



Measuring 2005 Transformation Goals To 2010 Child Welfare Practices

Interim Progress Report

June 14, 2011

Disclaimer:

This report was produced by the Transformation Interim Report Project Work Group and approved by the Local Directors (LD) Section on June 14, 2011. Funding was provided by the Ontario Association of Children's Aid Societies through the Provincial Projects Committee. It is intended as a resource document for the child welfare field. It is not intended as a policy statement and does not represent a policy position of the OACAS, the LD Section or any other child welfare group.

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The voice of child welfare in Ontario, dedicated to providing leadership for the achievement of excellence in the protection of children and in the promotion of their well-being within their families and communities.

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It is incumbent upon all of us to remember that behind each and every statistic in this report are the children and their families who received service from an Ontario child welfare agency. While statistics are helpful in summarizing large amounts of data - they only tell part of the story and only in a particular way – by numbers. Actual examples of Transformation cases from around the province are included to provide the “on the ground” illustrations of the shifts in practice. The case examples help bring the statistics to life and underscore the importance and the complexity of the work child welfare staff across the province do when working with vulnerable at risk children, youth and their families. Thank you to the agencies that provided case examples.

Thinking about child welfare's near future evaluation needs, we hope this type of analysis launches regular, ongoing, rigorous examination of the impact of Transformation Agenda using existing data sets. Good evaluation requires good partnerships and we anticipate going forward that child welfare's funding, policy and practice organizations will collaborate more and more in the analysis of the large existing data sets. We also hope this type of analysis promotes the merging of data sets together to tell even a more fulsome story – such as employing the Crown Ward data set with the OnLAC data set (both collect child-level data). Our ability to examine, analyze, study, investigate, scrutinize and track data at specific time points and longitudinally in order to better understand the impact and effectiveness of the services child welfare provides is what advances evidence-informed practice, ensures service quality, and fosters continual improvements.

Sincerely,

deb goodman

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EXECUTIVE SUMMARY

The purpose of the project is twofold: one, to gain some insight into trends of important indices related to understanding the effectiveness of the field in implementing the Transformation Agenda; and two, to examine the utility of various child-welfare data sets. The Transformation Agenda is predicated on seven elements that were informed by current research, best practice and available data (see Figure 1 in Full Report). This project examined three of the seven service elements: Differential Response (DR), Placement Permanency (PP), and Alternatives to Court (ADR).

Although it is not possible to determine whether change in observed trends is solely the result of practice shifts governed by Transformation principals, the results nevertheless provide us with some preliminary evidence that is suggestive of a movement by the field towards the anticipated outcomes related to the successful implementation of the Transformation Agenda. For each of the three elements noted data from the Funding and Services and Ontario Looking after Children data set were compared across the pre-transformation (2003/04) and transformation-implementation (2006-2010) periods and some important trends were noted:

ELEMENT 1 <u>Differential Response</u>	ELEMENT 2 <u>Placement Permanency</u>	ELEMENT 3 <u>Alternatives to Court</u>
<ul style="list-style-type: none"> Significantly smaller percentage of cases transferred to on-going services Significantly smaller percentage of children admitted into care Significantly smaller percentage of children re-admitted into care General increase since 2006 in percentage of families referred to community supports 	<ul style="list-style-type: none"> Children are spending significantly more time in family-based care Significantly higher percentage of children placed in kinship care General increase in number of children receiving kinship services General increase in percentage of children/ youth in customary care Significantly larger percentage of children were adopted Children in-care displayed better outcomes related to anxiety and helpful behaviours. 	<ul style="list-style-type: none"> General decline in percentage of cases transferred to on-going services that require court intervention (i.e., new protection applications, cases that go before the court, and cases that go to trial) Percentage of transferred cases receiving alternate dispute resolution is increasing

In summary,

1. Positive trends and shifts in important Transformation service outcome measures are noted between pre-transformation to transformation-implementation. Although it is not possible to attribute these changes specifically to the Transformation Agenda, these observations do provide some suggestive evidence that the trends reflect overall Transformation goals.
2. There are some inconsistent findings that warrant further investigation.

TRANSFORMATION IN TRANSITION: REPORT HIGHLIGHTS

PROJECT BACKGROUND

In August 2010, OACAS released to select vendors a *Call For Proposals* related to conducting an analysis on the interim progress of Ontario Children's Aid Societies (CAS) related to the implementation of the Ministry of Children and Youth Services (MCYS) Child Welfare Transformation Agenda (CW-TA) (2005). The Children Welfare Institute (CWI) at the Children's Aid Society of Toronto (CAS Toronto) is the successful recipient of the project grant.

PROJECT PURPOSE, PROJECT LIMITATIONS

The purpose of this project is to engage in a statistical examination of existing and available Ontario child-welfare data sets to examine whether important indices of Transformation are being met.

Identified outcomes were related to the first three service elements of Transformation: Differential Response, Permanency Planning and Alternatives to Court Processes). Data were compared across two time points:

- ❖ Period 1: Pre Transformation (2003-2004)
- ❖ Period 2: Transformation-implementation Period (2006-2010).

Project scope is limited to the examination of Transformation service elements 1, 2, and 3. Elements 4 through 7 (i.e., Single Information System, Research, Accountability, and Multi-Year Planning Approach & Funding Model) are not examined due to the fact that the related outcomes under those elements are at various stages of development.

This review is not intended as a full, comprehensive examination of Transformation where other methods are employed (e.g., file reviews, key informant interviews, surveys and focus groups). Thus, while findings are illuminating, they are *suggestive* and cannot definitively state whether families and children and youth served by child welfare are showing better outcomes under Transformation Agenda services.

DATA SETS USED

The two primary data sets used for the analysis were:

- ❖ OACAS *Funding and Services* data set
- ❖ Ontario *Looking After Children* data set

FINDINGS

Transformation Element #1: Differential Response

Transformation Objective:

Differential response (DR) is a core service element of the MCYS 2005 Transformation Agenda. Differential response refers to an increasingly case-sensitive, customized response with a broader clinical focus that emphasizes child as well as family strengths and capabilities. DR takes a collaborative, family-centered, team decision-making approach. DR relies upon informal supports in service planning and delivery (OACAS, 2006, Section 4). Inherently, DR requires shifts in intake practices to ensure all investigations reside on a continuum. Consequently, the continuum is based on case assessments that are customized, less adversarial, and more permanent during first contact.

Selected Measures:

Data from the OACAS Funding and Services data set were used to examine the differential response model. Organizational-outcome measures included:

- Opened cases
- Cases transferred to ongoing
- Admissions to care
- Re-admissions to care
- Community links

Findings:

Analysis of the *OACAS Funding and Services* data set provides some trend evidence to suggest that important indices of differential response are improving since the implementation of the Transformation Agenda. Specifically, this decrease is indexed by:

- A significant decrease in the percentage of cases transferred to on-going services
- A significant decrease in the percentage of children admitted into care
- A significant decrease of children who were re-admitted into care

Improvements in established community networks are also noted with a general increase in the percentage of families who were referred to community supports since 2006.



Transformation Element #2: Placement Permanency

Transformation Objective:

Shifts in practice under the Placement Permanency service element included an expansion of the use and types of family-based permanency planning. Focus was on implementing strategies and interventions (Pillars of Permanence) related to: admission prevention, kinship service, kinship care, customary care, legal custody, adoption and youth exiting care (OACAS, 2006, Section 6).

Selected Measures:

To monitor how permanency planning has changed since the implementation of the Transformation Agenda, the following organizational-level outcome measures were examined using the OACAS Funding and Services data set and the OnLAC data set:

- Placement of children in family-based care
- Kinship care
- Kinship service
- Customary care
- Crown wards
- Adoption placement

Findings:

Trends in placement permanency since the implementation of the Transformation Agenda are changing. Specifically, analysis of the OACAS Funding and Services data set suggests that there are:

- Children are spending significantly more time in family-based care following the implementation of the Transformation Agenda
- Significantly higher percentage of children placed in kinship or customary care during the Transformation-implementation period
- General increase in the number of children receiving kinship services
- The percentage of successful adoptions significantly increased during the transformation-implementation period.

Analysis of the *Ontario Looking after Children (OnLAC)* data set also converged with trends seen in the *OACAS Funding and Services* data set. Exploratory analyses suggest that:

- There is a significant decline in child anxiety and pro-social behaviours (e.g., feeling concern and empathy for others) since 2006
- No significant changes were noted for conduct behaviours (e.g., aggression, anti-social behaviour, defiance).



Transformation Element #3: Alternatives to Court Processes

Transformation Objective:

The intent of the Alternative to Court Processes service element is to reduce delays in child-welfare proceedings and the volume of child-welfare cases that go to trial. Targeted were more effective and efficient resolution of child welfare matters before the court and an approach that employed alternatives to court application, such as alternative dispute resolution (ADR) interventions (OACAS, 2006, Section 5).

Selected Measures:

To examine how alternative to court processes have changed since the implementation of the Transformation Agenda, the following organizational-level outcomes were examined:

- New protection applications
- Cases that go before the court
- Cases that go to trial
- Alternate dispute resolution

Pre-transformation data (2003/04) is not available; therefore, significance testing was not performed. Rather, changes in outcome statistics over time were plotted and examined.

Findings:

Since the implementation of the Transformation Agenda, there appears to be a general decline in the percentage of cases transferred to on-going services requiring court intervention. This is indexed by:

- General decline in the percentage of new protection applications
- General decline in the percentage of cases that go before the court
- General decline in the percentage of cases that go to trial
- General increase in the percentage of cases receiving alternative dispute resolution



TRANSFORMATION IN TRANSITION: FULL REPORT

1.0 BACKGROUND

In August 2010, OACAS released to select vendors a *Call For Proposals* related to conducting an analysis on the interim progress of Ontario Children's Aid Societies (CAS). The *Call for Proposals* addresses the implementation of the Ministry of Children and Youth Services (MCYS) Child Welfare Transformation Agenda (CW-TA) (2005). The Children's Aid Society of Toronto, Child Welfare Institute (CWI) was the successful recipient of the project grant.

1.1 Project Purpose, Project Limitations

The purpose of the project is to engage in a statistical examination of existing Ontario child-welfare data to examine whether important indices of Transformation are being met. Identified outcomes related to the first three service elements of Transformation: Differential Response, Permanency Planning and Alternatives to Court Processes (refer to Figure 2, page 13).

Data were compared across two time points: Period 1 -Pre Transformation (2003/04) and Period 2 – Transformation implementation (2006-2010). Elements 4 through 7 (Single Information System, Research, Accountability, and Multi-Year Planning Approach & Funding Model) are not examined due to the fact that the related outcomes are at various stages of development.

This review is not intended as a full, comprehensive examination of Transformation where other methods are employed (e.g., file reviews, key informant interviews, surveys and focus groups).

Thus, while findings are illuminating, they are suggestive and cannot definitively state whether families and children and youth served by child welfare are showing better outcomes under Transformation Agenda services. In short, we cannot determine causality.

The project deliverables are outlined in Appendix A.

1.2 Transformation History

The 2005 Ontario Child Welfare-Transformation Agenda (CW-TA) was part of a number of reports, events and strategies over the past decade that took aim at transforming child welfare in Ontario. Key events include but are not limited to:

- | | |
|------------|--|
| 2003: | Child welfare services moved to the new Ministry of Children and Youth Services |
| 2002-2003: | A system-wide Child Welfare Program Evaluation was completed; report made recommendations regarding child and system outcomes, integration, accountability, efficiency and sustainability. |
| 2004-2005: | Child Welfare Secretariat was established to implement 2002/03 Child Welfare Program Evaluation findings and recommendations. |
| 2005: | Child Welfare Transformation Agenda (CW-TA) was introduced and implemented. The report outlines the CW-TA philosophy and its organization around seven key priorities. |

- 2006: Bill 210 proclaimed the Child & Family Services Statute Law Amendment Act
- 2006: Annual Report of the Auditor General of Ontario, Chapter 3, Section 3.02: Children's Aid Societies (CAS); the report prompts the provincial government to create an accountability office to oversee CAS and monitor whether CAS's are meeting requirements for care and protection of children.
- 2007: New Child Protection Standards introduced
- 2008: OACAS Transformation Progress Reporting Project Phase I: Executive Summary, Evaluation of the Initial Implementation of the CW-TA; policy development and service implementation was assessed as: "good but limited ability by field to implement evaluation measures".
- 2009: Child Welfare Commission was established to promote sustainable child welfare; over the next three years the Commission is to work in partnership with the CAS's and the government to find the most efficient way to improve outcomes for children and youth served by CAS's.
- 2010: OACAS Transformation Progress Report Project Phase II was completed to determine the level of integration of the Transformation pillars and to predict the level of integration within the next year.
- 2010: Commission to Promote Sustainable Child Welfare 1st Report (July 2010), 2nd Report (August 2010), and 3rd Report (December 2010), which set out, "...a vision for a sustainable child system that recognizes the multi-faceted nature of the Transformation Agenda and builds upon many of its dimensions" (July 2010, pg.6). The essence of that vision is of a "child and family at the centre" where child welfare is one of many integrated and coordinated services that enable at-risk or vulnerable children and families to obtain the services and supports needed.

1.3 Transformation Agenda

The Child Welfare Transformation Agenda (CW-TA) has seven linked elements (see Figure 1). The three core service elements are Differential Response, Permanency Planning and Court Processes & Alternatives to Court.

Element 1
Differential Response

Element 2
Permanency Planning

Element 3
*Court Processes &
Alternatives to Court*

Underpinning the core service pillars are four key pillars:

Element 4
Accountability

Element 5
*Single Information
System (SIS)*

Element 6
Research

Element 7
*Multi-Year Planning &
Funding model*

Guiding principles of Transformation include: outcome focused, balanced service approach, research based, sustainable & flexible and accountable & integrated.

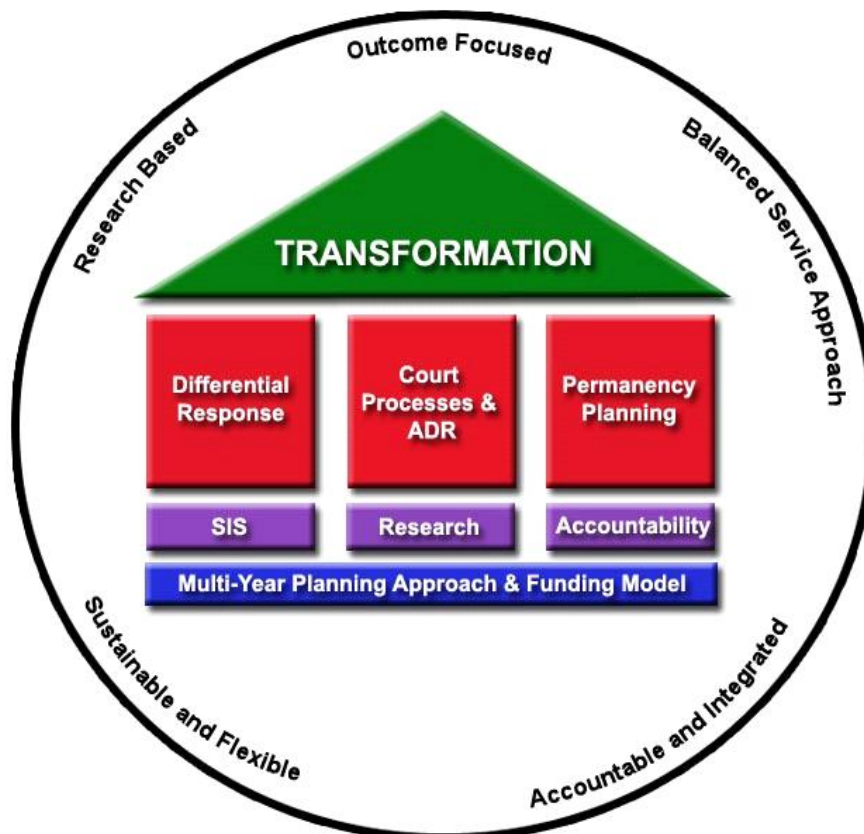


Figure 1: Transformation House Graphic

1.3.1 CW-TA Differential Response – Shift in Practice

Differential response (DR) refers to a more case-sensitive, customized response with a broader clinical focus that emphasizes child and family strengths and capabilities and takes a more collaborative, family-centered, team decision-making approach. With DR there is to be greater reliance on informal supports in service planning and delivery (OACAS, 2006, Section 4). Inherent in DR shifting practice at intake from a forensic approach with all investigations to allow a continuum, where based on case assessment, there can be a more customized, less adversarial approach, as well as the forensic method. There is also an emphasis on facilitating placement permanency during first contact.

