible to register for status pursuant to the *Indian Act, 1985*, s 6 (see **Appendix A: Measures/Terminology Used at a National Level**)<sup>17</sup>. The “term is to be preferred over “Indian” except in certain cases” (Government of Canada, 2015).

<sup>15</sup> The term “emotional maltreatment” is not consistently used and defined in all provincial and territorial statutes and interchangeable concepts such as ‘psychological ill-treatment’ and ‘psychological abuse’ have been used to refer to the same concept. Refer to **Appendix K: Provincial and Territorial Terminology for Emotional Maltreatment** for a full list of these interchangeable terms and definitions of “emotional maltreatment” according to the respective provincial and territorial jurisdictions.

<sup>16</sup> The term “First Nations” is neither used nor consistently defined in all provincial and territorial statutes. Refer to **Appendix E: Provincial and Territorial Definitions of First Nations and Associated Concepts** for a full list of these interchangeable terms and associated terminology according to the respective provincial and territorial jurisdictions.

<sup>17</sup> Please note that individuals who are recognized as members or citizens of their respective First Nation community might be added subject to future Tribunal orders.

## 5.4 Jordan's Principle

Jordan's Principle is a legal requirement in Canada guiding the provision of services and products to First Nations children per *2016 CHRT 2* and subsequent Canadian Human Rights Tribunal orders as well as the 2013 Federal Court Decision, *Pictou Landing Band Council and Maurina Beadle v. Attorney General of Canada* in 2013 FC 342 (2013 FC 342). Pursuant to *2017 CHRT 35 para. 135*:

- A. "As of the date of this ruling, Canada shall cease relying upon and perpetuating definitions of Jordan's Principle that are not in compliance with the Panel's orders in 2016 CHRT 2, 2016 CHRT 10, 2016 CHRT 16 and in this ruling."
- B. "As of the date of this ruling, Canada's definition and application of Jordan's Principle shall be based on the following key principles:
  - i. Jordan's Principle is a child-first principle that applies equally to all First Nations children, whether resident on or off reserve. It is not limited to First Nations children with disabilities, or those with discrete short-term issues creating critical needs for health and social supports or affecting their activities of daily living.
  - ii. Jordan's Principle addresses the needs of First Nations children by ensuring there are no gaps in government services to them. It can address, for example, but is not limited to, gaps in such services as mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy.
  - iii. When a government service, **including a service assessment**, is available to all other children, the government department of first contact will pay for the service to a First Nations child, without engaging in **administrative case conferring** conferencing, policy review, service navigation or any other similar administrative procedure before **the recommended service is approved** and funding is provided. **Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor's clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child's case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified in paragraphs 135(2)(A)(ii) and 135(2)(A)(ii.1) where the service is available, and will make every reasonable effort to ensure funding is provided as close to those timeframes where the service is not available. ~~One~~ After the recommended service is approved and funding is provided, the government department of first contact can seek reimbursement from another department/government;**

- iv. When a government service, **including a service assessment**, is not necessarily available to all other children or is beyond the normative standard of care, the government department of first contact will still evaluate the individual needs of the child to determine if the requested service should be provided to ensure substantive equality in the provision of services to the child, to ensure culturally appropriate services to the child and/or to safeguard the best interests of the child. Where such services are to be provided, the government department of first contact will pay for the provision of the services to the First Nations child, without engaging in **administrative case conferring conferencing**, policy review, service navigation or any other similar administrative procedure before **the recommended service is approved and funding is provided. Clinical case conferencing may be undertaken only for the purpose described in paragraph 135(1)(B)(iii). Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified in paragraphs 135(2)(A)(ii) and 135(2)(A)(ii.1) where the service is available, and will make every reasonable effort to ensure funding is provided as close to those timeframes where the service is not available. Once After the recommended service is provided, the government department of first contact can seek reimbursement from another department/government.**
- v. While Jordan's Principle can apply to jurisdictional disputes between governments (i.e., between federal, provincial or territorial governments) and to jurisdictional disputes between departments within the same government, a dispute amongst government departments or between governments is not a necessary requirement for the application of Jordan's Principle.
- C. Canada shall not use or distribute a definition of Jordan's Principle that in any way restricts or narrows the principles enunciated in order 1(b)."

Note: Canada has chosen not to apply Jordan's Principle to non-status First Nations children recognized by their communities and resident off reserve. The Caring Society disputed Canada's limited definition before the Tribunal. In January of 2019, the Tribunal issued an interim order requiring Canada to apply Jordan's Principle to non-status First Nations children living off reserve who are recognized by their communities and are facing urgent situations. The Tribunal has taken the decision under reserve as to whether all First Nations children living off reserve who are recognized by their communities regardless of urgent situation (2019 CHRT 7).



## 5.5 Least Disruptive Measures

**Least Disruptive Measures:**<sup>18</sup> “[D]ecision making process to determine the most appropriate level of service needed by a family whose children are at risk of being abused. Child removal also known as apprehension should only be used as a last resort after having explored all other options. In deciding whether or not a child should remain in their home, [First Nations and child and family services agencies] must consider the degree of risk, the level of family cooperation, degree of social supports and the availability of appropriate services to redress identified risk factors. Service response times and intensity levels also play in the safety assessment process” (Shangreaux, 2004, p. 30).

Please refer to the definition of “**maltreatment prevention services**” (Section 5.7) for an explanation of services that fall under least disruptive measures.

## 5.6 Levels of Substantiation

Proof of maltreatment can occur at three levels:

1. **“Substantiated:** An allegation of maltreatment is considered substantiated if the balance of evidence indicates that abuse or neglect has occurred.
2. **Suspected:** An allegation of maltreatment is suspected when there is insufficient evidence to substantiate maltreatment, but enough evidence that maltreatment cannot be ruled out.
3. **Unfounded:** An allegation of maltreatment is unfounded if the balance of evidence indicates that abuse or neglect did not occur.” (Tonmyr et al., 2019, p. 79).

## 5.7 Maltreatment Prevention Services

**Maltreatment prevention services** can occur at three levels (Indigenous and Northern Affairs Canada, n.d.; MacMillan et al., 2009, p. 250; Shangreaux, 2004, p. 24):

1. **Primary prevention services:** try to prevent the occurrence of maltreatment before it occurs for all families/communities (universal)
2. **Secondary prevention services:** try to prevent the occurrence of maltreatment in families that are at higher risk for maltreatment
3. **Tertiary prevention services:** try to prevent the recurrence of maltreatment or adverse outcomes of maltreatment in families already affected by maltreatment. This includes the provision of services to remediate maltreatment risk whilst the child is in care to promote family reunification

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<sup>18</sup> The term “least disruptive measures” is not consistently used in all provincial/territorial statutes. Please refer to **Appendix M: Provincial and Territorial Treatment of Least Disruptive Measures** for measures according to the respective provincial and territorial jurisdictions.

These interventions can “both reduce **risk factors** and promote **protective factors**<sup>19</sup> to ensure the wellbeing of children and families” (Child Welfare Information Gateway, n.d., *What Is Prevention and Why is it Important?*).

Examples of prevention services include<sup>20</sup>:

- a) **Parent Education or Support Services:** Services that offer support or education to parents (e.g., parenting instruction course, home-visiting program, Parents Anonymous, Parent Support Association) (Sinha, Trocmé, Fallon et al., 2011, p. 149).
- b) **Family or Parent Counselling:** Family or parent counselling (e.g., couples or family therapy) (Sinha, Trocmé, Fallon et al., 2011, p. 149).
- c) **Drug/Alcohol Counselling or Treatment:** “Addiction program (any substance) for caregiver(s) or children” (Sinha, Trocmé, Fallon et al., 2011, p. 149).
- d) **Psychiatric/Mental Health Services:** “Child or caregiver referral to mental health or psychiatric services (e.g., trauma, high-risk behaviour or intervention)” (Sinha, Trocmé, Fallon et al., 2011, p. 149).
- e) **Intimate Partner Violence Services:** Services/counselling “regarding [intimate partner violence], abusive relationships, or the effects of witnessing violence” (Sinha, Trocmé, Fallon et al., 2011, p. 149).
- f) **Cultural services:** Services to help children and families to learn, maintain, and preserve the “fundamental values of their histories and cultures” (p. 553) in a way that is embedded in their community’s “ways of knowing and being” (Greenwood, 2005, p. 554). Amongst other things, this can include Indigenous people’s “relationship to the land and the universe, spirituality, and expansive concepts of time that recognize obligations to ancestors and future generations” (Pan American Health Organization, 2019, p. 71)
- g) **Other possible services include:** Respite care, Services for improving the family’s financial situation; Services for improving the family’s housing; Mediation of disputes; Services to assist the family to deal with the illness of a child or a family member; and Other services agreed to by the agency and the person who has lawful custody of the child (Shangreux, 2004, p. 31) such as products that the child or family require to support the child’s needs (Government of Canada, 2019a).

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<sup>19</sup> Note: A definition of the terms “risk factors” and “protective factors” is provided in **5.0 Glossary of Terms**.

<sup>20</sup> Note: This list is non-exhaustive.

## 5.8 Neglect

**Neglect:**<sup>21</sup> “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” (Sinha, Trocmé, Fallon, et al., 2011, p. 153). This includes:

- a) **“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).
- b) **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.
- c) **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.
- d) **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.
- e) **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.
- f) **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.

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<sup>21</sup> The term ‘neglect’ is not used in all provincial and territorial statutes, but interchangeable concepts include ‘failure to care and provide for or supervise and protect,’ ‘does not provide,’ ‘refuses or is unavailable or unable to consent to treatment’ are often used. Please refer to **Appendix G: Provincial and Territorial Terminology for Neglect** for a full list of these interchangeable terms according to the respective provincial and territorial jurisdictions.

- g) *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.
- h) *Educational Neglect:*** Caregivers knowingly permit chronic truancy (5+ days a month), fail to enroll the child, or repeatedly keep the child at home." (Sinha et al., 2011, p. 153)

## 5.9 Out-of-Home Care/Placement

***Out-of-Home Care/Placement:*** "[E]ncompasses the placements and services provided to children and families when children are removed from their home due to abuse and/or neglect" (Child Welfare Information Gateway, n.d.: *Overview Out-of-Home Care*). Placement outcomes include:

- a) *Kinship Out of Care:*** An informal placement has been arranged within the family support network; the child welfare authority does not have temporary custody.
- b) *Customary Care:*** [A] model of Indigenous child welfare service that is culturally relevant and incorporates the unique traditions and customs of each First Nation.
- c) *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.
- d) *Foster Care (Non-Kinship):*** Include any family-based care, including foster homes, specialized treatment foster homes, and assessment homes.
- e) *Group Home:*** Out-of-home placement required in a structured group living setting.
- f) *Residential/Secure Treatment:*** Placement required in a therapeutic residential treatment centre to address the needs of the child." (Fallon et al., 2015, p. 105).

Out-of-home placement can sometimes lead to **reunification, adoption, or legal guardianship:**

***Reunification:*** "[T]he return of children to their family following placement in out-of-home care" (Canadian Child Welfare Research Portal, n.d., *Reunification*).

***Adoption:*** "The social, emotional, and legal process through which children who will not be raised by their birth parents become full and permanent legal members of another family while maintaining genetic and psychological connections to their birth family" (Child Welfare Information Gateway, n.d., *Glossary*).

***Legal guardianship:*** "Guardianship is most frequently used when relative caregivers wish to provide a permanent home for the child and maintain the child's relationships with extended family members without a termination of parental rights. Caregivers can assume legal guardianship of a child in out-of-home care without termination of parental rights, as is required for an adoption." (Child Welfare Information Gateway, n.d., *Guardianship*).

## 5.10 Physical Abuse

**Physical Abuse:**<sup>22</sup> “The child [is] physically harmed or could [suffer] physical harm as a result of the behavior of the person looking after the child” (Sinha, Trocmé, Fallon, et al., 2011: 152). It “includes any non-accidental action that causes, or could cause physical harm to a child such as hitting, shaking, or the unreasonable use of force to restrain a child” (Child Welfare Research Portal, n.d.: *Physical Abuse*).

### 5.11 Primary Caregiver

**Primary Caregiver:** “[T]he person primarily responsible for the care and upbringing of a child” (Employment and Social Development Canada, 2018, n.p.).

### 5.12 Protective Factors

**Protective Factors:** “[C]haracteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events” (Substance Abuse and Mental Health Services Administration, n.d., p. 1).

### 5.13 Risk Factors

**Risk Factors:** “[C]haracteristics at the biological, psychological, family, community or cultural level that precede and are associated with a higher likelihood of negative outcomes” (Substance Abuse and Mental Health Services Administration, n.d, p. 1).

### 5.14 Sexual Abuse

**Sexual Abuse:**<sup>23</sup> “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” (Sinha, Trocmé, Fallon, et al., 2011, p. 153).

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<sup>22</sup> The term “physical abuse” is not consistently defined in all provincial and territorial statutes. Please refer to

**Appendix I: Provincial and Territorial Definitions of Physical Abuse** for definitions of “physical abuse” according to the respective provincial and territorial jurisdictions.

<sup>23</sup> The term “sexual abuse” is not consistently defined in all provincial and territorial statutes. Please refer to **Appendix J: Provincial and Territorial Definitions of Sexual Abuse** for definitions of “sexual abuse” according to the respective provincial and territorial jurisdictions.

## 5.15 Key Terms and Concepts for Jordan's Principle

***Unreasonable Delay (Received services after a):*** Unreasonable delays to accessing health, social, and educational services and supports occur when a First Nations child is unable to receive services and/or products responsive to their needs and circumstances within a similar timeframe that would be normally available to a non-Indigenous child (First Nations Child and Family Caring Society, 2005, p. 51). 2017 CHRT 35 para 135 specifies timelines for decisions on individual and group requests, the timeframe for case conferencing is also specified:

- Urgent individual requests: Reasonable efforts must be taken to provide crisis intervention supports immediately. Evaluation and determination of the request will be made in 12 hours of initial contact for a service request.
- Non-urgent individual requests: Must be evaluated and provided with a determination in 48 hours of initial contact for a service request. If information is lacking the Government of Canada must work with the requestor to obtain the necessary information and make a determination as close to the 48-hour timeframe as possible.
- Urgent group requests: Where irredeemable harm is reasonably foreseeable Canada must take all reasonable efforts to provide immediate crisis interventions supports until an extended response can be developed and implemented. In all other urgent group cases, the evaluation and determination of the request shall be made within 48 hours.
- Group requests: The evaluation and determination of group requests must occur within 1 week of the initial contact for a service request.

Any service delays which occur due to a lack of information on clinical needs must be tracked and reported to the Canadian Human Rights Tribunal. Canada cannot delay services due to “administrative case conferencing, policy review, service navigation or any other similar administrative procedure before the recommended service is approved and funding is provided” (2017, CHRT 35, para 135. 2.A.iii).

***Gap:*** 2017 CHRT 35 specifies, “Jordan’s Principle addresses the needs of First Nations children by ensuring there are no gaps in government services to them. It can address, for example, but is not limited to, gaps in such services as mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy.” (2017 CHRT 35 para 135.B.ii)

***Delay (Received services or products after a):*** Any Jordan’s Principle request which are not provided a decision within the timeframes detailed in 2017 CHRT 35 para 10 ii, ii1, and iii is considered delayed. The 2017 CHRT 35 has detailed the required timelines and the role of case conferencing for the provision of Jordan’s Principle services, outside of which a delay to accessing Jordan’s Principle occurs. Despite this specificity, delays have occurred when federal focal point workers seek “all necessary information” in advance of submitting a Jordan’s Principle request. Delays in reimbursement after approval have also delayed access to Jordan’s Principle services for First Nations children. (Source: Sinha, Vives and Gerlach, 2018, pp. 68-69; Sangster, Vivies, Chadwick, Gerlach, and Sinha, 2019, pp. 69-71). Delays can be caused by but are

not limited to the following factors: funding models and funding gaps, jurisdictional disputes, disputes between departments within the same government, and/or being ordinarily a resident on a reserve (The Jordan's Principle Working Group, 2015, pp. 25-27).

**Denial:** When services or products are not provided to First Nations children. (First Nations Child and Family Caring Society, 2005, p. 179)

**Substantive Equality:** Substantive equality considers the social, political, and legal context of discrimination. For First Nations people in Canada this includes but is not limited to “a legacy of stereotyping and prejudice through colonialism, displacement and residential schools”. (2016 CHRT 2, para 402). The federal government of Canada provides the following definition of substantive equality within Jordan's Principle:

“Substantive equality is a legal principle that refers to the achievement of true equality in outcomes. It is achieved through equal access, equal opportunity, and, most importantly, the provision of services and benefits in a manner and according to standards that meet any unique needs and circumstances, such as cultural, social, economic and historical disadvantage. Pursuant to the CHRT May 26, 2017 decision as amended, the Government of Canada is to ensure substantive equality in the provision of services to the child, to ensure culturally appropriate services and to safeguard the best interests of the child. This requires Canada to provide all First Nations children, on and off reserve, with publicly funded benefits, supports, programs, goods and services in a manner and according to a standard that meets their particular needs and circumstances.” (Government of Canada, 2019b)

## 6.0 Compensation Questions

### 6.1 Compensation Category 1 Questions – Compensation for First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child in the Child Welfare System

#### 6.1.1 Compensation Category 1A Questions

**Table 4: Eligibility Requirements — Compensation Category 1A Questions**

**Time Period:** *January 1, 2006 (date following last WEN DE report)<sup>24</sup> until earliest of - either (1) Panel decides that unnecessary removal of First Nations children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.*

#### **Eligibility Requirements:**

**1A)** First Nations children living on reserve and in the Yukon Territory who

- Were unnecessarily apprehended *due to* substantiated neglect *driven by*
  - poverty,
  - no housing *OR* deemed inappropriate housing,
  - *AND/OR* substance abuse
- *AND* placed in care outside of their homes, families, *or* communities
- *AND* especially in regards to substance abuse, did not benefit from prevention services in the form of least disruptive measures or other prevention services permitting them to keep their child safely in their homes, families and communities<sup>25</sup>
- *EVEN IF* they were reunited with the immediate and extended family at a later date
- *EXCEPT IF* qualify for compensation under CHRT 39, para. 250 (see Categories 3A, 3B)

*Source: First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada, 2019 CHRT 39 at paras. 245-246.*

Compensation: \$20,000 (para. 246) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 Glossary of Terms. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

<sup>24</sup> See First Nations Caring Society (2005).

<sup>25</sup> 2016 CHRT 2 ruling found that First Nations children living on-reserve were discriminated against by the Canadian government in part because they did not receive adequate prevention services. This finding was not the subject of a judicial review by the Canadian Government and has therefore been assumed to be true throughout the Briefing Note.



1. Was the child placed in care outside of their homes, families, or communities between January 1<sup>st</sup>, 2006 and the current date – even if he/she was eventually **reunited** with their family?  
 Yes                       No (not eligible for compensation under category 1A)
2. At the time of placement – was this child a **First Nations** child with Indian Status or eligible for Indian status?  
 Yes                       No (not eligible for compensation under category 1A)
3. At the time of placement – did the child ordinarily live on reserve or in the Yukon Territory?  
 Yes                       No (not eligible for compensation under category 1A)
4. Was the child placed in care due to a **substantiation** of neglect?  
 Yes                       No (not eligible for compensation under category 1A)
5. Was the neglect substantiation driven by one or more of the following **risk factors**: poverty, no housing/deemed inappropriate housing, and/or substance abuse?  
 Yes                       No (not eligible for compensation under category 1A)
6. Does the child meet the criteria for compensation under compensation category 3A or 3B?  
 No                       Yes (not eligible for compensation under category 1A)

*If the child is not eligible for compensation under category 1A. They might still be eligible for compensation under categories 2, 3A, and 3B. Please refer to questions within those sections to determine their eligibility.*

### 6.1.2 Compensation Category 1B Questions

**Table 5: Eligibility Requirements — Compensation Category 1B Questions**

**Time Period:** *January 1, 2006 (date following last WEN DE report)<sup>26</sup> until earliest of - either (1) Panel decides that unnecessary removal of FN children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.*

**Eligibility Requirements:**

**1B)** First Nations parents *or* grandparents living on reserve and in the Yukon Territory who

- Had their child unnecessarily apprehended *due to* substantiated neglect *driven by*
  - poverty,
  - no housing *OR* deemed inappropriate housing,
  - *AND/OR* substance abuse
- *AND* placed in care outside of their homes, families, *or* communities
- *AND* especially in regards to substance abuse, did not benefit from prevention services in the form of least disruptive measures or other prevention services permitting them to keep their child safely in their homes, families and communities<sup>27</sup>
- *EXCEPT IF*
  - the parents *or* grandparents sexually, physically, *OR* psychologically abused their children
  - *OR* qualify for compensation under CHRT 39, para. 251 (see Categories 3C, 3D)

*Source: First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada, 2019 CHRT 39 at paras. 247 and 255.*

*Compensation: \$20,000 each child (para. 248) + \$20,000 (paras. 253-254) = \$40,000*

*For concepts in bold, please refer to **5.0 Glossary of Terms**. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

<sup>26</sup> See First Nations Caring Society (2005).

<sup>27</sup> 2016 CHRT 2 ruling found that First Nations children living on-reserve were discriminated against by the Canadian government in part because they did not receive adequate prevention services. This finding was not the subject of a judicial review by the Canadian Government and has therefore been assumed to be true throughout the Briefing Note.

1. Was the parent or grandparent's **child placed in care** outside of their homes, families, or communities between January 1<sup>st</sup>, 2006 and the current date – even if the child was eventually **reunited** with their family?
 

Yes                       No (not eligible for compensation under category 1B)
2. Was the parent or grandparent the **primary caregiver** of the child at the time of placement?
 

Yes                       No (not eligible for compensation under category 1B)
3. At the time of placement of their child or grandchild – was the parent or grandparent **First Nations** with **Indian Status** or eligible for status?
 

Yes                       No (not eligible for compensation under category 1B)
4. At the time of placement of their child or grandchild – did the parent or grandparent ordinarily live on reserve or in the Yukon Territory?
 

Yes                       No (not eligible for compensation under category 1B)
5. Was their child or grandchild placed in care due to a **substantiation of neglect**?
 

Yes                       No (not eligible for compensation under category 1B)
6. Was the neglect substantiation driven by one of the following **risk factors**: poverty, no housing/deemed inappropriate housing, and/or substance abuse?
 

Yes                       No (not eligible for compensation under category 1B)
7. Did the parent or grandparent **sexually abuse**, **physically abuse**, or **psychologically abuse** the child placed in care?
 

No                       Yes (not eligible for compensation under category 1B)
8. Does the parent/grandparent who was the primary caregiver for the child at the time of the removal meet the criteria for compensation under compensation category 3C or 3D?
 

No                       Yes (not eligible for compensation under category 1B)

*Please answer these questions for each primary caregiver who had primary responsibility of the child between January 1<sup>st</sup> 2006 and the current date at the time the child was placed in care. Multiple placements can occur in this timeframe.*

*If the parent or grandparent is not eligible for compensation under category 1B. They might still be eligible for compensation under categories 3C, and 3D. Please refer to questions within those sections to determine their eligibility.*

## 6.2 Compensation Questions: Category 2 – Compensation for First Nations Children in Cases of Necessary Removal of a Child in the Child Welfare System

### 6.2.1 Compensation Category 2 Questions

**Table 6: Eligibility Requirements — Compensation Category 2 Questions**

**Time Period:** *January 1, 2006 until earliest of - either (1) Panel decides that unnecessary removal of First Nations children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.*

**Eligibility Requirements:**

- 2) First Nations children living on reserve and in the Yukon territory who
- Were necessarily apprehended from their homes
  - *BUT* placed in care outside of their extended families and communities, *and therefore* did not benefit from prevention services
  - *EXCEPT IF* qualify for compensation under CHRT 39, para. 250 (see Categories 3A, 3B)

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at para. 249.

Compensation: \$20,000 (para. 249) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 Glossary of Terms. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

1. Was the child **placed in care** outside of their **extended families**, and communities between January 1<sup>st</sup>, 2006 and the current date?
 

Yes                       No (not eligible for compensation under category 2)
2. At the time of placement – was this child a **First Nations** child with Indian Status or eligible for Indian status?
 

Yes                       No (not eligible for compensation under category 2)
3. At the time of placement – did the child ordinarily live on reserve or in the Yukon Territory?
 

Yes                       No (not eligible for compensation under category 2)
4. Will the child be receiving compensation under compensation category 3A or 3B?
 

No                       Yes (not eligible for compensation under category 2)

*If the child is not eligible for compensation under category 2. They might still be eligible for compensation under categories 1A, 3A, and 3B. Please refer to questions within those sections to determine their eligibility.*

### 6.3 Compensation Questions: Category 3 – Compensation for First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child to Obtain Essential Services and/or Experienced Gaps, Delays and Denials of Services that Would Have Been Available Under Jordan's Principle.

#### 6.3.1 Compensation Category 3A Questions

**Table 7: Eligibility Requirements — Compensation Category 3A Questions**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the Jordan's Principle ruling) and November 2, 2017 (date of Tribunal's CHRT 35 ruling on Jordan's principle).*

**Eligibility Requirements:**

**3A)** First Nations children, living on or off reserve, who

- Were deprived of essential services, supports, and/or products *as a result of*:
  - a gap, delay *AND/OR* denial of services
- *AND* placed in care outside of their homes, families, or communities in order to receive those services

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at para. 250.

Compensation: \$20,000 (para. 250) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 Glossary of Terms. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

1. Was the child deprived of **essential services, supports, and/or products** due to a **gap, denial, and/or delay** of services between December 12, 2007 and November 2, 2017?
 

Yes                       No (not eligible for compensation under category 3A)
2. Was the child **placed in care** outside of their home, family, or community between December 12, 2007 and November 2, 2017?
 

Yes                       No (not eligible for compensation under category 3A)
3. At the time of placement - was the child a **First Nations** child with Indian Status or eligible for Indian Status (living on OR off reserve)?
 

Yes                       No (not eligible for compensation under category 3A)

4. Did the placement occur in order to receive the **essential services, supports, and/or products** the **child** was deprived of due to a **gap, denial, and/or delay**?

Yes  No (not eligible for compensation under category 3A)

*If the child is not eligible for compensation under category 3A. They might still be eligible for compensation under categories 1A, 2, and 3B. Please refer to questions within those sections to determine their eligibility.*

### 6.3.2 Compensation Category 3B Questions

**Table 8: Eligibility Requirements — Compensation Category 3B Questions**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the Jordan's Principle ruling) and November 2, 2017 (date of Tribunal's CHRT 35 ruling on Jordan's principle).*

**Eligibility Requirements:**

**3B)** First Nations children, living on or off reserve, who

- *WITHOUT* being placed in out of home care
- *DID NOT* benefit from services covered by Jordan's Principle as defined in 2017 CHRT 17 and 35, *OR* who received such services after an unreasonable delay *OR* upon reconsideration ordered by the Tribunal

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada, 2019 CHRT 39 at para. 250.*

Compensation: \$20,000 (para. 250) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 **Glossary of Terms**. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

1. Was the child *NOT* placed in **out-of-home care** between December 12, 2007 and November 2, 2017?

Yes  No (not eligible for compensation under category 3B)

2. Was the child a **First Nations** child with Indian Status or eligible for Indian Status (living on or off reserve)?

Yes  No (not eligible for compensation under category 3B)

*If question #1, #2 and any one or multiple of question #3 are answered with a yes, the child qualifies for compensation:*

3. A) Did the child *not* receive adequate services, supports, and/or products covered by **Jordan's Principle**? This includes children who were unable to apply for Jordan's Principle.

Yes                       No (please continue to following questions if yes or no)

- B) Did the child receive **Jordan's Principle** services, supports, and/or products after an **unreasonable delay**?

Yes                       No (please continue to following questions if yes or no)

*If the child is not eligible for compensation under category 3B. They might still be eligible for compensation under categories 1A, 2, and 3A. Please refer to questions within those sections to determine their eligibility.*



### 6.3.3 Compensation Category 3C Questions

**Table 9: Eligibility Requirements — Compensation Category 3C Questions**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the Jordan's Principle ruling) and November 2, 2017 (date of Tribunal's CHRT 35 ruling on Jordan's principle).*

**Eligibility Requirements:**

**3C)** First Nations parents *or* grandparents, living on or off reserve, who

- Were deprived of essential services, supports, and/or products for their child *as a result of*:
  - a gap, delay *AND/OR* denial of services, supports, and/or products
- *AND* had their child placed in care outside of their homes, families, *or* communities in order to receive these services, supports, and/or products *and therefore*, did not benefit from services covered under Jordan's Principle as per 2017 CHRT 17 and 35
- *EXCEPT IF* the parents *or* grandparents sexually, physically, *OR* psychologically abused their children

*Source: First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada, 2019 CHRT 39 at paras. 251 & 255.*

Compensation: \$20,000 (para. 251) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 Glossary of Terms. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

1. Was the parent or grandparent's child deprived of **essential services, supports, and/or products** due to a **gap, denial, and/or delay** or services at any time between December 12, 2007 and November 2, 2017?

Yes                       No (not eligible for compensation under category 3C)

2. Was their child placed in care outside of their home, family, or community between December 12, 2007 and November 2, 2017 in order to receive the **essential services, supports, and/or products** the child was deprived of due to a **gap, denial, and/or delay**?

Yes                       No (not eligible for compensation under category 3C)

3. Was the parent or grandparent the **primary caregiver** of the child at the time of placement?

Yes                       No (not eligible for compensation under category 3C)

4. Was the parent or grandparent **First Nations** (living on or off reserve) at the time of placement?

- Yes                       No (not eligible for compensation under category 3C)

5. Did the parent or grandparent **sexually abuse**, **physically abuse**, or **psychologically abuse** the child?

- No                               Yes (not eligible for compensation under category 3C)

*Please answer these questions for each primary caregiver who had primary responsibility of the child between December 12, 2007 and November 2, 2017 at the time the child was placed in care. Multiple placements can occur in this timeframe.*

*If the parent or grandparent is not eligible for compensation under category 3C. They might still be eligible for compensation under categories 1B or 3D. Please refer to questions within those sections to determine their eligibility.*

#### 6.3.4 Compensation Category 3D Questions

**Table 10: Eligibility Requirements — Compensation Category 3D Questions**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the Jordan's Principle ruling) and November 2, 2017 (date of Tribunal's CHRT 35 ruling on Jordan's principle).*

**Eligibility Requirements:**

- 3D)** First Nations parents *or* grandparents, living on or off reserve,
- Whose child was not removed from the home
  - *BUT* was denied services, supports and/or products *OR* received services, supports, and/or products after an unreasonable delay *OR* upon reconsideration ordered by the Tribunal
  - *EXCEPT IF* the parents *or* grandparents sexually, physically, *OR* psychologically abused their children

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at paras. 251 & 255.

Compensation: \$20,000 (para. 251) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 Glossary of Terms. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

1. A) Was the parent or grandparent's child **denied services, supports, and/or products** covered by **Jordan's Principle** between December 12, 2007 and November 2, 2017? Substantive equality is a legal requirement within Jordan's Principle and therefore applies to this question.

Yes       No (please continue to following questions if yes or no)

- B) Did the child receive **Jordan's Principle services, supports, or products** after an **unreasonable delay** between December 12, 2007 and November 2, 2017?

Yes       No (please continue to following questions if yes or no)

*If 1 A or B have a response of YES please complete the next set of questions. If both 1 A and B have a response of NO, the parent or grandparent is not eligible for compensation under category 3D.*

2. At the time of the **denial or delay of services, supports, and/or products**, was the parent or grandparent the **primary caregiver** of the child?

Yes       No (not eligible for compensation under category 3D)

3. Was the parent or grandparent **First Nations** (living on or off reserve) at the time of the placement?

Yes       No (not eligible for compensation under category 3D)

4. Was the child **NOT** placed in **out of home care**?

Yes       No (not eligible for compensation under category 3D)

5. Did the parent or grandparent **sexually abuse**, **physically abuse**, or **psychologically abuse** the child?

No       Yes (not eligible for compensation under category 3D)

*Please answer these questions for each primary caregiver who had primary responsibility of the child between December 12, 2007 and November 2, 2017 when a delay or denial of services, supports, and/or products occurred. Multiple delays or denials can occur within this timeframe.*

*If the parent or grandparent is not eligible for compensation under category 3D. They might still be eligible for compensation under categories 1B or 3C. Please refer to questions within those sections to determine their eligibility.*

## Appendix A: Measures/Terminology Used at a National Level

*Please note:* These are not universally agreed-upon measures of these concepts. They are included here **for reference only**.

**Table 11: Measure/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Band	As defined by the <i>Indian Act, 1985</i> , s 2 (1) "band means a body of Indians (a) for whose use and benefit in common, lands, the legal title to which is vested in Her Majesty, have been set apart before, on or after September 4, 1951, (b) for whose use and benefit in common, moneys are held by Her Majesty, or (c) declared by the Governor in Council to be a band for the purposes of this Act"
Housing	<ul style="list-style-type: none"> <li>• Type of housing, overcrowding, number of moves in the past year; housing safety (accessible weapons, drugs or drug paraphernalia, drug production or trafficking in home, chemicals or solvents used in production, other home injury hazards, other home health hazards) (Sinha, Trocmé, Fallon et al., 2011, p. 148).</li> <li>• Type of housing; dwelling in need of major repairs; housing suitability (whether housing has enough bedrooms for size and composition of household) (Statistics Canada, 2017).</li> </ul>
Indian	As defined by the <i>Indian Act, 1985</i> , s 2 (1), "Indian means a person who pursuant to this Act is registered as an Indian or is entitled to be registered as an Indian"

\*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.

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**Table 11: Measures/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Indian	<p>Persons entitled to be registered:</p> <p>s. 6 (1) Subject to section 7, a person is entitled to be registered if</p> <ul style="list-style-type: none"> <li>• (a) that person was registered or entitled to be registered immediately before April 17, 1985;</li> <li>• (a.1) the name of that person was omitted or deleted from the Indian Register, or from a band list before September 4, 1951, under subparagraph 12(1)(a)(iv), paragraph 12(1)(b) or subsection 12(2) or under subparagraph 12(1)(a)(iii) pursuant to an order made under subsection 109(2), as each provision read immediately before April 17, 1985, or under any former provision of this Act relating to the same subject matter as any of those provisions;</li> <li>• (a.2) that person meets the following conditions: <ul style="list-style-type: none"> <li>▪ (i) they were born female during the period beginning on September 4, 1951 and ending on April 16, 1985 and their parents were not married to each other at the time of the birth,</li> <li>▪ (ii) their father was at the time of that person's birth entitled to be registered or, if he was no longer living at that time, was at the time of death entitled to be registered, and</li> <li>▪ (iii) their mother was not at the time of that person's birth entitled to be registered;</li> </ul> </li> <li>• (a.3) that person is a direct descendant of a person who is, was or would have been entitled to be registered under paragraph (a.1) or (a.2) and <ul style="list-style-type: none"> <li>▪ (i) they were born before April 17, 1985, whether or not their parents were married to each other at the time of the birth, or</li> <li>▪ (ii) they were born after April 16, 1985 and their parents were married to each other at any time before April 17, 1985;</li> </ul> </li> <li>• (b) that person is a member of a body of persons that has been declared by the Governor in Council on or after April 17, 1985 to be a band for the purposes of this Act;</li> <li>• (c) (c.01-c.02), (c.1-c.6) Repealed, 2017</li> </ul>

\*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.

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**Table 11: Measures/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Indian	<p>Persons entitled to be registered:</p> <ul style="list-style-type: none"> <li>• (d) the name of that person was omitted or deleted from the Indian Register, or from a band list prior to September 4, 1951, under subparagraph 12(1)(a)(iii) pursuant to an order made under subsection 109(1), as each provision read immediately prior to April 17, 1985, or under any former provision of this Act relating to the same subject-matter as any of those provisions;</li> <li>• (e) the name of that person was omitted or deleted from the Indian Register, or from a band list prior to September 4, 1951, <ul style="list-style-type: none"> <li>▪ (i) under section 13, as it read immediately prior to September 4, 1951, or under any former provision of this Act relating to the same subject-matter as that section, or</li> <li>▪ (ii) under section 111, as it read immediately prior to July 1, 1920, or under any former provision of this Act relating to the same subject-matter as that section; or</li> </ul> </li> <li>• (f) both parents of that person are entitled to be registered under this section or, if the parents are no longer living, were so entitled at the time of death.</li> </ul> <p>s. 6 (2) Subject to section 7, a person is entitled to be registered if one of their parents is entitled to be registered under subsection (1) or, if that parent is no longer living, was so entitled at the time of death.</p> <p>s. 6 (2.1) A person who is entitled to be registered under both paragraph (1)(f) and any other paragraph of subsection (1) is considered to be entitled to be registered under that other paragraph only, and a person who is entitled to be registered under both subsection (2) and any paragraph of subsection (1) is considered to be entitled to be registered under that paragraph only.</p>
<p>*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.</p>	

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**Table 11: Measures/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Indian	<p>Persons entitled to be registered:</p> <p>s. 6 (3) For the purposes of paragraphs (1)(a.3) and (f) and subsection (2),</p> <ul style="list-style-type: none"> <li>• a person who was no longer living immediately prior to April 17, 1985 but who was at the time of death entitled to be registered shall be deemed to be entitled to be registered under paragraph (1)(a);</li> <li>• (b) a person who is described in paragraph (1)(a.1), (d), (e) or (f) or subsection (2) and who was no longer living on April 17, 1985 is deemed to be entitled to be registered under that paragraph or subsection; and</li> <li>• (c) [Repealed, 2017, c. 25, s. 2.1]</li> <li>• (d) a person who is described in paragraph (1)(a.2) or (a.3) and who was no longer living on the day on which that paragraph came into force is deemed to be entitled to be registered under that paragraph.</li> <li>• R.S., 1985, c. I-5, s. 6</li> <li>• R.S., 1985, c. 32 (1st Supp.), s. 4, c. 43 (4th Supp.), s. 1</li> <li>• 2010, c. 18, s. 2</li> <li>• 2017, c. 25, s. 2</li> <li>• 2017, c. 25, s. 2.1</li> </ul> <p>s. 7 (1) The following persons are not entitled to be registered:</p> <ul style="list-style-type: none"> <li>• (a) a person who was registered under paragraph 11(1)(f), as it read immediately prior to April 17, 1985, or under any former provision of this Act relating to the same subject-matter as that paragraph, and whose name was subsequently omitted or deleted from the Indian Register under this Act; or</li> <li>• (b) a person who is the child of a person who was registered or entitled to be registered under paragraph 11(1)(f), as it read immediately prior to April 17, 1985, or under any former provision of this Act relating to the same subject-matter as that paragraph, and is also the child of a person who is not entitled to be registered.</li> </ul>

\*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.

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**Table 11: Measures/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Indian	<p>Persons not entitled to be registered:  s. 7 (2) Paragraph (1)(a) does not apply in respect of a female person who was, at any time prior to being registered under paragraph 11(1)(f), entitled to be registered under any other provision of this Act.</p> <p>s. 7 (3) Paragraph (1)(b) does not apply in respect of the child of a female person who was, at any time prior to being registered under paragraph 11(1)(f), entitled to be registered under any other provision of this Act.  R.S., 1985, c. I-5, s. 7  R.S., 1985, c. 32 (1st Supp.), s. 4</p>
Poverty	<ul style="list-style-type: none"> <li>• Household regularly runs out of money for basic necessities (e.g. food, housing, utilities, telephone/cell phone, transportation, medical care including dental and mental health); source of primary income (e.g. social assistance/ employment insurance/other benefits). (Sinha, Trocmé, Fallon et al., 2011, pp. 146, 148)</li> <li>• Market Basket Measure: family lives in poverty if it does not have enough income to purchase a specific basket of goods and services in its community (Statistics Canada, 2019)</li> <li>• Low-Income Measure: individuals live in low income if their household after-tax income falls below half of the median after-tax income (Statistics Canada, 2019)</li> <li>• Low Income Cut-Off: family lives in poverty if they spend 20% or more of their income than the average family on basic necessities of food shelter and clothing (Statistics Canada, 2015).</li> </ul>
Reserve	<p>As defined by the <i>Indian Act, 1985</i>, s 2 (1), “reserve (a) means a tract of land, the legal title to which is vested in Her Majesty, that has been set apart by Her Majesty for the use and benefit of a band, and (b) except in subsection 18(2), sections 20 to 25, 28, 37, 38, 42, 44, 46, 48 to 51 and 58 to 60 and the regulations made under any of those provisions, includes designated lands”</p>
<p>*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.</p>	

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**Table 11: Measures/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Substance Abuse	<ul style="list-style-type: none"> <li>• “Problematic consumption” of alcohol, prescription drugs, illegal drugs, or solvents. (Sinha, Trocmé, Fallon et al., 2011, p. 151)</li> <li>• In DSM-V (APA 2013) ‘substance use disorder’ is operationalized according to the following criteria (2-3 mild; 4-5 moderate; 6 or more severe): <ul style="list-style-type: none"> <li>▪ taking the substance in larger amounts or for longer than you're meant to;</li> <li>▪ wanting to cut down or stop using the substance but not managing to;</li> </ul> </li> <li>• spending a lot of time getting, using, or recovering from use of the substance;</li> <li>• cravings and urges to use the substance;</li> <li>• not managing to do what you should at work, home, or school because of substance use;</li> <li>• continuing to use, even when it causes problems in relationships;</li> <li>• giving up important social, occupational, or recreational activities because of substance use;</li> <li>• using substances again and again, even when it puts you in danger;</li> <li>• continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance;</li> <li>• needing more of the substance to get the effect you want (tolerance); and development of withdrawal symptoms, which can be relieved by taking more of the substance.</li> </ul>
<p>*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.</p>	

## Appendix B: National Legislation Relating to Child Welfare

Table 12 identifies national legislation governing the provision of child protection services and Indigenous Peoples of Canada.

**Table 12: National Legislation Relating to Child Welfare and Indigenous Peoples of Canada**

Indian Act, 1985
Youth Criminal Justice Act, 2002
Criminal Code, 1985
An Act Respecting First Nations, Inuit and Métis Children, Youth and Families (Received Royal Assent on June 21, 2019; Scheduled to come into force on January 1, 2020)

## Appendix C: An Act Respecting First Nations, Inuit and Métis Children, Youth and Families

*An Act Respecting First Nations, Inuit and Métis Children, Youth and Families*, which comes into force on January 1, 2020, empowers “Indigenous communities [to] recover, develop, and enforce their own laws about child and family services. They can then choose to exercise partial or full jurisdiction over child and family services, or to work towards exercising full jurisdiction over a period of time” (Hensel Barristers, 2019, n.p.). “When an Indigenous community enforces its own laws over child and family services, the Indigenous community’s law will prevail over both federal and provincial laws. When a law “prevails” it means that when there is conflict between the Indigenous community’s law and a federal or provincial law, the Indigenous law applies and the other law doesn’t apply” (Hensel Barristers, 2019, n.p.). However, “[t]he Indigenous law still has to comply with the [*Canadian Charter of Rights and Freedoms, 1982*], the *Canadian Human Rights Act, 1985* and the national [standards] set out in the...*Act* that apply to providing child and family services to Indigenous children” (Hensel Barristers, 2019, n.p.). Table 13 identifies the national standards set by the *Act*.

**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Purpose and Principles	<p><b>Purpose:</b> S (8) “The purpose of this Act is to</p> <ul style="list-style-type: none"> <li>(a) affirm the inherent right of self-government, which includes jurisdiction in relation to child and family services;</li> <li>(b) set out principles applicable, on a national level, to the provision of child and family services in relation to Indigenous children; and</li> <li>(c) contribute to the implementation of the United Nations Declaration on the Rights of Indigenous Peoples.”</li> </ul> <p><b>Principle—Best Interests of Child:</b> S 9 (1) “This Act is to be interpreted and administered in accordance with the principle of the best interests of the child.”</p>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Purpose and Principles	<p><b>Principle—Cultural Continuity:</b> S 9 (2) “This Act is to be interpreted and administered in accordance with the principle of cultural continuity as reflected in the following concepts:</p> <ul style="list-style-type: none"> <li>(a) cultural continuity is essential to the well-being of a child, a family and an Indigenous group, community or people;</li> <li>(b) the transmission of the languages, cultures, practices, customs, traditions, ceremonies and knowledge of Indigenous peoples is integral to cultural continuity;</li> <li>(c) a child’s best interests are often promoted when the child resides with members of his or her family and the culture of the Indigenous group, community or people to which he or she belongs is respected;</li> <li>(d) child and family services provided in relation to an Indigenous child are to be provided in a manner that does not contribute to the assimilation of the Indigenous group, community or people to which the child belongs or to the destruction of the culture of that Indigenous group, community or people; and</li> <li>(e) the characteristics and challenges of the region in which a child, a family or an Indigenous group, community or people is located are to be considered.”</li> </ul>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Purpose and Principles	<p><b>Principle—Substantive Equality:</b> S 9 (3) “This Act is to be interpreted and administered in accordance with the principle of substantive equality as reflected in the following concepts:</p> <p>(a) the rights and distinct needs of a child with a disability are to be considered in order to promote the child’s participation, to the same extent as other children, in the activities of his or her family or the Indigenous group, community or people to which he or she belongs;</p> <p>(b) a child must be able to exercise his or her rights under this Act, including the right to have his or her views and preferences considered in decisions that affect him or her, and he or she must be able to do so without discrimination, including discrimination based on sex or gender identity or expression;</p> <p>(c) a child’s family member must be able to exercise his or her rights under this Act, including the right to have his or her views and preferences considered in decisions that affect him or her, and he or she must be able to do so without discrimination, including discrimination based on sex or gender identity or expression;</p> <p>(d) the Indigenous governing body acting on behalf of the Indigenous group, community or people to which a child belongs must be able to exercise without discrimination the rights of the Indigenous group, community or people under this Act, including the right to have the views and preferences of the Indigenous group, community or people considered in decisions that affect that Indigenous group, community or people; and</p> <p>(e) in order to promote substantive equality between Indigenous children and other children, a jurisdictional dispute must not result in a gap in the child and family services that are provided in relation to Indigenous children.”</p>
Best Interests of Indigenous Child	<p><b>Best Interests of Indigenous Child:</b> S 10 (1) “The best interests of the child must be a primary consideration in the making of decisions or the taking of actions in the context of the provision of child and family services in relation to an Indigenous child and, in the case of decisions or actions related to child apprehension, the best interests of the child must be the paramount consideration.”</p>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Best Interests of Indigenous Child	<p><b>Primary consideration:</b> S 10 (2) “When the factors referred to in subsection (3) are being considered, primary consideration must be given to the child’s physical, emotional and psychological safety, security and well-being, as well as to the importance, for that child, of having an ongoing relationship with his or her family and with the Indigenous group, community or people to which he or she belongs and of preserving the child’s connections to his or her culture.”</p> <p><b>Factors to Be Considered:</b> S 10 (3) “To determine the best interests of an Indigenous child, all factors related to the circumstances of the child must be considered, including</p> <ul style="list-style-type: none"> <li>(a) the child’s cultural, linguistic, religious and spiritual upbringing and heritage;</li> <li>(b) the child’s needs, given the child’s age and stage of development, such as the child’s need for stability;</li> <li>(c) the nature and strength of the child’s relationship with his or her parent, the care provider and any member of his or her family who plays an important role in his or her life;</li> <li>(d) the importance to the child of preserving the child’s cultural identity and connections to the language and territory of the Indigenous group, community or people to which the child belongs;</li> <li>(e) the child’s views and preferences, giving due weight to the child’s age and maturity, unless they cannot be ascertained;</li> <li>(f) any plans for the child’s care, including care in accordance with the customs or traditions of the Indigenous group, community or people to which the child belongs;</li> <li>(g) any family violence and its impact on the child, including whether the child is directly or indirectly exposed to the family violence as well as the physical, emotional and psychological harm or risk of harm to the child; and</li> <li>(h) any civil or criminal proceeding, order, condition, or measure that is relevant to the safety, security and well-being of the child.</li> </ul> <p><b>Consistency:</b> S 10 (4) “Subsections (1) to (3) are to be construed in relation to an Indigenous child, to the extent that it is possible to do so, in a manner that is consistent with a provision of a law of the Indigenous group, community or people to which the child belongs.”</p>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Provision of Child and Family Services	<p><b>Effect of Services:</b> S 11 “Child and family services provided in relation to an Indigenous child are to be provided in a manner that</p> <ul style="list-style-type: none"> <li>(a) takes into account the child’s needs, including with respect to his or her physical, emotional and psychological safety, security and well-being;</li> <li>(b) takes into account the child’s culture;</li> <li>(c) allows the child to know his or her family origins; and</li> <li>(d) promotes substantive equality between the child and other children.</li> </ul> <p><b>Notice:</b> S 12(1) “In the context of providing child and family services in relation to an Indigenous child, to the extent that doing so is consistent with the best interests of the child, before taking any significant measure in relation to the child, the service provider must provide notice of the measure to the child’s parent and the care provider, as well as to the Indigenous governing body that acts on behalf of the Indigenous group, community or people to which the child belongs and that has informed the service provider that they are acting on behalf of that Indigenous group, community or people.”</p> <p><b>Personal information:</b> S 12 (2) “The service provider must ensure that the notice provided to an Indigenous governing body under subsection (1) does not contain personal information about the child, a member of the child’s family or the care provider, other than information that is necessary to explain the proposed significant measure or that is required by the Indigenous governing body’s coordination agreement.”</p> <p><b>Representations and Party Status:</b> S 13 “In the context of a civil proceeding in respect of the provision of child and family services in relation to an Indigenous child,</p> <ul style="list-style-type: none"> <li>(a) the child’s parent and the care provider have the right to make representations and to have party status; and</li> <li>(b) the Indigenous governing body acting on behalf of the Indigenous group, community or people to which the child belongs has the right to make representations.”</li> </ul>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Placement of Indigenous Child	<p><b>Priority to Preventive Care:</b> S 14 (1) “In the context of providing child and family services in relation to an Indigenous child, to the extent that providing a service that promotes preventive care to support the child’s family is consistent with the best interests of the child, the provision of that service is to be given priority over other services.”</p> <p><b>Prenatal Care:</b> S 14 (2) “To the extent that providing a prenatal service that promotes preventive care is consistent with what will likely be in the best interests of an Indigenous child after he or she is born, the provision of that service is to be given priority over other services in order to prevent the apprehension of the child at the time of the child’s birth.”</p> <p><b>Socio-economic Conditions:</b> S 15 “In the context of providing child and family services in relation to an Indigenous child, to the extent that it is consistent with the best interests of the child, the child must not be apprehended solely on the basis of his or her socio-economic conditions, including poverty, lack of adequate housing or infrastructure or the state of health of his or her parent or the care provider.”</p> <p><b>Reasonable Efforts:</b> S 15 (1) “In the context of providing child and family services in relation to an Indigenous child, unless immediate apprehension is consistent with the best interests of the child, before apprehending a child who resides with one of the child’s parents or another adult member of the child’s family, the service provider must demonstrate that he or she made reasonable efforts to have the child continue to reside with that person.”</p> <p><b>Priority:</b> S 16 (1) “The placement of an Indigenous child in the context of providing child and family services in relation to the child, to the extent that it is consistent with the best interests of the child, is to occur in the following order of priority:</p> <ul style="list-style-type: none"> <li>(a) with one of the child’s parents;</li> <li>(b) with another adult member of the child’s family;</li> <li>(c) with an adult who belongs to the same Indigenous group, community or people as the child;</li> <li>(d) with an adult who belongs to an Indigenous group, community or people other than the one to which the child belongs; or</li> <li>(e) with any other adult.”</li> </ul>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Placement of Indigenous Child	<p><b>Placement With or Near Other Children:</b> S 16 (2) “When the order of priority set out in subsection (1) is being applied, the possibility of placing the child with or near children who have the same parent as the child, or who are otherwise members of the child’s family, must be considered in the determination of whether a placement would be consistent with the best interests of the child.”</p> <p><b>Customs and Traditions:</b> S 16 (2.1) “The placement of a child under subsection (1) must take into account the customs and traditions of Indigenous peoples such as with regards to customary adoption.”</p> <p><b>Family Unity:</b> S 16 (3) “In the context of providing child and family services in relation to an Indigenous child, there must be a reassessment, conducted on a ongoing basis, of whether it would be appropriate to place the child with  (a) a person referred to in paragraph (1)(a), if the child does not reside with such a person; or  (b) a person referred to in paragraph (1)(b), if the child does not reside with such a person and unless the child resides with a person referred to in paragraph (1)(a).”</p> <p><b>Attachment and Emotional Ties:</b> S 17 “In the context of providing child and family services in relation to an Indigenous child, if the child is not placed with a member of his or her family in accordance with paragraph 16(1)(a) or (b), to the extent that doing so is consistent with the best interests of the child, the child’s attachment and emotional ties to each such member of his or her family are to be promoted.”</p>

## Appendix D: Provincial and Territorial Child Welfare Legislation

Table 14 identifies provincial and territorial child welfare legislation governing the provision of child protection services. On January 1, 2020, *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families* will come into force. The *Act* empowers Indigenous communities to develop and enforce their own laws concerning Indigenous child and family services. Under provisions of the *Act*, laws affecting child and family services passed by Indigenous communities prevail over both federal and provincial laws; however, they must adhere to provisions of the 1982 *Canadian Charter of Rights and Freedoms*, the 1985 *Canadian Human Rights Act* and the national standards set for the provision of child and family services to Indigenous children by the *Act*. See **Appendix C: *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families*** for a brief overview of the *Act* and a list of key national standards.

**Table 14: Provincial and Territorial Child Welfare Legislation**

Province/ Territory	Primary Child Welfare Legislation	Associated Child Welfare Legislation
Alberta	Child, Youth and Family Enhancement Act, 2000	<ul style="list-style-type: none"> <li>• Drug Endangered Children Act, 2006</li> <li>• Adoption Regulation, 2004</li> <li>• Child, Youth and Family Enhancement Regulation, 2004</li> <li>• Court Rules and Forms Regulation, 2002</li> <li>• Publication Ban (Court Applications and Orders) Regulation, 2004</li> <li>• Protection Against Family Violence Act, 2000</li> </ul>
British Columbia	Child Family and Community Service Act, 1996	<ul style="list-style-type: none"> <li>• Adoption Act, 1996</li> <li>• Infants Act, 1996</li> <li>• Representative For Children And Youth Act, 2006</li> <li>• Child, Family and Community Service Regulation, 1995</li> </ul>
Manitoba	Child and Family Services Act, 1985	<ul style="list-style-type: none"> <li>• Adoption Act, 1997</li> <li>• The Intercountry Adoption(Haugue Convention) Act, 1995</li> <li>• The Child and Family Services Authorities Act, 2003</li> </ul>
New Brunswick	Family Services Act, 1980	<ul style="list-style-type: none"> <li>• Intercountry Adoption Act, 1996</li> </ul>

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**Table 14: Provincial/Territorial Child Welfare Legislation**

Province/ Territory	Primary Child Welfare Legislation	Associated Child Welfare Legislation
Newfoundland and Labrador	Children, Youth and Families Act, 2018	<ul style="list-style-type: none"> <li>• Adoption Act, 2013</li> </ul>
Northwest Territories	Child and Family Services Act, 1997	<ul style="list-style-type: none"> <li>• Child and Family Services Regulations, 1998</li> </ul>
Nova Scotia	Children and Family Services Act, 1990	<ul style="list-style-type: none"> <li>• Children and Family Services Regulations, 2016</li> <li>• Adoption Information Act, 1996</li> </ul>
Nunavut	Child and Family Services Act, 1997	N/A
Ontario	Child, Youth and Family Services Act, 2017	<ul style="list-style-type: none"> <li>• Children's Law Reform Act, 1990</li> <li>• Family Law Act, 1990</li> </ul>
Prince Edward Island	Child Protection Act, 1988	<ul style="list-style-type: none"> <li>• Adoption Act, 1988</li> </ul>
Quebec	Youth Protection Act, 1984	N/A
Saskatchewan	Child and Family Services Act, 1989- 1990	<ul style="list-style-type: none"> <li>• Adoption Act, 1998</li> <li>• Emergency Protection for Victims of Child Sexual Abuse and Exploitation Regulations, 2002</li> </ul>
Yukon	Child and Family Services Act, 2008	<ul style="list-style-type: none"> <li>• Child and Youth Advocate Act, 2009</li> <li>• Children's Act, 2002</li> </ul>

## Appendix E: Provincial and Territorial Definitions of First Nations and Associated Concepts

The term ‘First Nations Child’ is neither used nor consistently defined in all provincial and territorial statutes. Table 15 identifies key terms and associated definitions of First Nations Child according to the relevant jurisdiction. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from corresponding provincial or territorial primary child welfare legislation.***

**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Alberta	Band	“means band within the meaning of the <i>Indian Act</i> (Canada)” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 1(1) (a.4)
	Council of the Band	“means council of the band within the meaning of the <i>Indian Act</i> (Canada)” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 1(1) (g)
	First Nation Individual	“means an Indian as defined in the <i>Indian Act</i> (Canada)” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 1(1) (j.3)
	Indigenous	“includes First Nations, Metis and Inuit” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 1(1) (m.01)
		“child is a First Nation Individual or a member of a band” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 53 (1) (1.1) (1)
	“[child is] a resident of a reserve” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 107 1(a) (i)	
	Reserve	“means reserve within the meaning of the <i>Indian Act</i> (Canada)” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 1(1) (t) (t.1)

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
British Columbia	First Nation	“means any of the following: (a) a band as defined in the <i>Indian Act</i> (Canada); (b) an Indigenous legal entity prescribed by regulation” Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, ss 1(1)
	First Nation child	“a child who is a member or is entitled to be a member of a First Nation” Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, ss 1(1)
	Indigenous child	“a child (a) who is a First Nation child, (b) who is a Nisga'a child, (c) who is a Treaty First Nation child, (d) who is under 12 years of age and has a biological parent who (i) is of Indigenous ancestry, including Métis and Inuit, and (ii) considers himself or herself to be Indigenous, or (e) who is 12 years of age or over, of Indigenous ancestry, including Métis and Inuit, and considers himself or herself to be Indigenous” Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, ss 1(1a-1e)
	Treaty First Nation	“in relation to a Treaty First Nation child, means the Treaty First Nation of which the child is a Treaty First Nation child” Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, ss 1(1)

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Manitoba	Indian Child	<p>“child is registered or is entitled to be registered as an Indian under the <i>Indian Act</i> (Canada)” Source: <i>The Child and Family Services Act</i>, C.C.S.M. c. C8, ss 30 (1)e</p> <p>“child is registered or is entitled to be registered as an Indian under the <i>Indian Act</i> (Canada)” Source: <i>The Child and Family Services Act</i>, C.C.S.M. c. C8, ss 77 (2) (c.2)</p>
New Brunswick	N/A	<p>No relevant terminology found as the Act is 40 years old and is currently being rewritten. New Brunswick is guided by Operational Protocols between the New Brunswick’s Department of Social Development and First Nation Child and Family Service Agencies (Savoury, 2018, p. 16). Ten key areas covered by the Operational Protocols are as follows: (1) child protection; (2) resources for placement facilities; (3) emergency social services; (4) legal administrative support services; (5) requests for assistance involving child welfare services; (6) the sharing of all information relating to child welfare legislation, regulations, standards, policies, rates, and procedures; (7) training of individuals as it relates to child welfare work; (8) child death review committee; (9) adoption; and (10) consultations involving disputes regarding the Operational Protocols (New Brunswick Department of Social Development and First Nation Child and Family Service Agencies, n.d., pp. 1-9).</p>

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Newfoundland and Labrador	Indigenous Child	"Indigenous child" means: an Inuit child; a Métis child, an Innu, Mi'kmaq or other First Nations child, a child who has a parent who considers the child to be Indigenous, or a person who is at least 12 years of age but under the age of 16 and who considers himself or herself to be Indigenous" Source: <i>Children, Youth and Families Act</i> , SNL2018 Chapter C-12.3, s 2 (1) n (i-iv)
	Indigenous Youth	"Indigenous youth" means: an Inuit youth, a Métis youth, an Innu, Mi'kmaq or other First Nations youth, or a youth who considers himself or herself to be Indigenous" Source: <i>Children, Youth and Families Act</i> , SNL2018 Chapter C-12.3, s 2 (1) q (i-iv)
	Labrador Inuit rights	"This Act and regulations made under this Act shall be read and applied in conjunction with the <i>Labrador Inuit Land Claims Agreement Act</i> and, where a provision of this Act or regulations made under this Act is inconsistent or conflicts with a provision, term or condition of the <i>Labrador Inuit Land Claims Agreement Act</i> , the provision, term or condition of the <i>Labrador Inuit Land Claims Agreement Act</i> shall have precedence over the provision of this Act or a regulation made under this Act." Source: <i>Children, Youth and Families Act</i> , SNL2018 Chapter C-12.3, s 3

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Newfoundland and Labrador	Cultural Connection Plan	“a description of the arrangements made or being made to foster an Indigenous child's or Indigenous youth's connection with his or her culture, heritage, traditions, community, language and spirituality to preserve the Indigenous child's or Indigenous youth's cultural identity” Source: <i>Children, Youth and Families Act</i> , SNL2018 Chapter C-12.3, s 2 (1) f
Northwest Territories	Best Interests of the Child	“Where there is a reference in this Act to the best interests of a child, all relevant factors must be taken into consideration in determining the best interests of a child including the following factors, with a recognition that differing cultural values and practices must be respected in making that determination: (c) the child's cultural, linguistic and spiritual or religious upbringing and ties” Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s3 and ss 3(c)
Nova Scotia	Aboriginal Child	“a child who is registered under the <i>Indian Act</i> (Canada) and includes a Mi'kmaq child” Source: <i>Children and Family Services Act</i> , 1990 s 3(1) (a)
	Band	“a band as defined in the <i>Indian Act</i> (Canada) within the Province of Nova Scotia” Source: <i>Children and Family Services Act</i> , 1990 s 3(1) (b)

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Nunavut	Best Interests of the Child	<p>“Where there is a reference in this Act to the best interests of a child, all relevant factors must be taken into consideration in determining the best interests of a child including the following factors, with a recognition that differing cultural values and practices must be respected in making that determination:</p> <p>(c) the child's cultural, linguistic and spiritual or religious upbringing and ties”</p> <p>Source: <i>Child and Family Services Act, SNWT (Nu) 1997</i>, c.13, s3 and ss 3(c)</p>
Ontario	Band	<p>“has the same meaning as in the <i>Indian Act (Canada)</i>”</p> <p>Source: <i>Child, Youth and Family Services Act, 2017</i>, SO 2017, c 14, Sch 1, s 2(1)</p>
	Extended Family	<p>“persons to whom a child is related, including through a spousal relationship or adoption and, in the case of a First Nations, Inuk or Métis child, includes any member of,</p> <p>(a) a band of which the child is a member,</p> <p>(b) a band with which the child identifies,</p> <p>(c) a First Nations, Inuit or Métis community of which the child is a member, and</p> <p>(d) a First Nations, Inuit or Métis community with which the child identifies”</p> <p>Source: <i>Child, Youth and Family Services Act, 2017</i>, SO 2017, c 14, Sch 1, s 2(1)</p>
	First Nations, Inuit or Métis Community	<p>“a community listed by the Minister in a regulation made under section 28 [of the Act]”</p> <p>Source: <i>Child, Youth and Family Services Act, 2017</i>, SO 2017, c 14, Sch 1, s 2(1)</p>
	Regulations Listing First Nations, Inuit and Métis communities	<p>“The Minister may make regulations establishing lists of First Nations, Inuit and Métis communities for the purposes of this Act.”</p> <p>Source: <i>Child, Youth and Family Services Act, 2017</i>, SO 2017, c 14, Sch 1, s 68 (1)</p>

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Ontario	Child's/Young Person's Bands	<p>"a reference to a child's or young person's bands and First Nations, Inuit or Métis communities includes all of the following:</p> <ol style="list-style-type: none"> <li>1. Any band of which the child or young person is a member.</li> <li>2. Any band with which the child or young person identifies.</li> <li>3. Any First Nations, Inuit or Métis community of which the child or young person is a member.</li> <li>4. Any First Nations, Inuit or Métis community with which the child or young person identifies" <p>Source: <i>Child, Youth and Family Services Act</i>, 2017, SO 2017, c 14, Sch 1, s 2 (4)</p> </li></ol>
	Designation Of Child And Family Service Authority	<p>"A band or First Nations, Inuit or Métis community may designate a body as a First Nations, Inuit or Métis child and family service authority."</p> <p>Source: <i>Child, Youth and Family Services Act</i>, 2017, SO 2017, c 14, Sch 1, s 70 (1)</p>
Prince Edward Island	Aboriginal Child	<p>"a child who</p> <ol style="list-style-type: none"> <li>(i) is registered in accordance with the <i>Indian Act</i> (Canada),</li> <li>(ii) has a biological parent who is registered in accordance with the <i>Indian Act</i> (Canada),</li> <li>(iii) is under 12 years old and has a biological parent who <ol style="list-style-type: none"> <li>(A) is a descendant from an aboriginal person, and</li> <li>(B) considers himself or herself to be aboriginal, or</li> </ol> </li> <li>(iv) is 12 years old or more, a descendant of an aboriginal person and considers himself or herself to be aboriginal" <p>Source: <i>Child Protection Act</i>, RSPEI 1988, c C-5.1, s 1 (a)</p> </li></ol>
	Band	<p>"a body of Indians as defined by the <i>Indian Act</i> (Canada)"</p> <p>Source: <i>Child Protection Act</i>, RSPEI 1988, c C-5.1, s 1(e)</p>
	Band Council	<p>"band council" means the governing body for a band, as defined by the <i>Indian Act</i> (Canada)"</p> <p><i>Child Protection Act</i>, RSPEI 1988, c C-5.1, s 1(f)</p>
	Designated Representative	<p>"a person designated by the band council to represent the band respecting an aboriginal child"</p> <p><i>Child Protection Act</i>, RSPEI 1988, c C-5.1, s 1(n)</p>

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Quebec		No relevant terminology identified.
Saskatchewan	Band	“a band as defined in the <i>Indian Act</i> (Canada) and includes the council of a band” Source: <i>The Child and Family Services Act</i> , SS 1989-90, c C-7.2, s 2 (1) (a.1)
	Band list	“a band list as defined in the <i>Indian Act</i> (Canada)” Source: <i>The Child and Family Services Act</i> , SS 1989-90, c C-7.2, s 2 (1) (b)
	Status Indian	“a person who is: (i) registered as an Indian; or (ii) entitled to be registered as an Indian; pursuant to the.”  “child is a status Indian: (i) whose name is included in a Band List; or (ii) who is entitled to have his or her name included in a Band List”  Source: <i>The Child and Family Services Act</i> , SS 1989-90, c C-7.2, s 2 (1) (s)
Yukon	First Nation	“means one of the following: (a) Carcross/Tagish First Nation; (b) Champagne and Aishihik First Nations; (c) Kluane First Nation; (d) Kwanlin Dun First Nation; (e) Liard First Nation; (f) Little Salmon/Carmacks First Nation; (g) First Nation of Nacho Nyak Dun; (h) Ross River Dena Council; (i) Selkirk First Nation; (j) Ta’an Kwach’an Council; (k) Teslin Tlingit Council; (l) Tr’ondëk Hwëch’in; (m) Vuntut Gwitchin First Nation; or (n) White River First Nation” Source: <i>Child and Family Services Act</i> , SY 2008, c 1, s 1 (a) – 1 (n).

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Yukon	First Nations Service Authority	“means an authority designated under section 169 [of the <i>Child and Family Services Act</i> , SY 2008, c 1]” Source: <i>Child and Family Services Act</i> , SY 2008, c 1, s (1)
	Member of a First Nation	“means: (a) when used in respect of a First Nation that has a final agreement, a person enrolled or eligible to be enrolled under the final agreement, and (b) when used in respect of a First Nation that is a band under the provisions of the <i>Indian Act</i> (Canada) a person who is a member of the band under that Act” Source: <i>Child and Family Services Act</i> , SY 2008, c 1, s (1)

## Appendix F: Provincial and Territorial Age of Protection and Definitions of Child and/or Youth

Age of protection “refers to the age of the identified ‘child’ engaged in the child welfare process. Each province and territory has its own legislation in regards to mandated age of service. Consequently, the identified age depending on legislation is the maximum age that may be serviced by child welfare organizations. Ages range from anywhere between 16 to 19 years as the top age that may be serviced” (Sturtridge, 2013: 1-2). Table 16 identifies the age of protection for each province and territory along with corresponding definitions of child and/or youth. Please refer to **Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from corresponding provincial or territorial primary child welfare legislation.***

**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
Alberta	under 18	“a person under the age of 18 years and includes a youth unless specifically stated otherwise” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, s 1 (d)	“a child who is 16 years of age or older” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, s 1 (z) (cc)
British Columbia	under 19	“a person under 19 years of age and includes a youth” Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 1 (1)	“a person who is 16 years of age or over but is under 19 years of age” Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 1 (1)

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**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
Manitoba	under 18	“a person under the age of majority” Source: <i>The Child and Family Services Act</i> , C.C.S.M. c. C8, ss 77 (2) (c.2) *age of majority in Manitoba is 18	no definition
New Brunswick	under 19  “aged 19 and over for mentally incompetent people categorized as “neglected adults” (Public Health Agency of Canada, 2019, p. 13).	“a person actually or apparently under the age of majority*, unless otherwise specified or prescribed in [the] Act or the regulations, and includes: (a) an unborn child; (b) a stillborn child; (c) a child whose parents are not married to one another; (d) a child to whom a person stands in loco parentis, if that person’s spouse is a parent of the child; and (e) when used in reference to the relationship between an adopted person and the person adopting or the relationship between a person and his birth mother or birth father, a person who has attained the age of majority*” Source: <i>Family Services Act</i> , SNB 1980, c F-2.2, s 1 *age of majority in New Brunswick is 19	no definition

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**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
New Brunswick		<p>“Current provisions ...provide for protective services for neglected or abused adults and provide that a child in care who reaches adulthood, who is mentally incompetent and who does not have an adult who could assume responsibility for the child’s care can be treated as a neglected adult by the court. The Act permits the Minister to continue to provide care and support for a child who has been in care under a guardianship order who has reached the age of majority.* The eligibility for continued care and support is set out in the Child in Care Program Practice Standards” (Public Health Agency of Canada, 2019, p. 13).”</p> <p>*age of majority in New Brunswick is 19</p>	
Newfoundland and Labrador	<p>under 16</p> <p>between 16 and 18 if child has limited mental capacity</p> <p><i>Source: Children, Youth and Families Act, SNL2018 Chapter C-12.3, s 21 (1) c</i></p>	<p>“a person actually or apparently under the age of 16 years”</p> <p><i>Source: Children, Youth and Families Act, SNL2018 Chapter C-12.3, s 2(1) d</i></p>	<p>“a person who is at least 16 years of age but under 18 years of age”</p> <p><i>Source: Children, Youth and Families Act, SNL2018 Chapter C-12.3, s 2(1) ff</i></p>

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**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
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Northwest Territories	under 19 separate protection scheme for youth between 16 and 19 Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s 29	“a person who is or, in the absence of evidence to the contrary, appears to be under 16 years of age” Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s 1	“a person who has attained the age of 16 years but has not attained the age of majority*” Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s 1 *age of majority is 19 in the Northwest Territories
Nova Scotia	under 19 “Children older than 16 and younger than 19 who are in need of protective services may enter into agreements with an agency for placement or services. A court can order a care and custody order to extend past the child’s 19 <sup>th</sup> birthday if the child is under a disability, in which case the order can extend to the child’s 21 <sup>st</sup> birthday” (Public Health Agency of Canada, 2019, p. 13).” See also <i>Children and Family Services Act</i> , 1990 s 19	“a person under nineteen years of age” Source: <i>Children and Family Services Act</i> , 1990 s 3 (1) (e)	no definition

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**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
Nunavut	under 19	"child" means a person who is or, in the absence of evidence to the contrary, appears to be under the age of 16 years, and a person in respect of whom an order has been made under subsection 47(3) or 48(2)" Source: <i>Child and Family Services Act</i> , SNWT (Nu) 1997, c 13, s (1)	"a person who has attained the age of 16 years but has not attained the age of majority."  *age of majority is 19 in Nunavut Source: <i>Child and Family Services Act</i> , SNWT (Nu) 1997, c 13, s (1)
Ontario	under 18	"a person younger than 18" Source: <i>Child, Youth and Family Services Act</i> , 2017, SO 2017, c 14, Sch 1, s 2(1)	no definition
Prince Edward Island	under 18	" a person under the age of 18 years" Source: <i>Child Protection Act</i> , RSPEI 1988, c C-5.1, s 1(h)	"a person over 12 and under 18" Source: <i>Child Protection Act</i> , RSPEI 1988, c C-5.1, s 1(y)
Quebec	under 18	"a person under the age of 18 years" Source: <i>Youth Protection Act</i> , CQLR c P-34.1, s 1(c)	no definition

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**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
Saskatchewan	under 16 age 16 and 17 in “circumstances of an exceptional nature” <i>Source: The Child and Family Services Act, SS 1989-90, c C-7.2, s 18 (1)</i>	“except where a contrary intention is expressed, an unmarried person actually or apparently under 16 years of age” <i>Source: The Child and Family Services Act, SS 1989-90, c C- 7.2, s 2 (1) (d)</i>  “a person who is 16 or 17 years of age is in need of care and supervision and: (a) there is no parent willing to assume the responsibility for the person; or (b) the person cannot be re- established with his or her family; the director may, by agreement with the person, provide residential services, financial assistance or both to that person” <i>Source: Source: The Child and Family Services Act, SS 1989-90, c C-7.2, s 10 (1)</i>	no definition
Yukon	under 19	“a person under 19 years of age” <i>Source: Child and Family Services Act, SY 2008, c 1, s1</i>	“a person who is 16 years of age or over but is under 19 years of age” <i>Source: Child and Family Services Act, SY 2008, c 1, s1</i>

## Appendix G: Provincial and Territorial Terminology for Neglect

The term ‘neglect’ is not consistently defined in all provincial and territorial statutes, but interchangeable concepts include ‘failure to care and provide for or supervise and protect,’ ‘does not provide,’ ‘refuses or is unavailable or unable to consent to treatment.’ Table 17 identifies terms and/or concepts for neglect according to the respective provincial and territorial jurisdictions. For detailed definitions of neglect according to province and territory, see *Appendix H: Provincial and Territorial Definitions of Neglect*.

**Table 17: Provincial and Territorial Terminology for Neglect**

Province/ Territory	Provincial and Territorial Terminology for Neglect
Alberta	<ul style="list-style-type: none"> <li>• abandoned</li> <li>• neglect</li> <li>• cruel and unusual treatment or punishment</li> </ul> Source: Public Health Agency of Canada (2019, p. 18)
British Columbia	<ul style="list-style-type: none"> <li>• deprivation</li> <li>• abandonment</li> </ul> Source: Public Health Agency of Canada (2019, pp. 18-19)
Manitoba	<ul style="list-style-type: none"> <li>• act or omission</li> <li>• lack of adequate care, supervision or control</li> <li>• failure or refusal to provide</li> </ul> Source: Public Health Agency of Canada (2019, p. 18)
New Brunswick	<ul style="list-style-type: none"> <li>• lack of adequate care, supervision or control</li> <li>• unfit or improper circumstances</li> <li>• failure or refusal to provide or obtain</li> <li>• neglects or refuses to ensure</li> </ul> Source: Public Health Agency of Canada (2019, pp. 19-20).
Newfoundland and Labrador	<ul style="list-style-type: none"> <li>• failure or refusal to obtain or permit</li> <li>• abandonment</li> <li>• left without adequate supervision</li> </ul> Source: Public Health Agency of Canada (2019, pp. 19-20)
Northwest Territories	<ul style="list-style-type: none"> <li>• failure to provide or consent to treatment</li> <li>• failure to obtain services or treatment</li> <li>• abandoned</li> <li>• failure to provide or consent to provision of services</li> </ul> Source: Public Health Agency of Canada (2019, pp. 19-20).

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**Table 17: Provincial and Territorial Terminology for Neglect**

Province/ Territory	Provincial and Territorial Terminology for Neglect
Nova Scotia	<ul style="list-style-type: none"> <li>• neglect</li> <li>• substantial risk of neglect</li> </ul> Source: Public Health Agency of Canada (2019, p. 21)
Nunavut	<ul style="list-style-type: none"> <li>• failure to provide or consent</li> <li>• failure to provide or consent to treatment</li> <li>• unavailable, unable or unwilling to properly care for the child</li> <li>• malnutrition</li> <li>• abandonment</li> </ul> Source: Public Health Agency of Canada (2019, pp. 21-22)
Ontario	<ul style="list-style-type: none"> <li>• failure to provide or consent to treatment</li> <li>• unable to care for child</li> </ul> Source: Public Health Agency of Canada (2019, p. 21)
Prince Edward Island	<ul style="list-style-type: none"> <li>• neglect</li> <li>• inadequate supervision or protection</li> <li>• failure to obtain or consent</li> <li>• abandonment</li> <li>• fails to obtain or consent to treatment</li> </ul> Source: Public Health Agency of Canada (2019, pp. 23-24)
Quebec	<ul style="list-style-type: none"> <li>• abandoned</li> <li>• neglected,</li> <li>• psychological ill-treatment</li> <li>• do not exercise stable supervision</li> </ul> Source: Public Health Agency of Canada (2019, p. 23)
Saskatchewan	<ul style="list-style-type: none"> <li>• need of protection</li> <li>• failure to provide</li> <li>• failure to remedy</li> </ul> Source: Public Health Agency of Canada (2019, pp. 23-24)
Yukon	<ul style="list-style-type: none"> <li>• protective intervention</li> <li>• deprivation</li> <li>• prevent imminent serious physical or mental harm</li> <li>• alleviate severe pain</li> <li>• abandonment</li> <li>• failure to provide or consent to services</li> </ul> Source: Public Health Agency of Canada (2019, p. 24)

## Appendix H: Provincial and Territorial Definitions of Neglect

Each province and territory has unique legislation defining and describing responses to neglect. Table 18 provides provincial and territorial definitions of neglect. Please refer to **Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.***

**Table 18: Provincial and Territorial Definitions of Neglect**

Province/ Territory	Definition of Neglect
Alberta	<p>“A child is neglected if the guardian (a) is unable or unwilling to provide the child with the necessities of life, (b) is unable or unwilling to obtain for the child, or to permit the child to receive, essential medical, surgical or other remedial treatment that is necessary for the health or well-being of the child, or (c) is unable or unwilling to provide the child with adequate care or supervision”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 2 (2.1)</p>
British Columbia	<p>“Neglect is failure to provide for a child’s or youth’s basic needs. It involves an act of omission by the parent or guardian, resulting in (or likely to result in) harm to the child or youth. Neglect may include failure to provide food, shelter, basic health care, supervision or protection from risks, to the extent that the child’s or youth’s physical health, development or safety is, or is likely to be, harmed”</p> <p>Source: Government of British Columbia (2017, p. 25)</p> <p>“Physical Indicators [of neglect include:] [i]Injuries where medical care has been unusually delayed or avoided; [i]njuries resulting from a lack of supervision; [m]edical or dental needs that are consistently unattended to; [f]ailure to thrive” in a child where no medical reason has been found; [c]lothing consistently inadequate for weather conditions; [p]ersistent hunger; [p]oor or inadequate nutrition; or [p]oor personal hygiene”</p> <p>Source: Government of British Columbia (2017, p. 28)</p>

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**Table 18: Provincial and Territorial Definitions of Neglect**

Province/ Territory	Definition of Neglect
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British Columbia	<p>“Behavioural [i]ndicators [of neglect include:] [f]orages for, hoards or steals food; [d]evelopmental delay or setbacks related to a lack of stimulation; [p]oor school attendance; [i]nappropriately takes on a caregiver role for a parent or siblings; [t]ired or unable to concentrate at school; [a]ppears sad or has flat affect; [r]eluctant to go home; speaks of being or appears to be left alone at home a lot, unsupervised; [i]s involved in behaviours such as misuse of drugs or alcohol, stealing, fire-setting; or [d]oes not respond to affection or stimulation”</p> <p>Source: Government of British Columbia (2017, p. 29)</p>
Manitoba	<p>“a child is in need of protection where the life, health or emotional well-being of the child is endangered by the act or omission of a person”</p> <p>Source: <i>The Child and Family Services Act</i>, C.C.S.M. c. C8, s 71 (1)</p>
New Brunswick	<p>“<i>Physical [n]eglect</i> [occurs w]hen parents or caregivers fail to provide a child's basic needs. Physical neglect might include failing to provide children with proper food, clothing, or shelter. It may also involve lack of attention to, or refusal to provide, proper healthcare treatment. Neglect also happens when a person caring for a child does not, or cannot, control and supervise the child. This includes failing to make the child go to school, or stopping the child from harming himself or others” Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p> <p>“Emotional maltreatment [r]efers to both emotional abuse and <i>emotional neglect</i>. This might include repeated attacks on a child's sense of self-worth, insults, isolation, rejection, unrealistic expectations or constant criticism. It might also involve terrorizing a child such as threatening to kill the family pet” Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p>

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Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Newfoundland and Labrador	<p>“A child is in need of protective intervention where the child:</p> <p>(a) is being, or is at risk of being, physically harmed by the action or <i>lack of appropriate action by the child’s parent</i>;</p> <p>(c) is being, or is at risk of being, emotionally harmed by the parent's conduct and there are reasonable grounds to believe that the emotional harm suffered by the child, or that may be suffered by the child, results from the actions, <i>failure to act or pattern of neglect</i> on the part of the child's parent;</p> <p>(e) is being, or is at risk of being, sexually abused or exploited by a person and the child's <i>parent does not protect the child</i>;</p> <p>(f) is being, or is at risk of being, emotionally harmed by a person and the child's <i>parent does not protect the child</i>;</p> <p>(g) is in the custody of a parent who <i>refuses or fails to obtain or permit essential medical, psychiatric, surgical or remedial care or treatment</i> to be given to the child when recommended by a qualified health practitioner;</p> <p>(h) is <i>abandoned</i>;</p> <p>(i) has no living parent and <i>no adequate provision</i> has been made for the child's care;</p> <p>(j) has no parent available to care for the child and the <i>parent has not made adequate provision</i> for the child's care;</p> <p>(k) has <i>no parent able or willing to care for the child</i>;</p> <p>(o) has been left <i>without adequate supervision appropriate to the child's developmental level</i>; or</p> <p>(p) is actually or apparently under 12 years of age and has</p> <p>(i) allegedly killed or seriously injured another person or has caused serious damage to another person's property, or</p> <p>(ii) on more than one occasion caused injury to another person or other living thing or threatened, either with or without weapons, to cause injury to another person or other living thing, either with the parent's encouragement or because the <i>parent does not respond adequately to the situation</i>.</p> <p>Source: <i>Children, Youth and Families Act</i>, SNL2018 Chapter C-12.3, s 10 (1) (a-p)</p>

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Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Northwest Territories	<p>“A child needs protection where</p> <p>(a) the child has suffered physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately</i>;</p> <p>(b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately</i>;</p> <p>(c) the child has been sexually molested or sexually exploited by the child's parent or by another person where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was <i>unwilling or unable to protect the child</i>;</p> <p>(d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is <i>unwilling or unable to protect the child</i>;</p> <p>(e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm</i>;</p> <p>(f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm</i>;</p> <p>(g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition</i>;</p> <p>(h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's <i>parent is unavailable, unable or unwilling to properly care for the child</i>;</p>

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Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Northwest Territories	<p>(i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's <i>parent is unavailable, unable or unwilling to properly care for the child</i>;</p> <p>(j) the child requires medical treatment to cure, prevent or alleviate serious physical harm or serious physical suffering and the child's"</p> <p>Source: <i>Child and Family Services Act</i>, SNWT 1997, c.13, s 7 (3)</p>
Nova Scotia	<p>"[N]eglect" means the chronic and serious failure to provide to the child (i) adequate food, clothing or shelter, (ii) adequate supervision, (iii) affection or cognitive stimulation, or (iv) any other similar failure to provide"</p> <p>Source: <i>Children and Family Services Act</i>, 1990, s 3 (1) (p)</p>
Nunavut	<p>"A child needs protection where (a) the child has suffered physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately</i>;</p> <p>(b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately</i>;</p> <p>(c) the child has been sexually molested or sexually exploited by the child's parent or by another person where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was <i>unwilling or unable to protect the child</i>;</p> <p>(d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is <i>unwilling or unable to protect the child</i>;</p> <p>(e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm</i>;</p> <p>(f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm</i>;</p>

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Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Nunavut	<p>(g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent <i>does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;</i></p> <p>(h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's <i>parent is unavailable, unable or unwilling to properly care for the child;</i></p> <p>(i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's <i>parent is unavailable, unable or unwilling to properly care for the child;</i></p> <p>(j) the child requires medical treatment to cure, prevent or alleviate serious physical harm or serious physical suffering and the child's"</p> <p>Source: <i>Child and Family Services Act, SNWT (Nu) 1997, c.13, s 7 (3)</i></p>
Ontario	<p>"failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child"</p> <p>Source: <i>Child, Youth and Family Services Act, 2017, SO 2017, c 14, Sch 1, s 2 (a) (i)</i></p>
Prince Edward Island	<p>"[F]ailure to provide a child with adequate care and guidance, or other acts of omission by a parent respecting a child, that are inappropriate for the child or likely to be harmful to the child"</p> <p>Source: <i>Child Protection Act, RSPEI 1988, c C-5.1, s 1 (r)</i></p>
Quebec	<p>"[R]efers to (1) a situation in which the child's parents or the person having custody of the child do not meet the child's basic needs, i. failing to meet the child's basic physical needs with respect to food, clothing, hygiene or lodging, taking into account their resources; ii. failing to give the child the care required for the child's physical or mental health, or not allowing the child to receive such care; or iii. failing to provide the child with the appropriate supervision or support, or failing to take the necessary steps to ensure that the child receives a proper education and, if applicable, that he attends school as required under the <i>Education Act</i> (chapter I-13.3) or any other applicable legislation; or (2) a situation in which there is a serious risk that a child's parents or the person having custody of the child are not providing for the child's basic needs in the manner referred to in subparagraph 1"</p> <p>Source: <i>Youth Protection Act, CQLR c P-34.1, s 38 (b) (1)</i></p>

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Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Saskatchewan	<p>“Neglect [refers to] failing to provide a child with enough food, proper clothing, shelter, health care, or supervision” (Government of Saskatchewan, n.d., p. 1). Physical indicators of neglect include: “abandonment; unattended medical or dental needs; lack of supervision; hunger; inappropriate dress; poor hygiene; persistent health conditions (e.g., scabies, head lice, diaper rash or other skin disorder); and developmental delays (e.g., language, weight)” (Government of Saskatchewan, n.d., p. 3). Child behavioural indicators of neglect include: “displays fatigue or listlessness, falls asleep in class; steals food; reports that no caregiver is at home; and frequently absent or late for school” (Government of Saskatchewan, n.d., p. 3).</p> <p>“A child is in need of protection if: (a) <i>as a result of action or omission by the child’s parent:...(iv) medical, surgical or other recognized remedial care or treatment that is considered essential by a duly qualified medical practitioner has not been or is not likely to be provided to the child; (v) the child’s development is likely to be seriously impaired by failure to remedy a mental, emotional or developmental condition; ... (b) there is no adult person who is able and willing to provide for the child’s needs, and physical or emotional harm to the child has occurred or is likely to occur; or (c) the child is less than 12 years of age and: ... (ii) the child’s parent is unable or unwilling to provide for the child’s needs”</i> Source: <i>The Child and Family Services Act</i>, SS 1989-90, c C-7.2, s 11</p>
Yukon	<p>“Neglect [is defined as] failing to provide for a child’s basic needs, including essential food, appropriate clothing, shelter, health care or supervision” Source: Yukon Health and Social Services (2017, p. i)</p> <p>Possible physical indicators of neglect include: “abandonment; unattended medical or dental needs; consistent lack of supervision; consistent hunger, inappropriate dress for weather conditions and poor hygiene; persistent and untreated conditions (e.g., scabies, head lice, diaper rash or other skin disorder); and developmental delays (e.g., language, weight)” Source: Yukon Health and Social Services (2017, p. 9)</p> <p>Possible behavioral indicators of neglect include: regularly displays fatigue or listlessness or falls asleep in class; steals food, begs from classmates; reports that no caretaker is at home; frequently absent or late; self-destructive; school drop-outs (adolescents); lack of parental participation; misuse of alcohol or drugs; [and/or] lack of trust in others” Source: Yukon Health and Social Services (2017, p. 9)</p>

## Appendix I: Provincial and Territorial Definitions of Physical Abuse

Each province and territory has unique legislation defining and describing responses to physical abuse. Table 19 provides provincial and territorial definitions of physical abuse. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.***

**Table 19: Provincial and Territorial Definitions of Physical Abuse**

Province/Territory	Definition of Physical Abuse
Alberta	<p>“[A] a child is <i>physically injured</i> if there is substantial and observable injury to any part of the child’s body as a result of the non-accidental application of force or an agent to the child’s body that is evidenced by a laceration, a contusion, an abrasion, a scar, a fracture or other bony injury, a dislocation, a sprain, hemorrhaging, the rupture of viscus, a burn, a scald, frostbite, the loss or alteration of consciousness or physiological functioning or the loss of hair or teeth”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 3 (b)</p>
British Columbia	<p>“Physical abuse is a deliberate physical assault or action by a person that results in, or is likely to result in, physical harm to a child or youth. It includes the use of unreasonable force to discipline a child or youth or prevent a child or youth from harming him/herself or others. The injuries sustained by the child or youth may vary in severity and range from minor bruising, burns, welts or bite marks to major fractures of the bones or skull to, in the most extreme situations, death. The likelihood of physical harm to a child or youth increases when the child or youth is living in a situation where there is domestic violence by or towards a person with whom the child or youth resides. Domestic violence is a pattern of intentionally coercive and violent behaviour toward an individual with whom there is or has been an intimate relationship. It includes physical abuse such as hitting, slapping, pushing, choking, assault with a weapon, locking out of the house or the threat of physical abuse”</p> <p>Source: Government of British Columbia (2017, p. 23)</p>

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**Table 19: Provincial and Territorial Definitions of Physical Abuse**

Province/Territory	Definition of Physical Abuse
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Manitoba	<p>“Physical abuse can be a single incident or repeated pattern including: the intentional use of force or pain on any part of a child's body; [and/or] any contact or action that causes physical injuries. Some <i>behavioural signs of physical abuse</i> could include but are not limited to: inconsistent explanation for injuries or cannot remember; wary of adults; flinch if touched unexpectedly; extremely aggressive or extremely withdrawn; feels deserving of punishment; apprehensive when others cry; frightened of parents afraid to go home. Some <i>physical signs of physical abuse</i> could include but are not limited to: injuries not consistent with explanation; numerous injuries in varying stages of recovery or healing; presence of injuries over an extended period of time; facial injuries; and injuries inconsistent with the child’s age and developmental phase”</p> <p>Source: Manitoba Child and Family Services (n.d., <i>Physical Abuse</i>)</p>
New Brunswick	<p>“Physical abuse [refers to t]he use of unreasonable force against a child. What is considered reasonable will depend on the age of the child, the severity of the actions and its lack of healthy corrective purpose regarding the child’s behaviour. This might include, for example, hitting, slapping, shaking, choking, kicking or burning a child. It also includes any conduct by a caregiver that might put the child's life, health or well-being at risk”</p> <p>Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p> <p>“Signs of [p]hysical [a]buse [include the following:] child has welts, bite marks, unexplained bruises, scars, burns, fractures or head injuries; child runs away from home or will not go home; [and/or] child has repetitive injuries or unattended injuries”</p> <p>Source: Public Legal Education and Information Service of New Brunswick (2007, p. 3)</p>
Newfoundland and Labrador	<p>“action on the part of the parent in which a child/youth sustained or is likely to sustain a physical injury. Injury to the child/youth may be current or may have occurred in the past”</p> <p>Source: Newfoundland and Labrador, Department of Children, Seniors and Social Development (n.d., <i>How Do You Define</i>)</p>

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**Table 19: Provincial and Territorial Definitions of Physical Abuse**

Province/Territory	Definition of Physical Abuse
Northwest Territories	<p>“A child needs protection where;            (a) the child has suffered physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately;            (b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately”            Source: <i>Child and Family Services Act</i>, SNWT 1997, c.13, s 7.3 (a-b)</p> <p>“any physical injury of a child which is not accidental”            Source: Northwest Territories (2012, p. 7)</p>
Nova Scotia	<p>“the intentional use of force on any part of a child's body that results in injury”            Source: Government of Nova Scotia (n.d., <i>Physical Abuse</i>)</p>
Nunavut	<p>“A child needs protection where;            (a) the child has suffered physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately;            (b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately”            Source: <i>Child and Family Services Act</i>, SNWT (Nu) 1997, c.13, s 7.3 (a-b)</p>

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**Table 19: Provincial and Territorial Definitions of Physical Abuse**

Province/ Territory	Definition of Physical Abuse
Ontario	<p>“any deliberate physical force or action, by a parent or caregiver, which results, or could result, in injury to a child. It can include bruising, cuts, punching, slapping, beating, shaking, burning, biting or throwing a child. Using belts, sticks or other objects to punish a child can cause serious harm and is also considered abuse”</p> <p>Source: Ontario Association of Children’s Aid Societies (n.d., <i>Physical Abuse</i>)</p>
Prince Edward Island	No definition identified.
Quebec	<p>“[R]efers to (1) a situation in which the child is the victim of bodily injury or is subjected to unreasonable methods of upbringing by his parents or another person, and the child’s parents fail to take the necessary steps to put an end to the situation; or (2) a situation in which the child runs a serious risk of becoming the victim of bodily injury or being subjected to unreasonable methods of upbringing by his parents or another person, and the child’s parents fail to take the necessary steps to put an end to the situation”</p> <p>Source: <i>Youth Protection Act</i>, CQLR c P-34.1, s 38 (e)</p>
Saskatchewan	<p>“Physical abuse [refers to] any action, including discipline, causing injury to the child’s body” (Government of Saskatchewan, n.d., p. 1). Physical indicators include: injuries (bruises, cuts, burns, bite marks, fractures, etc.) that are not consistent with explanation offered; the presence of several injuries over a period of time; any bruising on an infant; facial injuries in preschool children (e.g., cuts, bruises, sores, etc.); and injuries inconsistent with the child’s age and development” Source: Government of Saskatchewan (n.d., p. 3)</p> <p>Behavioural indicators include: “cannot recall how injuries occurred, or offers an inconsistent explanation; reluctant to go home; frequent absences from school; fear of adults; may cringe or flinch if touched unexpectedly; may display a vacant stare or frozen watchfulness; extremely aggressive or withdrawn; [and] extremely compliant and/or eager to please</p> <p>Source: Government of Saskatchewan (n.d., p. 3)</p>

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**Table 19: Provincial and Territorial Definitions of Physical Abuse**

Province/Territory	Definition of Physical Abuse
Yukon	<p>“Physical abuse [refers to] any deliberate, non-accidental assault or use of force against a child that results in physical harm. This can include excessive or inappropriate discipline that causes injury to the child’s body” Source: Yukon Health and Social Services (2017, p. i)</p> <p>Possible <i>physical indicators of physical abuse</i> include: “injuries (bruises, cuts, burns, bite marks, fractures, etc.) that are not consistent with explanation offered (e.g., extensive bruising to one area); the presence of several injuries over a period of time; any bruising on an infant; facial injuries in preschool children (e.g., cuts, bruises, sores, etc.); injuries inconsistent with the child’s age and development; [and/or] injuries that form a shape or pattern that resemble the object used to make the injury (e.g., buckle, hand, teeth, cigarette burns)” Source: Yukon Health and Social Services (2017, p. 6)</p> <p>Possible child <i>behavioural indicators of physical abuse</i> include: “cannot recall how injuries occurred, or offers an inconsistent explanation; wary of adults or reluctant to go home, absences from school; may cringe or flinch if touched unexpectedly; may display a vacant stare or frozen watchfulness; extremely aggressive or extremely withdrawn; wears long sleeves to hide injury; extremely compliant and/or eager to please; sad, cries frequently; and describes self as bad and deserving to be punished” Source: Yukon Health and Social Services (2017, p. 6)</p>



## Appendix J: Provincial and Territorial Definitions of Sexual Abuse

Each province and territory has unique legislation defining and describing responses to sexual abuse. Table 20 provides provincial and territorial definitions of sexual abuse. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.***

**Table 20: Provincial and Territorial Definitions of Sexual Abuse**

Province/Territory	Definition of Sexual Abuse
Alberta	<p>“[A] child is sexually abused if the child is inappropriately exposed or subjected to sexual contact, activity or behaviour including prostitution related activities.”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 1(3) (c)</p>
British Columbia	<p>“Sexual abuse is when a child or youth is used (or likely to be used) for the sexual gratification of another person. It includes: [t]ouching or invitation to touch for sexual purposes; [i]ntercourse (vaginal, oral or anal); [m]enacing or threatening sexual acts, obscene gestures, obscene communications or stalking; [s]exual references to the child’s or youth’s body/behaviour by words/gestures; [r]equests that the child or youth expose their body for sexual purposes; [d]eliberate exposure of the child or youth to sexual activity or material; and [s]exual aspects of organized or ritual abuse”</p> <p>Source: Government of British Columbia (2017, p. 24)</p> <p>“Sexual exploitation is a form of sexual abuse that occurs when a child or youth engages in a sexual activity, usually through manipulation or coercion, in exchange for money, drugs, food, shelter or other considerations. Sexual activity includes: [p]erforming sexual acts; [s]exually explicit activity for entertainment; [i]nvolvement with escort or massage parlour services; and [a]ppearing in pornographic images. Children and youth living on the street are particularly vulnerable to exploitation”</p> <p>Source: Government of British Columbia (2017, pp. 24-25).</p>

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**Table 20: Provincial and Territorial Definitions of Sexual Abuse**

Province/Territory	Definition of Sexual Abuse
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British Columbia	<p>“[A] child has been or is likely to be sexually abused or sexually exploited if the child has been, or is likely to be, (a) encouraged or helped to engage in prostitution, or (b) coerced or inveigled into engaging in prostitution.”</p> <p>Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 13 (1) (1.1)</p>
Manitoba	<p>“Sexual abuse is exposing a child to sexual contact, activity or behaviour, including: any sexual touching; [and/or] intercourse, exploitation or exposure. Some behavioural signs of sexual abuse could include but are not limited to: sexual knowledge or play inappropriate to age; sophisticated or unusual sexual knowledge; prostitution; poor peer relationships; delinquent or runaway; reports sexual assault by caretaker; change in performance in school; sleeping disorders; aggressive behavior; and self-harm (ex. cutting, suicide attempts). Some physical signs of sexual abuse could include but are not limited to: unusual or excessive itching in the genital or anal area; stained or bloody underwear; pregnancy; injuries to the vaginal or anal areas; sexually transmitted infections; difficult walking or sitting; pain when peeing; vaginal/penile discharge; excessive masturbation; [and] urinary tract infections”</p> <p>Source: Manitoba Child and Family Services (n.d., <i>Sexual Abuse</i>)</p>
Newfoundland and Labrador	<p>“Sexual Abuse: includes any sexual contact between an individual and a child/youth regardless of whether the sexual contact occurs by force, coercion, duress, and deception or whether the child/youth understands the sexual nature of the activity. Sexual contact includes sexual penetration, touching, harassment, invitation to sexual touching, sexual acts such as exposure, voyeurism, or sexually exploiting the child/youth by involving the child/youth in the sex trade or pornography.”</p> <p>Source: Newfoundland and Labrador, Department of Children, Seniors and Social Development (n.d., <i>How Do You Define</i>)</p>

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**Table 20: Provincial and Territorial Definitions of Sexual Abuse**

Province/Territory	Definition of Sexual Abuse
Northwest Territories	<p>“involving a child in sexual touching or any form of sexual activity. Sexual abuse may also include forcing or allowing a child to watch or look at sexual activity, pornographic materials, or books, magazines or videos containing sexual material that is inappropriate or unsuitable for a child” Source: Northwest Territories (2012, p. 7)</p> <p>“A child needs protection where: (c) the child has been sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was unwilling or unable to protect the child; (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knows or should know of the possibility of sexual molestation or sexual exploitation and is unwilling or unable to protect the child.” Source: <i>Child and Family Services Act</i>, SNWT 1997, c.13, s 7.3 (c-d)</p>
Nova Scotia	<p>“[S]exual abuse” means (i) the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct, or (ii) the use of a child in, or exposure to, prostitution, pornography or any unlawful sexual practice.” Source: <i>Children and Family Services Act</i>, 1990, s 3 (1) (v)</p>
Nunavut	<p>“A child needs protection where: (c) the child has been sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was unwilling or unable to protect the child; (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knows or should know of the possibility of sexual molestation or sexual exploitation and is unwilling or unable to protect the child.” Source: <i>Child and Family Services Act</i>, SNWT (Nu) 1997, c.13, s 7.3 (c-d)</p>

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**Table 20: Provincial and Territorial Definitions of Sexual Abuse**

Province/Territory	Definition of Sexual Abuse
Ontario	<p>“Sexual abuse occurs when a child is used for the sexual gratification of an adult or an older child. The child may co-operate because he or she wants to please the adult or out of fear. It includes sexual intercourse, exposing a child’s private areas, indecent phone calls, fondling for sexual purposes, watching a child undress for sexual pleasure, and allowing/forcing a child to look at or perform in pornographic pictures or videos, or engage in prostitution.”</p> <p>Source: Ontario Association of Children’s Aid Societies (n.d.: <i>Physical Abuse</i>)</p>
Prince Edward Island	<p>“(g) the child has been harmed as a result of being sexually exploited for the purpose of prostitution and the parent has failed or been unable to protect the child; (h) the child is at substantial risk of being sexually exploited for the purpose of prostitution and the parent has failed or been unable to protect the child”</p> <p>Source: <i>Child Protection Act</i>, RSPEI 1988, c C-5.1, s 9 (g-h)</p>
Quebec	<p>“[S]exual abuse” refers to (1) a situation in which the child is subjected to gestures of a sexual nature by the child’s parents or another person, with or without physical contact, including any form of sexual exploitation, and the child’s parents fail to take the necessary steps to put an end to the situation; or (2) a situation in which the child runs a serious risk of being subjected to gestures of a sexual nature by the child’s parents or another person, with or without physical contact, including a serious risk of sexual exploitation, and the child’s parents fail to take the necessary steps to put an end to the situation”</p> <p>Source: <i>Youth Protection Act</i>, CQLR c P-34.1, s 38 (d) (1-2)</p>

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**Table 20: Provincial and Territorial Definitions of Sexual Abuse**

Province/Territory	Definition of Sexual Abuse
Saskatchewan	<p>“Sexual abuse [refers to] any action involving a child in sexual exploitation or sexual activity including touching, exposure, using a child in the making of/or viewing pornography” Source: Government of Saskatchewan (n.d., p. 3)</p> <p>“Physical indicators of sexual abuse include: “unusual or excessive itching in the genital or anal area; pregnancy or sexually transmitted infection; [and] injuries to the genital or anal areas (e.g., bruising, swelling or infection)” Source: Government of Saskatchewan (n.d., p. 3)</p> <p>“Behavioural indicators of sexual abuse include: age-inappropriate sexual play with toys, self, others (e.g., replication of explicit sexual acts); age-inappropriate, sexually explicit drawings and/or descriptions; bizarre, sophisticated or unusual sexual knowledge; involvement in sexual exploitation; cruelty to animals; fear of home, excessive fear of adults; [and] depression or other mental health challenges” Source: Government of Saskatchewan (n.d., p. 3)</p>
Yukon	<p>“[A] child has been or is likely to be sexually abused or exploited if the child has been or is likely to be (a) inappropriately exposed or subjected to sexual contact, activity or behaviour; including prostitution related activities; or (b) encouraged or counselled to engage in prostitution” Source: Child and Family Services Act, SY 2008, c 1, 21 (2) (a-b)</p>

## Appendix K: Provincial and Territorial Terminology for Emotional Maltreatment

Each province and territory has unique legislation defining and describing responses to emotional maltreatment, also referred to as: emotional abuse; psychological abuse; emotional harm; emotionally injured; psychological ill treatment; or psychological abuse. Table 21 identifies terminology for emotional maltreatment used by provinces and territories. For detailed provincial and territorial definitions, see *Appendix L: Provincial and Territorial Definitions for Emotional Maltreatment*.

**Table 21: Provincial and Territorial Terminology for Emotional Maltreatment**

Province/ Territory	Provincial and Territorial Terminology for Emotional Maltreatment
Alberta	<ul style="list-style-type: none"> <li>• emotional injury</li> </ul> Source: Public Health Agency of Canada (2019, p. 18)
British Columbia	<ul style="list-style-type: none"> <li>• emotional harm</li> </ul> Source: Public Health Agency of Canada (2019, pp. 18-19)
Manitoba	<ul style="list-style-type: none"> <li>• well-being of the child</li> </ul> Source: Public Health Agency of Canada (2019, p. 18)
New Brunswick	<ul style="list-style-type: none"> <li>• emotional well-being of the child</li> </ul> Source: Public Health Agency of Canada (2019, pp. 19-20)
Newfoundland and Labrador	<ul style="list-style-type: none"> <li>• emotional harm</li> </ul> Source: Public Health Agency of Canada (2019, p. 19-20)
Northwest Territories	<ul style="list-style-type: none"> <li>• emotional harm</li> <li>• mental, emotional or developmental condition</li> </ul> Source: Public Health Agency of Canada (2019, pp. 19-20)
Nova Scotia	<ul style="list-style-type: none"> <li>• emotional abuse</li> <li>• mental, emotional or developmental condition</li> </ul> Source: Public Health Agency of Canada (2019, p. 21)
Nunavut	<ul style="list-style-type: none"> <li>• emotional harm</li> <li>• mental, emotional or developmental condition</li> <li>• emotional or mental well-being</li> </ul> Source: Public Health Agency of Canada (2019, pp. 21-22)
Ontario	<ul style="list-style-type: none"> <li>• emotional harm</li> <li>• mental, emotional or developmental condition</li> </ul> Source: Public Health Agency of Canada (2019, p. 21)

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**Table 21: Provincial and Territorial Terminology for Emotional Maltreatment**

Province/ Territory	Provincial and Territorial Terminology for Emotional Maltreatment
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Prince Edward Island	<ul style="list-style-type: none"> <li>• emotional harm</li> <li>• emotional condition or harm suffered</li> </ul> Source: Public Health Agency of Canada (2019, pp. 23-24)
Quebec	<ul style="list-style-type: none"> <li>• psychological ill-treatment</li> </ul> Source: Public Health Agency of Canada (2019, p. 23)
Saskatchewan	<ul style="list-style-type: none"> <li>• serious impairment of mental or emotional functioning</li> <li>• emotional harm</li> </ul> Source: Public Health Agency of Canada (2019, pp. 23-24)
Yukon	<ul style="list-style-type: none"> <li>• emotional harm</li> <li>• mental harm</li> </ul> Source: Public Health Agency of Canada (2019, p. 24)

## Appendix L: Provincial and Territorial Definitions for Emotional Maltreatment

Each province and territory has unique legislation defining and describing emotional maltreatment. Table 22 provides provincial and territorial definitions of emotional maltreatment. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.***

**Table 22: Provincial and Territorial Definitions for Emotional Maltreatment or Psychological Abuse**

Province/ Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Alberta	<p>“[A] child is emotionally injured (i) if there is impairment of the child’s mental or emotional functioning or development, and (ii) if there are reasonable and probable grounds to believe that the emotional injury is the result of (A) rejection, (A.1) emotional, social, cognitive or physiological neglect, (B) deprivation of affection or cognitive stimulation, (C) exposure to family violence or severe domestic disharmony, (D) inappropriate criticism, threats, humiliation, accusations or expectations of or toward the child, (E) the mental or emotional condition of the guardian of the child or of anyone living in the same residence as the child; (F) chronic alcohol or drug abuse by the guardian or by anyone living in the same residence as the child”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 1(1) (3a)</p>
British Columbia	<p>“[A] child is emotionally harmed if the child demonstrates severe (a) anxiety, (b) depression, (c) withdrawal, or (d) self-destructive or aggressive behaviour.”</p> <p>Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 13 (2)</p> <p>“Reason to believe that a child or youth needs protection from being emotionally harmed may arise due to emotional abuse from a parent. This may range from the parent ignoring to habitually humiliating the child or youth to withholding life-sustaining nurturing. Emotional abuse may occur separately from, or along with, other forms of abuse and neglect. Emotional abuse can include a pattern of: [s]capegoating; [r]ejection; [v]erbal attacks on the child; [t]hreats; [i]nsults; or humiliation. Emotional harm may also be caused by the child or youth living in a situation where there is domestic violence by or towards a person with whom the child or youth resides. Domestic violence may involve physical abuse, threats, verbal insults or psychological abuse such as stalking”</p> <p>Source: Government of British Columbia (2017, p. 4)</p>

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
British Columbia (Continued)	<p>“Physical Indicators [of emotional maltreatment include:] [b]ed wetting and/or frequent diarrhea; or [f]requent psychosomatic complaints, headaches, nausea, abdominal pains. Behavioural indicators [of emotional maltreatment include:] [m]ental or emotional development lags; [i]solated and has no friends or complains of social isolation; [b]ehaviours inappropriate for age; [f]ear of failure, overly high standards, reluctant to play; [f]ears consequences of actions, often leading to lying; [e]xtreme withdrawal or aggressiveness, mood swings; [o]verly compliant, too well-mannered; [e]xcessive neatness and cleanliness; [e]xtreme attention-seeking behaviours; [p]oor peer relationships; [s]evere depression, may be suicidal; [r]unaway attempts; [v]iolence is a subject for art or writing; [f]orbidden contact with other children; [s]hows little anxiety towards strangers; or [u]nusual severe anxiety or worries”</p> <p>Source: Government of British Columbia (2017, p. 28)</p>
Manitoba	<p>“Emotional abuse is usually a repeated pattern that includes: repeated exposure to alcohol or drug abuse; repeated verbal attacks, humiliation or rejection; repeated exposure to violence or fighting; forced isolation, restraint or causing fear”</p> <p>Source: Manitoba Child and Family Services (n.d.: <i>Emotional Abuse</i>)</p> <p>“Some behavioural signs of emotional abuse could include but are not limited to: depression; withdrawal or aggressive behavior; overly compliant; too neat and clean; habit disorders (sucking, biting, rocking, etc.); learning disorders; sleep disorders; unusual fearfulness; obsessive compulsive behavior; phobias; harming themselves; extreme behavior; suicide attempts; developmental delays”</p> <p>Source: Manitoba Child and Family Services (n.d.: <i>Emotional Abuse</i>)</p> <p>“Some physical signs of emotional abuse could include but are not limited to: bed-wetting; headaches; nausea; speech disorders; lags in physical development; [and] disruptive behavior”</p> <p>Source: Manitoba Child and Family Services (n.d.: <i>Emotional Abuse</i>)</p>

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
New Brunswick	<p>“Emotional maltreatment [r]efers to both emotional abuse and emotional neglect. This might include repeated attacks on a child's sense of self-worth, insults, isolation, rejection, unrealistic expectations or constant criticism. It might also involve terrorizing a child such as threatening to kill the family pet. The law also considers children at risk of emotional abuse if they live in situations of family violence”</p> <p>Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p> <p>“Signs of emotional abuse [include]: child is often alone (at home and around the school); child is passive or acts out aggressively; child has low self-esteem; [and] child is depressed or talks of suicide”</p> <p>Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p>
Newfoundland and Labrador	<p>“the indicators of emotional harm exhibited or demonstrated by a child may include: depression; significant anxiety; significant withdrawal; self-destructive behaviour; aggressive behaviour; or delayed development”</p> <p>Source: <i>Children, Youth and Families Act</i>, SNL2018 Chapter C-12.3, s 10 (2) (a-f)</p> <p>“parental conduct or living situations that may lead to emotional harm or risk of emotional harm to the child may include: rejection; social deprivation; deprivation of affection; deprivation of cognitive stimulation; subjecting the child to inappropriate criticism, threats, humiliation, accusations or expectations; living in a situation where the mental or emotional health of a parent is negatively affecting the child; living in a situation where a parent is an abuser of alcohol or drugs; or living in a situation where there is violence”</p> <p>Source: <i>Children, Youth and Families Act</i>, SNL2018 Chapter C-12.3, s 10 (3) (a-h)</p>

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/ Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Northwest Territories	<p>“emotional neglect [refers to] the child’s deeper needs for love and affection, a sense of belonging, guidance and stability are not being met” Source: Northwest Territories (2012, p. 7)</p> <p>“emotional abuse [refers to] anything that seriously hurts a child mentally or emotionally. This could include being exposed to constant ‘put-downs’ and verbal attacks, repeated rejection, or violence in the home” Source: Northwest Territories (2012, p. 7)</p> <p>“(e) the child has demonstrated severe anxiety, depression, withdrawal, self destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm and the child’s parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e), and the child’s parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm; g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child’s development, and the child’s parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition; (h) the child has been subject to a pattern of neglect that has resulted in physical or emotional harm to the child; (i) the child has been subject to a pattern of neglect and there is a substantial risk that the pattern of neglect will result in physical or emotional harm to the child; (j) the child has been exposed to domestic violence by or towards a parent of the child, the child has suffered physical or emotional harm from that exposure and the child’s parent fails or refuses to obtain services, treatment or healing processes to remedy or alleviate the harm; (k) the child has been exposed to domestic violence by or towards a parent of the child and there is a substantial risk that the exposure will result in physical or emotional harm to the child and the child’s parent fails or refuses to obtain services, treatment or healing processes to prevent the harm;</p>

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/ Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Northwest Territories	(l) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (m) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm" Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s3 and s 3 (e-m)
Nova Scotia	"[E]motional abuse" means acts that seriously interfere with a child's healthy development, emotional functioning and attachment to others such as (i) rejection, (ii) isolation, including depriving the child from normal social interactions, (iii) deprivation of affection or cognitive stimulation, (iv) inappropriate criticism, humiliation or expectations of or threats or accusations toward the child, or (v) any other similar acts;" Source: <i>Children and Family Services Act</i> , 1990 s 3(1) (la) (i-v)
Nunavut	(e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm; (g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;"

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Nunavut	<p>(h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's parent is unavailable, unable or unwilling to properly care for the child; (i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's parent is unavailable, unable or unwilling to properly care for the child"</p> <p>Source: <i>Child and Family Services Act, SNWT (Nu) 1997, c.13, s 7(3) (e-i)</i></p>
Ontario	<p>"Emotional abuse is a pattern of behaviour that attacks a child's emotional development and sense of self-worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Emotional abuse includes constantly criticizing, teasing, belittling, insulting, rejecting, ignoring or isolating the child. It may also include exposure to domestic violence."</p> <p>Source: Ontario Association of Children's Aid Societies (n.d.: <i>Physical Abuse</i>)</p>
Prince Edward Island	<p>"(k) the child has suffered emotional harm inflicted by a parent, or by another person, where the parent knew or ought to have known that the other person was emotionally abusing the child and the parent failed to protect the child; (l) the child is at substantial risk of suffering emotional harm caused by a parent, or by another person, where the parent knew or ought to have known, that the other person was emotionally abusing the child and the parent failed to protect the child; (m) the child has suffered physical or emotional harm caused by being exposed to domestic violence by or towards a parent; (n) the child is at substantial risk of suffering physical or emotional harm caused by being exposed to domestic violence by or towards a parent; (o) the child requires specific medical, psychological or psychiatric treatment to cure, prevent or ameliorate the effects of a physical or emotional condition or harm suffered, and the parent does not, or refuses to, obtain treatment or is unavailable or unable to consent to treatment; (p) the child suffers from a mental, emotional or developmental condition that, if not addressed, could seriously harm the child and the parent does not or refuses to obtain treatment or is unavailable or unable to consent to services or treatment to remedy or ameliorate the effects of the condition"</p> <p>Source: <i>Child Protection Act, RSPEI 1988, c C-5.1, s 9 (k-p)</i></p>

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Quebec	<p>“[P]sychological ill-treatment” refers to a situation in which a child is seriously or repeatedly subjected to behaviour on the part of the child’s parents or another person that could cause harm to the child, and the child’s parents fail to take the necessary steps to put an end to the situation. Such behaviour includes in particular indifference, denigration, emotional rejection, excessive control, isolation, threats, exploitation, particularly if the child is forced to do work disproportionate to the child’s capacity, and exposure to conjugal or domestic violence;”</p> <p>Source: <i>Youth Protection Act</i>, CQLR c P-34.1, s 38 (2) (c)</p>
Saskatchewan	<p>“(ii) the child has suffered or is likely to suffer a serious impairment of mental or emotional functioning; (v) the child’s development is likely to be seriously impaired by failure to remedy a mental, emotional or developmental condition; or (vi) the child has been exposed to interpersonal violence or severe domestic disharmony that is likely to result in physical or emotional harm to the child”</p> <p>Source: <i>The Child and Family Services Act</i>, SS 1989-90, c C-7.2, s 11 (a) (ii, v, vi)</p>
Yukon	<p>“[A] child has been, or is likely to be, emotionally harmed by the conduct of a parent or other person if the parent or other person demonstrates a pattern of behaviour that is detrimental to the child’s emotional or psychological well-being.”</p> <p>Source: <i>Child and Family Services Act</i>, SY 2008, c 1, s 21 (3)</p>

## Appendix M: Provincial and Territorial Treatment of Least Disruptive Measures

Table 23 provides a summary of “whether or not [provincial and territorial CFS agencies may offer, should offer, or must consider, or must offer family support services as a least disruptive measure prior to the removal of a child from their family” (Shangreau, 2004, pp. 30-31). Please refer to **Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

**Table 23: Provincial and Territorial Provisions of Family Support Services as a Least Disruptive Measure**

Province/ Territory	“May Offer” Family Support Services	“Should Offer” Family Support Services	“Must Consider” Family Support Services	“Must or Shall Offer” Family Support Services
Alberta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
British Columbia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manitoba	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
New Brunswick	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Newfoundland and Labrador	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Northwest Territories	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nova Scotia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nunavut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ontario	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prince Edward Island	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quebec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Saskatchewan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Yukon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Source: Shangreaux (2004, pp. 30-31)

There is lack of consistency across legislation in the specification of the types of family support services that a CFS agency “*may, should, must consider, must or shall offer* as a least disruptive measure” (Shangreaux, 2004, p. 31). Various least disruptive measures and/or family support services that are identified in provincial and territorial CFS legislation include: “family counseling, guidance and assessment; in-home support, parent aides; child care, respite care; parenting programs; services for improving the family’s financial situation; services for

improving the family's housing; drug or alcohol treatment and rehabilitation; mediation of disputes; services to assist the family to deal with the illness of a child or a family member; and other services agreed to by the agency and the person who has lawful custody of the child" (Shangreux, 2004, p. 31).

**Table 24: Alberta—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	"The family as the basic unit of society and its well-being should be supported and preserved; further, the family has the right to the least invasion of its privacy and interference with its freedom."
Provision of Services and Family Preservation	"If it is not inconsistent with the protection of a child who may be in need of protective services, the child's family should be referred to community resources for services that would support and preserve the family and prevent the need for any other intervention under this Act...Agencies may enter into support agreement with families to prevent the removal of a child."
Least Disruptive Alternatives and Family Preservation	"If protective services are necessary to assist the family in providing for the care of a child, those services should be supplied to the family insofar as it is reasonably practicable to do so in order to support the family unit and to prevent the need to remove the child from the family."
Least Disruptive Alternatives and Removal of Child	"A child should be removed from the family only when other less intrusive measures are not sufficient to protect the survival, security or development of the child."
Note: Categories were developed using four guiding statements developed by Shangreux's (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive measures approach to intervention and child protection services.	

Source: Shangreux (2004, pp. 30-31).



**Table 25: British Columbia—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“A family is the preferred environment for the care and upbringing of children and the responsibility for the protection of children rests primarily with the parents.”
Provision of Services and Family Preservation	“Agencies have a responsibility to integrate the planning and delivery of preventative and support services to families and children. “
Least Disruptive Alternatives and Family Preservation	“If a child needs protection, after the assessment, the director may offer support services to the child and family...The plan of care developed by means of a family conference must include the director’s consent and may include provision for services to support and assist the family and to make the family safe for the child.”
Least Disruptive Alternatives and Removal of Child	“At a presentation hearing relating to the removal of a child under section 30, the director must present to the court a written report that includes information about any less disruptive measures considered by the director before removing the child.”
Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive measures approach to intervention and child protection services.	

Source: Shangreaux (2004, pp. 32-33).

**Table 26: Manitoba—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	The family is the basic unit of society and its well-being should be supported and preserved. Families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibility of society.
Provision of Services and Family Preservation	Families are entitled to receive preventive and supportive services directed to preserving the family unit...every agency shall: provide family counseling, guidance and other services to families for the prevention of circumstances requiring the placement of children in protective care or in treatment programs.
Least Disruptive Alternatives and Family Preservation	Child protective services must consider the child's best interests, including the child's sense of continuity and need for permanency with the least possible disruption.
Least Disruptive Alternatives and Removal of Child	N/A
Note: Categories were developed using four guiding statements developed by Shangreaux's (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive measures approach to intervention and child protection services.	

Source: Shangreaux (2004, p. 33).

**Table 27: New Brunswick—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“Whereas it is recognized that the basic rights and fundamental freedoms of children and their families include a right to the least invasion of privacy and interference with freedom.”
Provision of Services and Family Preservation	“The Minister may enter into an agreement with the parent of the child that specifies what is and what is not to be done to ensure that the security or development of the child is adequately protected.”
Least Disruptive Alternatives and Family Preservation	“Where the Minister places a child under protective care he shall make adequate provision for his care, and he may leave the child in his own home and may provide social services when the provision of social services is adequate to ensure his proper care...Legislation also allows for orders of supervision.”
Least Disruptive Alternatives and Removal of Child	N/A
Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreaux (2004, p. 33).

**Table 28: Newfoundland and Labrador—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“The family is the basic unit of society, health and wellbeing of the child; services shall be provided using the least intrusive means of intervention.”
Provision of Services and Family Preservation	“Prevention activities are integral to the promotion of the safety, health and well-being of a child; families shall be provided, to the extent possible, with services which support the safety, health and well-being of their children.”
Least Disruptive Alternatives and Family Preservation	“Where a child is in need of protective intervention; the director or social worker must take into consideration whether or not the child’s safety could be assured without removing the child with the provision of protective intervention services. “
Least Disruptive Alternatives and Removal of Child	“Prior to the removal of a child, the director or social worker must believe that a less intrusive course of action is not available.”
Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreaux (2004, pp. 30-31).

**Table 29: Northwest Territories and Nunavut—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“Whereas the family is the basic unit of society and its well-being should be supported and promoted.”
Provision of Services and Family Preservation	“Children should be supported within the context of their family and extended family to the greatest extent possible by the Director providing services or assisting others in providing services on a voluntary basis to support and assist the family. The Director may enter into a written agreement ... to support and assist that person’s family to care for the child.”
Least Disruptive Alternatives and Family Preservation	“The application of best interests guidelines include the consideration of: the risk that the child may suffer harm through being removed from, kept away from, returned to, or allowed to remain in, the care of a parent. A plan of care for a child may include provision for support services to make the child’s home safe for the child.”
Least Disruptive Alternatives and Removal of Child	N/A
Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreaux (2004, pp. 30-31).

**Table 30: Nova Scotia—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“The family exists as the basic unit of society, and its well-being is inseparable from the common well-being. The basic rights and fundamental freedoms of children and their families include a right to the least invasion of privacy and interference with freedom that is compatible with their own interests and of society’s interest in protecting children from abuse and neglect...and whereas parents or guardians have responsibility for the care and supervision of their children and children should only be removed from that supervision, either partly or entirely, when all other measures are inappropriate. “
Provision of Services and Family Preservation	“Among other functions, an agency is to: (a) work with other community and social services to prevent, alleviate and remedy the personal, social and economic conditions that might place children and families at risk; (b) provide guidance, counselling and other services to families for the prevention of circumstances that might require intervention by an agency; and (c) develop and provide services to families to promote the integrity of families, before and after intervention pursuant to this Act.”
Least Disruptive Alternatives and Family Preservation	“The Minister and the agency shall take reasonable measures to provide services to families and children that promote the integrity of the family...using the least intrusive means of intervention and, in particular, to enable a child to remain with the child’s parent or guardian or be returned to the care of the child’s parent or guardian.”
Least Disruptive Alternatives and Removal of Child	“An agency shall not enter into a temporary-care agreement unless the agency...is satisfied that no less restrictive course of action, such as care in the child’s own home, is appropriate for the child in the circumstances...The court shall not make an order removing the child from the care of a parent or guardian unless the court is satisfied that less intrusive alternatives, including services to promote the integrity of the family...[have failed, are refused or are inadequate to protect the child].”

Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive

Source: Shangreaux (2004, pp. 34-35).

**Table 31: Ontario—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“To recognize that while parents may need help in caring for their children, that help should give support to the autonomy and integrity of the family unit and, wherever possible, be provided on the basis of mutual consent...To recognize that the least disruptive course of action that is available and is appropriate in a particular case to help a child should be considered.”
Provision of Services and Family Preservation	“The functions of a children’s aid society include a duty to provide guidance, counseling and other services to families for protecting children or the prevention of circumstances requiring the protection of children. “
Least Disruptive Alternatives and Family Preservation	“A society shall not make a temporary care agreement unless the society is satisfied that no less disruptive course of action, such as care in the child’s own home, is appropriate for the child in the circumstances.”
Least Disruptive Alternatives and Removal of Child	“Least disruptive alternatives preferred: The court shall not make an order removing the child from care of the person who had charge of him or her immediately before intervention under this Part unless the court is satisfied that alternatives that are less disruptive to the child, including non-residential services and the assistance referred to in subsection (2), would be inadequate to protect the child.”
Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreaux (2004, pp. 35-36).

**Table 32: Prince Edward Island—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“Parents have the right and responsibility for the care and supervision of their children, and children should only be removed from that care and supervision when other measures have failed or are inappropriate. The rights of children, families and individuals are guaranteed by the rule of law, intervention into the affairs of individuals and families should be governed by law so as to protect those rights and preserve the autonomy and integrity of the family wherever possible.”
Provision of Services and Family Preservation	“Where the Director concludes, after an investigation, that a child is in need of protection, the Director may offer child welfare services to the parent.”
Least Disruptive Alternatives and Family Preservation	“The Director may apprehend a child, where there are reasonable grounds to believe that...a less intrusive course of action will not adequately protect the health or safety of the child. “
Least Disruptive Alternatives and Removal of Child	“The Court requires that the Director provide evidence that...a less intrusive course of action will not adequately protect the health or safety of the child.”
Note: Categories one through four were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreaux (2004, pp. 30-31).



**Table 33: Quebec—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“The primary responsibility for the care, maintenance and education of a child and for ensuring his supervision rests with his parents...every decision made under this Act must contemplate the child’s remaining with his family. “
Provision of Services and Family Preservation	“The director may propose as voluntary measures that may be included in an agreement (a) that the child remain with his family and that the child’s parents report periodically to the director on the measures they apply in their own regard or in their child’s regard to put an end to the situation in which the security or development of the child is in danger; (b) that the child and the child’s parents undertake to take an active part in the application of the measures designed to put an end to the situation in which the security or development of the child is in danger; (f) that a person working for an institution or body provide aid, counseling or assistance to the child and the child’s family. “
Least Disruptive Alternatives and Family Preservation	“The director shall periodically review the case of every child whose situation he has taken in charge. He shall, where applicable, satisfy himself that every measure designed to ensure the child’s return to his parents is taken, if such a return is in his interest, or ensure that the child has living conditions appropriate to his needs and his age.”
Least Disruptive Alternatives and Removal of Child	N/A
Note: Categories were developed using four guiding statements developed by Shangreux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreux (2004, pp. 36-37).

**Table 34: Saskatchewan—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“The purpose of this Act is to promote the well-being of children in need of protection by offering, wherever appropriate, services that are designed to maintain, support and preserve the family in the least disruptive manner.”
Provision of Services and Family Preservation	“The Minister may provide family services to, or for, the benefit of a parent or a child where the minister considers them essential to enable the parent to care for the child; a director may enter into an agreement with the parent for the provision of family services. “
Least Disruptive Alternatives and Family Preservation	“Where, on investigation, an officer concludes that a child is in need of protection, the officer shall take all reasonable steps that he or she considers necessary to provide for the safety of the child, including, the offer of family services where practicable.”
Least Disruptive Alternatives and Removal of Child	N/A
Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreaux (2004, pp. 30-31).

**Table 35: Yukon—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

It is the policy of the Minister and the director to supply services as far as is reasonably practicable to promote family units and to diminish the need to take children into care or to keep them in care.

Source: Shangreaux (2004, pp. 30-31).

## Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019

Please note that the following is not an exhaustive list of amendments and non-legislative changes to provincial and territorial child welfare legislation and regulatory provisions for the period from 2006 through 2019. Individuals are advised to consult the respective provincial and territorial statutes and regulatory provisions for a complete and up to date list of amendments and non-legislative changes affecting the provision of child welfare services.

**Table 36: Alberta—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description of Amendment/Regulatory Change
2018	<ul style="list-style-type: none"> <li>• added “First Nation Individual” which means an Indian as defined in the <i>Indian Act</i> (Canada)”</li> <li>• added “Indigenous [which] includes First Nations, Metis and Inuit”</li> <li>• “domestic violence” substituted with “family violence”</li> </ul> Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, s 1(1.1) (m)
2013-2018	<ul style="list-style-type: none"> <li>• “[amendments to]provisions regarding the rights of previous caregivers who seek to become guardians of a child</li> <li>• changes to the quality assurance provisions of the <i>Act</i></li> <li>• [amendments to]provisions permitting children of any age to appeal court decisions made under the <i>Act</i> (previously, only children over the age of 12 had a right of appeal)</li> <li>• changes to the appeals panel hearing appeals of decisions of directors</li> <li>• [amendments to] provisions regarding publication bans where a child is deceased</li> <li>• removal of the requirement of “willfulness” in the offence of causing a child to be in need of protection”</li> </ul> Source: Public Health Agency of Canada (2019, p. 4)

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**Table 36: Alberta—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description of Amendment/Regulatory Change
2013-2018	<ul style="list-style-type: none"> <li>• Implementation of the Child Intervention Practice Framework</li> <li>• “The Framework outlines principle-based practice for child intervention. Practice Strategies supporting this Framework were implemented in 2014. These strategies guide decision-making for caseworkers from initial contact with the family, and support the “slowing down” of the Intake and Investigation to better service the needs of families. The Strategies require caseworkers to focus on kinship as priority to reduce trauma, loss and grief for the child, to involve extended family and cultural connections early in the process to build sustainable safety plans, and to ensure children in care maintain connections to family, community and culture” Source: Public Health Agency of Canada (2019, p. 8)</li> <li>• Adoption of Collaborative Service Delivery</li> <li>• “This province-wide initiative focuses on improved assessment, collaboration, and engagement with service providers and families, with a focus on prioritizing improved outcomes for at-risk children, youth and families. It supports the implementation of the Casework Practice Model and compliments the core principles of Signs of Safety.” Source: Public Health Agency of Canada (2019, p. 8)</li> </ul>
2006	<ul style="list-style-type: none"> <li>• Drug Endangered Children Act, 2006: “[S]tates that children under 18 who are exposed to drug manufacture and trafficking are victims of abuse and require protection.” Source: Gough (2006, p. 2)</li> </ul>

**Table 37: British Columbia—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<ul style="list-style-type: none"> <li>• “[A]mendments to p]rovisions allowing the director to make an agreement with prospective adoptive parents to care for a child;               <ul style="list-style-type: none"> <li>• [amendments to p]rovisions permitting agreements for services to children over 19 years of age</li> <li>• [c]hanges to the grounds for protection to include emotional harm caused by living in a situation where there is domestic violence, and to clarify that the presence of domestic violence increases the risk of physical harm to a child</li> <li>• [ch]anges to the possible responses to a report that a child needs protection, in order to allow for services to be provided without a determination that the child is in need of protection</li> <li>• [c]hanges to the provisions regarding restraining orders</li> <li>• [c]hanges to allow for children to be placed in the permanent custody of someone other than their parent”</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 4)</p>
2018	<ul style="list-style-type: none"> <li>• Child, Family, and Community Service Amendment Act, 2018               <ul style="list-style-type: none"> <li>• Consists of a number of amendments designed to “reduce the over-representation of Indigenous children in the child-welfare system by increasing the involvement of Indigenous communities in child welfare decisions.”</li> <li>• Includes changes to the definitions, principles and rights section of the <i>Act</i> [which] clarify and recognize: the shared responsibility of Indigenous families and Indigenous communities in caring for their children (Guiding principles, Section 2); the impact of residential schools (Service delivery principles, Section 3); and the definition of the “best interest of a child test” to include the importance of a child belonging to, learning about and practicing their Indigenous traditions, customs and language.”</li> </ul> </li> </ul> <p>Source: Federation of Community Social Services of British Columbia. (2018, n.p)</p>

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**Table 37: British Columbia—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2015	<p>“In May 2015, the province imposed a moratorium on the use of hair-strand drug and alcohol testing in child protection cases, following the discovery of concerns regarding the reliability of testing conducted at the Motherisk Lab at the Hospital for Sick Children in Toronto. “</p> <p>Source: Public Health Agency of Canada (2019, p. 8)</p>
2006	<ul style="list-style-type: none"> <li>• Representative For Children And Youth Act, 2006               <ul style="list-style-type: none"> <li>• “The <i>RCY Act</i> was enacted to improve services for children, youth and families receiving services in three areas...found to be deficient following the 2001-2002 core services review: advocacy for children and youth; the monitoring of government’s performance in protecting and providing services; for children and youth; and the system for reviewing child deaths, including how these reviews are addressed within the [Ministry of Child and Family Services].”</li> </ul> </li> </ul> <p>Source: British Columbia. Representative for Children and Youth. (n.d, <i>Backgrounder</i>).</p>

**Table 38: Manitoba—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2019	<ul style="list-style-type: none"> <li>• Announce in 2017, the Government of Manitoba is in the process of reviewing the province’s system child welfare. Four key areas of reform are: <ul style="list-style-type: none"> <li>• [the development of] a community-based prevention model through the implementation of four demonstration sites;</li> <li>• [the creation of] opportunities for lifelong connections for children by introducing innovative and evidence-based reunification and permanence strategies (including customary care and subsidized adoption);</li> <li>• [the implementation of] block funding pilots to provide child and family services agencies to have much more flexibility in using funds to support families and prevent children from coming into care; and</li> <li>• a comprehensive review of Manitoba’s legislative framework including the <i>Child and Family Services Act</i> and the <i>Child and Family Services Authorities Act</i>.</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 50)</p>
2013-2018	<p>No significant amendments to either statute during this period Source: Public Health Agency of Canada (2019, p. 4)</p>



**Table 39: New Brunswick—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2016-2018	<p>“[A number of amendments] relating to the release of confidential information, particularly concerning adoptions”            Source: Public Health Agency of Canada (2019, p. 5)</p>
2016	<p>“In March 2016, New Brunswick ended the use of hair-strand tests for drug and alcohol in child protection cases. The province cited concerns about the overall reliability of such tests, following the discovery of serious problems with the testing performed by the Motherisk Lab at the Hospital for Sick Children in Toronto.”            Source: Public Health Agency of Canada (2019, p. 9)</p>

**Table 40: Newfoundland and Labrador—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2019	<p>On June 28, 2019 the <i>Children, Youth and Families Act</i>, SNL2018 Chapter C-12.3 came into force.</p> <ul style="list-style-type: none"> <li>• “The new <i>Children, Youth and Families Act</i> which replaces the <i>Children and Youth Care and Protection Act</i>, is child and youth-centred, family-focused and culturally responsive. The new <i>Act</i> enhances the focus on maintaining children and youth within families where it is safe to do so and expands opportunities to create permanency for children and youth who are declared in need of protective intervention.”</li> <li>• “[The <i>Act</i>] contains significant updates aimed at strengthening service delivery to Indigenous children, youth and their families by recognizing the importance of preserving an Indigenous child or youth’s cultural identity, and providing for the involvement of Indigenous governments and organizations in decisions that will keep children safe, and where possible, at home with their families and culture.”</li> <li>• “[E]xpands the identification and support of youth in need of protection by increasing the scope of the duty to report to include youth aged 16-17, and removing restrictions so that all youth under a voluntary Youth Services Agreement can receive services until their 21<sup>st</sup> birthday.”</li> </ul> <p>Source: Newfoundland and Labrador. Ministry of Children, Seniors and Social Development. (2019, n.p)</p>
2013	<p>“In 2013, the province implemented a mandatory decision-making framework for child protection, the Risk Management Decision Making Model. In 2016, a plan was put in place to transition from the Risk Management Decision Making Model to the Structured Decision Making Model, which was adapted for use in Newfoundland and Labrador.”</p> <p>Source: Public Health Agency of Canada (2019, p. 13)</p>

**Table 41: Northwest Territories—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2016-2017	<p>“The province implemented the Structured Decision-Making System for Child Protection, which was adapted to serve the people and context of the NWT. Four of the six SDM tools were implemented between January 2016 and March 2017.”</p> <p>Source: Public Health Agency of Canada (2019, p. 9)</p>
2016	<ul style="list-style-type: none"> <li>• Revisions which came into force in 2016 included: <ul style="list-style-type: none"> <li>• “[a] new definition of youth and protections and services available to youth;</li> <li>• [a] new provision requiring the Director to notify a child and the child’s parents of the right to be represented by legal counsel;</li> <li>• [a] new provision providing for mediation and other alternative dispute mechanisms;</li> <li>• [t]he extension of services to age 23 for permanent custody youth to support independent living;</li> <li>• [a]mended criteria for determining when a child or youth needs protection as it relates to domestic violence and prostitution;</li> <li>• [a] new provision requiring notification of Aboriginal organizations of orders relating to Aboriginal children, and permitting the organizations’ participation in hearings;</li> <li>• [t]ime limits for temporary custody, depending on the child’s age; [and a]</li> <li>• new provision requiring a review of the Child and Family Services Act every five years.”</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 5)</p> <ul style="list-style-type: none"> <li>• “Amendments in 2016 provided that exposure to domestic violence no longer has to be “repeated”; prostitution and prostitution-related acts are now set out in the grounds for intervention.”</li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 20)</p>
2014	<p>“The Building Stronger Families Action Plan was implemented by the Department of Health and Social Services in 2014 to improve and enhance the child and family services system in the NWT. This Action Plan has led to the establishment of a new accountability framework, manual revisions, and information system replacement. The 2016 changes to the legislation were also part of this Action Plan.”</p> <p>Source: Public Health Agency of Canada (2019, p. 9)</p>

**Table 42: Nova Scotia—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<ul style="list-style-type: none"> <li>• “The grounds of intervention have expanded in the last five years. Some of the specificity of the subsections was changed to allow a broader interpretation of the statute. For example, the previous subsection on domestic violence was revised to remove the requirements that the abuse be repeated, that it have occurred in the home, and that there be demonstrated harm as a result. “</li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 22)</p>
2017	<ul style="list-style-type: none"> <li>• “[Amendments that came into effect in 2017] include:             <ul style="list-style-type: none"> <li>• [e]xpansion of the definition of a child in need of protective services, to allow services to be provided in more cases;</li> <li>• [p]rovisions to encourage permanency for children in care;</li> <li>• [p]rovisions to allow voluntary services to be provided to children between 16 and 18 years old;</li> <li>• [p]rovisions defining the duty to report;</li> <li>• [p]rovisions allowing social workers to interview a child without parental consent; and</li> <li>• [p]rovisions emphasizing the importance of a child’s culture.”</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 6)</p>
2016	<p>“In May 2016, Nova Scotia suspended use of hair-strand drug and alcohol tests in child protection cases. This came in response to the discovery of serious flaws in hair-strand tests conducted by the Motherisk Lab at the Hospital for Sick Children. Nova Scotia hair samples had been tested at labs in Toronto, including the Motherisk Lab, prior to the suspension of testing by the government. “</p> <p>Source: Public Health Agency of Canada (2019, p. 9)</p>

**Table 43: Nunavut—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<ul style="list-style-type: none"> <li>• “[S]ubstantive revisions to the Act [which] came into force in 2014...include:               <ul style="list-style-type: none"> <li>• [n]ew provisions which require the Act to be administered and interpreted so as to reflect specific Inuit societal values;</li> <li>• [n]ew provisions setting limits for the amount of time in which children can be in temporary care;</li> <li>• [a]mendments extending the age at which a youth can no longer receive voluntary services from 18 to 26;</li> <li>• [a] prohibition on maliciously making a false report claiming a child needs or may need protection;</li> <li>• [t]he addition of new grounds for a finding that a child is in need of protection: exposure to or involvement in child pornography, repeated exposure to family violence, and significant contact with a person who possesses child pornography;</li> <li>• [a] requirement that the Director respond within 60 days to recommendations of coroner’s inquests following deaths of children in care; and</li> <li>• a requirement that the Minister table the Director’s annual report before the Legislative Assembly.”</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 6)</p> <ul style="list-style-type: none"> <li>• “New grounds of intervention were added: exposure to or involvement in child pornography; repeated exposure to family violence; and significant contact with a person who possesses child pornography. “</li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 22)</p>

**Table 44: Ontario—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2018	<ul style="list-style-type: none"> <li>• A number of changes came into force in 2018, impacting four key areas: “prevention and protection, quality improvement, governance and accountability, and relationships with First Nations, Inuit and Métis peoples.” Source: Ontario Ministry of Children, Community and Social Services (n.d.: <i>Legislation</i>)</li> <li>• Revisions included: <ul style="list-style-type: none"> <li>• “[a] new Preamble, new purposes of the legislation, and changes to the best interests test;</li> <li>• [r]ecognition of Jordan’s Principle and the UN Declaration on the Rights of Indigenous Peoples;</li> <li>• [p]rovisions requiring agencies to pursue plans for customary care for First Nations, Inuk or Métis children;</li> <li>• [r]aising the age of protection from 16 to 18;</li> <li>• [p]rovisions permitting the apprehension and return of children subject to interprovincial child protection proceedings;</li> <li>• [i]mproved oversight of service providers; [and u]pdated language, including “extended society care” in place of “Crown wardship</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 6)</p> <ul style="list-style-type: none"> <li>• “The new legislation removed “abandonment” as a ground for intervention, and added the ground for children aged 16 and 17 (“the child is 16 or 17 and a prescribed circumstance or condition exists”). Source: Public Health Agency of Canada (2019, p. 6)</li> <li>• “Part X is a new section of the <i>Child, Youth and Family Services Act</i>. It sets out a legislative privacy framework for Ontario’s child and youth sector. Once it comes into effect on January 1, 2020, it will establish new rules for the collection, use, and disclosure of, and access to, personal information held by ministry-funded and licensed service providers.” Source: Ontario Ministry of Children, Community and Social Services (n.d., <i>Part X: Personal Information</i>)</li> </ul>
2016	<p>“In 2016, Ontario implemented new Child Protection Standards governing the work of child protection workers. It also revised the province’s Eligibility Spectrum, which is designed to assist children’s aid society staff in making consistent and accurate decisions about eligibility for service at the time of referral.” Source: Source: Public Health Agency of Canada (2019, p. 9)</p>

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**Table 44: Ontario—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2015	<p>“In April 2015, the Ontario government issued a policy directive to all children’s aid societies, requiring them to cease using or relying on hair-strand drug and alcohol testing in child protection services. This was in response to the discovery of serious problems with the reliability of hair-strand tests conducted by the Motherisk Lab at the Hospital for Sick Children.”</p> <p>Source: Public Health Agency of Canada (2019, p. 9)</p>

**Table 45: Prince Edward Island—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2017	<ul style="list-style-type: none"> <li>“In 2017, the Act was amended to allow a court to admit certain forms of hearsay, including hearsay evidence of the child who is the subject of the hearing.”</li> </ul> Source: Public Health Agency of Canada (2019, p. 7)
2016	<ul style="list-style-type: none"> <li>“In 2016, the province implanted a “HUB” model for dealing with high-risk cases. Representatives from key government and community groups that work with families in crisis come together at what is called a “situation table”. Cases involving multiple risk factors cutting across disciplines and departments are brought to this situation table to determine the required level of risk response. The group connects the individuals and families to services and coordinated collaborative interventions. This model is intended to prevent apprehensions or calls to police through information-sharing and collaborative responses.”</li> </ul> Source: Public Health Agency of Canada (2019, p. 10)
2016	<p>“In November 2016, the advisory committee made sixty-six recommendations based on what Islanders had to say about protecting children in PEI that fall into the two broad categories: service delivery and public policy. The government stated that it will act on the recommendations beginning with six priority areas to improve accountability and further enhance front-line service delivery. They identified six priority areas: 1) Strengthen the voices of children. 2) Increase supports for grandparents as primary caregivers. 3) Improve data collection, analysis and reporting processes related to outcomes for children. 4) Address legislative changes required to better protect the interest of the child. 5) Implement an evidence-based decision-making model to support the delivery of consistent and thorough child protection services. 6) Develop a social policy framework for better accountability and integrated collaboration.”</p> Sources: Public Health Agency of Canada (2019, p. 52); Prince Edward Island Family and Human Services (2016, n.p.)
2015	<p>“In November 2015, the Minister of Family and Human Services appointed an advisory committee to carry out a review of the Child Protection Act.”</p> Source: Public Health Agency of Canada (2019, p. 52)

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**Table 45: Prince Edward Island—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013	<ul style="list-style-type: none"> <li data-bbox="500 380 1497 520">• “In 2013, the Act was amended to permit the Director of Child Protection to disclose information required for an investigation or inquest under the Coroner’s Act.” Source: Public Health Agency of Canada (2019, p. 7)</li> <li data-bbox="500 569 1497 863">• “In December 2013, a formalized protocol was developed between the province’s Child Protective Services and the Mi’kmaq Confederacy of PEI. This protocol provides clarity on roles, responsibilities and procedures in the delivery of child protection services involving PEI First Nation children and families. The goal of the protocol is to ensure child protection services are provided to PEI First Nation children and families in a manner that preserves and promotes the Aboriginal cultural identity of children and families.” Source: Public Health Agency of Canada (2019, p. 10)</li> </ul>

**Table 46: Quebec—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<ul style="list-style-type: none"> <li>• “The definition of “psychological ill-treatment” was amended to include situations in which a child is subjected to “excessive control.”</li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 23)</p>
2017	<ul style="list-style-type: none"> <li>• “Amendments that came into force in 2017 include:               <ul style="list-style-type: none"> <li>• [t]he inclusion of cultural identity as a best interests factor;</li> <li>• [r]equirements that placements for Indigenous children attempt to preserve their cultural identity; and</li> <li>• [p]rovisions requiring child protection services to inform Indigenous communities when a child is removed, and to seek the communities’ cooperation.”</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 7)</p>

**Table 47: Saskatchewan—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<ul style="list-style-type: none"> <li>• “An explicit reference to sexual exploitation was added, and “domestic violence” was changed to “interpersonal violence”.</li> </ul> Source: Public Health Agency of Canada (2019, p. 24)
2017	<ul style="list-style-type: none"> <li>• Amendments to the <i>Act</i> in 2017 included:               <ul style="list-style-type: none"> <li>• “[p]rovisions establishing the criteria for the disclosure of personal information;[and]</li> <li>• provisions clarifying the requirements for agreements delegating the Minister’s powers to provide child protection services to Aboriginal bands and organizations.”</li> </ul> </li> </ul> Source: Public Health Agency of Canada (2019, p. 7)
2014	<p>“In 2014, changes were made to the Saskatchewan Child Abuse Protocol in order to enhance the province’s coordinated and integrated approach to child abuse investigations, while clarifying responsibilities for protecting children. The duty to report suspected child abuse was clarified, and the protocol was shortened and made more user-friendly.”</p> Source: Public Health Agency of Canada (2019, p. 10)
2013	<p>“Effective October 2013, the Ministry began a pilot for a Flexible Response program. The model allows for different responses to reports of child abuse and neglect depending on the level of urgency and severity. The pilot is being expanded to the south service area before it is rolled out province-wide.”</p> Source: Public Health Agency of Canada (2019, p. 10)
2012	<p>“The new Structured Decision Making (SDM) Model was implemented across the province and in two First Nation child and family services agencies in June 2012. “</p> Source: Public Health Agency of Canada (2019, p. 10)
2011	<p>“The first HUB program in Canada, where child welfare agencies work with other social service agencies and police to identify and intervene with families at risk, was started in Prince Albert in 2011. This model has expanded throughout Saskatchewan since [2011].”</p> Source: Public Health Agency of Canada (2019, p. 10)

**Table 48: Yukon—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<p>“Non-legislative changes in recent years include increased use of family group conferencing; Integrated Supports for Yukon Youth, a pilot project providing one-stop after-hours access to a variety of government services, including child protective services; and expansion of Family Support Services and preventative programming.”</p> <p>Source: Public Health Agency of Canada (2019, p. 11)</p>
2008	<p>“There have been no significant [legislate] amendments since [the Act] came into force.”</p> <p>Source: Public Health Agency of Canada (2019, p. 7)</p>

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This is Exhibit "E" to the Affidavit of  
BARBARA FALLON affirmed before me  
this 29<sup>th</sup> day of APRIL 2024

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



April 24, 2024

**Barbara Fallon**

Professor

Canada Research Chair in Child Welfare

*Ph.D, University of Toronto*

Email: [barbara.fallon@utoronto.ca](mailto:barbara.fallon@utoronto.ca)

Dear Dr. Fallon

**Re: Motion to Approve Claims Process - Removed Child Class / Removed Child Family Class | Court File Nos. T-402-19 / T-141-20 / T-1120-21**

We are counsel for the First Nations Child and Family Caring Society (the “Caring Society”).

The Caring Society has standing to make submissions before the Federal Court regarding the approval of the Claims Process in relation to Removed Child Class members placed off-Reserve as of and after January 1, 2006 and Removed Child Family Class Members in relation to those children, including deceased members of those classes. For your information, the Revised Final Settlement Agreement defines “Removed Child Class” and “Removed Child Class Member” as follows:

“**Removed Child Class**” or “**Removed Child Class Member**” means First Nations individuals who, at the time during the period between April 1, 1991 and March 31, 2022 (the “Removed Child Class Period”) while they were under the Age of Majority, were removed from their home by child welfare authorities or voluntarily placed into care, and whose placement was funded by ISC, such as an Assessment Home, a Non-kin Foster Home, a Paid Kinship Home, a Group Home or a Residential Treatment Facility or another ISC-funded placement while they, or at least one of their Caregiving Parents or Caregiving Grandparents, were Ordinarily Resident on Reserve or were living in the Yukon, but excluding children who lived in a Non-paid Kin or Community Home through an arrangement made with their caregivers and excluding individuals living in the Northwest Territories at the time of removal.

The draft Claims Process for the Removed Child Class and Removed Child Family Class has been filed by the Settlement Implementation Committee with the Court for approval. The Affidavit of Dianne Corbiere, dated April 15, 2024, attaches as Exhibit “A” the *Review of Data and Process Considerations for Compensation Under 2019 CHRT 39*, dated January 31, 2022, for which you were a co-principal investigator. Our office provided you with a copy of the motion record on April 22, 2024.

The draft Claims Process contemplates determining eligibility of Removed Child Class Members for compensation based on federal government accounting records kept with Indigenous Services Canada of the funds paid by Canada during the Class Period (1991-2022) toward each Removed Child Class Member (“**ISC Database Records**”). To this end, we have the following questions:

1. Would a database built from the ISC Database Records be comprehensive, such that all eligible Removed Child Class Members will be identified on the ISC Database?
2. Are there Removed Child Class Members who may not be identified in a database built from the ISC Database Records? If so, why may this be the case and please provide the basis for your understanding? If not, please provide the basis for your understanding.
3. If your answer to question #2 is “yes”, are you able to provide an estimate of the number of Removed Child Class Members who may not be identified in a database built from the ISC Database Records? If not, why not?
4. Are there alternative methods outside of the ISC Database Records to identify Removed Child Class Members?
5. Are there differences between Ontario and the rest of the country regarding reporting of in-care costs to ISC? If so, please explain.

Yours truly,



Sarah Clarke

cc. David Taylor, Logan Stack and Thomas Conway – *Counsel for First Nation Child and Family Caring Society*

This is Exhibit "F" to the Affidavit of  
BARBARA FALLON affirmed before me  
this 29<sup>th</sup> day of APRIL 2024

A handwritten signature in blue ink, appearing to be 'S. Clarke', written over a horizontal line.

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

April 29, 2024

CLARKE CHILD & FAMILY LAW  
36 Toronto Street, Suite 950  
Toronto, ON M5C 2C5

Dear Ms Clarke

I am in receipt of the letter and five questions you posed.

My responses to your questions are based on a report conducted at the request of Indigenous Services Canada: Fallon, B., Trocmé, N., Saint-Girons, M., Caldwell, J., Quinn, A., Milne, C., Wilson, L., Paul, L., Rotenberg, G., Mercado, J., Rodomar, S., Sistovaris, M., Haber, E., & Livingston, E. (2022). *Review of Data and Process Considerations for Compensation Under 2019 CHRT 39*. Indigenous Services Canada. I have used passages of the report in my answers to your question.

### Methods

In 2022, I lead a team that posed a series of questions about the “*potential availability of data that, if available and of high quality, could assist with the process of assessing claim eligibility under the CHRT child welfare and Jordan’s Principle compensation categories*” (page 49). The year long ISC project identified potential administrative data sources at a national and jurisdictional level **by working with key respondents** who had knowledge about these data sources and who were asked about data availability, completeness, and accuracy.

“If available” and “of high quality” and “could assist” were the core criteria for the review.

I understand the questions you posed your letter dated April 24th, 2024, only pertain to the Removed Child Class.

1. **Would a database built from the ISC Database Records be comprehensive, such that all eligible Removed Child Class Members will be identified on the ISC Database?**

Page 3:

*“The FNCFS program is administered at a regional level in the following regions: Alberta, Atlantic (New Brunswick, Nova Scotia, Newfoundland and Labrador, and PEI), British Columbia, Manitoba, Ontario, Quebec, Saskatchewan, and the Yukon. In fiscal year 2013-2014, the FNCFS program implemented a national information system to store child maintenance data funded by ISC. Prior to that date, FNCFS child maintenance data was decentralized and region specific.”*



Information on child maintenance data from all regions starting in FY 2013-2014 (i.e., April 1st, 2013) is stored in data fields within a centralized database, called the **Information Management System (IMS)** at ISC. It is an in-house system that was developed for the FNCFS.

Our project team provided an overview of the availability of data held in the IMS as they relate to the CHRT compensation categories. Based on ISC responses to our questions, we concluded that the child's name, date of birth and IRN are collected in the database. We assessed whether the data fields could be considered reliably populated. **We did not assess for whether IMS contained all children that were eligible for the Removed Child Compensation Class.**

To determine the availability of data fields collected prior to FY 2013-2014, **sample** child maintenance reporting forms used by the different ISC regions' FNCFS staff between fiscal year 2005-2006 and fiscal year 2012-2013 were provided to the project team for their assessment and documentation.

Again, we did not assess the *completeness* (i.e., **the percentage of missing child maintenance reports and missing data values**), nor the *accuracy* of the information (i.e., **the extent to which the information correctly reports the information**). The project team asked for more details regarding the completeness and accuracy of data prior to fiscal year 2013-2014, which was not provided to us in time for the report to be completed.

We did not assess years before FY 2005-2006 as no information was provided to the project team regarding those child maintenance forms.

2. **Are there Removed Child Class Members who may not be identified in a database built from the ISC Database Records? If so, why may this be the case and please provide the basis for your understanding? If not, please provide the basis for your understanding. '**

I can not attest to whether the ISC identified gaps in the database prior to 2013 have been remedied since the completion of our report. If these gaps in the data have not been remedied, then it is reasonable to conclude that some children are missing from the ISC database. Again, we did **not** assess for whether IMS contained **all** children that were eligible for the Removed Child Compensation Class.

On page 52-53, we address the quality of the ISC maintenance records from 2005-2013 and pose the question:

#### **Can the child be identified?**

Based on the response from ISC we state:

*“The Child name and date of birth was systematically collected across regions, except for Atlantic Region. Specifically, the child’s date of birth was **not** available in the sample forms provided by the Atlantic region from FY 2005-2006 to 2008-2009 and FY 2010-2011 to 2012-2013. Furthermore, the 2008-2009 and 2010-2011 forms from the Atlantic Region collected information about the client number, rather than the client’s name. For these fields to be used to identify children, a link between client number and name would need to be provided”.*

Further on Page 70 we state:

*“While using administrative data can help facilitate and expedite proof of eligibility for compensation, **documentation almost certainly does not exist for all eligible children**, especially those who were involved in child welfare in earlier years”.*

On Page 91 we also state:

*“For child welfare data, particularly data documented in previous decades, much of the information is in a format that would need to be manually retrieved which is an onerous process for agencies. Data may also have been archived, overwritten, or expunged due to jurisdictional or agency policy, or inadvertently due to IT problems or natural disasters such as fires or floods....”.*

3. **If your answer to question #2 is “yes”, are you able to provide an estimate of the number of Removed Child Class Members who may not be identified in a database built from the ISC Database Records? If not, why not?**

No, I am not able to estimate the number of children from the Removed Child Class who are not on the ISC Database.

The analyses of coverage error (the gap between all eligible Removed Child Class members and the children contained in the ISC database) was not a request made by ISC to the project team. To estimate the error a different methodology would need to be employed.

4. **Are there alternative methods outside of the ISC Database Records to identify Removed Child Class Members?**

On Page 91, we summarize our respondents' concerns about data gaps:

*“Respondents were concerned that if the government relies solely on written documentation to support compensation, this could leave a substantial portion of eligible people claimants out of the process. Gaps related to pertinent information not consistently collected by agencies, and data that are not reliably completed in information systems could lead to anger on the part of claimants, which may be directed towards agency personnel impacting community relations. There were some concerns expressed regarding inequitable receipt of compensation due to bias in availability of data. When gaps in data availability or accessibility is unevenly distributed across the eligibility period—*

*with older data generally being less available, the requirement for claimants to provide documentation may create inequities in access to compensation. In many cases, this differential impact of data gaps reflects discriminatory funding that limited the ways in which a child's needs or welfare involvement were documented. Respondents were clear that if inequities in data availability translate to a lack of compensation for children who are eligible based on their experiences, this would itself be a manifestation of the discrimination the CHRT and class actions are aiming to redress".*

Throughout the report, we recommended that given the gaps in the data, the onus be placed on the government to rely on alternative or multiple methods to identify Removed Child Class Members.

**5. Are there differences between Ontario and the rest of the country regarding reporting of in-care costs to ISC? If so, please explain.**

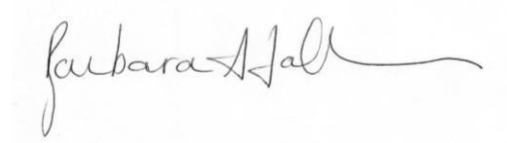
There is a reference to the Ontario reporting process on page 63 of the Report. We summarized:

*"The Ministry of Children, Community and Social Services is responsible for child welfare and protection, in Ontario. The Child, Youth and Family Services Act provides the legislative framework and mandate for child welfare services. 51 Children's Aid Societies, which are governed by Boards of Directors elected from local communities, provide child protection services throughout the province. Eleven of those agencies are mandated to provide services specifically to Indigenous communities (Indigenous Child and Family Well-Being Agencies). ISC reimburses Ontario for the delivery of child and family services to First Nations children and families on reserve through the 1965 Memorandum of Agreement Respecting Welfare Programs for Indians (1965 Agreement)."*

Agency practices for children removed on reserve was discussed with several key informants. The process for Ontario key informants varied. In Ontario, block payments for operating budgets and maintenance costs are made to agencies from the MCCSS and are not tied to submission of the maintenance form to ISC.

Further there is considerable variability in the quality of the information regarding the *First Nations identity* in Ontario (and in other provinces) and all respondents highlighted significant issues with missing or unknown data for this variable.

Yours truly,

A handwritten signature in black ink that reads "Barbara Fallon". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Barbara Fallon, PhD  
Professor & Canada Research Chair in Child Welfare  
Factor Inwentash Faculty of Social Work, University of Toronto  
Professor (Cross-Appointment), Department of Paediatrics, The Hospital for Sick Children

Adjoint Professor | Kempe Center for the Prevention of Child Abuse and Neglect  
Department of Pediatrics, University of Colorado School of Medicine

# TAB 2

Court File Nos. T-402-19 / T-141-20 / T-1120-21

**FEDERAL COURT  
PROPOSED CLASS PROCEEDING**

B E T W E E N:

**XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE**

Plaintiffs

and

**THE ATTORNEY GENERAL OF CANADA**

Defendant

**FEDERAL COURT  
PROPOSED CLASS PROCEEDING**

B E T W E E N:

**ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON**

Plaintiffs

and

**HIS MAJESTY THE KING  
AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA**

Defendant

**FEDERAL COURT  
CLASS PROCEEDING**

B E T W E E N:

**ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT**

Plaintiffs

and

**THE ATTORNEY GENERAL OF CANADA**

Defendant

**AFFIDAVIT OF NICO TROCMÉ**

I, **Nico Trocmé**, of the City of Montreal, in the Province of Quebec **SOLEMLY AFFIRM THAT:**

1. I am a Full Professor at School of Social Work at McGill University. From 2014 to 2023, I acted as the Director of the School of Social Work at McGill University. I hold the Philip Fisher Chair in Social Work at McGill University. 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 to provide evidence in relation to these proceedings. I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it. A copy for the required certificate in Form 52.2 is attached hereto as **Exhibit “B”**.

### ***Educational Background and Professional Experience***

3. I am the principal investigator for the Canadian Incidence Study (CIS) of Reported Child Abuse and Neglect (1993, 1998, 2003 & 2008). From 1998-2013, I was the lead researcher for a Federal-Provincial-Territorial initiative to develop a common set of National Outcomes Measures in child welfare. I am currently doing research funded by Dr. Cindy Blackstock’s Canada Research Chair Social Sciences and Humanities Research Council award (2023-2030) on supporting the implementation of evidence-informed, decolonized, and culturally appropriate child and family support services for First Nations. Dr. Blackstock is my colleague in the School of Social Work at McGill University.

4. I completed an Honours Bachelor of Arts in Philosophy from the University of Toronto in 1981. Following my undergraduate studies, I completed a Master of Social Work at the University of Toronto in 1983. I continued my education in 1988, and ultimately completed a Ph.D., also at the University of Toronto, in 1992.

5. I was the Director of Research at the Centre for Research on Children and Families at McGill University from 2007 to 2014 and I have continued to act as Research Associate from 2014 to the present. Since 2005, I have been a member of the Factor-Inwentash Faculty of Social Work at the University of Toronto, and since 2006 a Chercheur Régulier at Groupe Recherche Action sur la Violence envers les Enfants.

6. In 2004, I received the Outstanding Achievement in Research and Evaluation award from the Child Welfare League of Canada. In 2005, I received the Outstanding Leadership in Child Welfare Award from the Ontario Association of Children’s Aid Societies. In 2014, I received the Impact – Connections Award. Since 2017, I have been a Fellow of the Royal Society of Canada.

7. I have authored of over 250 scientific publications, has been awarded 25 million dollars in funding through grants, contracts, and gifts, and have mentored a new generation of Canadian child welfare scholars. I have acted as a child welfare policy and program consultant to several provincial governments and Aboriginal organizations and have presented expert evidence at various inquests and tribunals. Prior to completing my Ph.D., I worked for five years as a child welfare and children's mental health social worker.

*My knowledge of these proceedings*

8. In 2020, Professor Barbara Fallon, at the University of Toronto, and I were approached by Indigenous Services Canada, at the request of the Caring Society. This request followed completion of the Taxonomy of Compensation Categories for First Nations Children, Youth and Families related to 2019 CHRT 39, which was written in 2019 under the leadership of Professor Fallon. The project began in October 2020 and was completed with the submission of the report to Indigenous Services Canada in January 2022, *Review of Data and Process Considerations Under 2019 CHRT 39* (the “**2022 Data Report**”).

9. In 2020, Peter Gorham and I were requested by the plaintiffs’ and defendant’s counsel to work together in reviewing available information and preparing a preliminary estimate of the class size in this proceeding. We were asked to provide an estimate of the number of children taken into permanent care and those taken into other than permanent care. Most of our work was focused on two key items: (a) the care models to be used and (b) analysis of data to prepare a distribution of duration in care for First Nations children.

10. The *Report on the Estimated Class Size –First Nations Children in Care 1991 to 2019*, was completed on January 18, 2021 (“**2021 Removed Class Estimation Report**”) wherein we estimated, based on our modelling and the available data that between April 1, 1991 and March 31, 2019, the number of registered Indian children ordinarily resident on reserve who were taken



into care is between 90,000 and 120,000 (p.27). A copy of the Removed Class Estimation Report is attached hereto as **Exhibit “C”**.

11. I am aware that, in February 2022, Peter Gorham provided Mr. Robert Kugler, Class Counsel, with an updated estimation (the “**Updated Estimation Report**”). I was not involved in the preparation of that estimate. Counsel for the Caring Society, Sarah Clarke, has provided me with a copy of the Updated Estimation Report, which is attached hereto as **Exhibit “D”**.

12. On April 23, 2024, I received a copy of the Motion to Approve Claims Process – Removed Child Class / Removed Child Family Class | Court File Nos. T-402-19 / T-141-20 / T-1120-21 (herein after referred to as the “**Motion Record of the Plaintiffs**”).

13. On April 24, 2024, I received a letter from Counsel for the Caring Society, Sarah Clarke, asking me to answer a series of questions relating to the Motion Record of the Plaintiffs in this matter. I have since reviewed the Affidavits of Dianne Corbiere and Joelle Gott in the Motion Record of the Plaintiffs. I attach the letter I received from Ms. Clarke as **Exhibit “E”** to my affidavit.

14. The questions I was asked to answer in Exhibit E specifically relate to the information I reported on in the 2021 Removed Class Estimation Report. I was asked to answer the following in relation to the Claims Process, specifically regarding the way in which the Claims Process contemplates eligibility of Removed Child Class Members for compensation based on federal government accounting records kept within Indigenous Services Canada of the funds paid by Canada during the Class Period (1991-2022) toward each Removed Child Class Member (“**ISC Database Records**”):

- i. Page 17 of the Removed Class Estimation Report (para 64(b)) provides that “the results presented in this report are based on an assumption that (...) all First Nations children that ordinarily live on reserve and who were taken into care during the time periods of the data are included in the data.”
  - a. Please explain your basis for this assumption?

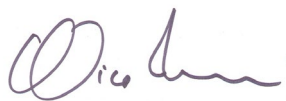
- ii. Page 14 and 15 of the Removed Class Estimation Report indicates that in Ontario there is no data available for fiscal year 2001 (para 54(c)) and for fiscal year 2003 (para 54(d)).
- a. What are the implications regarding the comprehensiveness of these data as it relates to the capacity to identify individual Removed Child Class Members.
- iii. Page 18 of the Removed Class Estimate Report (para 66) states “we note that the data for 2013 to 2018 only include children for whom an expense was submitted. To the extent that there may be children who did not have an expense paid by Canada during this period, such as children in informal kinship care arrangements, they are not included in our estimates.”
- a. Can you elaborate on your observation that the data for 2013 to 2018 only included children for whom an expense was submitted and paid by Canada. Are there other scenarios to consider?

15. I answer and respond to the above questions in the report attached hereto as **Exhibit “F”**. As set out in my answers to the questions, I did not conduct any new research or conduct any further investigations beyond the work undertaken for the 2021 Removed Class Estimation Report. The facts, assumptions and methodology used to answer the questions are based on the facts, assumptions and methodology set out in the 2021 Removed Class Estimation Report.

**AFFIRMED BEFORE ME** over video teleconference on this 29th day of April 2024 in accordance with O. Reg. 431/20, *Administering Oath or Declaration Remotely*. The Commissioner was in Toronto, Ontario and the affiant was in Montreal, Quebec.



Commissioner for Taking Affidavits  
**Sarah Clarke LSO # 57377M**



**NICO TROCMÉ**

This is Exhibit "A" to the Affidavit of  
NICO TROCMÉ affirmed before me this  
29<sup>th</sup> day of APRIL 2024

A handwritten signature in blue ink, appearing to be 'S. Clarke', written over a horizontal line.

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

# Nicolas (Nico) Trocmé

## Curriculum Vitae

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### Philip Fisher Chair in Social Work - McGill University

School of Social Work  
550 Sherbrooke St. West, Montreal, Québec, H3A 1B9  
Tel: (514) 398-7068 / [nico.trocme@mcgill.ca](mailto:nico.trocme@mcgill.ca)

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### University Degrees

Ph.D., University of Toronto, Faculty of Social Work, 1988-1992  
Master of Social Work, University of Toronto, Faculty of Social Work, 1981-1983  
Honours Bachelor of Arts (Philosophy), University of Toronto, Trinity College, 1977-1981

### Professional Training

Sexual Abuse Specialist Training Program, Ministry of Community and Social Services, 1985  
Child Protection Training Program (Phase I & II), Ministry of Community and Social Services, 1984

### Awards, Scholarships & Distinctions

#### *Membre Emérite (2023)*

Ordre des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec

#### *Fellow of Royal Society of Canada (2017-present)*

Royal Society of Canada (RSC)

#### *Impact – Connections Award (2014)*

Social Sciences and Humanities Research Council of Canada (SSHRC)

#### *Amethyst Award for Outstanding Achievement in the Ontario Public Service (2007)*

Child Welfare Secretariat Transformation Project (Team Member)

#### *Philip Fisher Chair in Social Work (2005-present)*

School of Social Work, McGill University

#### *Outstanding Leadership in Child Welfare Award (2005)*

Ontario Association of Children's Aid Societies

#### *Outstanding Achievement in Research and Evaluation Award (2004)*

Child Welfare League of Canada

#### *Margaret and Wallace McCain Family Chair in Child and Family Social Work (2000-2004)*

Faculty of Social Work, University of Toronto

#### *NIS 3 Special Research Scholarship (1997)*

National Data Archives on Child Abuse and Neglect, Cornell University

#### *Summer Research Institute Scholarship (1995)*

National Data Archives on Child Abuse and Neglect, Cornell University

#### *Post-Doctoral Research Fellowship (1992-1993)*

Child Psychiatry Research Unit & The Institute for the Prevention of Child Abuse, McMaster University

*Graduate Fellowship* (1990-1992)

Social Sciences and Humanities Research Council of Canada (SSHRC)

*University of Toronto Open Fellowship* (1989-1990)

*Ontario Graduate Scholarship* (1988-1989)

*University of Toronto Graduate Award* (1988)

## **Research Affiliations**

*Centre for Research on Children and Families* (CRCF), McGill University

Director (2007-2014), Research Associate (2014-present)

*Factor-Inwentash Faculty of Social Work*, University of Toronto

Adjunct Professor (2005-present)

*Centre of Excellence for Child Welfare* (CECW), University of Toronto

Director (2000-2005), Scientific Director (2006-2008)

*Le Centre de Recherche Interdisciplinaire sur les Problèmes Conjugaux et les Agressions Sexuelles*

(CRIPCAS), Montréal, Associate Researcher (2007-present)

*Groupe Recherche Action sur la Violence envers les Enfants* (GRAVE), Montréal

Chercheur Régulier (2006-present)

*Institut de Recherche sur le Développement Social des Jeunes* (IRDS), Montréal

Chercheur Associé (2003-2010)

*International Society for the Prevention of Child Abuse and Neglect* (ISPCAN)

Member (2000-present)

## **Professional Work Experience**

*Full Professor*, School of Social Work, McGill University (2005-present)

*Director*, School of Social Work, McGill University (2014-2023)

*Full Professor*, Faculty of Social Work, University of Toronto (2004-2005)

*Associate Professor*, Faculty of Social Work, University of Toronto (1998-2004)

*Assistant Professor*, Faculty of Social Work, University of Toronto (1993-1998)

*Research Fellow*, Institute for the Prevention of Child Abuse (1992-1993)

*Teaching Assistant & Lecturer*, Faculty of Social Work, University of Toronto (1988-1992)

*Social Worker*, Sacred Heart Child and Family Services Outpatient Family Therapy (1987-1988)

*Social Worker*, Children's Aid Society of Metropolitan Toronto (1984-1987)

*Research Assistant*, Faculty of Social Work, University of Toronto (1983-1984)

*MSW Practicum*, Family therapy training program, Thistletown Regional Centre for Children and Adolescents (1982-1983)

*MSW Practicum*, Catholic Children's Aid Society of Metropolitan Toronto (1982)

*Camp Counsellor*, Christie Lake Boys Camp (1981-1982)

**RESEARCH****Research Grants (Total grants awarded as Principle Investigator/Scientific Director: \$14,390,968)**

*Beyond neighbourhood socioeconomic disadvantages: Deepening our understanding of structural inequalities in disparate child protection involvement (2023-2027)*

SSHRC Insight Grant (330 826\$)

PI : Esposito, T. Co-Investigators: **Trocmé, N.**,

Collaborators: Boatswain-Kyte, Fallon, Webb, Laprise, Hollinshead, Fluke, Hill, Tonmyr, Goyette, Bywaters & Hélie.

*Child Welfare Disparities Data Meeting (2023-2024)*

SSHRC Connexion Grant (23,515\$)

PI : Esposito, T. Co-Investigators: **Trocmé, N.**, Fallon, B., & Tonmyr, L.

*Ontario Incidence Study of Reported Child Abuse and Neglect (OIS) 2023 (2022-2025)*

Ministry of Children, Community and Social Services (\$523,729)

PI: Fallon, B.; Co-Investigators: Black, T., **Trocmé, N.**, Hélie, S., Fluke, J., Collin-Vézina, D., Esposito, T., Parada, H., King, B.; Collaborators: Schiffer, J., Crowe, A., Schumaker, K., Stoddart, J., & Moody, B.

*Proposal to operationalize the Canadian Human Rights Tribunal (CHRT) Ruling 39 Taxonomy of Compensation Categories for First Nations Children, Youth and Families (2020-2021)*

Canada Indigenous Services (\$307,995)

PIs: Fallon, B. & **Trocmé, N.**

*Pan-Canadian Child Welfare Administrative Data Knowledge Exchange Project (2020-2025)*

Agence de la santé publique du Canada: 170 000\$)

PI: Esposito, T.; Co-investigators: **Trocmé, N.**, & Fallon, B.

*Utilisation du Montreal Modified Maltreatment Classification System (MMMCS) dans le cadre de l'Étude d'incidence québécoise sur les enfants évalués en protection de la jeunesse (ÉIQ) (2020-2022)*

Ministère de la santé et des services sociaux du Québec: (\$75,780)

PI : Hélie, S. & Monette, S.; Co-investigators : Esposito, T., Collin-Vézina, D., & **Trocmé, N.**

*Identifier et répondre aux besoins des familles desservies par le continuum Jeunes en difficulté en contexte de pandémie/Identifying and Responding to Children and Families Served by Social Services During the Pandemic (2020-2021)*

Ministère de la santé et des services sociaux du Québec (\$89,400)

PI : Collin-Vézina, D.; Co-Investigators: Fallon, B., Esposito, T., Lafortune, D., Poirier, M.-A. Tarabulsky, G., & **Trocmé, N.**

*Le devenir des jeunes placés : Amélioration des interventions de transition à la vie adulte et reconnaissance d'enjeux identitaires spécifiques (2019-2022)*

Fonds de recherche Société et culture - Soutien aux équipes de recherche (FQRSC, \$415,000)

PI: Goyette, M.; Co-investigators : Esposito, T., Salée, N., Sansfacon, A. P., Bellot, C., **Trocmé, N.**, Feder, V. M., Courtney, M., & Greissler, E.

*Chaire-réseau Jeunes et Société : Les parcours vers l'autonomie et l'épanouissement des jeunes dans une société en transformation (volet santé et bien être) (2018-2025)*

Fonds de recherche Société et culture - Soutien aux équipes de recherche (FQRSC, \$1,113,663)

PI: Goyette, M. Co-investigateurs : Esposito, T., Abdel-Baki, A., Barnett, T. A., Bellot, C., Bertrand, K., Blanchet-Cohen, N., Bourdon, S., Bourgeois, I., Coté, P-B., Fontaine, A., Greissler, E., Longo, M. E., Lussier, M. T., Marcotte, J., Parent, A-A., Sansfacon, A. P., Richard, M-C., Sallée, N., Savard, A.C., Smits, P., & **Trocmé, N.**

*The influence of neighbourhood socioeconomic disparities on child maltreatment (2018-2023)*

Social Sciences and Humanities Research Council – Insight Grant (SSHRC, \$319,222)

PI: Esposito, T.; Co-investigateur: **Trocmé, N.**; Collaborateurs: Fallon, B., King, B., Rothwell, D., Hélie, S., Sinha, V., Poirier, M-A, Sirois, M-C., Goyette, M., & Maurer, K.

*Canadian/First Nations Incidence Study of Reported Child Abuse and Neglect (CIS/FNIS) 2019 (2018-2022)*

Assembly of First Nations (AFN, \$2,429,144)

PI: Fallon, B.; Co-Investigateurs: **Trocmé, N.**, Maclaurin, B., Hélie, S., Collin-Vézina, D., Esposito, T., King, B., & Black, T.

*l'Étude d'incidence québécoise sur les situations évaluées en protection de la jeunesse en 2019 (2018-2022)*

Ministère de la santé et des services sociaux (\$414,371)

PI: Hélie, S.; Co-investigateurs: Esposito, T., **Trocmé, N.**, & Collin-Vézina, D.

*Ontario Incidence Study of Reported Child Abuse and Neglect 2018 (OIS 2018) (2018-2021)*

Ministry of Children and Youth Services (\$462,000)

PI: Fallon, B.; Co-investigateurs: **Trocmé, N.**, Sinha, V., Black, T., MacLaurin, B., Helie, S., Fluke, J., King, B., Collin-Vezina, D., Esposito, T.

*Décrire les services rendus et leurs effets en tenant compte des caractéristiques de la clientèle : Un jumelage de données d'enquêtes aux données administratives des services de protection (2018-2020)*

Institut universitaire jeunes en difficulté (\$80,000)

PI: Esposito, T., & Hélie, S.; Co-investigateurs: Poirier, M-A., & **Trocmé, N.**; collaborateurs: Sirois, M-C., & Emond, C.

*Trajectoire des jeunes des Premières Nations dans le système de la protection de la jeunesse Volet 4 : la négligence (2018-2021)*

Ministère de la santé et des services sociaux (\$375,000)

PI: Gray, R.; Co-investigateurs: Esposito, T., **Trocmé, N.**, & Sinha, V.

*La composante Premières Nations de l'Étude canadienne sur l'incidence des signalements de cas de violence et de négligence envers les enfants (ECI-PN) (2018-2020)*

Public Health Agency of Canada (PHAC, \$654,892)

PI: Sinha, V.; Co-investigateurs: Esposito, T., **Trocmé, N.**, Blackstock, C., Fallon, B., & MacLauren, B.

*Trajectoire des enfants et parentalité dans le domaine du placement et de l'adoption en contexte de protection de la jeunesse (2017-2021)*

Fonds de recherche du Québec-Société et culture – Soutien aux équipes de recherche (FRQSC#2018 SE-207818: \$522,618)

PI: Poirier, M.A.; Co-Investigateurs: Guay, C., **Trocmé, N.**, Esposito, T., Pagé, G., Chateaufneuf, D., Hélie, S., Côté, C.; Collaborateurs: D'Auray, G., Dessureault, S., Clément, M. É., Collin-Vézina, D., Poitras, K., Simard, M-C.

*Valeur sociale et économique de centres d'intervention communautaire visant des clientèles vulnérables d'enfants, de jeunes et de leurs familles (2017-2020)*

Social Sciences and Humanities Research Council – Insight Development Grant (SSHRC: \$64,890)

PI: Collin-Vézina, D.; Co-Investigateurs: Esposito, T., **Trocmé, N.**, Julien, G., & Daigneault, I.

- Implantation de nouvelles cliniques de pédiatrie sociale au Québec: Identification des communautés à risque (2016-2020)*  
La Fondation du Dr Julien (\$77,510)  
PI: Esposito, T.; Co-Investigators: **Trocmé, N.** & Roy, C.
- A genealogical study of Indigenous Adoption in Canada: A multi-faceted examination of events in the removal of Indigenous children with a concentration on child welfare policy shifts between 1950 and 1985 (2016-2020)*  
Social Sciences and Humanities Research Council – Insight Grant (SSHRC: \$394,480)  
PI: Sinclair, R.; Co-Investigators: Spencer, D., **Trocmé, N.**, Blackstock, C., Hart, M., Carriere, J.; Collaborators: Hele, C., Christian, W., Morrisseau-Beck, D., Richard, K., & Prince, C.
- Understanding the Influence of Organizations on Child Welfare Service Delivery (2016-2019)*  
Social Sciences and Humanities Research Council – Insight Grant (SSHRC: \$102,724)  
PI: Fallon, B.; Co-Investigators: **Trocmé, N.**, Blackstock, C., MacLaurin, B., Fluke, J., Shier, M.  
Collaborators: A. Jud.
- Étude d'incidence québécoise sur les situations signalées en protection de la jeunesse en 2018 (ÉIQ-2018) (2016-2018)*  
Agence de santé publique du Canada et Ministère de la santé et des services sociaux (\$350,000)  
PI: Hélié, S.; Co-Investigators: Esposito, T., **Trocmé, N.**, Fallon, B., MacLauren, B., & Collin-Vézina, D.
- Planification d'une recherche sur la valeur sociale et économique des centres de pédiatrie sociale au Québec (2016-2017)*  
Canadian Institutes of Health Research (CIHR: \$12,732)  
PI: Collin-Vézina, D.; Co-Investigators: Esposito, T., Daigneault, I., Rothwell, D., & **Trocmé, N.**
- Letter of Intent for Connecting Research to Practice and Policy: Child Welfare Partnership for Ontario (2016-2017)*  
Social Sciences and Humanities Research Council (SSHRC: \$20,000)  
PI: Fallon, B.; Co-Investigators: **Trocmé, N.**, Fluke, J., Blackstock, C., Schumaker, K., King, B., Goodman, D., Flynn, R., Esposito, T., & Sinha, V.
- Searching for Pathways to Implement the Truth and Reconciliation Commission Recommendations for Social Work (2016-2017)*  
Alberta Centre for Child Family and Community Research (ACCFRC) – Seed Grant (\$9,997.50)  
Co-PIs: Choate, P. & MacLaurin, B.; Co-Investigators: Badry, D.; Bastien, B., Blackstock, C., Fischer, J., Graff, D., Tortorelli, C., & **Trocmé, N.**
- Supporting First Nations and Youth Protection Research in Quebec (2015-2018)*  
Canadian Foundation for Innovation - Infrastructure Operating Fund (CFI: \$10,659)  
PI: **Trocmé, N.**
- Geographies of Care: Professionals, caregivers, and children's views of (In)adequate supervision across cultures (2015-2017)*  
Social Sciences and Humanities Research Council – Insight Development Grant (SSHRC: \$74,981)  
PI: Ruiz Casares, M.; Co-Investigators: Lacharité, C., Milot, T., Moss, E., Li, P., Vandna, S., & **Trocmé, N.**
- Connecting Child Welfare Research to Policy and Practice (2015-2016)*  
Social Sciences and Humanities Research Council – Connection Grant (SSHRC: \$50,000)  
PI: Fallon, B.; Co-Investigators: Black, T. L. & **Trocmé, N.**
- Étude longitudinale sur le devenir des jeunes placés au Québec et en France (2014-2019)*  
Social Sciences and Humanities Research Council – Partnership Grant (SSHRC: \$2,496,960)  
PI: Goyette, M.; Co-Investigators: Esposito, T., **Trocmé, N.**, Frechon, M., Hélié, S., Turcotte, D., Malo, C., Mann-Feder, V., Fast, E., Lacroix, I., Smits, P., Touati, N., & Divay, G.



- Gestion fondée sur les indicateurs de suivi clinique en protection de la jeunesse (2014-2019)*  
Association des centres jeunesse du Québec (\$172,000)  
PI: Esposito, T.; Co-Investigator: **Trocmé, N.**
- Impact – Connection Award (2014-2017)*  
Social Sciences and Humanities Research Council (SSHRC: \$50,000)  
PI: **Trocmé, N.**
- Understanding the relationship between neighbourhood socioeconomic disadvantages and child protection service outcomes (2014-2017)*  
Social Sciences and Humanities Research Council – Insight Development Grant (SSHRC: \$73,737)  
PI: Esposito, T.; Co-Investigators: **Trocmé, N.** & Rothwell, D.; Collaborator: Vandna, S.
- An interdisciplinary scoping review to map parenting interventions available to parents of maltreated infants and toddlers within the child welfare system (2014)*  
Canadian Institutes of Health Research – Knowledge Synthesis Grant (CIHR#328985: \$50,000)  
Co-PIs: Carrey, N. & Packard, B.; Co-Investigators: Andrew, G., Hapchyn, C., Mushquash, C., Sundar, P., Kulkarni, C., Ornstein, A., **Trocmé, N.**, Dufour, S., McLuckie, A., Saini, M., & Besler
- Ontario Incidence Study of Reported Child Abuse and Neglect 2013 (2013-2015)*  
Ontario Ministry of Children and Youth Services (\$420,627)  
PI: Fallon, B.; Co-Investigators: **Trocmé, N.**, MacLaurin, B., Sinha, V., Shlonsky, A., & Fluke, J.
- National First Nations child welfare research partnership (2013-2015)*  
McGill University Collaborative Research Development Grant (\$15,000)  
PI: Sinha, V.; Co-Investigators: **Trocmé, N.** & Rothwell, D.
- Building research capacity with First Nations and mainstream youth protection services in Quebec (2012-2020)*  
Social Sciences and Humanities Research Council (SSHRC # 895-2011-1015: \$1,560,352; McGill VP Research: \$100,000; McGill Faculty of Arts: \$7,000)  
PI: **Trocmé, N.**; Co-Investigators: Collin-Vézina, D., Fallon, B., Lach, L., Rothwell, D., Blackstock, C., Dufour, S., Ellenbogen, S., Goyette, M., Turcotte, D., Shlonsky, A., Thomson, W., Esposito, T., Fast, E., Sinha, V., Macintosh, H., & Ruiz-Casares, M. (Sept 2017)
- Supporting First Nations and Youth Protection Research in Quebec (2012-2014)*  
Canadian Foundation for Innovation – Leaders Opportunity Fund (CFI: \$133,234)  
PI: **Trocmé, N.**
- Gestion fondée sur les indicateurs de suivi clinique en protection de la jeunesse (2012-2014)*  
Association des centres jeunesse du Québec (\$78,000)  
Co-PIs: **Trocmé, N.** & Esposito, T.
- First Nations Child Welfare: Exploratory Research at the National Level (2011-2014)*  
Social Sciences and Humanities Research Council – Insight Development Grant (SSHRC: \$73,000)  
PI: Sinha, V.; Co-Investigators: Montgomery, M. & **Trocmé, N.**
- Letter of Intent for building data analysis capacity with First Nations and mainstream youth protection services in Quebec (2011-2012)*  
Social Sciences and Humanities Research Council (SSHRC# 895-2011-0111: \$20,000)  
PI: **Trocmé, N.**; Co-Investigators: Rothwell, D., Fallon, B., Thomson, W., Collin-Vézina, D., & Shlonsky, A.
- Increasing research capacity in Ontario child welfare authorities (2011-2012)*  
Social Sciences and Humanities Research Council (SSHRC#608-2010-0018: \$48,718)  
PI: Fallon, B.; Co-Investigator: **Trocmé, N.**
- National Outcomes Measures (NOM) Phase IV Planning & Development (2010-2012)*  
British Columbia Ministry of Children and Family Development – Intergrated Quality Assurance (\$20,000)  
PI: **Trocmé, N.**; Co-Investigator: Shlonsky, A.

- Pilot Study of the Quebec Social Pediatrics Program (2010-2011)*  
Social Pediatrics Foundation (\$59,000)  
PI: **Trocmé, N.**; Co-Investigator: Roy, C.
- Decline in sexual abuse cases investigated by the Canadian Child Welfare Systems (2009-2012)*  
Social Sciences and Humanities Research Council (SSHRC: \$181,213)  
PI: Collin-Vézina, D.; Co-Investigators: **Trocmé, N.** & Walsh, C.
- Community-university partnership for aboriginal child welfare (2009-2010)*  
Social Sciences and Humanities Research Council (SSHRC#833-2008-0017: \$20,000)  
**Co-PIs: Trocmé, N.** & Sinha, V.; Co-Investigators: Blacksock, C. & Collin-Vézina, D.
- An Examination of Cognitive Processing and Health Outcomes among CAS involved Youth in the Maltreatment and Adolescent Pathways Project (2008-2011)*  
Canadian Institutes of Health Research (CIHR: \$147,967)  
PI: Wekerle, C.; Co-Investigators: Boyle, M., Leung, E., MacMillan, H., **Trocmé, N.**, & Waechter, R.
- National Network for Aboriginal Mental Health Research (2008-2011)*  
Canadian Institutes for Health Research – Network Environments for Aboriginal Health Research (CIHR: \$1,793,333)  
PI: Kirmayer, L.; Co-Investigators: Adelson, N., Burak, J., Cargor, M., Chandler, M., Dell, C.A., Doxtater, M., Fiske, J. O., Fletcher, C., Gzill, K., Glass, K., Haggarty, J., Lalonde, C., Macaulay, A., McCormik, R., Nietxen, R., Tait, C., Toussignant, M., **Trocmé, N.**, & Waldram, J.
- Evaluation de cercle de l'enfant (2008-2010)*  
Fondation pour la promotion de la pédiatrie sociale (\$69,000)  
PI: **Trocmé, N.**; Co-Investigators: Piché, A.M., Campbell, A., & Fast, E.
- Canadian Child Welfare Data Lab (2008-2010)*  
Canadian Foundation for Innovation – Leaders Opportunity Fund (\$424,184)  
PI: **Trocmé, N.**
- La polyvictimisation des jeunes au Québec (2008-2010)*  
Social Sciences and Humanities Research Council (SSHRC: \$179,000)  
PI : Chamberland, C. ; Co-Investigators: Lessard, G., Gagné, M.H., Collin-Vezina, D., Clément, M.E., **Trocmé, N.**, & Wemmers, J.O.
- EIQ2008: Étude d'incidence des mauvais traitements au Québec (2008-2010)*  
Ministère de la santé et des services sociaux (\$200,000)  
PI: **Trocmé, N.** ; Co-Investigators: Helie, S. & Turcotte, D.
- The Maltreatment and Adolescents Pathway (MAP) Project: Adjustment in youth adulthood (2008-2010)*  
Ontario Mental Health Foundation (OMHF: \$149,780)  
PI: Wekerle, C.; Co-Investigators: MacMillan, H., Boyle, M., Trocmé, N., Goodman, D., Moody, B., Leslie, B., Leung, E., & Waechter, R.
- CIS 2008: First Nations Oversampling (2008-2009)*  
Manitoba Department of Family Services and Housing (\$100,000)  
Co-PIs: Sinha, V. & **Trocmé, N.**; Co-Investigators: Fallon, B. & MacLaurin, B.
- Summer Workshop in Quantitative Methods for Aboriginal Child Welfare Research (2008-2009)*  
Canadian Institutes of Health Research (CIHR) and National Network for Aboriginal Mental Health Research (\$20,000); National Collaborating Centre for Aboriginal Mental Health (\$10,000); McGill School of Social Work (\$10,000); Centre for Excellence in Child Welfare (\$10,000)  
Co-PIs: Sinha, V. & **Trocmé, N.**
- Letter of Intent for Childhood Maltreatment & Deliberate Self-Harm (2008)*  
Canadian Institutes of Health Research (CIHR: \$10,000)  
PI: Wekerle, C.; Co-Investigators: Links, P., MacMillan, H., **Trocmé, N.**, Tonmyr, L., Bergmans, Y., Rhodes, A. E., Bennett, M., Stewart, S., & Wathen, N.

*Le Développement d'outils d'intervention visant la préparation à la vie autonome et le soutien à la sortie des jeunes recevant des services des centres jeunesse du Québec (2007-2009)*

Centre national de prévention du crime (\$490,966)

PI: Goyette, M.; Co-Investigators: Manfredder, V., **Trocmé, N.**, Grenier, S., & Turcotte, D.

*Diminution de l'incidence des agressions sexuelles: Réel déclin ou profonde illusion? (2007-2008)*

Le Centre de Recherche Interdisciplinaire sur les Problèmes Conjugaux et les Agressions Sexuelles (\$4,500)

PI: Collin-Vézina, D.; Co-Investigator : **Trocmé, N.**

*A regional qualitative study of enhanced permanency and child welfare outcomes (2007-2008)*

Ontario Ministry of Children and Youth Services (\$210,000)

PI: Kennedy, B.; Co-Investigators: MacKenzie, B., **Trocmé, N.**, Bennett, M., & Miller, L.

*Service Outcomes for Children and Youth Referred to Out-of-Home Care (2007-2008)*

Alberta Centre for Child, Family and Community Research (\$100,000)

PI: MacLaurin, B.; Co-Investigators: **Trocmé, N.**, Walsh, C., & Hughes, L.

*Using the Maltreatment and Adolescent Pathways (MAP) Project as a Foundation for Child and Youth Mental Health Knowledge Translation (2007-2008)*

The Centre of Excellence for Child and Youth Mental Health at CHEO – Special Initiatives (\$60,000)

PI: Wekerle, C.; Co-Investigators: MacMillan, H., Boyle, M., **Trocmé, N.**, Leung, E., & Waechter, R.; Collaborators: Leslie, B., Goodman, D., & Moody, B.

*Evidenced-Based Management in Child Welfare Services (2006-2009)*

Social Sciences & Humanities Research Council (SSHRC# 603-2005-0012: \$300,000)

McGill University, Batslaw Youth and Family Services, and Association des centres jeunesse du Québec (matching funding: \$300,000)

PI: **Trocmé, N.**; Co-Investigators: Thomson, W., MacLaurin, B., Shlonsky, A., & Helie, S.

*The Maltreatment and Adolescent Pathways (MAP) Project: Child Welfare outcome indicators tracking, databases integration, and knowledge translation (2006-2009)*

The Ministry of Children and Youth Services (\$750,811)

PI: Wekerle, C.; Co-Investigators: MacMillan, H., Boyle, M., **Trocmé, N.**, Leung, E., Waechter, R., Goodman, D., Leslie, B., & Moody, B.; Collaborators: Hart, T., Stewart, S., Erickson, P., Adlaf, E., Leschied, A., & Wolfe, D.

*Variations des taux de mauvais traitements envers les enfants: réalité épidémiologique ou changements de normes? Conférence ACFAS (2006-2007)*

Public Health Agency of Canada (PHAC: \$10,000)

PI: **Trocmé, N.**

*La judiciarisation des mauvais traitements envers les enfants (2006-2007)*

Valorisation Recherche Québec/PIBE (\$25,000)

Co-PIs: Campbell, A. & **Trocmé, N.**

*Maltreatment and Adolescent pathways (MAP) Longitudinal Study (2005-2010)*

Canadian Institutes of Health Research – Operating Grant (CIHR: \$851, 611)

PI: Wekerle, C.; Co-Investigators: Wall, A. M., MacMillan, H., **Trocmé, N.**, Boyle, M., Leung, E., & Waechter, R.

*Centre of Excellence for Child Welfare (2005-2009)*

Health Canada (\$4,000,000)

PI: Regehr, C.; Scientific Director: **Trocmé, N.**; Co-Directors: Chamberland, C., Blackstock, C., & Dudding, P.

*Maltreatment and Adolescent Pathways (MAP) Longitudinal Study: Gender and Mental Health (2005-2007)*

The Centre of Excellence for Child and Youth Mental Health AT CHEO (RFA#280205-022: \$128,895)

PI: Wekerle, C.; Co-Investigators: MacMillan, H., **Trocmé, N.**, Wall, A. M., Boyle, M., & Leung, E.

- Reliability, predictive validity and impact of a child abuse risk assessment tool (2004-2005)*  
Social Science and Humanities Research Council (SSHRC: \$149,331)  
Co-PI: **Trocmé, N.** & Barber, J.
- Child Welfare Secretariat Research Support (2004)*  
Ontario Ministry of Child and Youth Services (\$40,000)  
PI: **Trocmé, N.**
- Child welfare practices in domestic violence cases (2004)*  
Social Science and Humanities Research Council – Institutional Grant Program (SSHRC: \$2,050.93)  
PI: Alaggia, R.; Co-Investigator: **Trocmé, N.**
- CIS Cycle II: Ontario Oversampling (2003-2006)*  
Ontario Ministry of Child, Family and Community Services (\$105,000)  
PI: **Trocmé, N.**
- CIS Cycle II: Aboriginal Oversampling (2003-2005)*  
Health Canada, Centres of Excellence Secretariat (\$75,000)  
PI: **Trocmé, N.**; Co-Investigators: Blackstock, C. & MacLaurin, B.
- Letter of Intent for Canadian Child Welfare Research Network (2003-2004)*  
Network of Centres of Excellence (\$25,000)  
PI: Wekerle, C.; Co-Investigators: Battiste, M., Chamberland, C., **Trocmé, N.**, & MacMillan, H.
- Research Proposal Development Grant for the Canadian Child Welfare Research Partnership (2001)*  
Canadian Institutes of Health Research (CIHR: \$5,000)  
PI: **Trocmé, N.**; Co-Investigators: Fallon, B. & MacLaurin, B.
- Canadian Child Welfare Research Partnership (2000-2005)*  
Canadian Institutes of Health Research (CIHR#43277, \$1,998,000)  
PI: **Trocmé, N.**; Co-Investigators: Brown, I., Chamberland, C., Dudding, P., Ethier, L., Isaacs, B., Lacharité, C., MacMillan, H., Marziali, E., Perlman, N., Rootman, I., Wall, A.M., & Wekerle, C.
- Centre of Excellence for Child Welfare (2000-2005)*  
Health Canada (\$3,717,700)  
PI: **Trocmé, N.**; Co-Investigators: Chamberland, C. & Dudding, P.
- Development and Evaluation of the Childhood Experiences of Violence Questionnaire (1999-2000)*  
Bell Canada Child Welfare Research Unit (\$20,682.56); Statistics Canada (\$24,992.54)  
PI: MacMillan, H.; Co-Investigators: Walsh, C., **Trocmé, N.**, Boyle, M., & Racine, Y.
- Child Welfare in Canada in the Year 2000: A National Research and Policy Symposium (1999-2000)*  
Human Resources and Development Canada (\$172,497); Bell Canada Child Welfare Research Unit (\$25,000)  
PI: Dudding, P.; Co-Investigators: **Trocmé, N.** & Kufeldt, K.
- Building bridges: The collaborative development of culturally appropriate definitions of child abuse and neglect for the South Asian community (1998-2000)*  
Centre of Excellence for Research – Immigration and Settlement (\$12,970)  
PI: **Trocmé, N.**; Co-Investigators: George, U., Herberg, D., Shakir, U., Leslie, B., & Maiter, S.
- OIS 1998: Ontario Incidence Study of Reported Child Abuse and Neglect (1998-2000)*  
Ontario Ministry of Community and Social Services (\$80,000)  
PI: **Trocmé, N.**
- Child Maltreatment Parent Personality Disorder (1998)*  
Social Sciences and Humanities Research Council – General Research Grant (SSHRC: \$1,500), Maitland Foundation (\$10,000), Bell Canada Child Welfare Research Unit (\$10,000)  
Co-PIs: Marziali, E. & **Trocmé, N.**
- Incidence of Child Abuse and Neglect: Ontario / U.S. Comparative Study (1997-2000)*  
Maitland Foundation (\$6,000)  
PI: **Trocmé, N.**

*Client Outcomes in Child Welfare (1996-1999)*

National Welfare Grants (\$240,000)

PI: **Trocmé, N.**; Co-Investigators: Oxman-Martinez, J. & Moreau, J.*Mapping maltreatment feasibility study (1996)*

Social Sciences and Humanities Research Council – General Research Grant (SSHRC: \$2,043)

PI: **Trocmé, N.***National Incidence Study of Reported Child Maltreatment: Feasibility Study (1994-1995)*

Health Canada – Family Violence Prevention Division (\$35,000)

Co-PIs: **Trocmé, N.** & Scarth, S.; Co-Investigators: Tam, K.K. & McPhee, D.*Development of a Child Welfare Case File Data Extraction Instrument (1994)*

Social Sciences and Humanities Research Council – General Research Grant (SSHRC: \$1,964)

Co-PIs: **Trocmé, N.** & Tam, K.K.*CAS Child Health Survey Pilot Study (1993-1994)*

Ontario Mental Health Foundation (\$15,000)

PI: **Trocmé, N.**; Co-Investigators: Offord, D., Boyle, M., McConville, M., & Lindsey, D.*Methodological Issues in Studying the Epidemiology of Child Abuse and Neglect (1993-1994)*

Connaught Start-Up Grant for New Faculty (\$6,000)

PI: **Trocmé, N.***OIS 1993: Ontario Incidence Study (1992-1993)*

Institute for the Prevention of Child Abuse (\$25,000)

PI: **Trocmé, N.***Development of a Child Neglect Index (1990-1991)*

Child Youth &amp; Family Policy Research Centre (\$21,000)

PI: **Trocmé, N.****Research Contracts (Total contracts awarded as Principle Investigator:  
\$3,340,887)***Process Evaluation of Black Strengthening Families Program: Montreal (2011-2017)*

Côte des Neiges Black Community Association and National Crime Prevention Centre (\$50,000)

PI: **Trocmé, N.**; Co-Investigator: Sinha, V.*National Child Welfare Outcomes Project: Phase IV (2011-2013)*

Alberta Ministry of Human Services (\$75,000)

PI: **Trocmé, N.**; Co-Investigator: Shlonsky, A.*Strengthening Families: African Canadian Development & Prevention Network: Phase II (2009-2011)*

Public Health Agency of Canada (PHAC: \$30,000)

PI: **Trocmé, N.**; Co-Investigator: Sinha, V.*CIS 2008: Canadian Incidence Study of Reported Child Abuse and Neglect 2008 (2008-2012)*

Public Health Agency of Canada (PHAC: \$1,455,000)

PI: **Trocmé, N.**; Co-Investigators: Fallon, B.; MacLaurin, B., & Sinha, V.*First Nations Component of the CIS-2008 (2008-2011)*

Indian and Northern Affairs Canada (2010-2011, \$90,000); Public Health Agency of Canada (2008-2011, \$65,000); Indian and Northern Affairs Canada (2009-2010, \$50,000)

Co-PIs: **Trocmé, N.** & Sinha, V.; Co-Investigators: Fallon, B. & MacLaurin, B.*AIS 2008: Alberta Incidence Study of Reported Child Abuse and Neglect 2008 (2008-2011)*

Alberta Children and Youth Services (\$199,000)

PI: MacLaurin, B.; Co-Investigators: Fallon, B. & **Trocmé, N.**

- BCIS 2008: British Columbia Incidence Study of Reported Child Abuse and Neglect 2008 (2008-2011)*  
British Columbia Ministry of Children & Family Development (\$198,856)  
PI: MacLaurin, B.; Co- Investigators: Fallon, B. & **Trocmé, N.**
- OIS 2008: Ontario Incidence Study of Reported Child Abuse and Neglect 2008 (2008-2011)*  
Ontario Ministry of Children and Youth Services (\$249,000)  
PI: Fallon, B.; Co- Investigators: **Trocmé, N.** & MacLaurin, B.
- SIS 2008: Saskatchewan Incidence Study of Reported Child Abuse and Neglect 2008 (2008-2011)*  
Saskatchewan Ministry of Social Services (\$104,590)  
PI: MacLaurin, B.; Co- Investigators: Fallon, B. & **Trocmé, N.**
- Disentangling Risk of Harm and Risk of Maltreatment (2008)*  
Public Health Agency Canada (\$9,500)  
PI: **Trocmé, N.**
- Strengthening Families: African Canadian Development & Prevention Network (2006-2009)*  
Public Health Agency of Canada (\$30,000)  
PI: **Trocmé, N.**; Co-Investigators: Piché, A. M. & Sinha, V.
- Follow-up analysis of Canadian Incidence Study: Cycle II (2005-2006)*  
Public Health Agency Canada (\$129,000)  
PI: **Trocmé, N.**
- The Alberta Incidence Study of Reported Child Abuse and Neglect: Cycle 1 (2003-2006)*  
Alberta Children and Youth Services (\$10,500)  
PI: MacLaurin, B.; Co-Investigators: Fallon, B., **Trocmé, N.**, & Calhoun, A.
- CIS 2003: Canadian Incidence Study of Reported Child Abuse and Neglect (2003-2005)*  
Health Canada (\$604,695)  
PI: **Trocmé, N.**; Co-Investigators: MacLaurin, B., Turcotte, D., Barter, K., Blackstock, C., & Sullivan, R.
- Development and Focus Testing of the CIS 2 Child Maltreatment Assessment Form (2003)*  
Health Canada (\$24,314)  
PI: **Trocmé, N.**; Co-Investigators: Fallon, B. & Daciuk, J.
- Client Outcomes in Child Welfare Phase II (2000-2001)*  
Human Resources Development Canada (\$100,000)  
PI: **Trocmé, N.**; Co-Investigators: Fallon, B., MacLaurin, B., Nutter, B., & Loo, S.
- Ontario Child Protection Outcome Indicator Pilot Test (2000)*  
Ministry of Community and Social Services (\$25,000)  
PI: **Trocmé, N.**; Co-Investigators: Nutter, B. & Loo, S.
- Ontario Risk Assessment Model: Phase I Evaluation (1998-1999)*  
Ministry of Community and Social Services (\$70,000)  
PI: **Trocmé, N.**; Co-Investigators: MacFadden, R., Mertins-Kikwood, B., Allaggia, R., & Goodman, D.
- Peer Support Program Evaluation - Toronto Child Abuse Centre (1998-1999)*  
Trillium Foundation (\$5,000)  
Co-Investigators: **Trocmé, N.**, MacLaurin, B., Fallon, B., & Daciuk, J.
- Ontario Outcomes Indicator Project: Phase I (1998-1999)*  
Ministry of Community and Social Services (\$25,000)  
PI: **Trocmé, N.**; Co-Investigators: MacLaurin, B. & Fallon, B.
- Canadian Incidence Study of Reported Child Abuse and Neglect (1997-1999)*  
Health Canada (\$489,878)  
PI: **Trocmé, N.**; Co-Investigators: McDonald, L., Bouchard, C., Boyle, M., Burford, G., Chamberland, C., Hornick, J., Mayer, M., & Sullivan, R.

*An Evaluation of the Reliability and Validity of the Child Welfare Assessment Instrument (1996-1997)*

Children's Aid Society of Metropolitan Toronto (\$5,000)

Co-Investigators: Michalski, J., Alaggia, R., & Trocmé, N.

*Adolescent Fathers – A Literature Review (1996)*

Rosalie Hall & Laidlaw Foundation (\$4,000)

PI: Trocmé, N.

*Development of an Evaluation Design for the Community Systems Initiative (1995-1996)*

Laidlaw Foundation (\$14,500)

PI: Trocmé, N.; Co-Investigators: Michalski, J., Birnbaum, R., & Wright, R.

## **Research: Gifts & Donations (Total gifts awarded as Principle Investigator: \$3,535,000)**

*Schwartz & Reisman Postdoctoral Fellowship (2015-2018)*

The Gerald Schwartz & Heather Reisman Foundation (\$180,000)

Co-PIs: Trocmé, N. & Collin-Vézina, D.

*Research for Literacy Program (2015-2018)*

The Gerald Schwartz & Heather Reisman Foundation (\$300,000)

Co-PIs: Trocmé, N. & Collin-Vézina, D.

*RBC Children's Services Research & Training Program (2008-2018)*

Royal Bank of Canada (\$2,000,000)

Co-PIs: Trocmé, N. & Collin-Vézina, D.

*4<sup>th</sup> National Child Welfare Symposium: Community Collaboration and Differential Response (Banff, Alberta – March, 2003)*

IBM (\$40,000)

PI: Dudding, P.; Co-Investigators: Chamberland, C. & Trocmé, N.

*Centre of Excellence for Child Welfare, Web and Infrastructure Support (2002-2005)*

Bell Canada (\$255,000)

PI: Trocmé, N.

*Bell Canada Child Welfare Research Unit (1997-2002)*

Bell Canada (\$800,000)

PI: Trocmé, N.

## **PEER REVIEWED PUBLICATIONS (231)**

### **Books & Monographs (14)**

Fallon, B., Lefebvre, R., Trocmé, N., Richard, K., Hélie, S., Montgomery, H. M., Bennett, M., Joh-Carnella, N., Saint-Girons, M., Filippelli, J., MacLaurin, B., Black, T., Esposito, T., King, B., Collin-Vézina, D., Dallaire, R., Gray, R., Levi, J., Orr, M., Petti, T., Prokop, S.T., Soop, S. (2021).

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. Ontario: Assembly of First Nations.

Sinha, V., Trocmé, N., Fallon, B., MacLaurin, B., Fast, E., Thomas Prokop, S., et al (2011). Kiskisik Awasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System. Ottawa, ON: Assembly of First Nations. Available at:

[http://cwrp.ca/sites/default/files/publications/en/FNCIS-2008\\_March2012\\_RevisedFinal.pdf](http://cwrp.ca/sites/default/files/publications/en/FNCIS-2008_March2012_RevisedFinal.pdf)

Léveillé, S. Trocmé, N., Brown, I. & Chamberland C. (Eds.) (2011). Research-Community Partnership in Child Welfare. Toronto, ON: Centre of Excellence for Child Welfare.

- Trocmé, N., Fallon, B., MacLaurin, B., Sinha, V., Black, T., Fast, E., Felstiner, C., Hélie, S., Turcotte, D., Weightman, P., Douglas, J., & Holroyd, J., (2010).** Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Executive Summary & Chapters 1-5. Ottawa, ON: Public Health Agency of Canada. Available at: <http://cwrp.ca/sites/default/files/publications/en/CIS-2008-rprt-eng.pdf>
- Fallon, B., **Trocmé, N., MacLaurin, B., Sinha, V., Black, T., Felstiner, C., . . . Johnston, A.** (2010). Ontario Incidence Study of Reported Child Abuse and Neglect – 2008: Major Findings (pp. 112). Toronto, ON: Canadian Child Welfare Research Portal.
- Chamberland, C., Léveillé, S., **Trocmé, N.** (Eds.) (2007). Des enfants à protéger, des adultes à aider : deux univers à rapprocher, Sainte-Foy, QC: Presses de l'Université du Québec.
- Trocmé, N., MacLaurin, B., Fallon, B., Knoke, D., Pitman, L., & McCormack, M.** (2005). Mesmimik Wasatek - Understanding the Overrepresentation of First Nations Children in Canada's Child Welfare System: An Analysis of the CIS-2003. Toronto, ON: Centre of Excellence for Child Welfare, 80 pages.
- MacLaurin, B., **Trocmé, N., Fallon, B., Pitman, L., & McCormack, M.** (2005). Northwest Territories incidence study of reported child abuse and neglect-2003: Major Findings. Calgary, AB: University of Calgary.
- Fallon, B., **Trocmé, N., MacLaurin, B., Knoke, D., Black, T., Daciuk, J., & Felstiner, C.** (2005). Ontario Incidence Study of Reported Child Abuse and Neglect – 2003: Major Findings. Toronto, ON: Centre of Excellence for Child Welfare, 160 pages.
- Trocmé, N., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., et al.** (2005). Canadian Incidence Study of Reported Child Abuse & Neglect - 2003: Major Findings. / Étude canadienne sur l'incidence des signalements de cas de violence et de négligence envers les enfants – 2003: Données principales. Ottawa, ON: Public Health Agency of Canada, 148 pages.
- Trocmé, N., Knoke, D., & Roy, C.** (Eds.) (2003). Community collaboration and differential response: Canadian and international research on emerging models of practice. Ottawa, ON: Child Welfare League of Canada, 153 pages.
- Tourigny, M., Mayer, M., Wright, J., Lavergne, C., Hélie, S., **Trocmé, N., Jacob, M., Boucher, J., & Larrivee, M-C.** (2002). Étude sur l'incidence et les caractéristiques des situations d'abus, de négligence, d'abandon et de troubles de comportement sérieux signalées à la Direction de la protection de la jeunesse au Québec (EIQ). Montreal, QC: Centre de liaison sur l'intervention et la prévention psychosociales (CLIPP), 240 pages.
- Trocmé, N., MacLaurin, B., Fallon, B., Daciuk, J., Billingsley, D., Tourigny, M., Mayer, M., Wright, J., Barter, K., Burford, G., Hornick, J., Sullivan, R., & McKenzie, B.** (2001). Canadian Incidence Study of Reported Child Abuse and Neglect -1998: Final Report. / Étude canadienne sur l'incidence des signalements de cas de violence et de négligence envers les enfants – 1998: Rapport final.
- Trocmé, N., McPhee, D., Tam, K.K., & Hay, T.** (1994). Ontario incidence study of reported child abuse and neglect. Toronto, ON: Institute for the Prevention of Child Abuse, 127 pages.