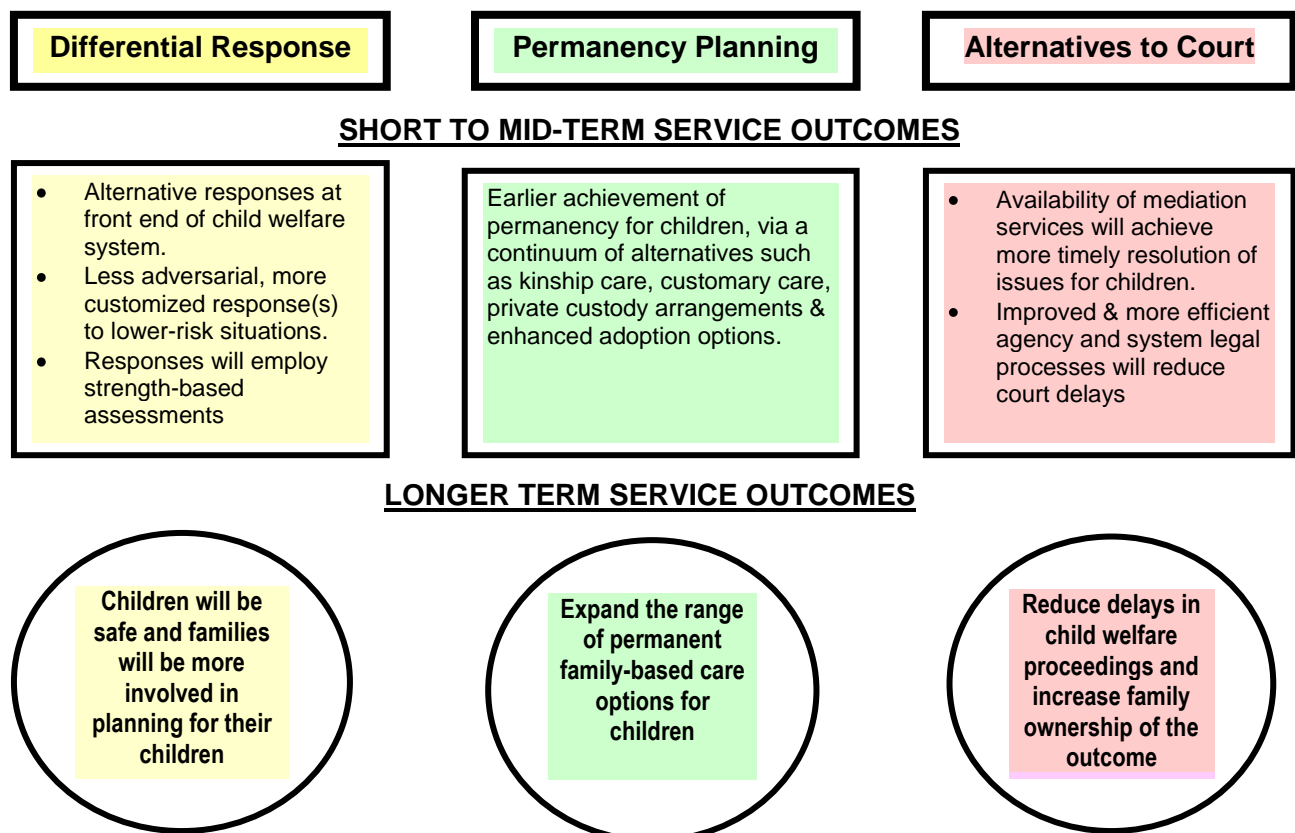
1.3.2 CW-TA Permanency Planning – Shift in Practice

Shifts in practice under this element included an expansion of the use and types of family-based permanency planning. Focus was on implementing strategies and interventions related to the eight pillars of permanence: admission prevention, kinship service, kinship care, customary care, legal custody, foster care, adoption and youth exiting care (OACAS, 2006, Section 6).

1.3.3 CW-TA Court Processes & Alternatives to Court – Shift in Practice

The intent of this element is to reduce delays in child welfare proceedings and the volume of child welfare cases that go to trial. Targeted were more effective and efficient resolution of child welfare matters before the court and an approach that employed alternatives to court application, such as alternative dispute resolution (ADR) interventions (OACAS, 2006, Section 5).

Note: The other four elements are not the focus of this examination as related outcomes are at various stages of development. Figure 2: Outcomes



1.3.4 Project Objectives

- ✓ **OBJECTIVE 1:** To utilize available data sets from OACAS and conduct analyses on select measures to examine how key operational service outcomes related to the first three service elements of Transformation (i.e., Differential Response, Permanency Planning and Alternative to Court Processes) have changed since pre-transformation (2003/2004) to the transformation-implementation period (2006-2010).

It is important to note that it is not possible to determine whether changes in trends are the result of the Transformation Agenda. This is because important process-related measures that assess the extent to which the Transformation Agenda was implemented were not collected at both time periods (e.g., the use of customized approaches relative to traditional approaches). Therefore, the current report presents trends that are suggestive. Causality cannot be determined.

***Note: OACAS Project Steering Committee informed CWI on which measures were to be used.*



- ✓ **OBJECTIVE 2:** To evaluate the utility of various child-welfare data sets.



2.0 ENVIRONMENTAL SCAN

The goal of this section is to give a summary overview of the changes that have occurred in the Ontario child welfare system during the past fifteen years, as well as the impact of child maltreatment in Canada as compared to Ontario families. Limitations with this high level scan are that differences by key groups or regions are not highlighted. For example, our First Nation Aboriginal economic context is not specifically detailed nor is regional examination undertaken.

Understanding the broader context is important for both interpreting the findings and recognizing the limitations of this analysis. For instance, if national-level patterns are similar to those at the provincial level, it is likely that shifts in practice may be more reflective of general changes in child-welfare practice rather than those specific to the Transformation Agenda. Although data that can help us understand why these trends exist is limited, triangulating results at the national and provincial-level can help us interpret results. Thus, the following environmental scan highlights key shifts in service-related statistics in Canada (for a more comprehensive discussion, please refer to Appendix B). Note the breadth of the scan is contained to reporting on data related to the projects elements of Transformation that are being evaluated: differential response, permanency and alternatives to court processes.

2.1 Ontario Child Welfare System: 15 years of change

Child Welfare Reform 1996-2005

In the late 1990s, there was a series of inquests into the deaths of children who were receiving or had received child welfare services. A Child Mortality Task Force, as well as a Panel of Experts was assembled. Many recommendations resulted from these events that included:

New tools were introduced to increase the focus on child safety:

- A new Ontario Risk Assessment Model (ORAM)
- A widening of the definition of maltreatment
- Shorter timelines for decisions.

The result was a movement towards a **child safety focus model** for child welfare.

Child Welfare Transformation Agenda in 2006-2010

The Child Welfare Secretariat was formed in 2004. Informed by the field's requests for change, the extant literature and relevant research (e.g. OIS 2003) coupled with substantive experts (e.g. Dr. Nico Trocme) and MCYS led, the Transformation Agenda was launched in 2006. For the field this meant a significant increase in the number of Standards and associated processes / tools with safety continuing to be the primary focus.

- The Child Welfare Transformation Agenda (CW-TA) has seven linked elements
 - ❖ The three core service elements are: Differential Response, Permanency Planning and Court Processes & Alternatives to Court
 - ❖ Underpinning the core service elements are: Single Information System, Research, Accountability, and a Multi-Year Planning Approach & Funding model.

The result was a movement towards a **child focus and family-centered model** for child welfare.

Commission to Promote Sustainable Child Welfare 2009-2012

The Minister of Children and Youth Services assembled the Commission in 2009. The three appointed Commissioners have a 3-year tenure with a primary task of creating a sustainable child welfare system.

A four-tiered strategy has been set out that includes: 1) reconfiguration of CAS structures, 2) a new funding approach, 3) a new accountability and system management approach, and 4) an aim to strengthen and improve service delivery.

The recommendation is a movement towards a more **integrated system of service** for child welfare.

2.2 Child Maltreatment Rates: Canada

The Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) measures the incidence of reported child maltreatment in Canada. According to the most the recent *CIS* data (*CIS 2008*):

In this section, child maltreatment rates are provided at the Canadian level. The *2008 Ontario Incidence Study of Reported Child Abuse and Neglect* (OIS-2008; Fallon et al., in press) data and report have not yet been released by MCYS. It is anticipated that the report, as well as associated secondary data analyses, will be released sometime in 2011.

2.2.1 Investigations & Transfer to Ongoing Services in Canada: Canadian Incidence Study 2008



Rates of reported maltreatment remained essentially the same (*CIS-2008*) across the last two reporting periods (2003 to 2008). In 2003, 235,315 investigations were conducted at a rate of 38.3/1000 children vs. 2008, 235,842 investigations were conducted at a rate of 39.16/1000 children (Trocmé et al., 2010)



A non-significant decline in substantiated (or verified) maltreatment and risk of future maltreatment from 18.67 in 2003 to 16.19 per 1,000 children in 2008



Neglect (34%) and exposure to domestic violence (34%) were the main reasons for investigations across Canada, for a total of 68% of cases. The most frequently substantiated type of maltreatment in CIS-2008: *Exposure to Intimate Partner Violence*.



A decrease in the incidence of investigations remaining open for ongoing services from investigations from 11.73/1000 children in 2003 to 10.41/1000 children in 2008.



In Ontario we have seen similar trends related to:

- Number of referrals received by a child-welfare agency increase: 0.5% since 2005-06
- Same number of investigations completed: 82,346 in 2005-06 vs. 82,332 in 2009-10.
- Decrease of 3.7% in the average number of ongoing child protection cases.

There could be a number of explanations for this trend (same number of referrals and investigation with a decrease in the number of ongoing protection cases) with some of them related to differential response:

- Application of the customized response,
- More collaborative, family-centered approach from first contact
- Greater reliance on informal supports and community resources

2.2.2 Child Placement in Informal Kinship in Canada

While the number and rate of children placed in informal kinship care has steadily increased in Canada in the decade between 1998 (5,851) and 2008 (8,713), as an overall percentage of investigations it has not changed at 4%.

3.0 STUDY METHODOLOGY

3.1 Steering Committee

The OACAS Steering Committee for the Transformation Interim Report provided the CWI research team with direction on what data metrics under each service element would be the focus of the review. The Committee also provided the evaluators with feedback on the preliminary analyses. The OACAS leads gave unlimited support and technical advice related to the data sets as issues arose (e.g. missing data elements, misnamed data elements) during the cleaning and analysis of the data. Additionally, the Committee provided case examples related to the field's experiences with Transformation; selected cases were used in this report to illustrate the practice shifts of Transformation.

3.2 Data Bases

3.2.1 Available

OACAS made available to the CWI researchers the following existing databases and materials:

- Funding and Services data set for 50 or 51 of 53 agencies in Ontario for the following years:
 - Pre transformation: 2003-2004 [baseline year]; 2004-2005 [used when baseline data was not available]
 - Transformation Implementation: 2005/2006 [not used; implementation of Transformation Agenda]; 2006-2007; 2007-2008; 2008-2009 and 2009-2010
- OACAS Fact Sheets and Children In Care Fact Sheets – derived from aggregate analysis of Funding and Services data sets
- Gateway To Success – OACAS Survey of the Educational Attainment of Crown Wards and Forms Crown Wards Study Reports (2007, 2009)
- Ontario Looking after Children (OnLAC) aggregate Provincial Reports Year 1 to 8
- Kinship Service Survey Final Report 2010

Other data sets/databases that informed the report were:

- Canadian Incidence Study of Reported Child Abuse & Neglect, 2008 (CIS-2008)
- A. Rhodes et al., 2010 *Comparative Analysis of Crown Ward Data and a Community Sample of Health Service Use Related to Deliberate Self Harm: Preliminary Findings*.

3.2.2 Not Available

A number of key data sets were not available to CWI for a variety of reasons. These included:

- Crown Ward Review – not available for use by field to date
- Adoption Crown Ward- not available for use by field to date
- Ontario Incidence Study 2008 (OIS-2008) – data not released by MCYS
- OnLAC - Agency level child data aggregate data set – approval process required



Access in the future to the Crown Ward and Adoption Crown Ward data sets may occur. As a result of this project's request for the legacy data sets a meeting between MCYS and OACAS occurred on the topic of data set use. The meeting provided an important opportunity to explore conceptually the feasibility and challenges involved in MCYS broadening the availability of these data sets to other users (e.g. OACAS, Commission, other researchers).

3.2.3 Primary Data Bases

For the purposes of this report the analysis focused exclusively on:



Funding and Services data set (provided by OACAS)



Ontario Looking after Children (OnLAC) aggregate Provincial Reports

3.2.4 Limitations with Available Data Bases

Each database has strengths as well as limitations. For example, an asset of the Funding and Services data set is it is comprehensive, it is available longitudinally (year over year), and it is provided by each agency on a quarterly basis, at an organizational level. That said, there are known limitations with it. It is aggregate agency data not child-level data, some data items are missing across years, but most problematic from a validity perspective is once submitted to OACAS the agency adjusted or corrected versions of the data sets are often only available to MCYS. Hence, while MCYS and OACAS both employ the Funding and Services data sets, they are not necessarily one in the same, which heightens the risk of reporting differences.

While the OnLAC Aggregate Provincial Reports provide important data on child-outcome measures, it is limited in that it is an aggregate measure of all children across the province. Thus, it is difficult to examine how individual children adjusted over time. At best, it provides us with a very general understanding of child outcomes across the province.

3.3 Analysis of Data Sets

3.3.1 Specific Functionality of Child Welfare Data Sets to Transformation Elements

To date, there are a number of field-based data sets which monitor and track child-welfare specific variables. The Funding and Services, CIS and OIS datasets all provide a comprehensive overview of the incident of child maltreatment and related service outcomes at the provincial and federal level. Included in these longitudinal datasets are important descriptive variables at the organizational-level (e.g., admission rates). These datasets are particularly useful when examining transformation outcomes related to differential response, and alternatives to court processes. There is also the potential to examine rates of child maltreatment (e.g., percentage of children who have experienced physical abuse). However, limited are variables that assess organizational-level processes (e.g., service models) and child outcomes.

The OnLAC, Crown Ward and Adoption Crown Ward datasets assess outcomes in children in-care over time. This includes both descriptive (e.g., child age and gender) and process-specific (e.g., parental monitoring and parental negativity) variables. The inclusion of valid and reliable measures allows users of the data set to examine process-related questions (e.g., are higher levels of problematic behaviours related to the experience of physical abuse?). Although these data sets allow the user to examine how child adjustment has changed pre-transformation and during the transformation-implementation period, these datasets are limited in its ability to assess how organizational outcomes relate to the Transformation Agenda.

In sum, various data sets accessible to the child-welfare sector allow its users to examine various outcomes related to the Transformation elements. However, to date, this data are primarily limited to descriptive information. Although it is important to examine how trends have changed over time, the inclusion of more process-related data can help us understand why these trends occur.

Moreover, the data sets exist in silos. The exclusive focus on organizational or child outcomes limits our ability to relate agency-level processes to child outcomes. Understanding how these contexts operate together is particularly important in light of existing research demonstrating that differences in child outcomes can in part, be explained by differences between agencies (e.g., Attar-Schwartz, 2008). The utility of various data sets available to the child-welfare sector is summarized below:

Data sets	Element 1 DR	Element 2 Permanency	Element 3 ADR	Data Type
Funding & Services Data Set	√	√	√	<ul style="list-style-type: none"> • Case level • Agency level • Provincial level
Ontario Looking After Children (OnLAC)		√		<ul style="list-style-type: none"> • Child level • Case level • Agency level • Provincial
Ministry Crown Ward		√		<ul style="list-style-type: none"> • Child level • Agency level • Provincial level
Ministry Adoption Crown Ward		√		<ul style="list-style-type: none"> • Child level • Agency level • Provincial level
Canadian Incidence Study (CIS)	√	√	√	<ul style="list-style-type: none"> • Case level • Agency level • Provincial level • National level
Ontario Incidence Study (OIS)	√	√	√	<ul style="list-style-type: none"> • Case level • Agency level • Provincial level

3.3.2 Accessibility of Child Welfare Data Sets

Child-welfare data sets are generally accessible through an application process that is specific to each data set. Specific requirements vary depending on the sensitivity of the data. For instance, to access the OnLAC data set, users must obtain approval from the OnLAC research team. The user is required to prepare a proposal that outlines the nature of the research. In most cases, specific ethics standards must also be met. Depending on where the research is being conducted, certain procedures for ethics approval must be followed.

It is advisable that prior to the development of the research proposal, interested users should contact the appropriate organizations to inquire about data set accessibility. It is likely that various governing bodies will have their own specific policies regarding the use of their data. It is also important to be mindful of the time required to obtain approval. Depending on the review process, approval time can vary.