## Journal Articles (150)

- Pollock, N., Ouédraogo, A., **Trocmé, N., Hovdestad, W., Miskie, A., Crompton, L., Campeau, A., Tanaka, M., Zhang, C., Laprise, C., Tonmyr, L.** (2024) Rates of out-of-home care among children in Canada: an analysis of national administrative child welfare data. *Health Promotion and Chronic Disease Prevention in Canada* (44)4. <https://doi.org/10.24095/hpcdp.44.4.02>
- Esposito, T., Caldwell, J., Chabot, M., **Trocmé, N., Hélie, S.** (2024) What if universal services don't have a universal impact? A spatial equity perspective on the prevalence of child protection intervention in a Canadian province. *Revue française des affaires sociales*, p. 31-48. DOI:10.3917/rfas.233.0031. <https://www.cairn.info/revue-francaise-des-affaires-sociales-2023-3-page-31.htm>



- Esposito, T., Caldwell, J., Chabot, M., & **Trocmé, N.** (2023) Tenir compte de la variation géographique et de la pauvreté dans l'intervention en protection de l'enfance au Québec. *Revue Criminologie*, 56(1), p. 245-275. <https://doi.org/10.7202/1099013ar>
- Fallon, B., Joh-Carnella, N., Houston, E., Livingston, E., & **Trocmé, N.** (2023). The more we change the more we stay the same: Canadian child welfare systems' response to child well-being. *Child Abuse & Neglect*. 137, 1060431. <https://doi.org/10.1016/j.chiabu.2023.106031>
- Lwin, K., Fallon, B., Houston, E., Wilson, R., Fluke, J., Jud, A., & **Trocmé, N.** (2024). Exploring organizational learning, risk, and psychological safety: Perspectives of child welfare senior leaders in Canada. *Journal of Public Child Welfare*. 18:2, 209-233, <https://doi.org/10.1080/15548732.2023.2182398>
- Esposito, T., Caldwell, J., Chabot, M., Blumenthal, A., **Trocmé, N.**, Fallon, B., Hélie, S., & Affifi, T. (2023). Childhood prevalence of involvement with the child protection system in Quebec: a longitudinal study. *International Journal of Environmental Research and Public Health*, 20(1), 622. <https://doi.org/10.3390/ijerph20010622>
- Lwin, K., Fallon, B., Filippelli, J., & **Trocmé, N.** (2022). A Multilevel Examination of Whether Child Welfare Worker Characteristics Predict the Substantiation Decision in Canada. *Journal of Interpersonal Violence*, v38, 5-6. <https://doi.org/10.1177/08862605221120911>
- Fallon, B., Joh-Carnella, N., **Trocmé, N.**, Esposito, T., Hélie, S., & Lefebvre, R. (2022). Major Findings from the Canadian Incidence Study of Reported Child Abuse and Neglect 2019. *International Journal on Child Maltreatment*, 5, 1-17. <https://doi.org/10.1007/s42448-021-00110-9>
- Antwi-Boasiako, K., Fallon, B., King, B., **Trocmé, N.**, & Fluke, J. (2022). Understanding the overrepresentation of Black children in Ontario's child welfare system: Perspectives from child welfare workers and community service providers. *Child Abuse & Neglect*, 123, 105425. <https://doi.org/10.1016/j.chiabu.2021.105425>
- Antwi-Boasiako, K., Fallon, B., King, B., **Trocmé, N.**, & Fluke, J. (2022). Addressing the overrepresentation of Black children in Ontario's child welfare system: Insights from child welfare workers and community service providers. *Child Abuse & Neglect*, 123, 105423. <https://doi.org/10.1016/j.chiabu.2021.105423>
- Esposito, T., Précourt, S., Caldwell, J., Chabot, M., Hélie, S., Clément, M-E., & **Trocmé, N.** (2022). L'environnement social et les défis des familles vulnérables: Une étude longitudinale à multiniveau sur l'intervention récurrente en protection de la jeunesse. *Revue de psychoéducation*, numéro spécial ISPCAN 2022.
- Esposito, T., Chabot, M., Caldwell, J., Webb, C., Delaye, A., Fluke, J., **Trocmé, N.**, & Bywaters, P. (2022). The differential effects of localized disparities in socioeconomic vulnerabilities and child protection involvement for reasons of neglect: Multilevel structural equation modeling. *Children and Youth Services Review*. <https://doi.org/10.1016/j.childyouth.2022.106505>.
- Boatswain-Kyte, A., Esposito, T., & **Trocmé, N.** (2022). Impacts of race on family reunification: A longitudinal study comparing exits from Quebec's child welfare system. *Child Abuse & Neglect*, 125, 1-11.
- Esposito, T., Caldwell, J., Chabot, M., Delaye, A., **Trocmé, N.**, Hélie, S., & Fallon, B. (2021). Reunification trajectories in Quebec: Acknowledging chronic family challenges to support stability. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2021.105437>.
- Lwin, K., Filippelli, J., Fallon, B., King, J., & **Trocmé, N.** (2021). Risk of future maltreatment: Examining whether worker characteristics predict their perception. *Child Maltreatment*, July 2021. <https://doi.org/10.1177/10775595211031460>
- Antwi-Boasiako, K., Fallon, F., King, B., Trocmé, N., & Fluke, J. (2021). Addressing the overrepresentation of Black children in Ontario's child welfare system: insights from child welfare workers and community service providers. *Child Abuse & Neglect*, Volume 123. <https://doi.org/10.1016/j.chiabu.2021.105423>.

- Antwi-Boasiako, K., Fallon, B., King, B., **Trocmé, N.**, & Fluke, J. (2021). Understanding the overrepresentation of Black children in Ontario's child welfare system: Perspectives from child welfare workers and community service providers. *Child Abuse & Neglect*, Volume 123. <https://doi.org/10.1016/j.chiabu.2021.105425>.
- Boatswain-Kyte, A., **Trocmé, N.**, Esposito, T., & Fast, E. (2021). Child protection agencies collaborating with grass-root community organizations: partnership or tokenism? *Journal of Public Child Welfare*, DOI: [10.1080/15548732.2021.1891184](https://doi.org/10.1080/15548732.2021.1891184)
- Antwi-Boasiako, K., Fallon, B., King, B., **Trocmé, N.**, & Fluke, J. (2021). Examining decision-making tools and child welfare involvement among Black families in Ontario, Canada. *Children and Youth Services Review*, 126 <https://doi.org/10.1016/j.chilyouth.2021.106048>
- Shields, M., Tonmyr, L., Morin, Y., Hovdestad, W., Adams, N., Esposito, T., Jervis, L., MacIsaac, S., Pang, C., Peterson, M., Thompson, D., Chabot, M., & **Trocmé, N.** (2021). Testing for seasonality in Canadian child welfare investigations. *Children and Youth Services Review*, 122:105878 <https://doi.org/10.1016/j.chilyouth.2020.105878>
- Esposito, T., Chabot, M., Trocmé, N., Fluke, J., Delaye, A., Caldwell, J., Hélie, S., King, B., De La Sablonnière-Griffin, M., & Mackrell, L. (2021). Recurrent involvement with the Quebec child protection system for reasons of neglect: A longitudinal clinical population study. *Child Abuse & Neglect*, Volume 111. <https://doi.org/10.1016/j.chiabu.2020.104823>.
- Grégoire-Labrecque, G., Lafantaisie, V., **Trocmé, N.**, Lacharite, C., Li, P., Audet, G., Sullivan, R., & Ruiz-Casares, M. (2020). 'Are We Talking as Professionals or as Parents?' Complementary Views on Supervisory Neglect Among Professionals Working with Families in Quebec, Canada. *Children and Youth Services Review*. Volume 118, November 2020, <https://doi.org/10.1016/j.chilyouth.2020.105407>
- Fallon, B., Filippelli, J., Joh-Carnella, N., Collin-Vézina, D., Lefebvre, R., Moody, B., **Trocmé, N.**, & Quinn, A. (2020). An examination of past trends in school reports to child welfare: Considerations for reported child maltreatment. *Child Maltreatment*. Advance online publication. <https://doi.org/10.1177/1077559520979588>
- Fallon, B., Lefebvre, R., Filippelli, J., Joh-Carnella, N., **Trocmé, N.**, Carradine, J., & Fluke, J. (2020). Major Findings from the Ontario Incidence Study of Reported Child Abuse and Neglect 2018. *Child Abuse & Neglect*, 111(1):104778. DOI: [10.1016/j.chiabu.2020.104778](https://doi.org/10.1016/j.chiabu.2020.104778)
- Boatswain-Kyte, A., Esposito, T. & **Trocmé, N.** (2020). A Longitudinal Jurisdictional Study of Black Children Reported To Child Protection Services In Quebec, Canada. *Children and Youth Services Review*, 116: 105219. <https://doi.org/10.1016/j.chilyouth.2020.105219>
- Antwi-Boasiako, K., King, B., Fallon, B., **Trocmé, N.**, Fluke, J., Chabot, M., & Esposito, T. (2020). Differences and Disparities Over Time: Black and White Families Investigated by Ontario's Child Welfare System. *Child Abuse & Neglect*, 107: 104618. <https://doi.org/10.1016/j.chiabu.2020.104618>
- Esposito, T., Chabot, M., **Trocmé, N.**, Fluke, JD, Delaye, A., Caldwell, J., Hélie, S., King, B., De La Sablonnière-Griffin, M., & Mackrell, L. (2021). Recurrent involvement with the Quebec child protection system for reasons of neglect: A longitudinal clinical population study. *Child Abuse & Neglect*, 111:104823. doi: [10.1016/j.chiabu.2020.104823](https://doi.org/10.1016/j.chiabu.2020.104823). Epub 2020 Dec 1.
- Caldwell, J., Delaye, A., Esposito, T., Petti, T., Black, T., Fallon, B., & **Trocmé, N.** (2020). "Essential" services, risk, and child protection in the time of COVID-19: An opportunity to prioritize chronic need. *Developmental Child Welfare*, Vol. 2(3) 208–223. DOI: [10.1177/2516103220968842](https://doi.org/10.1177/2516103220968842)
- Filippelli, J., Lwin, K., Fallon, B., & **Trocmé, N.** (2020). Young children and ongoing child welfare services: A multilevel examination of clinical and worker characteristics. *Child Maltreatment*, 1-10. <https://doi.org/10.1177/1077559520923757>

- Esposito, T., **Trocmé, N.**, Chabot, M., Gates-Panneton, G, Léveillé, S., & Robichaud, M.J. (2019). Mieux comprendre pour mieux servir : Une démarche de mobilisation de connaissance en protection de la jeunesse au Québec. *Intervention* 150, 5-24.
- Fallon, B., Joh-Carnella, N., **Trocmé, N.**, Chabot, M., Esposito, T., Nosrati-Inanlou, M., & Collin-Vézina, D. (2019). An examination of trends in child sexual abuse investigations in Ontario over time. *Child Abuse & Neglect*, 88, February 2019, Pages 389-399. Available at: <https://doi.org/10.1016/j.chiabu.2018.12.012>
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## PRESENTATIONS (386)

### Conferences: Peer Reviewed (173)

- 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.
- Esposito, T., Caldwell, J., Chabot, M., Webb, C., Fluke, J., **Trocmé, N.** Bywaters, B. (27 septembre, 2023). *Socioeconomic variation in lifetime prevalence of involvement with the child protection system: A longitudinal study.* ISPCAN, Edinburgh, Scotland
- Esposito, T., Caldwell, J., Chabot, M., Webb, C., **Trocmé, N.**, & Fluke, J., (2023, September) *The differential association of socioeconomic vulnerabilities and child protection involvement across geographies in Quebec* - The European Scientific Association On Residential And Family Care For Children And Adolescents (EuSARF), Brighton (UK)
- 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).
- Antwi-Boasiako, K., Fallon, B., King, B., **Trocmé, N.** & Fluke, J. (2023, September) *Examining the impact of child welfare decision-making tools on Black families in Ontario, Canada.*, Brighton (UK)
- Esposito, T., Caldwell, J., Chabot, M., **Trocmé, N.**, Fallon, B., Hélie, S. (10 mai, 2023) *Prévalence à vie (0-17 ans) de l'implication dans le système de protection de la jeunesse à travers les régions géographiques du Québec : une étude longitudinale.* Le placement et l'adoption en protection de la jeunesse au Québec : regards écosystémiques sur les trajectoires de vie des enfants, leurs réseaux familiaux et les pratiques. Congress ACFAS, HEC Montréal, Québec.
- Esposito, T., Caldwell, J., Chabot, M., Webb, C., Fluke, J., **Trocmé, N.**, & Bywaters, B. (2023, January). *The Differential Association of Socioeconomic Vulnerabilities and Neglect-Related Child Protection Involvement across Geographies: Multilevel Structural Equation Modeling.* Society for Social Work and Research 27th Annual Conference (SSWR) – Social Work Science and Complex Problems: Battling Inequities and Building Solutions. Phoenix, Arizona, United States.
- Fallon, B., Black, T., Fluke, J., Hollinshead, D., & **Trocmé, N.** (2022, October). *The Longitudinal Study of Reported Child Abuse and Neglect: OIS Follow-up Study.* 2022 Kempe Center International Virtual Conference: A Call to Action to Change Child Welfare.
- Fallon, B., Black, T., Hollinshead, D., Fluke, J., **Trocmé, N.**, Stoddart, J., Schumaker, K., Esposito T., & King, B. (2022, March 28-30). *The Longitudinal Study of Reported Child Abuse and Neglect.* International Society for the Prevention of Child Abuse & Neglect, ISPCAN 2022 Congress of the Americas, Quebec City, Canada.
- Fallon, B., Lefebvre, R., **Trocmé, N.**, Richard, K., Hélie, S., Montgomery, M., Bennett, M., Joh-Carnella, N., Saint-Girons, M., Filippelli J., MacLaurin, B., Black, T., Esposito, T., King B., Collin-Vézina, D., Dallaire, R., Gray R., Levi, J., Petti, T., Thomas Prokop, S., & Soop, S. (2022, March 28-30). *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.* International Society for the Prevention of Child Abuse & Neglect, ISPCAN 2022 Congress of the Americas, Quebec City, Canada.
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- Lefebvre, R., Fallon, B., Rothwell, D., **Trocmé, N.**, & Black, T. (accepted and delayed due to COVID-19). Examining economic hardship among child welfare-involved families: Evidence from the Ontario Incidence Study of Reported Child Abuse and Neglect 2018. Paper accepted for presentation at the *XVI European Scientific Association on Residential & Family Care for Children and Adolescents*.
- Fallon, B., Lefebvre, R., **Trocmé, N.**, Joh-Carnella, N., & Houston, E. (accepted and delayed due to COVID-19). The influence of child characteristics on worker decision making: An analysis of the Ontario Incidence of Reported Child Abuse and Neglect. Paper accepted for presentation at the *XVI European Scientific Association on Residential & Family Care for Children and Adolescents*.
- Esposito, T., Chabot, M., Fluke, J., **Trocmé, N.**, Delaye, A., & Caldwell, J. (2021, Jan. 20). Child population density linked with socioeconomic vulnerability and child protection intervention for neglect: Multilevel structural equation modeling. *Society for Social Work and Research 25<sup>th</sup> Annual Conference (SSWR) – Social Work Science for Social Change*. San Francisco, California, USA.
- Esposito, T., & **Trocmé, N.** (accepted, 2021). Localized disparities in socioeconomic disadvantages and child protection services for reasons of neglect. *European Scientific Association on Residential and Family Care for Children and Adolescents (EUSARF)*, Zurich, Switzerland.
- Esposito, T., **Trocmé, N.**, Fluke, J., & Hélie, S. (accepted, 2021). Protection versus chronic need: A longitudinal population study recurrent involvement with Quebec's child protection system for reasons of neglect. *European Scientific Association on Residential and Family Care for Children and Adolescents (EUSARF)*, Zurich, Switzerland.
- Filippelli, J., Lwin, K., Fallon, B., & **Trocmé, N.** (2020, Jan.). Ongoing child welfare service provision: Clinical and worker characteristics that predict service for families with young children. Poster presented at the *24<sup>th</sup> Annual Conference of the Society for Social Work Research (SSWR)*. Washington, DC, USA.
- Trocmé, N.** (2019, Dec 10). Commentaire sur certains défis de la protection de la jeunesse Commission spéciale sur les droits des enfants et la protection de la jeunesse. (\* en collaboration avec Esposito, Hélie, Collin-Vézina & Fallon). Montréal
- Esposito, T, Chabot, M, & **Trocmé, N.** (2019, Sept.). Panel presentation, Multilevel perspectives on child well-being: Insights and challenges from research in Canada, Switzerland, and the United States. Spatial data analysis and multilevel structural equation modeling on localized disparities in socioeconomic vulnerabilities and child welfare service engagement. *7th Conference of the International Society for Child Indicators*, Tartu, Estonia.
- Fallon, B., **Trocmé, N.**, Sanders, J., Sewell, K., & Houston, E. (2019, Sept.). 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.** (2019, Sept.). 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 the *ISPCAN Oman International Congress 2019*, Muscat, Oman
- Esposito, T., & **Trocmé, N.** (2019, Jan.). Focusing in on localized disparities in socioeconomic disadvantages and child welfare services: Three-dimensional spatial data analysis and structural equation modeling. *Society for Social Work and Research (SSWR)*, San Francisco, California, USA.
- Boatswain-Kyte, A., Esposito, T., & **Trocmé, N.** (2019, Jan). Overrepresentation and disparity of Canadian Black children reported under the child protection system: The need for effective cross-system collaborations. *Society for Social Work and Research (SSWR)*, San Francisco, California, USA.
- Esposito, T., & **Trocmé, N.** (2018, Oct. 5). Understanding Reunification from Care: Messages from Research, Policy and Practice - The effects of socioeconomic vulnerability, psychosocial services and social service spending on family reunification: A multilevel longitudinal analysis. Papers submitted to *XV Conference EUSARF 2018* (European Scientific Association on Residential & Family Care for Children and Adolescents), Porto, Portugal.

- Fallon, B., **Trocmé, N.**, Fluke, J., Black, T., & Schumaker, K. (2018, Sept 5). Can classifying child protection cases as urgent or chronic lead to improved services for children and families? Paper submitted to *the International Society for the Prevention of Child Abuse & Neglect (ISPCAN) XXII International Congress on Child Abuse and Neglect*. Prague, Czech Republic.
- Fallon, B., **Trocmé, N.**, Fluke, J., Black, T., & Schumaker, K. (2018, Sept 5). Clarifying the dual mandate of child welfare services in Ontario: Urgent protection or chronic need? Paper submitted to *the 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., Haverson, J., Kerwin, C., Fluke, J., **Trocmé, N.**, Fallon, B., Black, T., & Schumaker, K. (2018, Sept 5). Can classifying child protection cases as urgent or chronic lead to improved services for children and families? Paper submitted to *the 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., Haverson, J., Kerwin, C., Fluke, J., **Trocmé, N.**, & Fallon, B. (2018, Sept 5). How can the urgent / chronic taxonomy be used to understand child welfare service provision in the US? Paper submitted to *the 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. (2018, Sept 5). Improving service using urgent / chronic taxonomy: Examples of agency application. Paper submitted to *the 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. (2018, Sept 5). Why do investigations classified as urgent recur?: Applying the urgent / chronic taxonomy in a mixed urban rural setting. Paper submitted to *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. (2018, Jan. 11). Discharge Rates By Ethno-Racial Categories - Peel CAS. Paper submitted to *the 22nd Annual Conference of the Society for Social Work and Research (SSWR)*, Washington, DC.
- De La Sablonnière-Griffin, M., Gray, R., Sinha, V., Esposito, T., & Trocmé, N. (2017, Oct. 24). Analyse des trajectoires des jeunes des Premières Nations assujettis à la Loi sur la protection de la jeunesse. 8e Congrès Québécois sur la maltraitance envers les enfants et les adolescents. Comprendre et agir ensemble: Les multiples visages de la maltraitance, Montréal, Québec, Canada.
- Fallon, B., **Trocmé, N.**, Fluke, J., & Schumaker, K., Black, T., Waltan, J. & Cross T. (2017, Oct 2<sup>nd</sup>). Clarifying the dual mandate of child welfare services in Ontario: Urgent protection or chronic need? In B. Fallon (Chair), Urgent protection versus chronic need. *15<sup>th</sup> 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. (2017, Oct 2<sup>nd</sup>). 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. *15<sup>th</sup> International Society for the Prevention of Child Abuse and Neglect (ISPCAN) European Regional Conference*. The Hague, Netherlands.
- Fluke, J., **Trocmé, N.**, Helton, J., Cross, T., Fallon, B., & Schumaker, K. (2017, Oct 2<sup>nd</sup>). Is the classification of urgent and chronic applicable for child protection in the US? In B. Fallon (Chair), Urgent protection versus chronic need. *15<sup>th</sup> International Society for the Prevention of Child Abuse and Neglect (ISPCAN) European Regional Conference*. The Hague, Netherlands.
- Esposito, T., **Trocmé, N.**, & Chabot, M. (2017, May 11). Gestion fondée sur les indicateurs de suivi clinique. *85e Congrès de l'Association francophone pour le savoir (ACFAS)*, Université McGill, Montréal, Québec.
- Esposito, T., **Trocmé, N.**, & Chabot, M. (2017, May 8). Les trajectoires de placement des enfants en protection de la jeunesse au Québec. *85e Congrès de l'Association francophone pour le savoir (ACFAS)*, Université McGill, Montréal, Québec.

- Van Wert, M., Mishna, F., Fallon, B., & **Trocmé, N.** (2017, January 14). Child welfare service responses to maltreated children and youth with aggressive and criminal behaviour problems in Ontario, Canada. Poster presentation at the *21<sup>st</sup> Annual Conference of the Society for Social Work and Research (SSWR)*, New Orleans, LA. <http://sswr.confex.com/sswr/2017/webprogram/Paper27833.html>
- Esposito, T., **Trocmé, N.**, & Rothwell, D.W. (2017, January 13). Family reunification and socioeconomic disparities: A population-level and multilevel longitudinal analysis. *21<sup>st</sup> Annual Conference of the Society for Social Work and Research (SSWR)*, New Orleans, LA. <http://sswr.confex.com/sswr/2017/webprogram/Paper28471.html>
- Lefebvre, R., Allan, K., Fallon, B., & **Trocmé, N.** (2017, January 13). Exploring physical punishment and physical abuse in child protection investigations: A 10 year review. Paper presentation at the *21<sup>st</sup> Annual Conference of the Society for Social Work and Research (SSWR)*, New Orleans, LA. <http://sswr.confex.com/sswr/2017/webprogram/Paper29159.html>
- Cherney, K., Van Wert, M., Filippelli, J., & **Trocmé, N.** (2017, January 13). Infant Maltreatment in Canada: Predictors of Substantiation. Poster presentation at the 21st Annual Conference of the Society for Social Work and Research (SSWR), New Orleans, LA. <http://sswr.confex.com/sswr/2017/webprogram/Paper28143.html>
- Lee, B., Fuller Thomson, E., Black, T., Fallon, B., & **Trocmé, N.** (2017, January 12). Examining child welfare decisions and services for Asian-Canadian versus White-Canadian households involved in the child welfare system. Paper presentation at the *21<sup>st</sup> Annual Conference of the Society for Social Work and Research (SSWR)*, New Orleans, LA. <http://sswr.confex.com/sswr/2017/webprogram/Paper28460.html>
- Rothwell, D., Wegner-Lohin, J., Fast, E., de Boer, K., **Trocmé, N.**, Fallon, B., & Esposito, T. (2016, October 21). Explaining the economic disparity gap in rates of substantiated child maltreatment in Canada. Paper presented at *Re-Imagining Child Welfare Systems in Canada Symposium*, Osgoode Hall Law School, York University, Toronto, ON.
- Filippelli, J., Fallon, B., **Trocmé, N.**, & Fuller-Thomson, E. (2016, August 31). A pathway to community supports: Infants and the provision of ongoing child welfare services. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- De La Sablonnière-Griffin, M., Sinha, V., Esposito, T., **Trocmé, N.**, & Gray, R. (2016, August 31). The long-term child protection service trajectories of First Nations children in Quebec. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Trocmé, N.**, Helie, S., Fallon, B., Sinha, V., MacLaurin, B., & Ekins, A. (2016, August 30). Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Helie, S., Collin-Vézina, D., **Trocmé, N.**, Turcotte, D., & Girouard, N. (2016, August 30). Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change - Major findings from the 2014 Quebec incidence study of reported child maltreatment (QIS-2014) and trends from 1998. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Fallon, B., Ekins, A., & **Trocmé, N.** (2016, August 30). Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change - Urgent protection versus chronic need: Clarifying the dual mandate of child welfare services in Ontario. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- MacLaurin, B., Reeves, J., **Trocmé, N.**, Fallon, B., & Sinha, V. (2016, August 30). Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change - Using Data to Inform Practice and Policy: Front-end Child Intervention Services in Alberta. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.



- Sinha, V., Otis, N., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2016, August 30). Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change - Moving towards a full-scale First Nations incidence study: Comparisons of investigations in Aboriginal and provincial/territorial agencies. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Trocmé, N.**, Roy, C., & Esposito, T. (2016, August 30). Building research capacity: lessons learned from an innovative model of participatory research in the context of youth protection. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Filippelli, J., Fuller-Thomson, E., Fallon, B., & **Trocmé, N.** (2016, August 29). Distinctly vulnerable: Infants investigated by the child welfare system and the decision to refer to services. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Lee, B., Fuller-Thomson, E., **Trocmé, N.**, Fallon, B., & Black, T. (2016, August 29). Delineating disproportionality and disparity of Asian versus White households in the child welfare system. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Trocmé, N.** & Dubé, D. (2016, June 1). Social workers still in critical demand? *2016 CASWE-ACFTS - Federation of the Humanities and Social Sciences Congress*. Calgary, AB.
- Morin, P., Heinonen, T., & **Trocmé, N.** (2016, June 1). Le savoir d'expérience des usagers comme innovation pédagogique et pratique d'empowerment. *2016 CASWE-ACFTS - Federation of the Humanities and Social Sciences Congress*. Calgary, AB.
- Trocmé, N.** (2015, September 17). Comment rendre équitable l'accès à des services sociaux et de santé pour tous les enfants du Québec? *4<sup>e</sup> Symposium de pédiatrie sociale en communauté* organised by Fondation du Dr Julien. Montreal, QC.
- Trocmé, N.** (2015, May 28). Protection de la jeunesse: l'importance de différencier l'urgence de la chronicité. *5 à 7 thématique, Congrès de l'ACFAS (Association Francophone Pour Le Savoir)*. Rimouski, QC.
- Trocmé, N.** (2014, December 10). From cross-sectional case counts to tracking trajectories and outcomes: Challenges in building research capacity in child protection. *Expert meeting on the prevalence of sexual abuse*. Berlin, Germany
- Trocmé, N.**, Durrant, J., & Fallon, B. (2014, July 15). Is corporal punishment a child welfare or a public health concern? Canada's confused response to corporal punishment and physical abuse. *International Family Violence and Child Victimization Research Conference*. Portsmouth, NH, USA.
- Jud, A. & **Trocmé, N.** (2014, July 15). Obtaining successful agency and professional participation in child maltreatment incidence research. *International Family Violence and Child Victimization Research Conference*. Portsmouth, NH, USA.
- Fallon, B. & **Trocmé, N.** (2013, September). What Influences the Decision to Provide Ongoing Child Welfare Services? *13<sup>th</sup> ISPCAN European Regional Conference on Child Abuse and Neglect*, Dublin, Ireland.
- Fallon, B. & **Trocmé, N.** (2013, September). What Influences the Decision to Provide Ongoing Child Welfare Services? *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. (2013, January, ). Ethno-racial disproportionality in child welfare: Lessons from analysis of Canadian data. *The Society for Social Work and Research Conference*. San Diego, California, USA.
- Sinha, V., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2013, January). Understanding the overrepresentation of First Nations Children: A comparison of investigations conducted by Aboriginal and provincial/territorial child welfare agencies. *The Society for Social Work and Research Conference*. San Diego, CA.

- Fallon, B. & **Trocmé, N.** (2012, September 12). Decision making ecology: Placement decision analysis with the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS). *12<sup>th</sup> European Scientific Association on Residential & Foster Care for Children and Adolescents Conference*. Glasgow, Scotland.
- Fast, E., Ma, J., **Trocmé, N.**, Chabot, M., Fallon, B., & MacLaurin, B. (2012, July 28). Examining the role of age in the response of Child welfare systems. *International Family Violence and Child Victimization Research Conference*. Portsmouth, New Hampshire.
- MacLaurin, B., Fallon, B., **Trocmé, N.**, & Sinha, V. (2012, July 25). The association between ethnicity and child maltreatment: Explaining factors. *Symposium of the International Society for the Study of Behavioural Development*. Edmonton, Alberta.
- Sinha, V. & **Trocmé, N.** (2012, July 18). Comparing First Nations and provincial/territorial agencies: An analysis of the First Nations component of the Canadian Incidence Study of Reported Child Abuse and Neglect. Paper presented at the *Annual Colloquium of the American Professional Society on the Abuse of Children*. Chicago, Illinois, USA.
- Fallon, B., **Trocmé, N.**, MacLaurin, B., & Sinha, V. (2012, July 15). Understanding increasing reports of maltreatment in Canada. Paper presented at the *Annual Colloquium of the American Professional Society on the Abuse of Children*. Chicago, Illinois, USA.
- Esposito, T. & **Trocmé, N.** (2012, July 10). The use of service statistics in child protection. *International 2<sup>nd</sup> Joint World Conference on Social Work and Social Development: Action and Impact*. Stockholm, Suède.
- Collin-Vézina, D., **Trocmé, N.**, Fallon, B., & Hélie, S. (2012, July 5). Does the use of more conservative standards help explain the decline in rates of substantiated child sexual abuse in Canada? *International Family Violence and Child Victimization Research Conference*. Portsmouth, NH, USA.
- Ellenbogen, S., **Trocmé, N.**, & Wekerle, C. (2011, January 15). Adding a layer of depth to quantitative research: A Strategy for Coding Open-Ended Questions. Paper presented at the *Society for Social Work and Research (SSWR) Annual Conference*. Tampa Bay, FL.
- Sinha, V. & **Trocmé, N.**, Fast, E., Fallon, B., & MacLaurin, B. (2011, January 15). 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, FL.
- 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 Conference*. Montreal, QC.
- Trocmé, N.**, Fallon, B., MacLaurin, B., Sinha, V., Turcotte, D., & Helie, S. (2010, October 15). The Canadian incidence study of reported child abuse and neglect – 2008 Major Findings. *Congrès ACJQ / 9e Conférence internationale S'occuper des enfants*. Montréal, QC.
- Chagnon, F., Gervais, M. J., **Trocmé, N.**, & Laurendeau, C. (2010, October 5). La modélisation pour améliorer une stratégie basée sur des données probantes. *Congrès ACJQ / 9e Conférence internationale S'occuper des enfants*. Montréal, QC.
- Fallon, B. & **Trocmé, N.** (2010, September 20). Canadian incidence study of reported child abuse and neglect. *XVIII International Society for the Protection of Child abuse and Neglect Conference International Congress*, Honolulu, HI.
- Fallon, B., **Trocmé, N.**, MacLaurin, B., & Sinha, V. (2010, September 8). CIS-2008: Investigations of Maltreatment versus Risk of Maltreatment . *XVIII International Society for the Protection of Child abuse and Neglect Conference International Congress*. Honolulu, HI.
- Fast, E., Sinha, V., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2010, September). The First Nations component of the Canadian Incidence Study: A capacity building approach. Paper presented at the *International Society for the Prevention of Child Abuse and Neglect Conference*. Honolulu, HI.

- Ellenbogen, S. & **Trocmé, N.** (2010, June 12). Child protection worker's perception of the resiliency of their neglect clients. *Pathways to Resilience II Conference: The Social Ecology of Resilience*. Halifax, NS.
- Milne, L. & **Trocmé, N.** (2010, May 7). University-agency partnership: The use of evidence to inform practice with children and families. *Congress of the Humanities and Social Sciences, Canadian Association of Social Work Education*. Concordia University, Montréal, QC.
- Ellenbogen, S., **Trocmé, N.**, & Wekerle, C. (2010, January 15). Testing a shame-rage explanation for increased aggressiveness among physically abused youth. Poster presented at the *Society for Social Work and Research Annual Conference*. San Francisco, CA.
- Trocmé, N.** (2009, May 21). Trouver le juste milieu: Réflexions sur l'expansion des mandats des services de protection au Canada. *Séminaire francophone international en prévention des traumatismes et promotion de la sécurité chez les jeunes de 0 à 18 ans*. Institut national de la santé publique du Québec, Montréal, QC.
- Piché, A.M., Trudel, H., & **Trocmé, N.** (2009, August 11) The child's protective circle: a family group conferencing model to promote and safeguard children's fundamental rights within social paediatrics centres. *5th World Congress on Family Law and Children's Rights*. Halifax, NS.
- Trocmé, N.** & Laurendeau, C. (2008, November 3). Gestion fondée sur les données probantes Ensemble! Parce que le Québec a besoin de tous ses jeunes. *15<sup>e</sup> conférence de l'Association des centres jeunesse du Québec*. Montréal, QC.
- Collin-Vézina, D. & **Trocmé, N.** (2008, November 3). Déclin des investigations sur les agressions sexuelles au Canada. Ensemble! Parce que le Québec a besoin de tous ses jeunes. *15<sup>e</sup> conférence de l'Association des centres jeunesse du Québec*. Montréal, QC.
- Esposito, T. & **Trocmé, N.** (2008, November). Gestion des données probantes au moyen d'indicateur de performance. *Congrès de l'association des centres jeunesse du Québec*. Trois Rivières, QC.
- Ellenbogen, S, **Trocmé, N.**, Wekerle, C., & the MAP research team (2008, September 5). Violence outcome expectancies among maltreated adolescents: Motivations and implications of aggressive behavior. *WorldForum 2008*. Cardiff, Wales, UK.
- Wekerle, C., Leung, E., Waechter, R., MacMillan, H., Boyle, M., & **Trocmé, N.**, & the MAP Research Team (2008, June 12). Perception of safety, maltreatment, and emotional regulation: Examining resilience among child protective service adolescents. Abstracts of the *69th Annual Convention of the Canadian Psychological Association Childhood Maltreatment and Emotion-based Outcomes Symposium*, p. 193. Halifax, NS.
- Trocmé, N.**, Roy, C., & Laurendeau, C. (2008, June). L'utilisation de données probantes en protection de l'enfance: une stratégie de transfert des connaissances novatrice et prometteuse. Trois-Rivières, QC.
- Piché, A.M., **Trocmé, N.**, & Sinha, V. (2008, May). Program Evaluation in Partnership with a Cultural Community: The Strengthening Families Program of the African Canadian Development and Prevention Network. *Cultural Diversity and Vulnerable Families: A Bias in Favour of Cultural Competence*. Montreal, QC.
- Ellenbogen, S, **Trocmé, N.**, Wekerle, C., & the MAP research team (2008, March 8). What do adolescents think will happen if they behave aggressively: examining the cognitions of maltreated youth. *First Biennial Conference of the International Family Aggression Society*. Preston, UK.
- Ellenbogen, S, **Trocmé, N.**, Wekerle, C., & the MAP research team (2008, March 8). Are higher levels of child physical abuse a risk factor for later aggression problems, over and above other maltreatment? *First Biennial Conference of the International Family Aggression Society*. Preston, UK.
- 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. (2008). Explanations for the decline of investigated sexual abuse cases in Canada. *Victimization of Children and Youth: An International Research Conference*. Portsmouth, NH.
- Chamberland, C., Lessard, G., Gagné, M-H., **Trocmé, N.**, Collin-Vézina, D., Clément, M-E., Damant, D., Wemmers, J. A., & Cyr, K. (2008). Poly-Victimization in a Clinical Sample of Children and Youths Followed by Youth Protection Agencies in the Province of Quebec. *The 17<sup>th</sup> ISPCAN International Congress on Child Abuse and Neglect*. Hong Kong, China.
- 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.
- Dufour, S., Lavergne, C., Larrivée, M-C., & **Trocmé, N.** (2007, July). Who are neglecting parents? A gender and family structures differential analysis. Paper presented at the *International Family violence and Child Victimization Research Conference*. Portsmouth, NH.
- Larrivée, M-C., **Trocmé, N.**, Dufour, S., & Lavergne, C. (2007, July). Child physical abuse with and without other forms of maltreatment: Two distinct realities? Communication présentée au *International Family and Child Victimization Research Conference*. Portsmouth, NH.
- Trocmé, N.** (2007, May). Responding to child abuse and neglect: Disentangling imminent risk from chronic need. Paper presented at the *Children, Family and the State Conference*. Montreal, QC.
- 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.
- Blackstock, C, Knoke, D. & **Trocmé, N.** (2007, April). A comparison of child abuse and neglect from the CIS2003: Service implications for Aboriginal children and their families. *The 2nd International Meeting on Indigenous Child Health*, April 20-22, 2007. Montreal, QC.
- Wekerle, C., Leung, E., Wall, A-M., MacMillan, H.L., **Trocmé, N.**, Boyle, M., & Waechter, R. (2007, March). The Role of childhood emotional abuse in trauma symptomatology and dating violence among CPS-involved adolescents. & The impact of childhood emotional maltreatment on development : (Mal) adaptation in adolescence and young adulthood. Papers presented at the *Society for Research on Child Development Conference*. Boston, MA.
- Trocmé, N.**, Ungat, A.M., MacLaurin, B., Fallon, B., Tonmyr, L., & Turcotte, D. (2017, March). Canadian incidence study of reported child abuse and neglect. Paper presented at the *2nd Annual Public Health Agency of Canada Research Forum*. Winnipeg, Manitoba.
- Trocmé, N.**, Belanger, S., & Roy, C. (2007, February). Knowledge Mobilization in child welfare. Paper presented at the *2007 Canadian Symposium of Child and Family Service Outcomes*. Vancouver, BC.
- Coughlin, L. & **Trocmé, N.** (2007, February). A Trip Through Québec's Youth Protection Information System. Paper presented at the *2007 Canadian Symposium of Child and Family Service Outcomes*. Vancouver, BC.
- Black, T., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2007, January). Response of the Canadian child welfare system to cases of exposure to domestic violence: Analysis of the Canadian Incidence Study of Reported Child Abuse and Neglect. Paper presented at the *Society for Social Work Research (SSWR) conference*. San Francisco, CA.
- Fallon, B., **Trocmé, N.**, & MacLaurin, B. (2007, January). The Canadian incidence study of reported child abuse and neglect: The methodological challenges of child maltreatment surveillance. *ChildONEurope Conference*. Florence, Italy.
- Roy, C. & **Trocmé, N.** (2006, November). La violence et la négligence envers les enfants : Problème de santé publique ? *Journées annuelles de santé publique*. Institut de la statistique du Québec, Centre des Congrès, Quebec, QC.

- Fu, S., **Trocmé, N.**, & Mayer, M. (2006 November). The Family Maltreatment Seriousness in Canada. Paper presented at *the World Forum 2006 Future Directions in Child Welfare Conference*. Vancouver, BC.
- Trocmé, N.**, Fallon B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (2006, November). 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 World Forum 2006 Future Directions in Child Welfare Conference*. Vancouver, BC.
- Black, T., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2006, October). L'intervention en protection e la jeunesse dans les situations d'exposition à la violence conjugale/Youth Protection Intervention and Conjugal Violence. Paper presented at *the International Conference on Violence Against Women: Diversifying Social Responses*. Montréal, QC.
- Trocmé N.**, Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (2006, October). Select Comparisons from Two Cycles of a National Incidence Study or Reported Child Abuse and Neglect: Understanding Increases in Canadian Reports to Child Welfare Services. Paper presented at *the 8<sup>th</sup> International Child and Youth Care Conference and the Congrès Conjoint Familiales, Enfance Jeunesse du Québec*. Montréal, QC.
- Black, T., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2006, September). 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, UK.
- Trocmé, N.**, Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (2006, September). 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, UK.
- Fallon, B. & **Trocmé, N.** (2006, September). Factors driving case decisions in child welfare services: Challenging conventional wisdom about organizations and workers. Doctoral dissertation presented at *the XVIth ISPCAN International Congress on Child Abuse and Neglect: Children in a Changing World: Getting It Right*. York, UK.
- Fallon, B. & **Trocmé, N.** (2006, July). Factors driving case decisions in child welfare services: Challenging conventional wisdom about organizations and workers. Doctoral dissertation presented at *the International Family Violence and Child Victimization Research Conference*. Portsmouth, NH.
- Trocmé, N.**, Knoke, D., Fallon, B., & MacLaurin, B. (2006, July). Understanding the case substantiation decision. Paper presented at *the International Family Violence and Child Victimization Research Conference*. Portsmouth, NH.
- Durrant, J., **Trocmé, N.**, Fallon, B., Milne, C., Black, T., & Knoke, D. (2006, July). Punitive violence against children in Canada. Paper presented at *the International Family Violence and Child Victimization Research conference*. Portsmouth, NH.
- Trocmé, N.**, Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (2006, July). 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 International Family Violence and Child Victimization Research Conference*. Portsmouth, NH.
- Black, T., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2006, July). 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, NH.

- Trocmé, N.**, Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (2006, June). 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, NS.
- Black, T., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2006, June). 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, NS.
- Trocmé, N.**, Knoke, D., Fallon, B., & MacLaurin, B. (2006, June). 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 2006 conference*. Toronto, ON.
- Durrant, J., **Trocmé, N.**, Fallon, B., Milne, C., Black, T., & Knoke, D. (2006, June). 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 2006 conference*. Toronto, ON.
- Black, T., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2006, June). 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 2006 conference*. Toronto, ON.
- Trocmé, N.**, Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (2006, June). 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 2006 conference*. Toronto, ON.
- Gerbert, M., Tonmyr, L., Ugnat, A., McCourt, C., Fallon, B., MacLaurin, B., & **Trocmé, N.** (2006, June) Canadian Incidence Study of Reported Child Abuse and Neglect New Data Implications. *Canadian Paediatric Society 83rd Annual Conference*. Delta St. John's Hotel, St. John's, Newfoundland and Labrador.
- Trocmé, N.**, Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., Cloutier, R. (2006, June). 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, ON.
- Trocmé, N.**, Léveillé, S., Chamberland, C., Bouchard, V., & Tremblay-Renaud, A. (2006, May). Qu'est-ce que ça prend pour réussir un partenariat entre la recherche et la pratique ? *Journées professionnelles 2006 du Conseil multidisciplinaire du Centre jeunesse de Montréal – Institut universitaire*. Montreal, QC.
- Trocmé, N.**, Black, T., Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., Cloutier, R. (2006, January). The Canadian Incidence Study of Reported Child Abuse and Neglect – 2003 Major Findings. Paper presented at *the 20<sup>th</sup> International Conference on Child and Family Maltreatment*. San Diego, CA.
- Tourigny, M., & **Trocmé, N.** (2005, July). Analyse des sources de variation des pratiques dans les centres jeunesse du Québec. *Premier congrès international des formateurs en travail social et des professionnels francophones de l'intervention sociale (ARRFIS / IRTS)*. Basse-Normandie - Hérouville Saint-Clair, Normandie, France.

- Trocmé, N.,** Fallon, B., MacLaurin, B., Tonmyr, L., & de Marco, R. (2004, September). Preliminary findings from the 2003 Canadian Incidence Study of Reported Child Maltreatment: Interpreting changes between the 1998 and 2003 cycles. *15<sup>th</sup> International Congress on Child Abuse and Neglect*. Brisbane, Australia.
- Fallon, B., MacLaurin, B., & **Trocmé, N.** (2004, September). Influence of organizational characteristics on decisions to provide services in cases of investigated maltreatment. *15<sup>th</sup> International Congress on Child Abuse and Neglect*. Brisbane, Australia.
- MacLaurin, B., **Trocmé, N.,** & Fallon, B. (2004, September). Factors determining out of home placement decisions in Canada. *15<sup>th</sup> International Congress on Child Abuse and Neglect*. Brisbane, Australia.
- Fluke, J., Gray, J. Kelly, S. Tonmyr, L. & **Trocmé, N.** (2004, September). International Strategies and Approaches to Child Maltreatment Data Collection. *15<sup>th</sup> International Congress on Child Abuse and Neglect*. Brisbane, Australia.
- Trocmé, N.** & Blackstock, C. (2004, August). Pathways to the Overrepresentation of Aboriginal Children in Canada's Child Welfare System. Promoting Resilient Development in Children Receiving Care: *6<sup>th</sup> International Looking After Children Conference & the 5<sup>th</sup> National Child Welfare Symposium*. Ottawa, ON.
- Trocmé, N.,** Knoke, D. Blackstock, C & Fallon, B. (2004, July). Pathways to overrepresentation: Child welfare service response to Aboriginal children in Canada. *Victimization of Children and Youth: An International Research Conference Family Research Laboratory & Crimes Against Children Research Center*. Portsmouth, NH.
- Trocmé, N.** & Walsh C. (2003, July). Why are rates of child sexual abuse declining in Ontario, Canada? *8<sup>th</sup> International Family Violence Research Conference*. Portsmouth, NH.
- Trocmé, N.** & Blackstock, C. (2003, June). Child welfare response to aboriginal and non-aboriginal children in Canada: A comparative analysis. *Towards a Cross-Cultural Analysis of Family Violence*. Esterel, QC.
- Trocmé, N.** (2003, June). National and international perspectives on child abuse and neglect. *Third Congress on Child & Youth Health*. Vancouver, BC.
- Mayer, M., Lavergne, C., Dufour, S., **Trocmé, N.,** & Girard, M. (2003, June). Les caractéristiques des figures parentales dans les familles signalées aux services de protection. Paper presented at the *71<sup>st</sup> ACFAS Congress*. Rimouski, QC.
- Mayer, M., Dufour, S., Lavergne, C., Girard, & **Trocmé, N.** (2003, June). Comparing parental characteristics regarding child neglect: An analysis of cases retained by child protection services in Quebec. Poster session presented at *the Child & Youth Health Congress*. Vancouver, BC.
- Dufour, S., Chamberland, C., & **Trocmé, N.** (2003, June). A State-of-knowledge review: What is the effectiveness of child welfare interventions? Poster session presented at *the Child & Youth Health Congress*. Vancouver, Canada.
- Trocmé, N.** (2002, December). Responding to changes in reported child maltreatment: Federal program and policy implications (OIS 1993/1998). *Canadian Incidence Study of Reported Child Abuse and Neglect Policy Forum*. Ottawa, ON.
- Trocmé, N.** (2002, July). The nature and severity of physical harm caused by child abuse and neglect: Results from the first Canadian Incidence Study of Reported Child Abuse and Neglect. *14<sup>th</sup> International Congress on Child Abuse and Neglect*. International Society for the Prevention of Child Abuse and Neglect, Denver, CO.
- Trocmé, N.** (2002, May). Emerging trends in Canadian child welfare: Implications from the Canadian (98) and Ontario (93) Incidence Studies of Reported Child Abuse and Neglect. *Canada's Children, Canada's Future 2002 Conference*. Child Welfare League of Canada/Ontario Association of Children's Aid Societies, Toronto, ON.
- Trocmé, N.** (2001, October). The Canadian Incidence Study- What Does It Mean? Paper presented at *Current Issues in Child Maltreatment 2001*. Hospital for Sick Children, SCAN, Toronto, ON.

- Walsh, C.A., MacMillan, H.L., **Trocmé, N.**, & Daciuk, J. (2001, July). The childhood experience of violence questionnaire: Recent developments. Paper presented at *the 7<sup>th</sup> International Family Violence Conference*. Portsmouth, NH.
- Trocmé, N.** & Fallon, B. (2001, July). Canadian incidence study of reported child abuse and neglect: Factors associated with ongoing service delivery. Paper presented at *the 7<sup>th</sup> International Family Violence Conference*. Portsmouth, NH.
- De Marco, R. & **Trocmé, N.** (2001, June). Physical and emotional harm due to child maltreatment. Paper presented at *the Canadian Pediatric Association Annual Conference*. Vancouver, BC.
- Trocmé, N.**, Phaneuf, G., Scarth, S., MacLaurin, B., & Fallon, B. (2000, October). Canadian incidence study of reported child abuse & neglect: Major findings. In *Child Welfare in Canada in the Year 2000: The State of the Art and Directions for the Future*. Symposium conducted at the Research and Policy Symposium, Cornwall, ON.
- Fallon, B. & **Trocmé, N.** (2000, October). The impact of professional and organizational factors on decision-making in child welfare: An empirical study. In *Child Welfare in Canada in the Year 2000: The State of the Art and Directions for the Future*. Symposium conducted at the Research and Policy Symposium, Cornwall, ON.
- MacLaurin, B., & **Trocmé, N.** (2000, October). Trends in child welfare services in Ontario: Analysis of the 1993 and 1998 Ontario incidence studies of reported child abuse & neglect. In *Child Welfare in Canada in the Year 2000: The State of the Art and Directions for the Future*. Symposium conducted at the Research and Policy Symposium, Cornwall, ON.
- Trocmé, N.**, MacLaurin, B., & Fallon, B. (2000, June). Canadian incidence study of reported child abuse and neglect: Methodology. Paper presented at *the Victimization of Children and Youth: An International Research Conference*. Durham, NH.
- Walsh, C.A., MacMillan H.L., **Trocmé, N.**, Daciuk, J., & Boyle, M. (2000, June). Psychometric properties of the childhood experience of violence questionnaire. Paper presented at *the Victimization of Children and Youth: An International Research Conference*. Durham, NH.
- Trocmé, N.** (1999, October). As the pendulum swings: A 25 year analysis of Ontario child welfare services data. Paper presented at *the Current Issues in Child Maltreatment Conference*. SCAN Program, The Hospital for Sick Children, Toronto, ON.
- Trocmé, N.** & Fallon, B. (1999, June). Canadian incidence study of reported child abuse and neglect. Paper presented at *the American Professional Society on the Abuse of Children (APSAC) Conference*. San Antonio, TX.
- Maiter, S. & **Trocmé, N.** (1999, May). Building bridges: The collaborative development of culturally appropriate definitions of child abuse and neglect for the South Asian community. Paper presented at *the Qualitative Analysis Conference*. Fredericton, NB.
- Trocmé, N.**, MacLaurin, B., Theriault, E., & Berland, J. (1999, April). Child welfare services, Canadian child welfare outcomes indicator matrix. Paper presented at *the Seventh Annual Roundtable for Outcome Measures*. San Antonio, TX.
- Theriault, E., Berland, J., **Trocmé, N.**, & MacLaurin, B. (1999, March). A Canadian child welfare research agenda. Paper presented at *the Seventh Annual Roundtable for Outcome Measures in Child Welfare Services*. San Antonio, TX.
- Dumbrill, G. & **Trocmé, N.** (1999, February). The social construction of modern child welfare – Learning about the present by researching the past. Paper presented at *the First International Interdisciplinary Conference in Advances in Qualitative Methods: Critical Reflections on Doing Qualitative Health Care Research*. Edmonton, AB.
- Trocmé, N.** (1998, March). Canadian child welfare multi-dimensional outcomes framework and incremental measurement development strategy. Paper presented at *the First Canadian Roundtable on Child Welfare Outcomes*. Toronto, ON.



- Trocmé, N.** (1998, July). Client outcomes in child welfare in Canada: A framework for program evaluation. Paper presented at *the Program evaluation and family violence research: An international conference*. Family Violence Research Laboratory, Durham, NH.
- Maiter, S. & **Trocmé, N.** (1998, June). Developing racial and cultural equity in child welfare education and training. Paper presented at *the American Professional Society on the Abuse of Children Annual Conference*. Chicago, IL.
- Trocmé, N.** (1996, May). Le paradoxe de la négligence: Problématique sociale - solution individualiste. Keynote given at the Parents négligents et parents en difficultés d'adaptation, *64<sup>th</sup> ACFAS Congress*. Montreal, QC.
- Trocmé, N.** (1995, May). Le rôle des facteurs de classe et de genre dans la sélection de stratégies de recherche, d'intervention, et de prévention de la maltraitance des enfants. Keynote given at the *Violences dans les relations affectives: Représentations et interventions, 63<sup>rd</sup> ACFAS Congress*. Chicoutimi, QC.
- Trocmé, N.** & Tam, K.K (1994, May). Correlates of substantiation of maltreatment in child welfare investigations. Paper presented at *the National Research and Policy Symposium on Child Welfare, National Welfare Grants*. Kanasakias, AB.
- Trocmé, N.** (1992). Development of an expert based index of child neglect. Paper presented at *the 9<sup>th</sup> International Congress of the International Society for the Prevention of Child Abuse and Neglect*. Chicago, IL.
- Trocmé, N.**, Sedlack, A., & Leck, G. (1992). Issues collecting and analyzing data on the incidence and prevalence of child maltreatment. Paper presented at *the Seventh Annual Conference of the Institute for the Prevention of Child Abuse*. Toronto, ON.
- Trocmé, N.** (1991). Child neglect: Social label or psychological syndrome. Paper presented at *the Canadian Association of Schools of Social Work Annual Conference*. Kingston, ON.
- Trocmé, N.** (1991). The Re-emergence of child neglect. Paper presented at *the Ontario Association of Children's Aid Societies Annual Conference*. Toronto, ON.
- Lang, N., **Trocmé, N.**, et al. (1984). Worker management of key variables in social work with groups. Paper presented at *the Sixth Symposium on Social Work with Groups*. Chicago, IL.

## Conferences: Invited (84)

- Trocmé, N.** (2023) *L'impact des négligences dans le parcours des enfants: Dérives définitionnels des concepts de négligence et de maltraitance au Canada* Séminaire de recherche ONPE Quelles conséquences sur le développement et les comportements des enfants ? Observatoire national de la protection de l'enfance, Paris, France, Vendredi 10 mars 2023
- Trocmé, N.** (2021) *Dérives définitionnels du concept de la maltraitance des enfants au Canada: L'importance de dénouer les concepts de protection urgente et de bien-être*. Module maltraitance, certificat universitaire de 2e cycle en pédiatrie sociale, *Fondation Dr. Julien*, Family Medicine Innovations in Learning, McGill University, January 10, 2021
- Trocmé, N.** (2020) Dérives définitionnels du concept de la maltraitance des enfants: Le défi de dénouer la protection urgente et bien-être des jeunes dans le contexte Canadien. Vidéo d'expert pour la Commission pour la lutte contre la maltraitance et la promotion de la bientraitance. *Ministère des solidarités et de la santé*, France, August 25, 2020. <https://solidarites-sante.gouv.fr/affaires-sociales/personnes-vulnerables/maltraitance-des-personnes-vulnerables/article/commission-lutte-contre-maltraitance-et-promotion-bientraitance>
- Trocmé, N.** (2019, Apr. 8). Managing protection by strengthening families: a community approach. *Jimmy Pratt Foundation*. St. John's, Newfoundland and Labrador.
- Trocmé, N.** (2018, Jun. 11). La pratique avec les jeunes: défis, expériences et leçons à partager. *Round table at Faculty of Law, McGill University*. Montreal, ON.

- Trocmé, N., Fallon, B., MacLaurin, B., Helie, S., & Sinha, V.** (2018, May 31). Canadian Incidence Study of Reported Child Abuse and Neglect 2019. *Canadian Directors of Child Welfare*, Victoria, BC.
- Trocmé, N.** (2016, Nov 29). 25 Year Perspective on System Change in Ontario and Canada's Child Welfare Sector. *Ontario Association of Children's Aid Societies (OACAS) Webinar for Senior Executives and Board members*. Ottawa, ON.
- Trocmé, N., Esposito, T., & Roy, C.** (2016, Nov 18). From Bed Counts to Service Trajectories: Challenges and Opportunities in Moving to Client Centered Data. *PART (Practice & Research Together) Annual Conference*. Toronto, ON.
- Trocmé, N.** (2016, Sept 19). 25 Year Perspective on System Change in Ontario and Canada's Child Welfare Sector. *Ontario Association of Children's Aid Societies (OACAS) Annual Executive Leadership Conference*. Ottawa, ON.
- Sablonnière-Griffin, M., Sinha, V., Esposito, T., Chabot, M., & **Trocmé, N.** (2016). Trajectories of First Nations Youth Subject to the Youth Protection Act. Presentation to *the First Nations of Quebec and Labrador Health and Social Services Commission Board of Directors*. Quebec, QC.
- Sablonnière-Griffin, M., Sinha, V., Esposito, T., Chabot, M., & **Trocmé, N.** (2016). Trajectories of First Nations Youth Subject to the Youth Protection Act. Presentation to *the First Nations of Quebec and Labrador Health and Social Services Commission Regional Roundtable*. Quebec, QC.
- Trocmé, N., Cherney, K., Marion, É.** (2015, Nov 12). Bill 10 and 21: Impact for English Speaking First Nation Communities in Quebec. *Coalition of English Speaking First Nation Communities in Quebec (CESFNCQ)*. Montréal, QC.
- Lemieux, T., **Trocmé, N.**, Craig, W. & Luther, K. (2015, Sep 29) Predicament of Youth: 2014 SSHRC Impact Award Winners share their research. *The Literary Review of Canada*. Toronto, ON. Available here: <http://reviewcanada.ca/events/2015/09/29/predicament-of-youth/>
- Fallon, B., **Trocmé, N.**, Shlonsky, A., & Black, T. (2014, Jun 26). Ontario Child Welfare Performance Indicators. *OCANDS conference*. University of Toronto, Toronto, ON.
- Trocmé, N. & Sinha, V.** (2014). Overrepresentation of First Nations children in Canadian child welfare systems. Presentation to *the Alberta Child Intervention Implementation Oversight Committee*. Edmonton, AB.
- Alain, M., Lafortune, D., & **Trocmé, N.** (2013, Nov 22). Les avantages et les limites des données probantes, émergentes et innovantes dans le développement, l'application et l'évaluation des interventions destinées aux jeunes et aux familles. *Colloque JEFAR Jeunes et familles à risque*. Université Laval, Laval, QC.
- Trocmé, N.** (2013, July 17). Les défis éthiques et méthodologiques impliqués dans le collecte de données et les rapports sur l'ethnicité, la race et le patrimoine autochtones. *Cours d'été international relatif aux droits de l'enfant*. Moncton, NB
- Trocmé, N.** (2013, April 23). Négligence: Enfants maltraités ou familles en difficulté? *2e Symposium de la pédiatrie sociale en communauté*. Fondation du Dr Julien, Montréal, QC.
- Trocmé, N., Collin-Vézina, D., & Fallon, B.** (2012, April 5). Does mandate drift help explain the decline in rates of reported child sexual abuse in Canada? *British Association for the Study and Prevention of Child Abuse and Neglect (BASPCAN) 8th National Congress*. Queens University, Belfast, UK.
- Collin-Vézina, D., **Trocmé, N., & Fallon, B.** (2012). Does mandate drift help explain the decline in rates of reported child sexual abuse in Canada? *20th Annual APSAC Colloquium*. Chicago, IL.
- Trocmé, N., Fallon, B., Sinha, V., & Schlonsky, A.** (2012). Learning from one another: How variations in child welfare services to First Nations and children in foster care can inform policy and practice in Canada. Presentation to *the National Directors of Child Welfare*. Banff, AB.

- Sinha, V., **Trocmé, N.**, Fallon, B., MacLaurin, B., Fast, E., Prokop, S.T. et al. (2012). Kiskisik Awasisak: Remember the children. Understanding the overrepresentation of First Nations children in the child welfare system. Keynote presentation at *Kiskisik Awasisak: the Drumbeat of our Work*. Conference sponsored by the British Columbia Caring for First Nations Children Society, the Indigenous Child Welfare Research Network, the Network for Aboriginal Mental Health Research, and the Centre for Research on Children and Families, Victoria, BC.
- Sinha, V., **Trocmé, N.**, Fallon, B., MacLaurin, B., Fast, E., Prokop, S.T. et al. (2012). Kiskisik Awasisak: Remember the Children. Understanding the overrepresentation of First Nations children in the child welfare system. Presentation at *the Canadian Incidence Study of Reported Child Abuse and Neglect 2008 Conference* sponsored by the Saskatchewan First Nations Family and Community Institute, University of Regina, Faculty of Social Work (Saskatoon Campus), and the First Nations University of Canada, Indian Social Work Program, Saskatoon, SK.
- Sinha, V., **Trocmé, N.**, Fallon, B., MacLaurin, B., Fast, E., Prokop, S.T. et al. (2011). Kiskisik Awasisak: Remember the children. Understanding the overrepresentation of First Nations children in the child welfare system. *Seminar at the Centre for Research on Children and Families*. McGill University, Montreal, QC.
- Sinha, V. & **Trocmé, N.** (2011). The First Nations component of the Canadian Incidence Study of Reported Child Abuse and Neglect. Workshop presentation at *the Annual General Assembly of the Assembly of First Nations*. Moncton, NB.
- Trocmé, N.**, Sinha, V., & Fallon, B. (2011, November 12). The FN Component of the Canadian Incidence Study of Reported Abuse and Neglect 2008. *Ontario Association of Children's Aid Societies Directors Meeting*. Toronto, ON.
- Trocmé, N.** (2011, November 5). Regards croisés avec le Québec: des chiffres pour quoi faire? *Aide à la jeunesse: Les Chiffes 2010, Direction Générale de l'Aide à la Jeunesse*. Fédération Wallonie, Bruxelles.
- Trocmé, N.** (2010, October 23). Comment organiser une circulation des connaissances au service de la pratique? *Journée franco-québécoise Observatoire national de l'enfance en danger*. Assemblée nationale, Paris.
- Trocmé, N.**, Douek, M., Esposito, T., & Chabot M. (2010, September 12). La performance axée sur la finalité de l'intervention. *Association des centres jeunesse du Québec Colloque des conseils d'administration*. Centre jeunesse de Laval, Laval, QC.
- Trocmé, N.** (2010, August 18). Decisions about what? Critical reflections about operationalizing child welfare decisions. *American Humane Association Decision-Making Meeting*, August 18-19. Denver, Colorado
- Engelbrecht, P. & **Trocmé, N.** (2010, June 8). Research Challenges in Supporting Resilient Social Policy. *Pathways to Resilience II Conference: The Social Ecology of Resilience*, June 7-10, 2010. Halifax, NS.
- Trocmé, N.**, Fallon, B., MacLaurin, B., Sinha, V., Turcotte, D., & Hélie, S. (2010). The Canadian Incidence Study of Reported Child Abuse and Neglect – 2008: Major findings. Keynote presentation at *the Looking after Children Conference*. Montreal, QC.
- Trocmé, N.** (2009, November 27). Perspectives d'avenir en protection de la jeunesse: Les 30 ans de la Loi sur la protection de la jeunesse au Québec. *Colloque JEFAR*, 27 novembre 2009. Québec, QC.
- Trocmé, N.** (2009, November 12). De la dissémination à la mobilisation: Les savoirs en action. Pour une utilisation optimale des connaissances. *CRI-VIFF*. Longueuil, QC.
- Trocmé, N.** (2009, October 24). Le transfert des connaissances de la théorie à la pratique. *4e Colloque québécois sur la maltraitance envers les enfants et les adolescents*. St Justine, Montreal, QC
- Trocmé, N.** (2009, October 8). Beyond the battered child syndrome: the shifting epidemiology of child maltreatment. *Jubiläumssymposium 40 Jahre Kinderschutzgruppe am Kinderspital*. Zurich, CH.

- Trocmé, N.,** Slonsky, A., Mulcahy, M., & Esposito, T. (2009, October 13). National Outcomes Matrix: Core Indicators. *Second National Roundtable on Child Welfare Outcomes*. Centre of Excellence for Child Welfare, Montreal, QC.
- Trocmé, N.** (2009, May 25). Trouver le juste milieu: Réflexions sur l'expansion des mandats des services de protection au Canada. *8e Séminaire francophone international en promotion de la sécurité et en prévention des traumatismes*. Institut National de la Santé Publique, Montreal, QC.
- Trocmé, N.** (2008, July). Have We Stretched the Definition of Child Maltreatment Too Far? *International Family Violence and Child Victimization Research Conference*. University of New Hampshire, Portsmouth, NH.
- Trocmé, N.** (2008, July). Ethical Issues in Child Protection: Disentangling imminent risk from chronic need. *Ethical Issues in Child Protection: Canadian Bioethics Society (CBS) Conference*. St. John's, NF.
- Piché, A. M., **Trocmé, N.**, Sinha, V., & Collin-Vézina, D. (2008). Une évaluation de programme en partenariat avec une communauté culturelle: le Strengthening Families Program de ACDPN (African Canadian Development Prevention Network). *Le Symposium diversité culturelle et famille vulnérable: un billet en faveur de la compétence culturelle*. Montréal, QC.
- Trocmé, N.** (2007, May). Responding to child abuse and neglect: Disentangling imminent risk from chronic need. *Children, Family, and the State International Conference*. University of Montreal, Montreal, QC.
- Trocmé, N.** (2007, February). Re-involving the community: Flexible responses to rising child welfare caseloads. Paper presented at The National Judicial Institute. *Family Law Seminar*. Victoria, BC.
- Fallon, B. & **Trocmé, N.** (2007, January). Models and Experiences on Monitoring "Methodological Issues on Child Abuse Data Collection". Paper presented at *the European Seminar on Monitoring Systems of Child Abuse Program*. Florence, IT
- Trocmé, N.,** Fallon B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (2006, November). 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 World Forum 2006 Future Directions in Child Welfare Conference*. Vancouver, BC.
- Trocmé, N.** (2005, November). Enfants maltraités ou familles en difficulté ? Étude canadienne sur l'incidence des signalements de cas de violence et de négligence envers les enfants – 2003. *L'utilisation des forces des parents dans un contexte d'intervention psychosociale*. Centre de recherche sur l'adaptation des jeunes et des familles à risque, Centre jeunesse de Québec et Université Laval. Quebec, QC.
- 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. Paper presented at *the World Conference on Prevention of Family Violence*. Banff, AB.
- Trocmé, N. & Chamberland, C.** (2005, May). Des univers parallèles? De l'urgence spécialisée à la collaboration intersectorielle. *Deux univers à rapprocher / Bringing Two Worlds Closer Together*. Montréal, QC.
- Trocmé, N.** (2004, November). 25 ans de protection de la jeunesse: où s'en va l'intervention? *Être avec les enfants, 25<sup>ème</sup> anniversaire de la loi sur la protection de la jeunesse*. Quebec, QC.
- Trocmé, N.** (2004, November). The importance of community involvement in child welfare. *Ontario Children and Youth Summit*. Ministry of Community and Children's Services, Toronto, ON.
- Trocmé, N., & Knoke, D.** (2004, June). Differential response & community collaboration. *Ontario Association of Children's Aid Societies Annual Conference*. Toronto, ON.
- Trocmé, N.** (2004, April). Nos enfants sont-ils mieux protégés aujourd'hui qu'il y a 25 ans? *Colloque Protection de la jeunesse: Au croisement des pratiques et des savoirs*. Montreal, QC.

- Mustard, F., Jaffe, P., **Trocmé, N.**, et al. (2004, May). Panel presentation for *the Alberta Roundtable on Family Violence & Bullying*. Calgary, AB.
- Trocmé, N.** (2004, May). Re-involving the community: Alternative responses to rising child welfare caseloads. *Alberta Roundtable on Family Violence & Bullying*. Calgary, AB.
- Trocmé, N.** (2004, March). Regards sur les défis futurs du travailleur social en protection de la jeunesse. *Le travail social en centre jeunesse: 25 ans plus tard*. Montreal, QC.
- Trocmé, N.** (2003, October). La maltraitance d'hier a aujourd'hui: Implications intersectorielles pour la protection et le bien-être des enfants. *1<sup>er</sup> colloque québécois sur la maltraitance envers les enfants et les adolescents*. Montreal, QC.
- Trocmé, N.** (2003, September). An overview of child welfare services in Canada: Prevention of maltreatment from Vivaldi's foundlings to today. Montreal, QC.
- Trocmé, N.** & Chamberland, C. (2003, March). Re-involving the community: The need for a differential response to rising child welfare caseloads in Canada. *Community collaboration & Differential Response – 4th National Child Welfare Symposium*. Banff, AB.
- Trocmé, N.** (2003, February). From concept to practice: The Canadian child welfare outcomes indicator matrix. *Canadian Symposium of Child & Family Services Outcomes: Creating a common national focus on outcome monitoring*. Ottawa, ON.
- Trocmé, N.** (2003, February). The importance of process in developing outcome measures: Keynote Address. *Canadian Symposium of Child & Family Services Outcomes: Creating a common national focus on outcome monitoring*. Ottawa, ON.
- Trocmé, N.** (2003, September). Child maltreatment investigations in Canada. *Child Protection and the Law*. National Judicial Institute, Ottawa, ON.
- Trocmé, N.** (2002, December). Responding to changes in reported child maltreatment : Federal program and policy implications (OIS 1993/1998). *Health Canada Policy Forum on the Canadian Incidence Study of Reported Child Abuse and Neglect*. Ottawa, ON.
- Trocmé, N.** (2002, April). The Canadian Incidence Study of Reported Child Abuse & Neglect: Implications for policy and practice. *Sparrow Lake Alliance: 13<sup>th</sup> Annual Meeting*. Port Stanton, ON.
- Trocmé, N.** (2002, April). Emerging trends in reported child abuse across Canada. *Sexual Assault Care and Treatment Centres in Ontario Annual Conference*. Toronto, ON.
- Trocmé, N.** (2002, February). Assessing risk of injury in cases of child maltreatment: Implications for risk assessment in the Canadian Incidence Study of Reported Child Abuse and Neglect. *Ontario Psychological Association Annual Conference*. Toronto, ON.
- Trocmé, N.** (2001, October). Innocents Among Us Fall Event. Keynote Speaker, Toronto, ON.
- Trocmé, N.** (2001, August). Intervening in Child Physical Assault. *Workshop conducted by The Faculty of Law, University of Manitoba*. Winnipeg, MA.
- Trocmé, N.** & MacLaurin, B. (2000, November). Investigated sexual abuse in Ontario: 1993-1998. Member of the expert panel on *the Decline in Child Sexual Abuse Cases: An exploration of possible causes*. Washington, DC.
- Trocmé, N.** (2000, June). Participant on the *Research Focus Group Meeting: National Incidence Study of Child Abuse and Neglect*. Washington, DC.
- Trocmé, N.** (1999, November). Les grands enjeux des services à l'enfance. Participant on *the Forum Québécois sur les jeunes en grande détresse*. Ministère de la Santé et des services sociaux et L'Association des centres jeunesse du Québec, Montreal, QC.
- Trocmé, N.** (1999). Child neglect: Research & theory. Participant at *the Child Neglect: A Shared Responsibility Conference* conducted by the Department of Health and Community Services. Saint John, NB.

- Trocmé, N.** (1999, February). Protecting Children at Risk: Proposed Changes to the Child and Family Services Act. Participant at *the Symposium conducted by the Ontario Psychological Association (OPA) at its 52<sup>nd</sup> Annual Convention*. Toronto, ON.
- Trocmé, N.** (1998, November). Child welfare outcomes measurement framework. Participant at *the First National Child Welfare League of Canada Teleconference*. Toronto, ON.
- Trocmé, N.** (1998, October). An incremental ecological approach to measuring client outcomes in child welfare. Participant at *the Annual Conference of Children's Advocates*. Edmonton, AB.
- Trocmé, N.** (1998, March). Canadian client outcomes framework for child welfare. Participant at *the First Canadian Roundtable on Client Outcomes in Child Welfare*. Human Resources Development Canada, Toronto, ON.
- Trocmé, N.** (1997). Client outcomes in child welfare: Preliminary results from a national study. *Ontario Association of Children's Aid Societies, Annual Director's Conference*. Alliston, ON.
- Trocmé, N.** (1997). Sexual abuse in educational and recreational settings. *Centre for Studies of Children at Risk: Dealing with violence in children and youth*. Hamilton, ON.
- Trocmé, N.** (1996, August). Issues in responding to child homicides. *Canada's Children, Canada's future: Second national policy conference on children, Special Child Welfare League of Canada Pre-Conference Session*. Ottawa, ON.
- Trocmé, N.** (1996, April). Epidemiologie institutionnelle. *Groupe de Recherche et d'Action sur la Victimization des Enfants*. Laboratoire de Recherche en Écologie Humaine et Sociale, Montreal, QC.
- Trocmé, N.** (1995, November). The effect of growing rates of poverty and social service cuts on children at risk of abuse and neglect: Reflections from the American experience. Paper presented at *the Community hearings on child poverty and the U.N. convention on the rights of the child*. Queen's Park, Toronto, ON.
- Trocmé, N. & McPhee, D.** (1994, October). Principal findings from the Ontario incidence study of reported child abuse and neglect. Participant at *the Ninth Annual Conference of the Institute for the Prevention of Child Abuse*. Toronto, ON.
- Trocmé, N.** (1994, June). Child maltreatment: Universal vs. residual approaches. *Symposium conducted by the Centre for Studies of Children at Risk*. Hamilton, ON.
- Trocmé, N.** (1994, April). The effect of child abuse and neglect on school performance. Participant at *the Ontario Association for Students At Risk Conference*. Toronto, ON.
- Trocmé, N., McPhee, D., & Hay, T.** (1993). Initial findings from the Ontario Incidence Study. Participant at *the 8<sup>th</sup> Annual Conference of the Institute for the Prevention of Child Abuse*, Toronto, ON.

## Other Presentations (129)

- Hélie, S., **Trocmé, N.**, Collin-Vézina, D., et Esposito, T. (2022). Volet Premières Nations de l'Étude d'incidence québécoise sur les situations évaluées en protection de la jeunesse en 2019 (ÉIQ/PN-2019). Présentation à l'équipe de recherche de la CSSSPNQL, 6 octobre 2022.
- Esposito, T., & **Trocmé, N.** (2022, Oct. 21). Prévalence infantile de l'implication du système de la protection de la jeunesse au Québec. Ministère de la santé et services sociaux et la table nationale jeunesse, Québec, Québec, Canada.
- Hélie, S., **Trocmé, N.**, Collin-Vézina, D., Esposito, T., Morin, S., & Saint-Girons, M. (2022, Oct.). Volet Premières Nations de l'Étude d'incidence québécoise sur les situations évaluées en protection de la jeunesse en 2019. Rapport ÉIQ/PN-2019. Institut universitaire Jeunes en difficulté, xxp.
- Hélie, S., **Trocmé, N.**, Collin-Vézina, D., & Esposito, T. (2022, Oct. 6). Volet Premières Nations de l'Étude d'incidence québécoise sur les situations évaluées en protection de la jeunesse en 2019 (ÉIQ/PN-2019). Présentation à l'équipe de recherche de la CSSSPNQL.

- Fallon, B., Joh-Carnella, N., **Trocmé, N.**, Esposito, T., Hélie, S., & Lefebvre, R. (2021, Dec. 10). Major findings from The Canadian Incidence Study of Reported Child Abuse and Neglect 2019. Research, Government of Newfoundland, Canada
- Trocmé, N.** (2019, Dec. 10). Commentaire sur certains défis de la protection de la jeunesse. Commission spéciale sur les droits des enfants et la protection de la jeunesse, Montreal, Qc.
- Trocmé, N.** (2019, Dec. 10). Dénouer la protection urgente et le bien-être des jeunes. Commission spéciale sur les droits des enfants et la protection de la jeunesse, Montreal, Qc
- Sinha, V., **Trocmé, N.**, Gray, R. & Esposito, T. (2018, Mar. 14). Trajectories of First Nations youth subject to the Youth Protection Act. Commission d'enquête sur les relations entre les Autochtones et certains services publics au Québec, Montreal, QC.
- Sablonnière-Griffin, M., Sinha, V., Esposito, T., Chabot, M., & **Trocmé, N.** (2016). Trajectories of First Nations Youth Subject to the Youth Protection Act. Seminar presented at the Centre for Research on Children & Families (CRCF), McGill University, Montreal, QC.
- Trocmé, N.** (2015, Nov 5). Back to the Future of Social Work in Canada: Preliminary observations revisited. Annual meeting of Canadian Association of Deans and Directors of Social Work (CADDSW). Montreal, QC.
- Esposito, T. & **Trocmé, N.** (2015, Octobre 6). Quebec knowledge mobilization movement: Australian Study-Tour. Centre for Research on Children and Families (CRCF), McGill University, Montreal, QC.
- Trocmé, N.** (2015, February 2). Social Services Research: Bringing social science research tools to community and social service agencies. McGill University Board of Governors Meeting, Montreal, QC.
- Trocmé, N.** & Collin-Vézina, D. (2014, Oct 29). Auditions publiques sur le projet de loi n° 10, Commission de la santé et des services sociaux. Assemblée Nationale, Québec, QC. Available at: [http://www.assnat.QC.ca/fr/travaux-parlementaires/commissions/csss-41-1-1/journal-debats/CSSS-141029.html#\\_Toc413672291](http://www.assnat.QC.ca/fr/travaux-parlementaires/commissions/csss-41-1-1/journal-debats/CSSS-141029.html#_Toc413672291)
- Trocmé, N.** (2014, March 10). The importance of process in measuring outcomes. Elizabeth House, Montreal, QC.
- Trocmé, N.**, Esposito, T., & de la Sabloniere, M. (2014, January 13). Gestion fondée sur les indicateurs de suivi clinique. Centre de protection et de réadaptation de la Côte-Nord, Baie Comeau, QC.
- Trocmé, N.** (2013, December 10). Knowledge translation. Expert panel for developing A Guide and Toolkit for Mapping Legal, Health, and Social Service Responses to Child Maltreatment, Optimus Foundation, Geneva, Switzerland.
- Gray R., Jacobs, K, Jacco, L., Rien, R., Rosebush, N., & **Trocmé, N.**(2013, November 14). Initiatives for Aboriginal Children in Quebec. Child Welfare League of Canada, Montreal, QC.
- Trocmé, N.** & Esposito, T. (2013, October 18). Les défis de la mise en contexte des indicateurs cliniques en protection de la jeunesse. Colloque des conseils d'administration de l'ACJQ, Quebec, QC.
- Trocmé, N.**, Sinha, V., & Esposito, T. (2013, October 9). Ethical and methodological challenges involved in tracking and reporting on ethnicity, race and Aboriginal heritage. Centre for Research on Children and Families Research Seminar, Montreal, QC.
- Trocmé, N.**, Esposito, T., & de la Sabloniere, M. (2013, October 7). Gestion fondée sur les indicateurs de suivi clinique. Centre jeunesse de l'Abitibi-Témiscamingue, Val d'Or, QC.
- Trocmé, N.** (2013, Septembre 18). Les mauvais traitements envers les enfants au Canada. Soutien à la pratique professionnelle (SPP), L'Hôpital de Montréal pour enfants, Montreal, QC.
- Trocmé, N.** (2013, Septembre 10). Using outcomes to move from risk averse practice to creative professional child welfare practice. Alberta Ministry of Human Services, Edmonton, AB.
- Trocmé, N.** (2013, May 28). Protecting and promoting the well-being of First Nations children through child welfare systems in Canada: Background considerations for the Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair. Winnipeg, MB.

- Esposito, T. & **Trocmé, N.** (2013, January 30). Gestion axée sur les indicateurs de suivi clinique. Ministry of Health and Social Services & Association des centres jeunesse du Québec, Québec, QC.
- Trocmé, N.** (2012, June). Using outcomes to move from risk averse practice to creative professional child welfare practice. Child Intervention System Think Tank: Building on past success and current leading practices, Edmonton, AB.
- Esposito, T. & **Trocmé, N.** (2012, June 13). Gestion axée sur les indicateurs de suivi clinique: mieux comprendre pour mieux server. Webinar, The Child Welfare League of Canada (CWLC) and UNICEF, Montréal, QC.
- Esposito, T. & **Trocmé, N.** (2012, May 30). The use of service statistics in child protection: better understand to better serve. Webinar, The Child Welfare League of Canada (CWLC) and UNICEF, Montréal, QC.
- Trocmé, N.** & Sinha, V. (2012, April). La Composante premières nations de l'étude canadienne sur l'incidence des signalements de cas de violence et de négligence envers les enfants. Commission de la santé et des services sociaux des Premières Nations du Québec et du Labrador, Visio-Conférence, QC.
- Esposito, T. & **Trocmé, N.** (2012, April 16). Gestion axée sur les indicateurs de suivi clinique. Centre jeunesse de Québec- Institut universitaire, Québec, QC.
- Esposito, T. & **Trocmé, N.** (2012, January 12). Gestion axée sur les indicateurs de suivi clinique. Centre jeunesse de l'Outaouais, Outaouais, QC.
- Trocmé, N.**, Fallon, B., MacLaurin, B., Chamberland, C., Chabot M., & Esposito, T. (2011, December). Shifting definitions of emotional maltreatment: An analysis child welfare investigation laws and practices in Canada. Research Seminar, Centre for Research on Children and Families (CRCF), Montreal, QC.
- Esposito, T. & **Trocmé, N.** (2011, December 13). Gestion axée sur les indicateurs de suivi clinique. Centre jeunesse l'Estrie, Estrie, QC.
- Esposito, T. & **Trocmé, N.** (2011, November 29). Gestion axée sur les indicateurs de suivi clinique. Centre jeunesse Laval, Laval, QC.
- Esposito, T. & **Trocmé, N.** (2011, November 14). Gestion axée sur les indicateurs de suivi clinique. Centre jeunesse Côte-Nord, Sept-Îles, QC.
- Esposito, T. & **Trocmé, N.** (2011, November 8). Gestion axée sur les indicateurs de suivi clinique. Centre jeunesse Bas Saint-Laurent, Bas Saint-Laurent, QC.
- Esposito, T. & **Trocmé, N.** (2011, November 1). Gestion axée sur les indicateurs de suivi clinique. Centre jeunesse l'Abitibi-Témiscamingue, Abitibi, QC.
- Esposito, T. & **Trocmé, N.** (2011, October 24). Gestion axée sur les indicateurs de suivi clinique. jeunesse Gaspésie/Les Iles, Gaspésie, QC.
- Esposito, T. & **Trocmé, N.** (2011, October 4). Gestion axée sur les indicateurs de suivi clinique. Centre jeunesse du Saguenay-Lac-Saint-Jean, Saguenay, QC.
- Esposito, T. & **Trocmé, N.** (2011, September 26). Gestion axée sur les indicateurs de suivi clinique. Centre jeunesse et de la famille Batshaw, Montréal, QC.
- Trocmé, N.** & Esposito, T. (2011, July). La performance axée sur la finalité de l'intervention. Association des Centres Jeunesse du Québec, Montréal, QC.
- Trocmé, N.** & Sinha, V. (2011, July). The First Nations component of the Canadian Incidence Study of Reported Child Abuse and Neglect. Assmby of First Nations 32<sup>nd</sup> Gneral Assembly: Child Welfare Strategy Session, Moncton, NB.
- Trocmé, N.** & Esposito, T. (2011, April 7). La performance axée sur la finalité de l'intervention. Centre jeunesse Montérégie, Montérégie, QC.
- Trocmé, N.** & Esposito, T. (2011, February 8). La performance axée sur la finalité de l'intervention. L'association des centres jeunesse du Québec, QC.



- Hotte, J.P. & **Trocmé, N.** (2011, March). L'application des modèles d'analyse de la performance en centre jeunesse. Les mesures de performance : un outil pour assurer la pérennité des systèmes de santé et de services sociaux? Ministère de la santé et des services sociaux du Québec, QC.
- Trocmé, N.** (2011, January). Table ronde sur la mobilization des connaissances. Réseau universitaire intégration jeunesse, Laval, QC.
- Trocmé, N.** (2011, January). The importance of process in measuring outcomes. Alberta Ministry of Children and Youth Services, Edmonton, AB.
- Esposito, T. & **Trocmé, N.** (2010, June 15). Recurrence of maltreatment: An analysis using Cox Proportional Hazard model. Centre de jeunesse et de la famille Batshaw, Montréal, QC.
- Trocmé** (2010, April). L'exposition a la violence congugale: Interventions des services de protection Canadiens. Enfants victimes, adultes de demain. Au cœur d'homme – Réseau d'aide aux hommes pour une société sans violence, Montreal, QC.
- Campbell, A., Springate, M, & **Trocmé, N.** (2010, February). Legislation's Influence on Judicialization: Examining the effects of statutory structure and language on rates of court use in child welfare contexts. Center for Research on Children and Families (CRCF), Montreal, QC.
- Esposito, T. & **Trocmé, N.** (2010, February 24). Gestion Fondée sur les indicateurs de suivi clinique: Variation entre Centres Jeunesse. Centre de jeunesse Québec, QC.
- Trocmé, N.** (2010, January). La mobilisation des connaissances dans le domaine de la protection de la jeunesse. Conférence annuelle du Réseau de santé enfant, jeune et famille. Montreal Children's Hospital, Montreal, QC.
- Esposito, T. & **Trocmé, N.** (2010, January 7). Gestion Fondée sur les indicateurs de suivi clinique: Variation entre Centres Jeunesse. Centre de jeunesse Montréal, Montréal, QC.
- Esposito, T. & **Trocmé, N.** (2009, December 9). Gestion Fondée sur les indicateurs de suivi clinique: Variation entre Centres Jeunesse. Centre de jeunesse Chaudière-Appalaches, Chaudière-Appalaches, QC.
- Esposito, T. & **Trocmé, N.** (2009, September 17). Gestion Fondée sur les indicateurs de suivi clinique: Variation entre Centres Jeunesse. Association des Centres Jeunesse du Québec, Montréal, QC.
- Trocmé, N.** (2009, May). National Outcomes Matrix : Evidence of Intervention Effectiveness. Provincial Forum on Improving Outcomes for Children, Edmonton, AB.
- Trocmé, N.** (2009, April). National Outcomes Matrix & Evidence Based Mangement in Child Welfare. Ontario Child Welfare Secretariat, Toronto, ON.
- Esposito, T. & **Trocmé, N.** (2009, April 22). Projet sur les indicateurs de suivi clinique: planification stratégique. Association des Centres Jeunesse du Québec, Montréal, QC.
- Trocmé, N.** (2009, March). Shifting Conceptions of Emotional Maltreatment. Policy Think Tank on the Public Health Perspective of Early Childhood Emotional Maltreatment. Public Health Agency of Canada, Ottawa, ON.
- Collin-Vézina, D. & **Trocmé, N.** (2009). Pistes d'interprétation du déclin des agressions sexuelles. Display presented at the McGill Excellence in Research Exhibition, Montreal, QC.
- Trocmé, N.** (2008, December). Trouver le juste milieu : leçons à tirer des succès et excès des 45 dernières années de protection de la jeunesse en Amérique du Nord. Voyage aux frontières du possible: La place du risque dans nos décisions, nos interventions, nos innovations. Versailles, FR.
- Trocmé, N.** (2008, December). Mieux comprendre pour mieux servir : stratégies pour monitorer l'impact des services de protection. Voyage aux frontières du possible: La place du risque dans nos décisions, nos interventions, nos innovations. Versailles, FR.
- Trocmé, N.** (2008, October). Re-involving the community: Flexible responses to rising child welfare caseloads. Champions for Children and Youth 2008 Summit. Vancouver, BC.
- Trocmé, N.** (2008, September). Responding to the Overrepresentation of First Nations Children in Canada's Child Welfare System. Western Ministers Retreat on Aboriginal Issues. Banff, AB.

- Trocmé, N.** & Sinha, V. (2008, August). The Canadian Incidence Study of Reported Child Abuse and Neglect – Quantitative Methods in Aboriginal Child Welfare Research. National Network for Aboriginal Mental Health Research Annual Meeting, Montreal, QC.
- Collin-Vézina, D., Quinn, A., **Trocmé, N.**, & Blackstock, C. (2008, April). Current Evidence on Sexual Abuse in Canadian Aboriginal Communities: Resilience or Hidden Epidemic? First Nations and Inuit Health Branch, Inaugural First Nations, Inuit and Metis Research Meeting, Montreal, QC.
- Trocmé, N.** (2008, March). Exit cohorts, units of analysis, and stacked bars: Challenges helping social service administrators understand their own data. McGill Social Statistics, Montreal, QC.
- Trocmé, N.** (2008, January). L'étude Canadienne de l'incidence des mauvais traitements et la Matrice nationale d'impacts. Observatoire National de l'Enfance en Danger, Paris, FR.
- 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, QC.
- 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, QC.
- 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, QC.
- Trocmé, N.**, Ugnat, A. M., MacLaurin, B., Fallon, B., Tonmyr, L., & Turcotte, D. (2007, March). Canadian Incidence Study of Reported Child Abuse and Neglect. 2<sup>nd</sup> Annual Public Health Agency of Canada Research Forum. Winnipeg, MA.
- Leslie, B., Goodman, D., Knoke, D., & **Trocmé, N.** (2006, June). Improving Service Decisions for Children and Youth at Risk of Placement. Study findings 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, ON.
- Fallon, B., **Trocmé, N.**, MacLaurin, B., Knoke, D., Black, T., Daciuk, J., & Felstiner, C. (2006, June). 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, ON.
- Black, T., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2006, June). 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, ON.
- Trocmé, N.**, Fallon, B., MacLaurin, B., Daciuk, J., Felstiner, C., Black, T., Tonmyr, L., Blackstock, C., Barter, K., Turcotte, D., & Cloutier, R. (2006, May). 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, ON.
- Trocmé, N.** (2006, May). Enfants maltraités ou familles en difficulté? Étude canadienne sur l'incidence des signalements de cas de violence et de négligence envers les enfants – 2003. Commission des droits de la personne, QC.
- Trocmé, N.**, MacLaurin, B., & Blackstock, C. (2006, April). Pathways to over-representation of First Nations children in out of home care. JIRU Board, Manitoba Southern Authority, Winnipeg, MB.
- Trocmé, N.**, Bennett, M., & Shangraux, C. (2006, April). Child Welfare Services to First Nations Children: A Comparative Analysis. Weechi-it-te-win Family Services, Fort Frances, ON

- Chamberland, C., Poirier, M., & **Trocmé, N.** (2006, February). *Commentaires sur les revisions à la Loi sur la protection de la jeunesse*. Assemblée nationale du Québec, QC.
- Fallon, B. & **Trocmé, N.** (2005, November). OIS Ontario Incidence Study of Reported Child Abuse and Neglect: 1993/1998/2003. Ontario Association of Children's Aid Societies, Toronto, ON.
- Trocmé, N.** (2005, November). Research for Practice: Four Questions About Child Welfare Services. Professional Development Day, Batshaw Youth and Family Centres, Montreal, QC.
- Trocmé, N.** (2005, October). First Nations Incidence Study of Reported Child Abuse and Neglect. Briefing to Department of Indian and Northern Affairs, Ottawa, ON.
- Trocmé, N.** (2005, October). Outcome indicators Workshop. Annual Retreat for the Evaluation & Orientation Division, Batshaw Youth and Family Centres, Weredale, QC.
- Trocmé, N.** (2005, October). The Canadian Incidence Study of Reported Child Abuse and Neglect - 2003. National Release by Public Health Agency of Canada, Parliament Hill, Ottawa, ON.
- Trocmé, N.** (2005, September). The Experience of First Nations Children Coming into Contact with the Child Welfare System in Canada: CIS 2003. Chiefs Task Group on the National Policy Review, Saskatoon, SK.
- Trocmé, N.** (2005, May). CIS-2003: Preliminary Findings. Federal, Provincial, Territorial Directors of Child Welfare, St John's, NL.
- Trocmé, N.** (2005, May). Child Neglect: Etiology, Epidemiology & Assessment. Batshaw Multidisciplinary Committee Conference, Montreal, QC.
- Trocmé, N.** & Chamberland, C. (2004, October). La maltraitance des enfants : Implications pour les politiques de périnatalité au Québec. Comité sur la politique de périnatalité au Québec, Montreal, QC.
- Trocmé, N.** (2004, May). Re-involving the community: Alternative responses to rising child welfare caseloads. Child Abuse Workshop, Brockville, ON.
- Trocmé, N.** (2004, January). Evidence based social work practice. Field practice seminar at York University, Toronto, ON.
- Trocmé, N.** (2003, December). Beyond risk assessment: Emerging differential response models in Canada. Ottawa Children's Aid Society Centenary Annual General Meeting, Ottawa, ON.
- Trocmé, N.** (2003, March). The Canadian incidence study of reported child abuse & neglect: Implications for child welfare policy and practice in Canada. Presentation at the Faculty of Social Work, University of Calgary, Calgary, AB.
- Trocmé, N.** (2003, October). Child protection and child well-being: Addressing the underlying tensions. Expert conference, Chapin Hall Center for Children, Chicago, IL.
- Trocmé, N.** (2002, November). Outcome measurement in child welfare. Paper presented at the Ontario Association of Children's Aid Societies, Quality Assurance Committee, Toronto, ON.
- Trocmé, N.** (2002, February). Trends in child welfare in Ontario: Preliminary findings. Paper presented at the Ontario Association of Children's Aid Societies' Consultation, Toronto, ON.
- Trocmé, N.** (2002). Beyond reporting & risk assessment: Treatment & prevention of child neglect. "Best Practices" Workshops, Faculty of Social Work, University of Toronto, Toronto, ON.
- Trocmé, N.**, MacMillan, H., & De Marco, R. (2001, November). Injuries due to maltreatment: Implications for Risk Assessment. CIS Research Forum, co-sponsored by Health Canada & the Centre of Excellence for Child Welfare, Val D'Or, QC.
- MacLaurin, B. & **Trocmé, N.** (2001, November). Predictors of placement. CIS Research Forum, co-sponsored by Health Canada & the Centre of Excellence for Child Welfare, Val D'Or, QC.
- Trocmé, N.** (2000, December). Canadian incidence study: Preliminary findings. Paper presented at the Ontario Association of Children's Aid Societies' Consultation, Toronto, ON.
- Trocmé, N.** (2000, November). A profile of child neglect in Ontario: Research & practice. Paper presented at the Workshop Presentation, Waterloo CAS, Waterloo, ON.

- Trocmé, N.** (2000, November). A presentation of results and implications from the recent national Canadian incidence study of reported child abuse and neglect. Paper presented at the Keeping Our Children Safe: Community Solutions, Ottawa-Carleton Community Committee on Child Abuse, Ottawa, ON.
- Trocmé, N.** (2000, September). Canadian incidence study on reported child abuse and neglect: Preliminary findings. Paper presented at the Faculty of Social Work Alumni Association Continuing Education Seminar, Faculty of Social Work, University of Toronto, Toronto, ON.
- Trocmé, N.** (2000, June). A profile of child maltreatment in Canada: Emerging research & effective intervention. Workshop presentation at the Cape Breton CAS, Cape Breton, NS.
- Trocmé, N.** (1999, June). What gets measured gets funded: An outcomes tracking strategy for an ecological approach to child welfare. Keynote address for the Renfrew CAS Annual Meeting, Renfrew, ON.
- Trocmé, N.** (1999, May). Recherches sur les enfants négligés et abusés. Présentation au Groupe de recherche et famille, École de service social, Université Laval, Laval, QC.
- Trocmé, N.** (1999). Practice implications from recent developments in research on child neglect. Paper presented at the Health and Social Services Child Welfare Symposium, Charlottetown, P.E.I.
- Trocmé, N.** (1998, September). Canadian child welfare matrix of indicators. Presentation to the Ministry of Community and Social Services Senior Management Policy Forum, Toronto, ON.
- Trocmé, N.** (1998, September). Standards for assessing and treating child neglect: Implications from research. Presentation to the Ministry of Community and Social Services Child Neglect Standards Work Group, Toronto, ON.
- Trocmé, N.** (1998, May). Staying on track while the pendulum swings: Commentary on child welfare policy trends. Keynote address for the Ottawa CAS Annual Meeting, Ottawa, ON.
- Trocmé, N.** (1997, September). Child welfare in Ontario. Filmed presentation for Japanese Open University Film Series on Social Welfare, Toronto, ON.
- Trocmé, N.** (1997, August). Client outcomes in child welfare: Preliminary results from a national study. Presentation made to the Provincial and Territorial Directors of Child Welfare Meeting, Victoria, BC.
- Trocmé, N.** (1997, May). Child neglect: Review and implications of findings from the Ontario incidence study. Presentation to the Ministry of Community and Social Services, Children's Division, Policy Group, Toronto, ON.
- Trocmé, N.** (1997, Spring). Critical appraisal of social work research: Evaluating research designs. Three presentations made to the Hospital for Sick Children's social work department, Toronto, ON.
- Trocmé, N.** (1996, October). Sexual abuse & coacs: Myths and realities. Presentation to the Toronto Branch Lions Club, Toronto, ON.
- Trocmé, N.** (1996, September). Presentation to the 1996 Child Welfare Study Mission to Canada and the USA. Foundation for Children's Future (Japan), Toronto, ON.
- Trocmé, N.** (1996, September). Research perspective: Forum on child fatalities. Presentation to the Children's Aid Society of Metropolitan Toronto, Toronto, ON.
- Trocmé, N.** (1996, May). Issues in interpreting child homicide rates. Presentation to the Homicide Task Force, Children's Aid Society of Metropolitan Toronto, Toronto, ON.
- Trocmé, N.** (1996, May). Child abuse, child neglect and child homicides: Presentation of findings from the Ontario incidence study. Catholic Children's Aid Society of Metropolitan Toronto, Toronto, ON.
- Trocmé, N.** (1996, May). Child abuse, child neglect and child homicides: Presentation of findings from the Ontario incidence study. Presentation to the Catholic Children's Aid Society of Metropolitan Toronto, Toronto, ON.
- Trocmé, N. & Michalski, J.** (1995). National incidence study of reported child abuse and neglect: Feasibility and methodological issues. Presentation at the National Panel Conference, Child Welfare League of Canada, Ottawa, ON.

- Trocmé, N.** (1994). Ontario incidence study of reported child abuse and neglect: Major findings. Presentations at Family Violence Prevention Division, Health Canada, Ottawa, ON.
- Trocmé, N.** (1994). Ontario incidence study of reported child abuse and neglect: Major findings. Presentation at the Children's Aid Society of Metropolitan Toronto, Toronto, ON.
- Trocmé, N.** (1994). Ontario incidence study of reported child abuse and neglect: Major findings. Presentation at the Jewish Child and family Services, Toronto, ON.
- Trocmé, N.** (1994). Ontario incidence study of reported child abuse and neglect: Major findings. Presentation at the Ottawa-Carleton Children's Aid Society, Ottawa, ON.
- Trocmé, N.** (1994). Ontario incidence study of reported child abuse and neglect: Major findings. Presentation at the Children's Aid Society of Haldimand Norfolk, ON.
- Trocmé, N.** (1994). Ontario incidence study of reported child abuse and neglect: Major findings. Presentation at the Institute for Child Study, University of Toronto, Toronto, ON.
- Trocmé, N.** (1994). L'Incidence de la maltraitance des enfants en Ontario. Presentation at l'École de Service Social, Université d'Ottawa, Ottawa, ON.

## TEACHING

### Courses Taught

- U3 Integrative Seminar (SWRK 422) (2024)
- U2 Integrative Seminar (SWRK 344) (2022)
- Research Methods 2: Quantitative (SWK 643) (2006-2021)
- Reclaiming Child Welfare (SWK 606) (2013-2015)
- Advanced Research Methods and Analysis: Quantitative Data (SWK 724) (2008-2011, 2016-2017)
- Summer Workshop in Quantitative Methods for Aboriginal Child Welfare Research (2008-2009)
- Doctoral Dissertation Seminar (SWK 721) (2006-2008)
- Designing and Implementing Social Work Research Methods: Quantitative Methods (SWK 6308) (2002-2005)
- Survey Design (SWK 6308) (2000-2002)
- Welfare of Children: Policy and Clinical Knowledge for Practice (SWK 4668) (1993-2004)
- Parenting: Interdisciplinary perspectives (JPX 1001) (2001-2002)
- Research in Social Work II: Experimental Design (SWK 4502) (2000-2001)
- Design Thesis (SWK 2005H) (1998-2002)
- Critical Appraisal of Social Work Literature (SWK 2001H) (1998-2001)
- Research Diploma: Outcome Effectiveness Research (SWK 2002H) (1998-1999)
- Research Methods (SWK 4508) (1995-2000)
- MSW Design Thesis (SWK 4509) (1995-2000)
- Social Work Skills Lab (SWK 4105) (1993-1997)
- Elements of Social Work Practice (SWK 4103) (1993-1997)
- Critical Appraisal of Social Work Research Literature (SWK 4507) (1993-1997)

## Conferences: Peer Reviewed (166)

- Fallon, B., Black, T., Hollinshead, D., Fluke, J., **Trocmé, N.**, Stoddart, J., Schumaker, K., Esposito T., & King, B. (2022, March 28-30). *The Longitudinal Study of Reported Child Abuse and Neglect*. International Society for the Prevention of Child Abuse & Neglect, ISPCAN 2022 Congress of the Americas, Quebec City, Canada.
- Fallon, B., Lefebvre, R., **Trocmé, N.**, Richard, K., Hélie, S., Montgomery, M., Bennett, M., Joh-Carnella, N., Saint-Girons, M., Filippelli J., MacLaurin, B., Black, T., Esposito, T., King B., Collin-Vézina, D., Dallaire, R., Gray R., Levi, J., Petti, T., Thomas Prokop, S., & Soop, S. (2022, March 28-30). *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*. International Society for the Prevention of Child Abuse & Neglect, ISPCAN 2022 Congress of the Americas, Quebec City, Canada.
- Esposito, T., Chabot M., Caldwell, J., **Trocmé, N.**, Fallon, B., & Hélie, S. (2022, March 28-30). *Childhood prevalence of involvement with the child protection system in Québec: A longitudinal study*. International Society for the Prevention of Child Abuse & Neglect, ISPCAN 2022 Congress of the Americas, Quebec City, Canada.
- Fallon, B., Joh-Carnella, N., **Trocmé, N.**, Esposito, T., Hélie, S., Lefebvre, R., (2022, March 28-30). *Major Findings from The Canadian Incidence Study of Reported Child Abuse and Neglect 2019*. International Society for the Prevention of Child Abuse & Neglect, ISPCAN 2022 Congress of the Americas, Quebec City, Canada.
- Lefebvre, R., Fallon, B., Rothwell, D., **Trocmé, N.**, & Black, T. (accepted and delayed due to COVID-19). Examining economic hardship among child welfare-involved families: Evidence from the Ontario Incidence Study of Reported Child Abuse and Neglect 2018. Paper accepted for presentation at the *XVI European Scientific Association on Residential & Family Care for Children and Adolescents*.
- Fallon, B., Lefebvre, R., **Trocmé, N.**, Joh-Carnella, N., & Houston, E. (accepted and delayed due to COVID-19). The influence of child characteristics on worker decision making: An analysis of the Ontario Incidence of Reported Child Abuse and Neglect. Paper accepted for presentation at the *XVI European Scientific Association on Residential & Family Care for Children and Adolescents*.
- Esposito, T., Chabot, M., Fluke, J., **Trocmé, N.**, Delaye, A., & Caldwell, J. (2021, Jan. 20). Child population density linked with socioeconomic vulnerability and child protection intervention for neglect: Multilevel structural equation modeling. *Society for Social Work and Research 25<sup>th</sup> Annual Conference (SSWR) – Social Work Science for Social Change*. San Francisco, California, USA.
- Esposito, T. & **Trocmé, N.** (accepted, 2021). Localized disparities in socioeconomic disadvantages and child protection services for reasons of neglect. *European Scientific Association on Residential and Family Care for Children and Adolescents (EUSARF)*. Zurich, Switzerland.
- Esposito, T., **Trocmé, N.**, Fluke, J., & Hélie, S. (accepted, 2021). Protection versus chronic need: A longitudinal population study recurrent involvement with Quebec's child protection system for reasons of neglect. *European Scientific Association on Residential and Family Care for Children and Adolescents (EUSARF)*. Zurich, Switzerland.
- Filippelli, J., Lwin, K., Fallon, B., & **Trocmé, N.** (2020, Jan.). Ongoing child welfare service provision: Clinical and worker characteristics that predict service for families with young children. Poster presented at the *24<sup>th</sup> Annual Conference of the Society for Social Work Research (SSWR)*. Washington, DC, USA.
- Trocmé, N.** (2019, Dec 10). Commentaire sur certains défis de la protection de la jeunesse Commission spéciale sur les droits des enfants et la protection de la jeunesse. (\* en collaboration avec Esposito, Hélie, Collin-Vézina & Fallon). Montréal

- Esposito, T, Chabot, M, & **Trocmé, N.** (2019, Sept.). Panel presentation, Multilevel perspectives on child well-being: Insights and challenges from research in Canada, Switzerland, and the United States. Spatial data analysis and multilevel structural equation modeling on localized disparities in socioeconomic vulnerabilities and child welfare service engagement. *7th Conference of the International Society for Child Indicators*, Tartu, Estonia.
- Fallon, B., **Trocmé, N.**, Sanders, J., Sewell, K., & Houston, E. (2019, Sept.). 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.** (2019, Sept.). 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 *the ISPCAN Oman International Congress 2019*, Muscat, Oman
- Esposito, T., & **Trocmé, N.** (2019, Jan.). Focusing in on localized disparities in socioeconomic disadvantages and child welfare services: Three-dimensional spatial data analysis and structural equation modeling. *Society for Social Work and Research (SSWR)*, San Francisco, California, USA.
- Boatswain-Kyte, A., Esposito, T., & **Trocmé, N.** (2019, Jan.). Overrepresentation and disparity of Canadian Black children reported under the child protection system: The need for effective cross-system collaborations. *Society for Social Work and Research (SSWR)*, San Francisco, California, USA.
- Esposito, T., & **Trocmé, N.** (2018, Oct. 5). Understanding Reunification from Care: Messages from Research, Policy and Practice - The effects of socioeconomic vulnerability, psychosocial services and social service spending on family reunification: A multilevel longitudinal analysis. Papers submitted to *XV Conference EUSARF 2018* (European Scientific Association on Residential & Family Care for Children and Adolescents), Porto, Portugal.
- Fallon, B., **Trocmé, N.**, Fluke, J., Black, T., & Schumaker, K. (2018, Sept 5). Can classifying child protection cases as urgent or chronic lead to improved services for children and families? Paper submitted to *the International Society for the Prevention of Child Abuse & Neglect (ISPCAN) XXII International Congress on Child Abuse and Neglect*. Prague, Czech Republic.
- Fallon, B., **Trocmé, N.**, Fluke, J., Black, T., & Schumaker, K. (2018, Sept 5). Clarifying the dual mandate of child welfare services in Ontario: Urgent protection or chronic need? Paper submitted to *the 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., Haverson, J., Kerwin, C., Fluke, J., **Trocmé, N.**, Fallon, B., Black, T., & Schumaker, K. (2018, Sept 5). Can classifying child protection cases as urgent or chronic lead to improved services for children and families? Paper submitted to *the 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., Haverson, J., Kerwin, C., Fluke, J., **Trocmé, N.**, & Fallon, B. (2018, Sept 5). How can the urgent / chronic taxonomy be used to understand child welfare service provision in the US? Paper submitted to *the 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. (2018, Sept 5). Improving service using urgent / chronic taxonomy: Examples of agency application. Paper submitted to *the 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. (2018, Sept 5). Why do investigations classified as urgent recur?: Applying the urgent / chronic taxonomy in a mixed urban rural setting. Paper submitted to *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. (2018, Jan. 11). Discharge Rates By Ethno-Racial Categories - Peel CAS. Paper submitted to *the 22nd Annual Conference of the Society for Social Work and Research (SSWR)*, Washington, DC.