The following table summarizes the accessibility of various child-welfare data sets currently available:

Data sets	Link to other data sets	Analyzed?	Accessibility?	Approval Process?	Difficulty of analysis?
Funding & Services Data Set	Not at this time Potential links to <ul style="list-style-type: none"> OnLAC Crown Ward Adoption CW 	<ul style="list-style-type: none"> Yes- quarterly & annually by OACAS & MCYS 	From MCYS -no From OACAS - limited	Required	Low to Moderate
OnLAC	Not at this time Potential links to <ul style="list-style-type: none"> Funding & Service Crown Ward Adoption CW 	<ul style="list-style-type: none"> U/Ottawa Approved researchers Agency QA/Research staff 	Approval process required	Required	Moderate to High (contact Dr. Bob Flynn or OACAS)
Crown Ward	Not at this time <ul style="list-style-type: none"> One time link: Rhodes et al., 2010 Crown ward data set linked to Ontario health care database 	<ul style="list-style-type: none"> MCYS only To date limited descriptive data 	No	Data set not available	Data set not available
Adoption Crown Ward (CW)	Not at this time Potential links to <ul style="list-style-type: none"> Funding & Service OnLAC Crown Ward 	<ul style="list-style-type: none"> MCYS only To date limited descriptive data 	No	Data set not available	Data set not available
CIS	Not at this time Potential links to <ul style="list-style-type: none"> Funding & Service Crown Ward Adoption CW 	<ul style="list-style-type: none"> Yes 	Yes. Via application to the Public Health Agency of Canada	Required	Moderate to High (contact Dr. Barbara Fallon or Dr. Nico Trocme)
OIS	Not at this time Potential links to <ul style="list-style-type: none"> Funding & Service Crown Ward Adoption CW 	<ul style="list-style-type: none"> Yes 	Can be analyzed via Dr. Barbara Fallon	Required	Moderate to High (contact Dr. Barbara Fallon or Dr. Nico Trocme)

4.0 OACAS FUNDING AND SERVICES DATA SET

4.1 Evaluation of the Funding and Services Data Set

The Funding and Services data set tracks and monitors intake, service, legal, and financial statistics of all member children's aid societies across Ontario. Data are provided quarterly, compiled and analyzed, and managed separately by the Ministry of Children and Youth Services (MCYS) and the Ontario Association for Children's Aid Societies (OACAS).

Of the 53 societies across Ontario, either 50 or 51 member CAS's provide OACAS with the Funding and Services data. In other words, most but not all Ontario CAS's provide data to the Funding and Services data set.

For the purposes of this report, data managed by OACAS were used. The utility of this data set is summarized in Appendix C.

4.2 Assessment of Data Set Strengths/ Limitations

Strengths of the Funding and Services data set include its ability to provide valuable information at the organizational level. Not only does it allow quarterly or annual examination at individual or group agency level but also at the provincial level in the following areas: intake, service, legal/travel and financial statistics.

Given the longitudinal nature of this data set it is also possible to track and monitor how these trends change over time. Moreover, there is the possibility of linking this data set with other data sets that access child outcomes to evaluate how different organizational factors influence child adjustment.

The data are primarily descriptive in nature. Inclusion of variables that access organizational processes (e.g., leadership style, staff satisfaction) may allow researchers to access how processes influence change in trends over time. However, without this information, analysis is restricted to descriptive exploration of trends over time. Thus, it is difficult to investigate why these trends may exist and possible mechanisms that facilitate these changes over time.

Despite the limitations of the Funding and Services data set it does allow examination of how important trends in the child welfare sector have changed over time. Although it is not possible to associate these changes to the implementation of the Transformation Agenda, it nevertheless provides insight into the child welfare sector and its service outcomes.

4.3 Data Analysis

Period 1: Pre-transformation and Period 2: Transformation-implementation data from the Funding and Service data set were compared to examine whether there were significant differences in various operational outcomes since the implementation of the Transformation Agenda in 2006.

Definitions used for the periods examined and types of analysis employed:

Period 1: Pre-transformation

This is the time period prior to the implementation of the 2005/06 Transformation Agenda; depending on the availability of data, statistics from 2003-2004 and 2004-2005 were used. This represented a period of reform for child welfare.

Period 2: Transformation-implementation

This is the consecutive time period between 2006-2007 to 2009-2010. For the transformation-implementation period, data across the four time points (06/07, 07/08, 08/09, 09/10) were averaged to create a composite score for each outcome. Data from 2005-2006 was not included in the transformation-implementation period as this is the year the Transformation Agenda was implemented and was identified as the transformation baseline time point.

***Note: All analyses compared pre-transformation data to an average composite transformation-implementation period score to examine whether identified outcomes were significantly different between time periods. Specific analyses comparing pre-transformation data to each subsequent year following the implementation of the Transformation Agenda was not conducted given the complexity of that analytic model and the limitation in current sample size.*

Proportionate Score

Since the total number of children served and/or in-care differed each year, proportionate scores were used to ensure that measures across the different time points were evaluated with the same metric (e.g., measures were not biased by overall number of children in care for a particular year). These scores are presented as a percentage.

One-sample t-test

The one-sample t-test was used to compare Period 1:Pre Transformation and Period 2: Transformation-implementation period proportionate scores. A significant t-test ($p<.05$) suggests that five times out of 100 the results are due to chance alone. The results cannot speak to the causal effects of the transformation agenda (e.g., differences between pre-transformation and transformation-implementation is due to implementation of the Transformation Agenda). However, the findings do help us understand how trends have changed across time.

Again, the three elements of Transformation, known as the broad operational service strategies were the focus of the analyses. They are:

Differential response

Permanency planning

Alternatives to court processes

Outcomes associated with each strategy are examined and discussed in the following sections.

4.4 Service Element 1: Differential Response

Differential response (DR) refers to a method of service delivery where child-protection workers, using clear standards and guidelines, determine the kinds of support and services needed to keep children safe and families healthy in situations involving child maltreatment. The model assesses eligibility for service, safety and risk, while allowing for greater engagement with families along with a more flexible, customized approach to investigation of reports of maltreatment. The primary objective of differential response is responding effectively to the individual needs and circumstances of families through a strength-based and family-centered approach. The emphasis is linking families to informal supports and community-based services while promoting permanency planning from first contact.

4.4.1 Project metrics

Data from the OACAS Funding and Services data set were used to examine the differential response model. Outcome measures included:

- Cases Opened for Investigation
- Cases Transferred to On-going Protection Services
- Admissions into Care
- Re-admissions into Care
- Community Links

4.4.2 Cases Opened for Investigation, Cases Transferred to On-going Services, Admission into Care and Re-admissions into Care

Examining the extent to which on-going cases, and admissions and re-admissions into care changed across pre- and post- transformation gives us a sense of whether more children stayed out-of-care from first contact since the implementation of the Transformation Agenda. Although it is not possible to explicitly test the effectiveness of transformation as not all factors are controlled for, changes in intake statistics nevertheless provides some trend evidence of how implementing DR may have shifted service delivery.

Cases Opened for Investigations

Exploration of the data revealed that there was a significant increase in the number of cases opened for investigation, transformation-implementation period relative to pre-transformation, $t(3)=6.20$, $p=.008$.

To account for the different number of children served by the child-welfare sector across transformation periods, all scores were converted into proportionate scores (outcome variable/number of cases opened for investigation; refer to Table 1).

Scores from the transformation-implementation period was averaged across the four years to create mean proportions for on-going cases ($M_{score}=.53$, $SD=.01$), admissions ($M_{score}=.58$, $SD=.03$) and re-admissions into care ($M_{score}=.06$, $SD=.01$).

Table 1: Percentage of cases transferred to on-going services, admissions or re-admissions into care across pre (2003/04) vs. transformation-implementation period (2006 – 2010).

Time Period	Number of Cases (Numerator)	Total Number of Open Cases (as of March 31 st) (Denominator)	Percentage (%)
Pre-transformation (2003/2004)			
On-going protection cases	26,959	43,064	62.6%
Admissions into care	31,231	43,064	72.5%
Re-admissions into care	3,804	43,064	8.8%
Transformation implementation			
2006-2007			
On-going protection cases	26,260	48,726	53.9%
Admissions into care	29,143	48,726	59.8%
Re-admissions into care	3,176	48,726	6.5%
2007-2008			
On-going protection cases	24,955	45,826	54.4%
Admissions into care	27,816	45,826	60.7%
Re-admissions into care	2,903	45,826	6.3%
2008-2009			
On-going protection cases	24,950	47,157	52.9%
Admissions into care	27,152	47,157	57.6%
Re-admissions into care	2,866	47,157	6.1%
2009-2010			
On-going protection cases	25,377	49,022	51.8%
Admissions into care	26,221	49,022	53.5%
Re-admissions into care	2,242	49,022	4.6%
Transformation Implementation Average/mean: 2006-2010			
On-going protection cases	25,386	47,682	53.2%
Admissions into care	27,583	47,682	57.8%
Re-admissions into care	2,797	47,682	5.9%

Note: An overall decline is noted in each of the areas examined from the pre-transformation baseline year through each of the subsequent transformation implementation period years (2006-2010). Example: Readmission into care percentage dropped from 8.8% in 2003/04 to 4.6% in 2009/10 with an overall average decline of 5.9% for the transformation implementation period.

Cases Opened for Investigation, Cases Transferred to Ongoing Protection Services, Admission into Care and Readmissions into Care

One-sample t-tests were conducted to examine whether percentage of on-going protection cases, admissions and readmissions into care were significantly different across pre-transformation and transformation-implementation periods.

Results demonstrated that relative to pre-transformation:

- ❖ A smaller percentage of cases were transferred to on-going protection services, $t(3)=-16.50$, $p=.01$ during the transformation-implementation period.
- ❖ A smaller percentage of children were admitted into care, $t(3)=-9.391$, $p=.003$
- ❖ A smaller percentage of children were re-admitted into care, $t(3)=-7.04$, $p=.01$ following the implementation of the Transformation Agenda (refer to Figure 3).

Analysis suggests that during the transformation-implementation period more cases were opened but families were less likely to be transferred to ongoing protection services coupled with a lower percentage of children were being admitted into care or re-admitted into care. See Figure 3.

Although it is difficult to identify the underlying mechanisms responsible for that shift, it is possible that differential response and its more customized approach and greater community collaboration may have facilitated CAS responses that are more effective at helping families and children at the investigation level. Perhaps the greater focus on building on families' strengths and increasing the use of informal supports impacts admissions and re-admissions. Fewer entries into care at the admission and re-admission stages generally translates into fewer transfers to ongoing services. Future research will be required to further investigate these findings.

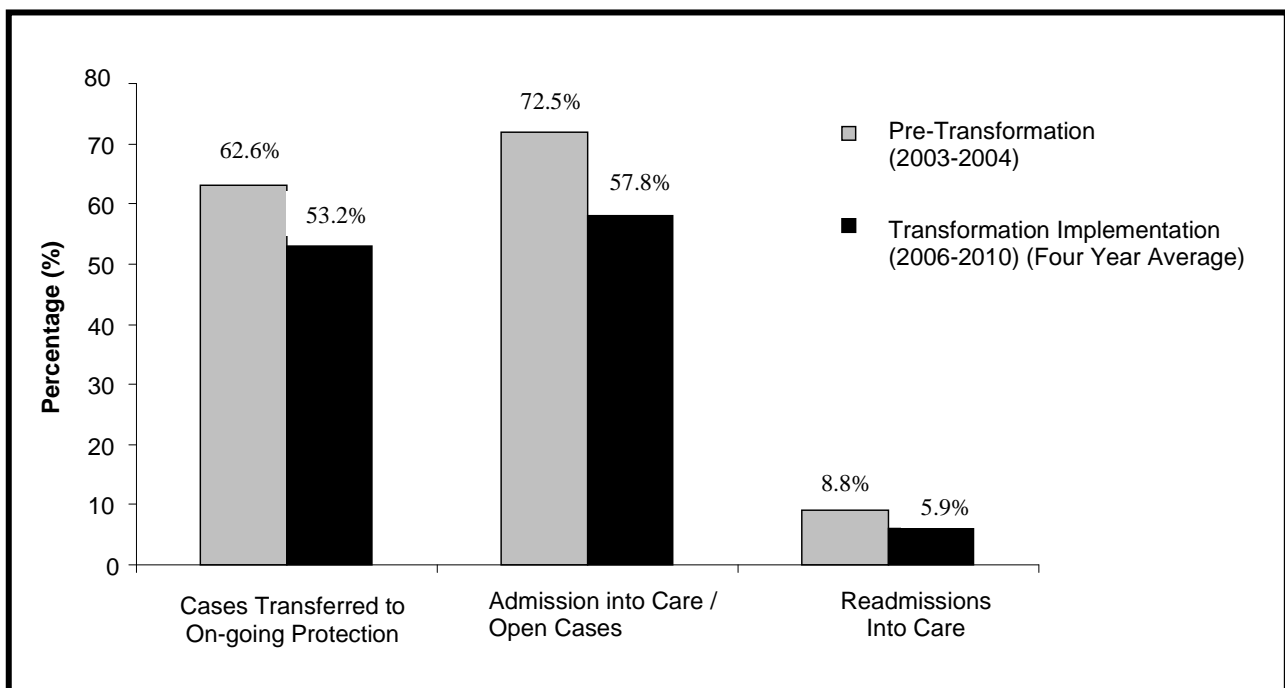


Figure 3: Percentage of families transferred to ongoing services and children admitted or readmitted into care. ***Note: These trends are similar to those found in the CIS-2008 data.*

4.4.3 Community Links

The concept of community links was introduced during the implementation of the Transformation Agenda. As such, no pre-transformation data are available. However, when comparing the percentage of families connected with community supports from 2006-2007 to 2009-2010 (number of families referred to community links/total referrals), there was a slight increase (refer to Table 2). However, it is unclear whether the difference between time periods is significant.

Table 2: Percentage of families who were connected with community supports across pre-transformation (2003) and transformation-implementation periods (2006-2010)

Time Period	Number of Families with Community Links (Numerator)	Total Number of Referrals (Denominator)	Percentage (%)
2006-2007	11,608	161,654	7.2%
2007-2008	15,200	152,879	9.9%
2008-2009	14,228	156,653	9.1%
2009-2010	13,592	161,819	8.4%
Transformation Implementation (average/mean:2006-2010)	13,657	158,251	8.6%

There appears to be a slight decline in the percentage of families receiving community links since 2008-2009. Although it is unclear as to why these trends occur, it is speculated that it may be the result of a combination of factors such as:

- A inconsistent understanding of the community-link practice and how to code it accurately
- An increase in community agency waiting lists that leaves workers with limited referral options
- A discontinuation of community services due to lack of funding leaves workers no option for a community referral and perpetuates longer waiting lists

4.4.4 Case Examples

Case example 1: DIFFERENTIAL RESPONSE – Customized Investigation

In 2008, following a report by the children's mother of sexual abuse between siblings, child welfare investigated using a customized approach. Meetings with all family members, CAS and police were scheduled and a joint investigation confirmed the 15-year-old brother had sexually abused his half-sister, age 7 years. The parents voluntarily participated in multiple meetings to review parenting strategies and supervision tactics; the CAS worker provided support techniques to the mother to promote resiliency in the victim; a specialized intervention worker provided intensive counseling services to the 15 year old; police collaborated with CAS's customized approach with the family and decided not to charge the aggressor. Family collaborated and implemented a thorough safety plan. File was transferred to prevention services and eventually closed in June 2009.

BENEFIT: Customized approach fostered improved client engagement, positive family outcomes, child safety and child stability.

Case example 2: DIFFERENTIAL RESPONSE – Customized Investigation

In fall 2008 a family called their CAS. Their 16-year-old daughter was verbally abusing her father and her 13-year-old sister. CAS used a customized approach to establish a safety plan for the 13 and 4 year old sibs. The 16-year-old was voluntarily placed with her grandmother due to escalating behaviours. The parents needed help in providing appropriate child structure and supervision so the file was transferred to Ongoing Services. Parents participated in a parenting group and the father joined a “Father’s Group”. All agency recommendations were implemented and no further safety issues translated into the case being closed in 2009.

BENEFIT: Customized approach promoted parent cooperation, engagement & child safety. If forced to complete objectives or CAS used legal strategies to implement changes - parents stated they would have refused services.

4.4.5 Summary

Comparing the trends of practice from Pre-Transformation (2003/04) period to those from Transformation Implementation (2006 onward to 2010) phase finds trends where the shifts in practice suggest a differential response model. Two important themes emerge:

1. The percentage of children and youth who were admitted into care or re-admitted into care decreased significantly during the transformation-implementation period. Moreover, families who were transferred to on-going protection services also decreased significantly. Taken together, these results suggest that although the child-welfare sector is working with more families after the implementation of the Transformation Agenda, a larger percentage of children are staying out-of-care. This suggests that CAS's may be more effective at helping families remain intact within their communities.
2. Preliminary evidence suggests CAS's may be more effective at increasing the amount of informal supports for families through the community link service. There is descriptive evidence to show a general increase in the percentage of families who were referred to community supports over the four year transformation implementation period.

4.5 Service Element 2: Permanency Planning

The goal of permanency planning is to enhance and expand long-term planning and permanency options that offer safe, stable and secure homes for children receiving services from child-welfare agencies in Ontario. There are eight pillars of permanence on a service continuum from the least formal intervention to the most formal intervention: admission prevention, kinship service, kinship care, customary care, legal custody, foster care, adoption and youth exiting care. Although permanency planning has broader implications for service, the three main objectives of permanency planning includes: 1) improve public awareness of the need for adoptive families, 2) offer more adoption placements for children and youth in care, and 3) foster permanent placements for all children. (OACAS, Plan for Change in Child Welfare Key Messages, 2007)

4.5.1 Project Metrics

To monitor how permanency planning has changed since the implementation of the Transformation Agenda, the following outcome measures were examined:

- Foster Care
- Kinship Care
- Kinship Service
- Customary Care
- Crown Wards
- Adoption Placements

Excluded from the examination:

- Admission Prevention
- Adoption
- Youth Exiting Care



Note: Considering that relatively less children have been placed in-care following the implementation of the Transformation Agenda, $t(3)=-4.41$, $p=.02$, when appropriate, proportionate scores accounting for the decline in children in-care was used for data analysis.

4.5.2 Placement of Children in Family-based Care (under 18 years of age)

A central goal of permanency placement is to increase family-centered or family-based care that is culturally relevant to the child. A significant increase in the amount of time children spend in family-based care relative to group placements would suggest a trend towards more time in family-based care. Family-based care was defined as: *Care provided in a family setting and included foster care (regular, specialized, treatment and outside purchased), kinship care, customary care and adoption probation.*

Number Days in Group Care vs. Family-based Care (under 18yrs)

- Pre-Transformation: Time spent in group care to time spent in family-based care = ratio of 1:4.03 (or a 1 day in group care to 4 days in family based care ratio)
- Since the implementation of the Transformation Agenda: Time spent in group care to time spent in family based care = ratio of 1:4.86 (or a 1 day in group care to 5 days in family based care ratio)

****Refer to Table 3**

In sum, since the implementation of the Transformation Agenda, there is a higher ratio of family based care to group care when compared to pre-transformation.

Table 3: Amount of time children (under the age of 18 years) spent in family-based care relative to group care

Time Period	Number of days spent in family-based care	Number of days spent in group care	Ratio Group Care: Family-based Care
Pre-transformation (2003/04)	4,703,422	1,166,704	1 : 4.03
Transformation Implementation			
2006-2007	4,755,863	1,008,626	1 : 4.72
2007-2008	4,521,574	948,665	1 : 4.77
2008-2009	4,465,785	907,763	1 : 4.92
2009-2010	4,364,927	859,121	1 : 5.08
Transformation Implementation: Average/mean (2006-2010)	4,527,037	931,044	1 : 4.86

Proportion Children Placed in Family-Based Care (under 18 years of age)

Evaluate Changes in the Proportion of Time Children In-Care Spent in Family-based Care

To compare statistical differences between the pre-transformation period and the transformation-implementation period, a one-sample t-test was conducted.

Only children under 18 years of age, placed in family-based foster care (i.e., regular foster care, kinship care, customary care and adoption probation) and group care were included in the analysis (refer to Table 4).

A mean proportionate transformation-implementation score was created by taking the average across the four years, ($M_{score}=.829$, $SD=.01$).



Table 4: The percentage of children placed in family-based care (under 18 yrs.)

Time Period	Total # days spent in family-based care (Numerator)	Total # of days spent in family-based and group care (Denominator)	Proportion of children placed in family-based care
Pre-transformation (2003/04)	4,703,422	5,870,126	80.1%
Transformation Implementation			
2006-2007	4,755,863	5,764,489	82.5%
2007-2008	4,521,574	5,470,239	82.6%
2008-2009	4,465,785	5,373,548	83.1%
2009-2010	4,364,927	5,224,048	83.6%
Transformation Implementation: Average/Mean (2006-2010)	4,527,037	5,458,081	82.9%

Results suggested that when compared to the pre-transformation period, children are spending significantly more time in family-based care after the implementation of the Transformation Agenda, $t(3)=16.65$, $p=.001$.



Although these trends do not speak to the causal influence of transformation, these patterns do suggest that children are spending more time in family-based foster care during the transformation-implementation period. This may be reflective of differential response to increase permanency care for children.

However, one caveat to consider when interpreting these results is that metrics used to operationalize days spent in family-based care are different during the pre-transformation and transformation-implementation periods. Therefore, although ratios appear to be different, it is not possible to directly compare across time periods because it is unclear whether the outcome measured (i.e., time spent in family-based care) was operationalized in the same manner. For instance, although family-based care included days spent in foster care (regular, specialized, treatment and outside purchased), kinship care, customary care and adoption probation in post-transformation metrics, many of these measures were not available pre-transformation.

Therefore, despite aggregate measures of days spent in foster care, it remains unclear whether kinship care, customary care and adoption probation statistics were included in pre-transformation metrics. This observation highlights the importance of continual monitoring of these trends.

4.5.3 Kinship Care and Kinship Service Placements

One key component of permanency planning is to provide children with safe, stable and secure homes. To this end, changes in kinship care and kinship service placements were examined. While both service types involve caregiving by children's immediate family, kinship care differs from kinship service in that children are legally placed under the care of their society.

Kinship Care

To examine whether the number of children placed in kinship care was significantly different across pre-transformation and transformation-implementation periods, a one-sample t-test was conducted. Proportionate scores (# of children placed in kinship care/total # of children in care), accounting for number of children in-care since March 31st were used (refer to Table 5).

Table 5: Percentage of children placed in kinship care across pre- and transformation-implementation periods as of a point in time: March 31st.

Time Period	# of Children placed in Kinship Care (Numerator)	Total # of Children in Care (under 18yrs) (Denominator)	Percentage of Children Placed in Kinship Care (%)
Pre-transformation (2003/04)	978	17,733	5.5%
Transformation implementation			
2006-2007	964	16,097	5.9%
2007-2008	1,003	15,562	6.4%
2008-2009	1,042	15,401	6.7%
2009-2010	1,044	14,161	7.3%
Transformation Implementation: Average/Mean (2006-2010)	1,013	15,305	6.6%

Analysis finds significantly more children placed in kinship care during the Transformation-implementation period $t(3)=5.65$, $p=.01$ (refer to Figure 4), suggesting that following the implementation of the Transformation Agenda, a larger percentage of children were placed in kinship care.

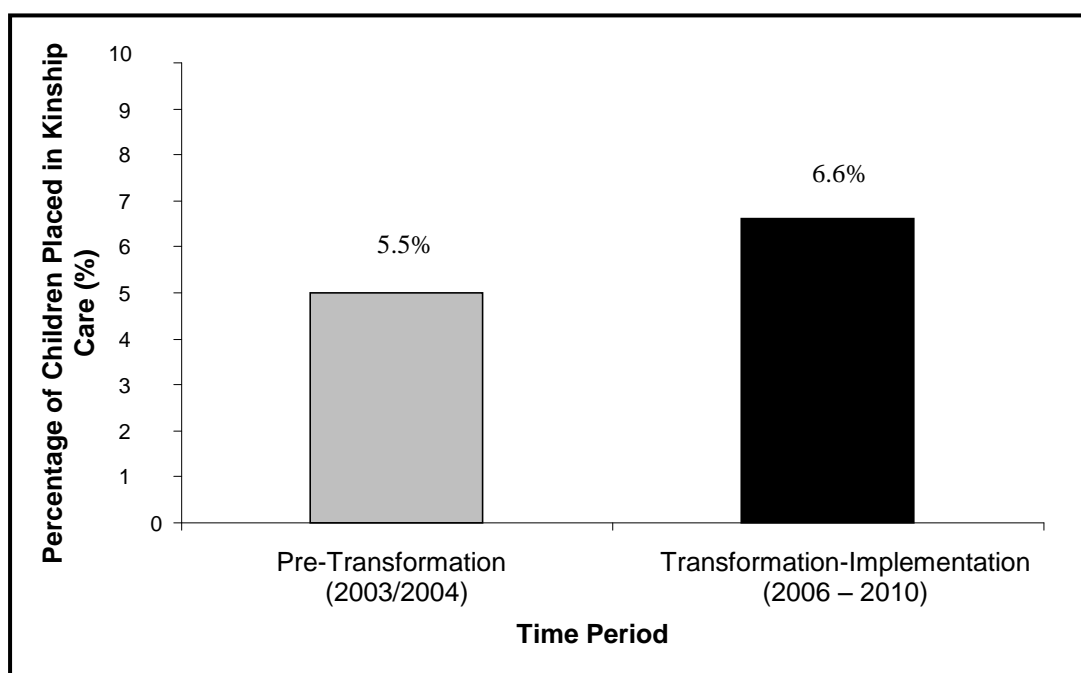


Figure 4: Percentage of children placed in kinship care across pre- and transformation-implementation period.

Kinship Service

The extent to which kinship service changed since the implementation of the Transformation Agenda was also examined. Since pre-transformation data was not available, only changes in the number of families involved with kinship services throughout the transformation-implementation period was examined.

Unlike previous analyses, proportionate scores were not used because tracking of kinship services varied across societies (e.g., some CAS's have a specialized kinship service team vs. some CASs have a generalist approach where kinship cases are assigned to protection workers). To date, there is no common metric in which kinship service cases are tracked across all CAS's.

Despite these limitations there has been a slight increase in the number of families involved with kinship services since the start of the implementation of the Transformation Agenda in 2006 through to 2010 (refer to Table 6).

Table 6: Number of families involved with kinship services during the transformation-implementation period.

Transformation-implementation Year	# of Families involved with Kinship Services
2006-2007	2066
2007-2008	2235
2008-2009	2234
2009-2010	2187

Data in Table 6 suggests a slight downward trend of families involved with kinship services from 2008-2009 and 2009-2010. It is difficult to identify why this trend exists. Valid data starts with a clear definition about what is included or excluded and confirmation that occurs. Since this is a new area for data collection the definition of what is included is a key first step to better understanding these numbers. There may be a lack of consensus in the field with respect to how kinship service is defined and/or the limited support for Kinship Service families has made it a less viable option. More importantly, these trends may also mirror the general decline of children/youth in-care. Future research is required to examine these possibilities.



Taken together, current results suggest that both kinship care and kinship services are increasing. Although it is unclear as to why these trends exist, perhaps increases in both kinship care and kinship services is reflective of the province's emphasis on promoting placement permanency since the implementation of the Transformation Agenda. These observations highlight the importance of understanding why these changes occur and whether these trends are directly associated with recent policy changes in the child-welfare sector.

4.5.4 Customary Care

Another index for whether permanency planning objectives were met includes changes in children placed in customary care. Since data on customary care prior to 2007-2008 were missing from the data set, only statistics from 2007/08 through to 2009/10 were examined. Furthermore, data from two Aboriginal agencies are not included in this analysis as the agencies are not members of OACAS. Thus, the total number of Aboriginal children/youth in-care across the province may be substantially under-represented. That said, analysis finds a general increase in the number of Aboriginal children/youth in-care over the last three-year period.

Proportionate scores (# of children placed in customary care/total # of children in-care), accounting for the total number of children in care were created (refer to Table 7).

Table 7: Percentage of children placed in customary care between 2007-2008 and 2009-2010

Year	# of Children placed in Customary Care (Numerator)	# of Children in Care (under 18yrs) (Denominator)	Percentage of Children Placed in Customary Care
2007-2008	404	15,562	2.5%
2008-2009	586	15,401	4.0%
2009-2010	674	14,161	5.0%

Although the specific number of First Nation/Aboriginal children and youth was not accounted for in the proportionate score, trends nevertheless suggests that there is a general upward increase in the number of children and youth placed in customary care (refer to Figure 5).

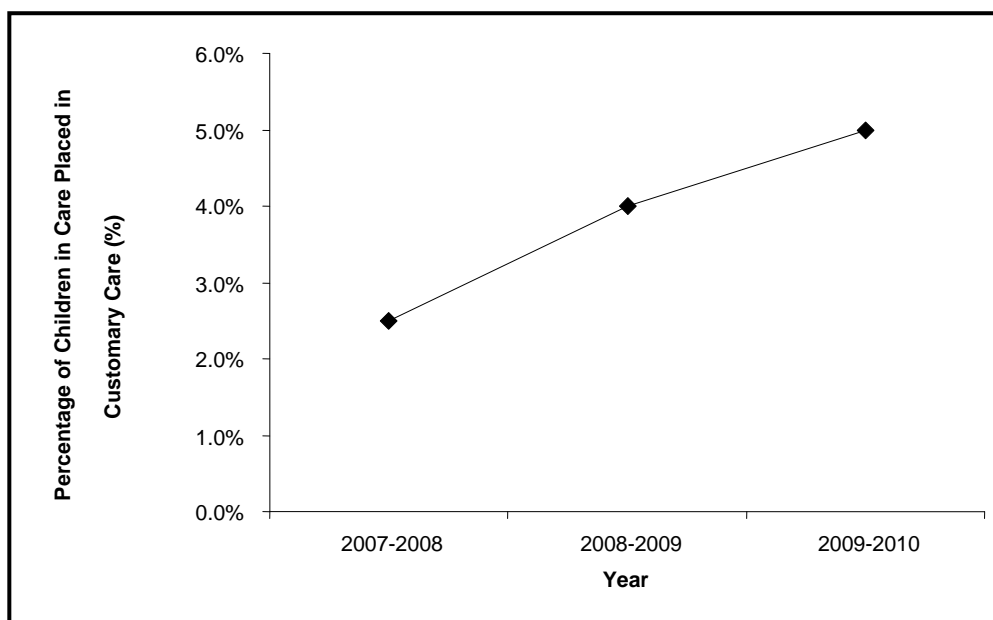


Figure 5: Changes in the percentage of children in-care receiving customary care

4.4.5 Crown Wards

Examining if there are changes in the percentage of crown wards (children placed under the legal guardianship of their society) *with access* and *without access* (silent on access) across the Pre-Transformation and Transformation-implementation periods can also provide some important insight into placement permanency. While it is not possible to associate these changes specifically to the Transformation Agenda, the analysis can nevertheless provide a picture as to whether desired Transformation Agenda shifts in practice have changed over time. Pre-transformation data did not differentiate between crown wards *with access* and *without access*, so only the data from the Transformation-implementation period are examined (refer to Table 8).

Table 8: Crown wards with and without access (silent on access) during transformation-implementation period

Year	Crown Wards with Access		Crown Wards without Access (Silent on Access)	
	Number (#)	Percentage (%)	Number (#)	Percentage (%)
2006-2007	7025	74.2%	2447	25.8%
2007-2008	6650	72.2%	2549	27.8%
2008-2009	6612	71.7%	2603	28.3%
2009-2010	6108	72.9%	2260	27.1%

Proportionate scores (outcome/total # of crown wards) were plotted (refer to Figure 6). The percentage of crown wards with access, relative to those without access (silent on access) appears to be similar across the transformation-implementation period. Thus, there is little evidence to suggest that trends in crown wardship changed after the implementation of the Transformation Agenda. Future research should focus on this area.

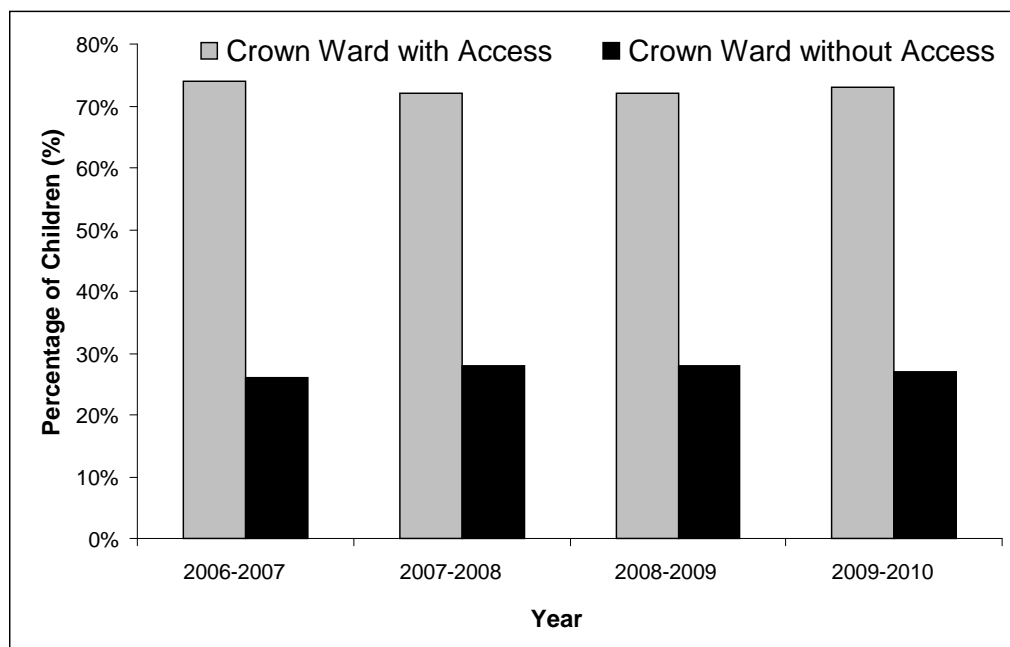


Figure 6: Changes in the percentage of crown wards with and without access

4.5.6 Adoption

The preferred outcome for children placed under permanent guardianship of a CAS is to be adopted into a stable, secure and permanent home. Changes in the percentage of children (# of completed adoptions/total number of children in-care from the previous year) who were adopted across the two periods (Pre vs. Implementation) were compared (refer to Table 9).