- De La Sablonnière-Griffin, M., Gray, R., Sinha, V., Esposito, T., & Trocmé, N. (2017, Oct. 24). Analyse des trajectoires des jeunes des Premières Nations assujettis à la Loi sur la protection de la jeunesse. 8e Congrès Québécois sur la maltraitance envers les enfants et les adolescents. Comprendre et agir ensemble: Les multiples visages de la maltraitance, Montréal, Québec, Canada.
- Fallon, B., **Trocmé, N.**, Fluke, J., & Schumaker, K., Black, T., Waltan, J. & Cross T. (2017, Oct 2<sup>nd</sup>). Clarifying the dual mandate of child welfare services in Ontario: Urgent protection or chronic need? In B. Fallon (Chair), Urgent protection versus chronic need. *15<sup>th</sup> 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. (2017, Oct 2<sup>nd</sup>). 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. *15<sup>th</sup> International Society for the Prevention of Child Abuse and Neglect (ISPCAN) European Regional Conference*. The Hague, Netherlands.
- Fluke, J., **Trocmé, N.**, Helton, J., Cross, T., Fallon, B., & Schumaker, K. (2017, Oct 2<sup>nd</sup>). Is the classification of urgent and chronic applicable for child protection in the US? In B. Fallon (Chair), Urgent protection versus chronic need. *15<sup>th</sup> International Society for the Prevention of Child Abuse and Neglect (ISPCAN) European Regional Conference*. The Hague, Netherlands.
- Esposito, T., **Trocmé, N.**, & Chabot, M. (2017, May 11). Gestion fondée sur les indicateurs de suivi clinique. *85e Congrès de l'Association francophone pour le savoir (ACFAS)*, Université McGill, Montréal, Québec.
- Esposito, T., **Trocmé, N.**, & Chabot, M. (2017, May 8). Les trajectoires de placement des enfants en protection de la jeunesse au Québec. *85e Congrès de l'Association francophone pour le savoir (ACFAS)*, Université McGill, Montréal, Québec.
- Van Wert, M., Mishna, F., Fallon, B., & **Trocmé, N.** (2017, January 14). Child welfare service responses to maltreated children and youth with aggressive and criminal behaviour problems in Ontario, Canada. Poster presentation at the *21<sup>st</sup> Annual Conference of the Society for Social Work and Research (SSWR)*, New Orleans, LA. <http://sswr.confex.com/sswr/2017/webprogram/Paper27833.html>
- Esposito, T., **Trocmé, N.**, & Rothwell, D.W. (2017, January 13). Family reunification and socioeconomic disparities: A population-level and multilevel longitudinal analysis. *21<sup>st</sup> Annual Conference of the Society for Social Work and Research (SSWR)*, New Orleans, LA. <http://sswr.confex.com/sswr/2017/webprogram/Paper28471.html>
- Lefebvre, R., Allan, K., Fallon, B., & **Trocmé, N.** (2017, January 13). Exploring physical punishment and physical abuse in child protection investigations: A 10 year review. Paper presentation at the *21<sup>st</sup> Annual Conference of the Society for Social Work and Research (SSWR)*, New Orleans, LA. <http://sswr.confex.com/sswr/2017/webprogram/Paper29159.html>
- Cherney, K., Van Wert, M., Filippelli, J., & **Trocmé, N.** (2017, January 13). Infant Maltreatment in Canada: Predictors of Substantiation. Poster presentation at the 21st Annual Conference of the Society for Social Work and Research (SSWR), New Orleans, LA. <http://sswr.confex.com/sswr/2017/webprogram/Paper28143.html>
- Lee, B., Fuller Thomson, E., Black, T., Fallon, B., & **Trocmé, N.** (2017, January 12). Examining child welfare decisions and services for Asian-Canadian versus White-Canadian households involved in the child welfare system. Paper presentation at the *21<sup>st</sup> Annual Conference of the Society for Social Work and Research (SSWR)*, New Orleans, LA. <http://sswr.confex.com/sswr/2017/webprogram/Paper28460.html>
- Rothwell, D., Wegner-Lohin, J., Fast, E., de Boer, K., **Trocmé, N.**, Fallon, B., & Esposito, T. (2016, October 21). Explaining the economic disparity gap in rates of substantiated child maltreatment in Canada. Paper presented at *Re-Imagining Child Welfare Systems in Canada Symposium*, Osgoode Hall Law School, York University, Toronto, ON.
- Filippelli, J., Fallon, B., **Trocmé, N.**, & Fuller-Thomson, E. (2016, August 31). A pathway to community supports: Infants and the provision of ongoing child welfare services. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.



- De La Sablonnière-Griffin, M., Sinha, V., Esposito, T., **Trocmé, N.**, & Gray, R. (2016, August 31). The long-term child protection service trajectories of First Nations children in Quebec. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Trocmé, N.**, Helie, S., Fallon, B., Sinha, V., MacLaurin, B., & Ekins, A. (2016, August 30). Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Helie, S., Collin-Vézina, D., **Trocmé, N.**, Turcotte, D., & Girouard, N. (2016, August 30). Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change - Major findings from the 2014 Quebec incidence study of reported child maltreatment (QIS-2014) and trends from 1998. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Fallon, B., Ekins, A., & **Trocmé, N.** (2016, August 30). Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change - Urgent protection versus chronic need: Clarifying the dual mandate of child welfare services in Ontario. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- MacLaurin, B., Reeves, J., **Trocmé, N.**, Fallon, B., & Sinha, V. (2016, August 30). Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change - Using Data to Inform Practice and Policy: Front-end Child Intervention Services in Alberta. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Sinha, V., Otis, N., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2016, August 30). Lessons from Canadian incidence studies: Connecting data to policy and practice to accelerate change - Moving towards a full-scale First Nations incidence study: Comparisons of investigations in Aboriginal and provincial/territorial agencies. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Trocmé, N.**, Roy, C., & Esposito, T. (2016, August 30). Building research capacity: lessons learned from an innovative model of participatory research in the context of youth protection. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Filippelli, J., Fuller-Thomson, E., Fallon, B., & **Trocmé, N.** (2016, August 29). Distinctly vulnerable: Infants investigated by the child welfare system and the decision to refer to services. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Lee, B., Fuller-Thomson, E., **Trocmé, N.**, Fallon, B., & Black, T. (2016, August 29). Delineating disproportionality and disparity of Asian versus White households in the child welfare system. *21<sup>st</sup> ISPCAN International Congress on Child Abuse and Neglect*. Calgary, AB.
- Trocmé, N.** & Dubé, D. (2016, June 1). Social workers still in critical demand? *2016 CASWE-ACFTS - Federation of the Humanities and Social Sciences Congress*. Calgary, AB.
- Morin, P., Heinonen, T., & **Trocmé, N.** (2016, June 1). Le savoir d'expérience des usagers comme innovation pédagogique et pratique d'empowerment. *2016 CASWE-ACFTS - Federation of the Humanities and Social Sciences Congress*. Calgary, AB.
- Trocmé, N.** (2015, September 17). Comment rendre équitable l'accès à des services sociaux et de santé pour tous les enfants du Québec? *4<sup>e</sup> Symposium de pédiatrie sociale en communauté* organised by Fondation du Dr Julien. Montreal, QC.
- Trocmé, N.** (2015, May 28). Protection de la jeunesse: l'importance de différencier l'urgence de la chronicité. *5 à 7 thématique, Congrès de l'ACFAS (Association Francophone Pour Le Savoir)*. Rimouski, QC.
- Trocmé, N.** (2014, December 10). From cross-sectional case counts to tracking trajectories and outcomes: Challenges in building research capacity in child protection. *Expert meeting on the prevalence of sexual abuse*. Berlin, Germany
- Trocmé, N.**, Durrant, J., & Fallon, B. (2014, July 15). Is corporal punishment a child welfare or a public health concern? Canada's confused response to corporal punishment and physical abuse. *International Family Violence and Child Victimization Research Conference*. Portsmouth, NH, USA.

- Jud, A. & **Trocmé, N.** (2014, July 15). Obtaining successful agency and professional participation in child maltreatment incidence research. *International Family Violence and Child Victimization Research Conference*. Portsmouth, NH, USA.
- Fallon, B. & **Trocmé, N.** (2013, September). What Influences the Decision to Provide Ongoing Child Welfare Services? *13<sup>th</sup> ISPCAN European Regional Conference on Child Abuse and Neglect*, Dublin, Ireland.
- Fallon, B. & **Trocmé, N.** (2013, September). What Influences the Decision to Provide Ongoing Child Welfare Services? *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. (2013, January, ). Ethno-racial disproportionality in child welfare: Lessons from analysis of Canadian data. *The Society for Social Work and Research Conference*. San Diego, California, USA.
- Sinha, V., **Trocmé, N.**, Fallon, B., & MacLaurin, B. (2013, January). Understanding the overrepresentation of First Nations Children: A comparison of investigations conducted by Aboriginal and provincial/territorial child welfare agencies. *The Society for Social Work and Research Conference*. San Diego, CA.
- Fallon, B. & **Trocmé, N.** (2012, September 12). Decision making ecology: Placement decision analysis with the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS). *12<sup>th</sup> European Scientific Association on Residential & Foster Care for Children and Adolescents Conference*. Glasgow, Scotland.
- Fast, E., Ma, J., **Trocmé, N.**, Chabot, M., Fallon, B., & MacLaurin, B. (2012, July 28). Examining the role of age in the response of Child welfare systems. *International Family Violence and Child Victimization Research Conference*. Portsmouth, New Hampshire.
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- Trocmé, N.** (1996, May). Le paradoxe de la négligence: Problématique sociale - solution individualiste. Keynote given at the Parents négligents et parents en difficultés d'adaptation, *64<sup>th</sup> ACFAS Congress*. Montreal, QC.
- Trocmé, N.** (1995, May). Le rôle des facteurs de classe et de genre dans la sélection de stratégies de recherche, d'intervention, et de prévention de la maltraitance des enfants. Keynote given at the *Violences dans les relations affectives: Représentations et interventions, 63<sup>rd</sup> ACFAS Congress*. Chicoutimi, QC.
- Trocmé, N. & Tam, K.K.** (1994, May). Correlates of substantiation of maltreatment in child welfare investigations. Paper presented at *the National Research and Policy Symposium on Child Welfare, National Welfare Grants*. Kanasakias, AB.
- Trocmé, N.** (1992). Development of an expert based index of child neglect. Paper presented at *the 9<sup>th</sup> International Congress of the International Society for the Prevention of Child Abuse and Neglect*. Chicago, IL.
- Trocmé, N., Sedlack, A., & Leck, G.** (1992). Issues collecting and analyzing data on the incidence and prevalence of child maltreatment. Paper presented at *the Seventh Annual Conference of the Institute for the Prevention of Child Abuse*. Toronto, ON.
- Trocmé, N.** (1991). Child neglect: Social label or psychological syndrome. Paper presented at *the Canadian Association of Schools of Social Work Annual Conference*. Kingston, ON.
- Trocmé, N.** (1991). The Re-emergence of child neglect. Paper presented at *the Ontario Association of Children's Aid Societies Annual Conference*. Toronto, ON.

Lang, N., Trocmé, N., et al. (1984). Worker management of key variables in social work with groups. Paper presented at *the Sixth Symposium on Social Work with Groups*. Chicago, IL.

## Graduate Supervision

### *PhD Supervision*

Kristin Deanult, McGill University, *Making child protection decisions in risk-averse contexts* (ongoing)

Melanie Doucet, McGill University, *Youth transitions from care* (completed in 2020)

Alicia Boatswain-Kyte, Université de Montréal (co-supervised with Claire Chamberland), *Permanency for children in foster care* (Completed in 2018)

Elizabeth Fast, McGill University, *Exploring the role of culture among urban Indigenous youth in Montreal* (2014)

Toni Esposito, McGill University, *From initial maltreatment investigation: Exploring the placement trajectories of children in the Québec child protection system* (2013) McGill e\_thesis PID: 114201

Stephen Ellenbogen, McGill University (co-supervised with Claire Chamberland), *From physical abuse victim to aggressor: deconstructing the relationship* (2009)

Della Knoke, University of Toronto, *Pathways to Severe Child Physical Abuse: Exploring the Use of Subtypes* (2008)

Louise Carignan, McGill University (co-supervised with Jacques Moreau), *Analyse de l'adaptation sociale et personnelle des jeunes placés à majorité en fonction de leur trajectoire de placement et du maintien ou non maintien des contacts avec leurs parents biologiques* (2008)

Marie-Claude Simard, McGill University (co-supervised with Carol Speirs), *La réunion familiale des adolescents placés en ressources de réadaptation* (2007)

Barbara Fallon, University of Toronto, *Factors driving case dispositions in child welfare services: Challenging conventional wisdom about the importance of organizations of workers* (2005) DAI, 65 (06) (UMI No. AAT NR02921)

Christine Walsh, University of Toronto, *Asking youths about exposure to child sexual abuse: An evaluation of the Childhood Experiences of Violence Questionnaire* (2005) DAI, 65 (10) (UMI No. AAT NQ94524)

Gary Dumbrell, University of Toronto, *Parental experience of child protection intervention* (2002) DAI, 65 (10) (UMI No. AAT NQ94560)

Sarah Maiter, University of Toronto, *Child welfare in a multicultural context: Definitions, values and service issues* (2001) DAI, 62 (04) (UMI No. AAT NQ59082)

### *PhD Thesis Committee Member*

Mélik Hirchi, UQAM-McGill-UdeM joint PhD program, *La politique de l'enfance et de la jeunesse dans le Canton de Vaud et à l'utilisation de la recherche collaborative dans la mise en œuvre de celle-ci* (in progress)

Stéphanie Précourt, Université de Montréal, *Pauvreté et maltraitance* (in progress)

Rachael Lefbvre, University of Toronto, *Poverty among the Ontario Child Welfare Population: A Need for Poverty-Informed Child Protection Practice* (Completed in 2023)

Kofi Antwi-Boasiako, University of Toronto, *Disproportionality and Disparity of Black Children in the Child Welfare System of Ontario* (graduated in 2022)

Lise Milne, McGill University, *Child Sexual Abuse* (Completed in 2017)

Joanne Filippelli, University of Toronto, *Examining the characteristics and child welfare outcomes of infants involved in the Canadian child welfare system* (completed in 2016)

- Ashley Quinn, University of Toronto, *The Lifelong Journey of Becoming: An Exploration of resiliency processes for Aboriginal Crown Wards of the Ontario Child Welfare System* (completed in 2016)
- Barbara Lee, University of Toronto, *Asian-Canadian families involved in the Canadian child welfare system: A mixed methods study* (completed in 2016)
- Kate Schumaker, University of Toronto, *Child Neglect* (2012)
- Tara Black, University of Toronto, *Children's exposure to domestic violence* (2009)
- Cindy Blackstock, University of Toronto, *Over-representation of First Nations children in long-term foster care* (2009)
- Theresa Knott, University of Toronto, *Testing the maternal response hypothesis in cases of child sexual abuse* (2008)
- Miriam Gonzalez, University of Manitoba, *Predictors of Injury Severity in Reported Cases of Child Physical Abuse in Canada* (2004)
- Rachel Crowder, Carleton University, *Sibling sexual abuse: A descriptive study of sibling sexual abuse data from Canadian incidence studies and selected sibling incest research, 1980-2001* (2003) DAI, 42 (01) (UMI No. AAT MQ79827)
- Ted McNeill, University of Toronto, *Holistic fatherhood: A grounded theory approach to understanding fathers of children with juvenile rheumatoid arthritis (JRA)* (2001) DAI, 62 (11) (UMI No. AAT NQ63799)
- Ramona Alaggia, University of Toronto, *Contextualizing maternal response to intrafamilial child sexual abuse: An exploratory study* (1999) DAI, 61 (01) (UMI No. AAT NQ45810)
- Deborah Goodman, University of Toronto, *A comparative study of human service professionals' perceptions of minimum child protection entry points for neglect: An Ontario perspective* (1999) DAI, 61 (01) (UMI No. AAT NQ45796)
- Debra McPhee, University of Toronto, *The child protection system: Organizational responses to child sexual abuse and the social construction of social problems* (1998) DAI, 60 (01) (UMI No. AAT NQ35247)
- Allan Barsky, University of Toronto, *Essential aspects of mediation in child protection cases* (1995) DAI, 57 (08) (UMI No. AAT NN11945)

### **PhD Examiner**

- Masako Tanaka, McMaster University, *Impairment in young adults associated with child maltreatment* (2010)
- Jean François de Rochemont, McGill University, *Countertransference as an obstacle to clinical intervention in the treatment of incest* (2009)
- Julie Perkins, University of Ottawa, *Foster parenting practices as predictors of foster child outcomes* (2008)
- Clara Beissel, University of Westgern Ontario, *Parental response in case of child neglect* (2007)
- David Klein, Université de Laval, *Troubles de comportement ou mauvais traitements?* (2007)
- Joan Keebler, McGill University, *Psychosocial assessments* (2005)
- Sonia Hélie, Université de Montréal, *Etude sur la récurrence des mauvais traitements* (2005)
- Joanna Bolster, University of Alberta, *'It takes a community': An investigation of placement instability for Albertan children in protective care* (2003) DAI, 65 (01) (UMI No. AAT NQ87940)
- Michèle Brousseau, Université de Laval, *La perception du fonctionnement familial des parents négligents et non négligents et les facteurs familiaux, parentaux et environnementaux associés* (1999) DAI, 60 (10) (UMI No. AAT NQ43051)
- Micheline Mayer, Université de Montréal, *Les contextes écologiques d'incidence de mauvais traitements à l'égard des enfants dans la région de Montréal* (1997) DAI, 59 (03) (UMI No. AAT NQ26700)

Penninah Dufite-Bizimana, University of Toronto, *Getting back to the garden: Rethinking child welfare in Uganda (1997)* DAI, 59 (06) (UMI No. AAT NQ27915)

### ***MSW Supervision***

Derek Walker (MSW Thesis, 2022-23)  
 Ash Paré (MSW Thesis, 2021-23)  
 Valentin Utaruhijimana (Independent Study Project, 2020-22)  
 Sarah Tremblett (Independent Study Project, 2020-21)  
 Eden Haber (Independent Study Project, 2020-21)  
 Nicole Withers (Independent Study Project, deferred to 2020-21 from 2019-20)  
 Lyanna Parent (Independent Study Project, deferred to 2020-21 from 2019-20)  
 Charlotte Garneau-Bertrand (Independent Study Project, 2019-20)  
 Emily Desrosiers (Independent Study Project, 2018-19)  
 Joshua Laff (Independent Study Project, 2018-19)  
 Megan Parise (Independent Study Project, Deferred to 2019-20 from 2018-19)  
 Kara Savas (Independent Study Project, 2018-19, Deferred from 2017-18)  
 Caroline Elworthy (Independent Study Project, 2017-18)  
 Alexia Maman (Independent Study Project, 2017-18)  
 Catherine Lepage (Program Advisor, 2017-18; Independent Study Project overseen by Judith Sabetti)  
 Arielle Ben Zaken (Independent Study Project, 2016-17)  
 Myriam Sultan (Independent Study Project, 2016-17)  
 Sarah Huxley (Independent Study Project, 2016-17)  
 Carly Coxford (Independent Study Project, graduated in October 2016)  
 Laura Randolph (Independent Study Project, graduated in October 2016)  
 Catherine McPherson (Independent Study Project, graduated in May 2016)  
 Zoe Hurtado Garcia (Independent Study Project, graduated in 2015)  
 Timothy Nearing (Independent Study Project, graduated in 2015)  
 Michael Neeland (Independent Study Project, graduated in 2015)  
 Lauren Pace (Independent Study Project, graduated in 2015)  
 Farah Samkissoon (Independent Study Project, graduated in 2015)  
 Volodymyr Karnaushenko (Independent Study Project, graduated in 2015)  
 Laurence Charlebois, *Reporting child sexual abuse* (Thesis, co-supervised with Delphine Collin-Vézina, graduated in 2014)  
 Jolene Arsenault (Independent Study Project, graduated in 2014)  
 Jimmy Bang (Independent Study Project, graduated in 2014)  
 Christina Boyarchuk (Independent Study Project, graduated in 2014)  
 Pamela Weightman, *The Structure and Delivery of First Nations Child Welfare Services in Quebec* (2012)  
 Jessica Mitchell, *Adapting family group conferencing to an Aboriginal community* (2011)  
 Lianne Charron, *Youth involvement in placement planning* (2011)  
 Shirley Wallace, *Child welfare service responses to intimate partner violence* (2010)  
 Leigh Garland, *Does culture matter? The characteristics and outcomes of adolescent physical abuse cases investigated by Youth Protection services* (2009)

Linda Shames, *Rate of symptoms of dual diagnosis in the Child Welfare system in Canada: Profile of adolescents and their caregiver in the CIS-2003* (June 2007)

Rebecca Miller, *Attachment Theory Use by Child Welfare Workers* (2007)

Elizabeth Fast, *Child Welfare Response to Child Sexual Abuse: Too much or not enough?* (2007)

Daniel Sheriff, *The exploration of youths' experiences in care of the Children's Aid Society and their experiences with delinquent activities* (2003) MAI, 41 (06) (UMI No. AAT MQ78267)

### ***Post-Doctoral Supervision***

Andreas Jud, *Decision-making in Child Welfare* (2010-2011)

Vandna Sinha, *Social services for visible minorities in Canada* (2006-2008)

Marc Tourigny, *Criminal proceedings in cases of child sexual abuse* (1999-2000)

### ***Research Interns***

Bruce MacLaurin, University of Toronto, CIHR – CECW Research Intern (2001-2002)

Christine Walsh, University of Toronto, CIHR – CECW Research Intern (2002-2003)

Lil Tonmyr, Université d'Ottawa, CIHR – CECW Research Intern, (2002-2003)

Michael McKenzie, University of Michigan, CIHR – CECW Research Intern (2003-2004)

Heidi Kiang, Toronto Children's Aid Society, Bell Canada Research Intern (2003-2004)

Daniel Moore, Owen Sound Child and family Services, Bell Canada Research Intern (2003-2004)

Katherine Dill, Ottawa Children's Aid Society, Bell Canada Research Intern (2003-2004)

Cathy Saynor, University of Toronto, MSW Research Practicum (2002)

Barb Copp, University of Toronto, Research Practicum (2002)

## **SERVICE**

### **Academic**

#### ***Administrative positions***

*Director*, McGill University, School of Social Work (2014-present)

*Director*, McGill University, Centre for Research on Children and Families (2007-2014)

*Director*, McGill University, Centre for Applied Family Studies (2005-2007)

*Scientific Director*, Centre of Excellence for Child Welfare (2005-2010)

*Director*, Centre of Excellence for Child Welfare (2000-2004)

*PhD Coordinator*, University of Toronto, Faculty of Social Work (2000-2001)

*Director*, Bell Canada Child Welfare Research Unit, University of Toronto (1997-2001)

*Director*, Centre for Applied Social Research, University of Toronto (1999-2000)

*Assistant PhD Coordinator*, University of Toronto, Faculty of Social Work (1996-1998)

#### ***University Committees***

*Mentor (established academic leader)*, McGill Development Initiative for Academic Leadership (DIAL), (2022-2023)

*Francophone co-Chair*, Canadian Association of Deans and Directors of Schools of Social Work (CADDSSW) (2020-2023)

- Co-Chair*, Comité directeur du Réseau universitaire intégré de santé et de services sociaux (RUISSS) McGill (2018-2023)
- Dean's representative*, Department of Arts History and Communications Studies Search Committee (2018)
- Member*, Faculty of Arts Priorities & Planning Committee (2017-2021)
- Member*, Faculty of Arts Undergraduate Improvement Fund Committee (AUIFC) (2017-present)
- External Reviewer*, IQAP (Institutional Quality Assurance Process) Cyclical Review of University of Ottawa School of Social Work MSW and PhD Programs (November 2016)
- External Reviewer*, IQAP (Institutional Quality Assurance Process) Cyclical Review of King's College (University of Western Ontario) BSW Program (April 2016)
- Chair*, Canadian Association of Deans and Directors of Schools of Social Work (CADDSSW) (2016-2019)
- Member*, McGill School for Public Policy Search Committee (2016-2017)
- Member*, Provost's Task Force on Indigenous Studies and Indigenous Education - working group on Indigenous Student Recruitment & Retention (2016-2017)
- Associate Member*, McGill Institute for Health and Social Policy (IHSP) (2015-2016)
- Member*, Selection Committee for Gilles Julien & Nicolas Steinmetz Chair in Social Pediatrics, Department of Pediatrics, McGill University (2015-2016)
- Deans & Directors Representative*, Canadian Association of Social Work Education (CASWE) - Educational Policy Committee (2015-present)
- Member*, Canadian Association of Deans and Directors of Schools of Social Work (CADDSSW) (2014-2016)
- Chair*, McGill School of Social Work Staff Selection, Promotion and Tenure Committee (SSPTC) (2014-present)
- Member*, McGill Academic Policy Committee (APC) - Sub-committee on Professional Program (2014-present)
- Member*, McGill Institute of Public and Population Health (IPPH) Task Force (2014-2015)
- External Member*, McGill University Tenure Committee for Recruitment for the Department of Educational and Counselling Psychology (2014)
- Alternate Member*, McGill University Tenure Committee for Recruitment for the Faculty of Arts (2013-2016)
- Member (Senate Representative)*, McGill University Tenure Committee for the Schulich School of Music (2012-2015)
- Member*, McGill Research Ethics Board II (2012-2014)
- Member (Senate Representative)*, McGill Re-appointment committee for the Dean of Management (2009-2010)
- Member*, McGill Internal Review Committee for Canada Research Chairs, James McGill Professors & William Dawson Scholars (2007-2009)
- Member*, McGill School of Social Work, Director's Planning Committee (2007-2014)
- Member*, McGill University Tenure Committee for Faculty Arts (2007-2010)
- Member & Treasurer*, Le Comité de coordination du Regroupement des unités de formation universitaire en travail social du Québec (RUFUTS) (2006-2010)
- Member*, McGill School of Social Work Staff Selection, Promotion and Tenure Committee (2005-2014)
- Member*, McGill Institute for Health and Social Policy Advisory Group (2005-2010)
- Member (Faculty of Arts Representative)*, Committee to Review Centers at McGill (2008)
- Member*, McGill Faculty of Dentistry Tenure Committee (2006-2008)

## ***Journals, Granting Agencies & Scientific Advisory Boards***

*Editorial Board*, Journal of the Canadian Academy of Child & Adolescent Psychiatry (2019-present)

*Member*, Social Sciences and Humanities Research Council of Canada (SSHRC) - Insight Grants Adjudication Committee in Social Work & Education (2015-2018)

*Section Chair*, Scientific Committee for the 85<sup>th</sup> Congress of l'ACFAS (Association francophone pour le savoir) (2017)

*Reviewer*, Canadian Institutes of Health Research (CIHR) - Peer Review Committee for Knowledge Synthesis Grant (KRS) Competition (2015-2016)

*Reviewer*, 2018 Canadian Association of Social Work Education (CASWE) Annual Conference (2018)

*Member*: Comité d'orientation de l'enquête sur la violence dans la vie des enfants, Institut de la statistique du Québec (2011-2013)

*Member*, Expert Panel on Early Childhood Development, Royal Society of Canada (2010-2012)

*Member*, Comité scientifique de la Chaire interuniversitaire Marie-Vincent sur les agressions sexuelles envers les enfants (2012-2018).

*Member*, Scientific Committee on Child Protection Study, UBS Optimus Foundation (2007-2014)

*Member*, RBC Children's Health Program Advisory Panel (2007)

*Member*, National Statistics Council, Statistics Canada (2005-2013)

*Member*, Community Alliance for Health Research, Evaluation and Performance Measurement Committee, Canadian Institutes of Health Research (2002-2003)

*Member*, Management Committee, Plate-forme informationnelle pour le bien-être de l'enfant (PIBE) (2006-2008)

*Member*, Standing Committee on Youth and Adolescents, Canadian Institutes of Health Research, Institute of Human Development Child and Youth Health (2001)

*Consultant*, National Incidence Study (NIS-IV), Technical Advisory Group, United States Department of Health and Human Service (2001-2003)

*Member*, Listening for Direction on Injury Project, Steering Committee, Canadian Institutes of Health Research (2003-2004)

*Member*, National Outcome Standards Symposium, Steering Committee, The Canadian Outcomes Institute (2001-2002)

*Panelist*, Panel on the Decline of Sexual Abuse Cases, Crime Against Children Research Center, Washington, D.C. (2000)

*Member*, Research Focus Group, National Incidence Study (NIS), U.S. Department of Health & Human Services (2000)

*Editorial Board*, Child Maltreatment (2000-2015)

*Editorial Board*, Children & Youth Services Review (1995-2020)

## **Government, Professional & Community**

### ***Expert Reviews***

*Expert Report*, Systemic barriers to the access of Inuit and Métis children to essential health and social services, Prepared for Sotos LLP, November 10, 2023

*Expert Report*, Estimated Class Size –Indigenous Children in Care 1992 to 2022 - Cheyenne Pama Mukos Stonechild, Lori-Lynn David, and Steven Hicks (2023)

- Expert Report*, Renvoi à la Cour d'appel du Québec relatif à la Loi concernant les enfants, les jeunes et les familles des premières nations, des inuits et des métis (Bill C-92). Préparé pour : l'Assemblée des Premières Nations Québec-Labrador (APNQL) et la Commission de la santé et des services sociaux des Premières Nations du Québec et du Labrador (CSSSPNQL) (2023)
- Expert Report*, Report on the Estimated Class Size – First Nations Children in Care 1991 to 2019 - Xavier Moushoom v. Attorney General of Canada, with Goram & Saint-Girons (2021)
- Expert Witness*, Commission spéciale sur les droits des enfants et la protection de la jeunesse, Montreal, Qc (2019)
- Expert Panelist*, Ontario Ministry of Children and Youth Services Residential Services Panel (2015-2016)
- Expert Witness*, Canadian Human Rights Tribunal, First Nations Child and Family Caring Society of Canada et al. and Attorney General of Canada, Canadian Human Rights Commission. Ottawa, ON (October 22-24, 2014)
- Member*, Child Intervention System Improvements Implementation Oversight Committee, Alberta Human Services (2014-2015)
- Expert Witness*, Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair (2012-2013)
- Expert Witness*, First Nations Child and Family Caring Society of Canada et al. and Attorney General of Canada, Canadian Human Rights Commission (2012-2013)
- Co-Chair*, Alberta Child Intervention Review, Alberta Ministry of Child and Youth Services (2009-2010)
- Expert Witness*, Commission of Inquiry on Pediatric Forensic Pathology, Goudge Commission, Ontario (2007)
- Expert Witness*, Cornwall Public Inquiry (Institutional response to sexual abuse) (2006)
- Chair*, Evaluation Committee for the Alberta Response Model, Ministry of Alberta Children's Services (2002-2004)
- Member*, Québec Panel d'Experts Affaire Beaumont, Association des centres jeunesse du Québec (1998-1999)
- Member*, Minister's Panel of Child Welfare Experts (CFSA Review), Ontario Ministry of Community and Social Services (1997-1998)
- Member*, Networks of Centres of Excellence, Children and Youth in Challenging Contexts Network Governing Board (2013-2019)
- Expert Witness*, Ontario Coroner's Inquest into the death of Shanay Johnson (1997)
- Expert Witness*, Ontario Coroner's Inquest into the death of Angela and David Dombroskie (1997)
- Expert Witness*, Ontario Coroner's Inquest into the death of Jamie and Devon Burns (1997)
- Team Leader*, Review of child welfare services provided by the Children's Aid Society of Algoma, Ontario Ministry of Community and Social Services (1996)

### ***Government, Professional & Community***

- Member*, comité de sélection pour le poste de directeur (trice) de la protection de la jeunesse du CIUSSS de l'Ouest-de-l'Île-de-Montréal (2018-2020)
- Member*, UNICEF Canada's Canadian Index of Child and Youth Well-being Advisory Group (2017-2019)
- Member*, le comité stratégique du centre d'excellence du CIUSSS (Centre intégré universitaire de santé et de services sociaux) de l'Ouest-de-l'Île-de-Montréal (2018-2019)
- Member*, Indigenous Advisory Committee (IAC), Until the Last Child (UTLC), (2018-2019)
- Member*, Agence Ometz Risk Management Group (2015-2019)



- Représentant universitaire*, le Comité de la formation de l'Ordre professionnel des travailleurs sociaux et des thérapeutes conjugaux et familiaux du Québec (2015-2021)
- Member*, la Table de concertation en travail social du Bureau de coopération interuniversitaire (2014-2018)
- Member*, Comité Consultatif, Fondation du Dr. Julien (2013-2019)
- Member*, Comité de recherche, développement et innovation, les Centres jeunesse de l'Outaouais (CJO) (2013-2018)
- Member*, Sous-comité sur les données du Comité Clinique, Commission pour la Santé et Services Sociaux Premières Nations du Québec et du Labrador (2008-2016)
- Member*, Child Welfare Outcomes Expert Reference Group, Ontario Ministry of Children and Youth Services (2008-2010)
- Member*, Child and Youth Advisory Committee, Mental Health Commission of Canada (2007-2010)
- Member*, Sous-Comité sur L'Évaluation de la Nouvelle Loi sur la Protection de la Jeunesse (2006-2011)
- Senior Advisor for Knowledge Integration*, Batshaw Youth and Family Centres (2005-2012)
- Research Advisor*, Child Welfare Secretariat (Review of policies, legislation & funding), Ontario Ministry of Child and Youth Services (2004-2006)
- Member*, North American Regional Consultation for the UN Secretary-General's Study on Violence against Children Coordinating Committee (2005)
- Consultant*, Client Outcomes in Child Welfare Phase III, Provincial and Territorial Directors of Child Welfare (with funding from the province of Alberta) (2003-2005)
- Consultant*, Research and Evaluation Capacity Building Project, Batshaw Youth and Family Services (2003-2005).
- Member*, Comité d'experts sur la révision de la Loi de la Protection de la Jeunesse, Association des centres jeunesse du Québec (2003)
- Member*, Toronto Children's Aid Society Exposure to Domestic Violence Work Group (2003-2004)
- External Reviewer*, La nouvelle politique familiale, Valorisation Recherche Québec (2003)
- Member*, Toronto Children's Aid Society Social Policy Committee (2002-2005)
- Advisor*, Special Advisor for Child Welfare Policy, Alberta Ministry of Social Services (2001)
- Consultant*, New Brunswick Family and Community Services (2001)
- Member*, Building Capacity Project, Steering Committee, Canadian Association of Family Resource Programs (1999-2001)
- Member*, Research Advisory Council, Voices for Children (1998-2000)
- Consultant*, Measuring rates of child abuse, Community Action Programs for Children, Ontario Prevention Clearing House (1994)
- Chair*, Children's Services Work Group, Ontario Association of Professional Social Workers (1992-1993)
- Member*, Children's Services Work Group, Ontario Association of Professional Social Workers (1989-1992)
- Volunteer Group Worker*, Jessie's Centre for Teenagers, parenting and pre-natal groups (1989-1991)

This is Exhibit "B" to the Affidavit of  
NICO TROCMÉ affirmed before me this  
29<sup>th</sup> day of APRIL 2024

A handwritten signature in blue ink, appearing to be 'S. Clarke', written over a horizontal line.

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


Court File Nos. T-402-19 / T-141-20 / T-1120-21

<p><b>FEDERAL COURT</b> <b>PROPOSED CLASS PROCEEDING</b></p> <p>B E T W E E N:</p> <p><b>XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>
<p><b>FEDERAL COURT</b> <b>PROPOSED CLASS PROCEEDING</b></p> <p>B E T W E E N:</p> <p><b>ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>HIS MAJESTY THE KING</b> <b>AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>
<p><b>FEDERAL COURT</b> <b>CLASS PROCEEDING</b></p> <p>B E T W E E N:</p> <p><b>ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>

**CERTIFICATE CONCERNING CODE OF CONDUCT OF EXPERT  
WITNESS – NICO TROCME**

I, **Nico Trocmé**, MSW, Ph.D, having been named as an expert witness by the First Nations Child and Family Caring Society, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Court Rules* and agreed to be bound by it.

Date: April 29, 2024



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Nico Trocmé, MSW, Ph.D.

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MONTRÉAL QC H3A 1B9

Phone: 514-947 -6650

Fax: N/A

This is Exhibit "C" to the Affidavit of  
NICO TROCMÉ affirmed before me this  
29<sup>th</sup> day of APRIL 2024

A handwritten signature in blue ink, appearing to be 'S. Clarke', written over a horizontal line.

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

Report on the  
Estimated Class Size –  
First Nations Children in Care 1991 to 2019  
Xavier Moushoom v. Attorney General of Canada

---

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Prof. Nico Trocmé, MSW, PhD, RSW  
Director of the School of Social Work  
Philip Fisher Chair in Social Work  
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McGill University, School of Social Work  
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18 January 2021

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## A. Purpose

1. This is a joint expert report prepared by experts separately retained by the plaintiffs and defendants in the matter of Xavier Moushoom and the Attorney General of Canada (the “**Moushoom Matter**”).
2. Peter Gorham is president and actuary with JDM Actuarial Expert Services Inc. He regularly provides actuarial consulting services as well as actuarial expert testimony. He is a fellow of the Canadian Institute of Actuaries and of the Society of Actuaries. He received his Actuarial Fellowship in 1980 and has provided pension, benefits and actuarial consulting services for approximately 42 years. A copy of his curriculum vitae is attached as Appendix 1.
3. Prof. Nico Trocmé is the Director of the School of Social Work and the Philip Fisher Chair in Social Work at McGill University. He has been leading studies on Canadian provincial and First Nations child welfare services since the early 1990s and has authored over 200 scientific publications based on this research. He has acted as a child welfare policy and program consultant to several provincial governments and First Nations organizations and has presented expert evidence at various inquests and tribunals. A copy of his curriculum vitae is attached as Appendix 2.
4. Our work was greatly enhanced through the contributions and insights provided by Marie Saint-Girons, Research Assistant, Centre for Research on Children and Families, McGill University. She currently supports the coordination of the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect 2019 (FN/CIS-2019), a national study examining the overrepresentation of First Nations children in the child welfare system across Canada. A copy of her curriculum vitae is attached as Appendix 3.
5. We understand and acknowledge that as experts, we have a duty to provide evidence in this proceeding as follows:
  - a. to provide opinion evidence that is fair, objective and non-partisan;
  - b. to provide opinion evidence that is related only to matters that are within our area of expertise; and
  - c. to provide such additional assistance as the court may reasonably require, to determine a matter in issue.
6. We acknowledge that the duty referred to above prevails over any obligation that we may owe to any party by whom or on whose behalf we are engaged. Copies of Form 53 acknowledging those duties are attached as Appendix 7, Appendix 8, and Appendix 9.

7. The purpose of this report is to assist counsel for the plaintiffs and counsel for the defendants in their exploratory discussions by providing various estimates of the number of First Nations children who were taken into care in Canada between 1 April 1991 and 1 March 2019 and who remained in care for various specified durations. We were specifically requested:
  - a. to the extent possible, provide separate estimates of the number of children who were taken into permanent care and those taken into non-permanent care;
  - b. to the extent possible, provide estimates of the number of children based on total time in care using six-month intervals; and
  - c. provide summary statistics of the average time in care based on age at entering care and age at leaving care.
8. The data to which we had access did not readily permit splitting the number of children between temporary and permanent care. We have therefore only presented estimates of the total number of children who were taken into care as well as the number of children in care based on six-month intervals of total time in care.
9. The intended users of this report are the two parties to this matter together with their respective counsel. This report is not suitable nor intended in its current form to be filed with the courts. The report should not be provided to anyone who is not an intended user except as may be required by law. The findings herein should not be relied upon by any party other than an intended user.

## B. Background

10. In 2018, Canada settled a number of class actions regarding First Nations children who had been taken into care between 1951 and 31 March 1991 (the “**Sixties Scoop**”).
11. An expert report was prepared by Gorham for purposes of settlement discussions in the Sixties Scoop matter (the “**Gorham Report for Sixties Scoop**”). That report set out the estimated number of First Nations children that entered care in each fiscal year 1951 to 1990.
12. The Moushoom Matter covers First Nations children who ordinarily live on reserve and who were taken into care between 1 April 1991 and 1 March 2019.
13. The Moushoom Matter also includes issues related to Jordan’s Principle. This report does not cover any aspect of the allegations involving Jordan’s Principle. This report is solely focussed on providing an estimate of the number of First Nations children who ordinarily live on reserve and who were taken into care between 1 April 1991 and 1 March 2019.
14. Trocmé and Gorham were requested by plaintiff’s and defendant’s counsel to work together in reviewing available information and preparing a preliminary estimate of the class size in the Moushoom Matter. We met numerous times via online conference call to review and discuss the data and the methodology to be used in preparing our estimate. Most of our work was focussed on two key items, the care models to be used and analysis of data to prepare a distribution of duration in care for First Nations children.

### Status of Children in Care

15. We were asked to provide an estimate of the number of children taken into permanent care and those taken into other than permanent care.
16. The data maintained by Indigenous Services Canada (“**ISC**”) differentiates between three types of status of children in care – permanent, voluntary and temporary.
17. Most of the data that we had available for analysis does not indicate the status of the children in care. The data on children in care beginning 1 April 2013 does provide the status of care for each child. However, we were advised by ISC that the status of the child in care is entered into the system by the childcare worker assigned to the child and is not verified. Consequently, the status is believed to be susceptible to errors. ISC was unable to provide any indication of the extent of such errors.

18. Since we had very little data about the type of care by children, we have not split the estimates of children entering care by temporary, voluntary and permanent. If requested, we could provide that information based on an assumption that the split by type of care in 2013 to 2018 is the same split that applied prior to 2013.

### Data for First Nations Children in Care

19. We were provided with **aggregate data** from ISC showing
- a. the total number of First Nations children ordinarily resident on reserve in care as of 31 March in each year from 1970 to 1977, 1981 and from 1992 to 2017; and
  - b. the total number of care days in each fiscal year from 1969-70 to 2016-17 with the exception of 2012-13.
20. Unless otherwise specified, whenever we refer to a year, we are referring to the fiscal year starting on April 1<sup>st</sup> of that year.
21. Because a child that is in care for five years will be included in the data at least five times, one cannot simply add these numbers together to get the total number of children in care during the class period 1 April 1991 to 1 March 2019. Consequently, we created a model to follow children through their time in care. By adding up the estimated number of children that entered care in each year, we determined an estimated total number of children in care during the period 1991 to 2019.
22. ISC also provided us with three sets of **data files regarding individual children in care**. This data was used to determine a distribution of time in care and of ages entering and leaving care for First Nations children.
- a. The **Ontario Data** provided information about each First Nations child in care in Ontario for each fiscal year (1 April to 31 March) 2000, 2002, and 2004 to 2012. That data included information about children who first entered care prior to 2000 and who were in care in any of the above years. There is no information about the status of children in care.
  - b. The **BC Data** provided information about each First Nations child in care in British Columbia from April 2011 to August 2019. The data includes children who entered care for the first time prior to 2011 and who were in care at any time on or after April 2011. The status of children in care is included for some of the children.
  - c. The **Canada Data** provided information about each First Nations child in care in all provinces and territories beginning 1 April 2013. This data showed the first and last dates that an expense had been submitted for a specific child between 1 April 2013 and 31 March 2018 as well as the status of children in care.

## C. The Care Models

23. We created three care models: the Duration Model, the Status of Children in Care Model and a Mean Estimation Model. Each one models the children's time in care from their entry into care until they exit care.
24. The purpose of each model is to estimate the number of children that enter care. The total of the children entering care is the estimated class size.
25. The Duration Model is the one we considered provided the best and most reliable estimates and the one we used for presenting results in this report. The other two models were utilised as a check on the reasonableness of the Duration Model.

### The Duration Model

26. The Duration Model does not consider the status of children in care. This model only considers the time in care statistics that we developed from the Ontario and Canada Data (see paragraphs 69 -79).
27. For this model, we cannot just start modelling from 1991. We need to develop a distribution of the children in care as of 1 April 1991 for the model to work.
28. Consequently, we started with the children in care in 1970. We assumed that the distribution of children by duration in 1971 was approximately similar to the duration we determined for 2000 to 2005. Having an accurate distribution for 1970 is not necessary, as any errors will have worked their way out of the projections by 1991.
29. From 1970 to 1990, the children were modelled moving through care every six-months in the same way as described in paragraphs 81 to 83. In this manner, the number entering care in each year 1970 to 1990 was determined and they formed the basis of the 31 March 1991 distribution of children by time in care – from newly entered to 21 years in care.
30. The Duration Model looks at each six-month period separately. Every six months, children are moved through care.
  - a. Some of the children who entered care during the prior period leave care. The rest are moved to the category 6 – 12 months in care.
  - b. Some of the children who had been 6 to 12 months in care during the prior period leave care and the rest are moved to the category 12-18 months in care.
  - c. This process is repeated for each six-month category until all the children that were in care in the prior period have either left care or moved to the next category.

- d. At this point, the number of children who remain in care are added together and compared with the total number that were reported to have been in care. The difference is the number entering care during that period.
31. The main assumption used for the Duration Model is the distribution of time in care – the probability that a child will exit care during a specified six-month period.

### **The Status of Children in Care Model**

32. The Status of Children in Care Model was developed from the Care Model utilised in the Gorham Report on Sixties Scoop. That model split the total number of children in care in each year between an assumed number in permanent care and the balance in non-permanent care (called temporary care in the Gorham Report on Sixties Scoop). The children in permanent care were then modelled using assumptions about time in care to produce an estimate of the number of children entering permanent care in each year. No modelling was performed, or required, of the children in temporary care for purposes of the Gorham Report on Sixties Scoop.
33. For the Status of Children in Care Model, we first allocated the total number of children in care in each year between those assumed to be in permanent and temporary care.
34. An initial distribution of children by the number of years in temporary care was developed in the same manner as described in paragraphs 27 to 29. An initial distribution of children in permanent care based on their age was developed by assuming the distribution was the same as produced by the Sixties Scoop model for 1990-91. An initial distribution of children in voluntary care based on their age was produced by assuming the same distribution applied to them as for those in permanent care.
35. The children assumed to be in temporary care were modelled using a process similar to the Duration Model described above.
36. The children assumed to be in permanent or voluntary care were modelled using a similar process, but based on their age rather than the time in care.

### **Mean Estimation Model**

37. Based on the analysis of the Ontario Data, we determined the mean time in care by year as well as the median and decile breaks for time in care.

38. The Mean Estimation model applied the average number of days in care to the total days in care for all children to give a very rough estimate of the total number of children.

### Summary

39. Both the Status of Children in Care Model and the Mean Estimation model were used solely for the purpose of a reasonableness check of the results from the Duration Model.
40. Results from the Status of Children in Care Model and the Mean Estimation model are not used other than as a reasonableness check and are not reported on herein. All results contained in this report are based on the Duration Model.

## D. Data Review and Analysis

41. We reviewed each of the data files for reasonableness and completeness having regard to the nature of our work. Complete accuracy is not required since we are dealing with thousands of children and small errors will disappear in the rounding. In particular, an error that is material on an individual basis is unlikely to affect the results within the overall group of children. However, systematic errors could become material if not adequately addressed.

### Total Children in Care by Year

42. We reviewed the number of First Nations children in care as of 31 March in each year 1991 to 2018 at both the national level and the regional levels.
- a. We confirmed that the national totals are the sum of the regional totals.
  - b. We reviewed the changes in the numbers from year to year for reasonableness. Anomalous regional patterns in year-to-year changes are discussed below and highlighted in italic and in yellow in tables 48a and 48b.
43. **Atlantic Region:** There was a significant increase in the number of children in care between 2004 and 2006 from 623 to 1,085. That total then declined by 2008 to the previous levels. Assuming no error in those numbers, the change in the total number of care days during that period suggests the spike was over a few months and was for children who remained in care for a very short period of time.
44. **Quebec Region:** The number of children in care as of 31 March increased from 814 in 2001 to 1,084 in 2005. The number decreased to 593 in 2006 before returning to historic levels in 2007 and later years. There was no significant change in the total number of care days during that period. There appears to be an error in either, or both, the count of children as of 31 March and the number of care days during the years 2002 to 2005. We are unable to determine either an appropriate correction or a reasonable explanation for these numbers. Depending on which data are incorrect, our use of these numbers may cause an overstatement in the estimate of class size.
45. **Manitoba Region:** The number of children in care on 31 March increased gradually from 1,551 in 2004 to 2,517 in 2010 and then remained at that level. The total number of care days also increased over that period, leading us to conclude that these numbers are likely accurate.
46. **Saskatchewan Region:** The number of children in care on 31 March increased from 1,123 in 2006 to 2,124 in 2007 and then returned to historic levels in 2008. There was also a less dramatic one-year increase of 150,000 in the total number of care days. We



were unable to determine if this represents a short period with a significant increase of children taken into care or if it is a one-year error in reporting. We have utilised the numbers as shown which, if there was a reporting error, may result in overstating the estimated class size.

47. **Alberta Region:** The number of children in care increased from 905 in 1992 to 1,587 in 1995 and then decreased for two years before increasing to 1993 in 2000. The total care days moved in a similar manner, leading us to conclude that these numbers are likely accurate.
48. Table 48a shows the number of children in care as of 31 March in each year by region. Table 48b shows the total number of care days in each fiscal year. The highlighted and italicised numbers are those discussed above.

**Table 48a – First Nations Children in Care as of 31 March in Each Year**

Year	Atlantic	Quebec	Ontario	Manitoba	Saskat- chewan	Alberta	BC and Yukon	National
1991	-	-	-	-	-	-	-	-
1992	283	488	1,323	1,382	470	905	607	5,458
1993	216	557	668	1,337	383	1,119	551	4,831
1994	239	508	492	1,276	285	1,527	527	4,854
1995	273	420	472	1,318	411	1,587	643	5,124
1996	327	567	733	1,203	357	1,268	844	5,299
1997	366	626	670	1,064	536	1,381	697	5,340
1998	390	615	747	1,317	765	1,583	803	6,220
1999	491	737	931	1,270	951	1,895	945	7,220
2000	572	782	1,048	1,363	980	1,993	1,024	7,762
2001	632	814	1,245	1,468	1,070	1,652	1,138	8,019
2002	611	858	1,304	1,585	1,012	1,704	1,000	8,074
2003	591	890	1,463	1,406	1,117	1,782	976	8,225
2004	623	1,005	1,545	1,551	1,133	2,090	902	8,849
2005	813	1,084	1,536	1,594	1,099	1,810	900	8,836
2006	1,085	1,005	1,513	1,669	1,123	1,933	824	9,152
2007	760	593	1,440	1,769	2,124	1,580	827	9,093
2008	541	720	1,427	2,176	1,166	1,744	822	8,596
2009	537	714	1,458	2,403	1,114	1,762	818	8,806
2010	535	685	1,502	2,517	1,207	1,486	754	8,686
2011	607	839	1,537	2,474	1,139	1,779	866	9,241
2012	670	846	1,585	2,459	1,123	1,833	907	9,423
2013	748	888	1,566	2,659	1,076	1,801	744	9,482
2014	596	789	1,502	2,223	1,169	1,664	732	8,675
2015	587	793	1,381	2,291	1,113	1,550	713	8,427

Year	Atlantic	Quebec	Ontario	Manitoba	Saskat- chewan	Alberta	BC and Yukon	National
2016	553	882	1,350	2,298	1,106	1,607	749	8,545
2017	525	925	1,378	2,583	1,142	1,763	763	9,079

**Table 48b – Total Care Days for First Nations Children by Fiscal Year Ending 31 March**

Year	Atlantic	Quebec	Ontario	Manitoba	Saskat- chewan	Alberta	BC and Yukon	National
1991	61,772	149,567	243,836	438,466	134,817	407,559	215,325	1,654,457
1992	64,887	145,537	234,978	431,334	118,964	568,525	229,592	1,802,668
1993	73,738	137,847	242,054	396,165	120,283	622,432	277,391	1,870,294
1994	74,122	138,335	281,746	371,067	121,399	506,900	315,656	1,808,179
1995	73,076	178,148	235,254	371,980	169,294	483,507	228,629	1,754,736
1996	87,924	176,114	251,930	409,130	233,619	526,915	297,365	1,986,203
1997	91,130	185,468	310,782	406,621	288,374	538,197	358,171	2,186,174
1998	98,561	189,590	355,913	428,549	337,108	588,624	369,670	2,366,381
1999	96,927	251,493	415,860	434,341	383,617	578,271	375,068	2,543,857
2000	105,207	185,474	448,822	459,511	386,926	564,307	385,081	2,542,635
2001	112,514	181,151	491,502	441,166	396,305	583,172	351,624	2,553,056
2002	108,136	194,222	546,862	475,270	421,204	698,439	336,649	2,781,510
2003	108,864	206,201	557,616	521,248	426,892	598,812	321,185	2,820,859
2004	188,905	191,309	559,142	545,717	426,975	619,729	302,851	2,821,555
2005	175,832	215,637	539,728	589,840	582,264	680,727	302,131	3,084,693
2006	174,366	242,607	530,205	704,876	421,968	706,784	316,991	3,068,168
2007	144,737	249,482	532,665	733,330	429,997	731,641	360,657	3,214,957
2008	177,185	273,843	545,423	759,041	409,829	636,088	307,928	3,208,027
2009	197,624	284,982	570,333	775,343	445,257	672,976	297,561	3,242,495
2010	196,043	289,617	584,932	772,379	412,151	47,634	280,620	2,592,676
2011	205,343	-	-	-	-	-	-	-
2012	-	277,588	547,557	854,422	421,443	621,395	270,602	3,215,898
2013	215,093	306,295	517,632	856,021	420,173	586,692	264,982	3,174,050
2014	216,220	-	-	-	-	-	-	3,185,330
2015	-	-	-	-	-	-	-	3,283,074
2016	-	-	-	-	-	-	-	-
2017	-	-	-	-	-	-	-	-

49. We recommend that the data issues discussed above for the Atlantic, Quebec and Saskatchewan Regions be investigated by ISC in an attempt to explain these significant changes or find correct numbers.

## Child Level Data

50. In addition to the aggregate annual totals described above, we received and reviewed three data files including more detailed child-level data.
51. The data we received included one or both name and First Nation registration number. For our work, the name and registration number were deleted and replaced by a random ID code.

## Ontario Data

52. The Ontario data includes one record per First Nations child for each fiscal year they were in care.
53. The Ontario Data provided us with the means to follow children from their first entry into care through to their final exit from care. We were able to distinguish between children in continuous care and those who had multiple periods of care. For most of the children in care at the end of the Ontario Data (31 March 2013), we were able to match them up with their information in the Canada Data and thereby extend the period of time in care we could analyse.
54. In reviewing the Ontario Data, we identified a number of errors that we were able to correct satisfactorily in most cases.
  - a. Some dates of birth were clearly wrong and in most situations there were other records for the child with a correct date of birth.
  - b. For each fiscal year, there were about 60 children for whom no date of exit was included and there were no records for that child in subsequent years. On inspection, we concluded that they had most likely exited care during that year and we estimated an exit date by using a random number. The distribution of assumed exit dates was uniform throughout the year. For children who were in their first or second year of care, this would likely result in a small overstatement of the time in care. In our opinion, this is not material for the purposes of the report.
  - c. For fiscal year 2001, there was no data available.
    - i. We assumed that a child in care at the end of fiscal year 2000 who was also in care at the beginning of 2002 had remained in care continuously throughout 2001. That may overstate the time in care for any children who left and returned to care in 2001.
    - ii. Children who entered care in 2001 and who remained in care in 2002, could be identified in the 2002 data. The 2002 data included their most recent date of entry and we assumed that they had remained in care continuously from their

entry to the end of 2001. That may overstate the time in care for any children who left and returned to care in 2001.

- iii. There were about 400 children who had no exit date in the 2000 data and who were not in care in 2002. We assumed that about 60 of them had left care during the 2000 fiscal year and no exit date had been entered and that the balance had left care during the 2001 fiscal year. We used random numbers to estimate their exit dates.
- iv. There are an unknown number of children who both entered and exited care during the 2001 fiscal year. We have no data for them. Consequently, we did not use the data for any children who entered care in 2001 for any of our analyses of overall duration in care. We were able to use those who entered care in 2001 for a separate analysis of children who were in care for over 12 months.
- d. For fiscal year 2003, there was no data available. We made similar assumptions as described above for 2001.
- e. About 200 registration numbers were found to have been used for multiple children. For about 150 of those, we were able to determine that the children were from the same family and the registration number appeared to be a temporary number. We assumed that these were for children that had not been registered under the Indian Act and we created unique numbers for each of those children. For about 50 of those, the children with the same registration number appeared to be from different families. For a few of the numbers, there were as many as four different children with the same registration number. We created unique numbers for each of these children.
- f. There were about 50 registration numbers where the child's name was the same or similar and the date of birth was different and did not appear to be a typing error<sup>1</sup>. We assumed that these were different children and created unique ID numbers for them.
- g. In matching up the Ontario Data with the Canada Data, we found 274 children who were in care on 31 March 2013 in Ontario and for whom there is no exit date but they do not appear in the Canada Data. Upon inspection, we found 232 of those children are in the Canada Data but with a different registration number. We adjusted the ID numbers for them so their data could be combined between the two

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<sup>1</sup> For example, 2-3-2002 and 2-3-2005 would likely be a typo if the rest of the information between two records matches. However, 2-3-2002 and 14-8-2003 is much less likely to be a typing error even if the rest of the information is similar.

datasets. For the remaining 42 children, we assumed that they left care during the 2012 fiscal year and we estimated an exit date using random numbers.

55. We compared the number of children in care as of each 31 March based on the Ontario Data with the Total Children in Care reported for Ontario. The numbers are sufficiently close as to be considered equal.
56. After cleaning the Ontario Dataset, there were 8,693 unique children in the sample. Information on gender was missing for 9.4% of the children. For those with gender identified, 49.3% are female and 50.7% are male.

### BC Data

57. The BC Data did not add sufficient years of information to be useful for our analyses to date.

### Canada Data

58. The Canada Data has one record per First Nations child with information about dates that expenses were submitted for the child. The date of the first expense submitted on or after 1 April 2013 is included and the date of the most recent expense submitted before 1 April 2018. However, we were informed that the data for 1 April 2013 to 31 March 2018 could be incomplete as new information is added and existing information may be modified by the regions.
59. There is little we can do for data checking given the format of the data. As discussed above at paragraph 54.g, we did find 232 children where the registration numbers from the Ontario data in fiscal year 2012 and the registration numbers in the Canada Data were different.
60. We also found 18 cases where there were two records for the same child. After cleaning the Canada dataset, there were 25,686 unique children in the sample. Information on gender was missing for 0.8% of the children. For those with gender identified 49.9% are female and 50.1% are male.
61. The Canada Data has no information about date of entry to or exit from care. The only information is with respect to expense amounts and dates.
  - a. We assumed that a child who had no expense during the period 1 April 2013 to 31 March 2014 was entering care for the first time as of the date of their first expense unless data about that child was included in the Ontario dataset.

- b. We assumed that a child for whom the first expense was prior to 1 April 2014, might have entered care at any time prior to 1 April 2014 and that we could make no assumption about how long they had previously been in care.
- c. We assumed that a child who had no expense after 30 March 2018 had left care as of the date of the last expense.
- d. We assumed that a child for whom there was an expense after 30 March 2018 may have left care or may remain in care as of 1 April 2018 and, with the exception of a subset of children in the Ontario data discussed below (paragraph 70), we could make no assumption about how long they have or may spend in care after 31 March 2018.

### Applicability of the Data to the Class

- 62. The results of our work are only useful to the extent that the children included in the data we used match the children included in the class definition. If the data about total number of children in care includes children that are not First Nations and/or do not ordinarily live on reserve, then the estimates we have determined from the data will not be for the same definition as applies in the Moushoom Matter.
- 63. We were advised by ISC that the three data files include only First Nations children who were ordinarily resident on reserve.
- 64. The results presented in this report are based on an assumption that:
  - a. the data includes only First Nations children that ordinarily live on reserve;
  - b. all First Nations children that ordinarily live on reserve and who were taken into care during the time periods of the data are included in the data;
  - c. all First Nations children who were placed in foster care, kinship care, group homes, and institutional care are included;
  - d. the data does not include children who were placed in informal kinship programs;
  - e. the data about duration in care as developed from the Ontario Data is representative of the duration in care for all of Canada.
- 65. The maximum age of eligibility for care differs by province. During the class period, the maximum age has changed in some provinces. The duration statistics we have used herein is based on the Ontario maximum age for the class period. Differences by province from time to time in the maximum age for care could affect the results. We do not have sufficient data to be able to determine how much of an effect that may have on the results.

66. We note that the data for 2013 to 2018 only include children for whom an expense was submitted. To the extent that there may be children who did not have an expense paid by Canada during this period, such as children in informal kinship care arrangements, they are not included in our estimates.
67. In both the Ontario and the Canada datasets, despite the correction described above, we found further inconsistencies in the child ID codes. Mismatched ID codes meant that two episodes in care experienced by the same child would be counted as two different children placed in out-of-home care. Mismatched ID codes leads to overestimating the number of children, and underestimating cumulative time spent in care. We corrected for those mismatches that we were able to detect by using other identifying information.
68. We also found that entry and exit dates did not always match information about numbers of days in care. While we were able to correct some of these inconsistencies, we suspect that we were unable to correct for all of them. We assume that the days in care numbers, which are most directly associated with payments, are accurate but that there remain errors with some entry and exit dates. Class size and time in care estimates rely therefore on the assumption that the days in care data are accurate. The entry and exit date inconsistencies primarily affect our ability to examine patterns of multiple placements; we therefore were not able to pursue such analyses as fully as we had hoped.

## Analysis

69. We looked at the children who entered care for the first time in fiscal year 2000, 2002, and 2004 in Ontario and for each child determined the total time in care. Given that we were able to merge the Ontario and Canada datasets, we had information on these children until at least 13 years after their first entry.
70. Some of the children who remained in care at the end of the Ontario Data and who we were able to follow within the Canada Data, appeared to remain in care as of 31 March 2018 (subject to comments in paragraphs 58 to 61 above). For those children remaining in care as of 31 March 2018, we assumed the following using a normal distribution:
  - a. Those that had been in care for more than half of their life since first entering care, would remain in care continuously until they reached the average age for leaving care, based on the averages and standard deviations described below (paragraph 71).

b. Those that had been in care for less than half of their life since first entering care are assumed to have either reached a point where they will remain in care continuously until they reach the average age for leaving care or they will remain in care proportionate to their past time in care. Combining those assumptions, we estimated the remaining time in care by assuming these children would on average be in care for half of the future time up to the average age for leaving care.

71. We calculated the average age at which children exit care by time since first entry in care for cohorts that had spent more than 13 years in care as shown in Table 71. Note that this is the total time since first entry and not the actual time in care.

***Table 71 – Average Age of Leaving Care***

<b>Total Years Since First Entered Care</b>	<b>Average Age Leaving Care</b>	<b>Standard Deviation Age Leaving Care</b>
17 or more	19.5	1.0
15 or more	19.1	1.4
13 or more	18.6	1.9

72. Having made the above estimates of future time in care, we had a series of data that we could analyse to determine the distribution of time in care for children in the Ontario and Canada datasets. In particular, this would include information on those who remain in care for the longest periods.
73. The number of moves in and out of care could not be calculated in a systematic manner from the datasets provided. Most of the children for whom we have data had not reached their maximum age for care by the final year of data. However, we were able to estimate which children were continuously in care and which children had more than one period of care on the basis of available entry and exit dates relative to the total number of days in care reported by ISC. For the 2000-2004 entry cohorts examined:
- About 62% of the children appeared to have been continuously in care – that is, only one period of care. On average, they were in care for 19 months with a median time in care of 5 months<sup>2</sup>.
  - The rest of the children (38%) were assumed to have multiple periods of time in care.

<sup>2</sup> The median is the value where half of the children were in care for less time and half in care for more time. A median of 5 months means that 50% of the children who were in care continuously, left care on or before five months and 50% remained in care longer than seven months.



74. We analyzed the percentage of children leaving care after 4.5 years or more in care and found that the rates do not vary significantly between the 2000-2004 entry cohorts examined.
75. We also looked at children who entered care for the first time between 2006 and 2010 as well as those we deemed had entered care for the first time in fiscal year 2014 and 2015. We found that, although there was some variability in the percentage of children who leave care within the first few years after entry between fiscal years 2000, 2002 and 2004, the percentages do not vary significantly between the cohorts with subsequent years of first entry.
76. We concluded that:
- a. we could use the average calculated cumulative percentages of children leaving care after 5 years from the 2000-2004 entry cohorts examined to estimate the equivalent percentages for children who entered care for the first time between 2005-2010.
  - b. we could use the average calculated cumulative percentages of children leaving care after 18 months from the 2000-2010 entry cohorts examined to estimate the equivalent rates for children who we deemed had entered care for the first time in 2014 and 2015.

### Time in Care Statistics

77. Table 77 presents the results of the analysis of the Ontario and Canada Data with respect to the rate at which First Nations children leave care based on the total time in care. Children with more than one period in care are included based on the actual number of months in care excluding any time not in care. For example, a child that spent 18 months in care over a five-year period is included as 18 months.

**Table 77 – Percent of First Nations Children Who Have Exited Care by Months in Care**

Total Months in Care	Year First Entered Care										
	2000	2002	2004	2005	2006	2007	2008	2009	2010	2014	2015
6	36.8%	41.8%	44.2%	43.4%	40.2%	47.4%	44.2%	39.9%	39.4%	43.3%	41.8%
12	51.7%	55.8%	58.9%	60.9%	53.0%	59.5%	58.8%	52.6%	55.5%	59.4%	59.2%
18	64.1%	65.0%	67.0%	68.0%	62.0%	65.1%	65.6%	63.0%	65.2%	67.9%	68.5%
24	70.4%	70.0%	73.8%	75.6%	68.6%	69.9%	70.8%	68.5%	72.4%	73.8%	
30	74.2%	73.6%	76.0%	78.6%	70.6%	72.7%	76.9%	71.6%	76.5%		
36	76.8%	77.1%	78.5%	81.0%	74.4%	75.6%	80.4%	75.3%	80.6%		
42	78.6%	79.5%	80.6%	82.6%	78.0%	77.7%	83.3%	77.5%	82.1%		
48	80.7%	80.9%	83.9%	84.0%	79.8%	78.7%	84.4%	81.0%	84.6%		
54	82.1%	81.5%	85.9%	85.5%	80.8%	80.2%					
60	83.9%	83.6%	86.5%								

72	86.4%	86.3%	87.6%
84	88.2%	87.8%	89.4%
96	89.8%	90.5%	91.2%
108	90.8%	91.7%	91.9%
120	92.3%	93.1%	92.8%
132	93.4%	93.7%	93.4%
144	94.6%	94.1%	94.1%
156	95.5%	94.8%	94.7%
168	96.0%	95.7%	95.4%
180	96.8%	97.3%	96.5%
192	97.4%	97.7%	97.2%
204	98.4%	98.2%	98.1%
216	99.1%	98.5%	99.1%
228	99.7%	98.9%	99.4%
240	99.8%	99.0%	99.4%
252	100.0%	100.0%	100.0%

78. We did not calculate time-in-care statistics for 2011 to 2013 as the timeframe was too short.
79. However, we did calculate the statistics for 2014 and 2015 since these were the only years for which we had data for all regions of Canada. Our primary purpose was to see if there was any noticeable difference between the time-in-care for the earlier years for Ontario and the time-in-care for all of Canada. We concluded that it is likely that Ontario time-in-care statistics are reasonably similar to those for all regions of Canada.
80. Further analysis of the data is contained in Appendix 6.

## E. Assumptions

### Duration Model

81. The Duration Model starts with the distribution of children by time in care as of 1 April 1991. That distribution was developed by starting with children entering care in 1970 and modelling them through to 1991.
  - a. The total number of children in care as of 31 March in each year was assumed to be equal to the counts provided by ISC for those years in which a count was provided (1971 to 1977 and 1981). For the other years, the number was estimated based on the total number of care days in the year, as provided by ISC, divided by 365, together with an adjustment. The adjustment was based on the relationship between total care days and number of children in care on 31 March in the years for which both numbers were available. Those are the same number of children in each of those years as used in the Status of Children in Care Model and in the Gorham Sixties Scoop Report.
  - b. The children in care as of 1 April 1970 were distributed by time in care based approximately on the average distribution from 2000 to 2004. Any errors in that distribution will likely have worked their way out of the data by 1991.
  - c. Children were modelled moving through care using the duration assumptions and methods described below (paragraph 82 to 83).
  - d. The number of children entering care in each fiscal year 1970 to 1990 was calculated so the total number of children in care in each year matched the number as reported by ISC.
  - e. By the time the model reaches 31 March 1991, all of the durations from newly entered through to 21 years in care have been populated with numbers of children in care.
82. The Duration Model looks at each 6-month period separately.
  - a. The number of children who exit care in each six-month period is calculated based on the total number who originally entered care multiplied by the percentage of those children who are assumed to leave care during that six-month period.
  - b. The number of children who remain in care is calculated to be equal to the number that were in care in the prior six-month period, minus the number that exited care.
  - c. Once the number of children remaining in care has been determined for each duration from 6-months to 20-years, the number entering care is calculated to be

the total number of children assumed to be in care for that period minus the number that remain in care from prior periods.

83. The rate at which children exit care was assumed to vary over time, recognising that policies and practices for care were subject to change. The rates that we assumed were based on the results of our data analyses and in particular the Time-in-Care statistics presented above (Table 77).
- The Time-In-Care statistics for 2005 to 2010 were only valid for the first 5 years of time in care. For periods of five-years and longer, we assumed that the average of the percentages from 2000 to 2004 applied.
  - The Time-In-Care statistics for 2014 to 2015 were only valid for the first 24 months and 18 months respectively of time in care. For the longer periods, we assumed that the average of the percentages from 2000 to 2010 applied.
  - We did not have complete data for years prior to 2000. We made approximate assumptions for the percentage of children exiting care by duration for 1991 and 1970. We reviewed the results for various assumptions and determined that there was little difference in results between assuming (1) the 2002 rates applied for all years prior to 2000 and assuming (2) rates that we extrapolated from the post-2002 rates.
  - Having developed a table of duration in care for each year of entry from 2000 to 2015, the rates were then averaged in three-year groupings, resulting in an average rate for 2002, 2006, 2010 and 2015. For years prior to 2002, the 2002 rates were used. For the intervening years, rates were interpolated on a linear basis. For years after 2015, the 2015 rates were used.

**Table 83 – Assumed Rates of Exiting Care by Duration**

Percent of Children Entering Care by Year That Exit by Total Months in Care				
Months	2002	2006	2010	2015
6	40.9%	43.7%	41.2%	42.6%
12	55.5%	57.8%	55.6%	58.6%
18	65.4%	65.0%	64.6%	67.2%
24	71.4%	71.3%	70.6%	72.1%
30	74.6%	74.0%	75.0%	74.6%
36	77.5%	77.0%	78.8%	77.8%
42	79.5%	79.4%	80.9%	80.1%
48	81.8%	80.8%	83.3%	82.1%
54	83.2%	82.2%	84.0%	83.2%

Percent of Children Entering Care by Year That Exit by Total Months in Care				
Months	2002	2006	2010	2015
60	84.7%	84.7%	84.7%	84.7%
72	86.8%	86.8%	86.8%	86.8%
84	88.5%	88.5%	88.5%	88.5%
96	90.5%	90.5%	90.5%	90.5%
108	91.5%	91.5%	91.5%	91.5%
120	92.7%	92.7%	92.7%	92.7%
132	93.5%	93.5%	93.5%	93.5%
144	94.2%	94.2%	94.2%	94.2%
156	95.0%	95.0%	95.0%	95.0%
168	95.7%	95.7%	95.7%	95.7%
180	96.9%	96.9%	96.9%	96.8%
192	97.4%	97.4%	97.4%	97.4%
204	98.2%	98.2%	98.2%	98.2%
216	98.9%	98.9%	98.9%	98.9%
228	99.3%	99.3%	99.3%	99.3%
240	99.4%	99.4%	99.4%	99.4%
252	100.0%	100.0%	100.0%	100.0%

### **Adoptions**

84. We were provided with information about the number of adoptions of registered First Nations children in Canada. We assumed that all children who were adopted were first in either temporary or permanent care and were included in the data that was provided about children in care. Therefore, we have not estimated the number of adoptions, as all those children are already included in the estimates.

### **Summary**

85. This technique of following children through their years of care should not be taken as suggesting greater accuracy than another method. We utilised this method to reflect the year-by-year fluctuations of children in care and how that could impact on actual duration of care. In the absence of additional information about average years of care, we believe that this method gives better results than simply making an assumption about the average years of care of all children during the period 1991 to 2018.

86. The use of these models explicitly recognises that the number of children in care fluctuated – in some years greatly – and that fluctuation has an impact on the determination of the number of unique children.

### Survivorship to 2019

87. To estimate survivorship to 2019, we utilised Canadian population mortality tables from 1971 through to 2016 (the most recent such table available from Statistics Canada). These were combined into a series of cohort tables based on year of birth.
88. The Canadian population mortality was adjusted to reflect differences in mortality between all Canadians and First Nation Canadians. Mortality rates were projected from 2016 to 2019 using a standard projection to recognise ongoing improvements in mortality. The process is described in Appendix 5.
89. The result is a series of mortality rates that reflect the changes in First Nation peoples' mortality year by year during the period 1971 to 2019. By combining these mortality rates, we developed a table of survivorship percentages which gives the percent of children who were born in years from 1971 to 2018 and who are expected to have survived to 2019.

**Table 89 - Survival Rates to 2019**

Year of Birth	Year of Entering Care					
	1991	1996	2001	2006	2011	2016
1976	93.8%					
1981	95.4%	95.7%				
1986	96.6%	96.8%	97.0%			
1991	96.6%	97.8%	97.9%	98.1%		
1996		97.7%	98.7%	98.8%	99.0%	
2001			98.5%	99.4%	99.5%	99.7%
2006				98.9%	99.8%	99.9%
2011					99.1%	100.0%
2016						99.2%

90. The survivor percentages were applied to each group of children entering care based on the year of entry and assuming that they were on average aged 5 when entering care.

## F. Changes from January 2020 Preliminary Report

91. In our preliminary report dated 11 January 2020, we had estimated a class size of about 136,000 children. In this report, our estimate is approximately 30,000 fewer children.
92. We had also noted that our estimates for children entering care from 2015 to 2019 were approximately 2,000 higher than the estimate obtained from an analysis of the Canada Data.
93. In the investigation of this, we found an error in the model that resulted in more children leaving care than was correct based on the assumptions. That resulted in more children entering care under the model.
94. We had also raised issues about the data and some anomalies we noted – most of which remain outstanding with this report. We examined the data further and found about 250 children where errors in the data had resulted in a child being treated as two or in a few situations, three different children.
95. In correcting those errors, the average duration in care was increased, reducing the number of children leaving care in each year and reducing the number of children assumed to enter care. Because of the multiplicative effect of taking about twelve years of data from Ontario and using it to apply to 28 years for all of Canada, this resulted in a large portion of the 30,000 decrease in our estimate.

## G. Class Size Estimates

96. Based on the data from 1991 to 2019 regarding adoption and foster care of First Nation Canadians who normally reside on reserve, the number of unique children was estimated using the Duration Model.
97. These estimates are for children who first entered care on or after 1 April 1991. Any child who entered care for the first time prior to 1 April 1991 was excluded from these estimates.
98. Based on the results of our modelling, we estimate that the number of registered Indian children ordinarily resident on reserve<sup>3</sup> who were taken into care from 1 April 1991 to 31 March 2019 is between 90,000 and 120,000.
99. In our opinion, it is likely that the number of such children is between 100,000 and 110,000.
100. These estimates are based on the results produced by the Duration Model. As we change the assumptions, the results change. We noted that the results usually lay between 100,000 and 110,000 under various assumptions.
101. Using the assumptions that we have detailed within this report, the Duration Model estimated a total of 106,200 registered Indian children normally resident on reserve entered care from 1 April 1991 to 31 March 2019.
102. The Duration Model made no distinction between children by the status of care. The following table shows our estimate of registered Indian children normally living on reserve who entered care between 1 April 1991 and 31 March 2019, broken down by the length of time in care. We estimate 106,200 children were in care of whom 43,600 exited care with between 0 and 6-months total time in care and the balance of 62,600 were in care for at least 6 months. Of those, 15,400 exited care with between 6 and 12-months total time in care and the balance of 47,200 were in care for at least 12 months.

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<sup>3</sup> Registered Indian children include all First Nation children with status under the Indian Act as well as children with at least one parent who has status under the Indian Act and who normally lives on reserve.



**Table 102 – Children in Care – 1 April 1991 to 31 March 2019**

<b>Number of Months</b>	<b>Number in Care at Least x Months</b>	<b>Survived to 2019</b>	<b>Deceased by 2019</b>	<b>Number Leaving in Period</b>	<b>Survived to 2019 for Leaving</b>
0 months	106,200	105,100	1,100	43,600	43,200
6 months	62,600	61,900	700	15,400	15,200
12 months	47,200	46,700	500	10,600	10,500
18 months	36,600	36,200	400	6,100	6,000
24 months	30,500	30,200	300	4,400	4,400
30 months	26,100	25,800	300	3,500	3,400
36 months	22,600	22,400	200	3,000	2,900
42 months	19,600	19,500	100	2,300	2,300
48 months	17,300	17,200	100	1,700	1,700
54 months	15,600	15,500	100	1,400	1,400
60 months	14,200	14,100	100	2,400	2,400
72 months	11,800	11,700	100	-	-

103. We were requested to split the above table between those who entered care from 1 April 1991 to 23 February 2006 and those entering care from 24 February 2006 to 31 March 2019.

**Table 103a – Children in Care – 1 April 1991 to 23 February 2006**

<b>Number of Months</b>	<b>Number in Care at Least x Months</b>	<b>Survived to 2019</b>	<b>Deceased by 2019</b>	<b>Number Leaving in Period</b>	<b>Survived to 2019 for Leaving</b>
0 months	56,600	55,600	1,000	23,800	23,400
6 months	32,800	32,200	600	8,400	8,300
12 months	24,400	23,900	500	5,100	4,900
18 months	19,300	19,000	300	3,600	3,500
24 months	15,700	15,500	200	1,500	1,500
30 months	14,200	14,000	200	1,800	1,800
36 months	12,400	12,200	200	1,000	900
42 months	11,400	11,300	100	1,400	1,400
48 months	10,000	9,900	100	600	600
54 months	9,400	9,300	100	1,000	1,000
60 months	8,400	8,300	100	1,100	1,100
72 months	7,300	7,200	100	-	-

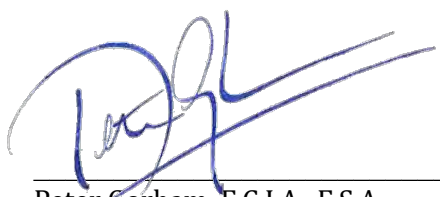
**Table 103b – Children in Care – 24 February 2006 to 31 March 2019**

<b>Number of Months</b>	<b>Number in Care at Least x Months</b>	<b>Survived to 2019</b>	<b>Deceased by 2019</b>	<b>Number Leaving in Period</b>	<b>Survived to 2019 for Leaving</b>
0 months	49,600	49,500	100	19,800	19,800
6 months	29,800	29,700	100	7,000	6,900
12 months	22,800	22,800	-	5,500	5,600
18 months	17,300	17,200	100	2,500	2,500
24 months	14,800	14,700	100	2,900	2,900
30 months	11,900	11,800	100	1,700	1,600
36 months	10,200	10,200	-	2,000	2,000
42 months	8,200	8,200	-	900	900
48 months	7,300	7,300	-	1,100	1,100
54 months	6,200	6,200	-	400	400
60 months	5,800	5,800	-	1,300	1,300
72 months	4,500	4,500	-	-	-

## H. Certification

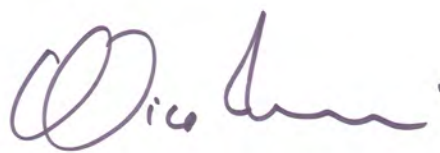
104. We hereby certify that:

- a. in our opinion, subject to the comments made in this report, the data used is sufficient and reliable for the purposes of the report;
- b. in our opinion, the methods employed are appropriate for the purposes of this report;
- c. in our opinion, the assumptions used are, in aggregate, appropriate for the purposes of the work; and
- d. there are no subsequent events other than those discussed in this report that we are aware of that would have an impact on the results presented herein.




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Peter Gorham, F.C.I.A., F.S.A.  
President and Actuary  
JDM Actuarial Expert Services Inc.




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Nico Trocmé, MSW, PhD, TS, FRSC  
Director, School of Social Work  
Philip Fisher Chair in Social Work  
McGill University




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Marie Saint-Girons, MSW  
Research Assistant, Centre for Research  
on Children and Families  
McGill University, School of Social Work

18 January 2021

## Appendix 1 Curriculum Vitae of Peter Gorham, F.S.A, F.C.I.A.

**Position & Responsibilities** Peter is the President and Actuary of JDM Actuarial Expert Services Inc. (JDM Actuarial). He provides pension and actuarial consulting advice, expert testimony, retirement planning and governance services.

**Areas of Specialization** Peter has provided expert advice and testimony to the legal profession since 1987. His experience includes determining:

- certification of criminal rates of interest,
- lost benefits for wrongful dismissal,
- the present value of future income and future care costs,
- valuation of life estates,
- present value of future trust plan benefits and present value of past funds under various possible investment scenarios,
- present value of future contingent events.

In the past, Peter has also provided expert evidence for:

- family law pension valuations.

He has provided expert testimony to the Supreme Court of British Columbia, Court of Queen's Bench of Alberta, Court of Queen's Bench of Manitoba, the Ontario Superior Court of Justice, La Cour Supérieure du Québec, the Ontario Unified Family Court, the High Court of Justice of Trinidad and Tobago, the Supreme Court of Bermuda, Ontario Employment Standards Tribunal, Ontario Workplace Safety and Insurance Tribunal, Canada Human Rights Tribunal and the Canadian Institute of Actuaries Disciplinary Tribunal.

Within the pension and actuarial consulting practice, Peter's main areas of expertise include the design, financing, administration and governance of pension and benefit plans. His strengths lie in providing innovative and workable solutions that address a client's needs. He is effective in communicating actuarial concepts in simple and understandable terms.

Peter is an experienced public speaker and an author of numerous articles related to pensions and benefits.

**Background** Peter is an actuary, receiving his fellowship in 1980. He attended the University of Toronto, graduating with a B.Sc. in Actuarial and Computer Sciences. Prior to founding JDM Actuarial in 2011, Peter spent 13 years as a partner at Morneau Shepell, and prior to that, 20 years with Aon Consulting, (formerly MLH + A inc), serving clients in the area of pension and employee benefits.

**Professional & Other Affiliations** Fellow of the Canadian Institute of Actuaries  
Fellow of the Society of Actuaries  
Faculty, Humber College PPAC program  
Past-President, Rotary Club of Whitby Sunrise

## Appendix 2 Curriculum Vitae of Professor Nico Trocmé, M.S.W., Ph.D., R.S.W., F.R.S.C.

<b>Academic &amp; Professional Positions</b>	<p>Director, School of Social Work, McGill University (2014-present)          Full Professor, School of Social Work, McGill University (2005-present)          Full Professor, Faculty of Social Work, University of Toronto (2004-2005)          Associate Professor, Faculty of Social Work, University of Toronto (1998-2004)          Assistant Professor, Faculty of Social Work, University of Toronto (1993-1998)          Research Fellow, Institute for the Prevention of Child Abuse (1992-1993)          Teaching Assistant &amp; Lecturer, Faculty of Social Work, University of Toronto (1988-1992)          Social Worker, Sacred Heart Child and Family Services Outpatient Family Therapy (1987-1988)          Social Worker, Children’s Aid Society of Metropolitan Toronto (1984-1987)</p>
<b>University Education</b>	<p>Ph.D., University of Toronto, Faculty of Social Work, 1992          Master of Social Work, University of Toronto, Faculty of Social Work, 1983          Honours Bachelor of Arts, University of Toronto, Trinity College, 1981</p>
<b>Research Expertise</b>	<p>Professor Trocmé is one of Canada’s leading experts on child welfare systems and policies. He is the principal investigator for the Canadian Incidence Study (CIS) of Reported Child Abuse and Neglect (1993, 1998, 2003 &amp; 2008), the lead researcher for a Federal-Provincial-Territorial initiative to develop a common set of National Outcomes Measures in child welfare, directs the Canadian Child Welfare Research Portal (<a href="http://cwrp.ca">cwrp.ca</a>), and is conducting a research capacity development and knowledge mobilization initiative involving child welfare and First Nations service provider agencies in Quebec.</p> <p>Professor Trocmé is the author of over 200 scientific publications, has been awarded 25 million dollars in funding through grants, contracts and gifts, and has mentored a new generation of Canadian child welfare scholars.</p> <p>Professor Trocmé has acted as a child welfare policy and program consultant to several provincial governments and First Nations organizations and has presented expert evidence at various inquests and tribunals.</p>
<b>Professional &amp; Other Affiliations</b>	<p>Fellow of Royal Society of Canada          Registered Social Worker, Ordre des travailleurs sociaux et the thérapeutes conjugaux et familiaux du Québec          International Society for the Prevention of Child Abuse and Neglect (ISPCAN)</p>

### Appendix 3 Curriculum Vitae of Marie Saint-Girons, M.S.W.

<b><i>Position &amp; Responsibilities</i></b>	Marie is a researcher at the Centre for Research on Children and Families at McGill University's School of Social Work. She currently supports the coordination of the 2019 cycle of the First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect (FN/CIS-2019), which documents the overrepresentation of First Nations children in the child welfare system.
<b><i>University Education</i></b>	Master of Social Work, McGill University, Faculty of Social Work, Montreal, 2018 Honours Bachelor of Science in Psychology, University College London, London, UK, 2013
<b><i>Areas of specialization</i></b>	<p>Marie has contributed to a number of studies and reports aimed at describing First Nations child welfare in Canada. She has, amongst other things, acted as a liaison between researchers and First Nations representatives in each province, communicated with over a hundred First Nations child welfare agencies across Canada, provided on-site trainings to Indigenous child welfare workers, produced briefs explaining the legislative and funding policies shaping First Nations child welfare by jurisdiction, and collected data to track the number of First Nations children in the child welfare system throughout the country. She has also helped produce a taxonomy of compensation categories for First Nations families following the 2019 CHRT 39 ruling.</p> <p>Her other areas of specialization include the field of cross-cultural psychiatry and complex trauma. Marie has provided mental health services to immigrant and refugee families in agencies across Montreal.</p>

## Appendix 4 Documents Utilised

1. The following documents and data were provided to us for use in preparing this report. A number of the data files containing information about individual children also contained personal identification information – name, date of birth and registration number. That information was necessary for data verification work and for establishing a link between the various files of information – so that we could follow each child from date of first entry to care up to the most recent exit from care. Once data verification had been completed by Gorham, the personal identification information (name and registration numbers) were replaced by a unique ID number that was randomly generated, so that the data files no longer contained information that could identify an individual. It was that anonymised file that was shared with Trocmé and Saint-Girons for purposes of the work in preparing this report.
  - a. Statement of Claim in the matter of Xavier Moushoom and the Attorney General of Canada, filed 4 March 2019;
  - b. An excel file called “Historic CIC Counts.xls” containing data regarding the number of First Nations children in care from 1981-82 to 2008-09;
  - c. An excel file called “Modern CIC Counts.xls” containing data regarding the number of First Nations children in care from 2007-08 to 2014-15;
  - d. An excel file called “NCR-#9607185-v5-FOSTER\_CARE\_(CHILDREN\_IN\_CARE)\_COUNTS\_2017-07-12.xls” containing data regarding the number of First Nations children in care from 1957-58 to 2014-15;
  - e. An excel file called “1. FNCFS Children in Care 2007-2008 to 2016-2017.xls” containing data regarding the number of First Nations children in care from 2007-08 to 2016-17;
  - f. An excel file called “2. Detailed data 2013-2014 to 2016-2017.xls” containing data regarding the number of First Nations children in care from 2013-14 to 2016-17 together with information about their status;
  - g. An excel file called “3. Detailed trend analysis 2006-2007 to 2012-2013.xls” containing data regarding the cost and number of days of care for First Nations children in care from 2007-08 to 2012-13;
  - h. An excel file called “FNCFS distinct days by child 2013-2018 - PROD - 54152764.xls” containing data for each child within the IMS Database maintained by ISC setting out the date of the first and most recent expense submitted between 1 April 2013 and 31 March 2018;

- i. A series of excel files, one for each fiscal year 2000-01, 2002-03, 2004-05 through to 2012-13 (files for 2001-02 and 2003-04 were not included) containing information on each First Nations child that was in care in Ontario during those years, including dates of entry and exit from care and number of days in each fiscal year in care.
  - j. An excel file called “BC - CFS Child Application Historic 2011-present (Moushoom Litigation).xlsx” containing information on each First Nations child that was in care in British Columbia on or after 1 April 2011 and up to 30 September 2019, including the most recent date of entry to care if entered care prior to 2011, dates of entry and exit from care between 1 April 2011 and 30 September 2019 and the most recent status of children in care; and
  - k. An excel file called “Adoption Breakdown -1958 to 1990.xlsx” containing information on the number of First Nations children that were adopted between 1958 and 1990.
2. The following documents and data were obtained by us and were utilised in the preparation of this report:
- a. “Provincial and Territorial Child Protection Legislation and Policy 2018, public Health Agency of Canada, March 2019.
  - b. “Moving In and Out of Foster Care” by David Rosenbluth, March 1995. In J. H. a. B. Galaway (Ed.), *Child Welfare in Canada: Research and Policy Implications* (pp. 233–244) Toronto: Thompson Educational Publishing, Inc.
  - c. “Canadian Incidence Study of Reported Child Abuse and Neglect: Final Report”, authored by Nico Trocmé, Bruce MacLaurin, Barbara Fallon, Joanne Daciuk, Diane Billingsley, Marc Tourigny, Micheline Mayer, John Wright, Ken Barter, Gale Burford, Joe Hornick, Richard Sullivan and Brad McKenzie, Minister of Public Works and Government Services Canada, 2001;
  - d. “Canadian Incidence Study of Reported Child Abuse and Neglect - 2003: Major Findings”, by Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Joanne Daciuk, Caroline Felstiner, Tara Black, Lil Tonmyr, Cindy Blackstock, Ken Barter, Daniel Turcotte and Richard Cloutier, Minister of Public Works and Government Services Canada, 2001;
  - e. “Canadian Incidence Study of Reported Child Abuse and Neglect - 2008: Major Findings”, authored by Nico Trocmé, Barbara Fallon, Bruce MacLaurin, Vandna Sinha, Tara Black, Elizabeth Fast, Caroline Felstiner, Sonia Hélie, Daniel Turcotte, Pamela Weightman, Janet Douglas and Jill Holroyd, Minister of Public Works and Government Services Canada, 2010;
  - f. There are other documents that will be added in the Final Report.



## Appendix 5      Development of the Survivorship Table

### Period and Cohort Mortality

1. The most readily available mortality tables that span the years of this action are the Canada Life Tables, a series of mortality statistics produced by Statistics Canada from census data. There are tables available from 1901 to 2017 produced every 5 or 10 years (with a few recently produced annually). These tables provide information about mortality of an average Canadian.
2. Over the past century, mortality of Canadians has improved. That has been evident by the increase in life expectancy at birth from about 61 years<sup>4</sup> in 1931 to about 82 years<sup>5</sup> in 2016.
3. The Canada Life Tables are period tables – they provide information about mortality rates for a specific year. But individuals experience mortality from different years as they progress through life.
4. A person born in 1991 does not experience 1991 mortality as they age. That person born in 1991 is aged 20 in 2011 and benefits from all the factors that have improved mortality over the prior 20 years. To measure the mortality for a 20-year old in 2011, we should utilise the 2011 rates, not the rates that were measured in 1991 at birth.
5. Cohort mortality tables provide rates that recognise the changes in mortality as one ages. By combining the various period mortality tables produced by Statistics Canada, we can produce a series of cohort tables – one table for each year of birth.
6. Unless we make projections about future changes in mortality, a cohort table can only provide information about the rates up to the current year. While there are several tables available that project future improvements to mortality, they are not required for this matter (other than to project mortality from 2017 to 2020) and I have created cohort mortality tables with rates up to 2020 only.
7. Using the available Canada Life Tables, I constructed a series of period tables for each year from 1971 to 2020. The changes in mortality for the years between each of the Canada Life tables was calculated by me using geometric differences. To estimate mortality improvements since 2017, I utilised the Canadian Pensioner Mortality Projection Rates B for 2017 to 2020. That projection table is based on mortality improvements under the Canada Pension Plan for contributors and pensioners.

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<sup>4</sup> In 1931, life expectancy at birth was about 62 for males and about 60 for females.

<sup>5</sup> In 2016, life expectancy at birth was about 79.9 for males and about 84.0 for females.

8. Based on the year by year period tables, I combine them to create a series of cohort tables for each birth year 1971 to 2020.

### Canada and Indigenous Mortality

9. A number of studies have shown that mortality of Indigenous people differs from that of the average Canadian.
10. I found four articles comparing population mortality for Indigenous Canadians and all Canadians.
  - a. “Abridged Life Tables for Registered Indians in Canada 1976-2000” by Ravi B. P. Verma, Margaret Michalowski (Statistics Canada) and R. Pierre Gauvin (Department of Indian and Northern Development) (the “**Verma Study**”). This study looked at life expectancy for Canadians who identify as Registered Indian and compared that to Canadian life expectancy for all Canadians for the period 1976 to 2000.
  - b. “L’accroissement démographique des groupes autochtones du Canada au XXe siècle” by Norbert Robitaille and Robert Choinière (the “**Robitaille Study**”). This study compared life expectancy and mortality rates for Registered Indian, Inuit and all Canadians over the period 1941 to 1981 (although life expectancy for Registered Indians was only presented for 1961 to 1981).
  - c. “First People Lost: Determining the State of Status First Nations Mortality in Canada Using Administrative Data” by Randall Akee and Donna Feir (“**First People Lost**”), published in February 2018. This report provides ratios of First Nation mortality to all-Canadian mortality by five-year age groups.
  - d. “A Statistical Profile on the Health of First Nations in Canada: vital statistics for Atlantic and Western Canada, 2003-2007” by Health Canada, published in 2014 (the “**Health Canada Report**”). This report provides ratios of First Nation mortality for Western Canada only to all-Canadian mortality by five-year age groups.
11. The first two studies provide the results in terms of life expectancy at birth. When constructing a table of survivorship, we need to determine the underlying mortality rates<sup>6</sup> rather than directly using life expectancy. A reasonable approximation to the underlying mortality rates can be obtained by applying a multiplier to the rates from another table of mortality<sup>7</sup>.

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<sup>6</sup> Both life expectancy and survivorship are calculated from the individual age-based mortality rates.

<sup>7</sup> Applying a multiplier to another mortality table fails to recognise differences in relative mortality by age. However, in my experience the error is usually minor in relation to the added precision gained by having a table that gives a

12. The First People Lost and the Health Canada report provide ratios of First Nation mortality rates to the Canadian mortality rates. These ratios can be directly used to determine rates that apply to First Nations Canadians.
13. The Verma Study calculates Registered Indian life expectancy for 1995 to 2000 of 68.2 years for males and 74.5 years for females. The life expectancy for all Canadians for those years is 76.1 years for males and 81.6 years for females.
14. The Robitaille Study calculates life expectancy for Registered Indians every five years from 1961 to 1981. It also presents life expectancy for Inuit and all Canadians for those years and some prior years.

***Table 14 – Life Expectancy of Registered Indians, Inuit and All Canadians 1940 to 1981***

Registered Indian		Inuit		All Canadians	
Period	Life Expectancy	Period	Life Expectancy	Period	Life Expectancy
				1940-42	65
		1941-51	30	1950-52	69
				1955-57	70
1961-62	62	1951-61	38	1960-62	71
1965-68	63			1965-67	72
1971	63	1961-71	55	1970-72	73
1976	63			1975-77	74
1981	66	1971-81	65	1980-82	75

15. I have determined that by applying varying mortality multiples to the Canadian Life Tables I can obtain a life expectancy at birth that is similar to the life expectancies for Registered Indians as reported in the Verma and Robitaille Studies.

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similar life expectancy to reality. For example, if there is a significant spike in mortality among the population we are looking to model at, say, ages 15 to 30, applying a multiplier to Canadian population rates will recognise those deaths, but they will be spread out over a lifetime rather than between ages 15 and 30.

**Table 15 – Life Expectancy<sup>8</sup> and Mortality Multiples for Registered Indians**

Year	Canadian Life Expectancy	Registered Indian Life Expectancy	Difference in Life Expectancy	Mortality Multiple
1961	71	62	9	190%
1966	72	63	9	190%
1971	73	63	10	200%
1976	74	63	11	220%
1981	75	66	9	205%
1996-2000	79	71	8	195%

16. From 1961 to 2000, Canadian Registered Indians experienced mortality that was about double the mortality of the average Canadian. In my opinion, the fluctuation between 190% and 220% is not significant and could be explained by either data issues or by improvements in mortality being experienced by Registered Indians and all Canadians at different times during that period.
17. Based on the results of the above analysis, I have assumed that from 1961 to 2000, Registered Indians experienced mortality that on average was 200% of the mortality for all Canadians as measured by Statistics Canada.
18. The First People Lost report and the Health Canada report both show ratios that vary by age rather than a single ratio for all ages.
19. The ratios presented in the First People Lost report are smaller than those in the Health Canada report. Smaller ratios will produce a longer life expectancy and fewer expected deaths. Both reports are based on status Indians. The Health Canada Report studied mortality from 2003 to 2007 in the Western provinces only and the First People Lost from 1974 to 2013 (however, the mortality ratios presented in the First People Lost report are for 2010 to 2013 only). The First People Lost report also shows mortality separately for those living on and off reserve.
20. I have compared the results of the various methods of adjusting the Canada Life Tables to reflect First Nation Canadian mortality. Because we are dealing with young people, it is better to utilise the age-based ratios than a single 200% multiplier (which has the effect of redistributing deaths from younger ages to older ages).

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<sup>8</sup> The life expectancy shown is an average for males and females.

21. For this report, I have assumed the ratios from the Health Canada report are most appropriate for estimating the survivors.

### The Survivorship Table

22. I applied the mortality ratios to the cohort mortality for the Canadian population to estimate mortality rates for First Nation Canadians. From those mortality rates, I calculated the probability of survival for those entering care during the class period. Sample survival rates to 2019 are shown in Table 22.

**Table 22 - Survival Rates to 2019**

Year of Birth	Year Entered Care					
	1991	1996	2001	2006	2011	2016
1976	93.8%					
1981	95.4%	95.7%				
1986	96.6%	96.8%	97.0%			
1991	96.6%	97.8%	97.9%	98.1%		
1996		97.7%	98.7%	98.8%	99.0%	
2001			98.5%	99.4%	99.5%	99.7%
2006				98.9%	99.8%	99.9%
2011					99.1%	100.0%
2016						99.2%

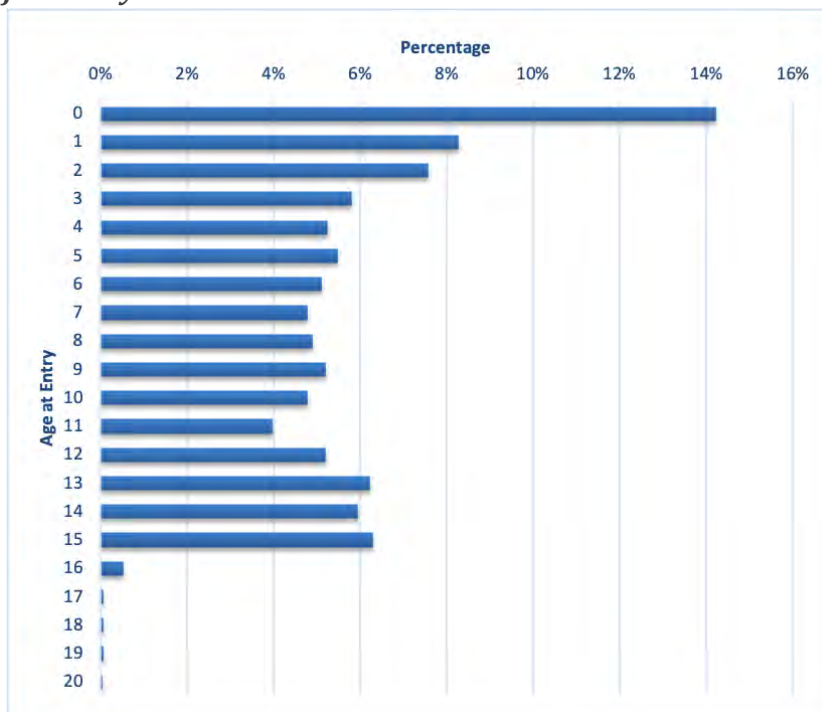
## Appendix 6 Supplementary Analyses

We were asked to provide supplementary analyses regarding the following parameters: age at entry, age at exit, time in care and time in care by age at entry and exit. The analyses included below all concern children who entered care in fiscal years 2000, 2002, and 2004 as those were the cohorts for which we were able to obtain the most complete data. The children represented in this sample all come from Ontario.

### Age at first entry

- Figure 1 below shows children's age at the beginning of their first entry into care. According to the results, 14.2% of children had their first episode in care before they turned 1 year old in the 2000-2004 entry cohort. The number progressively decreases until age 11, with only 4% of the cohort entering for the first time at that age. The percentage of children entering care for the first time increases again during adolescence, reaching 6.3% at 15 years of age – before dropping abruptly after 15. This drop-off point is related to the maximum age of protection in Ontario, which was 16 years-old until 2017.

**Figure 1 - Percentage of children in care from entry years 2000, 2002, and 2004 by age at first entry into care**



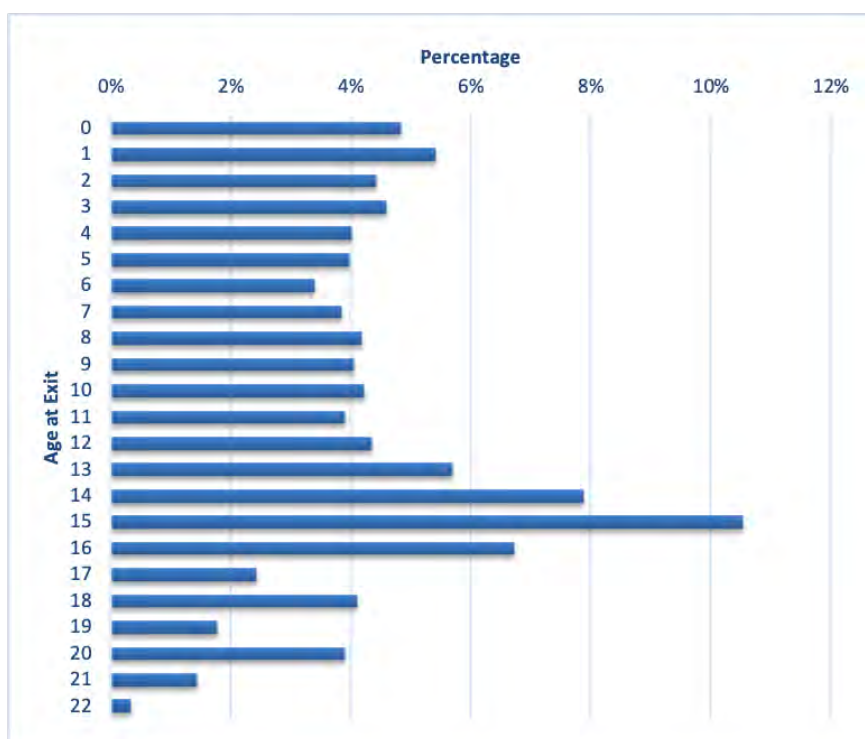
- For the 2000-2004 entry cohorts, the average age at first entry was 6 years and a half, with a standard deviation of 5.1. 50% of children first entered care at 6 years or younger. The average and median age at first entry was similar for entry years of interest for which we had

incomplete data – that is, children who entered care in fiscal years 2005, 2006, 2007, 2008, 2009, 2010, 2014, 2015, 2016.

### Age at last exit

- Figure 3 below shows children’s age at the end of their last period of time in care<sup>9</sup>. The chart shows that 5.4% of children left care at 1 years old in the 2000-2004 entry cohort. By age 15, as many as 10.5% of the children left care.

**Figure 3 - Percentage of children in entry years 2000, 2002, and 2004 by age at last exit from care**



- The average age at last exit for the 2000-2004 entry cohort of interest was 10 and a half years, with a standard deviation of 6 years. 50% of the children in this cohort exited care at 11 years or younger. Average age at last exit could not be calculated for the other entry cohorts of interest because we did not have information on their full trajectory in care.

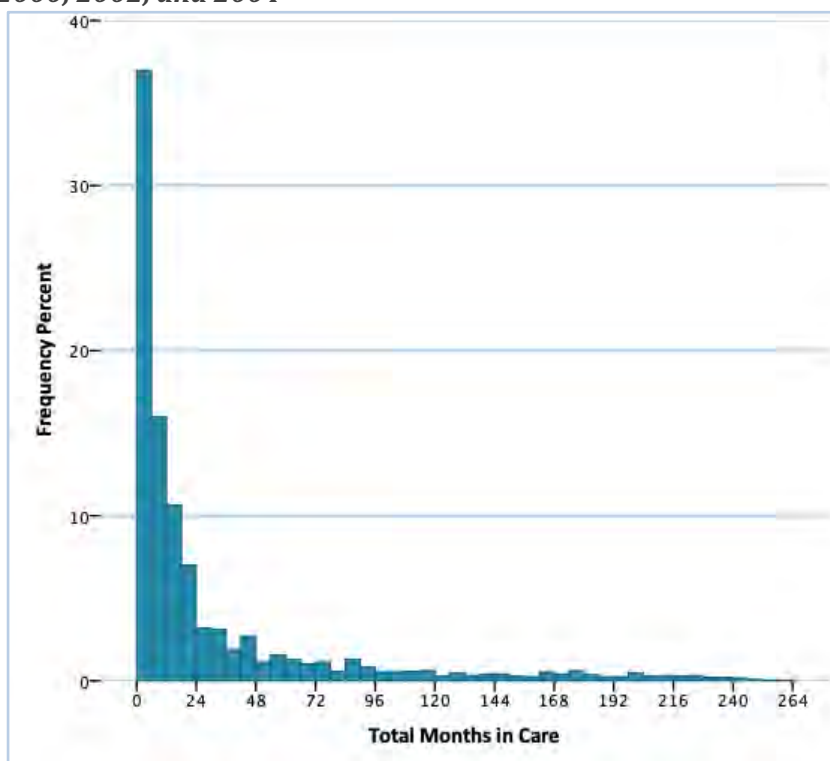
### Time in care

- Figure 5 below presents the distribution of total time in care in months for children in the 2000-2004 entry cohort. Total time in care was measured by calculating the sum of each

<sup>9</sup> Given that age at last exit is calculated by using exit dates, the analyses on age at exit might be impacted by issues with the dataset underlined in paragraph 68.

period of care for each child. Figure 5 shows that 37% stayed in care for 6 months or less. This number decreases significantly with every 6-month increment of time in care.

**Figure 5 - Histogram of total months in care for children who entered care in fiscal years 2000, 2002, and 2004**



6. According to Table 6, the average length of time in care for entry years 2000, 2002, and 2004 was 30.27 months. However, the distribution is highly skewed, as illustrated in the histogram above, with 25% of children spending less than 2 months in care, 50% of children spending less than 10 months in care, and 75% of children spending less than 32 months in care.

**Table 6 - Descriptive Statistics - Total Months in Care for Entry Years 2000, 2002, and 2004**

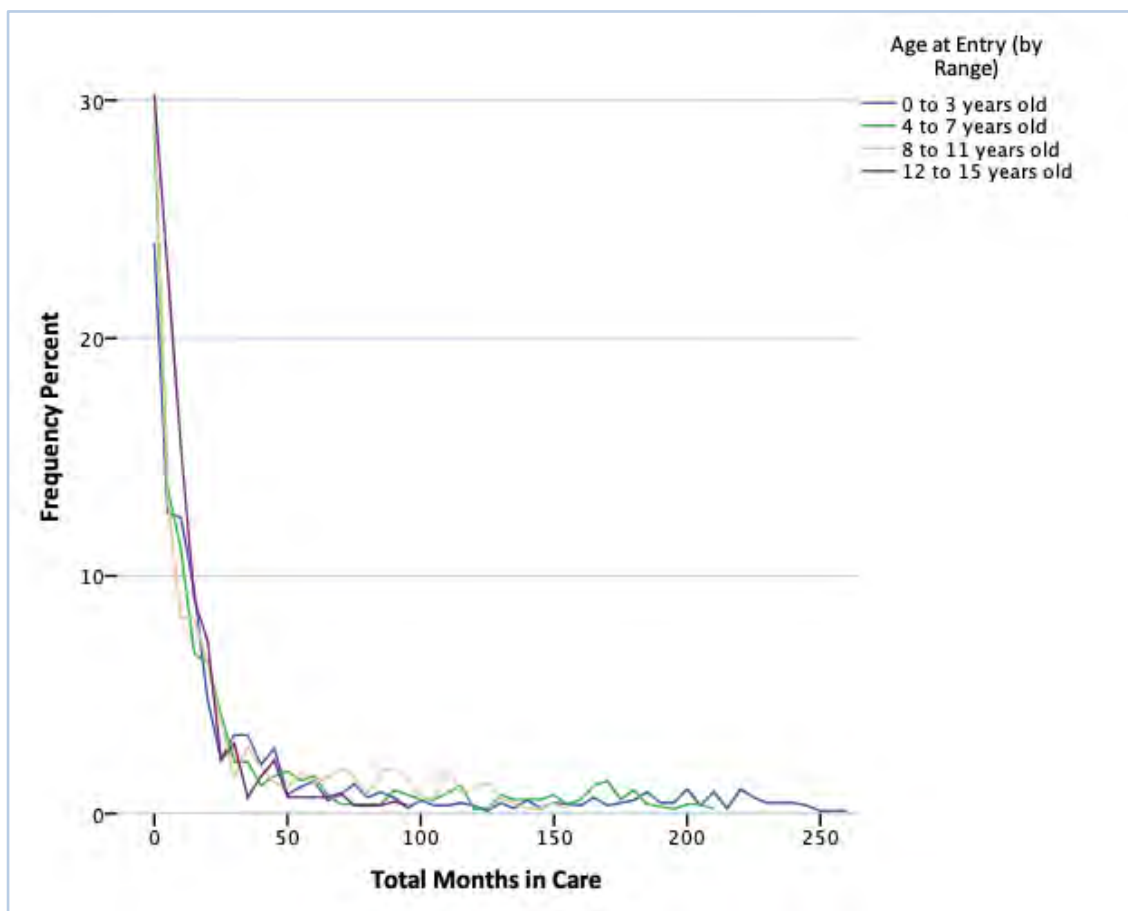
Number of Children	Mean	Median	Standard Deviation	Lower quartile (25%)	Higher quartile (75%)
2,439	30.27	10.00	49.3	2.00	32.00



### Time in care by age at first entry

7. Figure 7 below represents the distribution of total time in care in months by age at first entry. The figure shows that the total time in care distribution is very similar for children entering care at different ages. This skewed pattern resembles the one shown in Figure 5.

**Figure 7 - Time in care by age at first entry for children who entered care in fiscal years 2000, 2002, and 2004**

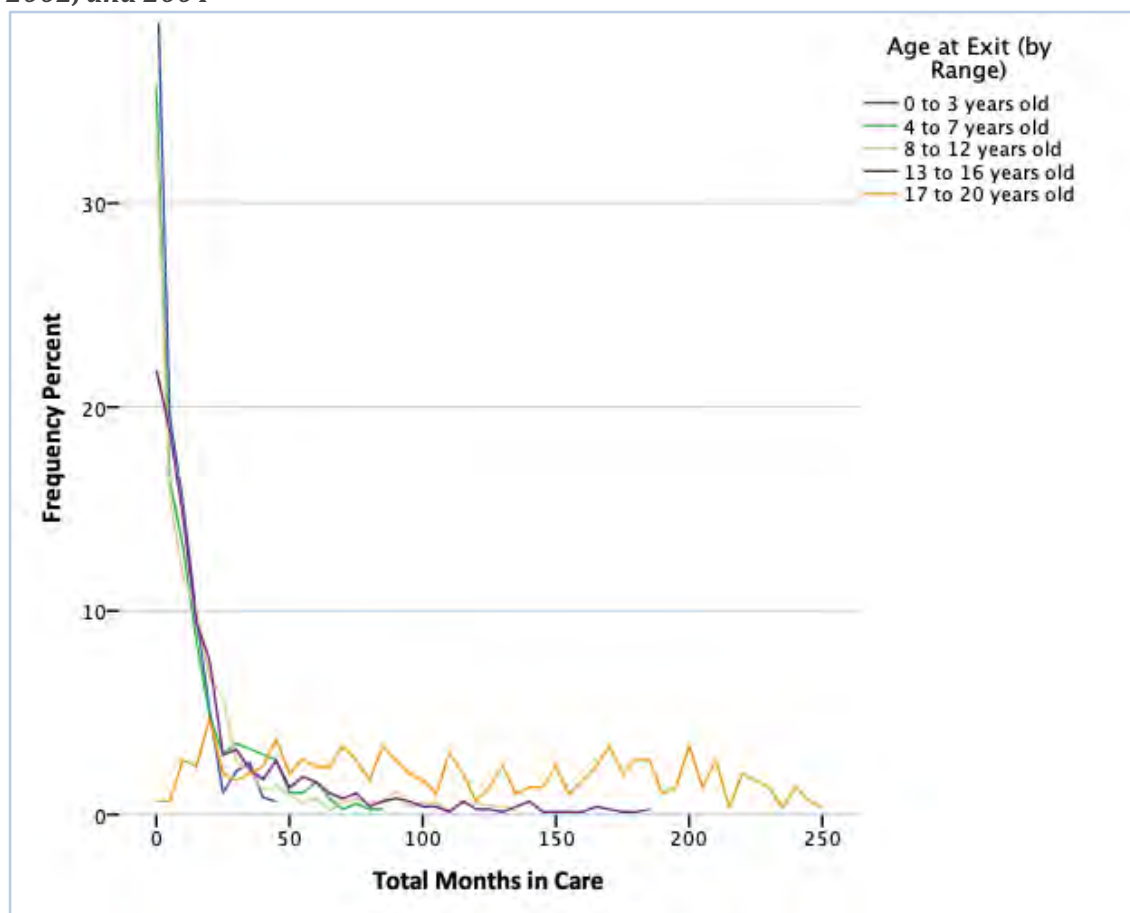


8. While the pattern of time in care remains similar across age groups, average time in care decreases progressively for children who enter care for the first time at a later age (from 41.5 months for children who entered care between 0 to 3 years to 12.7 months for children who entered care between 12 to 15 years). The shorter lengths in care for older children is to be expected since it takes less time for children entering at an older age to reach the age of discharge from care.

### Time in care by age at last exit

9. Figure 9 below represents the distribution of total time in care in months by age at last exit. The figure shows that the total time in care distribution is also similar for children exiting care at different ages, with an exception for children who exit care between ages 17 to 20 years old. These children do not show the same skew for smaller values of time in care. This is likely due to the fact that, at the time, Ontario's child protection investigation mandate was limited to children aged 16 and younger. As such, children who exited care between 17 and 20 years would all have spent more than a year in care before they exited care.

**Figure 9 - Time in care by age at last exit for children who entered care in fiscal years 2000, 2002, and 2004**



10. While the pattern of time in care remains similar across age groups (with the exception of 17- to 20-year-olds), average time in care increases progressively when children exit care for the last time at a later age (from 7.5 months for children who exited care between 0 to 3 years to 112.6 months for children who exited care between 17 and 20 years).

## Appendix 7 Certificate Concerning Code of Conduct – Peter Gorham

COURT FILE NO. T-402-19

**FEDERAL COURT**

BETWEEN:

*Xavier Moushoom*

Plaintiff

and

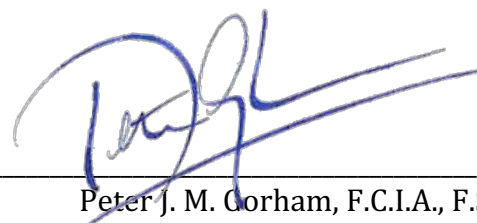
*The Attorney General of Canada*

Defendant

### Certificate Concerning Code of Conduct for Expert Witnesses

I, Peter Gorham, having been named as an expert witness by the defendant, the Attorney General of Canada, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it.

January 18<sup>th</sup> 2021  
Date



Peter J. M. Gorham, F.C.I.A., F.S.A.  
JDM Actuarial Expert Services Inc.  
313 Powell Rd, Whitby, ON L1N 2H5

## Appendix 8 Certificate Concerning Code of Conduct – Nico Trocmé

COURT FILE NO. T-402-19

## FEDERAL COURT

BETWEEN:

*Xavier Moushoom*

Plaintiff

and

*The Attorney General of Canada*

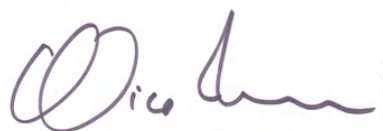
Defendant

**Certificate Concerning Code of Conduct for Expert Witnesses**

I, Nico Trocmé, having been named as an expert witness by the plaintiff, Xavier Moushoom, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it.

January 18<sup>th</sup> 2021

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Prof. Nico Trocmé, MSW, PhD, RSW  
Director of the School of Social Work  
Philip Fisher Chair in Social Work  
3506 University Street, Montreal, Québec H3A 2A7

## Appendix 9 Certificate Concerning Code of Conduct – Marie Saint-Girons

COURT FILE NO. T-402-19

### FEDERAL COURT

BETWEEN:

*Xavier Moushoom*

Plaintiff

and

*The Attorney General of Canada*

Defendant

### Certificate Concerning Code of Conduct for Expert Witnesses

I, Marie Saint-Girons, having been named as an expert witness by the plaintiff, Xavier Moushoom, certify that I have read the Code of Conduct for Expert Witnesses set out in the schedule to the *Federal Courts Rules* and agree to be bound by it.

January 18<sup>th</sup> 2021



Marie Saint-Girons  
McGill University, School of Social Work  
3506 University Street, Montreal, Québec H3A 2A7

This is Exhibit "D" to the Affidavit of  
NICO TROCMÉ affirmed before me this  
29<sup>th</sup> day of APRIL 2024

A handwritten signature in blue ink, appearing to be 'S. Clarke', written over a horizontal line.

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

7 February 2022

Mr. Robert Kugler  
Associé / Partner  
Kugler Kandestin LLP  
1, Place Ville-Marie, Suite 1170  
Montréal QC H3B 2A7

**RE: Moushoom/Trout – Removed Children Attaining Age of Majority**

Rob:

I have estimated the number of children in the removed child class that will attain the age of majority over future years. I made the following assumptions as part of this work.

1. The number of First Nation children entering care in Canada in each fiscal year 2002-03 to 2018-19 is the number estimated by Nico Trocmé, Marie Saint-Girons and myself in our joint report “Estimated Class Size – First Nations Children in Care 1991 to 2019” dated 18 January 2021 (the “**Joint Report**”).
2. The number entering care for fiscal years 2019-20 to 2021-22 were approximately the same as was estimated for the 2018-19 year in the Joint Report – 3,400 per year.
3. In the Joint Report, we estimated the number of children entering care between 1 April 1991 and 31 March 2019 to be 106,000, plus or minus about 15,000. I estimate there are an additional 10,000 First Nation children who entered care from 1 April 2019 to 31 March 2022.
4. The total number of First Nation children who entered care from 1 April 1991 to 31 March 2022 is estimated to be 116,000 plus or minus about 15,000.
5. The age distribution of the children entering care in each year in Canada was similar to the average age distribution of children entering care in Ontario from 2000 to 2012.
6. The age of majority is age 18 in all Canadian jurisdictions with the exception of British Columbia, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut and Yukon where it is age 19.
7. I referred to the 2016 census numbers that identify population of First Nations people by band and province/territory and determined that 75% of First Nations people live in a province with an age of majority of 18 and 25% live in a jurisdiction with an age of majority of 19. I assumed that any difference by jurisdiction in the probability of a First Nations child being taken into care is not material to the results and I assumed that 75% of children taken into care attain the age of majority at age 18 and 25% at age 19.

I was advised that children taken into care up to 31 March 2022 are to be included in my analysis. I determined that all children taken into care prior to 1 April 2003 will have attained the age of majority by 31 March 2022 and I have ignored them for purposes of this report.

Mr. Robert Kugler  
7 February 2022

- 2 -

Based on these assumptions, I determined the number of children that entered care in each of the past 19 years by age of entry and the year in which they will attain the age of majority.

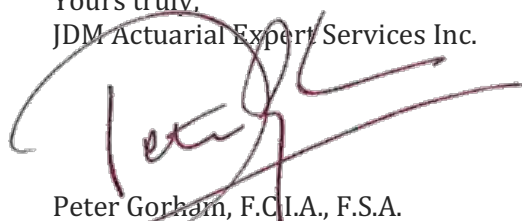
As of 31 March 2022, I estimate that 44,500 of the total 116,000 children are under the age of majority. Consistent with the range provided in the Joint Report, I estimate that number could vary by plus or minus 6,000 – that is the number of children under the age of majority as of 1 April 2022 is likely in the range 38,500 to 50,500.

Based on the single-point estimate of 44,500 under the age of majority, the following table sets out my estimate of the number of First Nations children taken into care from 1 April 1991 to 31 March 2022 who will attain the age of majority in each 12-month period in the future.

<b>Fiscal Year</b>	<b>Number Attaining Age of Majority</b>
Apr 2022 to Mar 2023	3,990
Apr 2023 to Mar 2024	3,910
Apr 2024 to Mar 2025	3,740
Apr 2025 to Mar 2026	3,530
Apr 2026 to Mar 2027	3,420
Apr 2027 to Mar 2028	3,250
Apr 2028 to Mar 2029	3,130
Apr 2029 to Mar 2030	2,890
Apr 2030 to Mar 2031	2,600
Apr 2031 to Mar 2032	2,280
Apr 2032 to Mar 2033	2,120
Apr 2033 to Mar 2034	2,000
Apr 2034 to Mar 2035	1,850
Apr 2035 to Mar 2036	1,640
Apr 2036 to Mar 2037	1,430
Apr 2037 to Mar 2038	1,190
Apr 2038 to Mar 2039	900
Apr 2039 to Mar 2040	530
Apr 2040 to Mar 2041	100
<b>Total</b>	<b>44,500</b>

If you have any questions or require additional information, please call me.

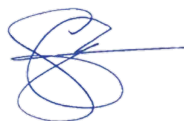
Yours truly,  
JDM Actuarial Expert Services Inc.



Peter Gorham, F.C.I.A., F.S.A.  
President and Actuary



This is Exhibit "E" to the Affidavit of  
NICO TROCMÉ affirmed before me this  
29<sup>th</sup> day of APRIL 2024

A handwritten signature in blue ink, appearing to be 'S. Clarke', with a horizontal line extending to the right.

---

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



April 24, 2024

**Nico Trocmé**

Director of the School of Social Work and the Philip Fisher Chair in Society Work

MSW, Ph.D, McGill University

Email: [nico.trocme@mgcgill.ca](mailto:nico.trocme@mgcgill.ca)

Dear Dr. Trocmé:

**Re: Motion to Approve Claims Process – Removed Child Class / Removed Child Family Class | Court File Nos. T-402-19 / T-141-20 / T-1120-21**

We are counsel for the First Nations Child and Family Caring Society (the “**Caring Society**”).

The Caring Society has standing to make submissions before the Federal Court regarding the approval of the Claims Process in relation to Removed Child Class members placed off-Reserve as of and after January 1, 2006 and Removed Child Family Class Members in relation to those children, including deceased members of those classes. For your information, the Revised Final Settlement Agreement defines “Removed Child Class” and “Removed Child Class Member” as follows:

“**Removed Child Class**” or “**Removed Child Class Member**” means First Nations individuals who, at the time during the period between April 1, 1991 and March 31, 2022 (the “Removed Child Class Period”) while they were under the Age of Majority, were removed from their home by child welfare authorities or voluntarily placed into care, and whose placement was funded by ISC, such as an Assessment Home, a Non-kin Foster Home, a Paid Kindship Home, a Group Home or a Residential Treatment Facility or another ISC-funded placement while they, or at least one of their Caregiving Parents or Caregiving Grandparents, were Ordinarily Resident on Reserve or were living in the Yukon, but excluding children who lived in a Non-paid Kin or Community Home through an arrangement made with their caregivers and excluding individuals living in the Northwest Territories at the time of removal.

We understand that you are one of the co-authors of the *Report on the Estimated Class Size – First Nations Children in Care 1991 to 2019* (“**Removed Class Estimation Report**”), along with Peter Gorham and Marie Saint-Girons. The stated purpose of this report was to “assist counsel for the plaintiffs and counsel for the defendants in their exploratory discussions by providing various estimates of the number of First Nation children who were taken into care in Canada between 1 April 1991 and 1 March 2019 and who remained in care for various specified durations.”

The draft Claims Process for the Removed Child Class and Removed Child Family Class has been filed with the Court for approval. It contemplates determining eligibility of Removed Child Class Members for compensation based on federal government accounting records kept with Indigenous Services Canada of the funds paid by Canada during the Class Period (1991-2022) toward each Removed Child Class Member ("**ISC Database Records**"). To this end, we have the following questions:

1. Page 17 of the Removed Class Estimation Report (para 64(b)) provides that "the results presented in this report are based on an assumption that (...) all First Nations children that ordinarily live on reserve and who were taken into care during the time periods of the data are included in the data."
  - a. Please explain your basis for this assumption?
2. Page 14 and 15 of the Removed Class Estimation Report indicates that in Ontario there is no data available for fiscal year 2001 (para 54(c)) and for fiscal year 2003 (para 54(d)).
  - a. What are the implications regarding the comprehensiveness of these data as it relates to the capacity to identify individual Removed Child Class Members.
3. Page 18 of the Removed Class Estimate Report (para 66) states "we note that the data for 2013 to 2018 only include children for whom an expense was submitted. To the extent that there may be children who did not have an expense paid by Canada during this period, such as children in informal kinship care arrangements, they are not included in our estimates."
  - a. Can you elaborate on your observation that the data for 2013 to 2018 only included children for whom an expense was submitted and paid by Canada. Are there other scenarios to consider?

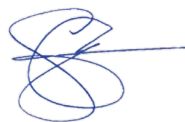
Yours truly,



Sarah Clarke

cc. David Taylor, Logan Stack and Thomas Conway - *Counsel for First Nation Child and Family Caring Society*

This is Exhibit "F" to the Affidavit of  
NICO TROCMÉ affirmed before me this  
29<sup>th</sup> day of APRIL 2024

A handwritten signature in blue ink, appearing to be 'S. Clarke', written over a horizontal line.

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



School of Social Work    École de service social

**Nico Trocmé, MSW, PhD**  
 School of Social Work  
 Philip Fisher Chair in Social Work

April 29, 2024

CLARKE CHILD & FAMILY LAW  
 36 Toronto Street, Suite 950  
 Toronto, ON M5C 2C5

Dear Ms Clarke

I am writing in response to your letter and three questions that you sent me on April 24<sup>th</sup> 2024 in reference to the Report on the Estimated Class Size – First Nations Children in Care 1991 to 2019 report Peter Gorham, Marie Saint-Girons and I wrote in 2021.

**Response to question 1:**

*“Page 17 of the Removed Class Estimation Report (para 64(b)) provides that “the results presented in this report are based on an assumption that (...) all First Nations children that ordinarily live on reserve and who were taken into care during the time periods of the data are included in the data.*

*a. Please explain your basis for this assumption”*

Paragraph 64 of the 2021 report refers to assumptions that were made explicit because we did not have the means to independently verify them. To derive the class size estimates using the data that were provided to Peter Gorham by Indigenous Services Canada (ISC) we assumed that their data were accurate and complete.

The potential issue addressed in 64(b) was that we could not verify whether there were children who met the class definition who were not included in the annual aggregate counts used as the basis for our estimations (see paragraphs 19 to 21 from the 2021 report). The ISC data rely on requests for reimbursement for children ordinarily resident on reserve who were placed in out-of-home care.

While one would generally expect that agencies would be diligent in ensuring that they were being reimbursed, it is possible that in some instances the request for reimbursement was not made and therefore the child would not be included in the ISC data. This could occur if the agency was not aware that a child was First Nations and ordinarily resident on reserve or if for some reason the agency did not complete the request for reimbursement. Failing to claim for ISC reimbursement could in particular be an issue in Ontario given that the reimbursement mechanism is indirect. Ontario child welfare agencies are block funded by the provincial government, and the Ontario government then requests reimbursement from ISC.

It is also possible that some requests were not received or logged by ISC.

**Response to Question 2:**

*“Page 14 and 15 of the Removed Class Estimation Report indicates that in Ontario there is no data available for fiscal year 2001 (para 54(c)) and for fiscal year 2003 (para 54(d)).*

- a. *What are the implications regarding the comprehensiveness of these data as it relates to the capacity to identify individual Removed Child Class Members.”*

The fact that we did not have access to case-level data for Ontario in 2001 and 2003 is unlikely to have a significant impact on our estimates. The Ontario case level data were **only** used to help us estimate placement duration, which was in turn used to estimate how many individual children were covered by the annual aggregate ISC counts of payments made for child placements (see “Duration Model” on page 5 of the 2021 report).

Note that case level data also was not available pre-2013 in most other jurisdictions. It is precisely because such data were not available that we ended up using the Ontario data to model placement duration in order to then develop unduplicated estimates using the annual aggregate data provided by ISC.

It was not our purpose to assess the data’s capacity to identify individual Removed Child Class Members; our purpose was limited to estimating class size. Please note as well that I did not have access to any of the case-level data; Mr. Gorham was the only one authorized to examine that level of data.

**Response to question 3:**

*“Page 18 of the Removed Class Estimate Report (para 66) states “we note that the data for 2013 to 2018 only include children for whom an expense was submitted. To the extent that there may be children who did not have an expense paid by Canada during this period, such as children in informal kinship care arrangements, they are not included in our estimates.”*

- a. *Can you elaborate on your observation that the data for 2013 to 2018 only included children for whom an expense was submitted and paid by Canada. Are there other scenarios to consider?”*

Our observation that the data for 2013 to 2018 only included children for whom an expense was submitted and paid by ISC is in reference to the possibility that some First Nations children who were placed in out-of-home care and were in placements that were not specifically billed to or logged by ISC are not captured by our estimates. As noted in my response to question 1, our estimates were based on data compiled by ISC based on child specific ISC reimbursements. We had no way to estimate how many children may have been placed in out-of-home care without a reimbursement claim being filed by a child welfare agency or logged by ISC.

One such category, as noted in paragraph 66, would be children placed in an **unpaid kinship** care setting. However, as noted in my response to question 1, it is also possible that no reimbursement claim was filed by the child welfare agency, or logged by ISC, for some children in **paid placements**.

While we had no basis for estimating the size of either of these groups, it is noteworthy that several key informants interviewed for a 2022 report that I completed with Professor Fallon raised concerns about the possibility that the ISC data may be missing children in out-of-home paid placements that had not been specifically billed to or reimbursed by ISC.

I hope that my responses answer your questions adequately, but please let me know if further clarification would be helpful.

Yours sincerely,

A handwritten signature in purple ink, appearing to read "Nico Trocmé".

Nico Trocmé, MSW, PhD, RSW, FRSC  
School of Social Work  
Philip Fisher Chair in Social Work

# TAB 3



Court File Nos. T-402-19 / T-141-20 / T-1120-21

<p><b>FEDERAL COURT</b> <b>PROPOSED CLASS PROCEEDING</b></p> <p>B E T W E E N:</p> <p><b>XAVIER MOUSHOOM, JEREMY MEAWASIGE (by his litigation guardian, Jonavon Joseph Meawasige), JONAVON JOSEPH MEAWASIGE</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>
<p><b>FEDERAL COURT</b> <b>PROPOSED CLASS PROCEEDING</b></p> <p>B E T W E E N:</p> <p><b>ASSEMBLY OF FIRST NATIONS, ASHLEY DAWN LOUISE BACH, KAREN OSACHOFF, MELISSA WALTERSON, NOAH BUFFALO-JACKSON by his Litigation Guardian, Carolyn Buffalo, CAROLYN BUFFALO, and DICK EUGENE JACKSON also known as RICHARD JACKSON</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>HIS MAJESTY THE KING</b> <b>AS REPRESENTED BY THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>
<p><b>FEDERAL COURT</b> <b>CLASS PROCEEDING</b></p> <p>B E T W E E N:</p> <p><b>ASSEMBLY OF FIRST NATIONS and ZACHEUS JOSEPH TROUT</b></p> <p style="text-align: right;">Plaintiffs</p> <p style="text-align: center;">and</p> <p><b>THE ATTORNEY GENERAL OF CANADA</b></p> <p style="text-align: right;">Defendant</p>

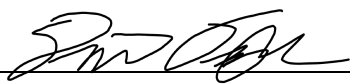
AFFIDAVIT OF JASMINE KAUR

I, Jasmine Kaur, of the Region of Peel, in the Province of Ontario **SOLEMLY AFFIRM THAT:**

1. I am employed as a law clerk/legal assistant at Conway Baxter Wilson LLP/s.r.l., counsel for the complainant First Nations Child and Family Caring Society of Canada (the “**Caring Society**”) in the ongoing human rights complaint before the Canadian Human Rights Tribunal (the “**Tribunal**”). Part of my responsibilities involve assisting with the Caring Society file with respect to proceedings before the Tribunal and the Caring Society’s involvement in this proceeding. As such, I have knowledge of the facts hereafter deposed to except for those matters which are stated to be based upon information provided by others, all of which information I believe to be true.
2. I am advised by David Taylor, counsel to the Caring Society, and do verily believe that on April 24, 2024, Sarah Clarke, also counsel for the Caring Society, wrote to Mohsen Seddigh, class counsel, requesting certain information regarding the ISC Database. A copy of Ms. Clarke’s April 24, 2024 letter is attached hereto as **Exhibit “A”**.
3. Mr. Seddigh responded to Ms. Clarke’s April 24, 2024 letter by email, on April 25, 2024. Sarah Clarke responded the same day with a follow up question. A copy of the April 25, 2024 emails between Mr. Seddigh and Ms. Clarke are attached hereto as **Exhibit “B”**.
4. I am advised by Mr. Taylor and do verily believe that, on November 22, 2019, as part of the development of the Compensation Framework related to the Canadian Human Rights Tribunal’s compensation orders, Youth in Care Canada provided the Caring Society with a report entitled “Justice, Equity and Culture: The First-Ever YICC Gathering of First Nations Youth Advisors”. A copy of Youth in Care Canada’s Report is attached hereto as **Exhibit “C”**.
5. I am advised by Mr. Taylor and do verily believe that, on December 23, 2020, the Caring Society, the Assembly of First Nations and Canada filed the Compensation Framework with the Tribunal. A copy of correspondence sent to the Tribunal on behalf of Robert Frater, Q.C., then counsel for Canada, enclosing the Compensation Framework, is attached hereto as **Exhibit “D”**.
6. I am advised by Mr. Taylor and do verily believe that, in December 2021, the Assembly of Seven Generations prepared a report entitled “Children Back, Land Back: A Follow-Up Report of

First Nations Youth In Care Advisors”. A copy of the Assembly of Seven Generations’ Report is attached hereto as **Exhibit “E”**.

**AFFIRMED BEFORE ME** over video teleconference on this 29th day of April 2024 in accordance with O. Reg. 431/20, *Administering Oath or Declaration Remotely*. The Commissioner was in Ottawa, Ontario and the affiant was in Brampton, Ontario.



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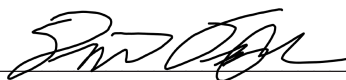
**David P. Taylor**  
**LSO#: 63508Q**



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**JASMINE KAUR**

This is Exhibit "A" to the Affidavit of  
JASMINE KAUR affirmed before me this  
29<sup>th</sup> day of APRIL 2024

A handwritten signature in black ink, appearing to read "D. P. Taylor", written over a horizontal line.

A Commissioner for taking Affidavits etc.

**David P. Taylor LSO#63508Q**



April 24, 2024

**Mohsen Seddigh**

Sotos Class Actions

180 Dundas Street West #1200

Toronto, ON M5G 1Z8

Dear Mr. Seddigh

**Re: Motion to Approve Claims Process – Removed Child Class / Removed Child Family Class | Court File Nos. T-402-19 / T-141-20 / T-1120-21**

We are in receipt of the Plaintiffs' Motion Record, dated April 15, 2024, seeking an order approving the proposed claims process for the Removed Child Class and Removed Child Family Class, and its associated draft claims forms.

The Affidavit of Dianne Corbiere, dated April 15, 2024, as informed by Guillaume Vadeboncoeur, contains some information regarding the ISC Database and the records received by the Administrator to date. In order to assist the Caring Society in better understanding the suggested approach in the draft claims process, can you please advise of the following:

1. Of the data received by the Administrator from Canada to date, please indicate which years the data pertains to and which regions the data pertains to.
2. The evidence indicates that Canada has not completed its transfer to data to the Administrator. Please provide a breakdown by year and region of the missing data known to the Administrator at this time.
3. Of the approximately 131,632 individuals identified on the ISC Database received by the Administrator as of April 4, 2024, please provide a breakdown of the number of individuals identified by year and region.
4. Has the Administrator and/ or Class Counsel tested the efficacy and reliability of the data from the ISC Database against a set of records from a FNCFS Agency to verify that you are capturing all the children eligible under Removed Child Class?

As you know, the Caring Society's responding affidavits are due on Monday April 29, 2024. Your prompt response would be very much appreciated.

Yours truly,



Sarah Clarke

cc. David Taylor, Logan Stack and Thomas Conway - *Counsel for First Nation Child and Family Caring Society*

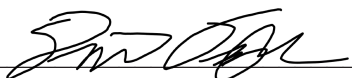
Dianne Corbiere, Geoff Cowper, Stuart Wuttke, Adam Williamson, and Nathan Surkan - *Counsel for Assembly of First Nations*

David Sterns and Robert Kugler - *Counsel for Xavier Moushoom et al.*

Paul Vickery, Chris Rugar and Sarah-Dawn Norris - *Counsel for the Attorney General of Canada*

Guillaume Vadeboncoeur and Joelle Gott - *Deloitte*

This is Exhibit "B" to the Affidavit of  
JASMINE KAUR affirmed before me this  
29<sup>th</sup> day of APRIL 2024

A handwritten signature in black ink, appearing to read "D. P. Taylor", written over a horizontal line.

A Commissioner for taking Affidavits etc.

**David P. Taylor LSO#63508Q**

**From:** [Sarah Clarke](#)  
**To:** [Mohsen Seddigh](#)  
**Cc:** [David Taylor](#); [Logan Stack](#); [tconway@conwaylitigation.ca](mailto:tconway@conwaylitigation.ca); [dqcorbiere@nncfirm.ca](mailto:dqcorbiere@nncfirm.ca); [Geoff Cowper](#); "Stuart Wuttke"; "Adam Williamson"; [Nathan Surkan](#); [David Sterns](#); [Robert Kugler](#); [Vickery, Paul](#); [Rupar, Christopher](#); [Norris, Sarah-Dawn](#); [Vadeboncoeur, Guillaume](#); [Gott, Joelle](#); [Rachel Hay](#)  
**Subject:** RE: Motion to Approve Claims Process - Removed Child Class & Removed Child Family Class  
**Date:** April 25, 2024 2:59:00 PM  
**Attachments:** [image001.png](#)

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Hello Mohsen,

Just for clarity, question #3 asks for the breakdown for years and regions for the existing 131,632 individuals identified. Is that information currently unknown? In other words, of the data the Administrator has already received, are they unable to determine the year and region of the placement for the existing 131,632 individuals identified?

Thanks,  
Sarah

**Sarah Clarke**

CLARKE CHILD & FAMILY LAW  
36 Toronto Street, Suite 950  
Toronto, ON M5C 2C5

Tel: 416.260.3030  
Fax: 647.689.3286

This message is intended only for the persons to whom it is addressed. It should not be read by or delivered to any person, as it may contain privileged or confidential information. If you have received this message in error, please notify me immediately at [sarah@childandfamilylaw.ca](mailto:sarah@childandfamilylaw.ca)

---

**From:** Mohsen Seddigh <[MSeddigh@sotos.ca](mailto:MSeddigh@sotos.ca)>

**Sent:** Thursday, April 25, 2024 2:36 PM

**To:** Sarah Clarke <[sarah@childandfamilylaw.ca](mailto:sarah@childandfamilylaw.ca)>

**Cc:** David Taylor <[DTaylor@conwaylitigation.ca](mailto:DTaylor@conwaylitigation.ca)>; Logan Stack <[lstack@conwaylitigation.ca](mailto:lstack@conwaylitigation.ca)>; [tconway@conwaylitigation.ca](mailto:tconway@conwaylitigation.ca); [dqcorbiere@nncfirm.ca](mailto:dqcorbiere@nncfirm.ca); [Geoff Cowper <gcowper@fasken.com>](mailto:gcowper@fasken.com); 'Stuart Wuttke' <[stuartw@afn.ca](mailto:stuartw@afn.ca)>; 'Adam Williamson' <[AWilliamson@afn.ca](mailto:AWilliamson@afn.ca)>; [Nathan Surkan <nsurkan@fasken.com>](mailto:Nathan Surkan <nsurkan@fasken.com>); [David Sterns <dsterns@sotos.ca>](mailto:dsterns@sotos.ca); [Robert Kugler <rkugler@kklex.com>](mailto:rkugler@kklex.com); [Vickery, Paul <Paul.Vickery@justice.gc.ca>](mailto:Paul.Vickery@justice.gc.ca); [Rupar, Christopher <Christopher.Rupar@justice.gc.ca>](mailto:Christopher.Rupar@justice.gc.ca); [Norris, Sarah-Dawn <Sarah-Dawn.Norris@Justice.gc.ca>](mailto:Sarah-Dawn.Norris@Justice.gc.ca); [Vadeboncoeur, Guillaume <gvadeboncoeur@deloitte.ca>](mailto:gvadeboncoeur@deloitte.ca); [Gott, Joelle <jogott@deloitte.ca>](mailto:jogott@deloitte.ca); [Rachel Hay <rachel@childandfamilylaw.ca>](mailto:rachel@childandfamilylaw.ca)

**Subject:** Re: Motion to Approve Claims Process - Removed Child Class & Removed Child Family Class

Hi Sarah,

As you are aware, the data for the ISC Database continues to be compiled and provided



to the administrator on an ongoing and rolling basis. You have been invited to the same briefings by Canada and the administrator on the database as we have.

As disclosed in the affidavits in support of the claims process, we expect between two and three million more lines of data. What regions and time periods the data comprises is not known to us.

Once we have received complete information, we will provide it to the Court and you will receive a copy of those materials.

Thanks



**Mohsen Seddigh**

Partner

**Office:** 416.572.7320

**Cell:** 647.996.8228

*\*Practising through a professional corporation*

---

**From:** Sarah Clarke <[sarah@childandfamilylaw.ca](mailto:sarah@childandfamilylaw.ca)>

**Sent:** Wednesday, April 24, 2024 7:29:05 AM

**To:** Mohsen Seddigh <[MSeddigh@sotos.ca](mailto:MSeddigh@sotos.ca)>

**Cc:** David Taylor <[DTaylor@conwaylitigation.ca](mailto:DTaylor@conwaylitigation.ca)>; Logan Stack <[lstack@conwaylitigation.ca](mailto:lstack@conwaylitigation.ca)>; [tconway@conwaylitigation.ca](mailto:tconway@conwaylitigation.ca) <[tconway@conwaylitigation.ca](mailto:tconway@conwaylitigation.ca)>; [dgcorbiere@nncfirm.ca](mailto:dgcorbiere@nncfirm.ca) <[dgcorbiere@nncfirm.ca](mailto:dgcorbiere@nncfirm.ca)>; Geoff Cowper <[gcowper@fasken.com](mailto:gcowper@fasken.com)>; 'Stuart Wuttke' <[stuartw@afn.ca](mailto:stuartw@afn.ca)>; 'Adam Williamson' <[AWilliamson@afn.ca](mailto:AWilliamson@afn.ca)>; Nathan Surkan <[nsurkan@fasken.com](mailto:nsurkan@fasken.com)>; David Sterns <[dsterns@sotos.ca](mailto:dsterns@sotos.ca)>; Robert Kugler <[rkugler@kklex.com](mailto:rkugler@kklex.com)>; Vickery, Paul <[Paul.Vickery@justice.gc.ca](mailto:Paul.Vickery@justice.gc.ca)>; Rugar, Christopher <[Christopher.Rugar@justice.gc.ca](mailto:Christopher.Rugar@justice.gc.ca)>; Norris, Sarah-Dawn <[Sarah-Dawn.Norris@Justice.gc.ca](mailto:Sarah-Dawn.Norris@Justice.gc.ca)>; Vadeboncoeur, Guillaume <[gvadeboncoeur@deloitte.ca](mailto:gvadeboncoeur@deloitte.ca)>; Gott, Joelle <[jogott@deloitte.ca](mailto:jogott@deloitte.ca)>; Rachel Hay <[rachel@childandfamilylaw.ca](mailto:rachel@childandfamilylaw.ca)>

**Subject:** Motion to Approve Claims Process - Removed Child Class & Removed Child Family Class

Good morning Mohsen,

Attached please find my correspondence in relation to the Motion to approve the Claims Process.

Many thanks,  
Sarah

**Sarah Clarke**

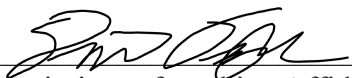
CLARKE CHILD & FAMILY LAW

36 Toronto Street, Suite 950  
Toronto, ON M5C 2C5

Tel: 416.260.3030  
Fax: 647.689.3286

This message is intended only for the persons to whom it is addressed. It should not be read by or delivered to any person, as it may contain privileged or confidential information. If you have received this message in error, please notify me immediately at [sarah@childandfamilylaw.ca](mailto:sarah@childandfamilylaw.ca)

This is Exhibit "C" to the Affidavit of  
JASMINE KAUR affirmed before me this  
29<sup>th</sup> day of APRIL 2024

A handwritten signature in black ink, appearing to read "D. P. Taylor", written over a horizontal line.

A Commissioner for taking Affidavits etc.

**David P. Taylor LSO#63508Q**

# JUSTICE, EQUITY AND CULTURE: THE FIRST-EVER YICC GATHERING OF FIRST NATIONS YOUTH ADVISORS

Ashley Bach and Gabrielle Fayant



November 22, 2019

## Contents

- 2 Summary
- 2 History of Discrimination in First Nations Child Welfare
- 4 Preparing for the Gathering
- 5 Creating a Safe Space
- 6 The PATH Planning Process
- 6 Themes for Child Welfare Reform
  - 7 Justice and Accountability
  - 7 Equity
  - 8 Cultural Revitalization and Restitution
- 8 Compensation and Settlements
  - 9 Recommendations for Compensation and Future Settlements
- 10 Next Steps
- 11 Appendix: Indigenous Child Welfare Information Sources

Youth in Care Canada exists to voice the opinions and concerns of youth in and from care. Our vision is that all young people in and from care across Canada receive standardized, high quality care that meets their diverse needs.

Youth in Care Canada would like to acknowledge and thank the Youth Advisors for informing this report and sharing their commitment to and advocacy for their communities, families and peers.

© 2019 Youth in Care Canada

## Summary

Youth in Care Canada, with the support of the First Nations Child and Family Caring Society of Canada and the Assembly of First Nations, organized a gathering of First Nations youth on October 25, 2019 on the unceded Algonquin territory now called Ottawa, Ontario.

“The youth who attended the gathering are committed to advocating for child welfare reform and for their communities, families and peers”

Sixteen First Nations youth with lived experience in child welfare systems across the country talked about their experiences in child welfare and how the system needs to improve, as well as their preliminary thoughts about the compensation for First Nations children and youth and their families that was ordered by the Canadian Human Rights Tribunal on September 6, 2019.

The youth who attended the gathering are committed to advocating for child welfare reform and for their communities, families and peers and they are referred to in this report as Youth Advisors. The report also describes historical discrimination in Indigenous child welfare systems, how the gathering was developed and the planning process used by the Youth Advisors to navigate through difficult conversations.

The Youth Advisors focused their discussions on child welfare reform and what it would take for Indigenous youth to feel heard and feel important. In addition to their recommendations for child welfare reform, their initial thoughts on receiving compensation and hoped for next steps are detailed.

## History of Discrimination in First Nations Child Welfare

Significant research, inquiries and reports have documented the barriers currently facing First Nations youth in care. Many of these have called for the reform of Indigenous child welfare and detail needed changes. The extent of these problems and calls to action were clearly documented by the Truth and Reconciliation Commission of Canada (calls 1 to 5, p. 1)<sup>1</sup> and by the National Inquiry Into Missing and Murdered Indigenous Women and Girls Inquiry (calls for justice for social workers and those implicated in child welfare (calls 12.1 to 12.15, pp. 80–82)).<sup>2</sup>

In 2007, the First Nations Child and Family Caring Society of Canada (the Caring Society) and the Assembly of First Nations (AFN) filed a complaint with

1 [https://nctr.ca/assets/reports/Calls\\_to\\_Action\\_English2.pdf](https://nctr.ca/assets/reports/Calls_to_Action_English2.pdf)

2 [https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Executive\\_Summary.pdf](https://www.mmiwg-ffada.ca/wp-content/uploads/2019/06/Executive_Summary.pdf)

the Canadian Human Rights Tribunal (CHRT) against Canada for discriminating against First Nations children on reserves. The complaint was filed as a last resort after the Caring Society, the AFN and other First Nations organizations worked extensively with the federal department currently named Indigenous Services Canada to document the unequal provision of Indigenous child welfare services and to develop evidence-based solutions to stop the discrimination and improve outcomes for Indigenous children and youth.

“Canada knowingly failed to implement solutions”

The CHRT found that First Nations children and families living on reserve and in the Yukon are denied equal child and family services and are subject to unnecessary removal from their homes, families and communities as a result. Canada also discriminates against First Nations children by failing to implement Jordan’s Principle, a child-first policy agreed to by Canada when there are jurisdictional disputes with provincial/territorial governments over who should pay for services for First Nations children. The Principle states that the first government contacted is required to provide services equal to the level non-Indigenous children receive and to sort out reimbursement later so that children do not become victims of governmental red tape.

As Canada knowingly failed to implement solutions, the Tribunal issued its eighth non-compliance order on September 6, 2019 (subsequently referred to in this report as 2019 CHRT 39).<sup>3</sup> The CHRT ruled that individual First Nations children and youth taken into child welfare care after 2006 are entitled to financial compensation for Canada’s “willful and reckless” discrimination. This ruling ordered \$40,000 in compensation for every First Nations child apprehended from their homes on reserve after 2006 and \$20,000 for parents or grandparents denied equitable services for education, child welfare, juvenile justice, mental health and disabilities, as defined by Jordan’s Principle.

The tribunal stressed that the compensation, which was the maximum amount the CHRT can order, will never be proportional to the pain suffered. However, to this day Canada fights against justice for Indigenous youth and denies them essential services. Canada has appealed to have the 2019 CHRT 39 ruling overturned<sup>4</sup> to deny financial compensation for First Nations children and youth victims of willful and reckless discrimination. Canada is also fighting the certification of a \$6-billion class-action lawsuit filed by former youth-in-care Xavier Moushoom of Lac Simon Anishnabe Nation in Quebec for systematically underfunding on-reserve child welfare services between April 1, 1991 and March 1, 2019.<sup>5</sup>

3 [https://fncaringsociety.com/sites/default/files/2019\\_chrt\\_39.pdf](https://fncaringsociety.com/sites/default/files/2019_chrt_39.pdf)

4 <https://fncaringsociety.com/publications/notice-application-judicial-review>

5 <https://www.cbc.ca/news/indigenous/challenge-child-welfare-lawsuit-1.5343818>

For additional information on the systemic problems and racism inherent in Indigenous child welfare and details on the Canadian Human Rights' Tribunal compensation order, Jordan's Principle and Indigenous Services Canada's involvement in child welfare, please consult the links provided in the appendix to this report.

## Preparing for the Gathering

Prior to the gathering, Youth in Care Canada sent questionnaires to the Youth Advisors to find out how much they knew about the Tribunal's compensation ruling as well as what they wanted to discuss, what kind of supports they wanted and what they hoped the outcomes of the meeting would be.

Regarding their level of knowledge of the 2019 CHRT 39 ruling:

- 11 said they had some knowledge but needed to know more
- 5 said they had a small amount of knowledge
- 3 said they had no knowledge at all

Youth Advisors were also asked what conversations they hoped would take place and if there were any specific topics they wanted to discuss. The following issues were mentioned:

- access to personal records
- aging out of child welfare and homelessness
- birth alerts (by social services leading to newborns being taken from their mothers)
- eligibility for and distribution of financial compensation
- engagement in child welfare policy and decision-making, including youth councils
- improving the foster care system
- intergenerational trauma, mental health, social justice and the environment
- learning how to help fellow children and youth in/from care.
- learning how to increase youth voices
- learning what is currently being done by governments, agencies, communities, advocacy groups and individuals
- northern and remote realities
- personal identity challenges
- sharing experiences of being in care



The Youth Advisors said cultural supports were very important to them. They asked for the following:

- a safe space to talk openly
- drums
- Elders
- knowledge keepers
- mental health and support workers
- prayer
- sharing songs
- smudging
- time between heavy topics to reflect and recover

Finally, in response to the question about anticipated outcomes from the gathering, the Youth Advisors said:

- building networks for future collaboration
- contributing to making a positive impact
- creating a vision for the future of child welfare
- experiencing feelings of accomplishment and excitement for the future
- gaining skills to help change systems as well as skills to cope with the impacts of those systems
- having meaningful discussion
- increasing youth involvement in legislation and policy
- learning more about child welfare and the 2019 CHRT 39
- making connections and friends
- sharing information about related youth-led initiatives
- sharing thoughts, ideas and experiences with peers

“A crucial part of bringing the Youth Advisors together was ensuring that they felt safe.”

## Creating a Safe Space

A crucial part of bringing the Youth Advisors together was ensuring that they felt safe. Having the event led by Indigenous organizers and facilitators and providing cultural supports such as songs, prayer and medicines were key. Also, a Knowledge Keeper/Elder recommended by the community and with knowledge of the child welfare system participated in the gathering.

Youth Advisors were able to share their lived experiences and recommendations based on their experiences without judgement, control or government interference.

The Youth Advisors developed the following values and guidelines to honour and respect each other while discussing their lived experiences and navigating decisions around child welfare reform.

- respect
- be friendly and kind
- be mindful of different experiences
- what's said in the room, stays in the room
- don't touch without permission/asking
- stay engaged
- brave space/safe(r) space
- courage to know that personal information will stay confidential
- you are not alone

“Overall child welfare reform must happen to prevent ongoing problems and issues and to reconcile past injustices.”

## The PATH Planning Process

The Youth Advisors' conversations were guided by a planning process called the PATH Method (Planning Alternative Tomorrows with Hope).<sup>6</sup> This facilitation tool focuses on positive outcomes and solutions, both of which were especially important for youth who have experienced abuse and trauma through their experiences with the child welfare system.

The Youth Advisors created a Vision Statement by articulating responses to: “Indigenous youth will feel heard and feel important when...” and focused on outcomes that are positive and achievable in 10 years.

Child welfare reform quickly became the main focus of the discussions. While the CHRT compensation and Jordan's Principle are milestones of justice and accountability, the Youth Advisors clearly expressed that overall child welfare reform must happen to prevent ongoing problems and issues and to reconcile past injustices.

## Themes for Child Welfare Reform

The Youth Advisors saw child welfare reform happening with three major and interrelated themes: *justice and accountability*, *equity*, and *cultural revitalization and restitution*. These three major themes of child welfare reform would ensure the well-being of all Indigenous children and youth in care so the most

6 <https://inclusion.com/path-maps-and-person-centered-planning/path/>

marginalized children and youth could present themselves how they want to the world and be accepted by First Nations and in their communities.

## Justice and Accountability

This theme means that Indigenous children and youth in care are treated lovingly by their foster parents. Social services have an obligation to nurture Indigenous culture and children and youth in care need to have access to their files. Justice and accountability also means adequate compensation for social services and individuals, which is also a part of the equity aspect. Proper screening of foster families is required and social workers must believe children and youth and ensure they have spaces to express mental health concerns. Immediate services for children and youth and adequate training and education for social service workers are part of this.

“Equity... means adequate needs assessments for children and youth instead of a one-size-fits-all formula.”

Youth Advisors were very clear that justice and accountability means the needs and wants of Indigenous children and youth in care must be prioritized. Currently, Indigenous youth in care face many layers of systemic racism and human rights violations, as is detailed in Volume 4 of the *Report of the Royal Commission on Aboriginal Peoples*. The systems and institutions that continue to oppress the most vulnerable segments of society must be held accountable and justice must be served for past wrongdoings.

Indicators of Justice and Accountability are:

- cultural competency of social services and follow-up audits of competency led by Indigenous youth in care
- accountability for foster families who are not treating youth well and liability for abuse experienced by youth in care
- more social workers with smaller caseloads
- a community notary (trusted Elder/community member) to help mediate family issues and tensions instead of restraining orders
- more engagement of youth by social workers
- more preventative measures (not just reactive or crisis management) as detailed in the *Report of the Royal Commission on Aboriginal Peoples*

## Equity

This means adequate needs assessments for children and youth instead of a one-size-fits-all formula. There must be available and accessible education and services as well as affordable housing and access to mortgages so First Nations youth in care can live happy and full lives.

Funding should focus on:

- livable wages
- livable disability support compensation
- funding for post-secondary education and training
- funding for grassroots, youth-led cultural healing and other supports
- funding for First Nations child and family services

“Cultural revitalization and restitution... means that Indigenous culture is nurtured... encouraged and respected.”

## Cultural Revitalization and Restitution

This means that Indigenous culture is nurtured and cultural teachings such as the medicine wheel, drumming and dancing are encouraged and respected. Indigenous youth are taught the ways of their ancestors, coming of age ceremonies and other rites of passage. Holistic approaches (spirit, mind, body, emotions) must be applied to programming, supports, policy and government because institutional programming often becomes too rigid.

Key elements of cultural revitalization and restitution are:

- grassroots, youth-led cultural healing and supports
- inclusion
- non-judgmental
- building healthy communities
- support for transitioning out of care
- land-based learning
- safe(r) spaces to open up
- supports and programs to break cycles of trauma
- supports for parents to help keep families together
- Elders and holistic guidance

Examples of the types of programming and supports envisioned by the Youth Advisors include:

- the revitalization of Indigenous economies
- training for Oskapewis (Indigenous cultural and educational helpers) and Oshkabewis (liaisons between healer and client)
- hunting and harvesting programs

## Compensation and Settlements

Naiomi Metallic, a lawyer and professor with Dalhousie University, provided the Youth Advisors with information about First Nations child welfare and the CHRT ruling, Jordan's Principle and the lawsuit filed by Xavier Moushoom on behalf of First Nation youth in and from care.

The Youth Advisors discussed how they might use \$40,000 in compensation, such as making a down payment on a house where they could live with their children or resuming the post-secondary education they had to abandon for financial and other reasons. One Youth Advisor talked about how they could support their training and participation in amateur competitive sport. These are goals that other youth might get help from their families to accomplish but Indigenous youth in and from care don't get that kind of support.

“The Youth Advisors strongly expressed the need for mental health supports”

They heard stories about the impact of financial settlements on the lives of residential school survivors. Some saw the settlements as an opportunity to improve their lives while others felt no amount of money could remedy their suffering or that the government was paying to abuse them. Experiences with such financial settlements are multifaceted and can trigger a lot of emotional hurt and repressed suffering. The Youth Advisors strongly expressed the need for mental health supports to be put in place before, during and after applying for compensation and settlements.

## Recommendations for Compensation and Future Settlements

Most of the Youth Advisors said that they did not want to form an uneducated or rushed position on the 2019 CHRT 39 compensation, noting that Canada and the Crown have rushed or imposed major decisions on Indigenous Peoples throughout colonial history. Examples include treaty-making, the scrip system, the *Indian Act*, etc. Instead, Indigenous ways of decision making, consensus-building and holistic approaches should be applied this time.

The Youth Advisors want more time to learn about the 2019 CHRT 39 decision. They have much lived experience from being in care but little experience or knowledge of individual compensation settlements and how trusts or foundations could be utilized. Their lived experiences led the Youth Advisors to make the following recommendations:

1. There must be safety around compensation.
  - a. Healing circles, sweat lodge ceremonies, support for counselling or therapy, etc.
2. There must be mental health supports and navigational assistance to help youth apply for compensation.
  - a. Talking to lawyers and government employees can be very triggering for First Nations youth; therefore, having support to apply and fill out forms is essential.

- b. Getting access to files and birth certificates, for example, can be very challenging and trigger stressful emotions.
  - c. Along with navigational support, youth also need mental health supports to help with their experiences and challenges.
3. There must be continued support after compensation.
    - a. For example, at least one year of counselling or therapy must be covered. Indigenous Services Canada's Non-Insured Health Benefits coverage is limited and some First Nation youth do not have government-recognized status or access to their status cards.
  4. There must be restitution for children and youth who have died while in care or due to their experiences in the child welfare system.
    - a. Compensation should go to parents, grandparents or a trust fund.
  5. Financial training for youth receiving compensation should be offered.
    - a. Youth Advisors said this shouldn't be mandatory but rather an option for individuals receiving compensation.
    - b. Recipients should be offered awareness training about predatory banks and financial institutions, like those that swindled compensation from residential school survivors.

## Next Steps

This was the first national level gathering of its kind for First Nations youth in and from care. The Youth Advisors said they want to continue to have the time and space they need to discuss important and pressing issues, including the following.

1. Become a collective of First Nation Youth Advisors in and from care
  - a. share best practices
  - b. share updates
  - c. continue advocating for reform
  - d. host more policy roundtables across the country
  - e. advise on court rulings, contribute to policy development, share testimonies, etc.
2. Continue to meet about compensation and settlements
  - a. learn more about options such as trusts, individual pay-outs, hybrid approaches, etc.
  - b. keep learning about trust funds, scholarships, pooling compensation, etc.
  - c. learn about best practices regarding settlements from other Indigenous communities

## Appendix: Indigenous Child Welfare Information Sources

### ***A Roadmap to the Truth and Reconciliation Commission Call to Action #66***

(Indigenous Youth Voices, June 2018)

<https://static1.squarespace.com/static/599307a5f5e231b361442225/t/5c675b67e79c705013d3a8ae/1550277485617/FINAL+%282%29-+Indigenous+Youth+Voices+-+Roadmap+to+TRC+66+-+Compressed.pdf>

### ***Death as Expected: Inside A Child Welfare System Where 102 Indigenous Kids Died Over 5 Years***, by Kenneth Jackson

(APTN National News, September 25, 2019)

<https://aptnnews.ca/2019/09/25/inside-a-child-welfare-system-where-102-indigenous-kids-died-over-5-years/>

### ***Dr. Peter Henderson Bryce: A Story of Courage***

(First Nations Child and Family Caring Society Information Sheet, July 2016)

[https://fncaringsociety.com/sites/default/files/dr.\\_peter\\_henderson\\_bryce\\_information\\_sheet.pdf](https://fncaringsociety.com/sites/default/files/dr._peter_henderson_bryce_information_sheet.pdf)

### ***Feathers of Hope: Child Welfare Youth Forum***, by Karla Kakegamic

(*Journal of Law and Social Policy*, Volume 28, Re-Imagining child welfare systems in Canada, Article 10, 2018)

<http://digitalcommons.osgoode.yorku.ca/cgi/viewcontent.cgi?article=1303&context=jlsp>

### ***First Nations Child and Family Service Agency Funding Changes per the Canadian Human Rights Tribunal***

(Caring Society fact sheet related to Jordan's Principle, January 2, 2019)

[https://fncaringsociety.com/sites/default/files/fncfsa\\_funding\\_changes\\_0.pdf](https://fncaringsociety.com/sites/default/files/fncfsa_funding_changes_0.pdf)

### ***Reclaiming Power and Place: The Final Report of the National Inquiry into Missing and Murdered Indigenous Women and Girls***

(see especially Chapter 5, The Need for a Systems-Level Approach to Transforming Child Welfare)

<https://www.mmiwg-ffada.ca/final-report/>

### ***“Reimagining” the Child Welfare System***, by Reina Foster

(*Journal of Law and Social Policy*, Volume 28, Re-Imagining child welfare systems in Canada, Article 9, 2018)

<https://digitalcommons.osgoode.yorku.ca/cgi/viewcontent.cgi?article=1302&context=jlsp>

**Report of the Royal Commission on Aboriginal Peoples**

Volume 5: Renewal: A Twenty-Year Commitment (October 1996)

<http://data2.archives.ca/e/e448/e011188230-05.pdf>

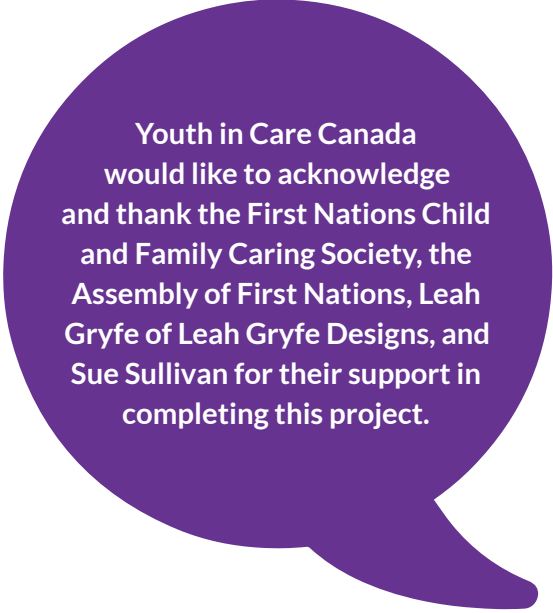
**Truth and Reconciliation Commission of Canada: Calls to Action**

[https://nctr.ca/assets/reports/Calls\\_to\\_Action\\_English2.pdf](https://nctr.ca/assets/reports/Calls_to_Action_English2.pdf)

**Whose Settlement Is It Anyways?**

(Learning from the 60s Scoop and IAP Conference program and description, October 10–11, 2019)

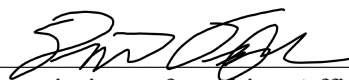
<http://whosesettlement.ca/index.html>



Youth in Care Canada  
would like to acknowledge  
and thank the First Nations Child  
and Family Caring Society, the  
Assembly of First Nations, Leah  
Gryfe of Leah Gryfe Designs, and  
Sue Sullivan for their support in  
completing this project.



This is Exhibit "D" to the Affidavit of  
JASMINE KAUR affirmed before me this  
29<sup>th</sup> day of APRIL 2024

A handwritten signature in black ink, appearing to read "D. P. Taylor", written over a horizontal line.

A Commissioner for taking Affidavits etc.

**David P. Taylor LSO#63508Q**

**David Taylor**

---

**Subject:** FNCFCSC et al v AGC (CHRT File T1340/7008)  
**Attachments:** Compensation Framework with Schedules December 23 2020.pdf

**From:** Mayo, Deborah <[Deborah.Mayo@justice.gc.ca](mailto:Deborah.Mayo@justice.gc.ca)>

**Sent:** Wednesday, December 23, 2020 4:00 PM

**To:** 'CHRT Registry Office' <[Registry.Office@chrt-tcdp.gc.ca](mailto:Registry.Office@chrt-tcdp.gc.ca)>; 'David Taylor' <[DTaylor@conway.pro](mailto:DTaylor@conway.pro)>; Sarah Clarke <[sarah@childandfamilylaw.ca](mailto:sarah@childandfamilylaw.ca)>; 'Stuart Wuttke' <[stuartw@afn.ca](mailto:stuartw@afn.ca)>; 'Julie McGregor' <[JMcGregor@afn.ca](mailto:JMcGregor@afn.ca)>; 'awilliamson@afn.ca' <[awilliamson@afn.ca](mailto:awilliamson@afn.ca)>; 'Brian Smith' <[brian.smith@chrc-ccdp.gc.ca](mailto:brian.smith@chrc-ccdp.gc.ca)>; 'Jessica Walsh' <[jessica.walsh@chrc-ccdp.gc.ca](mailto:jessica.walsh@chrc-ccdp.gc.ca)>; Frater, Robert <[Robert.Frater@justice.gc.ca](mailto:Robert.Frater@justice.gc.ca)>; Tarlton, Jonathan <[Jonathan.Tarlton@justice.gc.ca](mailto:Jonathan.Tarlton@justice.gc.ca)>; MacPhee, Patricia <[Patricia.MacPhee@justice.gc.ca](mailto:Patricia.MacPhee@justice.gc.ca)>; Binnie, Max <[Max.Binnie@justice.gc.ca](mailto:Max.Binnie@justice.gc.ca)>; Peck, Kelly <[Kelly.Peck@justice.gc.ca](mailto:Kelly.Peck@justice.gc.ca)>; Jones, Meg <[Meg.Jones@justice.gc.ca](mailto:Meg.Jones@justice.gc.ca)>; 'Maggie Wente' <[MWente@oktlaw.com](mailto:MWente@oktlaw.com)>; 'Sinéad Dearman' <[SDearman@oktlaw.com](mailto:SDearman@oktlaw.com)>; 'Julian Falconer' <[julianf@falconers.ca](mailto:julianf@falconers.ca)>; 'Molly Churchill' <[mollyc@falconers.ca](mailto:mollyc@falconers.ca)>; 'akosuam@falconers.ca' <[akosuam@falconers.ca](mailto:akosuam@falconers.ca)>; 'Justin Safayeni' <[JustinS@stockwoods.ca](mailto:JustinS@stockwoods.ca)>; 'Doreen Navarro' <[DNavarro@conway.pro](mailto:DNavarro@conway.pro)>; 'Anne Levesque' <[Anne@equalitylaw.ca](mailto:Anne@equalitylaw.ca)>; 'David Nahwegahbow' <[dndaystar@nncfirm.ca](mailto:dndaystar@nncfirm.ca)>; Vaughan, Rachel <[Rachel.Vaughan@justice.gc.ca](mailto:Rachel.Vaughan@justice.gc.ca)>; 'Judith Rae' <[jrae@oktlaw.com](mailto:jrae@oktlaw.com)>; 'shelby.rae.tyler.thomas@gmail.com' <[shelby.rae.tyler.thomas@gmail.com](mailto:shelby.rae.tyler.thomas@gmail.com)>; 'dwilson@conway.pro' <[dwilson@conway.pro](mailto:dwilson@conway.pro)>

**Cc:** Deschamps, Adrienne <[Adrienne.Deschamps@justice.gc.ca](mailto:Adrienne.Deschamps@justice.gc.ca)>; Lynch, Marissa <[Marissa.Lynch@justice.gc.ca](mailto:Marissa.Lynch@justice.gc.ca)>

**Subject:** FNCFCSC et al v AGC (CHRT File T1340/7008)

Ms. Dubois,

On behalf of Robert Frater, please forward this note to the Panel:

On December 14, 2020, the Panel advised the parties that it was approving the Compensation Framework, subject to necessary adjustments as set out in that same letter.

The Panel also asked that a final version of the Compensation Framework be provided to them.

On behalf of all parties, I am pleased to provide you with a final version of the Framework, which makes the changes that flow from the Panel's letter. I would also draw to the Panel's attention that we have deleted as unnecessary the former Schedule A, and made the necessary adjustments to the other schedules and to the text referring to the schedules.

Thank you very much for your cooperation in this matter. We wish you a happy and safe holiday.

Thank you and Happy Holidays,

**Deborah Mayo**

Paralegal

Civil Litigation Section

50 O'Connor Street, Suite 500, Ottawa, ON K1A 0H8

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**Parajuriste**

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Secteur National du Contentieux

Ministère de la Justice Canada / Gouvernement du Canada



**FRAMEWORK FOR THE PAYMENT OF  
COMPENSATION  
UNDER 2019 CHRT 39**

## Framework for the Payment of Compensation under 2019 CHRT 39

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## Framework for the Payment of Compensation under 2019 CHRT 39

### 1. Purpose of the Framework

- 1.1. This document has been prepared in accordance with the Canadian Human Rights Tribunal (“**Tribunal**”) decision dated September 6, 2019, 2019 CHRT 39 (“the **Compensation Entitlement Order**”), with particular attention to the directions at paragraphs 258-270. The Tribunal directed the Attorney General of Canada (“**Canada**”) to enter into discussions with the complainants Assembly of First Nations (“**AFN**”) and the First Nations Child and Family Caring Society of Canada (“**Caring Society**”), to propose ways of distributing the compensation to the beneficiaries described in the Compensation Entitlement Order (“the **Compensation Process**”). Several experts were retained to inform the Compensation Process, and input was invited from the Canadian Human Rights Commission (“**CHRC**”) and the interested parties Chiefs of Ontario (“**COO**”) and Nishnawbe Aski Nation (“**NAN**”).
- 1.2. The Framework is intended to be consistent with the Tribunal’s Compensation Entitlement Order. Where there are discrepancies between this Framework and the Compensation Entitlement Order, or such further orders from the Tribunal as may be applicable, those orders will prevail and remain binding.
- 1.3. The Framework is intended to facilitate and expedite the payment of compensation to the beneficiaries described in the Compensation Entitlement Order, as amended by subsequent Tribunal decisions.
- 1.4. Throughout this document, the word “**Parties**” is used to refer collectively to the complainants, the AFN and the Caring Society, and the respondent Canada.

### 2. Guiding Principles

The following principles shall guide the application of this Framework:

- 2.1. The compensation distribution process will be managed by a **Central Administrator** that is agreed to by the Parties and is outside of the public service.
- 2.2. The compensation distribution process will take all reasonable measures to safeguard the best interests of child beneficiaries.
- 2.3. Beneficiaries will be located and treated in a culturally safe manner and the administrative burden on beneficiaries will be minimized.
- 2.4. The compensation distribution process shall be applied and administered pursuant to the principles of procedural fairness and natural justice with due attention to the privacy rights of beneficiaries.
- 2.5. The Parties shall develop an implementation and distribution guide (the “**Guide**”) that shall govern the Central Administrator’s process of distribution. The Guide shall include, but is not limited to, the following requirements to be followed by the Central Administrator:
  - a) required training for the Central Administrator;
  - b) claim forms, document retention and any other documents to be completed by potential beneficiaries;
  - c) standards related to processing of claims and any necessary evidence or documents required to support a claim; and
  - d) any other requirements agreed to by the Parties.
- 2.5.1. In developing standards related to processing of claims by living or deceased persons, the Guide shall recognize that claimants’ circumstances may require flexibility in the type of documentation necessary to support the claim due to challenges such as, but not limited to, the child’s age or developmental status at the time of the events, the

disappearance of records over time, retirement or death of professionals involved in a child's case, systemic barriers to accessing professionals, etc.

2.6. Processes adopted to facilitate payments to beneficiaries will be as simple as possible and will include information that is easy to understand, having regard to the beneficiary's age and any disability or special/distinct needs of that individual.

2.7. Beneficiaries can opt out of the Compensation Process as outlined in section 3.0.

### **3. Acceptance of Compensation**

3.1. Beneficiaries under the Compensation Entitlement Order shall be presumed to opt into the Compensation Process.

3.2. Potential beneficiaries under the Compensation Entitlement Order can opt out of the Compensation Process and are not required to accept compensation. This Framework will not apply to those potential beneficiaries who choose not to accept it by opting out. Those individuals remain free to pursue other legal remedies.<sup>1</sup>

3.3. The Parties and the Central Administrator shall develop an opt-out process that is easy to understand and ensures potential beneficiaries are duly notified of the Compensation Process and their right to opt out.

### **4. Definitions of Beneficiaries**

4.1. A “beneficiary” of compensation is a person, living or deceased, described at paras. 245-257 of the Compensation Entitlement Order,<sup>2</sup> as expanded by the Tribunal's decision in 2020 CHRT 7.<sup>3</sup>

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<sup>1</sup> See 2019 CHRT 39, at para. 201.

<sup>2</sup> “beneficiary” includes “potential beneficiaries” for the purpose of applying for compensation.

<sup>3</sup> 2020 CHRT 7 at paras 125-129.



4.2. For greater certainty, the following definitions apply for the purpose of identifying beneficiaries:

4.2.1. **“Necessary/Unnecessary Removal”** includes:

- a) children removed from their families and placed in alternative care pursuant to provincial/territorial child and family services legislation, including, but not limited to, kinship and various custody agreements entered into between authorized child and family services officials and the parent(s) or caregiving grandparent(s);
- b) children removed due to substantiated maltreatment and substantiated risks for maltreatment; and
- c) children removed prior to January 1, 2006, but who were in care as of that date.

4.2.2. **“Essential service”** means a support, product and/or service recommended by a professional that was reasonably necessary to ensure:

- a) substantive equality in the provision of services, products and/or supports to the child (accounting for historical disadvantage, geographic circumstances, and the need for culturally appropriate services, products and/or supports); and
- b) the best interests and safety of the child;

4.2.2.1. For the purposes of s. 4.2.2, “reasonably necessary” means that the failure to provide the support, product or service could have:

- a) caused the child to experience mental or physical pain or suffering; or
- b) widened the gap in health outcomes between the First Nations child and children in the rest of Canadian society.

4.2.2. For the purposes of s. 4.2.2. “recommended by a professional” must be interpreted in a manner such that a claimant’s inability to provide proof of assessment, referral or recommendation contemporaneous with the necessity of support, product and/or service will not automatically disentitle the individual from eligibility for compensation. For example, particularly in remote communities there may not have been timely access to specialists, but there may have been access to community health nurses, social support workers, mental health workers. However, these individuals may not have designations in a specific profession related to the service being recommended. In these situations, flexibility is necessary to ensure that First Nations children who were unable to access an assessment, referral or recommendation in a timely manner due to systemic barriers (e.g. lack of approval to travel, long wait time prior to physician, therapist or specialist visits in community) are not unfairly excluded from compensation eligibility. Further guidance on this matter will be included in the Guide referenced at s. 2.5.

4.2.3. **“Service gap” means** a situation where there was a service, and/or product and/or support based on the child’s confirmed need that:

- a) was necessary to ensure substantive equality in the provision of services, products and/or supports to the child;
- a.1) was recommended by a professional with expertise directly related to the child’s need(s). Documentation provided by a medical professional or other registered professional is conclusive, unless Canada can demonstrate to the satisfaction of the Central Administrator that, based

on clinical evidence available at the time, the potential risk to the child of the service, product and/or support outweighed the potential benefit;  
or

- a.2) an Elder or Knowledge Keeper, who is recognized by the child's specific First Nations community, recommends a linguistic or cultural product, support and/or service; and
- c) the child's needs were not met.

4.2.3.1. For purposes of s. 4.2.2. "confirmed needed" and "recommended by a professional" must be interpreted as per 4.2.2.2.

4.2.3.2. For greater certainty, the discriminatory definitions and approach employed by the federal government demanded satisfaction of all of the following criteria during the following time periods:

- a) Between December 12, 2007 and July 4, 2016
  - A child registered as an Indian per the *Indian Act* or eligible to be registered and resident on reserve;
  - Child with multiple disabilities requiring multiple service providers;
  - Limited to health and social services;
  - A jurisdictional dispute existed involving different levels of government (disputes between federal government departments and agencies were excluded);
  - The case must be confirmed to be a Jordan's Principle case by both the federal and provincial Deputy Ministers); and
  - The service had to be consistent with normative standards
- b) Between July 5, 2016 and November 2, 2017

- A child registered as an Indian per the *Indian Act* or eligible to be registered and resident on reserve (July 5, 2016 to September 14, 2016);
- The child had a disability or critical short- term illness (July 5, 2016 to May 26, 2017);
- The service was limited to health and social services (July 5, 2016 to May 26, 2017).

4.2.4. “**Unreasonable delay**” will be presumed where a request was not determined within 12 hours for an urgent case, or 48 hours for other cases. In exceptional cases and subject to a high threshold, Canada may rebut the presumption of unreasonable delay in any given case with reference to the following list of contextual factors, none of which is exclusively determinative:

- a) the nature of the product, support and/or service sought;
- b) the reason for the delay;
- c) the potential for the delay to adversely impact the child’s needs, as informed by the principle of substantive equality;
- d) whether the child’s need was addressed by a different service, product and/or support of equal or greater quality, duration and quantity, otherwise provided in a reasonable time;
- e) the normative standards for providing the support, product and/or service– in force in the province or territory in which the child resided, or received the service, at the time of the child’s need.

4.2.4.1. As part of the Guide, the Parties will agree on a process for Canada to provide the Central Administrator with child specific information applying the factors noted above in the child’s case in order to rebut the presumption.

4.2.5. “**First Nations child**” means a child who:

- a) was registered or eligible to be registered under the *Indian Act*;
- b) had one parent/guardian who is registered or eligible to be registered under the *Indian Act*;
- c) was recognized by their Nation for the purposes of Jordan’s Principle; or
- d) was ordinarily resident on reserve, or in a community with a self-government agreement.

425.1 Children referred to in section 4.2.5(d) (ordinarily resident on reserve or in a community with a self-government agreement (“First Nations community”)) who do not meet any of the eligibility criteria in section 4.2.5(a) to (c) will only qualify for compensation if they had a **meaningful connection** to the First Nations community. The factors to be considered and carefully balanced include (without any single factor being determinative):

- a) Whether the child was born in a First Nations community or whose parents were residing in a First Nations community at the time of birth;
- b) How long the child has lived in a First Nations community;
- c) Whether the child’s residence in a First Nations community was continuous;
- d) Whether the child was eligible to receive services and supports from the First Nation community while residing there (e.g. school, health services, social housing, bearing in mind that there may have been inadequate or non-existent services in the First Nations community at the time); and
- e) The extent of the connection of the child’s parents and/or other caregivers to the First Nation community, excluding those non-status individuals working on a reserve (i.e., RCMP, teachers, medical professionals, and social workers)

4252 The timeframe for children referred to in section 4.2.5(b) to (d) above are eligible for compensation in relation to denials, gaps and unreasonable delays with respect to essential services is January 26, 2016 to November 2, 2017.

4253 Children referred to in section 4.2.5(b) to (d) as well as their parents (or caregiving grandparents) are eligible for compensation in the amount of \$20,000 for pain and suffering pursuant to s. 53(2)(e) of the *Canadian Human Rights Act* for pain and suffering in relation to denials, gaps and unreasonable delays with respect to essential services, but are not eligible for compensation under s. 53(3) of the *Canadian Human Rights Act* for wilful and reckless discrimination.

4.3. For greater certainty, where a child was receiving palliative care with a terminal illness, and a professional with relevant expertise recommended a service, support and/or product to safeguard the child's best interests that was not provided through Jordan's Principle or another program, the service, product and/or support will be considered essential and the delay will be considered unreasonable.

4.4. Multiple removals – The maximum amount of compensation payable to each child for removal, regardless of the number of removals, is \$40,000. Where a child was removed more than once, the parents (or one set of caregiving grandparents) shall be paid compensation for a removal at the first instance. A different grandparent or set of grandparent(s) (or the child's parents where they were not the primary caregivers at the time of the first or prior removal) may be entitled to compensation for a subsequent removal where they assumed the primary caregiving role where the parents (or the other grandparents) were not caring for the child. For clarity, each parent or grandparent who was a primary caregiver for the child may only be compensated once with respect to the removal of the same child, even if that child was removed from their care multiple times.

## 5. Locating Beneficiaries

5.1. A Notice Plan to Potential Beneficiaries (the “**Notice Plan**”) is set out at Schedule “A” to this Framework. The Notice Plan describes the intended process for informing children, youth and their families, legal guardians and persons exercising legal authority over the affairs of any persons who have been deemed incapable of making decisions regarding their finances or property under applicable provincial and territorial laws, as well those exercising legal authority over the Estates of deceased persons, that they may come within the classes of individuals entitled to receive compensation under the Compensation Entitlement Order. The Notice Plan has been designed by the Parties to satisfy the Tribunal’s requirement that beneficiaries be identified in a culturally relevant and safe manner. This Notice Plan is necessary, as Canada’s records concerning the names and addresses of the children, parents and grandparents affected by discrimination by the First Nations Child and Family Services Program (“**FNCFS Program**”), the 1965 Agreement, and by Canada’s implementation of Jordan’s Principle, cannot identify all victims. A proactive, highly publicized approach that is based on beneficiaries’ circumstances and is sensitive to their experience of discrimination will be required to inform beneficiaries of their eligibility for compensation and to support them in submitting a claim. Measures taken to identify beneficiaries should reflect any challenges particular to the area where the beneficiary resides. Special measures may be necessary to inform beneficiaries with special/distinct needs (i.e. persons with disabilities, those located in rural or remote communities, incarcerated persons, homeless persons, or persons in domestic violence shelters). Canada will work with First Nations to address the needs of beneficiaries in their communities.

5.2. As described in the Notice Plan, Indigenous Services Canada (“**ISC**”) and the Central Administrator will post notice products about the Compensation Entitlement Order and Compensation Process on a dedicated website (the

“**Compensation Website**”) and distribute them through print and broadcast media and social media mechanisms. Where appropriate, communications will be adapted to the particular cultural, historical and geographical (including rural and remote communities) circumstances of the communities in question.

5.3. In addition to providing this general notification, ISC will call upon professionals and service providers with whom it has relationships to help identify beneficiaries.

5.4. Given the significant demands on the network of professionals and service providers referred to in section 5.3, additional resources will be required in order to ensure there is no impact to the important work of the professional(s) or groups in the categories noted below:

a) First Nations Child and Family Service Agencies (“**FNCFS Agencies**”); and,

b) Health, early childhood, education and social service providers in First Nations communities.

In order to ensure that the Compensation Process proceeds without delay, these resources will be provided by ISC on the condition that these resources be dedicated to the Compensation Process.

5.5. Other service providers will be approached for their collaboration in identifying beneficiaries, including:

a) ISC-employed nurses in community health centres and nursing stations;

b) over 30,000 registered service providers under the Non-Insured Health Benefits Program (the “**NIHB Program**”); and

c) provincial/territorial government ministries and agencies.



ISC also has a partnership agreement with Correctional Services Canada that will be leveraged to identify potential beneficiaries within the federal correctional system.

5.6 The report entitled “Canadian Human Rights Tribunal (CHRT) Ruling 2019 CHRT 39: Taxonomy of compensation categories for First Nations children, youth and families” dated November 2019 and authored by Marina Sistovaris, PhD, Professor Barbara Fallon, PhD, Marie Saint Girons, MSW and Meghan Sangster, Med, MSW of the Policy Bench: Fraser Mustard Institute for Human Development will assist in the identification of potential beneficiaries (the “**Taxonomy**”). The Taxonomy is attached as Schedule “B”.

- a) The Taxonomy was designed for child and family services providers to assist in the process of identifying and locating potential beneficiaries; however, a feasibility investigation is underway to determine if, and how, it can assist other service providers to identify beneficiaries.
- b) Canada will fund any adaptations required to apply this Taxonomy to meet the needs of specific service provider communities, as determined by the independent experts who drafted the taxonomy in Schedule “B”.
- c) Identifying children who were necessarily and unnecessarily removed will likely require assistance from child and family service agencies across the country. The Taxonomy is intended to guide their review of individual records in their possession so as to expedite the process of identifying and locating potential beneficiaries and ultimately validation of claims for compensation.

5.7 As requested by the Caring Society and the AFN, Canada will write to all provincial and territorial Deputy Ministers responsible for child and family services, health, and education to encourage them to meet with the Parties and collaborate in the following areas:

- a) Identifying ways in which provincial/territorial data systems can assist in identifying and locating beneficiaries;
- b) Providing supports in the Compensation Process, including exemption of any compensation payments from taxation and social assistance payments or benefit “claw backs” (see 6.5 below); and
- c) Leveraging processes, if any, that provinces/territories have established for the receipt of compensation for children in care.

Canada will also write to provincial and territorial Assistant Deputy Ministers responsible for correctional facilities and community facilities to solicit their cooperation.

5.8 Collaboration with provinces and territories, as well as with self-governing First Nations governments, may be required to locate potential beneficiaries.

## **6. Support to Beneficiaries Throughout the Compensation Process**

6.1 In order to minimize the risk of traumatizing or unduly inconveniencing potential beneficiaries of the Compensation Entitlement Order, Canada will fund the following supports:

- a) **A toll-free phone line** (and/or other toll-free means of communication) Line Operators will provide information on the Compensation Process in addition to suggesting mental health, cultural and other services that beneficiaries may require arising from the Compensation Process. Operators of the toll-free phone line and/or other toll-free means of communication will be sensitive to child and youth development, as well as the cultural and contextual diversity of beneficiaries. The line should also be accessible in some First Nations languages to reflect the linguistic diversity of beneficiaries.

**b) Navigators**

Navigators will promote communications under the Notice Plan, support beneficiaries in the Compensation Process, and provide referrals to mental health, cultural, or other services beneficiaries may require arising from the Compensation Process. Navigators' duties will vary across the country based on decisions by First Nations on how navigation services can be best provided.

Where the duties of a Navigator are taken up by a First Nation or First Nations organization, Canada will ensure that the First Nation or First Nation organization providing navigation consents to providing supports to beneficiaries of compensation, and that sufficient resources are provided to those Navigators so as not to impede the quality or range of services already provided by these existing mechanisms. Canada will also ensure that the new resources are dedicated to the Compensation Process.

**c) Mental health and cultural supports**

Where possible, these supports will be provided through First Nations organizations that have established expertise and trust in communities through their support of other survivors of trauma. This may include those who provided support through processes relating to the Truth and Reconciliation Commission, the Indian Residential Schools Settlement Agreement, the Sixties Scoop class action and the National Inquiry into Missing and Murdered Indigenous Women and Girls.

In particular, the Parties have recognized the need for greater access to child and youth mental health supports within, but not limited to, NIHB Program service providers and existing mental health teams. Canada will ensure that mental wellness teams have the capacity to accommodate the Compensation Process. In order to accomplish this goal, Canada may

accept service providers who are not currently registered under the NIHB Program but are capable of providing mental health services in a manner that responds to the specific developmental needs of children and young people.

Mental health supports will be provided throughout the Compensation Process in a way that is responsive to beneficiaries' needs (e.g.: private counselling, at events, in a family setting, or in group sessions, tele-health), at no charge to beneficiaries.

6.3 First Nations will require adequate resources to provide support to beneficiaries. Canada will assist First Nations where requested by providing reasonable financial or other supports. In providing these supports and determining what constitutes “reasonable financial or other supports” and what constitutes “sufficient resources” in section 6.2(b), consideration will be given to all relevant factors, including the particular needs and realities of rural and remote First Nations with limited resources or infrastructure for providing support to beneficiaries, and who face increased costs in provision of services due to remoteness.

## 7. Timeline for the Claims Process

- 7.1. Once the Tribunal's order implementing this Framework is final<sup>4</sup> the Parties will meet within 15 business days to set an “**Implementation Date**” for the Compensation Process. The Parties agree to work towards the earliest Implementation Date possible.
- 7.2. Claims for compensation may be received up to, and including, the “**Initial Claims Deadline**”, which will be twenty-four (24) months from the date that the Notice to beneficiaries is posted on the Compensation Website, social media platforms and in at least four national media sources agreed to by the Parties.

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<sup>4</sup> “Final” means no longer subject to judicial review or appeal.

7.3. Claims for compensation may be received after the Initial Claims Deadline if received by the “**First Extended Claims Deadline**”, which will be twelve (12) months from the date of the Initial Claims Deadline. The First Extended Claims Deadline shall be available in communities or for individuals in the circumstances detailed below:

In a community, where any of the following events occur:

- a) There was a delay implementing the Notice Plan to all, or a portion of the beneficiaries;
- b) There is a consensus among service providers and professionals that more time is required to identify potential beneficiaries in the community;
- c) Child and family service providers do not respond, or are delayed in responding to request(s) to apply the Taxonomy as adapted from the Notice Plan at Schedule “A” to assist in identifying beneficiaries;
- d) There was a delay in implementing navigation services in the community;
- e) There were disruptions in the Compensation Process related to unforeseen circumstances such as epidemics, pandemics, natural disasters, community-based emergencies or service disruptions at a national, regional or community level; and/or
- f) Such other reasons in respect of which the Parties may agree.

For any individual, where any of the following events occur:

- a) A beneficiary is unable to complete the process due to medical or mental health reasons documented by a relevant professional;
- b) A beneficiary was a minor at the time of the expiration of the Initial Claims Deadline and no claim was made on their behalf;

- c) Canada failed to respond in a timely way to a beneficiary's reasonable request for information the beneficiary required in order to submit their claim and/or
- d) Such other reasons in respect of which the Parties may agree.

7.4. Claims for compensation may be received following the First Extended Claims Deadline if received by the “**Second Extended Claims Deadline**”, which will be six (6) months from the date of the First Extended Claims Deadline. Claims shall be considered pursuant to the Second Extended Claims Deadline in any community or for any individual in which any of the events noted in clause 7.3 have not yet resolved before the First Extended Claims Deadline.

7.5. Canada acknowledges that once the Central Administrator has completed its work, there may still be some beneficiaries who were unable to make a claim due to their age, or where their guardian failed to make a claim on their behalf. In order to guide Canada in dealing with such claims, the Parties and the Central Administrator shall develop a guide (the “**Post Claim Period Guide**”) to ensure that the administration of these claims by Canada reflects the experience and best practices of the Central Administrator. The Post Claim Period Guide must be completed before the Central Administrator winds up its operations.

## 8. Validation of Compensation Claims

8.1. ISC shall preserve and manage all of its records, documents, electronic data and any other relevant information in relation to potential beneficiaries for a period not less than twenty (20) years. ISC shall make all necessary information available to potential beneficiaries and the Central Administrator without delay and with due regard for the privacy of record holders.<sup>5</sup> Where there are concerns that the

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<sup>5</sup> The information necessary to validate claims may be information covered by the *Privacy Act*. The authority of Canada to share such information with the Central Administrator is s. 8(2)(m)(ii), because the information would “clearly benefit the individual to whom the information relates.” Because the AFN is also a party to this agreement, s. 8(2)(k) would also permit the sharing of information.

provision of the requested information contravenes legislation or court order, ISC shall notify the beneficiary of the reason for the delay and undertake to provide all records in whole or part that may be disclosed.

8.2. All records developed or produced by the beneficiaries are the property of each individual beneficiary and shall be destroyed five years after the payment of their compensation or the final decision on compensation. Further details concerning the final disposition of records shall be dealt with in the Guide.

8.3. As ISC and FNCFS Agencies, First Nations, provincial/territorial government ministries and agencies and the professionals and service providers with whom ISC has relationships work to identify beneficiaries as outlined in sections 5.3-5.8, they will record the names of beneficiaries who, based on a file review, meet the requirements of the Taxonomy as adapted pursuant to section 5.6, on a “**Compensation List**” to be provided to the Central Administrator. The Compensation List shall consist of persons for whom there is agreement between ISC and another knowledgeable professional or group identified above that the person should be a beneficiary.

8.4. The entities noted in section 8.3 will also, based on the judgment of the social worker at the time of the removal as recorded in the file, list parents or caregiving grandparents who sexually, physically or psychologically abused their children on an “**Exclusion List**”. Generally, both parents or grandparents will be denied compensation in these circumstances. However, where a non-offending parent or grandparent did not know the abuse was occurring, or was incapable of stopping it, they may be entitled to compensation where, for example:

- a non-offending parent or grandparent was also a victim of abuse by the other parent;
- a non-offending parent or grandparent was absent from the home for extended periods for unavoidable reasons (e.g. military service);

- a non-offending parent or grandparent suffers from a disability that either prevented them from intervening or of being aware of the abuse.

8.5. Where an individual is excluded from compensation due to sexual, physical or psychological abuse of their child(ren) or grandchild(ren), and upon their request, the Central Administrator may refer the individual to existing services that might ameliorate trauma or behaviours related to child maltreatment.

8.6. When claims are submitted, they shall be deemed valid by the Central Administrator if a beneficiary's name appears on the Compensation List.

8.7. If a beneficiary's name does not appear on the Compensation List, the Central Administrator shall consider the claim pursuant to the Guide noted in section 2.5.

8.7.1. With respect to Jordan's Principle claimants whose names do not appear on the Compensation List, Canada will take positive measures to ensure its information/database on the historical and socio-economic circumstances of First Nations is up to date. It will also provide the Central Administrator with access to any and all information/databases in its possession regarding the historical and socio-economic circumstances of First Nations communities, including Indigenous Services Canada's Synergy in Action Community Profiles Database, in order to assess the cultural, linguistic, historical and geographic factors that may impact eligibility for compensation. The Central Administrator will make use of this information to inform the determination of what was an "essential service", a "service gap" or "unreasonable delay".

8.8. For greater certainty, individual claims are required in all cases, even where more than one child in a community faced similar unmet needs due to the lack of access to the same or similar essential services.

## **9. Processing of Compensation Claims**



- 9.1. All claims will be sent to a Central Administrator identified in the notice products developed under the Notice Plan and on the Compensation Website. The two-level claims process outlined below will be conducted by the Central Administrator.
- 9.2. The Central Administrator will be agreed to by the Parties and funded by Canada.
- 9.3. All claims will be initially reviewed by a trained and duly qualified first-level reviewer according to service standards agreed to by the Parties and approved by the Tribunal.
- a) First-level reviewers will have authority to
    - i) ensure the information is complete, and to assist the beneficiary if it is not;
    - ii) screen in potential beneficiaries where information is complete; and
    - iii) approve claims and refer claims for expeditious payment.
  - b) First-level reviewers will have no authority to reject claims.
  - c) First level reviewers must understand the Tribunal's compensation decisions. All relevant training will be funded by Canada to ensure that first-level reviewers can competently fulfill their responsibilities.
  - d) Quality assurance of the first-level review process will be supported by random case audits and calibration of the review process.
  - e) An expedited process will be put in place to prioritize urgent requests for beneficiaries who are terminally ill or in palliative care, or who have been accepted into a high school completion program, post-secondary program or job skills training program.

9.4. Any completed claim that is not approved by a first-level reviewer will be referred to a second-level committee composed of at least three First Nations experts, with demonstrated knowledge of, and experience in, First Nations child and family services and Jordan's Principle, selected and approved by the Parties, and hosted by the Central Administrator. The second-level committee will rely on standards (including time frames) and processes approved by the Parties, including the following:

- a) The second-level committee may engage independent experts with expertise relevant to the particular circumstances of specific cases when needed, with proper authorization from the beneficiary or the beneficiary's guardian, or in the case of a deceased beneficiary, the deceased beneficiary's authorized representative.<sup>6</sup>
- b) The second-level committee shall be composed of persons who do not hold any political office, and have not held any political office in the past four (4) years and are independent of the federal public service.

9.5. Where the committee denies a claim, it shall provide written and specific reasons for its decision in simple language, as well as information on appeal processes and supports to understand and/or appeal the decision.

9.6. Potential beneficiaries denied compensation can request the second-level review committee to reconsider the decision if new information that is relevant to the decision is provided, or appeal to an appeals body composed of individuals agreed to by the Parties and hosted by the Central Administrator. The appeals body will be non-political and independent of the federal public service. The Parties agree that decisions of the appeals body may be subject to further review by the Tribunal. The reconsideration and appeals process will be fully articulated in the Guide.

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<sup>6</sup> It is the Parties' intention that no parent or grandparent on the Exclusion List should receive compensation.

## 10. Supports for Beneficiaries Relating to the Payment of Compensation

- 10.1. Where the beneficiary has the legal capacity to manage their own financial affairs, the compensation shall be paid directly to the beneficiary.
- 10.2. Where the beneficiary is deceased and is represented by a person exercising legal authority over the beneficiary's Estate, the compensation shall be paid directly to the beneficiary's Estate.
- 10.3. Where the beneficiary does not have the legal capacity to manage their own financial affairs, the compensation shall be held in trust for the beneficiary.
- 10.4. The Parties will select up to three (3) business entities that specialize in holding, administering and distributing funds held in trust for the benefit of the beneficiaries who do not have the legal capacity to manage their own financial affairs (the "**Appointed Trustees**"). The administration fees charged by the Appointed Trustees shall be paid for by Canada and shall not encroach on the beneficiaries' entitlement.
- 10.5. The Appointed Trustees shall hold the funds in trust pursuant to a trust agreement agreed to by the Parties (the "**Trust Agreement**"). The Trust Agreement shall outline the following requirements:
  - a) The powers, responsibilities and requirements of the trustee to hold and manage the funds for the benefit of the beneficiaries;
  - b) The distribution provisions for income and capital;
  - c) The criteria for encroachment on capital;
  - d) The removal and replacement of trustees;
  - e) The accounting and report requirements; and

f) Any other appropriate related provisions.

10.6. Upon an individual being identified as an eligible recipient for compensation, ISC will ensure that the Central Administrator provides the beneficiary with financial literacy information in a form and content agreed to by the Parties, and at no cost to the beneficiary. To the extent possible, these supports will be adapted to reflect beneficiaries' cultural, historical, geographical (including rural and remote communities) needs and circumstances. In addition to information in writing, workshops, presentations or other meetings may be used to provide financial literacy information with the goal of supporting beneficiaries to:

- a) receive the compensation;
- b) manage the compensation payment;
- c) plan and save for the future; and
- d) prevent financial exploitation, fraud and financial abuse.

10.7. Financial literacy supports will include resources and information on how to access personal financial advice when requested by the beneficiary. The beneficiary is under no obligation to use the financial literacy resources.

10.8. Every compensation payment shall be accompanied by notification of the toll-free communication options (see s. 6.1(a)), financial literacy information, and information on how to access other supports. These supports will be provided at no cost to the beneficiary and with no obligation to use any particular service provider or institution. This information will also be provided on the Compensation Website in English, French, ASL/LSQ and First Nations languages identified in the Notice Plan.

10.9. The Canada Revenue Agency ("CRA") has advised that compensation received will not be treated as "income" for income tax assessment purposes.

10.10. ISC, in collaboration with other federal government departments, will take positive measures to obtain the agreement of the provinces, territories and self-governing First Nations that the receipt of any payments pursuant to the Tribunal's Compensation Entitlement Order will not adversely affect the quantity, nature or duration of any post-majority care services, post-secondary education assistance, social benefits, social assistance benefits, federal benefits related to the COVID-19 pandemic or employment insurance benefits payable to a beneficiary.

10.11. Canada will take positive measures to obtain the agreement of the relevant Departments of the Government of Canada that the receipt of any payments pursuant to the Tribunal's Compensation Entitlement Order will not affect the quantity, nature or duration of any social benefits or social assistance benefits payable to a beneficiary. Such payments include those made under any Canadian social benefit programs such as Old Age Security, Canada Pension Plan or the Canada Child Benefit and those benefits provided by Canada related to the COVID-19 pandemic.

## **11. Non-assignment of Benefits**

11.1. No amount payable under this Framework can be assigned and any such assignment is null and void.

## **12. Monitoring of the Framework**

12.1. The Parties recognize that despite the trauma mitigation measures identified above, the process is likely to have a significant emotional impact on many beneficiaries. Where unanticipated needs of beneficiaries arise, mechanisms and processes will be adapted or established to address those needs.

12.2. The Parties will continue to work collaboratively to develop criteria to identify and expedite the processing of potentially complex claims (for example, a child removed multiple times, with removals involving different parents and grandparents). The Parties have agreed to develop further guidance on this issue,

which would weigh factors such as (a) who the biological parent(s) are; and (b) legal guardianship of the child and other relevant matters.

12.3. The Parties will meet with the Central Administrator every three (3) months to monitor the implementation of the Compensation Process and to consider adjustments to this Framework as are necessary to ensure that it is achieving the objectives of facilitating and expediting the payment of compensation to beneficiaries in ways that minimize the risk of traumatizing or unduly inconveniencing beneficiaries. The Parties will have particular regard for populations and/or groups of beneficiaries whose distinct needs require adjustment to the Compensation Process not contemplated in this Framework.

### **13. Further Development of the Framework**

13.1. The Framework is intended to provide general guidance to facilitate the Compensation Process. As noted above, the Parties will continue to work on tools that may provide more precision to guide the implementation of the Framework. Processes can and should be amended where the Parties agree amendment is necessary. Such amendments do not require the approval of the Tribunal. Where the Parties disagree on the necessity for amendment, or the wording of any amendment, the Tribunal shall determine the issue on motion from the party requesting the amendment.

13.2. The parties will discuss the development of these tools with the Commission and with the Interested Parties, as appropriate, in keeping with the scope of their status as Interested Parties in this proceeding.

**Compensation Process for Discrimination in  
Federally-funded Child and Family Services and under  
Jordan's Principle**

**Notice Plan**

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## **Introduction**

This Notice Plan is designed to notify First Nations children youth and their families, who were harmed by Canada's discriminatory provision of First Nations child and family services or failure to properly implement Jordan's Principle, of compensation awarded by the Canadian Human Rights Tribunal's (the "Tribunal") decision in *First Nations Child and Family Caring Society of Canada v Canada*, 2019 CHRT 39 (the "Compensation Entitlement Order"), as further described in 2020 CHRT 7. This Notice Plan will highlight the nature of the compensation, the Notice Plan methodology and phases, and the options for First Nations children, youth and their families eligible for compensation, as well as their guardians or personal representatives, if applicable, by virtue of the Compensation Entitlement Order (individually a "beneficiary", collectively "beneficiaries"), as further described at paras. 245-257 of the Compensation Entitlement Order and the Tribunal's decision in 2020 CHRT 7, to participate in the process established by the Tribunal for the distribution of compensation (the "Compensation Process").

## **KEY MESSAGES**

The key messages of the Notice Plan are to ensure that the beneficiaries as described in the Compensation Entitlement Order, as well as their guardians or personal representatives, if applicable, are: (1) fully informed of the beneficiaries entitlements to receive compensation; and (2) advised they may access compensation by submitting a request or may opt-out of the compensation scheme by submitting a X form by (Date).

## **Background**

The Tribunal awarded compensation to First Nations children living on reserve and in the Yukon who were removed from their families and who were subject to Canada's First Nations child and family services program. With respect to the Tribunal determined that it would include:

- \$40,000 to each First Nations child unnecessarily removed after January 1, 2006.
- \$40,000 to each child removed from their home and taken into care for compensable reasons prior to January 1, 2006, but who remained in care as of this date.
- \$40,000 to each First Nations parent or grandparent of a child unnecessarily removed after January 1, 2006.
- \$40,000 to each First Nation child necessarily removed but placed outside of their families and/or communities after January 1, 2006.

With respect to a First Nations child living on or off reserve, the Tribunal also determined that compensation would include:

- \$40,000 to each First Nations child that was unnecessarily removed to obtain essential services, or wasn't removed from their family but experienced gaps or delays of services that would have been available under Jordan's Principle between December 12, 2007, and November 2, 2017.
- \$40,000 to each First Nations parent or grandparent who had their child removed and placed in care to access services, or wasn't removed from their family but experienced gaps or delays of services that would have been available under Jordan's Principle between December 12, 2007, and November 2, 2017.

Compensation remains available to the Estate of deceased individuals who qualify as a beneficiary. Individuals who are eligible for compensation can opt out of this compensation scheme for any reason. Further, a trust will be established to hold and administer payments to be made to children and youth who are below the age of majority, in the places they reside, until they reach the age of majority... A trust will also be available for those who lack legal capacity.

### **NOTICE PLAN SUMMARY**

#### **Objective:**

The objective of the Notice Plan is to advise all of the beneficiaries as described in the Compensation Entitlement Order and their guardians or personal representatives, if applicable, of the Compensation Process established by the Tribunal. Eligible beneficiaries have the legal right to opt out of the Compensation Process. The Parties will meet as and when required to ensure that any measures taken under the Notice Plan are likely to reach the intended beneficiaries and carried out according to industry standards. The Parties may choose to retain a communications firm to design and implement the Notice Plan. If the Parties choose to hire a communications firm, the cost will be assumed by Canada.

#### **Notice Plan Phases:**

The Notice Plan is divided into two main phases: (a) the Preparation Phase; and (b) the Distribution Phase.

**a) Preparation Phase - Finalizing Notices and Training**

In preparation for implementation of the Tribunal's Compensation Entitlement Order, the Parties developed a series of notice products to make potential beneficiaries, as well as their guardians or personal representatives, if applicable, aware that they may be entitled to compensation. These products will include a claim form, easily understandable in French and English by persons with various literacy levels, and will accommodate persons with disabilities, children and youth and those located in rural or remote communities. These products may be distributed by some or all of the following means: social media; a multi-media campaign; pamphlets; posters; postcards; and videos. Each method used will contain information about the compensation process in both French and English and as many First Nations languages as possible.

Canada will retain a Central Administrator to process compensation requests. Individuals tasked by the Central Administrator with the processing of applications and the provision of Notice Plan-related services, such as phone line-operators and Navigators, must receive culturally appropriate training to ensure beneficiaries are not revictimized by the Compensation Process. The training will convey the particular sensitivities associated with youth and child development. The training will entail a detailed review of the Notice Plan information, including the Tribunal-approved Claim Form. Scripted training products will also be provided to all employees tasked with interacting with potential beneficiaries and providing information or other support services. This will help ensure consistent information messaging. This will also help ensure that all employees of the Central Administrator have an accurate and clear understanding of the information, including the details of the Claim Form. Staff must be able to advise claimants where to go to seek further information about the compensation process and other related supports. All Central Administrator employees must be clearly advised that it is not their role to provide legal advice.