Table 9: Completed adoptions during the pre- and transformation-implementation periods

Time Period	# Completed Adoptions (Numerator)	Total # of Children in Care (under 18 yrs) (Denominator)	Percentage of Completed Adoptions (%)
Pre-transformation (2003/04)	634	17,733	3.5%
Transformation implementation			
2006-2007	851	16,758	5.1%
2007-2008	822	16,097	5.1%
2008-2009	819	15,562	5.3%
2009-2010	993	15,401	6.4%
Transformation Implementation Average/mean 2006-2010	871	15,954	5.5%

A one-sample t-test was conducted to compare proportionate scores across pre-transformation and transformation-implementation periods. Results indicate the percentage of children adopted was significantly different across time periods, $t(3)=6.03$, $p=.01$ (refer to Figure 7). In sum, a larger percentage of children were adopted during the Transformation-implementation period.

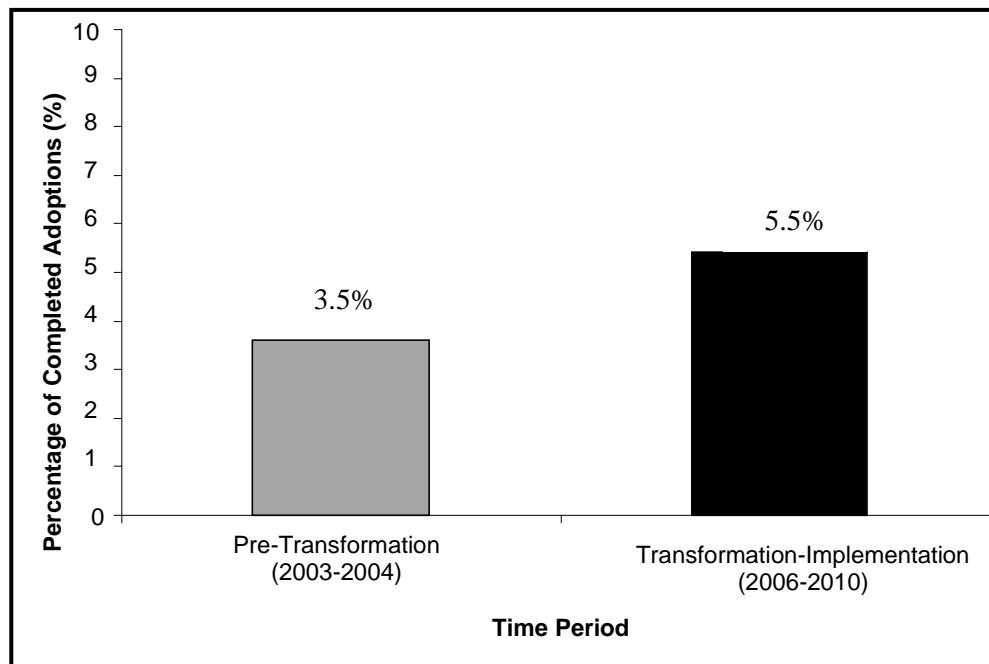


Figure 7: Percentage of completed adoptions during the pre-transformation and transformation-implementation periods

4.5.7 Case Examples

Case example 1: PERMANENCY PLANNING

Patricia, an adult with intellectual delays, became pregnant and received services from her CAS worker via helping her prepare for the arrival of her baby. Community workers, such as a Health Unit nurse and a support worker also aided Patricia by teaching her parenting techniques and basic interventions needed to care for a baby. However, when the child was born CAS assessed that Patricia did not yet have the necessary skills to appropriately care for her newborn. Patricia very much wanted to keep her child and had demonstrated that with support, she can learn. While the baby was apprehended at the hospital and placed in foster care, the long-term plan involved Patricia living with her baby at the foster family. The foster mother is a role model and a support to Patricia, a caregiver for the baby, and Patricia and her baby have the important opportunity to develop a positive attachment and bond.

BENEFIT: Promotion of attachment between infant and biological mother; child safety and child stability.

4.5.8 Summary



Results from the trend analysis provide preliminary evidence that some of the Pillar of Permanency objectives (e.g. kinship, adoption) are showing greater evidence in practice.

1. The proportion of children placed in family-based care appears to be steadily increasing since 2006-2007. There appears to be a trend towards greater use of family-centered care compared to group care.
2. An increase in the likelihood of children being placed in kinship care or receiving kinship services. The increase in the percentage of children being placed in customary care may also reflect greater attention to the specialized care needs for First Nation children and youth. Both these service practices provide children and youth with more secure, permanent care settings.
3. An increase in the percentage of children adopted. Particularly since the percentage of crown wards with no access remains relatively stable during the transformation-implementation period, a significant increase in adoptions suggests that more crown wards are being adopted.

4.6 Service Element 3: Alternatives to Court Processes

The Alternatives to Court Processes is last element to be reviewed in examining shifts in practice related to Transformation Agenda. Goals related to this service element include reduce delays in child-welfare proceedings, a decreased volume of cases that go to trial, more timely resolution to court proceedings, promotion of increased compliance with plans, higher settlement and satisfaction rates while being more cost effective.

4.6.1 Project Metrics

To examine how alternative to court processes have changed since the implementation of the Transformation Agenda, the following outcomes were examined:

- New protection applications
- Cases that go before the court
- Cases that go to trial
- Alternate dispute resolution

Since pre-transformation data (2003/04) are not available, significance testing was not performed. Rather, changes in outcome statistics over time were plotted and examined.

4.6.2 New Protection Applications and Cases that Go Before the Court

Change in the number of new protection applications that go before the court and cases that go to trial can provide some insight into how diversion from courts and involvement from the legal system changed over time. It is expected that there will be a reduction in these statistics if societies are more successful at limiting court intervention.

Proportionate scores (outcome variable/total number of cases transferred to on-going services), accounting for the number of cases transferred to on-going services was created for each variable (refer to Table 10).

Table 10: New protection applications and cases that go before the court during the transformation-implementation period

Year	New Protection Applications		Cases Transferred to On-going Protection That Go before the Court		Cases That Go to Trial	
	Total #	Percentage	Total #	Percentage	Total #	Percentage
2006-2007	7,785	45.3%	12,154	70.7%	661	3.8%
2007-2008	6,776	39.9%	10,634	62.7%	460	2.7%
2008-2009	6,897	38.0%	11,471	63.2%	482	2.6%
2009-2010	7,344	38.9%	10,654	56.4%	387	2.1%

Across all three outcome measures, there appears to be a general downward trend in the percentage of cases that require court intervention (refer to Figure 8 and Figure 9).

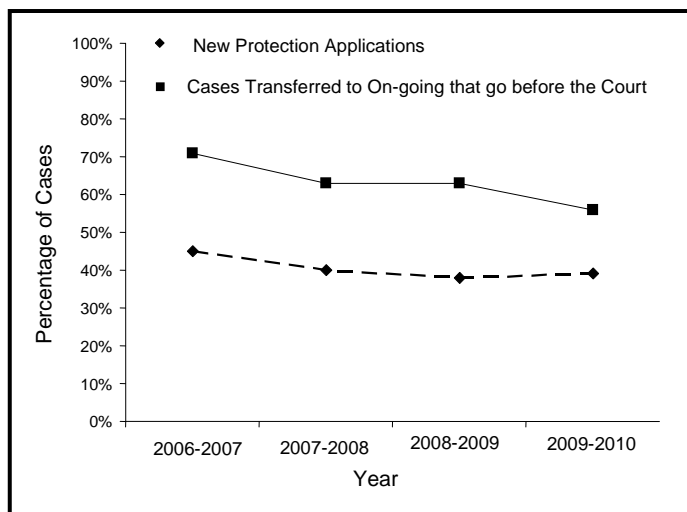


Figure 8: Percentage of new protection applications and cases transferred to on-going that go before the court during the transformation-implementation period

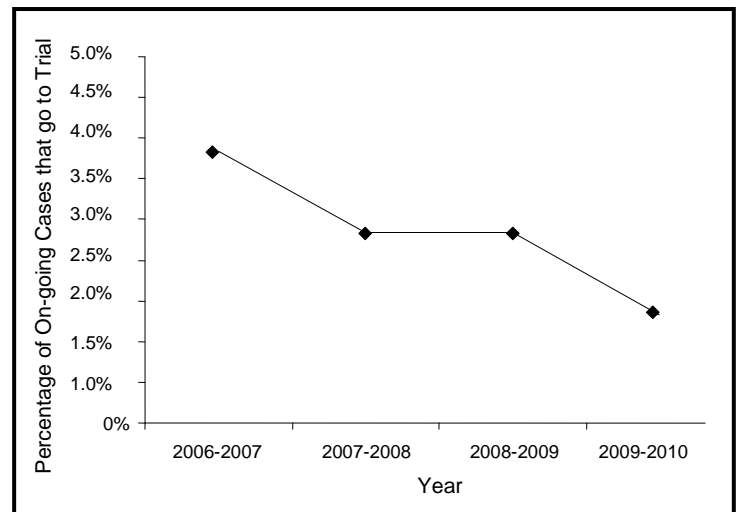


Figure 9: Percentage of on-going cases that go to trial during the transformation-implementation period



4.6.3 Alternate Dispute Resolution (ADR)

Changes in the percentage of alternate dispute resolution (ADR) services were also examined. Again, proportionate scores were created to account for differences in the number of cases transferred to on-going services (refer to Table 11).

Table 11: Alternate dispute resolution (ADR) during the transformation-implementation period

Year	# ADR (Numerator)	# of Cases Transferred to On-going Protection Services (Denominator)	Percentage (%)
2007-2008	381	16,958	2.2%
2008-2009	671	18,138	3.7%
2009-2010	783	18,873	4.1%

Note: 2006-2007 is excluded from the analysis due to missing data



The percentage of transferred cases receiving ADR appears to have increased nearly twofold from 2007/08 to 2009/10 (see Figure 10).

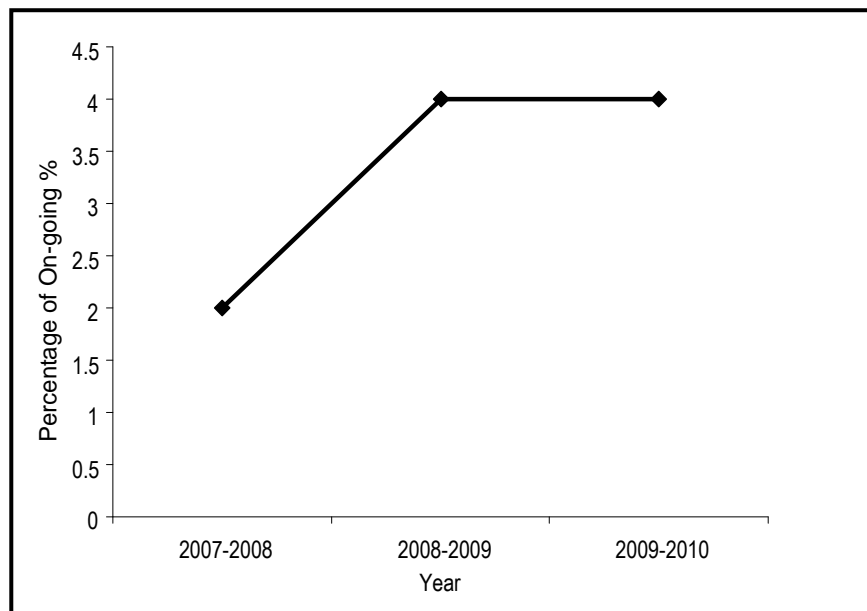


Figure 10: Percentage of on-going cases receiving alternate dispute resolution

4.6.4 Case Examples

Case example 1: ALTERNATIVE DISPUTE RESOLUTION

In 2008, CAS received a phone call from a single mother who wanted relinquishment services related to an unplanned pregnancy. At the birth of the child the mother was undecided and the baby was placed in foster home-with-a-view-to-adopt. CAS worked closely with the mother to aid her in developing good parenting skills. However, as the child was under 6 and the case neared the 12-month mark in care, CAS sought a Court Order to make the child a permanent ward and terminate parenting rights so the child could be considered for adoption. The mother was distraught and refused to accept an adoption plan. An ADR settlement conference in front of a judge was offered to give the parties an opportunity to discuss the planning impasse. The ADR opportunity allowed the mother to better understand her child's permanency needs and her ability to meet those needs. She agreed to the plan that her child be adopted by the child's foster family. The *Out of Court* negotiations between both lawyers resolved the dispute that otherwise would have had to be settled in court.

BENEFIT: Reduction in court time; reduction in court costs and child permanency.

Case example 2: ALTERNATIVE DISPUTE RESOLUTION

A four-year old boy entitled to native status was in foster care. Prior to that, with the consent of the mother, the young child lived with kin for six months but there was instability and exposure to adults using drugs. A Family Group Decision Making (FGDM) circle was agreed to. The mother's side of the family plus the boy's father and paternal grandparents, both of whom had limited contact with the child, came from out of province aided by FGDM. The FGDM circle decided that child would live with the parent that addressed their own personal issues first. A plan was developed to help each parent address their own issues and both parents kept each other updated about their child. After several months the child went to live with his father in another province, a move that allowed the child to live with family in his culture.

BENEFIT: Family decision making, cultural connections and permanence.

4.6.5 Summary



Analysis indicates that there is suggestive evidence regarding ADR objectives being achieved.

1. Current trends suggest there is declining court involvement during the transformation-implementation period
2. More families appear to be receiving alternate dispute resolution after the implementation of the Transformation Agenda.

This analysis does not determine why these trends exist – only that they do. It is speculated that due to the increased efforts of Child Welfare Societies to promote alternatives to courts since 2006 that this may explain in part, the current patterns. Perhaps decreased court involvement can be explained by an increase in alternate dispute resolution. Future research will be required to examine this issue further.

4.7 Limitations with Analysis

Several key caveats should be considered when interpreting current results. They include:

Transformation outcomes were not explicitly benchmarked nor were they operationalized, and measured in advance of Transformation Agenda implementation

This adversely impacts the ability to attribute the reported trends that are in alliance with Transformation Agenda to solely CAS's changes in service provision. At best, these findings are suggestive not conclusive and certainly not causal regarding the pattern shifts in intake, service and legal statistics from 2003/04 (pre-transformation) to 2009/10 (post-transformation).

Future research that clearly operationalizes key outcomes related to each element can shed some insight into the underlying mechanisms may more fully account for some of these significant shifts in trends.

Year-to-year shifts within the transformation-implementation period was not examined

Statistics for each year included in the post-transformation analysis were combined to obtain an aggregate, averaged score; that score was then compared to the pre-transformation 2003-2004 score. The year-to-year shifts within the post-transformation period were not examined. That method requires a sophisticated statistical model of analysis that is beyond the scope of this project. The merits of this type of analyses needs to be understood before undertaking it.

Current findings may reflect global shifts in child-welfare practice

This project conducted trend analysis over two time points – it was not a cause and effect study. Since we are unable to explicitly link changes in practice to transformation outcomes, other possible influences should be considered when interpreting results. Particularly since more global, socio-political influences can affect practice, it is important to also consider the findings in light of trends at the national level. If trends are similar, there is a stronger possibility that existing patterns may be reflective of more general practice shifts found at the national level.

For instance, the Canadian Incident Study (CIS, CIS-2008) found a general decrease in the number of investigations transferred to ongoing protection services between the reporting periods of 2003 to 2008 in Canada. There is also some evidence from the CIS to demonstrate a steady increase in the number of children placed in informal kinship. This analysis found similar trends.