A 24-hour toll-free Compensation Process and Support phone line is available where Line Operators will provide information on the Notice Plan materials and Compensation Process, in addition to suggesting mental health, cultural and other services that potential beneficiaries may require arising from the Compensation Process. As noted, these Line Operators will be trained to ensure that they are sensitive to child and youth development, as well as the cultural and

contextual diversity of beneficiaries. The line is available in some First Nations languages to reflect the linguistic diversity of beneficiaries.

Throughout the Compensation Process, including the Preparation Phase, Canada will provide and fund mental health supports for beneficiaries, including the provision of mental health support workers, who will be made available to beneficiaries in a manner that is responsive to the beneficiaries' needs (e.g.: private counselling, at events, in a family setting, group sessions, 24 hour tele-health or by way of the Compensation Process and Support Line).

Where possible, mental health supports and workers will be provided through First Nations organizations that have established expertise and built trust in First Nations communities. Training for mental health support workers will be conducted at a series of meetings<sup>1</sup>. It is expected that each training session will take approximately one-half day (4 to 5 hours).

The training will focus on educating mental health support workers on the notice materials and process to enable them to provide emotional and traditional support and provide neutral information to beneficiaries and their families. Efforts will be made to ensure that support workers are trained in child and youth mental health and, where such professionals are not available in particular communities, that the mental health workers are aware of professionals trained in child and youth mental health. The support workers will either staff the Compensation Process and Support Line or be located in or visit First Nations communities and/or organizations, to provide support services and answer questions from beneficiaries, most times in the First Nations language of the community.

The Assembly of First Nations and Caring Society will also collaborate with Aboriginal Financial Officers Association (AFOA) Canada and the Royal Bank of Canada to prepare financial literacy materials to support recipients prior to and upon receipt of compensation funds. This will include resources and information on how to access personal financial advice, both of which will also address the particular cultural, historical and geographical circumstances of different First Nations communities.

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<sup>1</sup> The identity of the trainers and the content will be determined at a later date by the Parties.

The Assembly of First Nations will develop and operate an independent and neutral Information Line, to be staffed by Information Line Liaison(s) (described further below). A framework will be established in consultation with the Parties to ensure consistent and clear messaging to beneficiaries, including comparable training to the Central Administrator's Line Operators associated with the Compensation Process and Support Line, as well as its Navigators. The Line Operators, Navigators, mental health support workers, and Information Line Liaison(s) will not provide any legal advice.

**b) Distribution Phase – Disseminating Information**

After the notice Preparation Phase, the Distribution Phase will begin where information will be disseminated to the beneficiaries. The Distribution Phase is further broken down into four sub-phases, as detailed below. Phases 1 to 3 will be conducted within the first six months of the Implementation Date set out in the Framework. Phase 4 will be carried out over two years.

Compensation is also being sought in two cases underway but not completed in the Federal Court: *Moushoom et al v Canada (Attorney General)*, Federal Court Registry No. T-402-19, and *The Assembly of First Nations et al v Her Majesty the Queen*, Federal Court Registry No. T-141-20. An individual's right to receive compensation may be affected by those cases, or any others that may be filed.

**Phase 1 – Multi-media Campaign:** Notice Plan information will be distributed through various print, television, radio or social media, depending on what is likely to be most effective in different parts of the country. Accommodations will be made for persons with unique needs (i.e. persons with disabilities, those located in rural or remote communities, incarcerated persons, homeless persons, or persons in domestic violence shelters), persons who speak First Nations languages and persons with various literacy levels in French and English. Indigenous Services Canada ("ISC") and the Central Administrator will launch and post the Notice Plan materials on a dedicated website ([www.FNChildCompensation.ca](http://www.FNChildCompensation.ca)), and establish the toll-free Compensation Process and Support phone line that will be in service throughout the Compensation Process, including Phases 1-4. The AFN's Information Line will also be in service to provide support to the beneficiaries, as administered by its Information Line Liaison(s).

**Phase 2 – Distribution of Posters and Information Packages:** Information packages, posters, social media posts, and postcards will be sent to First Nations communities, First Nations child and family service agencies and other children’s service providers, First Nations Organizations, Friendship Centres, Correctional Centres, Tribal Councils, and other partners/stakeholders. Further mail-outs may occur throughout the Distribution Phase. To protect beneficiaries’ confidentiality, these will be provided in bulk in a general-distribution approach. The Parties will agree to a distribution list.

**Phase 3 – Community Notices:** Canada will work with the Assembly of First Nations and First Nations Child and Family Caring Society and will partner with First Nations communities across Canada to provide notice on local radio stations, local newsletters and online. Wherever possible, These notices will be in the language(s) of the respective community.

**Phase 4 – Ongoing Information for the Duration of the Claim Period:** The dedicated compensation website and Compensation Process and Support Line will be maintained throughout the Claim Period starting on the Implementation Date in order to provide information to beneficiaries.

**Geographical Scope:**

Beneficiaries and their families reside in urban, rural, northern and remote/isolated communities across Canada. Some beneficiaries may reside in health care facilities, domestic violence shelters, or may be homeless, or incarcerated. The Notice Plan is designed to reach all beneficiaries in Canada, regardless of geographic location.

Some beneficiaries may reside outside of Canada, and consequently may not be exposed to or be able to access the Notice Plan information via Canadian media or First Nations organizations in Canada. Accordingly, Canada will make reasonable efforts to provide the Notice Plan information to those beneficiaries who reside outside of Canada and request the information.

**Language:**

Notice Plan materials will be created in a variety of languages appropriate to the media source and location. All elements of the mailing packages (described below), including the Claim Form, will be produced in English and French and American Sign Language (ASL)/Langue des signes du Quebec (LSQ). The dedicated compensation website will appear in English

([www.FNChildWelfareCompensation.ca](http://www.FNChildWelfareCompensation.ca)) and French ([www.PNProtectionLenfance.ca](http://www.PNProtectionLenfance.ca)). Additionally, the beneficiaries will be able to access English and French Compensation Process and Support Line Operators, as well as have access to the Navigators and mental health support workers who have the capacity to provide information in various First Nations languages and in a manner suitable for persons with limited literacy.

**Delivery:**

The Notice Plan will focus on ensuring beneficiaries understand why compensation is available and how the application process works. The messaging must be culturally sensitive, attempt to limit any trauma to beneficiaries, and address concerns that beneficiaries may have. Care will be taken throughout the Notice Plan to respect the privacy and confidentiality of beneficiaries.

On-going support and information will be available for beneficiaries throughout the first three phases of the Distribution Phase from Navigators, mental health support workers, the Compensation Process and Support Line Operators, and the AFN Information Line Liaison(s).

All products designed for beneficiaries must be easy to read and understand. The products will contain consistent messaging, be presented in plain and concise language, with an identifiable look, headline, and graphic. The various types of products – and the Notice Plan in its entirety – are intended to ensure that beneficiaries understand who is eligible for compensation and how the process works, if they chose to seek compensation pursuant to the Compensation Process.

If during the course of the Notice Plan it is determined that other products need to be developed to meet evolving needs or address specific issues, said products and/or materials will be prepared and agreed to by the Parties in a manner consistent with the Tribunal-approved Claim Form.

**Responding to Inquiries:**

During the claim period, Canada will provide resources to the AFN and the Caring Society in order to facilitate the dissemination of Notice Plan materials and associated information to beneficiaries. This will include funding Information Line Liaisons, whose role will be to respond to questions about the Notice Plan and facilitate the dissemination of Notice Plan materials in a culturally appropriate and sensitive manner. Canada will also fund mental health supports and mental health workers, who will provide information, assistance and support. Finally, Canada will fund third parties to provide financial literacy materials and experts, who will conduct workshops,

presentations or other meetings in order to support beneficiaries, having regard to their particular cultural, linguistic and geographical needs and circumstances.

## **NOTICE SCHEDULE**

### **Preparation Phase Schedule:**

Below is a schedule that outlines the expected timeframe for activities that must be completed prior to the launch of the Distribution Phase. Due to the sensitivity and potential impacts of the Notice Plan, the launch of the Distribution Phase will commence on the Implementation Date.

<b>ACTIVITY</b>	<b>TIMEFRAME</b>
Draft, design and finalize products	One month from date Compensation Entitlement Order is final
Translate products	Two months from date Compensation Entitlement Order is final
Produce videos (including ASL and LSQ)	Two months from date Compensation Entitlement Order is final
Produce social media posts	Two months from date Compensation Entitlement Order is final
Print products and create packages	Two months from date Compensation Entitlement Order is final
Training Sessions for Mental Health Support Workers	Two months from date Compensation Entitlement Order is final
Launch Distribution Phase	On Implementation Date

### **Distribution Phase Schedule:**

Below is a timeline for Distribution Phase. Details for each phase follow.

<b>PHASE</b>	<b>TIMEFRAME</b>
Phase 1 – Multi-media Campaign	Commence on Implementation Date and run for at least 12 months
Phase 2 – Mailouts of Packages	Commence on Implementation Date and run for at least 12 months
Phase 3 – Local Community Notices	Commence on Implementation Date and run for at least 12 months



Phase 4 – On-going Notice	January 1, 2021 – date determined by the Tribunal
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**Phase 1 – Multi-Media Campaign (DATES):**

The timing of the individual notices and media placements may vary within the notice period. Phase 1 will commence on the Implementation Date for at least a 12-month period. Below is a detailed breakdown of appearance.

**a) *First Nations Television Notice***

During the 12-month period, approximately 750 Television Notices may be broadcast throughout Canada on First Nations television networks. Contingent on network agreement, notices will run on Aboriginal Peoples Television Network (“APTN”). Notices will also appear on Canadian Broadcasting Corporation (“CBC”) North.

Television Notices will appear in a wide variety of programs and time slots, from early morning to late at night. The schedule should include many of the most popular programs on APTN and CBC North.

A total of four Television Notices will be created and appear in three different languages: English, French, and a First Nations language to be agreed to by the parties. These will be 30-second informational announcements in English and 60-seconds in French (longer length due to translation) on APTN and CBC North. First Nations language spots will also appear in 30- or 60-second formats, depending on the language being spoken.

In addition to the paid television broadcasts, First Nations version(s) of the English television spot will be sent to CBC television for national broadcast as public service announcements (“PSA”). The English television spots for regional broadcast in the Northwest Territories will be sent to CBC.

**b) *Radio Notice***

The Radio Notice will be produced and broadcast in 17 languages/dialects, including English, French, Quebec Cree, Déné, Ojibway, North Slavey, South Slavey, Denesuline, Tlicho, Gwich’n, South Tutchone, Tlingit, Innu, Atikamekw, Oji-Cree, Mi’kmaq, and Cree. The Radio Notice will air

on each network/station, in accordance with the language(s) of their programming and/or the predominant language(s) used by their listeners. Networks with multiple language programming will receive a higher number of spots, to ensure effective exposure of each version of the Notice. The radio spots will air over a four-week period.

Spots will be broadcast on radio stations with FirstFirst Nations communications organizations and radio networks, such as:

Organization/Network	Languages
Aboriginal Multi Media Society of Alberta	English, Cree
James Bay Cree Communications Society Network	English, Québec Cree
Missinipi Broadcasting Corp. Network Radio (MBC)	English, Cree, Dene
Native Communications Inc. (NCI-FM)	English, Ojibway, Cree
Native Communications Society of the Western NW	English, Tlicho, North Slavey,
Northern Native Broadcasting Terrace (CFNR-FM)	English
Northern Native Broadcasting Yukon (CHON-FM)	English, Gwitch'n, Southern
Société de Communications Atikamekw-Montagnais	Innu, Atikamekw, French
Wawatay Radio Network (WRN)	English, Oji-Cree, Cree

#### **c) Radio PSAs**

The Radio Notice will be packaged and distributed to mainstream radio stations as a PSA. The PSA package will include an audio recording of the Radio Notice (both English and French) as well as a message to the Public Service Director explaining the importance of the Notice and requesting the station air the message. PSAs provide an easy and simple way to more widely distribute the Notice.

#### **d) Print Publication Notices**

Notices will also be placed in mainstream newspapers and local newsletters in order to increase the reach of the Notice Plan, particularly for urban residents. Notices will appear once in seven different mainstream newspapers across Canada. The Notice should be approximately five inches by ten inches. Notices should appear in a prominent place in the newspaper in a manner accessible to non-paying readers, primarily in the Main News section.

The Notice may appear in the following mainstream newspapers:

Newspaper	City/Area	Province
<i>Chronicle Herald</i>	Halifax	Nova Scotia

<i>Edmonton Sun</i>	Edmonton	Alberta
<i>Saskatoon Star Phoenix</i>	Saskatoon	Saskatchewan
<i>The Globe and Mail</i>	Toronto	National
<i>The National Post</i>	Toronto	National
<i>The Toronto Star</i>	Toronto	Ontario
<i>Winnipeg Sun</i>	Winnipeg	Manitoba
<i>Whitehorse Daily Star</i>	Whitehorse	Yukon
<i>Vancouver Sun</i>	Vancouver	British Columbia

Notices will also appear, as a full-page unit, in 32 highly targeted First Nations publications. First Nations publications provide local and regional news to a large portion of First Nations communities. In bilingual publications, multiple Notices will appear, once in English or French, and again in the primary First Nations language(s) of the publication.

The Notice may appear in the following First Nations publications:

<b>Publication</b>	<b>Coverage</b>	<b>Ad Language</b>
<i>Alberta Native News</i>	Alberta	English
<i>Anishinabek News</i>	Ontario	English
<i>Eagle Feather News</i>	Saskatchewan	English
<i>Eastern Door</i>	Québec	English
<i>Elsipogtogeoei</i>	New Brunswick	English
<i>First Nations Drum</i>	National	English
<i>First Nations Voice</i>	National	English
<i>Grassroots News</i>	Manitoba	English
<i>Ha-Shilth-Sa</i>	British Columbia	English
<i>Inuvik Drum</i>	Northwest Territories	English
<i>L'Action</i>	Ontario	French
<i>L'Aquilon</i>	Northwest Territories	French
<i>Le Journal Innuvelle</i>	Québec	French
<i>Le Metropolitain</i>	Ontario	French
<i>Le Regional</i>	Ontario	French
<i>Le Rempart</i>	Ontario	French
<i>L'horizon</i>	Ontario	English
<i>Mi'kmaq-Maliseet Nations News</i>	Nova Scotia	English
<i>Native Journal</i>	National	English
<i>Nunatsiaq News</i>	Northwest Territories	English
<i>NWT News/North</i>	Northwest Territories	English
<i>Prince Albert Grand Council Tribune</i>	Saskatchewan	English
<i>Secwepemc News</i>	British Columbia	English
<i>The Chief</i>	British Columbia	English

<i>The Hay River Hub</i>	Northwest Territories	English
<i>The Nation</i>	Québec/Ontario	English
<i>Turtle Island News</i>	Ontario	English
<i>Tusaayaksat</i>	Northwest Territories	English
<i>Tusaayaksat</i>	Northwest Territories	Siglit
<i>Wawatay News</i>	Ontario	English
<i>Wawatay News</i>	Ontario	Oji-Cree
<i>Yellowknifer</i>	Northwest Territories	English

**e) Online Notice**

The online portion of the Notice Plan includes banner advertisements, which will run for a 30-day period, or longer as required. Notices will be formatted to accommodate mobile devices.

The banner advertisements will run on a rotating basis on website such as the following:

- [FirstNationsVoice.com](http://FirstNationsVoice.com)
- [FirstNationsDrum.com](http://FirstNationsDrum.com)
- [WawatayNews.ca](http://WawatayNews.ca)
- [WindSpeaker.com](http://WindSpeaker.com)
- [AlbertaNativeNews.com](http://AlbertaNativeNews.com)
- [AnishinabekNews.ca](http://AnishinabekNews.ca)
- [NORJ.ca](http://NORJ.ca)
- [Grassrootsnewsmb.ca](http://Grassrootsnewsmb.ca)

The banner will appear in English or French on the selected websites, unless the website permits it to appear in both English or French and a First Nations language.

Banner ads may also appear on Facebook.com targeting individuals in Canada whose interests include “Indigenous”, “First Nations” and “First Nations children”.

Social media channels including Twitter, Facebook, TikTok and Instagram will also be used to share information about the Notice Plan. Notices will direct beneficiaries, family members and others to the dedicated website, or other on-line locations where they can find relevant information.

**f) Videos**

One video will be made to provide a range of information on the Compensation Process. The use of this video will provide flexibility to viewers enabling them to obtain information on the nature of the Claim Process. The video will be included in the information packages (described below) on USB keys, will be made available in DVD format, and will also be accessible on You Tube with a link on the dedicated website.

The video will be called “Overview of the Compensation Process for Federally-funded First Nations Child and Family Services and Jordan’s Principle,” and provide beneficiaries with information on the Compensation Process, including general information about filing a claim.

**g) “Earned Media” Activities**

Earned media activities are means of obtaining coverage in credible news sources that do not involve the purchase of paid advertising. These would include the use of news releases, media advisories, personal contact with reporters, and other activities designed to encourage stories to be written about the Notice Plan. As part of this process, an Information news release conforming to the Tribunal-approved Claim Form will be issued to provide a fair and neutral statement of the Notice Plan and encourage media interest.

**Phase 2 – Mail-outs of Information Packages**

Phase 2 of the Distribution Phase will coincide with Phase 1. After the initial mail-outs are complete, on-going mail-outs will continue throughout the Distribution Phase. Success in building awareness among all audience segments will be determined by the Parties’ ability to put information directly in front of the audience through media that are highly visible, have “stopping power”, and afford the opportunity to deliver a number of key messages in clear and simple language. Success will also be determined by the Parties’ ability to leverage one of their key communications opportunities – the direct link to their audience that is provided by the respective network of First Nations Band Offices, First Nations child and family service agencies, and Friendship, Youth and Women’s Centres across Canada. A key focus of the Parties’ effort in marketing to public segments should be in the development and production of Compensation displays that can be distributed to and placed in Centres, in essence serving as billboards that deliver key messaging, require little effort to maintain, and frankly, would be difficult for visitors to the Centres to ignore.



Information packages will be mailed to over 1,200 organizations including First Nations communities, First Nations Organizations that work with beneficiaries, Friendship Centres, Youth in Care Canada, Federal and Provincial Correctional Centres, Tribal Councils, and other partners and stakeholders. These packages will also include a USB key with videos and with printable notice products such as posters, pamphlets, post cards, and forms. The material will be available in English, French, and other First Nations languages.

Organizations can also provide links on their websites to the dedicated website for those beneficiaries wanting more information. Under no circumstances shall an organization charge a fee to beneficiaries for accessing information.

### **Phase 3 – Community Radio Stations, Local Newsletters and Websites**

The Parties will reach out and partner with First Nations communities across Canada to provide notice on local radio stations, local newsletters and links on their websites. These notices will be in the language of the community media type.

A major consideration is that a significant proportion of the target audience cannot access written materials. This, obviously, poses a significant challenge to disseminating the Compensation Process message out to the target audience. The solution to this challenge is to provide prepared audio materials to broadcast media, including both radio and television. These materials could spur interest in the Compensation Process with outlets unfamiliar with the process, subsequently resulting in additional coverage that may not have resulted from the news release and follow-up approach.

These audio news releases will consist of a prepared radio spot lasting about 30 or 40 seconds that could be broadcast in its entirety, along with pre-recorded messages that could be used by the broadcast outlet in its preparation of its own report.

A Q&A will be included in the media information kit. The information will be directed at potential beneficiaries and will provide basic information on the Notice Plan, the Compensation Process, how to make a claim for compensation, as well the available resources that are available to potential beneficiaries and beneficiaries in need of support.

Relevant information could be formatted into fact sheets covering topics such as CHRT rulings, more in-depth information about when and how to access compensation, as well as a summary of the Compensation Process. Inclusion of facts sheets and/or a short general information sheet would provide a quick reference for the casual reader who may not take the time to read all relevant information in its entirety.

#### **Phase 4 – Ongoing Information for the Duration of the Claim Period**

The dedicated compensation website and Compensation Process and Support Line will be maintained throughout the Claim Period.

#### **Additional**

The Parties shall take steps to address any misinformation, fraudulent advertisements, etc. that are intended to scam or phish for information.

## ANNEX A

### **BACKGROUND**

More First Nations children have been removed from their families and are in foster care today than were in residential schools at the height of the operation of that system. First Nations children are 12 times more likely to be placed in care due to neglect driven by poverty, poor housing, parental substance misuse, and domestic violence. The Government of Canada's ("Canada") provision of inequitable child and family services and other public services via Jordan's Principle made it more difficult for families to address risk factors and thus more First Nations children were placed in care and stayed there.

Canada requires child and family services on reserve to be delivered in accordance with provincial child and family services laws as a condition of federal funding. Off reserve, provincial funding and child and family service laws apply. First Nations child and family service agencies began operating in the 1970's with over 100 being established by 2005. These agencies were serving a higher needs population owing to the legacies of residential schools and colonialism and received less funding than provincial agencies received for other children off reserve. The most serious area of shortfall was in services intended to prevent child maltreatment or to mitigate risks to prevent the removals of children from their families whenever possible.

As the Tribunal noted, this chronic under-funding has persisted for many years despite available solutions. The Auditor General of Canada found Canada's provision of the First Nations Child and Family Services Program to be inequitable in 2008 and again in 2011. A 2005 report commissioned by the Assembly of First Nations and Canada and authored by the First Nations Child and Family Caring Society of Canada (Caring Society) found that funding for child and family and health services for First Nations children in Canada fell 30% below what was needed without accounting for the higher risks for First Nations children arising from residential schools and other colonial harms. Further, a 2000 study commissioned by Canada and authored by the Assembly of First Nations revealed that 22 percent less funding was available on a per child basis for First Nations children living on reserve than was provided to children living off reserve in the average province.

In addition to shortfalls in child and family services funding on reserve, First Nations children and families were being deprived of access to other public services they needed due to Canada's



failure to properly implement Jordan's Principle. Jordan's Principle is named in memory of Jordan River Anderson of Norway House Cree Nation in Manitoba. Born in 1999, Jordan remained in hospital for medical reasons for two years until his condition reached a point where he could be discharged to a medically trained foster home near the hospital with a longer-term plan of reuniting Jordan with his family in Norway House. If Jordan had been a non-First Nations child, he would have been discharged. However, Manitoba refused to pay for the service because Jordan was a registered Indian and his family lived on reserve. Canada's Departments of Health and Indian Affairs also argued over which department was supposed to pay for Jordan's services and in the end Jordan was forced to remain in the hospital while the various levels of government argued over the fiscal responsibility for his services. Jordan remained in hospital for another two years unnecessarily before he slipped into a coma and tragically died at age 5. In 2005, the Caring Society study found 393 other children were being denied services due to these types of payment disputes. Jordan's Principle was developed with the support of Jordan's family and adopted by Parliament in 2007. It allows for First Nations children to receive the public services they need when they need them, compelling the government to fund the requisite services and argue about responsibility for providing said services after the fact. Unfortunately, Canada failed to implement Jordan's Principle and, until the Canadian Human Rights Tribunal ruled in 2016, took the position that there were no Jordan's Principle cases.

These inequalities have continued to perpetuate many of the generational problems fostered by the *Indian Act* and the residential school system, and the insufficient resources and supports in place has been found to result directly in elevated rates of abuse and even death in care.

In February 2007, the First Nations Child and Family Caring Society of Canada and the Assembly of First Nations filed a complaint under the *Canadian Human Rights Act* alleging that Canada's inequitable provision of child and family services services to 163,000 First Nations children, along with its flawed implementation of Jordan's Principle, was discriminatory on the prohibited grounds of race and national ethnic origin. Canada made eight unsuccessful attempts to get the case dismissed on technical grounds.

On 26 January 2016, the Canadian Human Rights Tribunal substantiated the complaint and ordered Canada to cease its discriminatory conduct. The Tribunal found that the First Nations Child and Family Services (FNCFS) Program denied services to many First Nations children and families living on-reserve and resulted in adverse impacts for them because it was based on

flawed assumptions about First Nations communities that did not reflect the actual needs of those communities. The Tribunal also found that the FNCFS Program's three main funding mechanisms for First Nations child and family services incentivized removing First Nations children from their families.

The Tribunal further found that Canada's narrow interpretation and implementation of Jordan's Principle resulted in service gaps, delays or denials, and overall adverse impacts on First Nations children and families on reserve. Jordan's Principle is a child-first principle that provides that First Nations children ought to receive the public services they need when they need them, further to the principles of substantive equality and the best interests of the child. Canada was ordered to cease applying the discriminatory definition and approach in its application of Jordan's Principle.

Since the original ruling, the Tribunal has issued nine non-compliance orders in an attempt to force Canada to comply with its original ruling. On September 6, 2019, the Tribunal ordered Canada to provide compensation per the Compensation Entitlement Order.

The *Canadian Human Rights Act* (CHRA) allows the Tribunal to award up to \$20,000 for pain and suffering to a victim of a discriminatory practice (s. 53.2(e)). It also allows the Tribunal to award up to an additional \$20,000 per victim if the discrimination was willful and reckless (s. 53(3)). The total compensation under these sections of the *CHRA* cannot exceed \$40,000 per discriminatory practice. Any reference to the Tribunal awarding \$40,000 to a victim in this case includes both pain and suffering (\$20,000) and special compensation for discrimination that was willful and reckless (\$20,000).

## ANNEX B

### METHODOLOGY FOR THE DEVELOPMENT OF THE NOTICE PROGRAM

In the Compensation Entitlement Order, the Tribunal ordered the Government of Canada (“Canada”) to work with the Caring Society and Assembly of First Nations to develop a compensation process to distribute the compensation the Tribunal ordered Canada to pay. For several months the Assembly of First Nations and Caring Society worked apart from Canada as Canada did not appoint representatives for the compensation discussion until January 2020. This process involved seeking input and advice from a variety of sources including First Nations youth in care or formerly in care. The Assembly of First Nations, developed a draft Notice Plan, as it has participated in the design of a number of notice programs comparable in scope and complexity. In developing the draft Notice Plan, the Assembly of First Nations collaborated with the Caring Society. Further, a number of All-Party meetings addressed the messaging and approach of the Notice Plan. Participants provided a wide range of helpful albeit sometimes competing ideas and suggestions, which were considered by the Parties and influenced the development of the Notice Plan and related Notice products.

# FIRST NATIONS CHILD SERVICES COMPENSATION PROCESS: BENEFICIARY CLAIM FORM

**Advisory:** Filling out this Beneficiary Claim Form may be emotionally difficult or traumatic for some people, including being mindful of the possible impacts on children and youth, or those caring for children and youth.

If you are experiencing emotional distress and want to talk, free counselling and crisis intervention services are available from the Hope for Wellness Help Line at 1-855-242-3310 or online at [www.hopeforwellness.ca](http://www.hopeforwellness.ca).

The toll-free number and website are available 24 hours a day, 7 days a week.

Free assistance to complete the Beneficiary Claims Form is available from the Child Services Compensation Support Line at 1-800-XXX-XXXX.

## BENEFICIARY CLAIM FORM

### FIRST NATIONS CHILD SERVICES COMPENSATION

Compensation has been made available to some First Nations children who were removed from their homes at a time when their parents lived on reserve or in the Yukon and were served under Canada's First Nations Child and Family Services program. In some circumstances, parents and grandparents who had a child removed and were resident on reserve or in the Yukon at the time of the removal are eligible for compensation too.

Compensation has also been made available to some First Nations children living on or off reserve who were removed from their families to obtain essential services that should have been available under Jordan's Principle. Children and youth and families who did not experience a child removal, but instead experienced denials, gaps or unreasonable delays in essential services (like X) or products (like wheelchairs, percussion vests, learning technology) that would have been available under Jordan's Principle are eligible for compensation too.

### BENEFICIARY CLAIM DUE BY: [DATE]

#### **Assistance and advice:**

Potential beneficiaries can seek advice about their eligibility and the Compensation Process by calling the Child Services Compensation Support Line at 1-800-XXX-XXXX, or by emailing [compensation@EMAIL.ca](mailto:compensation@EMAIL.ca).

Potential beneficiaries can also reach out to the First Nations Compensation Help Desk, accessible by calling 1-800-XXX-XXXX or by emailing [helpdesk@afn.ca](mailto:helpdesk@afn.ca)

You can also get more information by visiting the Child Welfare Compensation Process Website, accessible at <http://childservicescompensation.ca>

**Important Information Regarding Beneficiary Eligibility:**

On January 26, 2016, the Canadian Human Rights Tribunal (the “Tribunal”) found that Canada was discriminating against First Nations children in the child welfare system and by failing to implement Jordan’s Principle.

On September 6, 2019, the Tribunal ordered that the victims of Canada’s discrimination are entitled to compensation (the “Compensation Entitlement Order”).

There are two broad categories for eligible beneficiaries:

- 1. Canada’s First Nations Child and Family Services Program**
- 2. Jordan’s Principle**

***Canada’s First Nations Child and Family Services Program***

The Compensation Entitlement Order provides compensation of **\$40,000** for First Nations children and their families who lived on reserve or in the Yukon and who were subjected to removal from their homes by Canada’s First Nation Child and Family Services program. Those entitled to this compensation include:

- a First Nations child removed from their homes, families and communities before January 1, 2006 and who was still in care on that date;
- a First Nations child removed from their homes, families and communities on or after January 1, 2006;
- a parent, or a grandparent who was the primary caregiver for a First Nations child who was removed from their homes, families and communities before January 1, 2006 for reasons other than physical, sexual or emotional abuse whose child was still in care on that date; and
- a parent, or a grandparent who was the primary caregiver for a First Nations child who was removed from their homes, families and communities on or after January 1, 2006 for reasons other than physical, sexual or emotional abuse.

Note that any parent who engaged in physical, sexual or emotional abuse of a child is not eligible for compensation.

Indigenous Services Canada and First Nations Child and Family Services Agencies have made a Compensation List based on their records. If your name is on that list, your Claim will be approved. If your name is not on that list, your

Claim will still be reviewed to see if you are eligible to receive compensation. If the reviewers have questions, they may contact you for more information.

### ***Jordan's Principle***

Compensation in the amount of **\$40,000** has also been made available to First Nations children and their families living on or off reserve in the following circumstances:

- a First Nations child who was unnecessarily removed to obtain essential services, between December 12, 2007 and November 2, 2017 (cannot be combined with First Nations Child and Family Services compensation);
- a First Nations child who was not removed from their family but experienced a denial, gap or unreasonable delay in the delivery of essential services that would have been available under Jordan's Principle between December 12, 2007, and November 2, 2017;
- a parent, or a grandparent who was the primary caregiver for a First Nations child who was removed and placed in care to obtain essential services, between December 12, 2007 and November 2, 2017 (cannot be combined with First Nations Child and Family Services compensation); and
- a parent, or a grandparent who was the primary caregiver for a First Nations child who was not removed from their family, but experienced a denial, gap or unreasonable delay in the delivery of essential services that would have been available under Jordan's Principle between December 12, 2007, and November 2, 2017.

The Compensation Order, 2019 CHRT 39, describes the compensation at paragraphs 245-257. You can find it here:

<https://decisions.chrt-tcdp.gc.ca/chrt-tcdp/decisions/en/item/453537/index.do>

<b>Part 1: Beneficiary Information</b>			
<b>Beneficiary's Name and Last Name (required)</b>			
First Name:			
Middle Name (if any)			
Last Name:			
Other name(s) (if any) <i>Examples: name at time you were removed from home, maiden name, adopted name or nickname</i>			
Beneficiary's Date of Birth (required)	If Beneficiary has died, Date of Death	Beneficiary's Indian Status Card Number	
___/___/___ DD/MM/YY	___/___/___ DD/MM/YY		
Details re claims based on child's experiences (if beneficiary is a parent/grandparent)			
Child's Name	Child's Date of Birth	Child's Indian Status Card Number	Type of claim (Child Welfare or Jordan's Principle)
	___/___/___ DD /MM/YY		
	___/___/___ DD /MM/YY		
	___/___/___ DD /MM/YY		
<b>Beneficiary Contact Details (required)</b>			
Street Number and Name	Apartment number (if applicable)		
Box number, Rural route, Station Number			
City/Town/Municipality			
Province/Territory	Postal Code	Country	
Home Telephone Number		Cell Phone Number	
Email Address (if available)			
<b>Beneficiary's current Home Community or Communities (if applicable)</b> Examples: Name of First Nation, Town, Hamlet, or Settlement			



### Part 2: Are you applying as a Representative of a Beneficiary?

If you are filling this Claim form out for yourself, please go to Part 3.

Fill this part out if you are filling this form out for a Beneficiary who cannot complete this claim form on their own because they are not able to manage their own affairs (for example because they are a child, they are sick, or they are lack legal capacity ) or are deceased.

You cannot receive payment or compensation from a Beneficiary specifically for filling out this Claim Form for them.

If applicable, a Personal Representative must be either:

Appointed by law to manage or make reasonable judgments or decisions in respect of the affairs of the person under disability.

OR

The Estate Executor or Administrator, appointed by a Court or Indigenous Services Canada (ISC) on behalf of a Claimant who is deceased.

To become appointed as a Personal Representative for a deceased Claimant that lived on reserve, please contact ISC at **1-800-567-9604**.

All other appointments are managed by the local Province or Territory. Contact the Child Services Compensation Support Line at **1-800-XXX-XXXX** if you are not sure what documents you need to prove that you can be a Representative.

If you are applying as a Representative, on behalf of a Beneficiary, check this box.

Yes

**If you selected Yes, the Representative must provide the details on the next page.**

**You will also have to attach documents confirming your legal status as a representative.**

<b>REPRESENTATIVE CONTACT INFORMATION</b>		
Representative Full Name - First, Last		
Representative Address: Street Name and Number; Unit Number		
City/Town/Community		
Province/Territory	Postal Code	Country
Telephone Number		Email Address (if available)
<b>Relationship to Beneficiary:</b>		
<b>Documentation Required-</b> please attach a photocopy of the following:		
<b>Powers of Attorney</b>	<b>Executors/Administrators</b>	
<ul style="list-style-type: none"> <li>• Court Order;</li> <li>• Documentation that shows you have Power of Attorney over the Beneficiary's finances; or</li> <li>• Birth Certificate, affidavit or other legal document confirming you are the parent of a Beneficiary who has not yet reached the provincial/territorial age of majority.</li> </ul>	<ul style="list-style-type: none"> <li>• Death Certificate and a Will (if available);</li> <li>• Revenue Quebec Estate Form; or</li> <li>• Order or Grant of Administration from a Court; or</li> <li>• Letter of Administration from ISC</li> </ul>	

### Part 3: Beneficiary Claim Information

Go to **Part 3A** on the next page if you are asking for compensation because, while you lived on-reserve, you were removed from your home, family and community as a child, or because your child was removed from your home, family or community for reasons other than physical, sexual or emotional abuse.

Go to **Part 3B** on page X if you are asking for compensation because, while you lived on-reserve or off-reserve, you were removed from your home to access essential services, or because your child was removed from your home, family and community to access essential services.

Go to **Part 3C** on page X if you are asking for compensation because you experienced a denial, gap or unreasonable delay in the delivery of essential services that would have been available under Jordan's Principle.

### Part 3A: Canada's First Nations Child and Family Services Program

<b>3 (A) - Beneficiary Eligibility – FNCFS Program</b>	
<p>I confirm that I am seeking compensation under the Compensation Order.</p> <p>In terms of my evaluating my eligibility as a beneficiary of the Compensation Order, I confirm the following details surrounding my experience:</p>	
<p>I lived on reserve or in the Yukon and I believe I am:</p> <p>A) a First Nations child removed from my home and placed outside of my family or community before January 1, 2006 and was still in care on January 1, 2006.</p> <p>B) a First Nations child removed from my home and placed outside of my family and community on or after January 1, 2006.</p> <p>C) a parent, or a grandparent who was the primary caregiver for a First Nation child removed from my home before January 1, 2006 for reasons other than physical, sexual or emotional abuse and placed outside of my child's family or our community, and whose child was still in care on January 1, 2006.</p> <p>D) a parent, or a grandparent who the primary caregiver for a First Nations child who was removed from my home on or after January 1, 2006 for reasons other than physical, sexual or emotional abuse and placed outside of my child's family or our community.</p>	<p>Please check one:</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>Unsure about your background? Check the boxes that apply to you</b></p> <p>I was a First Nations child who was removed from their home, family and community and was in care as of January 1, 2006 or was removed after that but don't know:</p> <p>a) If I got services from the FNCFS program</p> <p>b) I was removed but don't know if my placement counts as a family or community placement.</p>	<p>Check the Boxes that apply</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

<b>3 (A) - Beneficiary Eligibility – FNCFS Program (cont'd)</b>	
<p><b>Unsure about some of your information background? Check the boxes that apply to you</b></p> <p>I am a parent or grandparent who was caring for my child at the time of their removal AND I lived on reserve or in the Yukon AND my child was in care as of January 1, 2006 or sometime after that but I don't know (check all that apply):</p> <ul style="list-style-type: none"> <li>a) If I got services from the FNCFS Program</li> <li>b) The reasons why my child/grandchild was removed</li> <li>c) Whether my child's placement counts as a family or community placement.</li> </ul>	<p>Check the Boxes that apply</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

<b>3 (A) - Beneficiary Eligibility – FNCFS Program (cont'd)</b>	
<b>Claim Particulars (child)</b>	
I confirm that I was removed from my family by Canada's First Nations Child and Family Services Program on DD_____MM_____YY_____.	
Reserve, Location or Community	
Province or Territory	
<b>Claim Particulars (Parent or grandparent, include any further children on extra pages)</b>	
Name of my child or grandchild- <i>include any additional names, including name when removed from home, maiden name, adopted name or nickname</i>	
Child/ grandchild's Date of Birth	Day_____Month_____Year_____
Child/ grandchild's Date of Death (if applicable)	Day_____Month_____Year_____
My child's/grandchild's Indian Status Card number	
I confirm that my child/grandchild was removed from my family by Canada's First Nations Child and Family Services Program on DD_____MM_____YY_____.	
Reserve, Location or Community	
Province or Territory	

**Part 3B: Jordan’s Principle – Removals to access services**

<b>3(B) - Beneficiary Eligibility – Jordan’s Principle Removal</b>	
<p>I confirm that I am seeking compensation under the Compensation Order. I confirm that I am not seeking compensation for a removal under the FNCFS Program (3A).</p> <p>In terms of my evaluating my eligibility as a beneficiary of the Compensation Order, I confirm the following details surrounding my experience with a removal for service access:</p>	
<p>I lived on or off reserve and I believe I am:</p> <p>A) a First Nations child who was removed from my home, family and community to obtain essential services that would have been available under Jordan’s Principle.</p> <p>B) a parent or grandparent caring for a First Nations child whose child was removed from my home and placed in care outside my child’s family or our community in order to access essential services that would have been available under Jordan’s Principle.</p> <p>I confirm the removal occurred on or between December 12, 2007, and November 2, 2017.</p>	<p>Please check one:</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

<b>Unsure about some of your information background? Check the boxes that apply to you</b>	
<p>I don’t know (Check all that apply):</p> <p>a) if that service/product would have been covered by Jordan’s Principle;</p> <p>b) my child/grandchild’s need for the service/product was the reason I was removed</p> <p>c) whether my child/grandchild received the service/product once removed.</p>	
	<p>Check the Boxes that apply</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

<b>3 (B) - Beneficiary Eligibility – Jordan’s Principle Removal (cont’d)</b>	
<b>Claim Particulars (child)</b>	
I confirm that I was removed from my family to access essential services on DD_____MM_____YY .	
Reserve, Location or Community	
Province or Territory	
<b>Claim Particulars (Parent or grandparent, include any further children on extra pages)</b>	
Name of my child or grandchild- <i>include any additional names, including name when removed from home, maiden name, adopted name or nickname</i>	
Child/ grandchild’s Date of Birth	Day_____Month_____Year_____
Child/ grandchild’s Date of Death (if applicable)	Day_____Month_____Year_____
My child’s/grandchild’s Indian Status Card number	
I confirm that my child/grandchild was removed from my to access essential services on DD_____MM_____YY .	
Reserve, Location or Community	
Province or Territory	



<b>3(C) - Beneficiary Eligibility – Jordan’s Principle Service Denial/Gap/Delay</b>	
<p>I confirm that I am seeking compensation under the Compensation Order. I confirm that I am not seeking compensation for a removal to obtain essential services <b>(3B)</b>.</p> <p>In terms of my evaluating my eligibility as a beneficiary of the Compensation Order, I confirm the following details surrounding my experience with accessing essential services:</p>	
<p>I lived on or off reserve and I believe I am:</p> <p>A) a First Nations child who was not removed from my family and experienced a denial, gap or unreasonable delay in the delivery of essential services or products that would have been available under Jordan’s Principle.</p> <p>B) a parent or grandparent caring for a First Nations child who was not removed from my home but who experienced a denial, gap or unreasonable delay in the delivery of essential services that would have been available under Jordan’s Principle.</p> <p>I confirm the removal or gap/delay in services occurred on or between December 12, 2007, and November 2, 2017.</p>	<p>Please check one:</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>
<p><b>Unsure about some of your information background? Check the boxes that apply to you</b></p> <p>I am not sure if:</p> <p>a) If that service or product would have been covered by Jordan’s Principle.</p> <p>b) I/my child/my grandchild got the service or product professionals said I needed.</p> <p>c) I/my child/my grandchild got the product/services they needed but we had to wait and I am not sure if that counts as an unreasonable delay.</p>	<p>Check the Boxes that apply</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

<b>3 (C) - Beneficiary Eligibility – Jordan’s Principle Service Denial/Gap/Delay (cont’d)</b>	
<b>Claim Particulars (child)</b>	
I confirm that I requested the following essential service from Canada, <b>OR</b> a professional recommended that I required the following essential service:	
Name of professional who recommended the service:	
Date of service request or professional recommendation:	
Date of Denial (if any):	
Date service was received (if any):	
<b>Claim Particulars (Parent or grandparent, include any further children on extra pages)</b>	
Name of my child or grandchild- <i>include any additional names, including name when removed from home, maiden name, adopted name or nickname</i>	
Child/ grandchild’s Date of Birth	Day_____Month_____Year_____
Child/ grandchild’s Date of Death (if applicable)	Day_____Month_____Year_____
My child’s/grandchild’s Indian Status Card number	
I confirm that I requested the following essential service from Canada, <b>OR</b> a professional recommended that I required the following essential service:	
Name of professional who recommended the service:	
Date of service request or professional recommendation:	
Date of Denial (if any):	
Date service was received (if any):	

**3 (D) – Beneficiary Identification**

Please ensure that you attach a photocopy of a piece of government issued identification. Acceptable forms include Indian Status Card, Driver's license, Provincial/Territorial ID card, birth certificate, etc.

Should you not have any identification, a Sworn Declaration/Solemn Affirmation will be required in the form attached at 3(F). The person who witnesses your signature does not need to read the rest of your Claim Form.

<b>Part 4: Beneficiary and Witness Signature</b>		
<p><b>Central Administrator:</b> I recognize that the Central Administrator and its employees tasked with the review of claims <u>do not</u>:</p> <ul style="list-style-type: none"> <li>• represent Canada;</li> <li>• act as an agent or legal counsel for any party, and do not offer legal advice; and,</li> <li>• have any duty to identify or protect legal rights of any party, or to raise an issue not raised by any party.</li> </ul>		
<p><b>Privacy:</b> I understand that it may be necessary:</p> <ul style="list-style-type: none"> <li>• for the Central Administrator to disclose information provided in this Claim for verification to: Canada, the First-level Reviewers, Second-level Committee or the Appeals Body;</li> <li>• for Canada to disclose information in its possession to: the Central Administrator, the First-level reviewers, Second level Committee (if applicable) and the Appeals Body.</li> </ul>		
<p><b>Information in Beneficiary Claim Form:</b> I confirm that all of the information provided in this Beneficiary Claim Form is true to the best of my knowledge and belief. Where someone helped me complete this Claim Form, that person has read to me everything they wrote and included with this Claim Form.</p>		
<p><b>Consent:</b> <i>I understand that by signing this Beneficiary Claim Form and submitting it to the Central Administrator, I am consenting to the above, and to the disclosure of my personal information to be used and disclosed in accordance with the direction of the Canadian Human Rights Tribunal and the Compensation Order.</i></p>		
Signature of Beneficiary (required)	Date DD____MM____YY____	
<p>The <b>Witness</b> must only see the Beneficiary sign <b>this page</b>. They are <b><u>not required</u></b> to read the Claim nor to verify the accuracy of the information herein.</p>		
Signature of Witness (required)	Date DD____MM____YY____	
Witness Full Name – First, Last		
Witness Address: Street Name and Number; Unit Number		
City/Town/Community		
Province/Territory	Postal Code	Country
Witness Telephone Number		Witness Email Address (if available)

**4(A) Sworn Declaration/Solemn Affirmation  
(only complete if you do not have government ID)**

A sworn declaration/solemn affirmation is a statement signed by the Beneficiary and any one of the following Guarantors with the following Titles- Notary Public or Commissioner of Oaths, an Elected Official or Community Leader (e.g. Chief or Councilor) or another Professional (e.g. Lawyer, Doctor/Physician, Accountant (CPA), Police Officer)

Sworn Declaration or Solemn Affirmation of the Beneficiary Claimant

I solemnly swear/affirm that the information I have provided is true to the best of my knowledge

\_\_\_\_\_  
Signature of Beneficiary

Date:

DD\_\_\_\_MM\_\_\_\_YY\_\_\_\_

This Declaration Must be witnessed by a Guarantor. **The guarantor only needs to see the Beneficiary sign this page.** As Guarantor, you are **not required** to read the Form or verify the accuracy of the events described in this Form.

The Guarantor must complete the following fields. The Guarantor can also witness the claimant signature in Part 4.

Guarantor Name	Position	Organization
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Guarantor Address: Street Name and Number; Unit Number (if applicable)

City/Town/Municipality

Province/Territory

Postal Code

Country

Telephone Number

Email Address (if available)

Signature of Guarantor

\_\_\_\_\_  
Guarantor

Date:

DD\_\_\_\_MM\_\_\_\_YY\_\_\_\_

<b>Part 5: Retention of Claim Form and Documents</b>	
<p>You can choose to have your Beneficiary Claim Form and supporting documents attached to the form:</p> <p>Please check one:</p> <p style="padding-left: 40px;">A) Securely Destroyed;</p> <p style="padding-left: 40px;">B) Returned to you;</p> <p>If you do not make a choice, your records will be destroyed five years after compensation is paid to you, or five years after your claim is finally decided.</p>	<p>Destroy <input type="checkbox"/></p> <p>Return <input type="checkbox"/></p>

<b>Submission Process</b>	
<b>CLAIM DUE BY: [DATE]</b>	
Before sending, please make sure your Claim Form package includes the following:	
<input type="checkbox"/>	Beneficiary name and contact information in Part 1.
<input type="checkbox"/>	For Representatives. Complete Part 2 only if you are a representative submitting the claim on behalf of the Beneficiary. Ensure you attach a photocopy of the required documentation.
<input type="checkbox"/>	Attached a photocopy of government issued piece of identification (e.g. Indian Status Card, Driver's license, etc.) <b>or</b> if unavailable, had a guarantor sign the claim form (page X) in Part 3(F).
<input type="checkbox"/>	Provided all claim particulars as well as any additional information or supporting documents.
<input type="checkbox"/>	Signatures of Beneficiary and Witness in Part 4.
<b>PLEASE SEND YOUR CLAIM PACKAGE</b>	
To: Child Services Compensation Central Administrator, c/o	
By Mail:	
By Fax:	
By Email:	
<b>Please make a copy of your Beneficiary Claim Form and any attached documents for your personal records.</b>	
<b>Original photographs or records are not required.</b>	
For questions or to report a change of address, please contact the Compensation Process and Support Line at <b>1-800-XXX-XXXX.</b>	

### TV (PSA) Notice Template - First Nations Child and Family Services Compensation Process

**Concept:** To provide potential beneficiaries with notice of the Compensation Process and information on the resources available to assist potential beneficiaries in pursuing a claim for compensation.

**Runtime:** ~30 secs

#### Audio

Music: peaceful music playing lightly in the background.

Narrator Script:

- You may be a beneficiary of a decision of the Canadian Human Rights Tribunal and entitled to compensation if you are a First Nation child, or the parent or grandparent (where acting as the primary caregiver) to a First Nations child, who was removed from their home on reserve or in the Yukon on or after January 1, 2006 or experienced a gap in child and family services and/or products, a delay or denial in child services and/or products that should have been available under Jordan's Principle between December 12, 2007 and November 2, 2017.
- Some First Nations children and their parent or grandparent acting as their primary caregiver who were in care on reserve and in the Yukon as of January 1, 2006 but removed before that date are also eligible.
- Parents or grandparents who had a child removed due to physical, sexual or emotional abuse are not eligible for compensation.
- Compensation remains available to the Estate of beneficiaries who are deceased.
- A Compensation Process has been established for eligible beneficiaries, as well as their guardians or personal representatives, as applicable, wishing to claim compensation.
- The deadline to submit a beneficiary claim is \_\_\_\_\_.

#### Visual:

- Appropriate and sensitive video footage (of some sort) with narrator's script on-screen.



- |   |  |
|---|--|
| <ul style="list-style-type: none"><li>▪ For more information please visit the dedicated Child and Family Services Compensation Website at <a href="http://www.">www.</a> or contact the toll-free Compensation Process and Support line at: 1-800-000-0000.</li></ul> |  |
|---|--|

### **Radio (PSA) Notice Template - First Nations Child and Family Services Compensation Process**

**Concept:** To provide potential beneficiaries with notice of the Compensation Process and information on the resources available to assist potential beneficiaries in pursuing a claim for compensation.

**Runtime:** ~30 secs

#### **Audio**

Music: peaceful music playing lightly in the background.

Narrator Script:

- You may receive compensation because of a Canadian Human Rights Tribunal decision if you are a First Nation child, who was removed from their home on reserve or in the Yukon on or after January 1, 2006.
- or you were denied, or experienced an unreasonable delay in accessing child health, education or social services and products that should have been provided under Jordan's Principle between December 12, 2007 and November 2, 2017.
- Some First Nations children and their caregivers who were in care as of January 1, 2006 but removed on reserve or in the Yukon before that date are also eligible.
- Parents or grandparents acting as the primary caregiver to a First Nations child may be eligible too, but parents or grandparents who had a child removed due to physical, sexual or emotional abuse are not eligible for compensation.
- Compensation remains available to the Estate of a beneficiary who is deceased.
- A Compensation Process has been established for eligible beneficiaries, as well as their guardians or personal representatives, as applicable, wishing to claim compensation.
- The deadline to submit a beneficiary claim is \_\_\_\_\_.
- For more information please visit the dedicated Child and Family Services Compensation Website at [www.-----](http://www.-----) or contact the toll-free Compensation Process and Support line at: 1-800-000-0000.

First Nations Child and Family Services Compensation Template - News  
Article – Ads

**First Nations Child and Family Services Compensation Process**

**THE DEADLINE TO SUBMIT A BENEFICIARY CLAIM IS \_\_\_\_\_.**

**Why is this compensation available?**

A complaint was filed in 2007 under the *Canadian Human Rights Act* alleging that the Government of Canada (“Canada”) was discriminating in its delivery of child and family services to First Nations children and in its implementation of Jordan’s Principle. In 2016, the Tribunal agreed that Canada’s conduct was discriminatory and released a decision on September 6, 2019, ordering Canada to provide compensation to the victims of its discrimination (2019 CHRT 39, the “Compensation Entitlement Order”).

The Tribunal has ordered a Compensation Process for how Canada is to pay compensation to the beneficiaries according to the Compensation Entitlement Order. A Notice Plan is currently in effect to make sure that people who may be eligible, as well as their guardians or personal representatives, if applicable, know about the Compensation Process and the supports which are available to help them with their claim.

**Are you an eligible beneficiary?**

The Compensation Entitlement Order provides compensation in the amount of **\$40,000** to First Nations children and their families who lived on reserve or in the Yukon and who experienced Canada’s discrimination. Those entitled to compensation as a beneficiary include:

- a First Nations child removed on or after January 1, 2006 or alternatively, who was removed prior to January 1, 2006, but remained in care as of that date;
- a First Nations parent or grandparent acting as the primary caregiver to a First Nations child of a child removed after on or January 1, 2006, or alternatively, who was removed prior to January 1, 2006, but remained in care as of that date. Parents or grandparents who had a child removed due to physical, sexual or emotional abuse are not eligible.
- a First Nations child necessarily removed but placed outside of their families or community on or after January 1, 2006, or alternatively, who was removed prior to January 1, 2006, but remained in care as of that date.

Compensation in the amount of **\$40,000** has also been made available to First Nations children and their families living on or off reserve<sup>1</sup>, and includes:

- a First Nations child that was unnecessarily removed to obtain essential services, or was not removed from their family but experienced gaps or delays in the delivery of services and/or products that would have been available under Jordan’s Principle between December 12, 2007, and November 2, 2017; and

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<sup>1</sup>The Parties should note that this language is subject to clarification from the Tribunal in a judgment under reserve.

- a First Nations parent or grandparent acting as the primary caregiver to a First Nations child who had their child removed and placed in care to access service and/or products, or was not removed from their family but experienced gaps or delays in the delivery of services and/or products that would have been available under Jordan's Principle between December 12, 2007 and November 2, 2017.

Compensation is available for the estate of eligible beneficiaries who are deceased.

The Compensation Entitlement Order, 2019 CHRT 39, outlines the terms of compensation at paragraphs 245-257. You can read it here:

<https://www.canlii.org/en/ca/chrt/doc/2019/2019chrt39/2019chrt39.html?resultIndex=1>

### *Where can I find more information about submitting a claim?*

If you think you, a minor for whom you act as guardian, or an estate which you are administering should receive compensation you can find out about eligibility and learn more about the Compensation Process by contacting the Compensation Process and Support Line at 1-800-000-0000, or by email at [supportlineemail@canada.ca](mailto:supportlineemail@canada.ca).

Alternatively, potential beneficiaries, as well as their guardians or personal representatives, as applicable, can also reach out to the Compensation Process Help Desk, accessible by phone at 1-800-000-0000 or by email at \_\_\_\_\_.

Further information can also be accessed by visiting the Child and Family Services Compensation Process Website, accessible at [www](http://www).

## How do I apply for compensation?

You can ask for compensation by completing the Beneficiary Claim Form and sending it to the Central Administrator \_\_\_\_\_.

The deadline to apply for compensation is (Date). Copies of the Beneficiary Claims Form are available at ([www.](http://www.)).

You do not need a lawyer to complete the form. If you ask a lawyer for assistance, you may be required to pay for that service.

(Add documentation needed for application)

### How will payments be calculated?

The Central Administrator is responsible for reviewing your Beneficiary Claim Form in accordance with a review process as directed by the Tribunal to determine whether you qualify for compensation. If your claim is approved, the Central Administrator will provide you with confirmation that your claim has been accepted. Payment will either accompany the confirmation or be provided shortly thereafter.

If compensation is denied, you will be provided with reasons for the decision and information on processes and supports to ensure you understand the decision, as well as how to appeal the decision. If a beneficiary is not satisfied with the outcome of their application for compensation and has new relevant information, they will have an opportunity to have their application reviewed and reconsidered by the Central Administrator. Alternatively, an appeal process will be available.

### Applying for reconsideration

If compensation is denied, you will be provided with the reasons why. You will also be given help to make sure you understand the decision, and how you can appeal. If you are not satisfied with the outcome of their application for compensation and have new information that could make a difference to the result, you will have an opportunity to have your application reviewed and reconsidered by the Central Administrator's appeal body.

Ultimately, if you are still unsatisfied, you can raise your concern with the Tribunal.

# First Nations Child and Family Services Compensation Process



## Further Support

A 24-hour toll-free Compensation Process and Support phone line is available to provide information on the Compensation Process, in addition to providing access to mental health, cultural and other services for beneficiaries.

Mental health support workers are available to help beneficiaries throughout the Child and Family Services Compensation Process. Their job is to give mental health support in a manner that is appropriate to your situation (e.g. private counselling, family setting, group sessions, tele-health or the Compensation Process and Support Line).

You can contact health support workers at the following:

(Mental Health Support Workers Information)

## For more information

For more information about the Compensation Process, or for help with forms, please contact the Compensation Process and Support phone line or access the dedicated First Nations Child and Family Services Compensation Website at the following:

**Toll-Free Phone:** \_\_\_\_\_  
**Online:** [www.](http://www.)

You may be entitled to compensation under the Canadian Human Rights Tribunal orders if: 1) you are a First Nations child, or the parent or grandparent acting as the primary caregiver of a First Nations child who was in care as of January 1, 2006 or brought into care after that date and you were served by the federally funded child and family services system or 2) you experienced a gap, a delay or the denial of services and/or products that would have been available under Jordan's Principle between December 12, 2007 and November 2, 2017.

## WHAT IS THE FIRST NATIONS CHILD SERVICES COMPENSATION PROCESS?

- In February 2007, the First Nations Child and Family Caring Society of Canada and the Assembly of First Nations filed a *Canadian Human Rights Act* complaint. The complaint said the federal government was discriminating against First Nations children and families because its child and family services did not meet First Nations' needs **on-reserve and in the Yukon**. The complaint also said the federal government was not doing enough to implement Jordan's Principle, so First Nations children were not getting important services and products they needed.
- On 26 January 2016, the Canadian Human Rights Tribunal agreed and ordered the Canadian Government to stop its discriminatory conduct.
- Compensation is now available for First Nations children, as well as the parents or grandparents (where acting as the primary caregiver) to First Nations children, who were victims of this discrimination. A Compensation Process has been established so that people who qualify for this compensation can claim it.

### What is Jordan's Principle?

Named in memory of Jordan River Anderson of Norway House Cree Nation, Jordan's Principle ensures First Nations children receive services or products they need when they need them. Jordan's Principle ensures First Nations children do not experience service denials, delays, or disruptions related to their First Nations status.

### What is the First Nations Child and Family Services Program?

The federal government funds child and family services on reserve and in the Yukon. In some cases, they funded First Nations child and family service agencies and in other cases they funded provinces and territories to provide child and family services. Federal funding levels fell far below what First Nations children and families needed and this was found to be discriminatory. Children who were removed and placed outside of their families and communities are entitled to compensation. In some cases, their primary caregiver (parent or grandparent) is also entitled to compensation. The parties remain eligible for

compensation whether living or deceased.

### Who can apply for compensation?

Compensation is available for each First Nations child and their parents (or grandparents if the primary caregiver) who have been harmed by the child and family services system on-reserve or in the Yukon, whether living or deceased.

If you are a **First Nation child who was removed through the First Nations child and family services system and you were in care on or after January 1, 2006 or were denied or delayed the receipt of a health or service under Jordan's Principle between December 12, 2007 and November 2, 2007**, you, along with your parents or grandparents (if the primary caregiver) may be entitled to compensation.

The amount of compensation per beneficiary (\$40,000) consists of both pain and suffering (\$20,000) and special compensation for discrimination that was willful and reckless (\$20,000). Each category of compensation is as follows:

### For a First Nations child on reserve or in the Yukon who was removed from their family and was served by the First Nations Child and Family Services Program:

- \$40,000 to each First Nations child removed on or after January 1, 2006, or removed before January 1, 2006 but who remained in care as of this date, and placed outside of their family and community.
- \$40,000 to each First Nations parent (where acting as the primary caregiver) to a First Nations child removed for reasons other than physical, sexual or emotional abuse on or after January 1, 2006, or removed before January 1, 2006, but who remained in care as of this date, and placed outside of the child's family and community. For a First Nations child living on or off reserve:
- \$40,000 to each First Nations child removed from their families to obtain essential services and/or products;
- \$40,000 for each First Nations child who was not removed from their family but experienced gaps or delays of services that would have been available under Jordan's Principle between December 12, 2007, and November 2, 2017.
- \$40,000 to each First Nations parent or grandparent (where

acting as the primary caregiver) to a First Nations child who was removed and placed in care to access services, \$40,000 to each First Nations parent or grandparent (where acting as the primary caregiver) to a First Nations child who had a child who wasn't removed from their family but experienced gaps or delays of services that would have been available under Jordan's Principle between December 12, 2007, and November 2, 2017

Why doesn't the compensation period go back farther?

The dates associated with a claim for compensation have been fixed by the Canadian Human Rights Tribunal, in accordance with the provisions of the *Canadian Human Rights Act*.

### Do I need to take the compensation?

It is your decision to either take the compensation or not. If you file a Beneficiary Claim form you are assumed to accept the compensation. If you need help making this decision then contact a lawyer (who you may have to pay) or you can get non-legal information for free at (insert).

### What if I am a minor?

If you are younger than your province's age of majority, compensation paid will be secured in a trust fund and held for your benefit. Further, a Beneficiary Claim Form will need to be submitted by your legal guardian.

### What if the beneficiary is deceased?

Personal representatives can seek compensation on behalf of a deceased beneficiary by submitting a Beneficiary Claim Form accompanied by documentation reflecting their status as the Estate's legal representative.

# FIRST NATIONS CHILD AND FAMILY SERVICES COMPENSATION PROCESS



**TO LEARN MORE  
ABOUT THE  
COMPENSATION  
PROCESS, CONTACT:**

**First Nations Child and  
Family Services  
Compensation Process  
and Support Line  
Toll-Free: 1888-888-8888**

**First Nations Child and  
Family Services  
Compensation Process  
dedicated website  
[www.](#)**

**Compensation Liaisons  
Phone:  
Email:**

**You may be a beneficiary and entitled to compensation per the Canadian Human Rights Tribunal orders if: 1) you are a First Nations child, or the parent or grandparent acting as the primary caregiver of a First Nations child, who was in care as of January 1, 2006 or brought into care after that date and you were served by the federally funded child and family services system or 2) you experienced a gap, a delay or the denial of services and/or products that would have been available under Jordan's Principle between December 12, 2007 and November 2, 2017. Compensation is also available to the Estate of beneficiaries who are deceased.**

- **Beneficiary Claim Forms are available at (insert website).**
- **The deadline to submit a claim form is \_\_\_\_\_.**

<b>Overview of the First Nations Child and Family Services Compensation Process</b> <b>Concept:</b> To provide potential beneficiaries with notice of the Compensation Process and information on the resources available to assist potential beneficiaries in pursuing a claim for compensation. <b>Runtime:</b> ~2 min		
Audio	Visual	
<ul style="list-style-type: none"> <li>▪ Music – peaceful music playing lightly in the background.</li> </ul> <p>Narrator will read the on-screen text.</p>	<p>Background - two options:</p> <ul style="list-style-type: none"> <li>▪ solid colour – with text below on screen.</li> <li>▪ Appropriate and sensitive video footage of some sort with text below.</li> </ul> <p>First Nations Child and Family Services Program</p> <p><u><i>Why is this compensation available?</i></u>  In 2016, the Canadian Human Rights Tribunal found that Canada discriminated against First Nations children and their families in its provision of child and family services on-reserve and in the Yukon, as well as in its implementation of Jordan's Principle. In September of 2019, the Tribunal ordered Canada to pay \$40,000 to each eligible person who suffered from Canada's discriminatory conduct.</p>	
<ul style="list-style-type: none"> <li>▪</li> </ul>	<p>On-screen text:</p> <p>On-screen text will fade and new text will emerge that states:</p> <ul style="list-style-type: none"> <li>• You may entitled to compensation if you are a First Nation child, or the parent or grandparent acting as the primary caregiver to a First Nations child, who was</li> </ul>	<p>1</p> <p>Time – ~30 secs</p>



	<p>removed from their home on reserve or in the Yukon on or after January 1, 2006. You may also be eligible if you or your child experienced an unreasonable delay in accessing child health, education or social services and products that should have been provided under Jordan's Principle between December 12, 2007 and November 2, 2017. Parents or grandparents who had a child removed due to physical, sexual or emotional abuse will not receive compensation.</p> <ul style="list-style-type: none"> <li>• Some First Nations children and their parent or grandparent acting as their primary caregiver who were removed from their homes on reserve and in the Yukon before January 1, 2006 but were still in care on that date that date are also eligible.</li> <li>• Compensation remains available to the Estate of beneficiaries who are deceased.</li> </ul> <ul style="list-style-type: none"> <li>▪ A Tribunal directed Notice Plan is currently in effect to ensure all potential beneficiaries know about the Compensation Process and the help that is available to beneficiaries submitting a claim.</li> </ul>	
		<p style="text-align: center;"><b>2</b></p> <p>Time – ~1 min</p>
Narrator will read on-screen text.	<p>The second set of on-screen text will fade and a third set of text will emerge that states:</p> <p>A Compensation Process has been established for eligible beneficiaries, their guardians or their personal</p>	<p style="text-align: center;"><b>3</b></p> <p>Time – ~30 secs</p>

	<p>representatives, as applicable, wishing to claim compensation.</p> <p><i>Where can I find more information and submit a claim?</i></p> <ul style="list-style-type: none"><li>▪ The deadline to submit a beneficiary claim is _____.</li><li>▪ For more information please visit the dedicated Child and Family Services Compensation Website at <a href="#">www.</a> or contact the toll-free Compensation Process and Support line at: 1-800-000-0000.</li></ul>	
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# Canadian Human Rights Tribunal (CHRT) Ruling 2019 CHRT 39 — Taxonomy of Compensation Categories for First Nations Children, Youth and Families —

**Briefing Note**  
November 2019



UNIVERSITY OF  
**TORONTO**

**POLICY BENCH**

Fraser Mustard Institute for  
Human Development



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# List of Acronyms

AFN	Assembly of First Nations
CANLII	Canadian Legal Information Institute
CFS	Child and Family Services
CHRA	Canadian Human Rights Act
CHRT	Canadian Human Rights Tribunal
FC	Federal Court
FN	First Nations
FNFCS	First Nations Family Caring Society
OHRC	Ontario Human Rights Commission
PEI	Prince Edward Island



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# Canadian Human Rights Tribunal (CHRT)

## Ruling 2019 CHRT 39

### —Taxonomy of Compensation Categories for First Nations Children, Youth and Families —

#### 1.0 Purpose

The purpose of this briefing note is to: (1) develop a taxonomy of compensation categories; and (2) frame questions that will help guide individuals appointed by the Canadian Human Rights Tribunal (CHRT) to carry out the process of identifying individuals eligible to receive compensation according to the conditions set out by 2019 CHRT 39. The development of compensation categories and framing of questions involved:

- a) a content review of the 2019 CHRT 39 ruling;
- b) mapping out the compensation categories, identifying common themes and defining key terms and concepts;
- c) reviewing provincial and territorial child welfare legislation, identifying and defining key terms and concepts;
- d) analyzing and synthesizing information concerning the 2019 CHRT 39 ruling and child welfare legislation in Canada; and
- e) framing questions corresponding to the compensation categories.

#### 2.0 Background

On September 6, 2019, the CHRT issued the eighth non-compliance order—2019 CHRT 39—concerning compensation for First Nations children, youth and families negatively impacted by Canada’s child welfare system. The CHRT found that Canada’s “willful and reckless conduct” and discriminatory child welfare practices have contributed to the ongoing pain and suffering of First Nations children, families and communities. According to the Tribunal’s ruling, the Government of Canada is required to pay First Nations children, youth and families the maximum amount of compensation permitted under the *1985 Canadian Human Rights Act (CHRA)* who were: unnecessarily placed in care since January 1, 2006; necessarily placed in care but outside of their extended families since January 1, 2006 or denied or delayed receiving services between December 12, 2007 and November 2, 2017 as a result of the Government of Canada’s discriminatory application of Jordan’s Principle.

Data from the *2011 Canadian National Household Survey* reveal that Aboriginal children continue to be overrepresented in foster care relative to Canada’s non-Aboriginal child population. Statistics show that Aboriginal children between the ages of 0 and 15 represent only seven

percent of Canada's total child population, but account for 49 percent of the total foster child population (Wray and Sinha, 2015, p. 1). First Nations children accounted for the greatest share of children—approximately 40 percent—between the ages of 0 and 15 in foster care, followed by children identifying as Métis (approximately six percent) and Inuit (approximately two percent) (Wray and Sinha, 2015, p. 3).<sup>1</sup> The disparity between Aboriginal and non-Aboriginal children in care is even more pronounced when examining rates of Aboriginal children in foster care with those of non-Aboriginal foster children. The *2011 Canadian National Household Survey* found that at the national level, the rates of Aboriginal children in foster care according to the various aboriginal identity categories were between six and 15 times higher than the rate of non-Aboriginal foster children (3 per 1,000 children) (Wray and Sinha, 2015, p. 1). The rate of First Nations children in foster care was the highest, with an overall population rate of 45 per 1,000 children followed by children identifying as Inuit (28 per 1,000 children) and Métis (17 per 1,000 children) (Wray and Sinha, 2015, pp. 1, 4).

In 2008, neglect was identified as the primary category of substantiated child maltreatment investigations involving First Nations children, with approximately 46 percent (or 28 per 1,000 First Nation children) of all cases involving some form of neglect (Vandna, Trocmé, Fallon et al., 2011, p. xix).<sup>2</sup> This included: failure to supervise (physical harm); physical neglect; educational neglect; abandonment; medical neglect; failure to supervise (sexual abuse); permitting criminal behaviour; and failure to provide physiological treatment (Vandna, Trocmé, Fallon et al., 2011, p. 95). The data suggests the overrepresentation of First Nations children in care is driven by child maltreatment cases involving neglect which is closely associated with “household/family structural factors and caregiver risk concerns like those identified in a large proportion of First Nations investigations; factors such as poverty, caregiver substance abuse, social isolation and domestic violence can impede caregiver’s abilities to meet children’s basic physical and psychosocial needs” (Vandna, Trocmé, Fallon et al., 2011, p. xix).<sup>3</sup>

---

<sup>1</sup> The percentage of Indigenous children in care can reach 100 percent in some provinces and territories (Ontario Human Rights Commission, 2018).

<sup>2</sup> Exposure to intimate partner violence accounted for 33 percent (or 20 per 1,000 First Nations children) of substantiated maltreatment investigations involving First Nations children followed by physical abuse and emotional maltreatment each accounting for nine percent (or 6 per 1,000 First Nations children) and finally, sexual abuse for two percent (or 1 per 1,000 First Nations children)” (Vandna, Trocmé, Fallon et al., 2011, p. xix).

<sup>3</sup> On April 12, 2018, the Ontario Human Rights Commission (OHRC) released, *Interrupted Childhoods: Over-Representation of Indigenous and Black Children in Ontario Child Welfare*. The report outlines the findings of the OHRC’s inquiry into the over-representation of Indigenous and Black children in Ontario’s child welfare system. The OHRC’s (2018, p. 2) inquiry found that the overrepresentation of Indigenous children in Canada’s foster care system can be attributed to a number of “complex and multi-faceted” issues stemming largely from the intergenerational effects of colonialism and associated child welfare practices.

The Assembly of First Nations (AFN) (2019, n.p.) estimates up to 54,000 children may be eligible for compensation. According to estimates by a Government of Canada official, compensation under the terms of the 2019 CHRT 39 ruling could reach \$6 billion if compensation is distributed to eligible victims by 2020 and an estimated \$8 billion if delays in the compensation process extend implementation into 2025/2026 (Perron Affidavit, 2019, para. 39).

### 3.0 Status

The CHRT has ordered the Government of Canada and the complainants in the proceedings—First Nations Family Caring Society (FNFCs) and the AFN—to devise a plan of action identifying who qualifies for compensation and the best method for the distribution of compensation covered by the CHRT’s decision. The CHRT has given the parties until December 10, 2019 to submit their proposals for review.<sup>4</sup> On October 4, 2019—three days before the October 7, 2019 deadline to appeal—the Government of Canada filed an application to the Federal Court for a judicial review and a stay of the CHRT’s compensation ruling. In its application, the Government of Canada claims awarding compensation to those eligible under the terms of the Tribunal’s decision is “inconsistent with the nature of the complaint, the evidence, past jurisprudence and the [CHRA].”<sup>5</sup> On October 11, 2019, the Federal Court appointed Justice Paul Favel as Case Management Judge to manage the parties involved in the case.<sup>6</sup> Hearings on Canada’s stay application will be held in Federal Court on November 25 and 26, 2019.

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<sup>4</sup> *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at para. 269.

<sup>5</sup> See *Attorney General of Canada v First Nations Child and Family Caring Society of Canada, Assembly of First Nations, Canadian Human Rights Commission, Chiefs of Ontario, Amnesty International, Nishnawbe Aski Nation*, 2019 CHRT 39, Notice of Application for Judicial Review to FC.

<sup>6</sup> See *Attorney General of Canada and First Nations Child and Family Caring Society of Canada, Assembly of First Nations, Canadian Human Rights Commission, Chiefs of Ontario, Amnesty International and Nishnawbe Aski Nation*. Order.

## 4.0 Compensation Categories

**Three central compensation categories are extrapolated from the 2019 CHRT 39 ruling:**

**Category 1:** Compensation for First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child in the Child Welfare System;

**Category 2:** Compensation for First Nations Children in Cases of Necessary Removal of a Child in the Child Welfare System

**Category 3:** First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child to Obtain Essential Services and/or Experienced Gaps, Delays and Denials of Services that Would Have Been Available under Jordan's Principle.

These have been further divided into subcategories, for which the eligibility requirements are explained below.



## 4.1 Compensation Category 1 – Compensation for First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child in the Child Welfare System

**Table 1: Compensation Category 1**

**Compensation Category 1 — First Nations children and their parents or grandparents in cases of unnecessary removal of a child in the child welfare system**

**Time Period:** *January 1, 2006 (date following last WEN DE report) <sup>7</sup> until earliest of - either (1) Panel decides that unnecessary removal of First Nations children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.*

**Eligibility Requirements:**

**1A) First Nations children living on reserve and in the Yukon Territory who**

- Were **unnecessarily apprehended** *due to* substantiated neglect *driven by*
  - poverty,
  - no housing *OR* deemed inappropriate housing,
  - *AND/OR* substance abuse
- *AND* **placed in care** outside of their homes, families, *or* communities
- *AND* especially in regards to substance abuse, **did not benefit from prevention services** in the form of least disruptive measures or other prevention services permitting them to keep their child safely in their homes, families and communities<sup>8</sup>
- *EVEN IF* they were **reunited with the immediate and extended family** at a later date
- *EXCEPT IF* qualify for compensation under CHRT 39, para. 250 (see Categories 3A, 3B)

*Source: First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada, 2019 CHRT 39 at paras. 245-246.*

**Compensation:** \$20,000 (para. 246) + \$20,000 (paras. 253-254) = \$40,000

(Continued on Next Page)

<sup>7</sup> See First Nations Caring Society (2005).

<sup>8</sup> 2016 CHRT 2 ruling found that First Nations children living on-reserve were discriminated against by the Canadian government in part because they did not receive adequate prevention services. This finding was not the subject of a judicial review by the Canadian Government and has therefore been assumed to be true throughout the Briefing Note.

## 4.1 Compensation Category 1 – First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child in the Child Welfare System

**Table 1: Compensation Category 1**

**Compensation Category 1: First Nations children and their parents or grandparents in cases of unnecessary removal of a child in the child welfare system**

**Time Period:** *January 1, 2006 (date following last WEN DE report) <sup>9</sup> until earliest of - either (1) Panel decides that unnecessary removal of FN children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.*

**Eligibility Requirements:**

**1B) First Nations parents *or* grandparents living on reserve and in the Yukon Territory who**

- Had their child **unnecessarily apprehended** *due to* substantiated neglect *driven by*:
  - poverty,
  - no housing *OR* deemed inappropriate housing,
  - *AND/OR* substance abuse
- *AND* **placed in care** outside of their homes, families, *or* communities
- *AND* especially in regards to substance abuse, **did not benefit from prevention services** in the form of least disruptive measures or other prevention services permitting them to keep their child safely in their homes, families and communities<sup>10</sup>
- *EXCEPT IF*
  - the parents *or* grandparents **sexually, physically, *OR* psychologically abused** their children
  - *OR* qualify for compensation under CHRT 39, para. 251 (see Categories 3C, 3D)

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at paras. 247 and 255.

Compensation: \$20,000 each child (para. 248) + \$20,000 (paras. 253-254) = \$40,000

<sup>9</sup>See First Nations Caring Society (2005).

<sup>10</sup> 2016 CHRT 2 ruling found that First Nations children living on-reserve were discriminated against by the Canadian government in part because they did not receive adequate prevention services. This finding was not the subject of a judicial review by the Canadian Government and has therefore been assumed to be true throughout the Briefing Note.

## 4.2 Compensation Category 2 – Compensation for First Nations Children in Cases of Necessary Removal of a Child in the Child Welfare System

**Table 2: Compensation Category 2**

**Compensation Category 2: First Nations children in cases of necessary removal of a child in the child welfare system.**

**Time Period:** *January 1, 2006 until earliest of - either (1) Panel decides that unnecessary removal of First Nations children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.*

**Eligibility Requirements:**

**2) First Nations children living on reserve and in the Yukon territory who**

- Were **necessarily apprehended** from their homes
- *BUT* placed in care **outside of their extended families and communities**, and therefore did not benefit from prevention services
- *EXCEPT IF* qualify for compensation under CHRT 39, para. 250 (see Categories 3A, 3B)

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at para. 249.

Compensation: \$20,000 (para. 249) + \$20,000 (paras. 253-254) = \$40,000

### 4.3 Compensation Category 3 – Compensation for First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child to Obtain Essential Services and/or Experienced Gaps, Delays and Denials of Supports, Services, and/or Products that Would Have Been Available under *Jordan's Principle*

**Table 3: Compensation Category 3**

**Compensation Category 3: Compensation for First Nations children and their parents or grandparents in cases of unnecessary removal of a child to obtain essential supports, services, and/or products and/or experienced gaps, delays and denials of supports, services, and/or products that would have been available under *Jordan's Principle***  
*Jordan's Principle* applies to children, parents, or grandparents living on or off reserve. Substantive equality is a legal requirement in *Jordan's Principle* and applies to **Compensation Category 3.**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the *Jordan's Principle* motion)<sup>11</sup> and November 2, 2017 (date of Tribunal's CHRT 35 ruling on *Jordan's Principle*).<sup>12</sup>*

**Eligibility Requirements:**

- 3A) First Nations children, living on or off reserve, who**
- Were **deprived of essential services as a result of:**
    - a gap, delay *AND/OR* denial of services
  - **AND placed in care** outside of their homes, families, or communities **in order to receive those services**

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at para. 250.

Compensation: \$20,000 (para. 250) + \$20,000 (paras. 253-254) = \$40,000

- 3B) First Nations children, living on or off reserve, who**
- **WITHOUT being placed in out-of-home care**
  - **DID NOT benefit from services** covered by *Jordan's Principle* as defined in 2017 CHRT 14 and 35,
    - *OR* who **received such services after an unreasonable delay**
    - *OR* **upon reconsideration ordered by the Tribunal**

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at para. 250.

Compensation: \$20,000 (para. 250) + \$20,000 (paras. 253-254) = \$40,000

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<sup>11</sup> See Canada. Parliament, House of Commons, Journals, 39<sup>th</sup> Parliament, 2<sup>nd</sup> sess., 2007 December 12, Number 036.

<sup>12</sup> See *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (Representing the Minister of Indigenous and Northern Affairs Canada)*, 2019 CHRT 35.

### 4.3 Compensation Category 3 – First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child to Obtain Essential Services and/or Experienced Gaps, Delays and Denials of Supports, Services, and/or Products That Would Have Been Available Under *Jordan's Principle*

**Table 3: Compensation Category 3**

**Compensation Category 3: Compensation for First Nations children and their parents or grandparents in cases of unnecessary removal of a child to obtain essential supports, services, and/or products and/or experienced gaps, delays and denials of services that would have been available under *Jordan's Principle*.**

**Jordan's Principle applies to children, parents, or grandparents living on or off reserve. Substantive equality is a legal requirement in Jordan's Principle and applies to Compensation Category 3.**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the Jordan's Principle ruling)<sup>13</sup> and November 2, 2017 (date of Tribunal's CHRT 35 ruling on Jordan's Principle).<sup>14</sup>*

**Eligibility Requirements:**

**3C) First Nations parents *or* grandparents, living on or off reserve, who**

- Were **deprived of essential services** for their child *as a result of*:
  - a gap, delay *AND/OR* denial of services
- *AND* had their **child placed in care** outside of their homes, families, *or* communities **in order to receive these services** *and therefore*, did not benefit from services covered under Jordan's Principle as per 2017 CHRT 14 and 35
- **EXCEPT IF** the parents *or* grandparents **sexually, physically, OR psychologically abused** their children

**Source:** *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at paras. 251 & 255.

**Compensation:** \$20,000 (para. 251) + \$20,000 (paras. 253-254) = \$40,000

**3D) First Nations parents *or* grandparents, living on or off reserve,**

- Whose child was **not removed from the home**
- *BUT* was **denied services**
  - *OR* **received services after an unreasonable delay**
  - *OR* **upon reconsideration ordered by the Tribunal**
- **EXCEPT IF** the parents *or* grandparents **sexually, physically, OR psychologically abused** their children

**Source:** *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at paras. 251 & 255.

**Compensation:** \$20,000 (para. 251) + \$20,000 (paras. 253-254) = \$40,000

<sup>13</sup> See Canada. Parliament, House of Commons, Journals, 39<sup>th</sup> Parliament, 2<sup>nd</sup> sess., 2007 December 12, Number 036.

<sup>14</sup> See *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada (Representing the Minister of Indigenous and Northern Affairs Canada)*, 2019 CHRT 35.

## 5.0 Glossary of Terms

### 5.1 Emotional Maltreatment

**Emotional Maltreatment:**<sup>15</sup> “The child has suffered, or is at substantial risk of suffering, emotional harm at the hands of the person looking after the child” (Sinha, Trocmé, Fallon, et al., 2011, p. 154). It includes: terrorizing or threat of violence; verbal abuse or belittling; isolation or confinement; inadequate nurturing or affection; and exploiting or corrupting behaviour” (Sinha, Trocmé, Fallon, et al., 2011, p. 154). “Witnessing or exposure to domestic violence is considered a form of emotional maltreatment under some legislation” (Child Welfare Research Portal, n.d., *Emotional Maltreatment*).

### 5.2 Extended Family

**Extended Family:** “[I]ncludes a person whom a child considers to be a close relative or whom the Indigenous group, community or people to which the child belongs considers, in accordance with the customs, traditions or customary adoption practices of that Indigenous group, community or people, to be a close relative of the child” (*An Act respecting First Nations, Inuit and Métis children, youth and families*, S.C. 2019, c. 24).

### 5.3 First Nations<sup>16</sup>

**First Nations:** “The term “First Nations” refers to one of three distinct groups recognized as “Aboriginal” in the *Constitution Act* of 1982. The other two distinct groups characterized as “Aboriginal” are the Métis and the Inuit” (Assembly of First Nations, n.d.). There is no legal definition of First Nations, but the “term ‘First Nations (people)’ generally applies to both Status and Non-Status Indians” (Government of Canada, 2015) – that is, people who are registered for Indian status and those who are eligible to register for status pursuant to the *Indian Act, 1985*, s 6 (see **Appendix A: Measures/Terminology Used at a National Level**)<sup>17</sup>. The “term is to be preferred over “Indian” except in certain cases” (Government of Canada, 2015).

<sup>15</sup> The term “emotional maltreatment” is not consistently used and defined in all provincial and territorial statutes and interchangeable concepts such as ‘psychological ill-treatment’ and ‘psychological abuse’ have been used to refer to the same concept. Refer to **Appendix K: Provincial and Territorial Terminology for Emotional Maltreatment** for a full list of these interchangeable terms and definitions of “emotional maltreatment” according to the respective provincial and territorial jurisdictions.

<sup>16</sup> The term “First Nations” is neither used nor consistently defined in all provincial and territorial statutes. Refer to **Appendix E: Provincial and Territorial Definitions of First Nations and Associated Concepts** for a full list of these interchangeable terms and associated terminology according to the respective provincial and territorial jurisdictions.

<sup>17</sup> Please note that individuals who are recognized as members or citizens of their respective First Nation community might be added subject to future Tribunal orders.

## 5.4 Jordan's Principle

Jordan's Principle is a legal requirement in Canada guiding the provision of services and products to First Nations children per *2016 CHRT 2* and subsequent Canadian Human Rights Tribunal orders as well as the 2013 Federal Court Decision, *Pictou Landing Band Council and Maurina Beadle v. Attorney General of Canada* in 2013 FC 342 (2013 FC 342). Pursuant to *2017 CHRT 35 para. 135*:

- A. "As of the date of this ruling, Canada shall cease relying upon and perpetuating definitions of Jordan's Principle that are not in compliance with the Panel's orders in 2016 CHRT 2, 2016 CHRT 10, 2016 CHRT 16 and in this ruling."
- B. "As of the date of this ruling, Canada's definition and application of Jordan's Principle shall be based on the following key principles:
  - i. Jordan's Principle is a child-first principle that applies equally to all First Nations children, whether resident on or off reserve. It is not limited to First Nations children with disabilities, or those with discrete short-term issues creating critical needs for health and social supports or affecting their activities of daily living.
  - ii. Jordan's Principle addresses the needs of First Nations children by ensuring there are no gaps in government services to them. It can address, for example, but is not limited to, gaps in such services as mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy.
  - iii. When a government service, **including a service assessment**, is available to all other children, the government department of first contact will pay for the service to a First Nations child, without engaging in **administrative** case ————— conferencing, policy review, service navigation or any other similar administrative procedure before **the recommended service is approved** and funding is provided. **Canada may only engage in clinical case conferencing with professionals with relevant competence and training before the recommended service is approved and funding is provided to the extent that such consultations are reasonably necessary to determine the requestor's clinical needs. Where professionals with relevant competence and training are already involved in a First Nations child's case, Canada will consult those professionals and will only involve other professionals to the extent that those professionals already involved cannot provide the necessary clinical information. Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified in paragraphs 135(2)(A)(ii) and 135(2)(A)(ii.1) where the service is available, and will make every reasonable effort to ensure funding is provided as close to those timeframes where the service is not available. Once After the recommended service is approved and funding is provided**, the government department of first contact can seek reimbursement from another department/government;

- iv. When a government service, **including a service assessment**, is not necessarily available to all other children or is beyond the normative standard of care, the government department of first contact will still evaluate the individual needs of the child to determine if the requested service should be provided to ensure substantive equality in the provision of services to the child, to ensure culturally appropriate services to the child and/or to safeguard the best interests of the child. Where such services are to be provided, the government department of first contact will pay for the provision of the services to the First Nations child, without engaging in **administrative case conferencing**, policy review, service navigation or any other similar administrative procedure before **the recommended service is approved and funding is provided. Clinical case conferencing may be undertaken only for the purpose described in paragraph 135(1)(B)(iii). Canada may also consult with the family, First Nation community or service providers to fund services within the timeframes specified in paragraphs 135(2)(A)(ii) and 135(2)(A)(ii.1) where the service is available, and will make every reasonable effort to ensure funding is provided as close to those timeframes where the service is not available.** ~~Once~~ After the recommended service is provided, the government department of first contact can seek reimbursement from another department/government.
- v. While Jordan's Principle can apply to jurisdictional disputes between governments (i.e., between federal, provincial or territorial governments) and to jurisdictional disputes between departments within the same government, a dispute amongst government departments or between governments is not a necessary requirement for the application of Jordan's Principle.
- C. Canada shall not use or distribute a definition of Jordan's Principle that in any way restricts or narrows the principles enunciated in order 1(b)."

Note: Canada has chosen not to apply Jordan's Principle to non-status First Nations children recognized by their communities and resident off reserve. The Caring Society disputed Canada's limited definition before the Tribunal. In January of 2019, the Tribunal issued an interim order requiring Canada to apply Jordan's Principle to non-status First Nations children living off reserve who are recognized by their communities and are facing urgent situations. The Tribunal has taken the decision under reserve as to whether all First Nations children living off reserve who are recognized by their communities regardless of urgent situation (2019 CHRT 7).



## 5.5 Least Disruptive Measures

**Least Disruptive Measures:**<sup>18</sup> “[D]ecision making process to determine the most appropriate level of service needed by a family whose children are at risk of being abused. Child removal also known as apprehension should only be used as a last resort after having explored all other options. In deciding whether or not a child should remain in their home, [First Nations and child and family services agencies] must consider the degree of risk, the level of family cooperation, degree of social supports and the availability of appropriate services to redress identified risk factors. Service response times and intensity levels also play in the safety assessment process” (Shangreaux, 2004, p. 30).

Please refer to the definition of “**maltreatment prevention services**” (Section 5.7) for an explanation of services that fall under least disruptive measures.

## 5.6 Levels of Substantiation

Proof of maltreatment can occur at three levels:

1. **“Substantiated:** An allegation of maltreatment is considered substantiated if the balance of evidence indicates that abuse or neglect has occurred.
2. **Suspected:** An allegation of maltreatment is suspected when there is insufficient evidence to substantiate maltreatment, but enough evidence that maltreatment cannot be ruled out.
3. **Unfounded:** An allegation of maltreatment is unfounded if the balance of evidence indicates that abuse or neglect did not occur.” (Tonmyr et al., 2019, p. 79).

## 5.7 Maltreatment Prevention Services

**Maltreatment prevention services** can occur at three levels (Indigenous and Northern Affairs Canada, n.d.; MacMillan et al., 2009, p. 250; Shangreaux, 2004, p. 24):

1. **Primary prevention services:** try to prevent the occurrence of maltreatment before it occurs for all families/communities (universal)
2. **Secondary prevention services:** try to prevent the occurrence of maltreatment in families that are at higher risk for maltreatment
3. **Tertiary prevention services:** try to prevent the recurrence of maltreatment or adverse outcomes of maltreatment in families already affected by maltreatment. This includes the provision of services to remediate maltreatment risk whilst the child is in care to promote family reunification

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<sup>18</sup> The term “least disruptive measures” is not consistently used in all provincial/territorial statutes. Please refer to **Appendix M: Provincial and Territorial Treatment of Least Disruptive Measures** for measures according to the respective provincial and territorial jurisdictions.

These interventions can “both reduce **risk factors** and promote **protective factors**<sup>19</sup> to ensure the wellbeing of children and families” (Child Welfare Information Gateway, n.d., *What Is Prevention and Why is it Important?*).

Examples of prevention services include<sup>20</sup>:

- a) **Parent Education or Support Services:** Services that offer support or education to parents (e.g., parenting instruction course, home-visiting program, Parents Anonymous, Parent Support Association) (Sinha, Trocmé, Fallon et al., 2011, p. 149).
- b) **Family or Parent Counselling:** Family or parent counselling (e.g., couples or family therapy) (Sinha, Trocmé, Fallon et al., 2011, p. 149).
- c) **Drug/Alcohol Counselling or Treatment:** “Addiction program (any substance) for caregiver(s) or children” (Sinha, Trocmé, Fallon et al., 2011, p. 149).
- d) **Psychiatric/Mental Health Services:** “Child or caregiver referral to mental health or psychiatric services (e.g., trauma, high-risk behaviour or intervention)” (Sinha, Trocmé, Fallon et al., 2011, p. 149).
- e) **Intimate Partner Violence Services:** Services/counselling “regarding [intimate partner violence], abusive relationships, or the effects of witnessing violence” (Sinha, Trocmé, Fallon et al., 2011, p. 149).
- f) **Cultural services:** Services to help children and families to learn, maintain, and preserve the “fundamental values of their histories and cultures” (p. 553) in a way that is embedded in their community’s “ways of knowing and being” (Greenwood, 2005, p. 554). Amongst other things, this can include Indigenous people’s “relationship to the land and the universe, spirituality, and expansive concepts of time that recognize obligations to ancestors and future generations” (Pan American Health Organization, 2019, p. 71)
- g) **Other possible services include:** Respite care, Services for improving the family’s financial situation; Services for improving the family’s housing; Mediation of disputes; Services to assist the family to deal with the illness of a child or a family member; and Other services agreed to by the agency and the person who has lawful custody of the child (Shangreaux, 2004, p. 31) such as products that the child or family require to support the child’s needs (Government of Canada, 2019a).

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<sup>19</sup> Note: A definition of the terms “risk factors” and “protective factors” is provided in **5.0 Glossary of Terms**.

<sup>20</sup> Note: This list is non-exhaustive.

## 5.8 Neglect

**Neglect:**<sup>21</sup> “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” (Sinha, Trocmé, Fallon, et al., 2011, p. 153). This includes:

- a) **“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).
- b) **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.
- c) **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.
- d) **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.
- e) **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.
- f) **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.

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<sup>21</sup> The term ‘neglect’ is not used in all provincial and territorial statutes, but interchangeable concepts include ‘failure to care and provide for or supervise and protect,’ ‘does not provide,’ ‘refuses or is unavailable or unable to consent to treatment’ are often used. Please refer to **Appendix G: Provincial and Territorial Terminology for Neglect** for a full list of these interchangeable terms according to the respective provincial and territorial jurisdictions.

- g) 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.
- h) Educational Neglect:* Caregivers knowingly permit chronic truancy (5+ days a month), fail to enroll the child, or repeatedly keep the child at home." (Sinha et al., 2011, p. 153)

## 5.9 Out-of-Home Care/Placement

**Out-of-Home Care/Placement:** "[E]ncompasses the placements and services provided to children and families when children are removed from their home due to abuse and/or neglect" (Child Welfare Information Gateway, n.d.: *Overview Out-of-Home Care*). Placement outcomes include:

- a) Kinship Out of Care:* An informal placement has been arranged within the family support network; the child welfare authority does not have temporary custody.
- b) Customary Care:* [A] model of Indigenous child welfare service that is culturally relevant and incorporates the unique traditions and customs of each First Nation.
- c) 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.
- d) Foster Care (Non-Kinship):* Include any family-based care, including foster homes, specialized treatment foster homes, and assessment homes.
- e) Group Home:* Out-of-home placement required in a structured group living setting.
- f) Residential/Secure Treatment:* Placement required in a therapeutic residential treatment centre to address the needs of the child." (Fallon et al., 2015, p. 105).

Out-of-home placement can sometimes lead to **reunification, adoption, or legal guardianship:**

**Reunification:** "[T]he return of children to their family following placement in out-of-home care" (Canadian Child Welfare Research Portal, n.d., *Reunification*).

**Adoption:** "The social, emotional, and legal process through which children who will not be raised by their birth parents become full and permanent legal members of another family while maintaining genetic and psychological connections to their birth family" (Child Welfare Information Gateway, n.d., *Glossary*).

**Legal guardianship:** "Guardianship is most frequently used when relative caregivers wish to provide a permanent home for the child and maintain the child's relationships with extended family members without a termination of parental rights. Caregivers can assume legal guardianship of a child in out-of-home care without termination of parental rights, as is required for an adoption." (Child Welfare Information Gateway, n.d., *Guardianship*).

## 5.10 Physical Abuse

**Physical Abuse:**<sup>22</sup> “The child [is] physically harmed or could [suffer] physical harm as a result of the behavior of the person looking after the child” (Sinha, Trocmé, Fallon, et al., 2011: 152). It “includes any non-accidental action that causes, or could cause physical harm to a child such as hitting, shaking, or the unreasonable use of force to restrain a child” (Child Welfare Research Portal, n.d.: *Physical Abuse*).

## 5.11 Primary Caregiver

**Primary Caregiver:** “[T]he person primarily responsible for the care and upbringing of a child” (Employment and Social Development Canada, 2018, n.p.).

## 5.12 Protective Factors

**Protective Factors:** “[C]haracteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor’s impact. Protective factors may be seen as positive countering events” (Substance Abuse and Mental Health Services Administration, n.d., p. 1).

## 5.13 Risk Factors

**Risk Factors:** “[C]haracteristics at the biological, psychological, family, community or cultural level that precede and are associated with a higher likelihood of negative outcomes” (Substance Abuse and Mental Health Services Administration, n.d, p. 1).

## 5.14 Sexual Abuse

**Sexual Abuse:**<sup>23</sup> “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” (Sinha, Trocmé, Fallon, et al., 2011, p. 153).

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<sup>22</sup> The term “physical abuse” is not consistently defined in all provincial and territorial statutes. Please refer to

**Appendix I: Provincial and Territorial Definitions of Physical Abuse** for definitions of “physical abuse” according to the respective provincial and territorial jurisdictions.

<sup>23</sup> The term “sexual abuse” is not consistently defined in all provincial and territorial statutes. Please refer to **Appendix J: Provincial and Territorial Definitions of Sexual Abuse** for definitions of “sexual abuse” according to the respective provincial and territorial jurisdictions.

## 5.15 Key Terms and Concepts for Jordan's Principle

***Unreasonable Delay (Received services after a):*** Unreasonable delays to accessing health, social, and educational services and supports occur when a First Nations child is unable to receive services and/or products responsive to their needs and circumstances within a similar timeframe that would be normally available to a non-Indigenous child (First Nations Child and Family Caring Society, 2005, p. 51). 2017 CHRT 35 para 135 specifies timelines for decisions on individual and group requests, the timeframe for case conferencing is also specified:

- Urgent individual requests: Reasonable efforts must be taken to provide crisis intervention supports immediately. Evaluation and determination of the request will be made in 12 hours of initial contact for a service request.
- Non-urgent individual requests: Must be evaluated and provided with a determination in 48 hours of initial contact for a service request. If information is lacking the Government of Canada must work with the requestor to obtain the necessary information and make a determination as close to the 48-hour timeframe as possible.
- Urgent group requests: Where irredeemable harm is reasonably foreseeable Canada must take all reasonable efforts to provide immediate crisis interventions supports until an extended response can be developed and implemented. In all other urgent group cases, the evaluation and determination of the request shall be made within 48 hours.
- Group requests: The evaluation and determination of group requests must occur within 1 week of the initial contact for a service request.

Any service delays which occur due to a lack of information on clinical needs must be tracked and reported to the Canadian Human Rights Tribunal. Canada cannot delay services due to “administrative case conferencing, policy review, service navigation or any other similar administrative procedure before the recommended service is approved and funding is provided” (2017, CHRT 35, para 135. 2.A.iii).

***Gap:*** 2017 CHRT 35 specifies, “Jordan’s Principle addresses the needs of First Nations children by ensuring there are no gaps in government services to them. It can address, for example, but is not limited to, gaps in such services as mental health, special education, dental, physical therapy, speech therapy, medical equipment and physiotherapy.” (2017 CHRT 35 para 135.B.ii)

***Delay (Received services or products after a):*** Any Jordan’s Principle request which are not provided a decision within the timeframes detailed in 2017 CHRT 35 para 10 ii, ii1, and iii is considered delayed. The 2017 CHRT 35 has detailed the required timelines and the role of case conferencing for the provision of Jordan’s Principle services, outside of which a delay to accessing Jordan’s Principle occurs. Despite this specificity, delays have occurred when federal focal point workers seek “all necessary information” in advance of submitting a Jordan’s Principle request. Delays in reimbursement after approval have also delayed access to Jordan’s Principle services for First Nations children. (Source: Sinha, Vives and Gerlach, 2018, pp. 68-69;

Sangster, Vivies, Chadwick, Gerlach, and Sinha, 2019, pp. 69-71). Delays can be caused by but are not limited to the following factors: funding models and funding gaps, jurisdictional disputes, disputes between departments within the same government, and/or being ordinarily a resident on a reserve (The Jordan's Principle Working Group, 2015, pp. 25-27).

**Denial:** When services or products are not provided to First Nations children. (First Nations Child and Family Caring Society, 2005, p. 179)

**Substantive Equality:** Substantive equality considers the social, political, and legal context of discrimination. For First Nations people in Canada this includes but is not limited to “a legacy of stereotyping and prejudice through colonialism, displacement and residential schools”. (2016 CHRT 2, para 402). The federal government of Canada provides the following definition of substantive equality within Jordan's Principle:

“Substantive equality is a legal principle that refers to the achievement of true equality in outcomes. It is achieved through equal access, equal opportunity, and, most importantly, the provision of services and benefits in a manner and according to standards that meet any unique needs and circumstances, such as cultural, social, economic and historical disadvantage. Pursuant to the CHRT May 26, 2017 decision as amended, the Government of Canada is to ensure substantive equality in the provision of services to the child, to ensure culturally appropriate services and to safeguard the best interests of the child. This requires Canada to provide all First Nations children, on and off reserve, with publicly funded benefits, supports, programs, goods and services in a manner and according to a standard that meets their particular needs and circumstances.” (Government of Canada, 2019b)

## 6.0 Compensation Questions

### 6.1 Compensation Category 1 Questions – Compensation for First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child in the Child Welfare System

#### 6.1.1 Compensation Category 1A Questions

**Table 4: Eligibility Requirements — Compensation Category 1A Questions**

**Time Period:** *January 1, 2006 (date following last WEN DE report) <sup>24</sup> until earliest of - either (1) Panel decides that unnecessary removal of First Nations children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.*

#### **Eligibility Requirements:**

**1A)** First Nations children living on reserve and in the Yukon Territory who

- Were unnecessarily apprehended *due to* substantiated neglect *driven by*
  - poverty,
  - no housing *OR* deemed inappropriate housing,
  - *AND/OR* substance abuse
- *AND* placed in care outside of their homes, families, *or* communities
- *AND* especially in regards to substance abuse, did not benefit from prevention services in the form of least disruptive measures or other prevention services permitting them to keep their child safely in their homes, families and communities<sup>25</sup>
- *EVEN IF* they were reunited with the immediate and extended family at a later date
- *EXCEPT IF* qualify for compensation under CHRT 39, para. 250 (see Categories 3A, 3B)

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at paras. 245-246.

Compensation: \$20,000 (para. 246) + \$20,000 (paras. 253-254) = \$40,000

<sup>24</sup> See First Nations Caring Society (2005).

<sup>25</sup> 2016 CHRT 2 ruling found that First Nations children living on-reserve were discriminated against by the Canadian government in part because they did not receive adequate prevention services. This finding was not the subject of a judicial review by the Canadian Government and has therefore been assumed to be true throughout the Briefing Note.



*For concepts in bold, please refer to 5.0 **Glossary of Terms**. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

1. Was the child placed in care outside of their homes, families, or communities between January 1<sup>st</sup>, 2006 and the current date – even if he/she was eventually **reunited** with their family?  
 Yes                       No (not eligible for compensation under category 1A)
2. At the time of placement – was this child a **First Nations** child with Indian Status or eligible for Indian status?  
 Yes                       No (not eligible for compensation under category 1A)
3. At the time of placement – did the child ordinarily live on reserve or in the Yukon Territory?  
 Yes                       No (not eligible for compensation under category 1A)
4. Was the child placed in care due to a **substantiation** of neglect?  
 Yes                       No (not eligible for compensation under category 1A)
5. Was the neglect substantiation driven by one or more of the following **risk factors**: poverty, no housing/deemed inappropriate housing, and/or substance abuse?  
 Yes                       No (not eligible for compensation under category 1A)
6. Does the child meet the criteria for compensation under compensation category 3A or 3B?  
 No                       Yes (not eligible for compensation under category 1A)

*If the child is not eligible for compensation under category 1A. They might still be eligible for compensation under categories 2, 3A, and 3B. Please refer to questions within those sections to determine their eligibility.*

### 6.1.2 Compensation Category 1B Questions

**Table 5: Eligibility Requirements — Compensation Category 1B Questions**

**Time Period:** *January 1, 2006 (date following last WEN DE report)<sup>26</sup> until earliest of - either (1) Panel decides that unnecessary removal of FN children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.*

**Eligibility Requirements:**

**1B)** First Nations parents *or* grandparents living on reserve and in the Yukon Territory who

- Had their child unnecessarily apprehended *due to* substantiated neglect *driven by*
  - poverty,
  - no housing *OR* deemed inappropriate housing,
  - *AND/OR* substance abuse
- *AND* placed in care outside of their homes, families, *or* communities
- *AND* especially in regards to substance abuse, did not benefit from prevention services in the form of least disruptive measures or other prevention services permitting them to keep their child safely in their homes, families and communities<sup>27</sup>
- *EXCEPT IF*
  - the parents *or* grandparents sexually, physically, *OR* psychologically abused their children
  - *OR* qualify for compensation under CHRT 39, para. 251 (see Categories 3C, 3D)

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at paras. 247 and 255.

Compensation: \$20,000 each child (para. 248) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 Glossary of Terms. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

<sup>26</sup> See First Nations Caring Society (2005).

<sup>27</sup> 2016 CHRT 2 ruling found that First Nations children living on-reserve were discriminated against by the Canadian government in part because they did not receive adequate prevention services. This finding was not the subject of a judicial review by the Canadian Government and has therefore been assumed to be true throughout the Briefing Note.

1. Was the parent or grandparent's **child placed in care** outside of their homes, families, or communities between January 1<sup>st</sup>, 2006 and the current date – even if the child was eventually **reunited** with their family?  
 Yes             No (not eligible for compensation under category 1B)
2. Was the parent or grandparent the **primary caregiver** of the child at the time of placement?  
 Yes             No (not eligible for compensation under category 1B)
3. At the time of placement of their child or grandchild – was the parent or grandparent **First Nations** with **Indian Status** or eligible for status?  
 Yes             No (not eligible for compensation under category 1B)
4. At the time of placement of their child or grandchild – did the parent or grandparent ordinarily live on reserve or in the Yukon Territory?  
 Yes             No (not eligible for compensation under category 1B)
5. Was their child or grandchild placed in care due to a **substantiation of neglect**?  
 Yes             No (not eligible for compensation under category 1B)
6. Was the neglect substantiation driven by one of the following **risk factors**: poverty, no housing/deemed inappropriate housing, and/or substance abuse?  
 Yes             No (not eligible for compensation under category 1B)
7. Did the parent or grandparent **sexually abuse, physically abuse, or psychologically abuse** the child placed in care?  
 No             Yes (not eligible for compensation under category 1B)
8. Does the parent/grandparent who was the primary caregiver for the child at the time of the removal meet the criteria for compensation under compensation category 3C or 3D?  
 No             Yes (not eligible for compensation under category 1B)

*Please answer these questions for each primary caregiver who had primary responsibility of the child between January 1<sup>st</sup> 2006 and the current date at the time the child was placed in care. Multiple placements can occur in this timeframe.*

*If the parent or grandparent is not eligible for compensation under category 1B. They might still be eligible for compensation under categories 3C, and 3D. Please refer to questions within those sections to determine their eligibility.*

## 6.2 Compensation Questions: Category 2 – Compensation for First Nations Children in Cases of Necessary Removal of a Child in the Child Welfare System

### 6.2.1 Compensation Category 2 Questions

**Table 6: Eligibility Requirements — Compensation Category 2 Questions**

**Time Period:** *January 1, 2006 until earliest of - either (1) Panel decides that unnecessary removal of First Nations children has ceased; (2) Parties agreed on a settlement agreement for long-term relief; or (3) Panel ceases to retain jurisdiction and amends the order.*

**Eligibility Requirements:**

- 2) First Nations children living on reserve and in the Yukon territory who
- Were necessarily apprehended from their homes
  - *BUT* placed in care outside of their extended families and communities, *and therefore* did not benefit from prevention services
  - *EXCEPT IF* qualify for compensation under CHRT 39, para. 250 (see Categories 3A, 3B)

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at para. 249.

Compensation: \$20,000 (para. 249) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 Glossary of Terms. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

1. Was the child **placed in care** outside of their **extended families**, and communities between January 1<sup>st</sup>, 2006 and the current date?
 

Yes                       No (not eligible for compensation under category 2)
2. At the time of placement – was this child a **First Nations** child with Indian Status or eligible for Indian status?
 

Yes                       No (not eligible for compensation under category 2)
3. At the time of placement – did the child ordinarily live on reserve or in the Yukon Territory?
 

Yes                       No (not eligible for compensation under category 2)
4. Will the child be receiving compensation under compensation category 3A or 3B?
 

No                       Yes (not eligible for compensation under category 2)

*If the child is not eligible for compensation under category 2. They might still be eligible for compensation under categories 1A, 3A, and 3B. Please refer to questions within those sections to determine their eligibility.*

### 6.3 Compensation Questions: Category 3 – Compensation for First Nations Children and their Parents or Grandparents in Cases of Unnecessary Removal of a Child to Obtain Essential Services and/or Experienced Gaps, Delays and Denials of Services that Would Have Been Available Under Jordan's Principle.

#### 6.3.1 Compensation Category 3A Questions

**Table 7: Eligibility Requirements — Compensation Category 3A Questions**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the Jordan's Principle ruling) and November 2, 2017 (date of Tribunal's CHRT 35 ruling on Jordan's principle).*

**Eligibility Requirements:**

**3A)** First Nations children, living on or off reserve, who

- Were deprived of essential services, supports, and/or products *as a result of*:
  - a gap, delay *AND/OR* denial of services
- *AND* placed in care outside of their homes, families, or communities in order to receive those services

*Source: First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada, 2019 CHRT 39 at para. 250.*

Compensation: \$20,000 (para. 250) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 **Glossary of Terms**. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

1. Was the child deprived of **essential services, supports, and/or products** due to a **gap, denial, and/or delay** of services between December 12, 2007 and November 2, 2017?
 

Yes                       No (not eligible for compensation under category 3A)
2. Was the child **placed in care** outside of their home, family, or community between December 12, 2007 and November 2, 2017?
 

Yes                       No (not eligible for compensation under category 3A)
3. At the time of placement - was the child a **First Nations** child with Indian Status or eligible for Indian Status (living on OR off reserve)?
 

Yes                       No (not eligible for compensation under category 3A)

4. Did the placement occur in order to receive the **essential services, supports, and/or products** the **child** was deprived of due to a **gap, denial, and/or delay**?

Yes  No (not eligible for compensation under category 3A)

*If the child is not eligible for compensation under category 3A. They might still be eligible for compensation under categories 1A, 2, and 3B. Please refer to questions within those sections to determine their eligibility.*

### 6.3.2 Compensation Category 3B Questions

**Table 8: Eligibility Requirements — Compensation Category 3B Questions**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the Jordan's Principle ruling) and November 2, 2017 (date of Tribunal's CHRT 35 ruling on Jordan's principle).*

**Eligibility Requirements:**

**3B)** First Nations children, living on or off reserve, who

- *WITHOUT* being placed in out of home care
- *DID NOT* benefit from services covered by Jordan's Principle as defined in 2017 CHRT 17 and 35, *OR* who received such services after an unreasonable delay *OR* upon reconsideration ordered by the Tribunal

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at para. 250.

Compensation: \$20,000 (para. 250) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 **Glossary of Terms**. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

1. Was the child *NOT* placed in **out-of-home care** between December 12, 2007 and November 2, 2017?

Yes  No (not eligible for compensation under category 3B)

2. Was the child a **First Nations** child with Indian Status or eligible for Indian Status (living on or off reserve)?

Yes  No (not eligible for compensation under category 3B)

*If question #1, #2 and any one or multiple of question #3 are answered with a yes, the child qualifies for compensation:*

3. A) Did the child *not* receive adequate services, supports, and/or products covered by **Jordan's Principle**? This includes children who were unable to apply for Jordan's Principle.

Yes

No (please continue to following questions if yes or no)

- B) Did the child receive **Jordan's Principle** services, supports, and/or products after an **unreasonable delay**?

Yes

No (please continue to following questions if yes or no)

*If the child is not eligible for compensation under category 3B. They might still be eligible for compensation under categories 1A, 2, and 3A. Please refer to questions within those sections to determine their eligibility.*



### 6.3.3 Compensation Category 3C Questions

**Table 9: Eligibility Requirements — Compensation Category 3C Questions**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the Jordan's Principle ruling) and November 2, 2017 (date of Tribunal's CHRT 35 ruling on Jordan's principle).*

**Eligibility Requirements:**

- 3C)** First Nations parents *or* grandparents, living on or off reserve, who
- Were deprived of essential services, supports, and/or products for their child *as a result of*:
    - a gap, delay *AND/OR* denial of services, supports, and/or products
  - *AND* had their child placed in care outside of their homes, families, *or* communities in order to receive these services, supports, and/or products *and therefore*, did not benefit from services covered under Jordan's Principle as per 2017 CHRT 17 and 35
  - *EXCEPT IF* the parents *or* grandparents sexually, physically, *OR* psychologically abused their children

*Source: First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada, 2019 CHRT 39 at paras. 251 & 255.*

Compensation: \$20,000 (para. 251) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 Glossary of Terms. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

1. Was the parent or grandparent's child deprived of **essential services, supports, and/or products** due to a **gap, denial, and/or delay** or services at any time between December 12, 2007 and November 2, 2017?
 

Yes                       No (not eligible for compensation under category 3C)
2. Was their child placed in care outside of their home, family, or community between December 12, 2007 and November 2, 2017 in order to receive the **essential services, supports, and/or products** the child was deprived of due to a **gap, denial, and/or delay**?
 

Yes                       No (not eligible for compensation under category 3C)
3. Was the parent or grandparent the **primary caregiver** of the child at the time of placement?
 

Yes                       No (not eligible for compensation under category 3C)

4. Was the parent or grandparent **First Nations** (living on or off reserve) at the time of placement?
- Yes                       No (not eligible for compensation under category 3C)
5. Did the parent or grandparent **sexually abuse**, **physically abuse**, or **psychologically abuse** the child?
- No                               Yes (not eligible for compensation under category 3C)

*Please answer these questions for each primary caregiver who had primary responsibility of the child between December 12, 2007 and November 2, 2017 at the time the child was placed in care. Multiple placements can occur in this timeframe.*

*If the parent or grandparent is not eligible for compensation under category 3C. They might still be eligible for compensation under categories 1B or 3D. Please refer to questions within those sections to determine their eligibility.*

#### 6.3.4 Compensation Category 3D Questions

**Table 10: Eligibility Requirements — Compensation Category 3D Questions**

**Time Period:** *Between December 12, 2007 (date of adoption in the House of Commons of the Jordan's Principle ruling) and November 2, 2017 (date of Tribunal's CHRT 35 ruling on Jordan's principle).*

**Eligibility Requirements:**

**3D)** First Nations parents *or* grandparents, living on or off reserve,

- Whose child was not removed from the home
- *BUT* was denied services, supports and/or products *OR* received services, supports, and/or products after an unreasonable delay *OR* upon reconsideration ordered by the Tribunal
- *EXCEPT IF* the parents *or* grandparents sexually, physically, *OR* psychologically abused their children

Source: *First Nations Child & Family Caring Society of Canada et al. v. Attorney General of Canada*, 2019 CHRT 39 at paras. 251 & 255.

Compensation: \$20,000 (para. 251) + \$20,000 (paras. 253-254) = \$40,000

*For concepts in bold, please refer to 5.0 **Glossary of Terms**. For concepts that are underlined, you can refer to appendices that provide the corresponding provincial, territorial, or national definitions.*

1. A) Was the parent or grandparent's child **denied services, supports, and/or products** covered by **Jordan's Principle** between December 12, 2007 and November 2, 2017? Substantive equality is a legal requirement within Jordan's Principle and therefore applies to this question.

Yes       No (please continue to following questions if yes or no)

- B) Did the child receive **Jordan's Principle services, supports, or products** after an **unreasonable delay** between December 12, 2007 and November 2, 2017?

Yes       No (please continue to following questions if yes or no)

*If 1 A or B have a response of YES please complete the next set of questions. If both 1 A and B have a response of NO, the parent or grandparent is not eligible for compensation under category 3D.*

2. At the time of the **denial or delay of services, supports, and/or products**, was the parent or grandparent the **primary caregiver** of the child?

Yes       No (not eligible for compensation under category 3D)

3. Was the parent or grandparent **First Nations** (living on or off reserve) at the time of the placement?

Yes       No (not eligible for compensation under category 3D)

4. Was the child *NOT* placed in **out of home care**?

Yes       No (not eligible for compensation under category 3D)

5. Did the parent or grandparent **sexually abuse**, **physically abuse**, or **psychologically abuse** the child?

No       Yes (not eligible for compensation under category 3D)

*Please answer these questions for each primary caregiver who had primary responsibility of the child between December 12, 2007 and November 2, 2017 when a delay or denial of services, supports, and/or products occurred. Multiple delays or denials can occur within this timeframe.*

*If the parent or grandparent is not eligible for compensation under category 3D. They might still be eligible for compensation under categories 1B or 3C. Please refer to questions within those sections to determine their eligibility.*

## Appendix A: Measures/Terminology Used at a National Level

*Please note:* These are not universally agreed-upon measures of these concepts. They are included here **for reference only**.

**Table 11: Measure/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Band	As defined by the <i>Indian Act, 1985</i> , s 2 (1) "band means a body of Indians (a) for whose use and benefit in common, lands, the legal title to which is vested in Her Majesty, have been set apart before, on or after September 4, 1951, (b) for whose use and benefit in common, moneys are held by Her Majesty, or (c) declared by the Governor in Council to be a band for the purposes of this Act"
Housing	<ul style="list-style-type: none"> <li>• Type of housing, overcrowding, number of moves in the past year; housing safety (accessible weapons, drugs or drug paraphernalia, drug production or trafficking in home, chemicals or solvents used in production, other home injury hazards, other home health hazards) (Sinha, Trocmé, Fallon et al., 2011, p. 148).</li> <li>• Type of housing; dwelling in need of major repairs; housing suitability (whether housing has enough bedrooms for size and composition of household) (Statistics Canada, 2017).</li> </ul>
Indian	As defined by the <i>Indian Act, 1985</i> , s 2 (1), "Indian means a person who pursuant to this Act is registered as an Indian or is entitled to be registered as an Indian"

\*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.

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**Table 11: Measures/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Indian	<p>Persons entitled to be registered:</p> <p>s. 6 (1) Subject to section 7, a person is entitled to be registered if</p> <ul style="list-style-type: none"> <li>• (a) that person was registered or entitled to be registered immediately before April 17, 1985;</li> <li>• (a.1) the name of that person was omitted or deleted from the Indian Register, or from a band list before September 4, 1951, under subparagraph 12(1)(a)(iv), paragraph 12(1)(b) or subsection 12(2) or under subparagraph 12(1)(a)(iii) pursuant to an order made under subsection 109(2), as each provision read immediately before April 17, 1985, or under any former provision of this Act relating to the same subject matter as any of those provisions;</li> <li>• (a.2) that person meets the following conditions: <ul style="list-style-type: none"> <li>▪ (i) they were born female during the period beginning on September 4, 1951 and ending on April 16, 1985 and their parents were not married to each other at the time of the birth,</li> <li>▪ (ii) their father was at the time of that person's birth entitled to be registered or, if he was no longer living at that time, was at the time of death entitled to be registered, and</li> <li>▪ (iii) their mother was not at the time of that person's birth entitled to be registered;</li> </ul> </li> <li>• (a.3) that person is a direct descendant of a person who is, was or would have been entitled to be registered under paragraph (a.1) or (a.2) and <ul style="list-style-type: none"> <li>▪ (i) they were born before April 17, 1985, whether or not their parents were married to each other at the time of the birth, or</li> <li>▪ (ii) they were born after April 16, 1985 and their parents were married to each other at any time before April 17, 1985;</li> </ul> </li> <li>• (b) that person is a member of a body of persons that has been declared by the Governor in Council on or after April 17, 1985 to be a band for the purposes of this Act;</li> <li>• (c) (c.01-c.02), (c.1-c.6) Repealed, 2017</li> </ul>

\*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.

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**Table 11: Measures/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Indian	<p>Persons entitled to be registered:</p> <ul style="list-style-type: none"> <li>• (d) the name of that person was omitted or deleted from the Indian Register, or from a band list prior to September 4, 1951, under subparagraph 12(1)(a)(iii) pursuant to an order made under subsection 109(1), as each provision read immediately prior to April 17, 1985, or under any former provision of this Act relating to the same subject-matter as any of those provisions;</li> <li>• (e) the name of that person was omitted or deleted from the Indian Register, or from a band list prior to September 4, 1951, <ul style="list-style-type: none"> <li>▪ (i) under section 13, as it read immediately prior to September 4, 1951, or under any former provision of this Act relating to the same subject-matter as that section, or</li> <li>▪ (ii) under section 111, as it read immediately prior to July 1, 1920, or under any former provision of this Act relating to the same subject-matter as that section; or</li> </ul> </li> <li>• (f) both parents of that person are entitled to be registered under this section or, if the parents are no longer living, were so entitled at the time of death.</li> </ul> <p>s. 6 (2) Subject to section 7, a person is entitled to be registered if one of their parents is entitled to be registered under subsection (1) or, if that parent is no longer living, was so entitled at the time of death.</p> <p>s. 6 (2.1) A person who is entitled to be registered under both paragraph (1)(f) and any other paragraph of subsection (1) is considered to be entitled to be registered under that other paragraph only, and a person who is entitled to be registered under both subsection (2) and any paragraph of subsection (1) is considered to be entitled to be registered under that paragraph only.</p>

\*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.

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**Table 11: Measures/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Indian	<p>Persons entitled to be registered:</p> <p>s. 6 (3) For the purposes of paragraphs (1)(a.3) and (f) and subsection (2),</p> <ul style="list-style-type: none"> <li>• a person who was no longer living immediately prior to April 17, 1985 but who was at the time of death entitled to be registered shall be deemed to be entitled to be registered under paragraph (1)(a);</li> <li>• (b) a person who is described in paragraph (1)(a.1), (d), (e) or (f) or subsection (2) and who was no longer living on April 17, 1985 is deemed to be entitled to be registered under that paragraph or subsection; and</li> <li>• (c) [Repealed, 2017, c. 25, s. 2.1]</li> <li>• (d) a person who is described in paragraph (1)(a.2) or (a.3) and who was no longer living on the day on which that paragraph came into force is deemed to be entitled to be registered under that paragraph.</li> <li>• R.S., 1985, c. I-5, s. 6</li> <li>• R.S., 1985, c. 32 (1st Supp.), s. 4, c. 43 (4th Supp.), s. 1</li> <li>• 2010, c. 18, s. 2</li> <li>• 2017, c. 25, s. 2</li> <li>• 2017, c. 25, s. 2.1</li> </ul> <p>s. 7 (1) The following persons are not entitled to be registered:</p> <ul style="list-style-type: none"> <li>• (a) a person who was registered under paragraph 11(1)(f), as it read immediately prior to April 17, 1985, or under any former provision of this Act relating to the same subject-matter as that paragraph, and whose name was subsequently omitted or deleted from the Indian Register under this Act; or</li> <li>• (b) a person who is the child of a person who was registered or entitled to be registered under paragraph 11(1)(f), as it read immediately prior to April 17, 1985, or under any former provision of this Act relating to the same subject-matter as that paragraph, and is also the child of a person who is not entitled to be registered.</li> </ul>

\*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.

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**Table 11: Measures/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Indian	<p>Persons not entitled to be registered:</p> <p>s. 7 (2) Paragraph (1)(a) does not apply in respect of a female person who was, at any time prior to being registered under paragraph 11(1)(f), entitled to be registered under any other provision of this Act.</p> <p>s. 7 (3) Paragraph (1)(b) does not apply in respect of the child of a female person who was, at any time prior to being registered under paragraph 11(1)(f), entitled to be registered under any other provision of this Act.</p> <p>R.S., 1985, c. I-5, s. 7 R.S., 1985, c. 32 (1st Supp.), s. 4</p>
Poverty	<ul style="list-style-type: none"> <li>• Household regularly runs out of money for basic necessities (e.g. food, housing, utilities, telephone/cell phone, transportation, medical care including dental and mental health); source of primary income (e.g. social assistance/ employment insurance/other benefits). (Sinha, Trocmé, Fallon et al., 2011, pp. 146, 148)</li> <li>• Market Basket Measure: family lives in poverty if it does not have enough income to purchase a specific basket of goods and services in its community (Statistics Canada, 2019)</li> <li>• Low-Income Measure: individuals live in low income if their household after-tax income falls below half of the median after-tax income (Statistics Canada, 2019)</li> <li>• Low Income Cut-Off: family lives in poverty if they spend 20% or more of their income than the average family on basic necessities of food shelter and clothing (Statistics Canada, 2015).</li> </ul>
Reserve	<p>As defined by the <i>Indian Act, 1985</i>, s 2 (1), “reserve (a) means a tract of land, the legal title to which is vested in Her Majesty, that has been set apart by Her Majesty for the use and benefit of a band, and (b) except in subsection 18(2), sections 20 to 25, 28, 37, 38, 42, 44, 46, 48 to 51 and 58 to 60 and the regulations made under any of those provisions, includes designated lands”</p>
<p>*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.</p>	

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**Table 11: Measures/Terminology Used at a National\* Level**

Measure/ Terminology	Description/Definition
Substance Abuse	<ul style="list-style-type: none"> <li>• “Problematic consumption” of alcohol, prescription drugs, illegal drugs, or solvents. (Sinha, Trocmé, Fallon et al., 2011, p. 151)</li> <li>• In DSM-V (APA 2013) ‘substance use disorder’ is operationalized according to the following criteria (2-3 mild; 4-5 moderate; 6 or more severe): <ul style="list-style-type: none"> <li>▪ taking the substance in larger amounts or for longer than you're meant to;</li> <li>▪ wanting to cut down or stop using the substance but not managing to;</li> </ul> </li> <li>• spending a lot of time getting, using, or recovering from use of the substance;</li> <li>• cravings and urges to use the substance;</li> <li>• not managing to do what you should at work, home, or school because of substance use;</li> <li>• continuing to use, even when it causes problems in relationships;</li> <li>• giving up important social, occupational, or recreational activities because of substance use;</li> <li>• using substances again and again, even when it puts you in danger;</li> <li>• continuing to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance;</li> <li>• needing more of the substance to get the effect you want (tolerance); and development of withdrawal symptoms, which can be relieved by taking more of the substance.</li> </ul>
<p>*Note: These measures are also used at the provincial level; however, variations may exist across jurisdictions with respect to the operationalization of each measure/term.</p>	

## Appendix B: National Legislation Relating to Child Welfare

Table 12 identifies national legislation governing the provision of child protection services and Indigenous Peoples of Canada.

**Table 12: National Legislation Relating to Child Welfare and Indigenous Peoples of Canada**

Indian Act, 1985
Youth Criminal Justice Act, 2002
Criminal Code, 1985
An Act Respecting First Nations, Inuit and Métis Children, Youth and Families (Received Royal Assent on June 21, 2019; Scheduled to come into force on January 1, 2020)

## Appendix C: An Act Respecting First Nations, Inuit and Métis Children, Youth and Families

*An Act Respecting First Nations, Inuit and Métis Children, Youth and Families*, which comes into force on January 1, 2020, empowers “Indigenous communities [to] recover, develop, and enforce their own laws about child and family services. They can then choose to exercise partial or full jurisdiction over child and family services, or to work towards exercising full jurisdiction over a period of time” (Hensel Barristers, 2019, n.p.). “When an Indigenous community enforces its own laws over child and family services, the Indigenous community’s law will prevail over both federal and provincial laws. When a law “prevails” it means that when there is conflict between the Indigenous community’s law and a federal or provincial law, the Indigenous law applies and the other law doesn’t apply” (Hensel Barristers, 2019, n.p.). However, “[t]he Indigenous law still has to comply with the [*Canadian Charter of Rights and Freedoms, 1982*], the *Canadian Human Rights Act, 1985* and the national [standards] set out in the...*Act* that apply to providing child and family services to Indigenous children” (Hensel Barristers, 2019, n.p.). Table 13 identifies the national standards set by the *Act*.

**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Purpose and Principles	<p><b>Purpose:</b> S (8) “The purpose of this Act is to</p> <ul style="list-style-type: none"> <li>(a) affirm the inherent right of self-government, which includes jurisdiction in relation to child and family services;</li> <li>(b) set out principles applicable, on a national level, to the provision of child and family services in relation to Indigenous children; and</li> <li>(c) contribute to the implementation of the United Nations Declaration on the Rights of Indigenous Peoples.”</li> </ul> <p><b>Principle—Best Interests of Child:</b> S 9 (1) “This Act is to be interpreted and administered in accordance with the principle of the best interests of the child.”</p>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Purpose and Principles	<p><b>Principle—Cultural Continuity:</b> S 9 (2) “This Act is to be interpreted and administered in accordance with the principle of cultural continuity as reflected in the following concepts:</p> <p>(a) cultural continuity is essential to the well-being of a child, a family and an Indigenous group, community or people;</p> <p>(b) the transmission of the languages, cultures, practices, customs, traditions, ceremonies and knowledge of Indigenous peoples is integral to cultural continuity;</p> <p>(c) a child’s best interests are often promoted when the child resides with members of his or her family and the culture of the Indigenous group, community or people to which he or she belongs is respected;</p> <p>(d) child and family services provided in relation to an Indigenous child are to be provided in a manner that does not contribute to the assimilation of the Indigenous group, community or people to which the child belongs or to the destruction of the culture of that Indigenous group, community or people;</p> <p>and</p> <p>(e) the characteristics and challenges of the region in which a child, a family or an Indigenous group, community or people is located are to be considered.”</p>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Purpose and Principles	<p><b>Principle—Substantive Equality:</b> S 9 (3) “This Act is to be interpreted and administered in accordance with the principle of substantive equality as reflected in the following concepts:</p> <p>(a) the rights and distinct needs of a child with a disability are to be considered in order to promote the child’s participation, to the same extent as other children, in the activities of his or her family or the Indigenous group, community or people to which he or she belongs;</p> <p>(b) a child must be able to exercise his or her rights under this Act, including the right to have his or her views and preferences considered in decisions that affect him or her, and he or she must be able to do so without discrimination, including discrimination based on sex or gender identity or expression;</p> <p>(c) a child’s family member must be able to exercise his or her rights under this Act, including the right to have his or her views and preferences considered in decisions that affect him or her, and he or she must be able to do so without discrimination, including discrimination based on sex or gender identity or expression;</p> <p>(d) the Indigenous governing body acting on behalf of the Indigenous group, community or people to which a child belongs must be able to exercise without discrimination the rights of the Indigenous group, community or people under this Act, including the right to have the views and preferences of the Indigenous group, community or people considered in decisions that affect that Indigenous group, community or people; and</p> <p>(e) in order to promote substantive equality between Indigenous children and other children, a jurisdictional dispute must not result in a gap in the child and family services that are provided in relation to Indigenous children.”</p>
Best Interests of Indigenous Child	<p><b>Best Interests of Indigenous Child:</b> S 10 (1) “The best interests of the child must be a primary consideration in the making of decisions or the taking of actions in the context of the provision of child and family services in relation to an Indigenous child and, in the case of decisions or actions related to child apprehension, the best interests of the child must be the paramount consideration.”</p>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Best Interests of Indigenous Child	<p><b>Primary consideration:</b> S 10 (2) “When the factors referred to in subsection (3) are being considered, primary consideration must be given to the child’s physical, emotional and psychological safety, security and well-being, as well as to the importance, for that child, of having an ongoing relationship with his or her family and with the Indigenous group, community or people to which he or she belongs and of preserving the child’s connections to his or her culture.”</p> <p><b>Factors to Be Considered:</b> S 10 (3) “To determine the best interests of an Indigenous child, all factors related to the circumstances of the child must be considered, including</p> <ul style="list-style-type: none"> <li>(a) the child’s cultural, linguistic, religious and spiritual upbringing and heritage;</li> <li>(b) the child’s needs, given the child’s age and stage of development, such as the child’s need for stability;</li> <li>(c) the nature and strength of the child’s relationship with his or her parent, the care provider and any member of his or her family who plays an important role in his or her life;</li> <li>(d) the importance to the child of preserving the child’s cultural identity and connections to the language and territory of the Indigenous group, community or people to which the child belongs;</li> <li>(e) the child’s views and preferences, giving due weight to the child’s age and maturity, unless they cannot be ascertained;</li> <li>(f) any plans for the child’s care, including care in accordance with the customs or traditions of the Indigenous group, community or people to which the child belongs;</li> <li>(g) any family violence and its impact on the child, including whether the child is directly or indirectly exposed to the family violence as well as the physical, emotional and psychological harm or risk of harm to the child; and</li> <li>(h) any civil or criminal proceeding, order, condition, or measure that is relevant to the safety, security and well-being of the child.</li> </ul> <p><b>Consistency:</b> S 10 (4) “Subsections (1) to (3) are to be construed in relation to an Indigenous child, to the extent that it is possible to do so, in a manner that is consistent with a provision of a law of the Indigenous group, community or people to which the child belongs.”</p>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Provision of Child and Family Services	<p><b>Effect of Services:</b> S 11 “Child and family services provided in relation to an Indigenous child are to be provided in a manner that</p> <ul style="list-style-type: none"> <li>(a) takes into account the child’s needs, including with respect to his or her physical, emotional and psychological safety, security and well-being;</li> <li>(b) takes into account the child’s culture;</li> <li>(c) allows the child to know his or her family origins; and</li> <li>(d) promotes substantive equality between the child and other children.</li> </ul> <p><b>Notice:</b> S 12(1) “In the context of providing child and family services in relation to an Indigenous child, to the extent that doing so is consistent with the best interests of the child, before taking any significant measure in relation to the child, the service provider must provide notice of the measure to the child’s parent and the care provider, as well as to the Indigenous governing body that acts on behalf of the Indigenous group, community or people to which the child belongs and that has informed the service provider that they are acting on behalf of that Indigenous group, community or people.”</p> <p><b>Personal information:</b> S 12 (2) “The service provider must ensure that the notice provided to an Indigenous governing body under subsection (1) does not contain personal information about the child, a member of the child’s family or the care provider, other than information that is necessary to explain the proposed significant measure or that is required by the Indigenous governing body’s coordination agreement.”</p> <p><b>Representations and Party Status:</b> S 13 “In the context of a civil proceeding in respect of the provision of child and family services in relation to an Indigenous child,</p> <ul style="list-style-type: none"> <li>(a) the child’s parent and the care provider have the right to make representations and to have party status; and</li> <li>(b) the Indigenous governing body acting on behalf of the Indigenous group, community or people to which the child belongs has the right to make representations.”</li> </ul>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Placement of Indigenous Child	<p><b>Priority to Preventive Care:</b> S 14 (1) “In the context of providing child and family services in relation to an Indigenous child, to the extent that providing a service that promotes preventive care to support the child’s family is consistent with the best interests of the child, the provision of that service is to be given priority over other services.”</p> <p><b>Prenatal Care:</b> S 14 (2) “To the extent that providing a prenatal service that promotes preventive care is consistent with what will likely be in the best interests of an Indigenous child after he or she is born, the provision of that service is to be given priority over other services in order to prevent the apprehension of the child at the time of the child’s birth.”</p> <p><b>Socio-economic Conditions:</b> S 15 “In the context of providing child and family services in relation to an Indigenous child, to the extent that it is consistent with the best interests of the child, the child must not be apprehended solely on the basis of his or her socio-economic conditions, including poverty, lack of adequate housing or infrastructure or the state of health of his or her parent or the care provider.”</p> <p><b>Reasonable Efforts:</b> S 15 (1) “In the context of providing child and family services in relation to an Indigenous child, unless immediate apprehension is consistent with the best interests of the child, before apprehending a child who resides with one of the child’s parents or another adult member of the child’s family, the service provider must demonstrate that he or she made reasonable efforts to have the child continue to reside with that person.”</p> <p><b>Priority:</b> S 16 (1) “The placement of an Indigenous child in the context of providing child and family services in relation to the child, to the extent that it is consistent with the best interests of the child, is to occur in the following order of priority:</p> <ul style="list-style-type: none"> <li>(a) with one of the child’s parents;</li> <li>(b) with another adult member of the child’s family;</li> <li>(c) with an adult who belongs to the same Indigenous group, community or people as the child;</li> <li>(d) with an adult who belongs to an Indigenous group, community or people other than the one to which the child belongs; or</li> <li>(e) with any other adult.”</li> </ul>

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**Table 13: National Standards, Act Respecting First Nations, Inuit and Métis Children, Youth and Families**

National Standard	Definition
Placement of Indigenous Child	<p><b>Placement With or Near Other Children:</b> S 16 (2) “When the order of priority set out in subsection (1) is being applied, the possibility of placing the child with or near children who have the same parent as the child, or who are otherwise members of the child’s family, must be considered in the determination of whether a placement would be consistent with the best interests of the child.”</p> <p><b>Customs and Traditions:</b> S 16 (2.1) “The placement of a child under subsection (1) must take into account the customs and traditions of Indigenous peoples such as with regards to customary adoption.”</p> <p><b>Family Unity:</b> S 16 (3) “In the context of providing child and family services in relation to an Indigenous child, there must be a reassessment, conducted on a ongoing basis, of whether it would be appropriate to place the child with (a) a person referred to in paragraph (1)(a), if the child does not reside with such a person; or (b) a person referred to in paragraph (1)(b), if the child does not reside with such a person and unless the child resides with a person referred to in paragraph (1)(a).”</p> <p><b>Attachment and Emotional Ties:</b> S 17 “In the context of providing child and family services in relation to an Indigenous child, if the child is not placed with a member of his or her family in accordance with paragraph 16(1)(a) or (b), to the extent that doing so is consistent with the best interests of the child, the child’s attachment and emotional ties to each such member of his or her family are to be promoted.”</p>

## Appendix D: Provincial and Territorial Child Welfare Legislation

Table 14 identifies provincial and territorial child welfare legislation governing the provision of child protection services. On January 1, 2020, *An Act Respecting First Nations, Inuit and Métis Children, Youth and Families* will come into force. The *Act* empowers Indigenous communities to develop and enforce their own laws concerning Indigenous child and family services. Under provisions of the *Act*, laws affecting child and family services passed by Indigenous communities prevail over both federal and provincial laws; however, they must adhere to provisions of the *1982 Canadian Charter of Rights and Freedoms*, the *1985 Canadian Human Rights Act* and the national standards set for the provision of child and family services to Indigenous children by the *Act*. See **Appendix C: An Act Respecting First Nations, Inuit and Métis Children, Youth and Families** for a brief overview of the *Act* and a list of key national standards.

**Table 14: Provincial and Territorial Child Welfare Legislation**

Province/ Territory	Primary Child Welfare Legislation	Associated Child Welfare Legislation
Alberta	Child, Youth and Family Enhancement Act, 2000	<ul style="list-style-type: none"> <li>• Drug Endangered Children Act, 2006</li> <li>• Adoption Regulation, 2004</li> <li>• Child, Youth and Family Enhancement Regulation, 2004</li> <li>• Court Rules and Forms Regulation, 2002</li> <li>• Publication Ban (Court Applications and Orders) Regulation, 2004</li> <li>• Protection Against Family Violence Act, 2000</li> </ul>
British Columbia	Child Family and Community Service Act, 1996	<ul style="list-style-type: none"> <li>• Adoption Act, 1996</li> <li>• Infants Act, 1996</li> <li>• Representative For Children And Youth Act, 2006</li> <li>• Child, Family and Community Service Regulation, 1995</li> </ul>
Manitoba	Child and Family Services Act, 1985	<ul style="list-style-type: none"> <li>• Adoption Act, 1997</li> <li>• The Intercountry Adoption (Hague Convention) Act, 1995</li> <li>• The Child and Family Services Authorities Act, 2003</li> </ul>
New Brunswick	Family Services Act, 1980	<ul style="list-style-type: none"> <li>• Intercountry Adoption Act, 1996</li> </ul>

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**Table 14: Provincial/Territorial Child Welfare Legislation**

Province/ Territory	Primary Child Welfare Legislation	Associated Child Welfare Legislation
Newfoundland and Labrador	Children, Youth and Families Act, 2018	<ul style="list-style-type: none"> <li>• Adoption Act, 2013</li> </ul>
Northwest Territories	Child and Family Services Act, 1997	<ul style="list-style-type: none"> <li>• Child and Family Services Regulations, 1998</li> </ul>
Nova Scotia	Children and Family Services Act, 1990	<ul style="list-style-type: none"> <li>• Children and Family Services Regulations, 2016</li> <li>• Adoption Information Act, 1996</li> </ul>
Nunavut	Child and Family Services Act, 1997	N/A
Ontario	Child, Youth and Family Services Act, 2017	<ul style="list-style-type: none"> <li>• Children’s Law Reform Act, 1990</li> <li>• Family Law Act, 1990</li> </ul>
Prince Edward Island	Child Protection Act, 1988	<ul style="list-style-type: none"> <li>• Adoption Act, 1988</li> </ul>
Quebec	Youth Protection Act, 1984	N/A
Saskatchewan	Child and Family Services Act, 1989- 1990	<ul style="list-style-type: none"> <li>• Adoption Act, 1998</li> <li>• Emergency Protection for Victims of Child Sexual Abuse and Exploitation Regulations, 2002</li> </ul>
Yukon	Child and Family Services Act, 2008	<ul style="list-style-type: none"> <li>• Child and Youth Advocate Act, 2009</li> <li>• Children’s Act, 2002</li> </ul>

## Appendix E: Provincial and Territorial Definitions of First Nations and Associated Concepts

The term ‘First Nations Child’ is neither used nor consistently defined in all provincial and territorial statutes. Table 15 identifies key terms and associated definitions of First Nations Child according to the relevant jurisdiction. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from corresponding provincial or territorial primary child welfare legislation.***

**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Alberta	Band	“means band within the meaning of the <i>Indian Act (Canada)</i> ” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 1(1) (a.4)
	Council of the Band	“means council of the band within the meaning of the <i>Indian Act (Canada)</i> ” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 1(1) (g)
	First Nation Individual	“means an Indian as defined in the <i>Indian Act (Canada)</i> ” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 1(1) (j.3)
	Indigenous	“includes First Nations, Metis and Inuit” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 1(1) (m.01)
		“child is a First Nation Individual or a member of a band” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 53 (1) (1.1) (1)
	“[child is] a resident of a reserve” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 107 1(a) (i)	
	Reserve	“means reserve within the meaning of the <i>Indian Act (Canada)</i> ” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, ss 1(1) (t) (t.1)

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
British Columbia	First Nation	<p>“means any of the following:            (a) a band as defined in the <i>Indian Act</i> (Canada);            (b) an Indigenous legal entity prescribed by regulation”            Source: <i>Child, Family and Community Service Act</i> [RSBC 1996]            Chapter 46, ss 1(1)</p>
	First Nation child	<p>“a child who is a member or is entitled to be a member of a First Nation”            Source: <i>Child, Family and Community Service Act</i> [RSBC 1996]            Chapter 46, ss 1(1)</p>
	Indigenous child	<p>“a child            (a) who is a First Nation child,            (b) who is a Nisga'a child,            (c) who is a Treaty First Nation child,            (d) who is under 12 years of age and has a biological parent who            (i) is of Indigenous ancestry, including Métis and Inuit, and(ii) considers himself or herself to be Indigenous, or            (e) who is 12 years of age or over, of Indigenous ancestry, including Métis and Inuit, and considers himself or herself to be Indigenous”            Source: <i>Child, Family and Community Service Act</i> [RSBC 1996]            Chapter 46, ss 1(1a-1e)</p>
	Treaty First Nation	<p>“in relation to a Treaty First Nation child, means the Treaty First Nation of which the child is a Treaty First Nation child”            Source: <i>Child, Family and Community Service Act</i> [RSBC 1996]            Chapter 46, ss 1(1)</p>

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Manitoba	Indian Child	<p>“child is registered or is entitled to be registered as an Indian under the <i>Indian Act</i> (Canada)” Source: <i>The Child and Family Services Act</i>, C.C.S.M. c. C8, ss 30 (1)e</p> <p>“child is registered or is entitled to be registered as an Indian under the <i>Indian Act</i> (Canada)” Source: <i>The Child and Family Services Act</i>, C.C.S.M. c. C8, ss 77 (2) (c.2)</p>
New Brunswick	N/A	<p>No relevant terminology found as the Act is 40 years old and is currently being rewritten. New Brunswick is guided by Operational Protocols between the New Brunswick’s Department of Social Development and First Nation Child and Family Service Agencies (Savoury, 2018, p. 16). Ten key areas covered by the Operational Protocols are as follows: (1) child protection; (2) resources for placement facilities; (3) emergency social services; (4) legal administrative support services; (5) requests for assistance involving child welfare services; (6) the sharing of all information relating to child welfare legislation, regulations, standards, policies, rates, and procedures; (7) training of individuals as it relates to child welfare work; (8) child death review committee; (9) adoption; and (10) consultations involving disputes regarding the Operational Protocols (New Brunswick Department of Social Development and First Nation Child and Family Service Agencies, n.d., pp. 1-9).</p>

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Newfoundland and Labrador	Indigenous Child	"Indigenous child" means: an Inuit child; a Métis child, an Innu, Mi'kmaq or other First Nations child, a child who has a parent who considers the child to be Indigenous, or a person who is at least 12 years of age but under the age of 16 and who considers himself or herself to be Indigenous" Source: <i>Children, Youth and Families Act</i> , SNL2018 Chapter C-12.3, s 2 (1) n (i-iv)
	Indigenous Youth	"Indigenous youth" means: an Inuit youth, a Métis youth, an Innu, Mi'kmaq or other First Nations youth, or a youth who considers himself or herself to be Indigenous" Source: <i>Children, Youth and Families Act</i> , SNL2018 Chapter C-12.3, s 2 (1) q (i-iv)
	Labrador Inuit rights	"This Act and regulations made under this Act shall be read and applied in conjunction with the <i>Labrador Inuit Land Claims Agreement Act</i> and, where a provision of this Act or regulations made under this Act is inconsistent or conflicts with a provision, term or condition of the <i>Labrador Inuit Land Claims Agreement Act</i> , the provision, term or condition of the <i>Labrador Inuit Land Claims Agreement Act</i> shall have precedence over the provision of this Act or a regulation made under this Act." Source: <i>Children, Youth and Families Act</i> , SNL2018 Chapter C-12.3, s 3

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Newfoundland and Labrador	Cultural Connection Plan	“a description of the arrangements made or being made to foster an Indigenous child's or Indigenous youth's connection with his or her culture, heritage, traditions, community, language and spirituality to preserve the Indigenous child's or Indigenous youth's cultural identity” Source: <i>Children, Youth and Families Act</i> , SNL2018 Chapter C-12.3, s 2 (1) f
Northwest Territories	Best Interests of the Child	“Where there is a reference in this Act to the best interests of a child, all relevant factors must be taken into consideration in determining the best interests of a child including the following factors, with a recognition that differing cultural values and practices must be respected in making that determination: (c) the child's cultural, linguistic and spiritual or religious upbringing and ties” Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s3 and ss 3(c)
Nova Scotia	Aboriginal Child	“a child who is registered under the <i>Indian Act</i> (Canada) and includes a Mi'kmaq child” Source: <i>Children and Family Services Act</i> , 1990 s 3(1) (a)
	Band	“a band as defined in the <i>Indian Act</i> (Canada) within the Province of Nova Scotia” Source: <i>Children and Family Services Act</i> , 1990 s 3(1) (b)

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Nunavut	Best Interests of the Child	<p>“Where there is a reference in this Act to the best interests of a child, all relevant factors must be taken into consideration in determining the best interests of a child including the following factors, with a recognition that differing cultural values and practices must be respected in making that determination:</p> <p>(c) the child's cultural, linguistic and spiritual or religious upbringing and ties”</p> <p>Source: <i>Child and Family Services Act, SNWT (Nu) 1997</i>, c.13, s3 and ss 3(c)</p>
Ontario	Band	<p>“has the same meaning as in the <i>Indian Act (Canada)</i>”</p> <p>Source: <i>Child, Youth and Family Services Act, 2017</i>, SO 2017, c 14, Sch 1, s 2(1)</p>
	Extended Family	<p>“persons to whom a child is related, including through a spousal relationship or adoption and, in the case of a First Nations, Inuk or Métis child, includes any member of,</p> <p>(a) a band of which the child is a member,</p> <p>(b) a band with which the child identifies,</p> <p>(c) a First Nations, Inuit or Métis community of which the child is a member, and</p> <p>(d) a First Nations, Inuit or Métis community with which the child identifies”</p> <p>Source: <i>Child, Youth and Family Services Act, 2017</i>, SO 2017, c 14, Sch 1, s 2(1)</p>
	First Nations, Inuit or Métis Community	<p>“a community listed by the Minister in a regulation made under section 28 [of the Act]”</p> <p>Source: <i>Child, Youth and Family Services Act, 2017</i>, SO 2017, c 14, Sch 1, s 2(1)</p>
	Regulations Listing First Nations, Inuit and Métis communities	<p>“The Minister may make regulations establishing lists of First Nations, Inuit and Métis communities for the purposes of this Act.”</p> <p>Source: <i>Child, Youth and Family Services Act, 2017</i>, SO 2017, c 14, Sch 1, s 68 (1)</p>

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Ontario	Child's/Young Person's Bands	<p>“a reference to a child's or young person's bands and First Nations, Inuit or Métis communities includes all of the following:</p> <ol style="list-style-type: none"> <li>1. Any band of which the child or young person is a member.</li> <li>2. Any band with which the child or young person identifies.</li> <li>3. Any First Nations, Inuit or Métis community of which the child or young person is a member.</li> <li>4. Any First Nations, Inuit or Métis community with which the child or young person identifies”</li> </ol> <p>Source: <i>Child, Youth and Family Services Act</i>, 2017, SO 2017, c 14, Sch 1, s 2 (4)</p>
	Designation Of Child And Family Service Authority	<p>“A band or First Nations, Inuit or Métis community may designate a body as a First Nations, Inuit or Métis child and family service authority.”</p> <p>Source: <i>Child, Youth and Family Services Act</i>, 2017, SO 2017, c 14, Sch 1, s 70 (1)</p>
Prince Edward Island	Aboriginal Child	<p>“a child who</p> <ol style="list-style-type: none"> <li>(i) is registered in accordance with the <i>Indian Act</i> (Canada),</li> <li>(ii) has a biological parent who is registered in accordance with the <i>Indian Act</i> (Canada),</li> <li>(iii) is under 12 years old and has a biological parent who               <ol style="list-style-type: none"> <li>(A) is a descendant from an aboriginal person, and</li> <li>(B) considers himself or herself to be aboriginal, or</li> </ol> </li> <li>(iv) is 12 years old or more, a descendant of an aboriginal person and considers himself or herself to be aboriginal”</li> </ol> <p>Source: <i>Child Protection Act</i>, RSPEI 1988, c C-5.1, s 1 (a)</p>
	Band	<p>“a body of Indians as defined by the <i>Indian Act</i> (Canada)”</p> <p>Source: <i>Child Protection Act</i>, RSPEI 1988, c C-5.1, s 1(e)</p>
	Band Council	<p>“band council” means the governing body for a band, as defined by the <i>Indian Act</i> (Canada)”</p> <p><i>Child Protection Act</i>, RSPEI 1988, c C-5.1, s 1(f)</p>
	Designated Representative	<p>“a person designated by the band council to represent the band respecting an aboriginal child”</p> <p><i>Child Protection Act</i>, RSPEI 1988, c C-5.1, s 1(n)</p>

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Quebec		No relevant terminology identified.
Saskatchewan	Band	<p>“a band as defined in the <i>Indian Act</i> (Canada) and includes the council of a band”</p> <p>Source: <i>The Child and Family Services Act</i>, SS 1989-90, c C-7.2, s 2 (1) (a.1)</p>
	Band list	<p>“a band list as defined in the <i>Indian Act</i> (Canada)”</p> <p>Source: <i>The Child and Family Services Act</i>, SS 1989-90, c C-7.2, s 2 (1) (b)</p>
	Status Indian	<p>“a person who is: (i) registered as an Indian; or (ii) entitled to be registered as an Indian; pursuant to the.”</p> <p>“child is a status Indian: (i) whose name is included in a Band List; or (ii) who is entitled to have his or her name included in a Band List”</p> <p>Source: <i>The Child and Family Services Act</i>, SS 1989-90, c C-7.2, s 2 (1) (s)</p>
Yukon	First Nation	<p>“means one of the following:</p> <ul style="list-style-type: none"> <li>(a) Carcross/Tagish First Nation;</li> <li>(b) Champagne and Aishihik First Nations;</li> <li>(c) Kluane First Nation;</li> <li>(d) Kwanlin Dun First Nation;</li> <li>(e) Liard First Nation;</li> <li>(f) Little Salmon/Carmacks First Nation;</li> <li>(g) First Nation of Nacho Nyak Dun;</li> <li>(h) Ross River Dena Council;</li> <li>(i) Selkirk First Nation;</li> <li>(j) Ta’an Kwach’an Council;</li> <li>(k) Teslin Tlingit Council;</li> <li>(l) Tr’ondëk Hwëch’in;</li> <li>(m) Vuntut Gwitchin First Nation; or</li> <li>(n) White River First Nation”</li> </ul> <p>Source: <i>Child and Family Services Act</i>, SY 2008, c 1, s 1 (a) – 1 (n).</p>

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**Table 15: Provincial and Territorial Definitions of First Nations Child and Associated Concepts**

Province/ Territory	Term	Definition
Yukon	First Nations Service Authority	“means an authority designated under section 169 [of the <i>Child and Family Services Act</i> , SY 2008, c 1]” Source: <i>Child and Family Services Act</i> , SY 2008, c 1, s (1)
	Member of a First Nation	“means: (a) when used in respect of a First Nation that has a final agreement, a person enrolled or eligible to be enrolled under the final agreement, and (b) when used in respect of a First Nation that is a band under the provisions of the <i>Indian Act</i> (Canada) a person who is a member of the band under that Act” Source: <i>Child and Family Services Act</i> , SY 2008, c 1, s (1)

## Appendix F: Provincial and Territorial Age of Protection and Definitions of Child and/or Youth

Age of protection “refers to the age of the identified ‘child’ engaged in the child welfare process. Each province and territory has its own legislation in regards to mandated age of service. Consequently, the identified age depending on legislation is the maximum age that may be serviced by child welfare organizations. Ages range from anywhere between 16 to 19 years as the top age that may be serviced” (Sturtridge, 2013: 1-2). Table 16 identifies the age of protection for each province and territory along with corresponding definitions of child and/or youth. Please refer to **Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from corresponding provincial or territorial primary child welfare legislation.***

**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
Alberta	under 18	“a person under the age of 18 years and includes a youth unless specifically stated otherwise” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, s 1 (d)	“a child who is 16 years of age or older” Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, s 1 (z) (cc)
British Columbia	under 19	“a person under 19 years of age and includes a youth” Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 1 (1)	“a person who is 16 years of age or over but is under 19 years of age” Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 1 (1)

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**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
Manitoba	under 18	<p>“a person under the age of majority”            Source: <i>The Child and Family Services Act</i>, C.C.S.M. c. C8, ss 77 (2) (c.2)            *age of majority in Manitoba is 18</p>	no definition
New Brunswick	<p>under 19            “aged 19 and over for mentally incompetent people categorized as “neglected adults” (Public Health Agency of Canada, 2019, p. 13).</p>	<p>“a person actually or apparently under the age of majority*, unless otherwise specified or prescribed in [the] Act or the regulations, and includes: (a) an unborn child; (b) a stillborn child; (c) a child whose parents are not married to one another; (d) a child to whom a person stands in loco parentis, if that person’s spouse is a parent of the child; and (e) when used in reference to the relationship between an adopted person and the person adopting or the relationship between a person and his birth mother or birth father, a person who has attained the age of majority*”            Source: <i>Family Services Act</i>, SNB 1980, c F-2.2, s 1            *age of majority in New Brunswick is 19</p>	no definition

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**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
New Brunswick		<p>“Current provisions ...provide for protective services for neglected or abused adults and provide that a child in care who reaches adulthood, who is mentally incompetent and who does not have an adult who could assume responsibility for the child’s care can be treated as a neglected adult by the court. The Act permits the Minister to continue to provide care and support for a child who has been in care under a guardianship order who has reached the age of majority.* The eligibility for continued care and support is set out in the Child in Care Program Practice Standards” (Public Health Agency of Canada, 2019, p. 13).”</p> <p>*age of majority in New Brunswick is 19</p>	
Newfoundland and Labrador	<p>under 16</p> <p>between 16 and 18 if child has limited mental capacity</p> <p><i>Source: Children, Youth and Families Act, SNL2018 Chapter C-12.3, s 21 (1) c</i></p>	<p>“a person actually or apparently under the age of 16 years”</p> <p><i>Source: Children, Youth and Families Act, SNL2018 Chapter C-12.3, s 2(1) d</i></p>	<p>“a person who is at least 16 years of age but under 18 years of age”</p> <p><i>Source: Children, Youth and Families Act, SNL2018 Chapter C-12.3, s 2(1) ff</i></p>

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**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
Northwest Territories	under 19  separate protection scheme for youth between 16 and 19 Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s 29	“a person who is or, in the absence of evidence to the contrary, appears to be under 16 years of age” Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s 1	“a person who has attained the age of 16 years but has not attained the age of majority*” Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s 1 *age of majority is 19 in the Northwest Territories
Nova Scotia	under 19 “Children older than 16 and younger than 19 who are in need of protective services may enter into agreements with an agency for placement or services. A court can order a care and custody order to extend past the child’s 19 <sup>th</sup> birthday if the child is under a disability, in which case the order can extend to the child’s 21 <sup>st</sup> birthday” (Public Health Agency of Canada, 2019, p. 13).” See also <i>Children and Family Services Act</i> , 1990 s 19	“a person under nineteen years of age” Source: <i>Children and Family Services Act</i> , 1990 s 3 (1) (e)	no definition

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**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
Nunavut	under 19	"child" means a person who is or, in the absence of evidence to the contrary, appears to be under the age of 16 years, and a person in respect of whom an order has been made under subsection 47(3) or 48(2)" Source: <i>Child and Family Services Act</i> , SNWT (Nu) 1997, c 13, s (1)	"a person who has attained the age of 16 years but has not attained the age of majority."  *age of majority is 19 in Nunavut Source: <i>Child and Family Services Act</i> , SNWT (Nu) 1997, c 13, s (1)
Ontario	under 18	"a person younger than 18" Source: <i>Child, Youth and Family Services Act</i> , 2017, SO 2017, c 14, Sch 1, s 2(1)	no definition
Prince Edward Island	under 18	" a person under the age of 18 years" Source: <i>Child Protection Act</i> , RSPEI 1988, c C-5.1, s 1(h)	"a person over 12 and under 18" Source: <i>Child Protection Act</i> , RSPEI 1988, c C-5.1, s 1(y)
Quebec	under 18	"a person under the age of 18 years" Source: <i>Youth Protection Act</i> , CQLR c P-34.1, s 1(c)	no definition

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**Table 16: Provincial and Territorial Ages of Protection and Corresponding Definitions of Child and/or Youth**

Province/ Territory	Age of Protection	Definition of “Child”	Definition of “Youth”
Saskatchewan	under 16 age 16 and 17 in “circumstances of an exceptional nature” <i>Source: The Child and Family Services Act, SS 1989-90, c C-7.2, s 18 (1)</i>	<p>“except where a contrary intention is expressed, an unmarried person actually or apparently under 16 years of age” <i>Source: The Child and Family Services Act, SS 1989-90, c C-7.2, s 2 (1) (d)</i></p> <p>“a person who is 16 or 17 years of age is in need of care and supervision and: (a) there is no parent willing to assume the responsibility for the person; or (b) the person cannot be re-established with his or her family; the director may, by agreement with the person, provide residential services, financial assistance or both to that person” <i>Source: Source: The Child and Family Services Act, SS 1989-90, c C-7.2, s 10 (1)</i></p>	no definition
Yukon	under 19	<p>“a person under 19 years of age” <i>Source: Child and Family Services Act, SY 2008, c 1, s1</i></p>	<p>“a person who is 16 years of age or over but is under 19 years of age” <i>Source: Child and Family Services Act, SY 2008, c 1, s1</i></p>

## Appendix G: Provincial and Territorial Terminology for Neglect

The term ‘neglect’ is not consistently defined in all provincial and territorial statutes, but interchangeable concepts include ‘failure to care and provide for or supervise and protect,’ ‘does not provide,’ ‘refuses or is unavailable or unable to consent to treatment.’ Table 17 identifies terms and/or concepts for neglect according to the respective provincial and territorial jurisdictions. For detailed definitions of neglect according to province and territory, see *Appendix H: Provincial and Territorial Definitions of Neglect*.

**Table 17: Provincial and Territorial Terminology for Neglect**

Province/ Territory	Provincial and Territorial Terminology for Neglect
Alberta	<ul style="list-style-type: none"> <li>• abandoned</li> <li>• neglect</li> <li>• cruel and unusual treatment or punishment</li> </ul> Source: Public Health Agency of Canada (2019, p. 18)
British Columbia	<ul style="list-style-type: none"> <li>• deprivation</li> <li>• abandonment</li> </ul> Source: Public Health Agency of Canada (2019, pp. 18-19)
Manitoba	<ul style="list-style-type: none"> <li>• act or omission</li> <li>• lack of adequate care, supervision or control</li> <li>• failure or refusal to provide</li> </ul> Source: Public Health Agency of Canada (2019, p. 18)
New Brunswick	<ul style="list-style-type: none"> <li>• lack of adequate care, supervision or control</li> <li>• unfit or improper circumstances</li> <li>• failure or refusal to provide or obtain</li> <li>• neglects or refuses to ensure</li> </ul> Source: Public Health Agency of Canada (2019, pp. 19-20).
Newfoundland and Labrador	<ul style="list-style-type: none"> <li>• failure or refusal to obtain or permit</li> <li>• abandonment</li> <li>• left without adequate supervision</li> </ul> Source: Public Health Agency of Canada (2019, pp. 19-20)
Northwest Territories	<ul style="list-style-type: none"> <li>• failure to provide or consent to treatment</li> <li>• failure to obtain services or treatment</li> <li>• abandoned</li> <li>• failure to provide or consent to provision of services</li> </ul> Source: Public Health Agency of Canada (2019, pp. 19-20).

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**Table 17: Provincial and Territorial Terminology for Neglect**

Province/ Territory	Provincial and Territorial Terminology for Neglect
Nova Scotia	<ul style="list-style-type: none"> <li>• neglect</li> <li>• substantial risk of neglect</li> </ul> Source: Public Health Agency of Canada (2019, p. 21)
Nunavut	<ul style="list-style-type: none"> <li>• failure to provide or consent</li> <li>• failure to provide or consent to treatment</li> <li>• unavailable, unable or unwilling to properly care for the child</li> <li>• malnutrition</li> <li>• abandonment</li> </ul> Source: Public Health Agency of Canada (2019, pp. 21-22)
Ontario	<ul style="list-style-type: none"> <li>• failure to provide or consent to treatment</li> <li>• unable to care for child</li> </ul> Source: Public Health Agency of Canada (2019, p. 21)
Prince Edward Island	<ul style="list-style-type: none"> <li>• neglect</li> <li>• inadequate supervision or protection</li> <li>• failure to obtain or consent</li> <li>• abandonment</li> <li>• fails to obtain or consent to treatment</li> </ul> Source: Public Health Agency of Canada (2019, pp. 23-24)
Quebec	<ul style="list-style-type: none"> <li>• abandoned</li> <li>• neglected,</li> <li>• psychological ill-treatment</li> <li>• do not exercise stable supervision</li> </ul> Source: Public Health Agency of Canada (2019, p. 23)
Saskatchewan	<ul style="list-style-type: none"> <li>• need of protection</li> <li>• failure to provide</li> <li>• failure to remedy</li> </ul> Source: Public Health Agency of Canada (2019, pp. 23-24)
Yukon	<ul style="list-style-type: none"> <li>• protective intervention</li> <li>• deprivation</li> <li>• prevent imminent serious physical or mental harm</li> <li>• alleviate severe pain</li> <li>• abandonment</li> <li>• failure to provide or consent to services</li> </ul> Source: Public Health Agency of Canada (2019, p. 24)

## Appendix H: Provincial and Territorial Definitions of Neglect

Each province and territory has unique legislation defining and describing responses to neglect. Table 18 provides provincial and territorial definitions of neglect. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.***

**Table 18: Provincial and Territorial Definitions of Neglect**

Province/ Territory	Definition of Neglect
Alberta	<p>“A child is neglected if the guardian (a) is unable or unwilling to provide the child with the necessities of life, (b) is unable or unwilling to obtain for the child, or to permit the child to receive, essential medical, surgical or other remedial treatment that is necessary for the health or well-being of the child, or (c) is unable or unwilling to provide the child with adequate care or supervision”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 2 (2.1)</p>
British Columbia	<p>“Neglect is failure to provide for a child’s or youth’s basic needs. It involves an act of omission by the parent or guardian, resulting in (or likely to result in) harm to the child or youth. Neglect may include failure to provide food, shelter, basic health care, supervision or protection from risks, to the extent that the child’s or youth’s physical health, development or safety is, or is likely to be, harmed”</p> <p>Source: Government of British Columbia (2017, p. 25)</p> <p>“Physical Indicators [of neglect include:] [i]njuries where medical care has been unusually delayed or avoided; [i]njuries resulting from a lack of supervision; [m]edical or dental needs that are consistently unattended to; [f]ailure to thrive” in a child where no medical reason has been found; [c]lothing consistently inadequate for weather conditions; [p]ersistent hunger; [p]oor or inadequate nutrition; or [p]oor personal hygiene”</p> <p>Source: Government of British Columbia (2017, p. 28)</p>

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**Table 18: Provincial and Territorial Definitions of Neglect**

Province/ Territory	Definition of Neglect
British Columbia	<p>“Behavioural [i]ndicators [of neglect include:] [f]orages for, hoards or steals food; [d]evelopmental delay or setbacks related to a lack of stimulation; [p]oor school attendance; [i]nappropriately takes on a caregiver role for a parent or siblings; [t]ired or unable to concentrate at school; [a]ppears sad or has flat affect; [r]eluctant to go home; speaks of being or appears to be left alone at home a lot, unsupervised; [i]s involved in behaviours such as misuse of drugs or alcohol, stealing, fire-setting; or [d]oes not respond to affection or stimulation” Source: Government of British Columbia (2017, p. 29)</p>
Manitoba	<p>“a child is in need of protection where the life, health or emotional well-being of the child is endangered by the act or omission of a person” Source: <i>The Child and Family Services Act</i>, C.C.S.M. c. C8, s 71 (1)</p>
New Brunswick	<p>“<i>Physical [n]eglect</i> [occurs w]hen parents or caregivers fail to provide a child's basic needs. Physical neglect might include failing to provide children with proper food, clothing, or shelter. It may also involve lack of attention to, or refusal to provide, proper healthcare treatment. Neglect also happens when a person caring for a child does not, or cannot, control and supervise the child. This includes failing to make the child go to school, or stopping the child from harming himself or others” Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p> <p>“Emotional maltreatment [r]efers to both emotional abuse and <i>emotional neglect</i>. This might include repeated attacks on a child's sense of self-worth, insults, isolation, rejection, unrealistic expectations or constant criticism. It might also involve terrorizing a child such as threatening to kill the family pet” Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p>

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Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Newfoundland and Labrador	<p>“A child is in need of protective intervention where the child:</p> <p>(a) is being, or is at risk of being, physically harmed by the action or <i>lack of appropriate action by the child’s parent</i>;</p> <p>(c) is being, or is at risk of being, emotionally harmed by the parent’s conduct and there are reasonable grounds to believe that the emotional harm suffered by the child, or that may be suffered by the child, results from the actions, <i>failure to act or pattern of neglect</i> on the part of the child’s parent;</p> <p>(e) is being, or is at risk of being, sexually abused or exploited by a person and the child’s <i>parent does not protect the child</i>;</p> <p>(f) is being, or is at risk of being, emotionally harmed by a person and the child’s <i>parent does not protect the child</i>;</p> <p>(g) is in the custody of a parent who <i>refuses or fails to obtain or permit essential medical, psychiatric, surgical or remedial care or treatment</i> to be given to the child when recommended by a qualified health practitioner;</p> <p>(h) is <i>abandoned</i>;</p> <p>(i) has no living parent and <i>no adequate provision</i> has been made for the child’s care;</p> <p>(j) has no parent available to care for the child and the <i>parent has not made adequate provision</i> for the child’s care;</p> <p>(k) has <i>no parent able or willing to care for the child</i>;</p> <p>(o) has been left <i>without adequate supervision appropriate to the child’s developmental level</i>; or</p> <p>(p) is actually or apparently under 12 years of age and has</p> <p>(i) allegedly killed or seriously injured another person or has caused serious damage to another person’s property, or</p> <p>(ii) on more than one occasion caused injury to another person or other living thing or threatened, either with or without weapons, to cause injury to another person or other living thing, either with the parent’s encouragement or because the <i>parent does not respond adequately to the situation</i>.</p> <p>Source: <i>Children, Youth and Families Act</i>, SNL2018 Chapter C-12.3, s 10 (1) (a-p)</p>

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**Table 18: Provincial and Territorial Definitions of Neglect**

Province/ Territory	Definition of Neglect
Northwest Territories	<p>“A child needs protection where</p> <p>(a) the child has suffered physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately</i>;</p> <p>(b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately</i>;</p> <p>(c) the child has been sexually molested or sexually exploited by the child's parent or by another person where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was <i>unwilling or unable to protect the child</i>;</p> <p>(d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is <i>unwilling or unable to protect the child</i>;</p> <p>(e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm</i>;</p> <p>(f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm</i>;</p> <p>(g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition</i>;</p> <p>(h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's <i>parent is unavailable, unable or unwilling to properly care for the child</i>;</p>

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Table 18: Provincial and Territorial Definitions of Neglect

Province/ Territory	Definition of Neglect
Northwest Territories	<p>(i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's <i>parent is unavailable, unable or unwilling to properly care for the child</i>;</p> <p>(j) the child requires medical treatment to cure, prevent or alleviate serious physical harm or serious physical suffering and the child's"</p> <p>Source: <i>Child and Family Services Act</i>, SNWT 1997, c.13, s 7 (3)</p>
Nova Scotia	<p>"[N]eglect" means the chronic and serious failure to provide to the child (i) adequate food, clothing or shelter, (ii) adequate supervision, (iii) affection or cognitive stimulation, or (iv) any other similar failure to provide"</p> <p>Source: <i>Children and Family Services Act</i>, 1990, s 3 (1) (p)</p>
Nunavut	<p>"A child needs protection where (a) the child has suffered physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately</i>;</p> <p>(b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the <i>parent's unwillingness or inability to care and provide for or supervise and protect the child adequately</i>;</p> <p>(c) the child has been sexually molested or sexually exploited by the child's parent or by another person where the child's parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was <i>unwilling or unable to protect the child</i>;</p> <p>(d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child's parent or by another person where the child's parent knows or should know of the possibility of sexual molestation or sexual exploitation and is <i>unwilling or unable to protect the child</i>;</p> <p>(e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm</i>;</p> <p>(f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child's <i>parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm</i>;</p>

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**Table 18: Provincial and Territorial Definitions of Neglect**

Province/ Territory	Definition of Neglect
Nunavut	<p>(g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent <i>does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;</i></p> <p>(h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's <i>parent is unavailable, unable or unwilling to properly care for the child;</i></p> <p>(i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's <i>parent is unavailable, unable or unwilling to properly care for the child;</i></p> <p>(j) the child requires medical treatment to cure, prevent or alleviate serious physical harm or serious physical suffering and the child's"</p> <p>Source: <i>Child and Family Services Act, SNWT (Nu) 1997, c.13, s 7 (3)</i></p>
Ontario	<p>"failure to adequately care for, provide for, supervise or protect the child, or pattern of neglect in caring for, providing for, supervising or protecting the child"</p> <p>Source: <i>Child, Youth and Family Services Act, 2017, SO 2017, c 14, Sch 1, s 2 (a)</i></p> <p>(i)</p>
Prince Edward Island	<p>"[F]ailure to provide a child with adequate care and guidance, or other acts of omission by a parent respecting a child, that are inappropriate for the child or likely to be harmful to the child"</p> <p>Source: <i>Child Protection Act, RSPEI 1988, c C-5.1, s 1 (r)</i></p>
Quebec	<p>"[R]efers to (1) a situation in which the child's parents or the person having custody of the child do not meet the child's basic needs, i. failing to meet the child's basic physical needs with respect to food, clothing, hygiene or lodging, taking into account their resources; ii. failing to give the child the care required for the child's physical or mental health, or not allowing the child to receive such care; or iii. failing to provide the child with the appropriate supervision or support, or failing to take the necessary steps to ensure that the child receives a proper education and, if applicable, that he attends school as required under the <i>Education Act</i> (chapter I-13.3) or any other applicable legislation; or (2) a situation in which there is a serious risk that a child's parents or the person having custody of the child are not providing for the child's basic needs in the manner referred to in subparagraph 1"</p> <p>Source: <i>Youth Protection Act, CQLR c P-34.1, s 38 (b) (1)</i></p>

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**Table 18: Provincial and Territorial Definitions of Neglect**

Province/ Territory	Definition of Neglect
Saskatchewan	<p>“Neglect [refers to] failing to provide a child with enough food, proper clothing, shelter, health care, or supervision” (Government of Saskatchewan, n.d., p. 1). Physical indicators of neglect include: “abandonment; unattended medical or dental needs; lack of supervision; hunger; inappropriate dress; poor hygiene; persistent health conditions (e.g., scabies, head lice, diaper rash or other skin disorder); and developmental delays (e.g., language, weight)” (Government of Saskatchewan, n.d., p. 3). Child behavioural indicators of neglect include: “displays fatigue or listlessness, falls asleep in class; steals food; reports that no caregiver is at home; and frequently absent or late for school” (Government of Saskatchewan, n.d., p. 3).</p> <p>“A child is in need of protection if: (a) <i>as a result of action or omission by the child’s parent:...(iv) medical, surgical or other recognized remedial care or treatment that is considered essential by a duly qualified medical practitioner has not been or is not likely to be provided to the child; (v) the child’s development is likely to be seriously impaired by failure to remedy a mental, emotional or developmental condition; ... (b) there is no adult person who is able and willing to provide for the child’s needs, and physical or emotional harm to the child has occurred or is likely to occur; or (c) the child is less than 12 years of age and: ... (ii) the child’s parent is unable or unwilling to provide for the child’s needs”</i></p> <p>Source: <i>The Child and Family Services Act</i>, SS 1989-90, c C-7.2, s 11</p>
Yukon	<p>“Neglect [is defined as] failing to provide for a child’s basic needs, including essential food, appropriate clothing, shelter, health care or supervision”</p> <p>Source: Yukon Health and Social Services (2017, p. i)</p> <p>Possible physical indicators of neglect include: “abandonment; unattended medical or dental needs; consistent lack of supervision; consistent hunger, inappropriate dress for weather conditions and poor hygiene; persistent and untreated conditions (e.g., scabies, head lice, diaper rash or other skin disorder); and developmental delays (e.g., language, weight)”</p> <p>Source: Yukon Health and Social Services (2017, p. 9)</p> <p>Possible behavioral indicators of neglect include: regularly displays fatigue or listlessness or falls asleep in class; steals food, begs from classmates; reports that no caretaker is at home; frequently absent or late; self-destructive; school drop-outs (adolescents); lack of parental participation; misuse of alcohol or drugs; [and/or] lack of trust in others”</p> <p>Source: Yukon Health and Social Services (2017, p. 9)</p>

## Appendix I: Provincial and Territorial Definitions of Physical Abuse

Each province and territory has unique legislation defining and describing responses to physical abuse. Table 19 provides provincial and territorial definitions of physical abuse. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.***

**Table 19: Provincial and Territorial Definitions of Physical Abuse**

Province/Territory	Definition of Physical Abuse
Alberta	<p>“[A] a child is <i>physically injured</i> if there is substantial and observable injury to any part of the child’s body as a result of the non-accidental application of force or an agent to the child’s body that is evidenced by a laceration, a contusion, an abrasion, a scar, a fracture or other bony injury, a dislocation, a sprain, hemorrhaging, the rupture of viscus, a burn, a scald, frostbite, the loss or alteration of consciousness or physiological functioning or the loss of hair or teeth”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 3 (b)</p>
British Columbia	<p>“Physical abuse is a deliberate physical assault or action by a person that results in, or is likely to result in, physical harm to a child or youth. It includes the use of unreasonable force to discipline a child or youth or prevent a child or youth from harming him/herself or others. The injuries sustained by the child or youth may vary in severity and range from minor bruising, burns, welts or bite marks to major fractures of the bones or skull to, in the most extreme situations, death. The likelihood of physical harm to a child or youth increases when the child or youth is living in a situation where there is domestic violence by or towards a person with whom the child or youth resides. Domestic violence is a pattern of intentionally coercive and violent behaviour toward an individual with whom there is or has been an intimate relationship. It includes physical abuse such as hitting, slapping, pushing, choking, assault with a weapon, locking out of the house or the threat of physical abuse”</p> <p>Source: Government of British Columbia (2017, p. 23)</p>

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**Table 19: Provincial and Territorial Definitions of Physical Abuse**

Province/Territory	Definition of Physical Abuse
Manitoba	<p>“Physical abuse can be a single incident or repeated pattern including: the intentional use of force or pain on any part of a child's body; [and/or] any contact or action that causes physical injuries. Some <i>behavioural signs of physical abuse</i> could include but are not limited to: inconsistent explanation for injuries or cannot remember; wary of adults; flinch if touched unexpectedly; extremely aggressive or extremely withdrawn; feels deserving of punishment; apprehensive when others cry; frightened of parents afraid to go home. Some <i>physical signs of physical abuse</i> could include but are not limited to: injuries not consistent with explanation; numerous injuries in varying stages of recovery or healing; presence of injuries over an extended period of time; facial injuries; and injuries inconsistent with the child's age and developmental phase”</p> <p>Source: Manitoba Child and Family Services (n.d., <i>Physical Abuse</i>)</p>
New Brunswick	<p>“Physical abuse [refers to t]he use of unreasonable force against a child. What is considered reasonable will depend on the age of the child, the severity of the actions and its lack of healthy corrective purpose regarding the child's behaviour. This might include, for example, hitting, slapping, shaking, choking, kicking or burning a child. It also includes any conduct by a caregiver that might put the child's life, health or well-being at risk”</p> <p>Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p> <p>“Signs of [p]hysical [a]buse [include the following:] child has welts, bite marks, unexplained bruises, scars, burns, fractures or head injuries; child runs away from home or will not go home; [and/or] child has repetitive injuries or unattended injuries”</p> <p>Source: Public Legal Education and Information Service of New Brunswick (2007, p. 3)</p>
Newfoundland and Labrador	<p>“action on the part of the parent in which a child/youth sustained or is likely to sustain a physical injury. Injury to the child/youth may be current or may have occurred in the past”</p> <p>Source: Newfoundland and Labrador, Department of Children, Seniors and Social Development (n.d., <i>How Do You Define</i>)</p>

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**Table 19: Provincial and Territorial Definitions of Physical Abuse**

Province/Territory	Definition of Physical Abuse
Northwest Territories	<p>“A child needs protection where;</p> <p>(a) the child has suffered physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately;</p> <p>(b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately”</p> <p>Source: <i>Child and Family Services Act</i>, SNWT 1997, c.13, s 7.3 (a-b)</p> <p>“any physical injury of a child which is not accidental”</p> <p>Source: Northwest Territories (2012, p. 7)</p>
Nova Scotia	<p>“the intentional use of force on any part of a child's body that results in injury”</p> <p>Source: Government of Nova Scotia (n.d., <i>Physical Abuse</i>)</p>
Nunavut	<p>“A child needs protection where;</p> <p>(a) the child has suffered physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately;</p> <p>(b) there is a substantial risk that the child will suffer physical harm inflicted by the child's parent or caused by the parent's unwillingness or inability to care and provide for or supervise and protect the child adequately”</p> <p>Source: <i>Child and Family Services Act</i>, SNWT (Nu) 1997, c.13, s 7.3 (a-b)</p>

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**Table 19: Provincial and Territorial Definitions of Physical Abuse**

Province/ Territory	Definition of Physical Abuse
Ontario	<p>“any deliberate physical force or action, by a parent or caregiver, which results, or could result, in injury to a child. It can include bruising, cuts, punching, slapping, beating, shaking, burning, biting or throwing a child. Using belts, sticks or other objects to punish a child can cause serious harm and is also considered abuse”</p> <p>Source: Ontario Association of Children’s Aid Societies (n.d., <i>Physical Abuse</i>)</p>
Prince Edward Island	No definition identified.
Quebec	<p>“[R]efers to (1) a situation in which the child is the victim of bodily injury or is subjected to unreasonable methods of upbringing by his parents or another person, and the child’s parents fail to take the necessary steps to put an end to the situation; or (2) a situation in which the child runs a serious risk of becoming the victim of bodily injury or being subjected to unreasonable methods of upbringing by his parents or another person, and the child’s parents fail to take the necessary steps to put an end to the situation”</p> <p>Source: <i>Youth Protection Act</i>, CQLR c P-34.1, s 38 (e)</p>
Saskatchewan	<p>“Physical abuse [refers to] any action, including discipline, causing injury to the child’s body” (Government of Saskatchewan, n.d., p. 1). Physical indicators include: injuries (bruises, cuts, burns, bite marks, fractures, etc.) that are not consistent with explanation offered; the presence of several injuries over a period of time; any bruising on an infant; facial injuries in preschool children (e.g., cuts, bruises, sores, etc.); and injuries inconsistent with the child’s age and development” Source: Government of Saskatchewan (n.d., p. 3)</p> <p>Behavioural indicators include: “cannot recall how injuries occurred, or offers an inconsistent explanation; reluctant to go home; frequent absences from school; fear of adults; may cringe or flinch if touched unexpectedly; may display a vacant stare or frozen watchfulness; extremely aggressive or withdrawn; [and] extremely compliant and/or eager to please</p> <p>Source: Government of Saskatchewan (n.d, p. 3)</p>

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**Table 19: Provincial and Territorial Definitions of Physical Abuse**

Province/Territory	Definition of Physical Abuse
Yukon	<p>“Physical abuse [refers to] any deliberate, non-accidental assault or use of force against a child that results in physical harm. This can include excessive or inappropriate discipline that causes injury to the child’s body” Source: Yukon Health and Social Services (2017, p. i)</p> <p>Possible <i>physical indicators of physical abuse</i> include: “injuries (bruises, cuts, burns, bite marks, fractures, etc.) that are not consistent with explanation offered (e.g., extensive bruising to one area); the presence of several injuries over a period of time; any bruising on an infant; facial injuries in preschool children (e.g., cuts, bruises, sores, etc.); injuries inconsistent with the child’s age and development; [and/or] injuries that form a shape or pattern that resemble the object used to make the injury (e.g., buckle, hand, teeth, cigarette burns)” Source: Yukon Health and Social Services (2017, p. 6)</p> <p>Possible child <i>behavioural indicators of physical abuse</i> include: “cannot recall how injuries occurred, or offers an inconsistent explanation; wary of adults or reluctant to go home, absences from school; may cringe or flinch if touched unexpectedly; may display a vacant stare or frozen watchfulness; extremely aggressive or extremely withdrawn; wears long sleeves to hide injury; extremely compliant and/or eager to please; sad, cries frequently; and describes self as bad and deserving to be punished” Source: Yukon Health and Social Services (2017, p. 6)</p>



## Appendix J: Provincial and Territorial Definitions of Sexual Abuse

Each province and territory has unique legislation defining and describing responses to sexual abuse. Table 20 provides provincial and territorial definitions of sexual abuse. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.***

**Table 20: Provincial and Territorial Definitions of Sexual Abuse**

Province/Territory	Definition of Sexual Abuse
Alberta	<p>“[A] child is sexually abused if the child is inappropriately exposed or subjected to sexual contact, activity or behaviour including prostitution related activities.”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 1(3) (c)</p>
British Columbia	<p>“Sexual abuse is when a child or youth is used (or likely to be used) for the sexual gratification of another person. It includes: [t]ouching or invitation to touch for sexual purposes; [i]ntercourse (vaginal, oral or anal); [m]enacing or threatening sexual acts, obscene gestures, obscene communications or stalking; [s]exual references to the child’s or youth’s body/behaviour by words/gestures; [r]equests that the child or youth expose their body for sexual purposes; [d]eliberate exposure of the child or youth to sexual activity or material; and [s]exual aspects of organized or ritual abuse”</p> <p>Source: Government of British Columbia (2017, p. 24)</p> <p>“Sexual exploitation is a form of sexual abuse that occurs when a child or youth engages in a sexual activity, usually through manipulation or coercion, in exchange for money, drugs, food, shelter or other considerations. Sexual activity includes: [p]erforming sexual acts; [s]exually explicit activity for entertainment; [i]nvolvement with escort or massage parlour services; and [a]ppearing in pornographic images. Children and youth living on the street are particularly vulnerable to exploitation”</p> <p>Source: Government of British Columbia (2017, pp. 24-25).</p>

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**Table 20: Provincial and Territorial Definitions of Sexual Abuse**

Province/Territory	Definition of Sexual Abuse
British Columbia	<p>“[A] child has been or is likely to be sexually abused or sexually exploited if the child has been, or is likely to be, (a) encouraged or helped to engage in prostitution, or (b) coerced or inveigled into engaging in prostitution.”</p> <p>Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 13 (1) (1.1)</p>
Manitoba	<p>“Sexual abuse is exposing a child to sexual contact, activity or behaviour, including: any sexual touching; [and/or] intercourse, exploitation or exposure. Some behavioural signs of sexual abuse could include but are not limited to: sexual knowledge or play inappropriate to age; sophisticated or unusual sexual knowledge; prostitution; poor peer relationships; delinquent or runaway; reports sexual assault by caretaker; change in performance in school; sleeping disorders; aggressive behavior; and self-harm (ex. cutting, suicide attempts). Some physical signs of sexual abuse could include but are not limited to: unusual or excessive itching in the genital or anal area; stained or bloody underwear; pregnancy; injuries to the vaginal or anal areas; sexually transmitted infections; difficult walking or sitting; pain when peeing; vaginal/penile discharge; excessive masturbation; [and] urinary tract infections”</p> <p>Source: Manitoba Child and Family Services (n.d., <i>Sexual Abuse</i>)</p>
Newfoundland and Labrador	<p>“Sexual Abuse: includes any sexual contact between an individual and a child/youth regardless of whether the sexual contact occurs by force, coercion, duress, and deception or whether the child/youth understands the sexual nature of the activity. Sexual contact includes sexual penetration, touching, harassment, invitation to sexual touching, sexual acts such as exposure, voyeurism, or sexually exploiting the child/youth by involving the child/youth in the sex trade or pornography.”</p> <p>Source: Newfoundland and Labrador, Department of Children, Seniors and Social Development (n.d., <i>How Do You Define</i>)</p>

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**Table 20: Provincial and Territorial Definitions of Sexual Abuse**

Province/Territory	Definition of Sexual Abuse
Northwest Territories	<p>“involving a child in sexual touching or any form of sexual activity. Sexual abuse may also include forcing or allowing a child to watch or look at sexual activity, pornographic materials, or books, magazines or videos containing sexual material that is inappropriate or unsuitable for a child” Source: Northwest Territories (2012, p. 7)</p> <p>“A child needs protection where: (c) the child has been sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was unwilling or unable to protect the child; (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knows or should know of the possibility of sexual molestation or sexual exploitation and is unwilling or unable to protect the child.” Source: <i>Child and Family Services Act</i>, SNWT 1997, c.13, s 7.3 (c-d)</p>
Nova Scotia	<p>“[S]exual abuse” means (i) the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or assist any other person to engage in, any sexually explicit conduct or simulation of such conduct, or (ii) the use of a child in, or exposure to, prostitution, pornography or any unlawful sexual practice.” Source: <i>Children and Family Services Act</i>, 1990, s 3 (1) (v)</p>
Nunavut	<p>“A child needs protection where: (c) the child has been sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knew or should have known of the possibility of sexual molestation or sexual exploitation and was unwilling or unable to protect the child; (d) there is a substantial risk that the child will be sexually molested or sexually exploited by the child’s parent or by another person in circumstances where the child’s parent knows or should know of the possibility of sexual molestation or sexual exploitation and is unwilling or unable to protect the child.” Source: <i>Child and Family Services Act</i>, SNWT (Nu) 1997, c.13, s 7.3 (c-d)</p>

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**Table 20: Provincial and Territorial Definitions of Sexual Abuse**

Province/Territory	Definition of Sexual Abuse
Ontario	<p>“Sexual abuse occurs when a child is used for the sexual gratification of an adult or an older child. The child may co-operate because he or she wants to please the adult or out of fear. It includes sexual intercourse, exposing a child’s private areas, indecent phone calls, fondling for sexual purposes, watching a child undress for sexual pleasure, and allowing/forcing a child to look at or perform in pornographic pictures or videos, or engage in prostitution.”</p> <p>Source: Ontario Association of Children’s Aid Societies (n.d.: <i>Physical Abuse</i>)</p>
Prince Edward Island	<p>“(g) the child has been harmed as a result of being sexually exploited for the purpose of prostitution and the parent has failed or been unable to protect the child; (h) the child is at substantial risk of being sexually exploited for the purpose of prostitution and the parent has failed or been unable to protect the child”</p> <p>Source: <i>Child Protection Act</i>, RSPEI 1988, c C-5.1, s 9 (g-h)</p>
Quebec	<p>“[S]exual abuse” refers to (1) a situation in which the child is subjected to gestures of a sexual nature by the child’s parents or another person, with or without physical contact, including any form of sexual exploitation, and the child’s parents fail to take the necessary steps to put an end to the situation; or (2) a situation in which the child runs a serious risk of being subjected to gestures of a sexual nature by the child’s parents or another person, with or without physical contact, including a serious risk of sexual exploitation, and the child’s parents fail to take the necessary steps to put an end to the situation”</p> <p>Source: <i>Youth Protection Act</i>, CQLR c P-34.1, s 38 (d) (1-2)</p>

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**Table 20: Provincial and Territorial Definitions of Sexual Abuse**

Province/Territory	Definition of Sexual Abuse
Saskatchewan	<p>“Sexual abuse [refers to] any action involving a child in sexual exploitation or sexual activity including touching, exposure, using a child in the making of/or viewing pornography” Source: Government of Saskatchewan (n.d., p. 3)</p> <p>“Physical indicators of sexual abuse include: “unusual or excessive itching in the genital or anal area; pregnancy or sexually transmitted infection; [and] injuries to the genital or anal areas (e.g., bruising, swelling or infection)” Source: Government of Saskatchewan (n.d., p. 3)</p> <p>“Behavioural indicators of sexual abuse include: age-inappropriate sexual play with toys, self, others (e.g., replication of explicit sexual acts); age-inappropriate, sexually explicit drawings and/or descriptions; bizarre, sophisticated or unusual sexual knowledge; involvement in sexual exploitation; cruelty to animals; fear of home, excessive fear of adults; [and] depression or other mental health challenges)” Source: Government of Saskatchewan (n.d., p. 3)</p>
Yukon	<p>“[A] child has been or is likely to be sexually abused or exploited if the child has been or is likely to be (a) inappropriately exposed or subjected to sexual contact, activity or behaviour; including prostitution related activities; or (b) encouraged or counselled to engage in prostitution” Source: Child and Family Services Act, SY 2008, c 1, 21 (2) (a-b)</p>

## Appendix K: Provincial and Territorial Terminology for Emotional Maltreatment

Each province and territory has unique legislation defining and describing responses to emotional maltreatment, also referred to as: emotional abuse; psychological abuse; emotional harm; emotionally injured; psychological ill treatment; or psychological abuse. Table 21 identifies terminology for emotional maltreatment used by provinces and territories. For detailed provincial and territorial definitions, see *Appendix L: Provincial and Territorial Definitions for Emotional Maltreatment*.

**Table 21: Provincial and Territorial Terminology for Emotional Maltreatment**

Province/ Territory	Provincial and Territorial Terminology for Emotional Maltreatment
Alberta	<ul style="list-style-type: none"> <li>• emotional injury</li> </ul> Source: Public Health Agency of Canada (2019, p. 18)
British Columbia	<ul style="list-style-type: none"> <li>• emotional harm</li> </ul> Source: Public Health Agency of Canada (2019, pp. 18-19)
Manitoba	<ul style="list-style-type: none"> <li>• well-being of the child</li> </ul> Source: Public Health Agency of Canada (2019, p. 18)
New Brunswick	<ul style="list-style-type: none"> <li>• emotional well-being of the child</li> </ul> Source: Public Health Agency of Canada (2019, pp. 19-20)
Newfoundland and Labrador	<ul style="list-style-type: none"> <li>• emotional harm</li> </ul> Source: Public Health Agency of Canada (2019, p. 19-20)
Northwest Territories	<ul style="list-style-type: none"> <li>• emotional harm</li> <li>• mental, emotional or developmental condition</li> </ul> Source: Public Health Agency of Canada (2019, pp. 19-20)
Nova Scotia	<ul style="list-style-type: none"> <li>• emotional abuse</li> <li>• mental, emotional or developmental condition</li> </ul> Source: Public Health Agency of Canada (2019, p. 21)
Nunavut	<ul style="list-style-type: none"> <li>• emotional harm</li> <li>• mental, emotional or developmental condition</li> <li>• emotional or mental well-being</li> </ul> Source: Public Health Agency of Canada (2019, pp. 21-22)
Ontario	<ul style="list-style-type: none"> <li>• emotional harm</li> <li>• mental, emotional or developmental condition</li> </ul> Source: Public Health Agency of Canada (2019, p. 21)

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**Table 21: Provincial and Territorial Terminology for Emotional Maltreatment**

Province/ Territory	Provincial and Territorial Terminology for Emotional Maltreatment
Prince Edward Island	<ul style="list-style-type: none"> <li>• emotional harm</li> <li>• emotional condition or harm suffered</li> </ul> Source: Public Health Agency of Canada (2019, pp. 23-24)
Quebec	<ul style="list-style-type: none"> <li>• psychological ill-treatment</li> </ul> Source: Public Health Agency of Canada (2019, p. 23)
Saskatchewan	<ul style="list-style-type: none"> <li>• serious impairment of mental or emotional functioning</li> <li>• emotional harm</li> </ul> Source: Public Health Agency of Canada (2019, pp. 23-24)
Yukon	<ul style="list-style-type: none"> <li>• emotional harm</li> <li>• mental harm</li> </ul> Source: Public Health Agency of Canada (2019, p. 24)

## Appendix L: Provincial and Territorial Definitions for Emotional Maltreatment

Each province and territory has unique legislation defining and describing emotional maltreatment. Table 22 provides provincial and territorial definitions of emotional maltreatment. Please refer to *Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019* for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

***Unless otherwise indicated, all definitions are extracted from primary provincial or territorial child welfare legislation.***

**Table 22: Provincial and Territorial Definitions for Emotional Maltreatment or Psychological Abuse**

Province/ Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Alberta	<p>“[A] child is emotionally injured (i) if there is impairment of the child’s mental or emotional functioning or development, and (ii) if there are reasonable and probable grounds to believe that the emotional injury is the result of (A) rejection, (A.1) emotional, social, cognitive or physiological neglect, (B) deprivation of affection or cognitive stimulation, (C) exposure to family violence or severe domestic disharmony, (D) inappropriate criticism, threats, humiliation, accusations or expectations of or toward the child, (E) the mental or emotional condition of the guardian of the child or of anyone living in the same residence as the child; (F) chronic alcohol or drug abuse by the guardian or by anyone living in the same residence as the child”</p> <p>Source: <i>Child, Youth and Family Enhancement Act</i>, RSA 2000, c C-12, s 1(1) (3a)</p>
British Columbia	<p>“[A] child is emotionally harmed if the child demonstrates severe (a) anxiety, (b) depression, (c) withdrawal, or (d) self-destructive or aggressive behaviour.”</p> <p>Source: <i>Child, Family and Community Service Act</i> [RSBC 1996] Chapter 46, s 13 (2)</p> <p>“Reason to believe that a child or youth needs protection from being emotionally harmed may arise due to emotional abuse from a parent. This may range from the parent ignoring to habitually humiliating the child or youth to withholding life-sustaining nurturing. Emotional abuse may occur separately from, or along with, other forms of abuse and neglect. Emotional abuse can include a pattern of: [s]capegoating; [r]ejection; [v]erbal attacks on the child; [t]hreats; [i]nsults; or humiliation. Emotional harm may also be caused by the child or youth living in a situation where there is domestic violence by or towards a person with whom the child or youth resides. Domestic violence may involve physical abuse, threats, verbal insults or psychological abuse such as stalking”</p> <p>Source: Government of British Columbia (2017, p. 4)</p>

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
British Columbia (Continued)	<p>“Physical Indicators [of emotional maltreatment include:] [b]ed wetting and/or frequent diarrhea; or [f]requent psychosomatic complaints, headaches, nausea, abdominal pains. Behavioural indicators [of emotional maltreatment include:] [m]ental or emotional development lags; [i]solated and has no friends or complains of social isolation; [b]ehaviours inappropriate for age; [f]ear of failure, overly high standards, reluctant to play; [f]ears consequences of actions, often leading to lying; [e]xtreme withdrawal or aggressiveness, mood swings; [o]verly compliant, too well-mannered; [e]xcessive neatness and cleanliness; [e]xtreme attention-seeking behaviours; [p]oor peer relationships; [s]evere depression, may be suicidal; [r]unaway attempts; [v]iolence is a subject for art or writing; [f]orbidden contact with other children; [s]hows little anxiety towards strangers; or [u]nusual severe anxiety or worries”</p> <p>Source: Government of British Columbia (2017, p. 28)</p>
Manitoba	<p>“Emotional abuse is usually a repeated pattern that includes: repeated exposure to alcohol or drug abuse; repeated verbal attacks, humiliation or rejection; repeated exposure to violence or fighting; forced isolation, restraint or causing fear”</p> <p>Source: Manitoba Child and Family Services (n.d.: <i>Emotional Abuse</i>)</p> <p>“Some behavioural signs of emotional abuse could include but are not limited to: depression; withdrawal or aggressive behavior; overly compliant; too neat and clean; habit disorders (sucking, biting, rocking, etc.); learning disorders; sleep disorders; unusual fearfulness; obsessive compulsive behavior; phobias; harming themselves; extreme behavior; suicide attempts; developmental delays”</p> <p>Source: Manitoba Child and Family Services (n.d.: <i>Emotional Abuse</i>)</p> <p>“Some physical signs of emotional abuse could include but are not limited to: bed-wetting; headaches; nausea; speech disorders; lags in physical development; [and] disruptive behavior”</p> <p>Source: Manitoba Child and Family Services (n.d.: <i>Emotional Abuse</i>)</p>

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
New Brunswick	<p>“Emotional maltreatment [r]efers to both emotional abuse and emotional neglect. This might include repeated attacks on a child’s sense of self-worth, insults, isolation, rejection, unrealistic expectations or constant criticism. It might also involve terrorizing a child such as threatening to kill the family pet. The law also considers children at risk of emotional abuse if they live in situations of family violence” Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p> <p>“Signs of emotional abuse [include]: child is often alone (at home and around the school); child is passive or acts out aggressively; child has low self-esteem; [and] child is depressed or talks of suicide” Source: Public Legal Education and Information Service of New Brunswick (2007, p. 2)</p>
Newfoundland and Labrador	<p>“the indicators of emotional harm exhibited or demonstrated by a child may include: depression; significant anxiety; significant withdrawal; self-destructive behaviour; aggressive behaviour; or delayed development” Source: <i>Children, Youth and Families Act</i>, SNL2018 Chapter C-12.3, s 10 (2) (a-f)</p> <p>“parental conduct or living situations that may lead to emotional harm or risk of emotional harm to the child may include: rejection; social deprivation; deprivation of affection; deprivation of cognitive stimulation; subjecting the child to inappropriate criticism, threats, humiliation, accusations or expectations; living in a situation where the mental or emotional health of a parent is negatively affecting the child; living in a situation where a parent is an abuser of alcohol or drugs; or living in a situation where there is violence” Source: <i>Children, Youth and Families Act</i>, SNL2018 Chapter C-12.3, s 10 (3) (a-h)</p>

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/ Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Northwest Territories	<p>“emotional neglect [refers to] the child's deeper needs for love and affection, a sense of belonging, guidance and stability are not being met” Source: Northwest Territories (2012, p. 7)</p> <p>“emotional abuse [refers to] anything that seriously hurts a child mentally or emotionally. This could include being exposed to constant 'put-downs' and verbal attacks, repeated rejection, or violence in the home” Source: Northwest Territories (2012, p. 7)</p> <p>“(e) the child has demonstrated severe anxiety, depression, withdrawal, self destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e), and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm; (g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition; (h) the child has been subject to a pattern of neglect that has resulted in physical or emotional harm to the child; (i) the child has been subject to a pattern of neglect and there is a substantial risk that the pattern of neglect will result in physical or emotional harm to the child; (j) the child has been exposed to domestic violence by or towards a parent of the child, the child has suffered physical or emotional harm from that exposure and the child's parent fails or refuses to obtain services, treatment or healing processes to remedy or alleviate the harm; (k) the child has been exposed to domestic violence by or towards a parent of the child and there is a substantial risk that the exposure will result in physical or emotional harm to the child and the child's parent fails or refuses to obtain services, treatment or healing processes to prevent the harm;</p>

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/ Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Northwest Territories	(l) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (m) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm" Source: <i>Child and Family Services Act</i> , SNWT 1997, c.13, s3 and s 3 (e-m)
Nova Scotia	"[E]motional abuse" means acts that seriously interfere with a child's healthy development, emotional functioning and attachment to others such as (i) rejection, (ii) isolation, including depriving the child from normal social interactions, (iii) deprivation of affection or cognitive stimulation, (iv) inappropriate criticism, humiliation or expectations of or threats or accusations toward the child, or (v) any other similar acts;" Source: <i>Children and Family Services Act</i> , 1990 s 3(1) (la) (i-v)
Nunavut	(e) the child has demonstrated severe anxiety, depression, withdrawal, self-destructive behaviour, or aggressive behaviour towards others, or any other severe behaviour that is consistent with the child having suffered emotional harm, and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the harm; (f) there is a substantial risk that the child will suffer emotional harm of the kind described in paragraph (e) and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to prevent the harm; (g) the child suffers from a mental, emotional or developmental condition that, if not remedied, could seriously impair the child's development and the child's parent does not provide, or refuses or is unavailable or unable to consent to the provision of, services, treatment or healing processes to remedy or alleviate the condition;"

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Nunavut	<p>(h) the child's health or emotional or mental well-being has been harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's parent is unavailable, unable or unwilling to properly care for the child; (i) there is a substantial risk that the child's health or emotional or mental well-being will be harmed by the child's use of alcohol, drugs, solvents or similar substances and the child's parent is unavailable, unable or unwilling to properly care for the child"</p> <p>Source: <i>Child and Family Services Act, SNWT (Nu) 1997, c.13, s 7(3) (e-i)</i></p>
Ontario	<p>"Emotional abuse is a pattern of behaviour that attacks a child's emotional development and sense of self-worth. It includes excessive, aggressive or unreasonable demands that place expectations on a child beyond his or her capacity. Emotional abuse includes constantly criticizing, teasing, belittling, insulting, rejecting, ignoring or isolating the child. It may also include exposure to domestic violence."</p> <p>Source: Ontario Association of Children's Aid Societies (n.d.: <i>Physical Abuse</i>)</p>
Prince Edward Island	<p>"(k) the child has suffered emotional harm inflicted by a parent, or by another person, where the parent knew or ought to have known that the other person was emotionally abusing the child and the parent failed to protect the child; (l) the child is at substantial risk of suffering emotional harm caused by a parent, or by another person, where the parent knew or ought to have known, that the other person was emotionally abusing the child and the parent failed to protect the child; (m) the child has suffered physical or emotional harm caused by being exposed to domestic violence by or towards a parent; (n) the child is at substantial risk of suffering physical or emotional harm caused by being exposed to domestic violence by or towards a parent; (o) the child requires specific medical, psychological or psychiatric treatment to cure, prevent or ameliorate the effects of a physical or emotional condition or harm suffered, and the parent does not, or refuses to, obtain treatment or is unavailable or unable to consent to treatment; (p) the child suffers from a mental, emotional or developmental condition that, if not addressed, could seriously harm the child and the parent does not or refuses to obtain treatment or is unavailable or unable to consent to services or treatment to remedy or ameliorate the effects of the condition"</p> <p>Source: <i>Child Protection Act, RSPEI 1988, c C-5.1, s 9 (k-p)</i></p>

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**Table 22: Provincial and Territorial Definitions of Emotional Maltreatment or Psychological Abuse**

Province/Territory	Definitions of Emotional Maltreatment or Psychological Abuse
Quebec	<p>“[P]sychological ill-treatment” refers to a situation in which a child is seriously or repeatedly subjected to behaviour on the part of the child’s parents or another person that could cause harm to the child, and the child’s parents fail to take the necessary steps to put an end to the situation. Such behaviour includes in particular indifference, denigration, emotional rejection, excessive control, isolation, threats, exploitation, particularly if the child is forced to do work disproportionate to the child’s capacity, and exposure to conjugal or domestic violence;”</p> <p>Source: <i>Youth Protection Act</i>, CQLR c P-34.1, s 38 (2) (c)</p>
Saskatchewan	<p>“(ii) the child has suffered or is likely to suffer a serious impairment of mental or emotional functioning; (v) the child’s development is likely to be seriously impaired by failure to remedy a mental, emotional or developmental condition; or (vi) the child has been exposed to interpersonal violence or severe domestic disharmony that is likely to result in physical or emotional harm to the child”</p> <p>Source: <i>The Child and Family Services Act</i>, SS 1989-90, c C-7.2, s 11 (a) (ii, v, vi)</p>
Yukon	<p>“[A] child has been, or is likely to be, emotionally harmed by the conduct of a parent or other person if the parent or other person demonstrates a pattern of behaviour that is detrimental to the child’s emotional or psychological well-being.”</p> <p>Source: <i>Child and Family Services Act</i>, SY 2008, c 1, s 21 (3)</p>

## Appendix M: Provincial and Territorial Treatment of Least Disruptive Measures

Table 23 provides a summary of “whether or not [provincial and territorial CFS agencies may offer, should offer, or must consider, or must offer family support services as a least disruptive measure prior to the removal of a child from their family” (Shangreau, 2004, pp. 30-31). Please refer to **Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019** for legislative amendments and/or regulatory changes that came into force from 2006 through 2019 (if applicable).

**Table 23: Provincial and Territorial Provisions of Family Support Services as a Least Disruptive Measure**

Province/ Territory	“May Offer” Family Support Services	“Should Offer” Family Support Services	“Must Consider” Family Support Services	“Must or Shall Offer” Family Support Services
Alberta	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
British Columbia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Manitoba	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
New Brunswick	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Newfoundland and Labrador	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Northwest Territories	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nova Scotia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Nunavut	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ontario	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Prince Edward Island	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Quebec	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Saskatchewan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Yukon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Source: Shangreaux (2004, pp. 30-31)

There is lack of consistency across legislation in the specification of the types of family support services that a CFS agency “*may, should, must consider, must or shall offer* as a least disruptive measure” (Shangreaux, 2004, p. 31). Various least disruptive measures and/or family support services that are identified in provincial and territorial CFS legislation include: “family

counseling, guidance and assessment; in-home support, parent aides; child care, respite care; parenting programs; services for improving the family's financial situation; services for improving the family's housing; drug or alcohol treatment and rehabilitation; mediation of disputes; services to assist the family to deal with the illness of a child or a family member; and other services agreed to by the agency and the person who has lawful custody of the child" (Shangreaux, 2004, p. 31).

**Table 24: Alberta—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	"The family as the basic unit of society and its well-being should be supported and preserved; further, the family has the right to the least invasion of its privacy and interference with its freedom."
Provision of Services and Family Preservation	"If it is not inconsistent with the protection of a child who may be in need of protective services, the child's family should be referred to community resources for services that would support and preserve the family and prevent the need for any other intervention under this Act...Agencies may enter into support agreement with families to prevent the removal of a child."
Least Disruptive Alternatives and Family Preservation	"If protective services are necessary to assist the family in providing for the care of a child, those services should be supplied to the family insofar as it is reasonably practicable to do so in order to support the family unit and to prevent the need to remove the child from the family."
Least Disruptive Alternatives and Removal of Child	"A child should be removed from the family only when other less intrusive measures are not sufficient to protect the survival, security or development of the child."
Note: Categories were developed using four guiding statements developed by Shangreaux's (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive measures approach to intervention and child protection services.	

Source: Shangreaux (2004, pp. 30-31).



**Table 25: British Columbia—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“A family is the preferred environment for the care and upbringing of children and the responsibility for the protection of children rests primarily with the parents.”
Provision of Services and Family Preservation	“Agencies have a responsibility to integrate the planning and delivery of preventative and support services to families and children. “
Least Disruptive Alternatives and Family Preservation	“If a child needs protection, after the assessment, the director may offer support services to the child and family...The plan of care developed by means of a family conference must include the director’s consent and may include provision for services to support and assist the family and to make the family safe for the child.”
Least Disruptive Alternatives and Removal of Child	“At a presentation hearing relating to the removal of a child under section 30, the director must present to the court a written report that includes information about any less disruptive measures considered by the director before removing the child.”
<p>Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive measures approach to intervention and child protection services.</p>	

Source: Shangreaux (2004, pp. 32-33).

**Table 26: Manitoba—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	The family is the basic unit of society and its well-being should be supported and preserved. Families and children have the right to the least interference with their affairs to the extent compatible with the best interests of children and the responsibility of society.
Provision of Services and Family Preservation	Families are entitled to receive preventive and supportive services directed to preserving the family unit...every agency shall: provide family counseling, guidance and other services to families for the prevention of circumstances requiring the placement of children in protective care or in treatment programs.
Least Disruptive Alternatives and Family Preservation	Child protective services must consider the child's best interests, including the child's sense of continuity and need for permanency with the least possible disruption.
Least Disruptive Alternatives and Removal of Child	N/A
Note: Categories were developed using four guiding statements developed by Shangreaux's (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive measures approach to intervention and child protection services.	

Source: Shangreaux (2004, p. 33).

**Table 27: New Brunswick—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“Whereas it is recognized that the basic rights and fundamental freedoms of children and their families include a right to the least invasion of privacy and interference with freedom.”
Provision of Services and Family Preservation	“The Minister may enter into an agreement with the parent of the child that specifies what is and what is not to be done to ensure that the security or development of the child is adequately protected.”
Least Disruptive Alternatives and Family Preservation	“Where the Minister places a child under protective care he shall make adequate provision for his care, and he may leave the child in his own home and may provide social services when the provision of social services is adequate to ensure his proper care...Legislation also allows for orders of supervision.”
Least Disruptive Alternatives and Removal of Child	N/A
Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreaux (2004, p. 33).

**Table 28: Newfoundland and Labrador—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“The family is the basic unit of society, health and wellbeing of the child; services shall be provided using the least intrusive means of intervention.”
Provision of Services and Family Preservation	“Prevention activities are integral to the promotion of the safety, health and well-being of a child; families shall be provided, to the extent possible, with services which support the safety, health and well-being of their children.”
Least Disruptive Alternatives and Family Preservation	“Where a child is in need of protective intervention; the director or social worker must take into consideration whether or not the child’s safety could be assured without removing the child with the provision of protective intervention services. “
Least Disruptive Alternatives and Removal of Child	“Prior to the removal of a child, the director or social worker must believe that a less intrusive course of action is not available.”
Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreaux (2004, pp. 30-31).

**Table 29: Northwest Territories and Nunavut—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“Whereas the family is the basic unit of society and its well-being should be supported and promoted.”
Provision of Services and Family Preservation	“Children should be supported within the context of their family and extended family to the greatest extent possible by the Director providing services or assisting others in providing services on a voluntary basis to support and assist the family. The Director may enter into a written agreement ... to support and assist that person’s family to care for the child.”
Least Disruptive Alternatives and Family Preservation	“The application of best interests guidelines include the consideration of: the risk that the child may suffer harm through being removed from, kept away from, returned to, or allowed to remain in, the care of a parent. A plan of care for a child may include provision for support services to make the child’s home safe for the child.”
Least Disruptive Alternatives and Removal of Child	N/A
<p>Note: Categories were developed using four guiding statements developed by Shangreux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive</p>	

Source: Shangreux (2004, pp. 30-31).