Therefore, global shifts in child-welfare practice occurring at the national level can also account for differences in transformation outcomes (e.g., admission rates and informal kinship rates). Unfortunately, both the CIS and the Funding and Services Dataset are limited in the ability to investigate possible processes that can explain these trends. Future research should consider the inclusion of process-related measures to help us understand the underlying mechanisms to these patterns.

4.8 Summary of Analysis of Funding & Service Data Set: Shifts in Practice Post Transformation

ELEMENT 1 <u>Differential Response</u>	ELEMENT 2 <u>Placement Permanency</u>	ELEMENT 3 <u>Alternatives to Court</u>
GOAL Responding effectively to the individual needs and circumstances of families through a strength-based and family-centered approach.	GOAL Enhance and expand long-term planning and permanency options that offer safe, stable and secure homes for children in care.	GOAL Reduce delays in child-welfare proceedings, including a decreased volume of cases that go to trial, and more timely resolution to court proceedings.
Funding and Services Data Set		
<p>Objective #1 A more balanced intake/assessment approach with more families engaged in the planning process of keeping their children safe. Relative to pre-transformation, during the transformation-implementation period, there were:</p> <ul style="list-style-type: none"> Significantly smaller percentage of cases transferred to on-going services Significantly smaller percentage of children admitted into care Significantly smaller percentage of children re-admitted into care <p>Objective #2 Increase in community links</p> <ul style="list-style-type: none"> General increase since 2006 in percentage of families referred to community supports 	<p>Objective #1 More children placed in safe, stable homes during the transformation-implementation period:</p> <ul style="list-style-type: none"> Children are spending significantly more time in family-based care Significantly higher percentage of children placed in kinship care General increase in number of children receiving kinship services General increase in percentage of children/ youth in customary care Significantly larger percentage of children were adopted 	<p>Objective #1 Reduce delays in child-welfare proceedings; decrease volume of cases that go to trial.</p> <ul style="list-style-type: none"> General decline in percentage of cases transferred to on-going services that require court intervention (i.e., new protection applications, cases that go before the court, and cases that go to trial) Percentage of transferred cases receiving alternate dispute resolution is increasing

In sum, the Funding and Service data set analysis has shown how trends in intake, service, legal and financial statistics have shifted since the implementation of the Transformation Agenda. The lack of process-related measures limits it to simple descriptive analyses.

5.0 ONTARIO LOOKING AFTER CHILDREN DATA SET

5.1 Evaluation of the Ontario Looking After Children Data Set

The Ontario Looking after Children (OnLAC) data set is a compilation of the standardized Assessment and Action Record (AAR) data that CAS's annually complete on each child who is in care for one year or more.

The AAR is an on-going assessment of the needs and developmental outcomes of children and youth in care across Ontario. It tracks and monitors the developmental trajectories of children and youth in care across seven developmental domains: 1) health, 2) education, 3) identity, 4) family and social relationships, 6) emotional and behavioural development, and 7) self-care skills. The utility of the data set is summarized in Appendix D.

5.2 Assessment of Data Set Strengths/ Limitations

Many outcomes designed to examine possible changes in intake, services and legal patterns since the implementation of the Transformation Agenda focus exclusively on organization-level outcomes (e.g., intake statistics specific to each organization). As such, the Ontario Looking after Children (OnLAC) data set is limited in monitoring and tracking these outcomes. However, the OnLAC data set does provide some suggestive evidence of changes in child outcomes in children and youth in-care (CIC) across pre-transformation and transformation-implementation periods. As well, results in using the Looking After Children Model are being examined in other jurisdictions.

5.3 Data Analysis

Similar to the prior analyses using the OACAS Financial and Service data set, the OnLAC data set was divided into pre-transformation and transformation-implementation data. The two time points were then statistically compared to examine whether there were significant differences in psychosocial functioning in CIC since the implementation of the Transformation Agenda in 2006.

Data from children in care (CIC) between 10-15 years of age were included as that cohort is one with the largest sample age group of CIC. Given the scope of the current report, only several key outcomes from different measures were selected:

- Anxiety
- Pro-social behaviours,
- Conduct/externalizing behaviours

Measures assessing these constructs differed across OnLAC data sets. Therefore, various measures were drawn from multiple sources.



For 2003-2004 and 2006-2007, youth's report on existing instruments that assessed pro-social behaviours, conduct/externalizing behaviours and anxiety were used.

These measures that have been widely used in epidemiological studies in Canada (NLSCY, 1999) and scales showed acceptable reliability (α ranged between .72 - .81).



For 2007-2008 and 2008-2009, parental report on children's pro-social behaviours, conduct/externalizing behaviours and anxiety measured through the Strengths and Difficulties Questionnaire (Goodman, Ford, Simmons, Gatwards, & Meltzer, 2000) was used. Scales also showed acceptable reliability (α ranged between .71 - .87).

****Note: Data from 2009-2010 are not included as OnLAC data for that year had not been released at the time of this analysis.*

Although in subsequent analyses measures were drawn from different respondents, acceptable levels of reliability and validity of these scales suggests that the same construct are being measured. However, youth and parent reports need to be compared across the same children/youth in order to establish this. Given the limited access to the OnLAC data set, this was not examined.

Pre-transformation and transformation-implementation data were defined and analyzed in the same way (i.e., analyses compared pre-transformation data to an average composite transformation-implementation score). Given that these measures operated on different metrics, all scores were standardized prior to analysis.

Again, one-sample t-tests were used to compare proportionate scores across the two time periods. Although results cannot speak to the causal effects of the Transformation Agenda (e.g., differences between pre-transformation and transformation implementation is due to the Transformation Agenda), findings do help us understand how trends in child outcomes have changed across time periods.

5.4 Measuring Children in Care Pre to Post Transformation on Levels of Anxiety, Pro-Social Behaviours and Conduct/Externalizing Behaviours

5.4.1 Anxiety

Changes in Children In Care's level of anxiety were examined from pre-transformation (2003/04) to transformation implementation (2006-2009). Since both parental and youth reports were used, all scores were standardized so that all constructs were measured with the same metric.

- ❖ Results suggested that anxiety scores for CICs were marginally higher pre-transformation ($M_{score} = 1.22$) than after the implementation of the Transformation Agenda ($M_{score} = -.41$), $t(2) = -3.92$, $p = .06$ (refer to Figure 11).



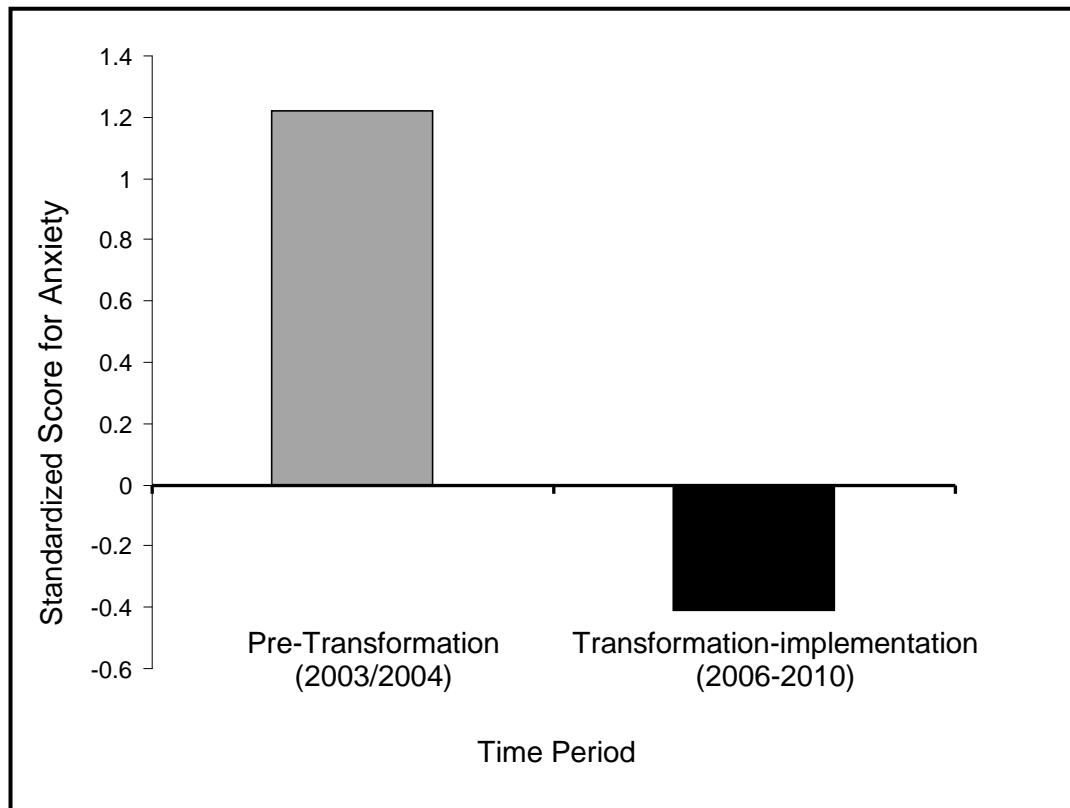


Figure 11: Standardized anxiety scores pre- and after implementation of the Transformation Agenda

5.4.2 Pro-Social Behaviour

Changes in CIC's pro-social behaviours (feeling concern and empathy for others) were compared across pre-transformation and transformation-implementation periods. Again, all scores were standardized so that all measures were based on the same metric.

- ❖ Results suggested that pro-social scores for CICs were significantly higher pre-transformation ($M_{score} = 1.31$) than during the transformation-implementation period ($M_{score} = -.44$), $t(2) = -5.03$, $p < .05$ (refer to Figure 12).

Although it is impossible to distinguish between causal effects (e.g., the implementation of the Transformation Agenda influenced care in such a way that children subsequently displayed less pro-social behaviours) from selection effects (e.g., more pro-social children were more likely to provide OnLAC data before it became mandatory in 2006), these observations suggest that CIC's pro-social behaviours may be changing over time.

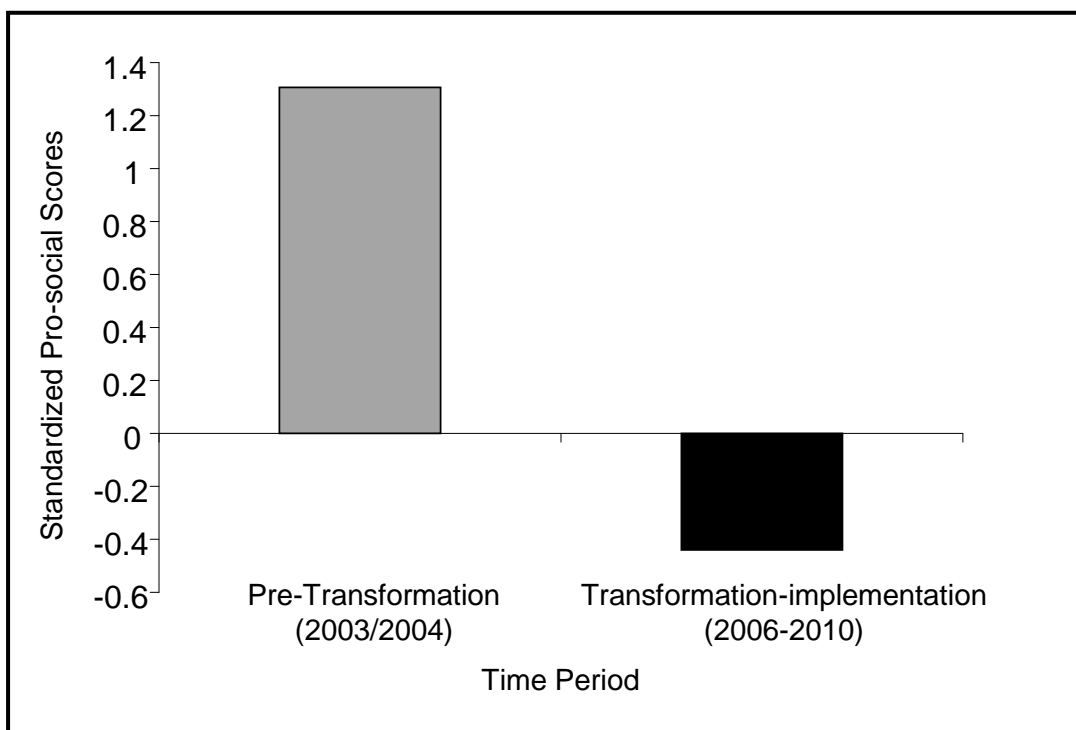


Figure 12: Standardized pro-social scores for CICs pre- and post- implementation of the transformation agenda

5.4.3 Conduct/Externalizing Behaviours

Lastly, changes in CIC's conduct problems/ externalizing behaviours were examined. Analysis did not find any evidence to suggest that conduct problems were significantly different between the pre-transformation and transformation-implementation periods.

5.5 Limitations of Analysis

When interpreting the OnLAC results, again several caveats must be noted.

Possible Selection Effects

Since collection of OnLAC data was not mandatory for each child in care until 2006, it is difficult to account for possible selection effects prior to changes in 2006 (e.g., the sample may be biased because only a convenient sample of children in-care was included).

Different Respondents Reporting on Same Outcome Variables at Different Time Points

Different respondents provided outcome information on the same child at different time points (i.e., child reports pre-transformation and parent reports after the implementation of the Transformation Agenda). Therefore, significant differences may be reflective of a greater effect rather than changes to service since the implementation of the Transformation Agenda. A more detailed analysis of the OnLAC data set will be required to address this possibility.

5.6 Summary of Analysis of OnLAC Data Set: Shifts in Child Outcomes Post Transformation

ELEMENT 1 <u>Differential Response</u>	ELEMENT 2 <u>Placement Permanency</u>	ELEMENT 3 <u>Alternatives to Court</u>
GOAL Responding effectively to the individual needs and circumstances of families through a strength-based and family-centered approach.	GOAL Enhance and expand long-term planning and permanency options that offer safe, stable and secure homes for children in care.	GOAL Reduce delays in child-welfare proceedings, including a decreased volume of cases that go to trial, and more timely resolution to court proceedings.
The Ontario Looking After Children Data Set		
Objective #1 A more balanced intake/assessment approach with more families engaged in the planning process of keeping their children safe. <ul style="list-style-type: none"> OnLAC does not provide any data that directly evaluates this objective Objective #2 Increase in community links <ul style="list-style-type: none"> OnLAC does not provide any data that directly evaluates this objective 	Objective #1 More children are placed in safe, stable homes (Pillars of Permanency) <ul style="list-style-type: none"> Preliminary evidence to suggest that after the implementation of the Transformation Agenda, CICs displayed lower levels of anxiety (mean scores were marginally significant) No significant differences in conduct behaviours Preliminary evidence to suggest that since the implementation of the Transformation Agenda, CICs displayed lower levels of pro-social behaviours (mean scores were significantly lower). More research is required to substantiate these claims 	Objective #1 Reduce delays in child-welfare proceedings and the volume of cases that go to trial. <ul style="list-style-type: none"> OnLAC does not provide any data that directly evaluates this objective

In conclusion, the OnLAC data set has potential but is limited in its ability to assess trends in service that speaks to the effectiveness of the Transformation Agenda. There is a possibility to merge the OACAS Funding and Services data set with the OnLAC data set to examine how different organizational factors can impact on child outcome. For instance, one could examine whether organizational demographics (e.g., budget, geographical location) is related to outcomes in CIC. However, as noted above, it will be difficult to examine specific organizational processes that can account for differences in CIC outcomes given the lack of process-focused data in the Funding and Services data set. Nevertheless, future research and data collection may include addressing these limitations.

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APPENDIX A

Project Deliverables

As detailed in the OACAS *Call for Proposals*, the following is included under project deliverables:

- Phase I: Develop a project plan to achieve all deliverables August 2010
- Phase II: Prepare a summary of stated CW-TA goals & intended outcomes of CW-TA
- Phase III: Develop (with assistance of the Steering Committee) an inventory or list of data sources relevant to the identified CW-TA goals as well as objectives and their outcomes
- Phase IV: Prepare a draft Interim Report that maps CW-TA goals to data sources to current outcomes; include analysis of ability of data source to measure CW-TA changes
- Phase V: Focus group or key informant discussion /or member checking approach of the draft Interim Report's findings with key stakeholders
- Phase VI: Present final Interim Report that has been processed for approval March 2011

APPENDIX B

Environmental Scan

This environmental scan is intended to provide the broader social, economic and national child maltreatment context as a counterpoint for the results presented in this report. Understanding the broader context is important for both interpreting the findings and recognizing the limitations of this analysis. The goal of this section is to give a more comprehensive context on the social and economic factors that impact child maltreatment in Canada, and of greater relevance for this report, Ontario. The aim is to describe key contextual factors in order to understand the trends seen before and after the implementation of Ontario's Transformation Agenda. Note the breadth of the scan is contained to reporting on data related to the project's elements of Transformation that are being evaluated: differential response, permanency and alternatives to court processes.