**Table 30: Nova Scotia—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“The family exists as the basic unit of society, and its well-being is inseparable from the common well-being. The basic rights and fundamental freedoms of children and their families include a right to the least invasion of privacy and interference with freedom that is compatible with their own interests and of society’s interest in protecting children from abuse and neglect...and whereas parents or guardians have responsibility for the care and supervision of their children and children should only be removed from that supervision, either partly or entirely, when all other measures are inappropriate. “
Provision of Services and Family Preservation	“Among other functions, an agency is to: (a) work with other community and social services to prevent, alleviate and remedy the personal, social and economic conditions that might place children and families at risk; (b) provide guidance, counselling and other services to families for the prevention of circumstances that might require intervention by an agency; and (c) develop and provide services to families to promote the integrity of families, before and after intervention pursuant to this Act.”
Least Disruptive Alternatives and Family Preservation	“The Minister and the agency shall take reasonable measures to provide services to families and children that promote the integrity of the family...using the least intrusive means of intervention and, in particular, to enable a child to remain with the child’s parent or guardian or be returned to the care of the child’s parent or guardian.”
Least Disruptive Alternatives and Removal of Child	“An agency shall not enter into a temporary-care agreement unless the agency...is satisfied that no less restrictive course of action, such as care in the child’s own home, is appropriate for the child in the circumstances...The court shall not make an order removing the child from the care of a parent or guardian unless the court is satisfied that less intrusive alternatives, including services to promote the integrity of the family...[have failed, are refused or are inadequate to protect the child].”

Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive

Source: Shangreaux (2004, pp. 34-35).

**Table 31: Ontario—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“To recognize that while parents may need help in caring for their children, that help should give support to the autonomy and integrity of the family unit and, wherever possible, be provided on the basis of mutual consent...To recognize that the least disruptive course of action that is available and is appropriate in a particular case to help a child should be considered.”
Provision of Services and Family Preservation	“The functions of a children’s aid society include a duty to provide guidance, counseling and other services to families for protecting children or the prevention of circumstances requiring the protection of children. “
Least Disruptive Alternatives and Family Preservation	“A society shall not make a temporary care agreement unless the society is satisfied that no less disruptive course of action, such as care in the child’s own home, is appropriate for the child in the circumstances.”
Least Disruptive Alternatives and Removal of Child	“Least disruptive alternatives preferred: The court shall not make an order removing the child from care of the person who had charge of him or her immediately before intervention under this Part unless the court is satisfied that alternatives that are less disruptive to the child, including non-residential services and the assistance referred to in subsection (2), would be inadequate to protect the child.”
Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreaux (2004, pp. 35-36).

**Table 32: Prince Edward Island—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“Parents have the right and responsibility for the care and supervision of their children, and children should only be removed from that care and supervision when other measures have failed or are inappropriate. The rights of children, families and individuals are guaranteed by the rule of law, intervention into the affairs of individuals and families should be governed by law so as to protect those rights and preserve the autonomy and integrity of the family wherever possible.”
Provision of Services and Family Preservation	“Where the Director concludes, after an investigation, that a child is in need of protection, the Director may offer child welfare services to the parent.”
Least Disruptive Alternatives and Family Preservation	“The Director may apprehend a child, where there are reasonable grounds to believe that...a less intrusive course of action will not adequately protect the health or safety of the child. “
Least Disruptive Alternatives and Removal of Child	“The Court requires that the Director provide evidence that...a less intrusive course of action will not adequately protect the health or safety of the child.”
Note: Categories one through four were developed using four guiding statements developed by Shangreux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreux (2004, pp. 30-31).



**Table 33: Quebec—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“The primary responsibility for the care, maintenance and education of a child and for ensuring his supervision rests with his parents...every decision made under this Act must contemplate the child’s remaining with his family. “
Provision of Services and Family Preservation	“The director may propose as voluntary measures that may be included in an agreement (a) that the child remain with his family and that the child’s parents report periodically to the director on the measures they apply in their own regard or in their child’s regard to put an end to the situation in which the security or development of the child is in danger; (b) that the child and the child’s parents undertake to take an active part in the application of the measures designed to put an end to the situation in which the security or development of the child is in danger; (f) that a person working for an institution or body provide aid, counseling or assistance to the child and the child’s family. “
Least Disruptive Alternatives and Family Preservation	“The director shall periodically review the case of every child whose situation he has taken in charge. He shall, where applicable, satisfy himself that every measure designed to ensure the child’s return to his parents is taken, if such a return is in his interest, or ensure that the child has living conditions appropriate to his needs and his age.”
Least Disruptive Alternatives and Removal of Child	N/A
Note: Categories were developed using four guiding statements developed by Shangreux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive	

Source: Shangreux (2004, pp. 36-37).

**Table 34: Saskatchewan—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

Category	Description
Family	“The purpose of this Act is to promote the well-being of children in need of protection by offering, wherever appropriate, services that are designed to maintain, support and preserve the family in the least disruptive manner.”
Provision of Services and Family Preservation	“The Minister may provide family services to, or for, the benefit of a parent or a child where the minister considers them essential to enable the parent to care for the child; a director may enter into an agreement with the parent for the provision of family services. “
Least Disruptive Alternatives and Family Preservation	“Where, on investigation, an officer concludes that a child is in need of protection, the officer shall take all reasonable steps that he or she considers necessary to provide for the safety of the child, including, the offer of family services where practicable.”
Least Disruptive Alternatives and Removal of Child	N/A

Note: Categories were developed using four guiding statements developed by Shangreaux’s (2004, pp. 30-31) analysis of provincial and legislative provisions regarding a least disruptive

Source: Shangreaux (2004, pp. 30-31).

**Table 35: Yukon—Requirements for a Least Disruptive Measures Approach to Intervention and Child Protection Services**

It is the policy of the Minister and the director to supply services as far as is reasonably practicable to promote family units and to diminish the need to take children into care or to keep them in care.

Source: Shangreaux (2004, pp. 30-31).

## Appendix N: Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019

Please note that the following is not an exhaustive list of amendments and non-legislative changes to provincial and territorial child welfare legislation and regulatory provisions for the period from 2006 through 2019. Individuals are advised to consult the respective provincial and territorial statutes and regulatory provisions for a complete and up to date list of amendments and non-legislative changes affecting the provision of child welfare services.

**Table 36: Alberta—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description of Amendment/Regulatory Change
2018	<ul style="list-style-type: none"> <li>• added “First Nation Individual” which means an Indian as defined in the <i>Indian Act</i> (Canada)”</li> <li>• added “Indigenous [which] includes First Nations, Metis and Inuit”</li> <li>• “domestic violence” substituted with “family violence”</li> </ul> Source: <i>Child, Youth and Family Enhancement Act</i> , RSA 2000, c C-12, s 1(1.1) (m)
2013-2018	<ul style="list-style-type: none"> <li>• “[amendments to]provisions regarding the rights of previous caregivers who seek to become guardians of a child</li> <li>• changes to the quality assurance provisions of the <i>Act</i></li> <li>• [amendments to]provisions permitting children of any age to appeal court decisions made under the <i>Act</i> (previously, only children over the age of 12 had a right of appeal)</li> <li>• changes to the appeals panel hearing appeals of decisions of directors</li> <li>• [amendments to] provisions regarding publication bans where a child is deceased</li> <li>• removal of the requirement of “willfulness” in the offence of causing a child to be in need of protection”</li> </ul> Source: Public Health Agency of Canada (2019, p. 4)

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**Table 36: Alberta—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description of Amendment/Regulatory Change
2013-2018	<ul style="list-style-type: none"> <li>• Implementation of the Child Intervention Practice Framework</li> <li>• “The Framework outlines principle-based practice for child intervention. Practice Strategies supporting this Framework were implemented in 2014. These strategies guide decision-making for caseworkers from initial contact with the family, and support the “slowing down” of the Intake and Investigation to better service the needs of families. The Strategies require caseworkers to focus on kinship as priority to reduce trauma, loss and grief for the child, to involve extended family and cultural connections early in the process to build sustainable safety plans, and to ensure children in care maintain connections to family, community and culture”</li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 8)</p> <ul style="list-style-type: none"> <li>• Adoption of Collaborative Service Delivery</li> <li>• “This province-wide initiative focuses on improved assessment, collaboration, and engagement with service providers and families, with a focus on prioritizing improved outcomes for at-risk children, youth and families. It supports the implementation of the Casework Practice Model and compliments the core principles of Signs of Safety.”</li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 8)</p>
2006	<ul style="list-style-type: none"> <li>• Drug Endangered Children Act, 2006: “[S]tates that children under 18 who are exposed to drug manufacture and trafficking are victims of abuse and require protection.”</li> </ul> <p>Source: Gough (2006, p. 2)</p>

**Table 37: British Columbia—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<ul style="list-style-type: none"> <li>• “[A]mendments to p]rovisions allowing the director to make an agreement with prospective adoptive parents to care for a child;</li> <li>• [amendments to p]rovisions permitting agreements for services to children over 19 years of age</li> <li>• [c]hanges to the grounds for protection to include emotional harm caused by living in a situation where there is domestic violence, and to clarify that the presence of domestic violence increases the risk of physical harm to a child</li> <li>• [ch]anges to the possible responses to a report that a child needs protection, in order to allow for services to be provided without a determination that the child is in need of protection</li> <li>• [c]hanges to the provisions regarding restraining orders</li> <li>• [c]hanges to allow for children to be placed in the permanent custody of someone other than their parent”</li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 4)</p>
2018	<ul style="list-style-type: none"> <li>• Child, Family, and Community Service Amendment Act, 2018 <ul style="list-style-type: none"> <li>• Consists of a number of amendments designed to “reduce the over-representation of Indigenous children in the child-welfare system by increasing the involvement of Indigenous communities in child welfare decisions.”</li> <li>• Includes changes to the definitions, principles and rights section of the <i>Act</i> [which] clarify and recognize: the shared responsibility of Indigenous families and Indigenous communities in caring for their children (Guiding principles, Section 2); the impact of residential schools (Service delivery principles, Section 3); and the definition of the “best interest of a child test” to include the importance of a child belonging to, learning about and practicing their Indigenous traditions, customs and language.”</li> </ul> </li> </ul> <p>Source: Federation of Community Social Services of British Columbia. (2018, n.p)</p>

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**Table 37: British Columbia—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2015	<p>“In May 2015, the province imposed a moratorium on the use of hair-strand drug and alcohol testing in child protection cases, following the discovery of concerns regarding the reliability of testing conducted at the Motherisk Lab at the Hospital for Sick Children in Toronto.”</p> <p>Source: Public Health Agency of Canada (2019, p. 8)</p>
2006	<ul style="list-style-type: none"> <li>• Representative For Children And Youth Act, 2006               <ul style="list-style-type: none"> <li>• “The <i>RCY Act</i> was enacted to improve services for children, youth and families receiving services in three areas...found to be deficient following the 2001-2002 core services review: advocacy for children and youth; the monitoring of government’s performance in protecting and providing services; for children and youth; and the system for reviewing child deaths, including how these reviews are addressed within the [Ministry of Child and Family Services].”</li> </ul> </li> </ul> <p>Source: British Columbia. Representative for Children and Youth. (n.d, <i>Backgrounder</i>).</p>

**Table 38: Manitoba—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2019	<ul style="list-style-type: none"> <li>• Announce in 2017, the Government of Manitoba is in the process of reviewing the province’s system child welfare. Four key areas of reform are:               <ul style="list-style-type: none"> <li>• [the development of] a community-based prevention model through the implementation of four demonstration sites;</li> <li>• [the creation of] opportunities for lifelong connections for children by introducing innovative and evidence-based reunification and permanence strategies (including customary care and subsidized adoption);</li> <li>• [the implementation of] block funding pilots to provide child and family services agencies to have much more flexibility in using funds to support families and prevent children from coming into care; and</li> <li>• a comprehensive review of Manitoba’s legislative framework including the <i>Child and Family Services Act</i> and the <i>Child and Family Services Authorities Act</i>.</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 50)</p>
2013-2018	<p>No significant amendments to either statute during this period Source: Public Health Agency of Canada (2019, p. 4)</p>



**Table 39: New Brunswick—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2016-2018	<p>“[A number of amendments] relating to the release of confidential information, particularly concerning adoptions”            Source: Public Health Agency of Canada (2019, p. 5)</p>
2016	<p>“In March 2016, New Brunswick ended the use of hair-strand tests for drug and alcohol in child protection cases. The province cited concerns about the overall reliability of such tests, following the discovery of serious problems with the testing performed by the Motherisk Lab at the Hospital for Sick Children in Toronto.”            Source: Public Health Agency of Canada (2019, p. 9)</p>

**Table 40: Newfoundland and Labrador—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2019	<p>On June 28, 2019 the <i>Children, Youth and Families Act</i>, SNL2018 Chapter C-12.3 came into force.</p> <ul style="list-style-type: none"> <li>• “The new <i>Children, Youth and Families Act</i> which replaces the <i>Children and Youth Care and Protection Act</i>, is child and youth-centred, family-focused and culturally responsive. The new <i>Act</i> enhances the focus on maintaining children and youth within families where it is safe to do so and expands opportunities to create permanency for children and youth who are declared in need of protective intervention.”</li> <li>• “[The <i>Act</i>] contains significant updates aimed at strengthening service delivery to Indigenous children, youth and their families by recognizing the importance of preserving an Indigenous child or youth’s cultural identity, and providing for the involvement of Indigenous governments and organizations in decisions that will keep children safe, and where possible, at home with their families and culture.”</li> <li>• “[E]xpands the identification and support of youth in need of protection by increasing the scope of the duty to report to include youth aged 16-17, and removing restrictions so that all youth under a voluntary Youth Services Agreement can receive services until their 21<sup>st</sup> birthday.”</li> </ul> <p>Source: Newfoundland and Labrador. Ministry of Children, Seniors and Social Development. (2019, n.p)</p>
2013	<p>“In 2013, the province implemented a mandatory decision-making framework for child protection, the Risk Management Decision Making Model. In 2016, a plan was put in place to transition from the Risk Management Decision Making Model to the Structured Decision Making Model, which was adapted for use in Newfoundland and Labrador.”</p> <p>Source: Public Health Agency of Canada (2019, p. 13)</p>

**Table 41: Northwest Territories—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2016-2017	<p>“The province implemented the Structured Decision-Making System for Child Protection, which was adapted to serve the people and context of the NWT. Four of the six SDM tools were implemented between January 2016 and March 2017.”</p> <p>Source: Public Health Agency of Canada (2019, p. 9)</p>
2016	<ul style="list-style-type: none"> <li>• Revisions which came into force in 2016 included: <ul style="list-style-type: none"> <li>• “[a] new definition of youth and protections and services available to youth;</li> <li>• [a] new provision requiring the Director to notify a child and the child’s parents of the right to be represented by legal counsel;</li> <li>• [a] new provision providing for mediation and other alternative dispute mechanisms;</li> <li>• [t]he extension of services to age 23 for permanent custody youth to support independent living;</li> <li>• [a]mended criteria for determining when a child or youth needs protection as it relates to domestic violence and prostitution;</li> <li>• [a] new provision requiring notification of Aboriginal organizations of orders relating to Aboriginal children, and permitting the organizations’ participation in hearings;</li> <li>• [t]ime limits for temporary custody, depending on the child’s age; [and a]</li> <li>• new provision requiring a review of the Child and Family Services Act every five years.”</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 5)</p> <ul style="list-style-type: none"> <li>• “Amendments in 2016 provided that exposure to domestic violence no longer has to be “repeated”; prostitution and prostitution-related acts are now set out in the grounds for intervention.”</li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 20)</p>
2014	<p>“The Building Stronger Families Action Plan was implemented by the Department of Health and Social Services in 2014 to improve and enhance the child and family services system in the NWT. This Action Plan has led to the establishment of a new accountability framework, manual revisions, and information system replacement. The 2016 changes to the legislation were also part of this Action Plan.”</p> <p>Source: Public Health Agency of Canada (2019, p. 9)</p>

**Table 42: Nova Scotia—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<ul style="list-style-type: none"> <li>• “The grounds of intervention have expanded in the last five years. Some of the specificity of the subsections was changed to allow a broader interpretation of the statute. For example, the previous subsection on domestic violence was revised to remove the requirements that the abuse be repeated, that it have occurred in the home, and that there be demonstrated harm as a result. “</li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 22)</p>
2017	<ul style="list-style-type: none"> <li>• “[Amendments that came into effect in 2017] include:             <ul style="list-style-type: none"> <li>• [e]xpansion of the definition of a child in need of protective services, to allow services to be provided in more cases;</li> <li>• [p]rovisions to encourage permanency for children in care;</li> <li>• [p]rovisions to allow voluntary services to be provided to children between 16 and 18 years old;</li> <li>• [p]rovisions defining the duty to report;</li> <li>• [p]rovisions allowing social workers to interview a child without parental consent; and</li> <li>• [p]rovisions emphasizing the importance of a child’s culture.”</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 6)</p>
2016	<p>“In May 2016, Nova Scotia suspended use of hair-strand drug and alcohol tests in child protection cases. This came in response to the discovery of serious flaws in hair-strand tests conducted by the Motherisk Lab at the Hospital for Sick Children. Nova Scotia hair samples had been tested at labs in Toronto, including the Motherisk Lab, prior to the suspension of testing by the government. “</p> <p>Source: Public Health Agency of Canada (2019, p. 9)</p>

**Table 43: Nunavut—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<ul style="list-style-type: none"> <li>• “[S]ubstantive revisions to the Act [which] came into force in 2014...include: <ul style="list-style-type: none"> <li>• [n]ew provisions which require the Act to be administered and interpreted so as to reflect specific Inuit societal values;</li> <li>• [n]ew provisions setting limits for the amount of time in which children can be in temporary care;</li> <li>• [a]mendments extending the age at which a youth can no longer receive voluntary services from 18 to 26;</li> <li>• [a] prohibition on maliciously making a false report claiming a child needs or may need protection;</li> <li>• [t]he addition of new grounds for a finding that a child is in need of protection: exposure to or involvement in child pornography, repeated exposure to family violence, and significant contact with a person who possesses child pornography;</li> <li>• [a] requirement that the Director respond within 60 days to recommendations of coroner’s inquests following deaths of children in care; and</li> <li>• a requirement that the Minister table the Director’s annual report before the Legislative Assembly.”</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 6)</p> <ul style="list-style-type: none"> <li>• “New grounds of intervention were added: exposure to or involvement in child pornography; repeated exposure to family violence; and significant contact with a person who possesses child pornography. “</li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 22)</p>

**Table 44: Ontario—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2018	<ul style="list-style-type: none"> <li>• A number of changes came into force in 2018, impacting four key areas: “prevention and protection, quality improvement, governance and accountability, and relationships with First Nations, Inuit and Métis peoples.” Source: Ontario Ministry of Children, Community and Social Services (n.d.: <i>Legislation</i>)</li> <li>• Revisions included: <ul style="list-style-type: none"> <li>• “[a] new Preamble, new purposes of the legislation, and changes to the best interests test;</li> <li>• [r]ecognition of Jordan’s Principle and the UN Declaration on the Rights of Indigenous Peoples;</li> <li>• [p]rovisions requiring agencies to pursue plans for customary care for First Nations, Inuk or Métis children;</li> <li>• [r]aising the age of protection from 16 to 18;</li> <li>• [p]rovisions permitting the apprehension and return of children subject to interprovincial child protection proceedings;</li> <li>• [i]mproved oversight of service providers; [and u]pdated language, including “extended society care” in place of “Crown wardship</li> </ul> </li> </ul> <p>Source: Public Health Agency of Canada (2019, p. 6)</p> <ul style="list-style-type: none"> <li>• “The new legislation removed “abandonment” as a ground for intervention, and added the ground for children aged 16 and 17 (“the child is 16 or 17 and a prescribed circumstance or condition exists”). Source: Public Health Agency of Canada (2019, p. 6)</li> <li>• “Part X is a new section of the <i>Child, Youth and Family Services Act</i>. It sets out a legislative privacy framework for Ontario’s child and youth sector. Once it comes into effect on January 1, 2020, it will establish new rules for the collection, use, and disclosure of, and access to, personal information held by ministry-funded and licensed service providers.” Source: Ontario Ministry of Children, Community and Social Services (n.d., <i>Part X: Personal Information</i>)</li> </ul>
2016	<p>“In 2016, Ontario implemented new Child Protection Standards governing the work of child protection workers. It also revised the province’s Eligibility Spectrum, which is designed to assist children’s aid society staff in making consistent and accurate decisions about eligibility for service at the time of referral.” Source: Source: Public Health Agency of Canada (2019, p. 9)</p>

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**Table 44: Ontario—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2015	<p>“In April 2015, the Ontario government issued a policy directive to all children’s aid societies, requiring them to cease using or relying on hair-strand drug and alcohol testing in child protection services. This was in response to the discovery of serious problems with the reliability of hair-strand tests conducted by the Motherisk Lab at the Hospital for Sick Children.”</p> <p>Source: Public Health Agency of Canada (2019, p. 9)</p>

**Table 45: Prince Edward Island—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2017	<ul style="list-style-type: none"> <li>“In 2017, the Act was amended to allow a court to admit certain forms of hearsay, including hearsay evidence of the child who is the subject of the hearing.”</li> </ul> Source: Public Health Agency of Canada (2019, p. 7)
2016	<ul style="list-style-type: none"> <li>“In 2016, the province implanted a “HUB” model for dealing with high-risk cases. Representatives from key government and community groups that work with families in crisis come together at what is called a “situation table”. Cases involving multiple risk factors cutting across disciplines and departments are brought to this situation table to determine the required level of risk response. The group connects the individuals and families to services and coordinated collaborative interventions. This model is intended to prevent apprehensions or calls to police through information-sharing and collaborative responses.”</li> </ul> Source: Public Health Agency of Canada (2019, p. 10)
2016	<p>“In November 2016, the advisory committee made sixty-six recommendations based on what Islanders had to say about protecting children in PEI that fall into the two broad categories: service delivery and public policy. The government stated that it will act on the recommendations beginning with six priority areas to improve accountability and further enhance front-line service delivery. They identified six priority areas: 1) Strengthen the voices of children. 2) Increase supports for grandparents as primary caregivers. 3) Improve data collection, analysis and reporting processes related to outcomes for children. 4) Address legislative changes required to better protect the interest of the child. 5) Implement an evidence-based decision-making model to support the delivery of consistent and thorough child protection services. 6) Develop a social policy framework for better accountability and integrated collaboration.”</p> Sources: Public Health Agency of Canada (2019, p. 52); Prince Edward Island Family and Human Services (2016, n.p.)
2015	<p>“In November 2015, the Minister of Family and Human Services appointed an advisory committee to carry out a review of the Child Protection Act.”</p> Source: Public Health Agency of Canada (2019, p. 52)

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**Table 45: Prince Edward Island—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013	<ul style="list-style-type: none"> <li data-bbox="513 380 1513 520">• “In 2013, the Act was amended to permit the Director of Child Protection to disclose information required for an investigation or inquest under the Coroner’s Act.” Source: Public Health Agency of Canada (2019, p. 7)</li> <li data-bbox="513 569 1513 894">• “In December 2013, a formalized protocol was developed between the province’s Child Protective Services and the Mi’kmaq Confederacy of PEI. This protocol provides clarity on roles, responsibilities and procedures in the delivery of child protection services involving PEI First Nation children and families. The goal of the protocol is to ensure child protection services are provided to PEI First Nation children and families in a manner that preserves and promotes the Aboriginal cultural identity of children and families.” Source: Public Health Agency of Canada (2019, p. 10)</li> </ul>

**Table 46: Quebec—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<ul style="list-style-type: none"> <li>• “The definition of “psychological ill-treatment” was amended to include situations in which a child is subjected to “excessive control.”</li> </ul> Source: Public Health Agency of Canada (2019, p. 23)
2017	<ul style="list-style-type: none"> <li>• “Amendments that came into force in 2017 include:               <ul style="list-style-type: none"> <li>• [t]he inclusion of cultural identity as a best interests factor;</li> <li>• [r]equirements that placements for Indigenous children attempt to preserve their cultural identity; and</li> <li>• [p]rovisions requiring child protection services to inform Indigenous communities when a child is removed, and to seek the communities’ cooperation.”</li> </ul> </li> </ul> Source: Public Health Agency of Canada (2019, p. 7)

**Table 47: Saskatchewan—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<ul style="list-style-type: none"> <li>• “An explicit reference to sexual exploitation was added, and “domestic violence” was changed to “interpersonal violence”.</li> </ul> Source: Public Health Agency of Canada (2019, p. 24)
2017	<ul style="list-style-type: none"> <li>• Amendments to the <i>Act</i> in 2017 included:               <ul style="list-style-type: none"> <li>• “[p]rovisions establishing the criteria for the disclosure of personal information;[and]</li> <li>• provisions clarifying the requirements for agreements delegating the Minister’s powers to provide child protection services to Aboriginal bands and organizations.”</li> </ul> </li> </ul> Source: Public Health Agency of Canada (2019, p. 7)
2014	<p>“In 2014, changes were made to the Saskatchewan Child Abuse Protocol in order to enhance the province’s coordinated and integrated approach to child abuse investigations, while clarifying responsibilities for protecting children. The duty to report suspected child abuse was clarified, and the protocol was shortened and made more user-friendly.”</p> Source: Public Health Agency of Canada (2019, p. 10)
2013	<p>“Effective October 2013, the Ministry began a pilot for a Flexible Response program. The model allows for different responses to reports of child abuse and neglect depending on the level of urgency and severity. The pilot is being expanded to the south service area before it is rolled out province-wide.”</p> Source: Public Health Agency of Canada (2019, p. 10)
2012	<p>“The new Structured Decision Making (SDM) Model was implemented across the province and in two First Nation child and family services agencies in June 2012. “</p> Source: Public Health Agency of Canada (2019, p. 10)
2011	<p>“The first HUB program in Canada, where child welfare agencies work with other social service agencies and police to identify and intervene with families at risk, was started in Prince Albert in 2011. This model has expanded throughout Saskatchewan since [2011].”</p> Source: Public Health Agency of Canada (2019, p. 10)

**Table 48: Yukon—Key Legislative Amendments and Non-Legislative Changes to the Provision of Child Welfare Services, 2006-2019**

Date	Description
2013-2018	<p>“Non-legislative changes in recent years include increased use of family group conferencing; Integrated Supports for Yukon Youth, a pilot project providing one-stop after-hours access to a variety of government services, including child protective services; and expansion of Family Support Services and preventative programming.”</p> <p>Source: Public Health Agency of Canada (2019, p. 11)</p>
2008	<p>“There have been no significant [legislate] amendments since [the Act] came into force.”</p> <p>Source: Public Health Agency of Canada (2019, p. 7)</p>

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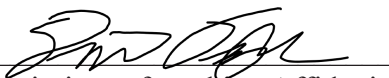


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This is Exhibit "E" to the Affidavit of  
JASMINE KAUR affirmed before me this  
29<sup>th</sup> day of APRIL 2024



A Commissioner for taking Affidavits etc.

**David P. Taylor LSO#63508Q**



# CHILDREN BACK, LAND BACK: A Follow-Up Report of First Nations Youth In Care Advisors

Gabrielle Fayant and Ashley Dawn Bach



December 2021



**WE WANT TO GIVE THE BIGGEST THANK YOU** to all survivors who took time out of their days to share with us their stories and guidance in our survey and/or focus groups. It is not easy to share these stories and many survivors have not been able to share their stories yet. We hope that this report and the work of survivors and allies of children and youth in/from care will bring us closer to a day where child welfare is no longer a reminder of trauma or violence. Your commitment to see accountability and justice will not be in vain.

We also want to give a big thank you to Cindy Blackstock and the Caring Society for their years of advocacy and determination to see justice for all Indigenous children and youth. A special thank you to Brittany Mathews who worked tirelessly on many reports throughout the years so that children and youth voices could be honoured. As well, we greatly appreciate Youth in Care Canada for promoting our focus groups and survey.

We want to thank the youth from A7G who supported the development of this report through note-taking and facilitation. Thank you Harmony Eshkawkogan, Jordyn Hendricks, Cedar lahtail and Stephanie Regimbal. And a special thank you to Kakeka Thundersky for facilitating both focus groups and offering guidance from her lived experience to ensure the focus groups were done in a good way.

Thank you to knowledge keepers Elaine Kicknosway and Harry Snowboy who supported us through the process through ceremony, kindness and encouragement.

From Ashley Dawn Bach and Gabrielle Fayant

**TRIGGER WARNING – Violence, Death, Suicide, Genocide, MMIWG2S+, Residential Schools, Child Welfare, Abuse, Racism**

Before beginning to read this report, we want to warn readers that the information may be difficult and challenging to read and accept, especially for Indigenous folks who have been directly impacted by Child Welfare, Residential Schools and/or the Crisis of Missing and Murdered Indigenous Women, Girls and Two-Spirit People.

This report is not necessarily a read for Indigenous peoples, as we know firsthand that our experiences with colonization and Canada have been violent and devastating. We want to acknowledge that once again we have to create reports in order to prove to Canada that the mistreatment and violence that Indigenous peoples have experienced is real and can no longer be ignored.

**PLEASE NOTE THE FOLLOWING RESOURCES IF YOU ARE FEELING TRIGGERED OR NEED SUPPORTS:**

Kids Help Phone (toll free): **1-800-668-6868** | [kidshelpphone.ca](https://www.kidshelpphone.ca)

Residential School Survivor Support Line: **1-866-925-4419**

NAN Hope Line: **1-844-626-4673** | [nanhope.ca](https://www.nanhope.ca)

Hope For Wellness: **1-855-242-3310** | [hopeforwellness.ca](https://www.hopeforwellness.ca)

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## Glossary

**Accountability:** the fact or condition of being accountable; responsibility.

**CHRT Decision:** The Canadian Human Rights Tribunal (CHRT) has a statutory mandate to apply the *Canadian Human Rights Act*<sup>1</sup> (CHRA) based on the evidence presented and on the case law.

Created by Parliament in 1977, the Tribunal legally decides whether a person or organization has engaged in a discriminatory practice under the *Act*. The purpose of the CHRA is to protect individuals from discrimination. It states that all Canadians have the right to equality, equal opportunity, fair treatment, and an environment free of discrimination.

The CHRT applies these principles to cases that are referred to it by the Canadian Human Rights Commission (CHRC). The Tribunal is similar to a court of law but is less formal and only hears cases relating to discrimination.<sup>2</sup>

A CHRT decision is made by the Tribunal after a case which determines whether or not a person or organization is engaging in discriminatory practice. The CHRT has since issued 21 non-compliance and procedural orders since the landmark ruling in 2016.

**Compensation:** something, typically money, awarded to someone as a recompense for loss, injury, or suffering.

**Discrimination:** the unjust or prejudicial treatment of different categories of people or things, especially on the grounds of race, age, or sex.

**Disparity Index:** An index of the disparities between First Nations children and youth in care and non-First Nations. The index shows the great difference between the two groups and other groups.

**First Nation Child and Family Services:** According to Indigenous Services Canada (ISC), “ISC provides funding to First Nations child and family services agencies, which are established, managed and controlled by First Nations and delegated by provincial authorities to provide prevention and protection services. In areas where these agencies do not exist, ISC funds services provided by the provinces and Yukon but does not deliver child and family services. These services are provided in accordance with the legislation and standards of the province or territory of residence. As of January 1, 2020, service providers delivering child and family services to Indigenous children must comply with the

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1 <https://laws-lois.justice.gc.ca/eng/acts/h-6/FullText.html>

2 <https://www.chrt-tcdp.gc.ca/index-en.html>

national principles and minimum standards set in *An Act respecting First Nations, Inuit and Métis children, youth and families*.<sup>3</sup>

In other words, a federally funded program where First Nations agencies receive funding from the Canadian government for service delivery to on reserve children and families. First Nations agencies must follow provincial/territorial child welfare laws.<sup>4</sup>

**Jargon:** special words or expressions that are used by a particular profession or group and are difficult for others to understand.

**Jurisdictional Disputes:** Jurisdiction is the legal term for the authority granted to a legal entity to enact justice. In the case of Jordan River Anderson, the province of Manitoba and Canada disputed over who was legally and authoritatively responsible to pay for his medical care.

**Metis Settlements:** Metis Settlements are land-based Metis communities in Alberta that extend across 1.25 million acres and make up eight communities (Buffalo Lake, East Prairie, Elizabeth, Fishing Lake, Gift Lake, Kikino, Paddle Prairie and Peavine). These eight settlements form a constitutionally protected Métis land base in Canada that are self-governed by the Metis Settlements General Council (MSGC). Learn more at [msgc.ca](https://msgc.ca).

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3 <https://www.sac-isc.gc.ca/eng/1100100035204/1533307858805>

4 <https://fncaringsociety.com/publications/models-first-nations-child-family-service-delivery-canada-info-sheet>

## Background

This report is coming at a very important time in Canadian history and for the justice of First Nations youth that have experienced child welfare. This report is a follow-up to the *Justice, Equity and Culture: The First-Ever YICC Gathering of First Nations Youth Advisors* report. This report will clearly state solutions and recommendations from First Nations children and youth themselves because who else would know the problems and solutions better than those that have experienced child welfare first-hand.

The first gathering of First Nations Youth in Care Advisors produced several recommendations, including developing a collective of advisors. Further gatherings, continuing communication between Indigenous youth advisors and sharing opportunities is essential to support the development of a collective of First Nations Youth in Care Advisors. Furthermore, the ongoing discussions and negotiations around the Canadian Human Rights Tribunal (CHRT) orders among the Assembly of First Nations (AFN), the First Nations Child & Family Caring Society (Caring Society), Chiefs of Ontario, Nishnawbe Aski Nation, and the federal government make this second gathering of First Nations Youth in Care Advisors even more relevant and timely. It is imperative voices of First Nations youth in/from care are amplified and brought to these discussions and negotiations which will intimately affect their lives.

The full list of recommendations from the *Justice, Equity and Culture: The First-Ever YICC Gathering of First Nations Youth Advisors* report is listed below.

### Recommendations for Compensation and Future Settlements

Most of the Youth Advisors said that they did not want to form an uneducated or rushed position on the 2019 CHRT 39 compensation, noting that Canada and the Crown have rushed or imposed major decisions on Indigenous Peoples throughout colonial history. Examples include treaty-making, the scrip system, the *Indian Act*, etc. Instead, Indigenous ways of decision making, consensus-building and holistic approaches should be applied this time.

The Youth Advisors want more time to learn about the 2019 CHRT 39 decision. They have much lived experience from being in care but little experience or knowledge of individual compensation settlements and how trusts or foundations could be utilized. Their lived experiences led the Youth Advisors to make the following recommendations:

1. There must be safety around compensation.
  - a. Healing circles, sweat lodge ceremonies, support for counselling or therapy, etc.

2. There must be mental health supports and navigational assistance to help youth apply for compensation.
  - a. Talking to lawyers and government employees can be very triggering for First Nations youth; therefore, having support to apply and fill out forms is essential.
  - b. Getting access to files and birth certificates, for example, can be very challenging and trigger stressful emotions.
  - c. Along with navigational support, youth also need mental health supports to help with their experiences and challenges.
3. There must be continued support after compensation.
  - a. For example, at least one year of counselling or therapy must be covered. Indigenous Services Canada's Non-Insured Health Benefits coverage is limited and some First Nation youth do not have government-recognized status or access to their status cards.
4. There must be restitution for children and youth who have died while in care or due to their experiences in the child welfare system.
  - a. Compensation should go to parents, grandparents or a trust fund.
5. Financial training for youth receiving compensation should be offered.
  - a. Youth Advisors said this shouldn't be mandatory but rather an option for individuals receiving compensation.
  - b. Recipients should be offered awareness training about predatory banks and financial institutions, like those that swindled compensation from residential school survivors.

### Next Steps

This was the first national level gathering of its kind for First Nations youth in and from care. The Youth Advisors said they want to continue to have the time and space they need to discuss important and pressing issues, including the following.

1. Become a collective of First Nation Youth Advisors in and from care
  - a. share best practices
  - b. share updates
  - c. continue advocating for reform
  - d. host more policy round tables across the country
  - e. advise on court rulings, contribute to policy development, share testimonies, etc.
2. Continue to meet about compensation and settlements
  - a. learn more about options such as trusts, individual pay-outs, hybrid approaches, etc.
  - b. keep learning about trust funds, scholarships, pooling compensation, etc.
  - c. learn about best practices regarding settlements from other Indigenous communities

The entire report can be found at [https://www.a7g.ca/uploads/9/9/9/1/99918202/38228\\_chrt\\_compensation\\_report\\_v5\\_final.pdf](https://www.a7g.ca/uploads/9/9/9/1/99918202/38228_chrt_compensation_report_v5_final.pdf).

Doing a follow-up gathering with First Nations youth in/from care was also important because of the grave disparities in overrepresentation of First Nations youth in the child welfare system. Overall, ISC reported from 2016 Canadian census data that 52.2 percent of children in foster care under the age of 14 are Indigenous.<sup>5</sup> As shown in Table 1 by Sinha et al. (2011), in most Canadian provinces Indigenous (Aboriginal) children are substantially overrepresented in the child welfare system compared to non-Indigenous (non-Aboriginal) children. Manitoba has the greatest disparity, with Indigenous (Aboriginal) children experiencing placements at 19 times the rate of non-Indigenous (non-Aboriginal) children.

**TABLE 1: Disparity in representation of Aboriginal non-Aboriginal children in care for Canadian provinces<sup>\*\*\*</sup>**

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

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

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

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

**Source:** Sinha et al. (2011). *Kiskisik Awasisak: Remember the Children. Understanding the Overrepresentation of First Nations Children in the Child Welfare System*. Ontario: Assembly of First Nations. <https://cwrp.ca/publications/kiskisik-awasisak-remember-children-understanding-overrepresentation-first-nations>

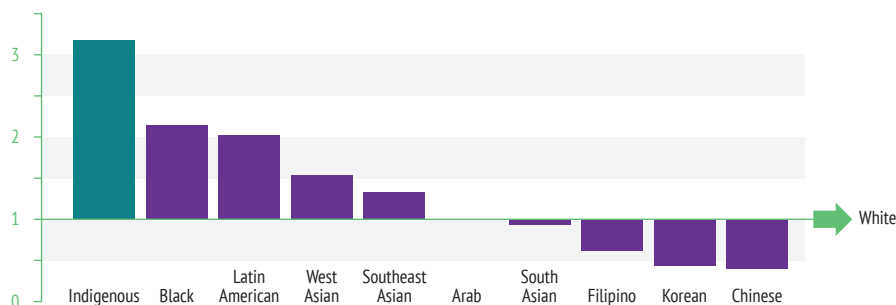
Youth and children in and from care deserve to have a voice and deserve to be heard. The CHRT found that the federal funding formulas for the First Nations Child and Family Services Program incentivized the removal of First Nations children from their families and communities “as a first resort rather than as a last resort.”<sup>6</sup> It was in this landmark ruling that the CHRT found that Canada is discriminating against First Nations children and young people due to its inequitable child welfare funding and failure to properly implement Jordan’s Principle.

5 <https://www.sac-isc.gc.ca/eng/1541187352297/1541187392851>

6 2016 CHRT 2, para. 344. <https://fncaringsociety.com/publications/2016-chrt-2-2016-tcdp-2>

The following graph illustrates the disparity of Indigenous children in child welfare in Canada.

**FIGURE 1. CIS 2019 Findings – Disparity Index by Ethno-racial Category for Investigated Children (0–15 years) in Canada in 2019**



**Source:** Fallon et al. (2021). *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*. [PowerPoint slides].

This longstanding discrimination and failure to redress the legacy of the residential school system has led to an overrepresentation of First Nations youth being placed into the child welfare system. These young people are also experiencing severe mistreatment and abuse even leading to death. In Manitoba, a special report was conducted by the Manitoba Advocate for Children and Youth to investigate the deaths and suicides of 45 boys. The investigation found that 82 percent of the boys were either First Nations or Metis and 69 percent of the boys were in care at one point in their lives. This data does not include information about deaths and suicides Canada-wide and it does not show the experience of girls or gender-diverse children but it demonstrates the fact that Indigenous children and youth in care are in dire need of systemic changes and long-term efforts to support their well-being.

## WHO WERE THE BOYS?

### INDIGENOUS STATUS



### WITH CHILD WELFARE



**Adapted from:** Manitoba Advocate for Children and Youth. (2021). *Finding the Way Back: An aggregate investigation of 45 boys who died by suicide or homicide in Manitoba*. Winnipeg, MB. <https://manitobaadvocate.ca/wp-content/uploads/MACY-Special-Report-Finding-the-Way-Back.pdf>

It is not understated to say that amplifying First Nations youth voices in and from care and committing to the changes they need is a matter of life and death.

## Overview of Child Welfare

Canada's child welfare system is multifaceted and takes different approaches based on First Nations status, residency on-reserve, and residency in each province and territory. Each province and territory has their own Child and Family Services Act. In 2019, *An Act respecting First Nations, Inuit and Métis children, youth and families* was passed at the federal level, which affirms First Nation, Inuit, and Metis rights to care for their children and sets out principles for Indigenous child and family services provision. Implementation of the Act began in 2020.<sup>7</sup>

Most survey respondents and focus group attendees were from Ontario and British Columbia so a short overview of each of these systems is presented here. The Institute for Fiscal and Social Democracy (IFSD) has described child welfare systems for children living off-reserve, with the exception of Ontario, Manitoba, and Quebec, as “decentralized, with responsibility falling under provincial and territorial jurisdictions” (2018).<sup>8</sup> In Ontario, child welfare services are delivered by Children's Aid Societies (CASes) which are provincially licensed and receive transfer payments from the Ontario government. There are also Indigenous child and family well-being agencies in Ontario. In British Columbia, the Ministry for Children and Family Development (MCFD) provides child welfare services and recognizes “Aboriginal child welfare agencies” across the province, many of which fall under the First Nations Child and Family Services (FNCFS) program.

For First Nations children on-reserve and in the Yukon, Indigenous Services Canada (ISC) provides funding for FNCFS. However, ISC does not actually deliver these services. Instead, these services are delegated by provincial authorities and delivered by FNCFS agencies. If there are no FNCFS agencies in a region, ISC will provide funding to the province and/or the Yukon for them to provide those services.

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7 <https://www.canada.ca/en/indigenous-services-canada/news/2019/06/an-act-respecting-first-nations-inuit-and-metis-children-youth-and-families-has-received-royal-assent.html>

8 [http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive\\_February%202019.pdf](http://www.ifsd.ca/web/default/files/public/First%20Nations/IFSD%20Enabling%20Children%20to%20Thrive_February%202019.pdf)

## Overview of Jordan's Principle

In 1999, Jordan River Anderson was born in Winnipeg, Manitoba. He was originally from Norway House Cree Nation, a northern First Nation that does not have access to comprehensive medical supports and services. Jordan was born with complex medical needs so continued to live in the hospital. At the age of two, Jordan's doctors said he could live in a specialized medical foster home in Winnipeg. Unfortunately, the province of Manitoba and the federal government (Canada) argued over who would pay for his home care. He passed away at the age of five while still living in the hospital. Jordan's Principle was established in 2007 in response to this tragedy. Jordan's Principle is a child-first principle to ensure First Nations children get the services they need when they need them. Functionally, this means that the government which is first contacted will cover the costs of services and Canada, the Provinces, and Territories can sort out their "jurisdictional disputes" later.



## What is Happening Now

The Caring Society and AFN filed a complaint against Canada for discriminating against First Nations children living on reserve and in the Yukon with the Canadian Human Rights Tribunal (CHRT) in 2007. In 2016, the CHRT found that First Nations children and families on reserve and in the Yukon are being unnecessarily removed from their homes, families, and communities because of this discrimination. Further, the CHRT found that Canada is discriminating against First Nations children by not implementing Jordan's Principle. The CHRT has since issued 21 non-compliance and procedural orders since the landmark ruling in 2016.

In September of 2019, the CHRT ruled that First Nations children and their parents or grandparents should receive compensation of \$40,000 for the discrimination they experienced from Canada with regards to First Nations child and family services and Jordan's

**"Doing everything could result in economic payback.**

**Investments in wellness, prevention and least disruptive measures (LDM) would pay for themselves within 28 years. This economic payback is in child welfare terms only and does not account for the significant benefits that would result from having healthy children grow into healthy and independent adults who would be less likely to access the services of justice, health, drug and alcohol, mental health and unemployment Insurance."**

**—Wen:De: *The Journey Continues*<sup>9</sup>**

<sup>9</sup> <https://fncaringsociety.com/publications/wende-journey-continues-wen-de-nous-poursuivons-notre-route>



Principle. Just after that compensation ruling, the very first Gathering of First Nations Youth in Care Advisors took place. Canada then filed a judicial review (like an appeal) of this compensation ruling to the Federal Court. That appeal was set aside by the Federal Court on September 29, 2021. On October 29, 2021, the Federal government again filed a judicial review of the Federal Court's decision to set aside their appeal.

After filing the judicial review, Canada requested, and the Parties agreed, to pause legal proceedings for a very short time to allow for focused and intense negotiations to try and reach an agreement to end the Federal government's discrimination and prevent its recurrence in the provision of child and family services and Jordan's Principle, including compensation. Feedback from the youth advisors has been synthesized into recommendations that will be shared with the government and all parties who are negotiating.

## Methodology

The following report and findings were collected using several methods including focus groups, surveys and literature review of existing reports on child welfare.

Two focus groups were held during the month of November 2021. First Nations Youth Advisors from the first YICC Gathering of First Nations Youth Advisors were invited to participate in focus groups. Youth were also invited to respond to a public call for participants. A national survey was sent out among multiple social media platforms. Over the course of three weeks, the focus groups and survey heard from over 100 respondents.

Information for this report was also collected by honouring the multiple existing reports and findings from First Nation youth in and from care and their advocates. These reports include:

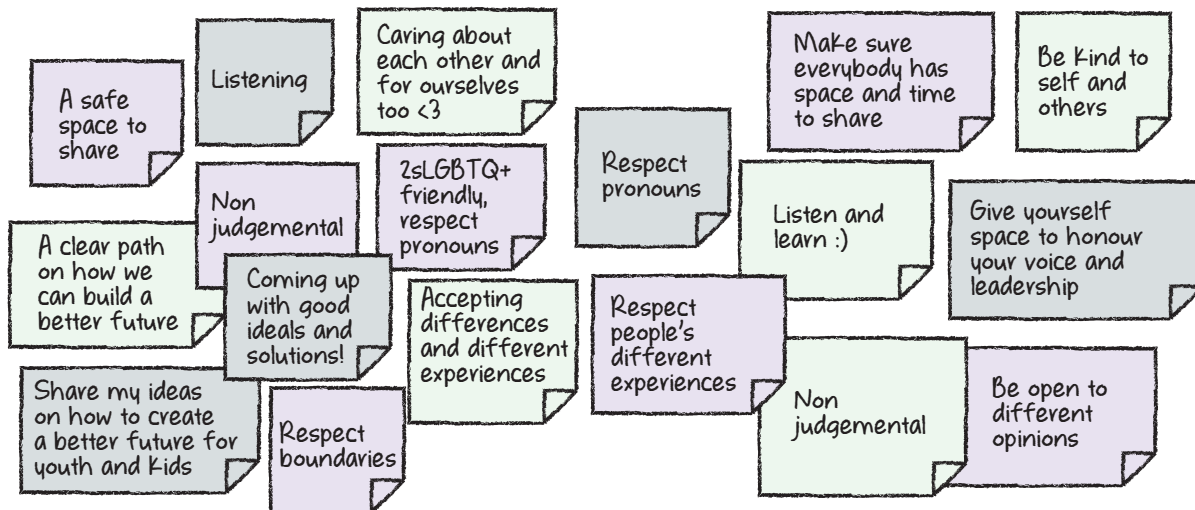
- *Justice, Equity and Culture: The First-Ever YICC Gathering of First Nations Youth Advisors* (YICC, 2019);
- *Accountability in Our Lifetime: A Call to Honour the Rights of Indigenous Children and Youth* (A7G, 2021);
- *Indigenous Youth Voices Report: A Way Forward in Conducting Research With and By Indigenous Youth* (Indigenous Youth Voices, 2019);
- *A Roadmap to the Truth and Reconciliation Commission Call to Action #66* (Indigenous Youth Voices, 2018);
- *Finding the Way Back: An aggregate investigation of 45 boys who died by suicide or homicide in Manitoba* (Manitoba Advocate for Children and Youth, 2021);
- *Denouncing the Continued Overrepresentation of First Nations Children in Canadian Child Welfare* (First Nations/Canadian Incidence Study of Reported Child Abuse and Neglect, 2019);
- *The National Household Survey* (NHS-2011);
- *Wen: De: The Journey Continues* (First Nations Child & Family Caring Society of Canada, 2005);
- *An Act respecting First Nations, Inuit and Métis children, youth and families* (Canada, 2019).

This report and research followed A7G's Ethical Research Engagement Requirements.<sup>10</sup>

<sup>10</sup> <https://yellowheadinstitute.org/resources/ethical-research-engagement-with-indigenous-youth-seven-requirements>



Youth who participated in the focus groups also led the discussions and expectations of the research, further ensuring that data was collected for this report in an ethical way. Some of the group accountability and ethics for this report are identified as the following:



Source: Participant survey.

The survey questions were developed and reviewed by Indigenous youth. Throughout the survey, background information and definitions of words such as “discrimination,” “ethical,” and “Jordan’s Principle” were provided.

The survey began by asking demographic questions in the “Tell Us About Yourself” section, for example whether the respondent identified as First Nations, Inuit, or Metis, if they were from a remote or fly-in community, and the province or territory they were in care in. The survey then moved into the “Ending Discrimination” section, which provided a number of mostly open-ended questions asking if youth had experienced impacts of discriminatory underfunding, what was needed to end and prevent such discrimination, and what youth personally wanted or needed to address the impacts of discriminatory underfunding.

Finally, a section on the “Experiences and Needs of Youth in/from Care” asked youth how they felt about cultural safety while in care, developing or maintaining community connections while in care, and experiences transitioning from care into adulthood. Some of the questions in this section, for example about the role of a potential foundation and mechanisms for accountability, were also intended as follow up to the previous Gathering of First Nations Youth in Care Advisors. At the end of the survey, respondents were given the option to leave their contact information to receive a small honorarium.

## Limitations

While this research is a step in the right direction, there was not enough time or capacity to fully hear from youth in and from care that may be experiencing homelessness, vicarious living conditions, lack of access to Wi-Fi or internet or living in remote or rural communities. Folks that needed accessibility accommodations and/or language interpretation were also not able to participate in this research as much as we would have liked.

“Jargon is not revolutionary.”  
 “I cant comment on this because  
 I have no idea even how to”  
 —Participants

Youth that we spoke with also reminded us that they have to be a part of the decision making and for many, that means having information written and worded in a way that is accessible. This looks like limiting legal jargon from conversation with folks who have no legal background, avoiding acronyms and using closed captioning to name a few.

Lastly, COVID-19 continues to create a huge limitation by creating barriers from cultural ceremonies and safety to be honoured while having these conversations as well as the limitation of not being able to form closer bonds and relationships during our time together.

## Who We Heard From

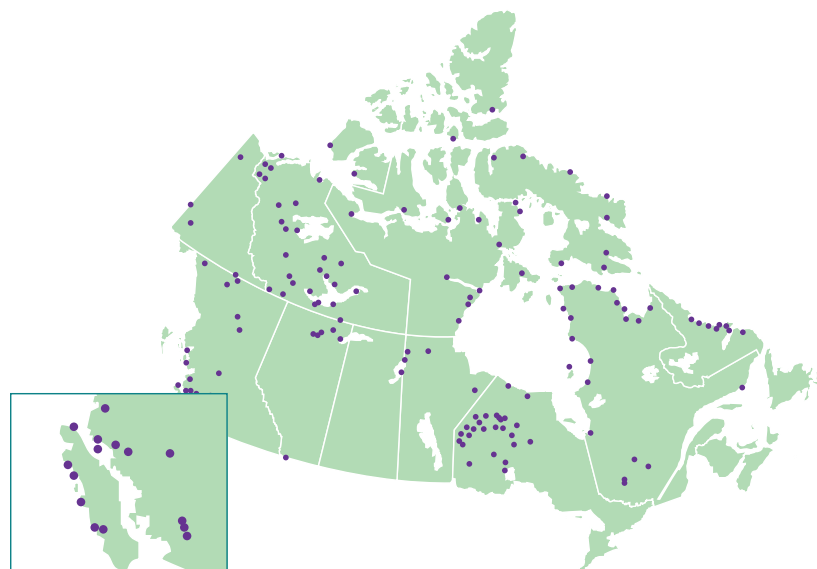
While this report was created with the mandate to hear from First Nations youth and children in and from care, we also left some room for Metis and Inuit to share their stories because we see Child Welfare Reform as an opportunity to improve the lives of all Indigenous youth. Of the survey respondents, 88 percent identified as First Nations and the majority of those stated they had First Nations status. Another 13 percent of respondents identified as Metis or Inuit. Two percent identified as non-Indigenous and were disqualified from the remaining questions. It is important to note that this total is greater than 100 percent because many Indigenous youth identify as First Nations/Metis or First Nations/Inuit. Forcing Indigenous peoples to fall into only one part of Section 35 of the Canadian Constitution can further isolate an Indigenous youth or child.

Of the survey respondents, 86 percent were under the age of 30 (0–29 years old) and 14 percent were over 30 years old. While it is important to hear from children and youth currently living in and from care it is also important to acknowledge the long term impacts of child welfare. Further, youth in their 20s may still be interacting with the child welfare system, though not necessarily in a foster home or group home, depending on their province or territory as well as the children's aid society they were under the care of.

“According to Census 2016, Indigenous children represent 52.2% of children in foster care in private homes in Canada, despite accounting for only 7.7% of the overall population of children under 15.

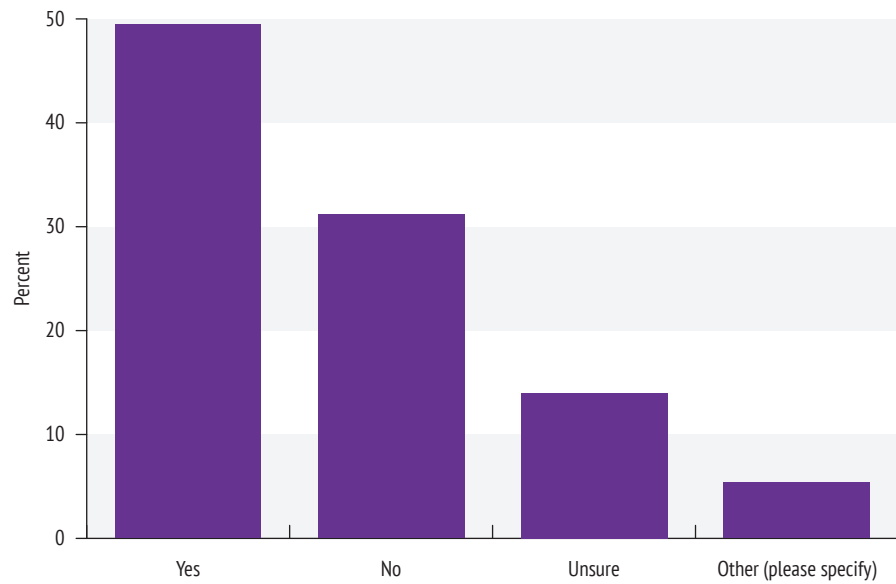
—*Bill C-92: An Act respecting First Nations, Inuit and Métis children, youth and families receives Royal Assent – News Release*<sup>11</sup>

**FIGURE 2.** Map showing remote and fly-in communities across Canada



**Source:** [https://www.researchgate.net/figure/Remote-aboriginal-communities-in-Canada-a-Weis-Maissan-2007-power-generation\\_fig5\\_252326166](https://www.researchgate.net/figure/Remote-aboriginal-communities-in-Canada-a-Weis-Maissan-2007-power-generation_fig5_252326166)

<sup>11</sup> <https://www.canada.ca/en/indigenous-services-canada/news/2019/06/an-act-respecting-first-nations-inuit-and-metis-children-youth-and-families-receives-royal-assent.html>

**FIGURE 3.** Is your community fly-in or do you consider it remote?

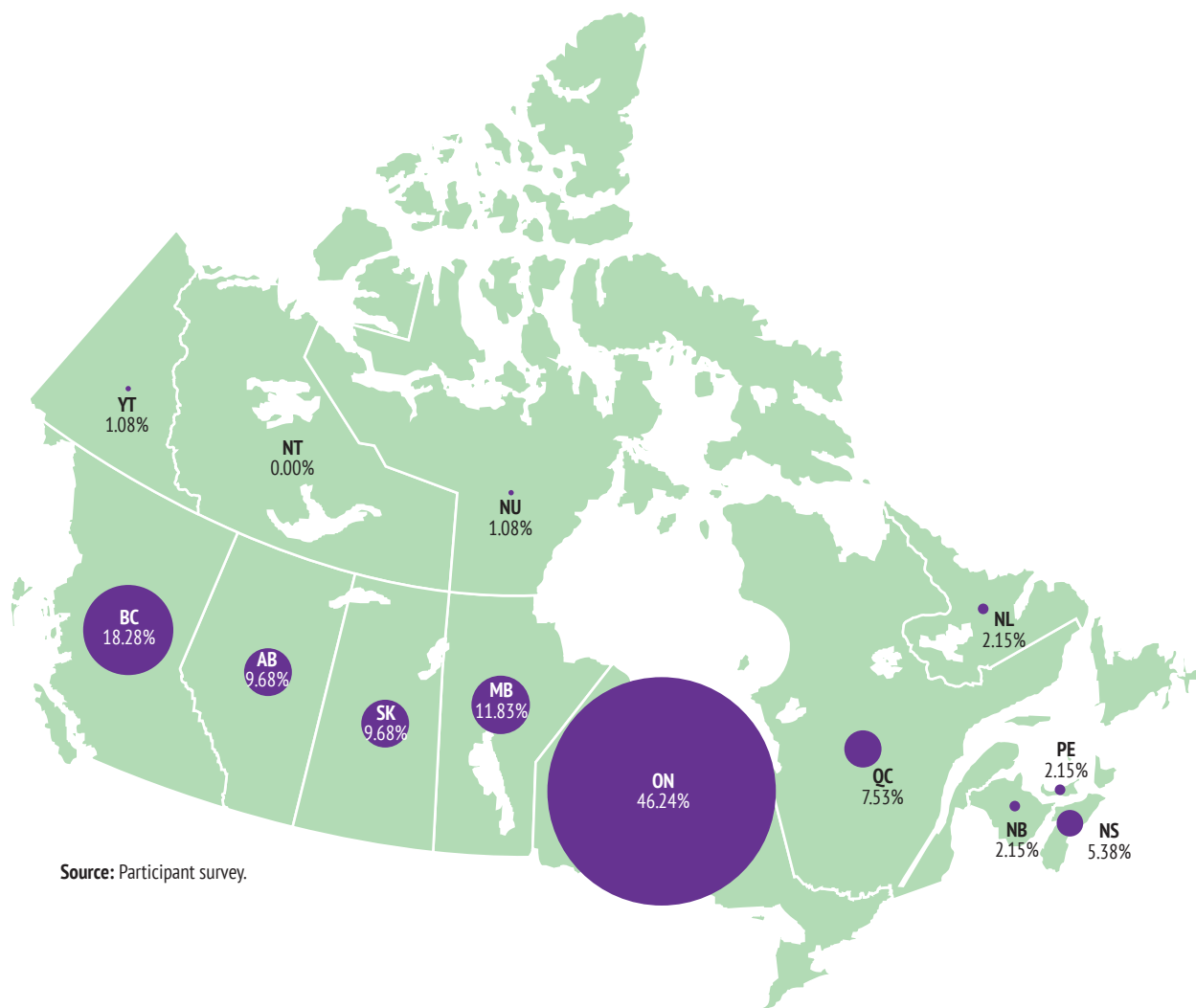
**Source:** Participant survey.

Though a definition of remoteness is not universally agreed upon, a First Nation that is not accessible by all-season roads is often considered to be remote or fly-in. Communities that are remote or fly-in tend to face unique challenges and needs on top of the existing inequalities and inequities most First Nations face. Figure 2 identifies 160 remote communities across Canada which were considered to be under the mandate of the former Indian and Northern Affairs Canada (INAC) department in 2005. These include First Nations reserves and communities as well as Inuit communities and certain other Northern communities. Half of respondents (50 percent) considered their community to be a fly-in or remote community. Thirty-one percent said their communities were not remote or fly-in and another 14 percent were unsure. Six percent responded to the “other” category and their answers included being from a rural community or that they have lived in the city but never on-reserve.

The survey received responses from across the country. Forty-six percent of respondents were from Ontario, which indicates Ontario is over-represented in the survey. This over-representation may come from the authors’ location and community connections in Ontario. On the other hand, only 12 percent of respondents were from Manitoba despite the largest number of First Nations foster children living in that province. Another 18 percent of respondents were from British Columbia, 9.68 percent from Alberta, and 10 percent from Saskatchewan. Only 8 percent of respondents were from Quebec, which may reflect the survey being only available in English. Respondents from Nova Scotia were represented the most out of the Maritimes at 6 percent while New Brunswick, Prince Edward Island (PEI), and Newfoundland and Labrador each

represented 2 percent of the respondents. Lastly, 1 percent of respondents were from the Yukon and Nunavut each.

**FIGURE 4.** What Province or Territory were you in care in?

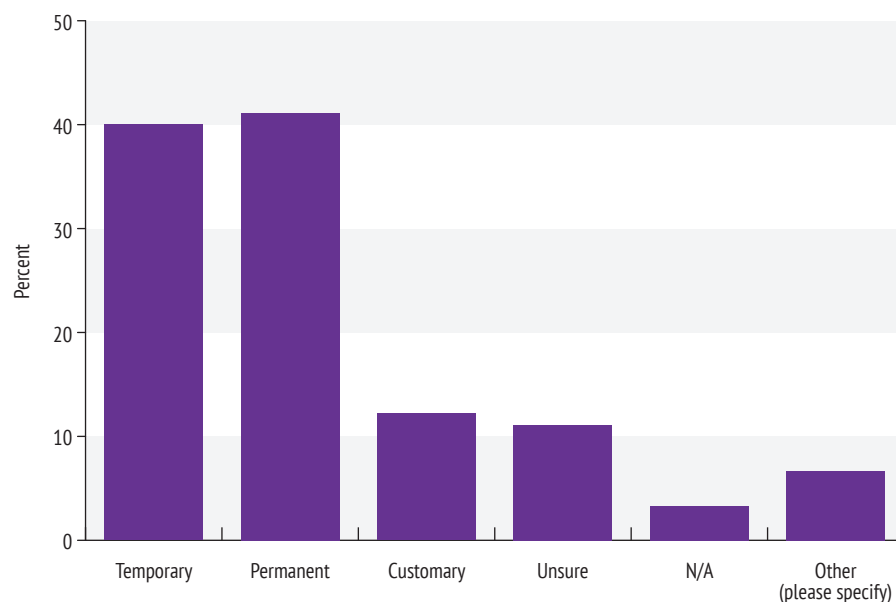


Location of residence has implications for children who are apprehended into the child welfare system. Indigenous Services Canada's (ISC) First Nations Child and Family Services (FNCFS) program applies to First Nations children and youth whose parents or guardians are ordinarily resident on-reserve or in the Yukon. Further, each province and territory has their own child and family services act which may impact Indigenous child and family services provision, including delegation of First Nation or Aboriginal agencies or children's aid societies (CAS). Forty-two percent of respondents indicated being born or raised on a First Nations reserve and 9 percent in the Yukon.

Fourteen percent of respondents said they were raised on a Metis Settlement, an amount that is higher than the percent of respondents who indicated they were Metis. This may be because respondents who grew up on a Metis Settlement identified as First Nations and/or First Nations and Metis or respondents were confused about what a Metis Settlement was.

Thirty percent of respondents said they weren't raised on reserve, in the Yukon, or on a Metis Settlement and 3 percent were unsure. Another 3 percent selected "other" and elaborated that they live in the city.

**FIGURE 5. What type of care agreement were you or are you under?**



**Source:** Participant survey.

Youth can experience multiple types of care agreements. For example, many youth are placed in temporary care when they are apprehended before moving to a permanent care agreement.

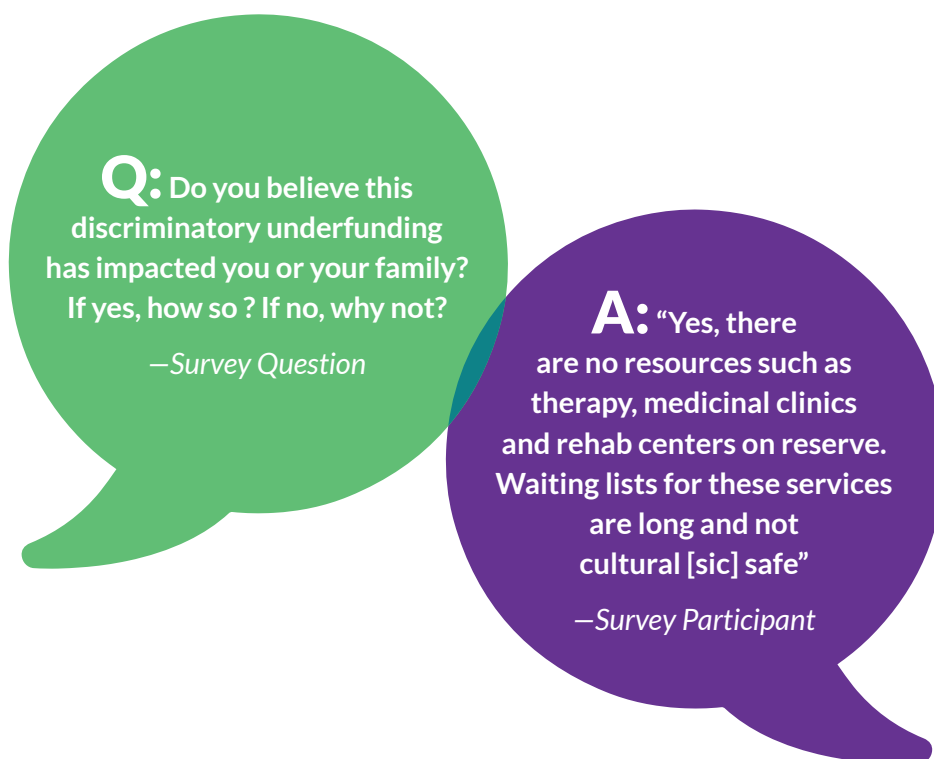
The most common types of care agreements experienced by respondents were temporary, with 40 percent of respondents experiencing this, and permanent, with 41 percent of respondents experiencing this. Twelve percent of respondents indicated being in customary care. Customary care means the care of an Indigenous according to the customs and traditions of their community, by someone other than their parents. Further, 11 percent of respondents were unsure what sort of care agreements they were/are under, 7 percent listed another sort of care agreement, including being a crown ward and being adopted, and 3 percent responded this was not applicable to them.



## What We Heard

Indigenous youth in and from care that participated in the focus groups and survey told us about major concerns they experienced stemming from their experiences in child welfare. The main themes can be categorized in the following: Systemic Discrimination and Racism, Proper and Ethical Implementation of Solutions and First Nations Youth In and From Care are the Experts.

### Systemic Discrimination and Racism



When speaking to respondents in the survey and in focus groups, there was an overwhelming number of participants that spoke to the need for proper services for Indigenous youth and children. The systemic racism that has constantly underfunded First Nations youth and children within child welfare contributes to the high rates of incarceration, mental health concerns and high rates of death in First Nations families and communities. If funded equitably from the beginning, many traumas could be prevented and avoided.

The cost of doing nothing: “the choice is to either invest now and save later or save now and pay up to six to seven times more later.”<sup>12</sup>

—Wen:de: *The Journey Continues*

From the survey, 70 percent of respondents said that believed that discriminatory underfunding impacted them or their family, 17 percent were unsure or could not answer and 10 percent said the non-Indigenous families they were placed into had enough resources but some of these respondents also mentioned not knowing anything about their Indigenous identity while living in these homes.

In addition, respondents from the survey and participants in the focus groups also shared how underfunding impacted their childhood and adolescence as well as long-term impacts. These impacts included the following but are not limited to:

- Removal from birth, biological or blood family
- Lack of support for birth, biological or blood family – money instead flows to foster families. In this vein, there are minimal supports to be able to cover the cost of living
- Lack of resources for child and family services as well as related services which have a major impact on child and family well-being, for example health clinics, therapy, and rehab centers on reserve.
- Youth believe underfunding caused them to be shifted from temporary to permanent wards of the state and even resulted in being adopted to non-Indigenous families
- Attending services and placements not culturally safe therefore resulting in experiences of microaggressions and racism
- Struggling with addiction and mental health with no proper supports
- Experiencing homelessness and poverty especially after aging out of care
- Increased vulnerability of experiencing human trafficking
- Increased interaction with the criminal justice system (for the youth in care as well as their families)
- Lack of supports to succeed in school, resulting in high school dropouts and undiagnosed learning disabilities

When asked “What can Canada do to stop the discrimination in the system of First Nations child and family services?”, 91 percent of folks that participating in the survey responded to this question and provided input on what they believed was necessary to stop discrimination in child welfare. The remaining 9 percent of respondents to this question said they were unsure what was needed. It is not responsibility of the survivor of the policies to create the solution but it is up to those in power to listen and accept the wrongdoing and make the systemic changes needed to improve the lives of these young people however it is very encouraging to see so many young people wanting to be involved in

<sup>12</sup> <https://fncaringsociety.com/publications/wende-journey-continues-wen-de-nous-poursuivons-notre-route>

the solutions. Respondents most often suggested family-based solutions, with anti-racism and decolonizing training plus access to information and education following. Here is what they had to say:

- **Family Based-Solutions:**  
Youth strongly recommended that a family-based approach is fundamental for FNCFS. Instead of breaking up families, there must be support to keep families together as well as uphold more “traditional” social safety nets like aunties, uncles, and grandparents. For example, access to therapy, sufficient income assistance, legal support, reunification homes, transition homes, and more need to be provided in community and support youth with access to family. The option to remove children from their families should not be so readily available in the system. There needs to be support for First Nation community members to take in other First Nations children if their families are unable to.
- **Anti-Racism and Decolonization Training:**  
Anti-racism and decolonization training was another necessary recommendation from the youth who replied to this question. Everyone involved in the system, from foster parents to policymakers, need to learn about Indigenous history, attend anti-racism training and be actively anti-racist everyday, participate in decolonizing the system, and understand, uphold, and improve the laws and regulations against racial discrimination. The broader public also needs access to this sort of training so they can understand what’s occurring too.
- **Access to Information and Education:**  
Several forms of information sharing and public education are necessary for all this to be achieved too. This includes ensuring information on child welfare is made publicly available, supporting research to access, compile, and interpret that information and data, raising general awareness of Indigenous issues, child welfare, racism, and disabilities, amongst other topics, providing Nation-sensitive cultural training for future child welfare professionals and caregivers, and community-level education to support families and holistic well-being.

“First and foremost, by ensuring that the future of the First Nations child and family Services Act is an anti-assimilation policy.”

—Participant

Other ideas raised included: accountability, capital (like infrastructure and buildings), culture, equality and equity, First Nations rights, policies, and resources.

- Accountability mechanisms to address issues of discrimination and poor services, plus to ensure First Nations are included.
- Increased capital, including funding for buildings and other infrastructure.
- Incorporation of culture into design and provision of FNCFS, from both a worldview standpoint and ensuring youth have access to their cultures, territories, languages, and communities.
- Equal and equitable treatment for Indigenous youth in care plus respect for their rights
- Recognition of First Nations rights, sovereignty, treaties, and territories as well as support for First Nations to move to self-governance, take back their children, and protect their lands and reserves.
- Creation of, amendments to, reassessment of, and/or better implementation of policies including but not limited to strengthening and expanding laws against racial discrimination, reassessment of existing child and family services laws and policies, and incorporation of preventative measures.
- Improved and expanded resources, including service navigators, specialized workers, employment opportunities and a basic income, mental health support, access to foods, support kids who age out of care, support parents by implementing Jordan's Principle, increase on reserve funding, access to appropriate housing, creation of healthy healing environments for youth in care and their families, ensuring security for families and youth (social, economic, mental/addictions, physical, and housing), and overall listening to communities needs. All these resources need to be provided in a non-judgmental, non-discriminatory way.

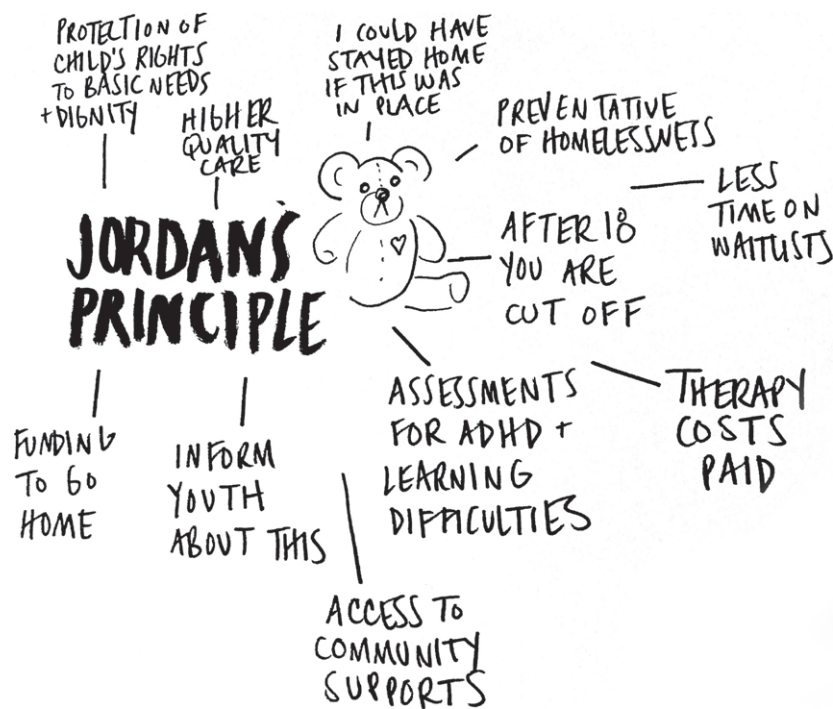
## Proper and Ethical Implementation of Solutions

In 2017, the federal government of Canada was forced to implement Jordan's Principle, here is an excerpt from the Government of Canada's website:

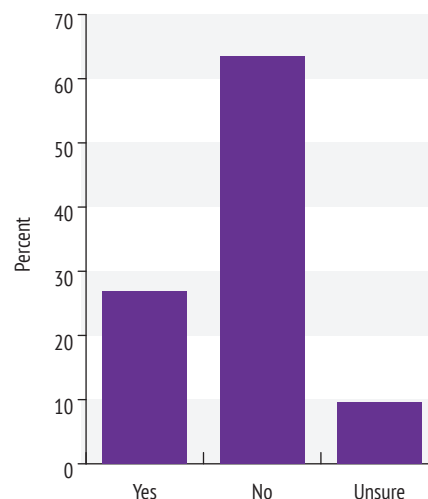
The CHRT issued a set of compliance orders on May 26, 2017 (2017 CHRT 14), later amended on November 2, 2017 (2017 CHRT 35), that Jordan's Principle is based on the following key principles:

- applies to all First Nations children, on and off reserve
- ensures there are no gaps in government services
- government or department of first contact will pay without case conferencing or other similar administrative procedure before the recommended service is approved and funding is provided
- needs are evaluated on the basis of substantive equality, culturally appropriate services and to safeguard the best interests of the child
- a dispute among departments or government is not necessary
- provides services within a 12- to 48-hour timeframe and publicize funding

However despite these promises, over half of the respondents we spoke to had never heard or accessed Jordan's Principle despite sharing many stories of having no access to mental health supports, cultural and basic needs. Jordan's Principle could be a lifeline for many First Nations children however it must be implemented properly and gaps in services must be remedied.



**FIGURE 6.** Have you ever accessed Jordan's Principle?



Source: Participant survey.

The following is a list of how Jordan's Principle can be better implemented. These solutions continue to echo solutions for Child Welfare Reform as well.

- Funding to go back home to visit
- Therapy costs paid
- Having assessments for learning difficulties and ADHD
- Continued access past 'aging out'
- Less time on waiting lists, quicker access to services
- Receiving higher quality services and resources
- Informing youth and youth workers about JP
- Protection of child's basic rights to dignity and basic needs
- Advocating for children's rights and needs
- Access to community (supports)
- A number they can call to talk to someone about their specific situation and if it can be helped
- Need to know what services and supports exist

An infographic created by Cindy Blackstock and the Caring Society highlighting the ongoing patterns perpetuating discrimination that harm Indigenous children experiencing Child Welfare and must be addressed:



## Patterns perpetuating discrimination

- **Systemic discrimination** (too complex, be patient, incremental approach, can't change overnight, diminishing/disregarding First Nations experts, codifying inequality at community/family level etc.)
- **Dehumanization of children and families** (i.e.: acronyms, file)
- Intervention in systemic racism **not proportionate to the harm**
- **Reform everywhere but within**
- **Defending versus appraising critique**
- **Mistaking process for an outcome**
- **Overstating and diminishing First Nations involvement** (engagement, partners, discussions).
- **Rewarding conformity to bad ideas and punishing moral courage**

## Remoteness – a Distinct Experience for First Nations Youth In and From Care

Of the 49 percent of respondents who indicated they're from a remote or fly-in community, 46 percent indicated they were from Ontario and 31 percent indicated they're from British Columbia. Note that some of the respondents indicated they were in care in both provinces. A few respondents indicated they were from a remote or fly-in community in Alberta, Saskatchewan, Quebec, Newfoundland and Labrador, and Nova Scotia. Most respondents who indicated they were from a remote or fly-in community identified as First Nation, and a majority of those respondents identified as having First Nations status. Only two respondents who indicated they were from a remote or fly-in community identified as only Metis and not First Nation.

“Definitely funding to visit my home community. I have never visited my home community once. (It is a fly in remote community and costs on average \$1,200 for a round trip).”

–Participant

Many of these responses in the “Ending Discrimination” section of the survey highlighted similar issues, wants, and needs to First Nations youth from non-remote communities, for example keeping families together, social service navigators, support accessing housing and when aging out, and funding to visit or reconnect to communities, families, and traditional territories, amongst other ideas.

However, some unique responses were also given. The words “equal” and “equality” were used by several respondents from remote communities in their responses across all the questions in this section. Respondents wanted to be equal to everyone else, to have equality in child and family services provision, experience equal access to services, and ensure equal rights are recognized and upheld.

“They should start showing more about the [realities] of how we get treated in care... They should show how much we get taken and separated from [our] land into bad places”

—Participant

When asked what Canada could do to stop discrimination in FNCFS, a respondent from a remote community indicated that Canada needs to “increas[e] capital,” for example more and/or improved infrastructure like clean water systems and more and/or improved buildings like houses, service centres, and community centres. Another respondent from a remote community stated that realities that First Nations youth in and from care face must be shown to the public.

When asked what youth personally want or need to address the impacts of the discrimination, several respondents indicated in addition to various supports discussed earlier and elsewhere in the report, they needed funding for recreational and material needs (like hockey equipment, a laptop for school, desk and chair, etc.) as well as to be able to be considered by their band for supports available to those who weren’t removed from their communities, like post-secondary education funding and certain financial supports.

## First Nations Youth In and From Care Are the Experts

Lastly, what we heard was a lot of solutions!

Despite surviving child welfare and the many traumas that First Nations youth have experienced at the hands of Canada, there is still so much hope for themselves and the future generations. These young people took time out of their days to clearly express to Canada how they want to be treated and what the solutions to seeing a future of thriving First Nation communities and youth looks like. We had put their solutions and visions for the future directly into the next section: What Needs to Happen.



## What Needs to Happen

### Past (Prevention)

While we cannot turn back time to undo the harm and abuse that Indigenous youth and children have experienced in child welfare, we can use the lessons of hindsight and the generations of reports, recommendations and solutions to prevent harm and abuse from happening to another generation of Indigenous youth and children.

“Acknowledging colonialism and trauma. Understanding negative impact and discrimination against Ind [sic] people”

—Participant

“Nothing for us without us”

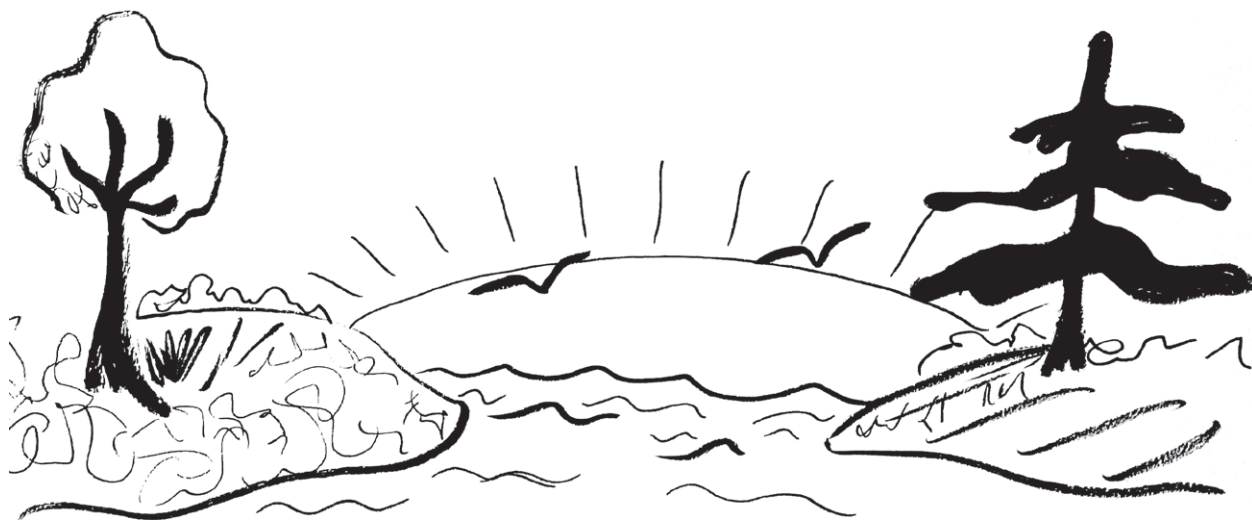
“for Indigenous, by Indigenous”

—Participants

### 1 Acknowledgement Followed by Action

Canada and its provinces/territories must acknowledge and be honest about the violence they have caused to Indigenous youth and children and their families through their policies and legislation. This acknowledgement of past and ongoing violence must be followed up with actions and systemic changes.

Within this acknowledgement, Indigenous rights as well as distinctions-based rights, treaty rights, and inherent rights must be recognized. Indigenous peoples must be involved in every aspect of these systems that impact them **alongside evaluation of these systems to ensure ideologies are remedies**. Furthermore, First Nations must be supported to move to self government with culturally based and equitable funding if they want to go that path.



“Recognizing that these are children they’re dealing with, not just a number in the system. I am a human and need to be treated like one. I feel that their [sic] needs to be more supports for these children. Most of these kids are going to live with so many psychological problems because of the system.”

—Participant

Canada must fully implement the Truth and Reconciliation Commission 94 Calls to Action and the Calls to Justice from the National Inquiry into Missing and Murdered Indigenous Women and Girls. The Survivors who bravely gave their testimony in the course of the Commission and Inquiry gifted Indigenous peoples and Canadians the Calls to Action and Calls to Justice to ensure that not one more generation of Indigenous young people have to experience what they experienced. Indeed, the findings of both the Commission and Inquiry found that the ongoing overrepresentation of Indigenous child in the child welfare system is the legacy of the residential school system, 60s Scoop, removal from land, and other forms of colonialism.

The Spirit Bear Plan is also an important guide to fulfill this much needed work.



## Spirit Bear Plan




### End Inequalities in Public Services for First Nations Children, Youth and Families

First Nations children and families living on reserve and in the Territories receive public services funded by the federal government. Since confederation, these services have fallen significantly short of what other Canadians receive. This injustice needs to end and Spirit Bear's Plan will do just that.

#### Spirit Bear calls on:

- 1 CANADA** to immediately comply with all rulings by the Canadian Human Rights Tribunal ordering it to immediately cease its discriminatory funding of First Nations child and family services. The orders further require Canada to fully and properly implement Jordan's Principle ([www.jordansprinciple.ca](http://www.jordansprinciple.ca)).
- 2 PARLIAMENT** to ask the Parliamentary Budget Officer to publicly cost out of the shortfalls in all federally funded public services provided to First Nations children, youth and families (education, health, water, child welfare, etc.) and propose solutions to fix it.
- 3 GOVERNMENT** to consult with first nations to co-create a holistic Spirit Bear Plan to end all of the inequalities (with dates and confirmed investments) in a short period of time sensitive to children's best interests, development and distinct community needs.
- 4 GOVERNMENT DEPARTMENTS** providing services to First Nations children and families to undergo a thorough and independent 360° evaluation to identify any ongoing discriminatory ideologies, policies or practices and address them. These evaluations must be publicly available.
- 5 ALL PUBLIC SERVANTS**, including those at a senior level, to receive mandatory training to identify and address government ideology, policies and practices that fetter the implementation of the Truth and Reconciliation Commission's Calls to Action.

#### SHOW YOUR SUPPORT!

-  **SPREAD THE WORD ON TWITTER** using #SpiritBearPlan and copy @CaringSociety
-  **CONTACT YOUR MEMBER OF PARLIAMENT** and ask them to support the Spirit Bear Plan
-  **CONTACT US** to learn more at [info@fncaringsociety.com](mailto:info@fncaringsociety.com)



First Nations Child & Family  
Caring Society of Canada

[fncaringsociety.com/spirit-bear-plan](http://fncaringsociety.com/spirit-bear-plan)

## 2 Creation of Youth in Care Accountability Mechanism

It is an understatement to say that the relationship between Indigenous youth, children, families and communities and Canada is tense and strained. Trust has been broken. Those that have been impacted by child welfare want to see justice and accountability. Canada cannot be trusted to make the best decisions for Indigenous youth and children and Canada's promise to do better cannot be trusted. Until trust can be rebuilt, there must be a mechanism in place that can hold Canada accountable. This mechanism must be led and designed by Indigenous youth as mentioned in *Accountability in Our Lifetime: A Call to Honour the Rights of Indigenous Children and Youth*:

Prior to establishing a National Children's Commissioner, Indigenous youth must be ethically engaged in the decision making process. This looks like:

Holding regional gatherings with Indigenous youth.

Discussions regarding a National Children's Commissioner are not predetermined.

Research following the guidelines from A Way Forward: Ethical Engagement with and by Indigenous Youth.

Indigenous youth and children need space to determine what the best Youth Accountability Mechanism will look like.



An accountability mechanism would have functions such as responding to complaints from Indigenous youth and families, supporting access and navigation of Jordan's Principle, evaluating and reviewing child welfare services and upholding a standard of ethics (see Recommendation 3). Such a mechanism would need to be inclusive of all Indigenous youth, not just those age 18 and under. It would need the ability to make binding orders that address the systemic reforms required as well as any other powers that the youth may have described.

All forms of abuse, especially physical and sexual abuse, must be taken very seriously. Survivors must be prioritized and perpetrators must be held

accountable. Survivors of abuse while in care should be provided mental health and survivors' supports immediately and throughout their life as long as needed.

There needs to be a “measuring stick” for the ongoing need for mental health, physical health, preventative supports, access to material needs and other important needs and outcomes.

### 3 *Ethical Indigenous Youth Standard Accompanied by Accountability and Reviews*

Public servants, such as social workers, policy makers, and police officers, as well as group home workers and any person in close proximity to youth in care must be properly trained in anti-racism, the history of colonization, the impact of child welfare on Indigenous families and communities and cultural competency in relation to the Indigenous territory they are operating on and the Indigenous nations they are working with. Anyone working with Indigenous youth and children must have a reliable security clearance and vulnerable persons check.

Indigenous youth, children and families must have access to complaints procedures regarding any type of inappropriate behaviours, abuse and/or racism made by social workers, group home workers, etc. Service providers that are working closely with Indigenous youth and children such as foster homes, group homes, etc. must be evaluated regularly by Indigenous youth in/from care.

“You have the right to food, clothing, a safe place to live, and opportunities to do what others can. The government should help families and children who cannot afford this.”

– Article 27, *United Nations Convention on the Rights of the Child*

#### 4 *Keeping Families Together*

The biggest reason for the amount of Indigenous youth and children in care is due to underfunding for basic needs that all families should have access to.

In order to address to the overrepresentation of Indigenous youth and children in care, families must have access to culturally relevant services and supports, including but not limited to the following:

- Training and resources for parents with children with diverse types of disabilities (learning, visual, physical, illness, etc.)
- Therapy and mental health supports
- Trauma-informed, comprehensive social services
- Peer-to-peer supports
- Kinship Care
- Employment, Trades and Skills Development opportunities
- Safe and proper housing
- Clean water
- Access to food and clothing
- Post-secondary schooling
- Addictions counselling
- Access to land and ceremonies
- Cooking classes
- Daycares and nurseries
- Doulas and midwives
- Coping skills
- Hobbies for children (e.g., swimming classes, dance classes, etc.)
- Access to sports
- Emergency fund for families and youth (e.g., to prevent eviction, respond to family emergencies, etc.)

#### 5 *Fair and Equitable Funding*

There must be a transition of funding from reactive measures to preventative measures. Many participants recall being removed from their families due to poverty while being placed in a non-Indigenous family who was offered compensation to look after them. If there is funding to cover the removal of Indigenous youth and children from their families, there is funding to keep families together. The existing funding models must be adjusted to put the well-being of Indigenous youth and children first before investing into institutionalization.

Canada and its provinces must come to the realization that the longer Indigenous youth and children are underfunded and harmed through systemic

abuse, the more it will cost taxpayers in the long run. This has been described in terms of the child welfare to prison pipeline, hospitalization and health care costs, class action lawsuits, etc. **Funding needs to be equitable, culturally relevant and tied to the well-being of young people. Funding must aim towards the thriving of Indigenous peoples and not bare minimal survival and often time less than survival.**

This looks like providing funding for services and supports recommended in #4 as well as committing to the creation of a foundation for youth in care (#11).

“The anticipated economic, social and cultural benefits of fully implementing the recommended reforms are substantial, benefiting First Nations children, families, Nations and Canadian society at large. The social benefits are significant—the cost is minimal representing 1.25% of the 8 billion dollar surplus budget that Canada reported in 2004/2005.”

—Wen:De: *The Journey Continues*<sup>13</sup>

“First and foremost, by ensuring that the future of the *First Nations child and family Services Act* is anti-assimilation policy. Specifically, scrapping the ‘best interest of the child’ policy. This policy fails to recognize that the unfortunate living circumstances Indigenous children find themselves in is a direct consequence from the Indian Residential School system. But how is it ever a good idea to place children from one bad situation into another?”

—Participant

13 <https://fncaringsociety.com/publications/wende-journey-continues-wen-de-nous-poursuivons-notre-route>



## Present (While in Care)

There are currently thousands of Indigenous youth and children in care that are in need of proper and ethical services immediately.

## 6 Commitment to Restoring and Preserving Indigenous Cultures and Languages

“I remember being a teenage [sic] and connecting the dots between my own lived experience and colonialism. I was so hurt and entered a deep state of depression and lashed out by including in drugs and alcohol. I definitely would say at the time I needed trauma informed mental health services, financial support to visit my community and access to land-based activities.”

—Participant

Community and cultural connections while in care is absolutely integral for the well-being of Indigenous children and young people. Over half of respondents identified access to culture as a fundamental support. Steps to revitalize and preserve to safeguard Indigenous cultures and languages can include, but are not limited to:

- Maintaining family connection (each family may have their own traditions, knowledge of the land on their trapline, etc.)
- Access to Native youth groups, especially those led by fellow native youth
- Access to culture including ceremony, language, elders/knowledge keepers, and other cultural mentors



- Visits to community
- Land-based activities and visits to traditional territory
- Safe spaces when visiting community, learning about culture and land-based activities, including space to live, eat, hang out, etc.

**7 A Moratorium and Evaluation of Discriminatory or Problematic Programs and Policies:**

Policy is one of the most significant methods for the government to take action. Government programs and policies that have a close proximity to Indigenous children and youth must undergo an evaluation to identify any discriminatory mindsets, policies, practices, and remedy them. This includes but is not limited to strengthening and expanding protections from laws against racial discrimination, addition of funding and anti-discrimination clauses to existing child and family services laws and policies, and incorporation of preventative measures. The Indigenous children and youth impacted by these programs and policies must be closely involved in this evaluation.

**Future (After Experiencing Child Welfare)**

**WHAT IS NEEDED FOR FIRST NATIONS CHILD + FAMILY SERVICES REFORM?**



**WHAT IS NEEDED FOR REFORM?**



## 8 Family Reunification Services

While the decision to reconnect with family and community should be fully up to the person who experienced child welfare, the systems that removed the youth or child need to be responsible for reuniting the youth and their families.

Reconnecting with family and community should not be at the expense of the youth who were placed in child welfare. There must be supports which fund youth to visit their communities and traditional territories, (re)connect with their families, and manage the mental impact of this reunification.

- Some examples of what services and supports that must be covered include but are not limited to:
- Services that help find birth family and records or files
- Services that mediate and facilitate contact with initial meetings and going home
- Access to potential mental health supports when going through the reunification
- Travel and accommodations to visit community and family that include supporting people and family.

## 9 Supports to Transition into Adulthood

Presently, supports to “age out” of child welfare vary by province and territory. The First Nations Child and Family Services program ends care at age 18, though there is an ongoing moratorium on “aging out” of care due to the COVID-19 pandemic. The Federal 2021 Budget promised to “permanently ensure that First Nations youth who reach the age of majority receive the supports that they need, for up to two additional years, to successfully transition to independence.” It is essential to listen to and incorporate feedback from the youth who will be impacted by this policy change. The decision to formally transition into adulthood must also be made in consultation with the youth leaving care – including based on their own readiness level. Supports must be provided to help youth transition into adulthood. These supports include but are not limited to:

- A “social safety net” of community, workers, resources, and supports. This includes multiple specialized workers (e.g., transitional workers, housing worker, youth support worker, employment support worker, and cultural connections worker), peers-to-peer supports, Indigenous youth organizations, Indigenous community, family (including chosen), healthcare

“It has impacted my whole family. I’m 25 now and I struggle more than I did as a child in care. As I get older the more I realize things that happened in the foster homes I was placed in were not right, racial slurs, verbal/mental/physical abuse...”

—Participant

providers, auntie/uncle supports, Elder supports and others as identified by youth. This safety net must include readily available information on important community resources and culturally based and equitably funded social programs.

- Safe, appropriate, accessible housing and other infrastructure (water, transportation, etc.)
- Life skills training and assistance (how to cook, do taxes, access to SIN number, getting drivers' license and other IDs)
- Financial support, including a Registered Education Savings Plans (RESP) with contributions from the government and financial management education and access to an emergency fund (to tap into when, for example, facing eviction, family emergencies, etc.)
- Trauma-informed, accessible, and continuous healthcare. It is important health services, including mental health, sexual health, gender affirming care, and harm reduction care, are not cut off once Indigenous youth in care transition to adulthood
- Supporting community and cultural (re)connection, including funding to move to or visit community, participate in land-based activities, and spend time with cultural and language mentors
- Support to finish education at both highschool and postsecondary levels, without age or time limits

## 10 *Establishing a National Network of Indigenous Youth In/From Care*

This is an ongoing recommendation from the first Gathering of First Nations Youth in Care in 2019. Youth that attended the 2019 and the 2021 gatherings both indicated that they want to stay connected and share their experiences with each other. They also indicated that they want to be involved in decision making that will affect child welfare because they are the experts of this experience.

**This was the first national level gathering of its kind for First Nations youth in and from care. The Youth Advisors said they want to continue to have the time and space they need to discuss important and pressing issues, including the following.**

### 1. Become a collective of First Nation Youth Advisors in and from care

a. share best practices

c. continue advocating for reform

d. host more policy round tables across the country

b. share updates

e. advise on court rulings, contribute to policy development, share testimonies, etc.

## 2. Continue to meet about compensation and settlements

a. learn more about options such as trusts, individual pay-outs, hybrid approaches, etc.

b. keep learning about trust funds, scholarships, pooling compensation, etc.

c. learn about best practices regarding settlements from other Indigenous communities

### 11 Creation of a Foundation

The creation of a foundation is not in place of compensation that will justly be offered to survivors of the child welfare system but should be complementary to funding reform as stated in recommendation 5.

Canada must invest in an endowment towards the creation of a foundation that would be led by Indigenous youth and children in care and their allies. The foundation would also be able to receive donations from private and public donors. The foundation would be able to offer Indigenous youth and children in and from care the opportunities to do community-based programs and projects working on healing and cultural restoration as well as create a fund which young people in urgent situations can access. The Aboriginal Healing Foundation is an example of a best practice.

**Source:** Indigenous Youth Voices. (2018). *A Roadmap to the Truth and Reconciliation Commission Call to Action #66*. [https://www.a7g.ca/uploads/9/9/9/1/99918202/final\\_2\\_-\\_indigenous\\_youth\\_voices\\_-\\_roadmap\\_to\\_trc\\_66\\_-\\_compressed.pdf](https://www.a7g.ca/uploads/9/9/9/1/99918202/final_2_-_indigenous_youth_voices_-_roadmap_to_trc_66_-_compressed.pdf)

#### CASE STUDY

#### ABORIGINAL HEALING FOUNDATION

##### About the Foundation

In 1998, the Aboriginal Healing Foundation (AHF) was established as a direct outcome from *Gathering Strength: Canada's Aboriginal Action Plan*, released in 1997. The Government of Canada provided an initial \$350 million towards a healing fund to address the legacy of physical and sexual abuse in the Residential School System. The Aboriginal Healing Foundation managed this healing fund and by the end of its run, dispersed over \$27 million (Aboriginal Healing Foundation, 2014) in funding to 4,000+ community-based initiatives (CTV News, 2016) across Canada as part of its mandate to encourage and support Indigenous-directed healing initiatives and research.

The Aboriginal Healing Foundation was a unique model of a national agency designed and run by Indigenous people, focused on consciousness-raising, public education, restitution, and reconciliation. The Foundation's initial 10-year mandate was extended multiple times before it eventually closed in 2014 after the federal government stopped funding the foundation.

*"Our vision is of all who are affected by the legacy of physical, sexual, mental, cultural, and spiritual abuses in the Indian residential schools having addressed, in a comprehensive and meaningful way, unresolved trauma, putting to an end the intergenerational cycles of abuse, achieving reconciliation in the full range of relationships, and enhancing their capacity as individuals, families, communities, nations, and peoples to sustain their well-being."*

*Our mission is to provide resources which will promote reconciliation and encourage and support Aboriginal people and their communities in building and reinforcing sustainable healing processes that address the legacy of physical, sexual, mental, cultural, and spiritual abuses in the residential school system, including intergenerational impacts.*

*We see our role as facilitators in the healing process by helping Aboriginal people and their communities help themselves, by providing resources for healing initiatives, by promoting awareness of healing issues and needs, and by nurturing a broad, supportive public environment. We help Survivors in telling the truth of their experiences and being heard. We also work to engage Canadians in this healing process by encouraging them to walk with us on the path of reconciliation" (Aboriginal Healing Foundation, n.d.).*

##### Leadership and Representation

Leadership of the Aboriginal Healing Foundation took a distinctions-based approach and was taken up by the five national Aboriginal political organizations: the Assembly of First Nations, the Congress of Aboriginal Peoples, the Inuit Tapiriit of Canada (renamed Inuit Tapiriit Kanatami in 2001), the Métis National Council, and the Native Women's Association of Canada (Spear, 2014, 48).

Its Board of Directors represented, in fixed proportion, all three respective Indigenous groups. First Nations, Inuit, and Métis; there were 17 board members in total (Spear, 2014, 23). Nine members were appointed by the five national Aboriginal political organizations and the Government, and eight additional members were chosen by the existing board members from candidates nominated by the public-at-large (Spear, 2014, 53).

The Foundation and the board conducted itself based on recommendations and guiding principles developed by attendees of one of the first major events the Foundation held in Squamish, BC: a three-day Residential School Healing Strategy Conference (Spear, 2014, p. 58).

##### Main Activities of the Foundation

**1. FUNDING**  
As a funding agency, the Aboriginal Healing Foundation funded community-based initiatives addressing the legacy and impact of Residential Schools. Examples of funded activities included healing activities out on the land, counseling, parenting skills workshops,

## Closing

“I’m really hoping, that people can see us as people.”

—Focus Group Participant

The overrepresentation of children and youth in care would not exist if it was not for the underfunding or lack of funding for basic needs such as proper housing, clean drinking water, employment opportunities and unresolved trauma from discriminatory programs and policies such as the residential school system. Canada must admit to these acts of genocide and commit to working towards the solutions as indicated by Indigenous children, youth, families, communities and their allies.

The irony is that discriminating against Indigenous children and youth is an unnecessary expense for Canadians. Underfunding basic needs of Indigenous children and families actually costs governments more money in the long term than investing in the solutions. Canada has ignored the red flags for far too long by ignoring Indigenous voices and in some cases, directly invested in the discrimination against Indigenous children and youth. It is painful for survivors to imagine how their lives could have been if their well-being was honoured and respected but Canadians now have an opportunity to correct the inequalities and invest in bright and beautiful futures of all First Nations children and youth. It is not too late and hope is still alive that First Nations children and youth can not only survive but they can thrive.

“Children and youth with complex needs face multiple, interconnected challenges which require formal collaboration among departments/agencies, including but not limited to, child welfare, schools through sporadic attendance, the youth justice system, emergency departments dealing with violent injuries, and mental health/addiction crisis and treatment services. The most complex children and youth are estimated to cost the province between \$1 and \$2 million per child per year and with limited positive life outcomes (2018, p.41).”

—Finding the Way Back<sup>14</sup>

14 Manitoba Advocate for Children and Youth. (2021). *Finding the Way Back: An aggregate investigation of 45 boys who died by suicide or homicide in Manitoba*. Winnipeg, MB. <https://manitobaadvocate.ca/wp-content/uploads/MACY-Special-Report-Finding-the-Way-Back.pdf>



## Appendix

This appendix contains short notes which compile answers from several of the key questions asked in the survey. This appendix should not be used as a limiting factor for services, supports, and funding which go beyond the wants and needs identified by youth in/from care here.

### Q10: What can Canada do to stop the discrimination in the system of First Nations child and family services?

- Support families to stay together, including through improvements to other social programs like income assistance and reunification homes or transition homes.
- Provide preventative supports that strengthen families like addictions treatment and supports, fostering healthy environments for families, and ensure “security” for children and families (social, economic, mental, and physical)
- Uphold “traditional” social safety nets like aunts, uncles, and grandparents.
- Support youth who age out
- Implement Jordan’s Principle
- Increase on-reserve funding
- Support self-government, recognize First Nations rights, listen to communities and involve in every aspect of these systems and changes
- Recognize trauma, provide mental health supports
- Service navigators for youth
- Employment and income support for families and youth in/from care
- Cultural events
- Culturally appropriate approach to child and family services (CFS)
- Adequate resources and funding
- Professional, non-discriminatory workers
- Anti-racism education and laws
- Ensure basic human rights, equal rights, etc. are met and upheld
- Access to information, public awareness, public education, and research
- Increased capital, including infrastructure like housing and clean water
- Proper policies
- Accountability methods to address discrimination, poor services, and ensure First Nations are included



**Q11: What must Canada do in order to prevent discrimination from ever occurring again in this way?**

- Safe homes
- New and/or revised policies, laws, and regulations at all government levels
- Unpack and address systemic racism and biases. Decolonize. Provide anti-racism training and reparations
- Accountability mechanism(s)
- Accessible resources and organizations which provide them
- Cultural and traditional knowledge incorporated into systems of care
- Fair evaluations from band councils for customary care
- Family support without needing to be reported to CFS. Combined child and parent supports and programs, so they don't need to be separated to heal.
- Education (anti-racism, about the system, etc.) and information made public.

**Q12: If you have experienced negative impacts from the discriminatory underfunding, is there anything you personally would want or need to address these impacts? (e.g. family reunification services, funding to visit your traditional territory/community, housing supports (note these examples are based on feedback received from the Youth Advisors at the Fall 2019 gathering))**

- Reunification services
- Housing access and supports (for youth alone, as well as families, as well as safe new housing), credit and co-signer, damage deposits, etc.
- Educational supports for completing high school, university, etc.
- Counselling, therapy, and other mental health supports (including addictions support from a harm reduction approach)
- Parental supports for both parents whose children may be apprehended and youth in care who are also parents
- Reparations for suffering
- Comprehensive, equitably funded social assistance and case management services
- Accountability
- More funding while in care, including for stuff considered "extra" like recreational activities, laptops, clothing, supports (tutors, etc.)
- Greater support from band for everything
- **NOTE:** a couple of respondents said they'd give their resources to others because they're doing mostly okay and know others aren't. They might be coming from the understanding (and current reality) that funds and supports are limited and therefore believe they need to reduce their rightful supports or minimize their needs so others in greater need can have access. It shouldn't be like this!

**Q19: Please share what supports you believe could be helpful to maintain connection (e.g. financial support to visit community, access to land-based activities (note these examples are based on feedback received from the Youth Advisors at the Fall 2019 gathering))**

- Native youth groups
- Maintaining family connections
- Indigenous workers
- Cultural access including ceremony, language, and elders/knowledge keepers
- Safe spaces
- Infrastructure like water and housing on reserve
- Accountable CFS
- Life skills (getting a bank account, getting a SIN, doing taxes, etc.)
- Land-based programs and access
- Visits to community
- Adequate funding for all this

**Q20: As an Indigenous youth in/from care, what supports did you or do you need to transition to adulthood?**

- Housing (safe, proper, etc.), phone and internet plans, furniture, and laptops
- Workers for transitions, youth support, housing, cultural connections, etc. – case management and service navigators
- Peer support programs
- Community resource list and accessibility
- Cultural mentors and language mentors
- Mental health support – trauma informed too!
- Transportation that is accessible and available
- Financial support, education, and management (including RESP)
- Employment access and support
- Life skills development (help getting license, filing taxes, etc.)
- Healthcare access (culturally appropriate, continuous, 2SLGBTQIA+ friendly)
- Access to land-based activities
- Funding to visit or move to community
- Fair funding for all social programs
- Harm reduction services and rehab options
- Education support
- One respondent said: “I cant comment on this because I have no idea even how to”