In this section, child maltreatment rates are provided at the Canadian level. The *2008 Ontario Incidence Study of Reported Child Abuse and Neglect* (OIS-2008; Fallon et al., in press) data and report have not yet been released by MCYS. It is anticipated that the report, as well as associated secondary data analyses, will be released sometime in 2011. Where relevant, rates from the United States are reported. Pertinent societal level characteristics including child population statistics, and relevant factors in the child welfare literature such as education, poverty and income are highlighted.

Child Maltreatment Rates: Canada

Canadian Incidence Study of Reported Child Abuse and Neglect (CIS) measures the incidence of reported child maltreatment in Canada. According to the most the recent *CIS* data (*CIS 2008*):

Investigations & Transfer to Ongoing Services

- Rates of reported maltreatment remained essentially the same (*CIS-2008*) across the last two reporting periods (2003 to 2008). In 2003, 235,315 investigations were conducted at a rate of 38.3/1000 children vs. 2008, 235,842 investigations were conducted at a rate of 39.16/1000 children (Trocmé et al., 2010);
- A non-significant decline in substantiated (or verified) maltreatment and risk of future maltreatment from 18.67 in 2003 to 16.19 per 1,000 children in 2008;
- Neglect (34%) and exposure to domestic violence (34%) were the main reasons for investigations across Canada, for a total of 68% of cases. The most frequently substantiated type of maltreatment in *CIS-2008*: *Exposure to Intimate Partner Violence*.
- A decrease in the incidence of investigations remaining open for ongoing services from investigations from 11.73/1000 children in 2003 to 10.41/1000 children in 2008.

Table 1: Provision of Ongoing Services Following an Investigation in Child Maltreatment Investigations in Canada in 1998 and 2003 and in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008, pg. 27 Table 3-5, (Trocmé et al., 2010);

Provision of ongoing services	1998			2003			2008		
	# of Investigations	Rate per 1000 children	%	# of Investigations	Rate per 1000 children	%	# of Investigations	Rate per 1000 children	%
Case to stay open for ongoing services	45,814	7.27	35%	72,023	11.73	29%	62,715	10.41	27%
Case to be closed	85,131	13.51	65%	163,117	26.57	71%	172,782	28.70	73%
Total Investigations	130,945	20.78	100%	235,140	38.30	100%	235,497	39.11	100%

Differential Response

While CIS-2008 did collect data on differential response (e.g. customized vs. traditional investigation) that variable was not included in the CIS-2008 Final Report; it will be reported in the OIS-2008 Report, which to date has not been released by MCYS.

Child Placement During Investigation

CIS tracked out-of-home placements that occurred at any time during the investigation. Workers were asked to specify the type of placement. In cases where there may have been more than one type of placement, workers were asked to indicate the setting where the child spent the most time. Seven placement categories were combined into four for the purpose of 2008 CIS analysis:

- 1 -Child remained at home No placement required or considered
- 2- Child with relative Not a formal child welfare placement
- 3- Foster care Includes kinship and non-kinship family care
- 4 -Group care Includes group or residential/secure treatment

Analysis of the CIS 2008 found (see Table X) little change in placement rates during the investigation phase across the last two cycles of CIS (2003, 2008). That said, there has been an increase in the total number of *informal placements of children with relatives*. Due to the limitations with some of the 2003 data it was not possible to test significance.

Table 2 Placement in Child Maltreatment Investigations in Canada in 1998 and 2003 and in Child Maltreatment Investigations and Risk of Future Maltreatment Investigations in Canada in 2008, pg. 27 Table 3-6, (Trocmé et al., 2010);

Placement Status	1998			2003			2008		
	# of Invest-igations	Rate per 1000 children	%	# of Invest-igations	Rate per 1000 children	%	# of Invest-igations	Rate per 1000 children	%
<i>Child remained at home</i>	117,712	18.68	87%	216,724	35.50	92%	215,878	35.85	92%
<i>Informal kinship Care (child with relative)</i>	5,851	0.93	4%	7,122	1.16	3%	8,713	1.45	4%
<i>Foster care (kin & non-kin)</i>	8,835	1.40	7%	8,533	1.39	4%	9,454	1.57	4%
<i>Group care/ residential treatment</i>	2,168	0.34	2%	2,766	0.45	1%	1,432	0.24	0%
<i>Total Investigations</i>	130,945	20.78	100%	235,140	38.30	100%	235,497	39.11	100%

Child Placement in Informal Kinship

While the number and rate of children placed in informal kinship care has steadily increased in Canada in the decade between 1998 (5,851) and 2008 (8,713), as an overall percentage of investigations it has not changed at 4%.

	1998	2003	2008
% Investigations	4.0%	3%	3.8%
# Investigations	5,851	7,122	8,713
Rate of investigations	0.93/1000	1.16/1000	1.45/1000

Aboriginal Child Welfare in Canada

There are more First Nations children in child welfare care today than ever before (Blackstock, 2003). According to the CIS-2003, neglect is the most prominent form of substantiated child maltreatment among Aboriginal families; Aboriginal children experience higher rates of ongoing service, child welfare court intervention, and placement than non-Aboriginal children (Trocmé et al., 2005).

CIS-2008 found 22% of substantiated investigations involve Aboriginal children while only 6% of Canada's child population (0-15) is Aboriginal (Trocmé et al., 2010). Twenty-three Aboriginal sites participated in the national CIS-2008. This First Nations component of the study will be released in 2011 with adherence to the OCAP principles (Ownership, Control, Access and Possession).

First Nations organizations in Canada filed a human rights complaint alleging that the government of Canada is discriminating against First Nations children on the basis of race and national ethnic origin (Blackstock, 2011). The allegation is that children on reserve receive less child welfare funding than other children in Canada despite higher needs. Estimates are that First Nations children on reserves receive 22% less per capita in child welfare funding than other children

(McDonald & Ladd, 2000). First Nations children are also under-funded in terms of education, housing and publicly funded voluntary sector supports (Blackstock, 2007; 2008).

The income gap between Aboriginals and non-Aboriginals is 29% higher for the later group; 2006 Census data found the average full-time income for aboriginal people was \$39,980 compared to \$51,505 for non-Aboriginals.

Child Maltreatment Rates: United States

NCANDS (National Child Abuse and Neglect Data System)

This national database collects child maltreatment data for the United States. *NCANDS* obtains its data directly from local and state child protection agencies. It is mandatory for all states to participate annually.

- Rates of reported child victimization rates declined across the last two reporting periods 2005 and 2009, dropping from 12.0 in 2005 to 10.1 per 1,000 children in 2009 (U.S. Department of Health and Human Services, 2010).
- Most frequently reported type of maltreatment: *Neglect*. Note: Unlike Canada, the USA does not classify cases under *exposure to intimate partner violence* - these cases are likely subsumed under *neglect*.

NIS (National Incidence Study of Reported Child Abuse and Neglect)

NIS is another national American database that measures the incidence and prevalence of child maltreatment in the United States. To date, there have been four NIS studies:

NIS-1 done in 1979/80; reported in 1981	NIS-3 done in 1993/95; reported in 1996
NIS-2 done in 1986/87; reported in 1988	NIS-4 done in 2005/06; reported in 2010

NIS-4 collected data from a nationally representative sample of 122 U.S. counties; it collects data from child protection agencies and other key stakeholders that see victims of child maltreatment (i.e., public health, public housing, juvenile probation, police, mental health agencies, schools, hospitals, daycare centres, shelters, etc.). *NIS-4* found:

- Overall decrease in the incidence of child maltreatment under their 'Harm Standard' (from 23.1 per thousand to 17.1 per 1,000 children).
- Significant decrease in child maltreatment types: physical abuse, sexual abuse, psychological maltreatment
- Significant increase in emotional
- No statistically significant change under 'Endangerment Standard' - includes 'risk of harm'.

Child Maltreatment Rates: North America Summary

	1995	2003	2005	2008	2009	Direction of Rate of Incidence of Child Abuse/Neglect
CIS		18.67/1000		16.19/1000		↓ < 2.5/1000 NS
NCANDS			12.00/1000		10.10/1000	↓ < 1.9/1000
NIS	23.1/1000		17.1/1000			↓ < 6.0/1000

Taken together, current statistics from Canada suggest that while the incidence of substantiated or verified child maltreatment has declined slightly between 2003 to 2008, it is a non-significant (NS) drop.

David Finkelhor, a leading international child maltreatment researcher in the United States has claimed that there are a wide variety of explanations for changes in child maltreatment rates. Reasons include but are not limited to changes in: demography, fertility, abortion legalization, economics, incarceration of offenders, increased agents of social intervention, changing social norms, and psychiatric pharmacology (Finkelhor & Jones, 2006).

In sum, there is not a substantiated rationale in the extant literature as to the reasons for the decline.

Canadian Newcomers

Settlement Preference: Central Ontario

The latest census estimated that 1,110,000 immigrants came to Canada between January 1, 2001 and May 16, 2006. These newcomers made up 17.9% of the total foreign-born population, or 3.6% of Canada's total population of 31.2 million. Canada's foreign-born population increased by 13.6%. This was four times higher than the growth rate of 3.3% for the Canadian-born population during the same period.

Immigrants make up about two-thirds of Canada's population growth, with nearly 70% per cent in 2006 choosing to settle in one of three large urban centres: Toronto, Ontario; Vancouver, British Columbia; and Montreal, Quebec, Montreal. Comparably, only 27% of Canada's total population lived in these three metropolitan areas.

Over half (55%) of these highly skilled newcomers reside in Ontario, making the province the top choice for immigrants coming to Canada. Traditionally, most newcomers (55%) have been drawn to the Greater Toronto Area to settle, largely because of the city's settlement services, job opportunities and multicultural makeup of its residents. Peel, York and Halton saw a huge influx of newcomers who were attracted to more affordable housing, making these locales the fastest growing in the province. Cities such as Ottawa, Hamilton, Kitchener, London and Windsor are also places favoured by newcomers to live. In a recent 2009 analysis, an overwhelming majority of immigrants called central Ontario home (831,975 people) compared to 4,850 newcomers settling in northern Ontario (Statistics Canada, 2006).

Canadian Politics & Settlement Issues

In 2004, Stephen Harper was elected as the leader of the Conservative government. In 2006, he was elected as Prime Minister of Canada with a minority government and re-elected with the same mandate in 2008. Generally, the Conservative Party favours lower taxes, smaller government, more decentralization of federal government powers to the provinces and a tougher stand on "law and order" issues.

While child protection / child welfare is a provincial matter, most recently, the Harper government made significant cuts in the form of a \$53 million reduction to settlement programs across Canada, excluding Quebec. More than \$43 million of that cut will come from Ontario, which will see its 2011 settlement funding down to \$344 million. These cuts will have an adverse impact on Ontario, especially the Greater Toronto/Central Ontario area where the preponderance of newcomers lives. The degree of the impact of these devastating cuts on child protection services, given the higher poverty rate for newcomers (see 2.5.1), is not known.

"There is no capacity and no plan to transition vulnerable people and their families from these agencies to other places. They are being abandoned by the federal government," said Liberal MP Gerard Kennedy. "We feel that this is a very cynical, political manoeuvre."

The Opposition party is demanding the government reverse the cuts, a call echoed by Queen's Park. However, Minister Jason Kenney said the number of immigrants settling in Ontario has dropped over the last five years, from 145,000 to 106,000, and the funding level must be adjusted to reflect the change.

Critics argue that the numbers miss the mark because many newcomers land in other provinces but end up moving to Ontario. Ottawa only spends \$3,400 per immigrant in Ontario, far below the \$5,000 Quebec gets.

Canadian Economy

Income / Child Poverty

There are two points to be made regarding the Ontario economy. One, the Ontario economy is still recovering from the 2008/09 recession and moderate growth is anticipated over the next two to three years; and two, families and the children in those families that are defined as low-income, working poor, and those on Ontario Works, continue to fare poorly.

Related to the second point, according to the *NIS-4*, children in low SES (socioeconomic) households had significantly higher maltreatment rates than other children. Also, children with no parent in the labour force or with an unemployed parent had significantly higher maltreatment rates than children with employed parents. The *2010 Report Card on Child Poverty in Ontario* found almost one-third of all low income children live in working poor families. For these families parents often struggle with only being able to secure temp or contract jobs that afford low wages and no benefits. Across Canada about 606,000 children younger than 18 lived in low-income

families in 2008, unchanged from 2007 but fewer than the 854,000 in 2003. The percentage of children in low-income families was 9.0% in 2008, half the 1996 peak of 18% (Statistics Canada, 2010a). That said, the *2010 Report Card on Child Poverty in Ontario* notes that Ontario's child poverty rate is on the rise with more than 1 in every 6 children growing up in a low income household (Ontario Campaign 2000). The health risks associated with low income have been well established in the research literature (Community Social Planning Council of Toronto et al., 2009).

Regarding the economy, the effects of the ongoing 2008 recession negatively impacted income. Median after-tax income for Canadian families of two or more persons was \$63,900 in 2008, unchanged from 2007, and this was the first year since 2003, with no notable increase (Statistics Canada, 2010a). According to Statistics Canada, Ontario's unemployment rate reached 9.6% in the summer of 2009, the highest rate in fifteen years, at a time when the national average was 8.6%.

Certain communities in Southern Ontario, particularly in the southwestern area, had very high unemployment figures: Windsor, 14.4%; St. Catharines-Niagara, 10.9%; London, 10.4%; and Kitchener, 9.9%. While the recession of 2008 resulted in significant job losses in Ontario, mostly in the manufacturing areas, the positive news is that since May 2009 employment has increased by 2.9 per cent or 186,100 net new jobs in Ontario. As of October 2010, Ontario has regained 75 per cent of the jobs lost during the global recession and job growth in Ontario is above that of the United States as a whole. Overall, small, moderate steady growth is anticipated from Ontario's economy over the next few years (Minister of Finance, Ontario, Nov. 18, 2010).

Ontario Economic Outlook (Per Cent)									
	2005	2006	2007	2008	2009	2010 ^p	2011 ^p	2012 ^p	2013 ^p
Real GDP Growth	2.9	2.4	2.0	(0.9)	(3.6)	3.2	2.2	2.5	2.7
Nominal GDP Growth	4.1	4.1	4.2	0.1	(1.1)	5.6	4.1	4.5	4.6
Employment Growth	1.3	1.5	1.6	1.4	(2.4)	1.7	1.7	1.8	1.9
CPI Inflation	2.2	1.8	1.8	2.3	0.4	2.3	2.1	2.0	2.0

- p = Ministry of Finance planning projection.
- Sources: Statistics Canada and Ontario Ministry of Finance.

Ontario's Child Population

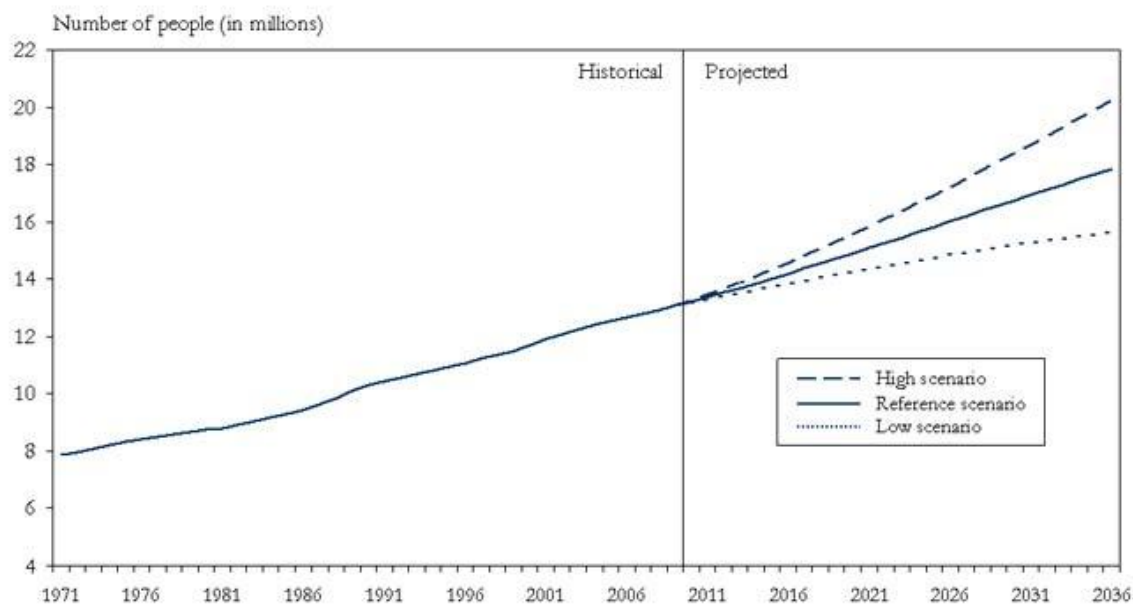
Overall, the child population will continue to grow very slowly as Ontario's population grows, but its share in the overall population is in decline.

- Between Census 2001 and 2006, Ontario's child population (0 to 15 years) decreased; as a share of the population, the percentage of children is expected to continue to decline from 16.9% in 2009 to 16.2% in 2015 and rise slightly to 16.5% over 2015 to 2026 and then decline again to 15.9% by 2036. By 2036 the share of children in every region is projected to be slightly lower than it is today.
- While the share of children is expected to decrease the number of children aged 0–14 is projected to increase in all broad regions of Southern Ontario but to continue declining in the North over the projection period. In 2009, the region with the highest share of children was the Northwest at 17.5 per cent; the Northeast had the lowest share at 15.1 per cent. By 2036, the Northeast will remain the region with the lowest share of children at 13.2 per cent while the highest share will be found in the GTA at 16.5 per cent.
- The suburban GTA census divisions, along with Ottawa, are projected to record the highest growth in number of children aged 0–14 over the 2009–2036 period, with Halton seeing the most growth at 76.1 per cent. Conversely, most rural and northern census divisions are projected to have significantly fewer children by 2036, with the largest declines in the North. However, most census divisions are projected to see only a slight decrease in the share of children in their population. In 2009, the highest share of children was found in Kenora at 22.0 per cent and the lowest share in Haliburton at 11.6 per cent. By 2036, Kenora is projected to still have the highest share of children at 20.0 per cent while Prince Edward will have the lowest at 9.5 per cent.

Ontario's General Population

- Between the pre Transformation period (2003/04) and the post Transformation period (2009/10), Ontario's populace went from 12.2 million to 13 million. Ontario's population is projected to experience healthy growth over the next 27 years, rising 36.6 per cent, or nearly 4.8 million, from an estimated 13.1 million on July 1, 2009 to 17.8 million by July 1, 2036. Between 2010-2020, the number of children aged 0–14 in Ontario will be relatively stable around 2.3 million, before rising to almost 2.8 million by 2036.
- The Greater Toronto Area (GTA) is projected to be the fastest growing region of the province, with its population increasing by 3.0 million, or 49.5 per cent, to 2036. The GTA's share of provincial population is projected to rise from 46.8 per cent in 2009 to 51.2 per cent in 2036.
- The other regions of the province will grow more slowly than the GTA. The Northwest region is projected to experience a small decline. Central Ontario is projected to maintain its share of Ontario population, while the East, Southwest and Northern regions are projected to see their shares decline gradually.

Chart 1

Ontario population, 1971 to 2036

Sources: Statistics Canada, 1971–2009, and Ontario Ministry of Finance projections.

- The share of the population in Ontario across regions is slowly waning in range where nearly half (46.8%) by 2009 are living in the GTA; by 2036 it is anticipated that over half (51.2%) of Ontario residents will reside in the GTA.

Table A Population Shares of Ontario Regions, 1986 to 2036

Share of Ontario Population (%)	1986	1996	2009	2016	2026	2036	Direction
GTA	41.4	43.0	46.8	48.2	49.8	51.2	Up
Central	21.8	22.2	21.8	21.5	21.4	21.4	Same
East	14.0	13.8	13.1	12.9	12.6	12.3	Down
Southwest	14.1	13.4	12.2	11.7	11.0	10.5	Down
Northeast	6.2	5.4	4.3	4.0	3.6	3.3	Down
Northwest	2.6	2.3	1.8	1.7	1.5	1.3	Down

Sources: Statistics Canada, 1986–2009, and Ontario Ministry of Finance projections.

Education

- Canada has one of the highest rates of immigration per capita in the world, with 40,000 immigrant children joining its public schools each year. Ontario, Canada's largest province attracts a high percentage of immigrants.
- With a population of 13 million residents in 2010, Ontario accounts for 40% of the Canada's population. Four out-of-five (80%) of Ontario school students are in metropolitan areas. Ontario has around 5,000 schools for the 2 million students.
- One-in-four students in Ontario (25%) were born outside of Canada; today, most immigrants come from Asia and the developing world, and 80% are non-English speaking.
- Between 2003 and 2010, Ontario's high-school graduation rate rose from 68% to 79%; with graduation rates on the rise the corollary is the drop-out rates have been in decline for both young men and women (Statistics Canada, 2010b). Between 1998 and 2008 the percentage of adults aged 25-64 with "below upper secondary attainment or less than high school completion" declined steadily from 21% to 13%. While 14% did not complete high school in 2003, this dropped to 11% by 2008.
- 43.7% of aboriginal peoples have less than a high school diploma compared to 23.1% of non-aboriginals; six out of 10 youth living on reserve do not graduate from high school (Statistics Canada, 2006).
- In 2007 and 2009, OACAS conducted the Gateway to Success surveys regarding graduation rates for in-care youth. 2007 analysis found only 42% of Crown wards and former Crown wards graduated high school and just 21% enrolled in a postsecondary education – a rate significantly lower than their community peers. Of the 21% who enrolled in a postsecondary institution most (84%) selected the college route vs. their community peers who chose a university path.
- In 2007, approximately 14% of youth in care, under age 18, were not attending any schooling. The 2009 survey posted slight gains in graduation rates (up 2% to 44%) for Crown wards and a slight rise in enrollment in post secondary settings (up 2% to 23%); the largest gains were noted in the drastic decline in youth not attending school (down to 7% from 14%) and a rise in those attending university settings (up to 21% from 16%).

Justice System

Police-reported crime in Canada continues to decline. Both the severity and the volume of crime dropped in 2009, continuing the general decrease seen over the past decade (Dauvergne & Turner, 2010).

Police-reported spousal violence has steadily declined over the past 10 years, decreasing 15% between 1998 and 2007 (Statistics Canada, 2009); this statistic is concerning and is in direct contradiction to the rise in the number of child welfare cases in the comparable period where the primary reason for service is now: *Exposure to Intimate Partner Violence*. Commencing in 2011, OACAS will be providing provincial training to all child welfare workers on *Women Abuse & Child*

Safety, as the concern that women abuse is shadowed by the vernacular used – domestic violence (DV) – when 95% of the DV incidents are against women.

Mediation

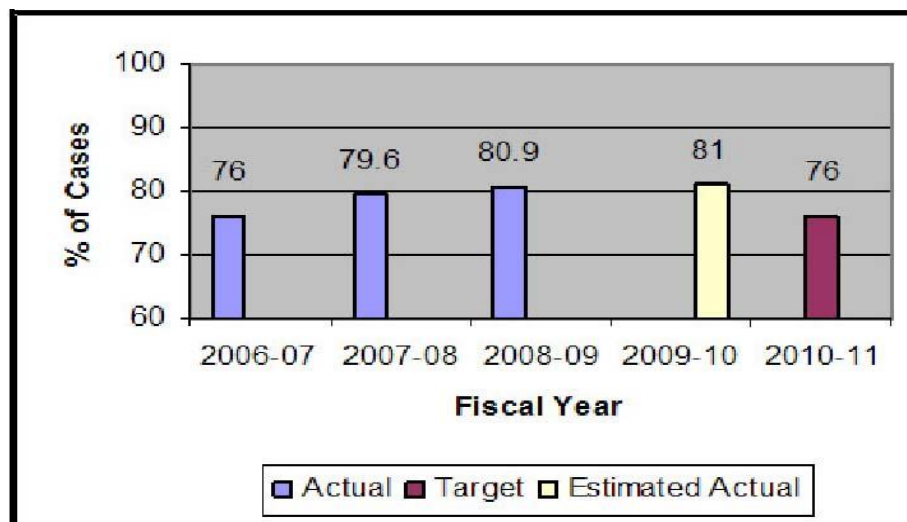
Ontario Domestic Violence (DV) Courts initiative started in 1997; it has the following objectives:

- 1) To intervene early in domestic abuse situations;
- 2) To provide better support to victims of DV throughout the criminal justice process;
- 3) To more effectively prosecute domestic violence cases;
- 4) To hold offenders accountable for their behaviour if found guilty of a DV related offence.

This component of the Ontario Domestic Violence Courts Initiative is designed for situations where both the accused and the victim express a desire to reconcile, provided certain conditions are met. To be eligible, the accused must meet the following criteria: a) no prior conviction for a domestic violence-related offence; b) no use of a weapon in the commission of the offence; and c) no significant harm caused to the victim.

At the time of the incident, the police provide the victim with an information card, containing emergency phone numbers, community resources, and details of the Victim/ Witness Assistance Program (V/WAP) and the DVC process. A Crown specializing in domestic violence cases screens the case for eligibility, and V/WAP consults with the victim. If eligible, the accused can opt to plead guilty, and be ordered by the court to attend a Partner Assault Response (PAR) program as a condition of bail. During treatment, the program maintains contact with the victim to assess the offender's progress and to ensure the victim's safety. The Crown may consent to a request to vary, on an interim basis, the non-contact /non-communication bail conditions where the accused has a positive interim report from the program, and where the victim consents to the variation.

Since 2006, the Ontario Ministry of the Attorney General (2011) notes the percentage of cases that proceeded to Family Mediation that were fully or partially settled has been increasing (see table below). In Dec. 2010, Ontario's *Attorney General*, Chris Bentley, announced at the Ontario Bar Association that the province is expanding their "successful" mediation pilot project to all 49 courts in Ontario by the summer of 2011 (Toronto Star, 2010).



APPENDIX C

OACAS Funding and Services Data Set

General Information	
Developers/Authors	<p>Ontario Association for Children Aid Societies in Ontario</p> <p>Steve Woodman Director of Corporate Services Ontario Association of Children's Aid Societies 75 Front Street East, 2nd Floor, Toronto, M5E 1V9 (416) 987-7725 x3690</p> <p>Maria Harlick Senior Data / Policy Analyst Ontario Association of Children's Aid Societies 75 Front Street East, 2nd Floor, Toronto, M5E 1V9 (416) 987-9547 or Toll Free at 1-(800)-718-1797 ext 9547 www.oacas.org</p>
Frequency of Data Collection	Collected quarterly from each of the 51 of the 53 Ontario children's aid societies <ul style="list-style-type: none"> Individual CAS; quarterly excel files
Type of Data	Cross-sectional and longitudinal data are available for the following types of variables: <ul style="list-style-type: none"> Intake variables (e.g., opened cases, re-opened cases) Service variables (e.g., number of children placed in regular foster care, number of children served) Legal/Travel variables (e.g., number of new protection applications, number of cases referred to ADR method) Financial variables (e.g. yearly expenditures)
Informants	Administrator from each society
Cross-sectional data available For Interim Transformation in Transition Report	2003-2004: data collected across 50 agencies in Ontario 2005-2006: data collected across 50 agencies in Ontario 2006-2007: data collected across 50 agencies in Ontario 2007-2008: data collected across 51 agencies in Ontario 2008-2009: data collected across 51 agencies in Ontario 2009-2010: data collected across 51 agencies in Ontario
Longitudinal data available	<ul style="list-style-type: none"> 100 % have been followed-up at least three time points 92 % have been followed-up over six or more time points
Utility of Data Set to Other Data sets	Data can be merged with the Ontario Looking After Children data set and the Crown Ward Review data set
Measured Constructs	
Intake Constructs Measured	The following intake constructs are measured: <ul style="list-style-type: none"> Aggregate yearly intake statistics (e.g., total # of referrals, total completed investigations, total completed investigations) Re-openings (e.g., cases re-opened)

Service Constructs Measured	<p>The following service constructs are measured:</p> <ul style="list-style-type: none"> • On-going support services • Family services • Non-residential client services • Children in-care • Foster Units • Kin in Care • Residential Client Services • Adoption (e.g., probation, staffing, services) • Admissions into Care
Legal/Travel Constructs	<p>The following legal constructs are measured:</p> <ul style="list-style-type: none"> • Legal services • Travel services
Financial Constructs	<p>In addition to yearly expenditures and funding eligibility associated with intake, service and legal/travel constructs, the Funding and Services data set includes financial information in the following areas:</p> <ul style="list-style-type: none"> • Boarding Rates • Infrastructure and Administrative Support Services
Method of Administration	<p>Data is collected by OACAS on a quarterly basis. A request for data is sent to the Executive Director from each society from OACAS. Data is collected across departments and the Funding and Services dataset is compiled by OACAS.</p>
Costs, Availability and Permission to Use	<p>Accessibility of the Funding and Services data set is governed and monitored by the Ontario Association for Children's Aid Societies. For external researchers who wish to access the data set, they must contact Maria Harlick or Steve Woodman for additional instructions. There are no known costs associated with using the Funding and Services data set although permission from OACAS must be obtained.</p> <p>**OACAS <u>must</u> be consulted prior to linking the Funding and Services data set with other data sets (e.g., OnLAC data set).</p>
Examiner Qualifications and Training Requirements	<p>Individuals with a range of statistical knowledge and experience using Excel, SPSS or other statistical software can use the Funding and Services data set. Depending on the complexity of data analysis, it is recommended that individuals should have at least a Master's degree (depending on the complexity of data analysis). Working knowledge of processes (e.g., intake, family services) associated with the child-welfare sector will be an asset when using this data set. Terms used to label different constructs are specific to the child-welfare sector and refer to specific processes that may be unfamiliar to others from different disciplines.</p> <p>**It is recommended that a glossary of terms be included with each data set that can help with interpretation of technical terms used throughout the data set. Consistency across variables measured over time will also aid in the interpretation of the data.</p>

Technical Information	
Uses	<p>The Funding and Services data set provides aggregate data at the society and provincial level. Possible analyses range from general exploratory analysis (e.g., descriptive) to longitudinal analysis of data. Given the relatively small number of societies who contributed to the Funding and Services data set, longitudinal analysis may be limited to simpler models (e.g., regression models). However, this will be determined on a project-to-project basis.</p> <p>The Funding and Services data set can be used to monitor and track changes in intake, service, financial and legal processes. Possible research questions that can be addressed with this data set includes (but not limited to):</p> <ul style="list-style-type: none"> • Descriptive and changes in trends (e.g., How many children in-care are placed in regular foster care? How has the total number of families served changed over time?) • Associations between intake, service, financial/travel and legal constructs (e.g., Is the number of opened cases related to the number of children who are admitted into care?) <p>Considering that the Funding and Services data set provides data at the society-level, combining this data set with others that assess child outcomes can allow researchers to examine how agency variables influence child-outcomes. This can help understand how organizational variables can influence child adjustment.</p>
Applicability to Professionals	<ul style="list-style-type: none"> • Researchers/students • Child-welfare administrators and policy makers
Applicability to other sectors	<ul style="list-style-type: none"> • Child welfare • Child mental health • Health care • Education
Applicability to other disciplines	<ul style="list-style-type: none"> • Social work • Psychology • Public Health • Epidemiology • Medicine • Education

APPENDIX D

Ontario Looking After Children Data Set

General Information	
Developers	<p>The OnLAC Project Research Team Dr. Robert Flynn, Principal Investigator Telephone : 613-562-5800 ext. 1855 Telephone : 613-562-5188 E-Mail Address : Robert.Flynn@uOttawa.ca</p> <p>Meagan Miller Research Coordinator E-Mail Address : mmiller@uottawa.ca</p> <p>Ontario Association for Children Aid Societies in Ontario Dr. Bernadette Gallagher, Director of Education Telephone: (416) 987-3572 1.800.718.1797 (3572) Fax: (416) 366-8317 Email Address: BGallagher@oacas.org</p>
Population for which designed	OnLAC data assesses developmental outcomes in children and youth in care. OnLAC also includes various worker and foster family-specific measures that can also be used to examine contextual influences on children's outcomes.
Frequency of Data Collection	Collected yearly for each child across the province of Ontario that has been in care for one consecutive year. The completion of the AAR for each child in care was mandated in 2006 in which the OnLAC data set captures data from all children in care in care for one year or more across the province.
Type of Data	<ul style="list-style-type: none"> • Cross-sectional and longitudinal • Child-welfare worker variables (e.g., worker education, length of time in child welfare) • Foster caregiver variables (e.g., foster parent gender, health status of foster parent) • Various child outcome measures
Informants	Child in care Foster Caregivers Child-welfare workers
Cross-sectional data available	Yr 1 2001-2002: N= 663 AAR's collected across 23 societies Yr 2 2002-2003: N= 868 AAR's collected across 22 societies Yr 3 2003-2004: N= 665 AAR's collected across 22 societies Yr 4 2004-2005: N= 699 AAR's collected across 23 societies Yr 5 2005-2006: N= 682 AAR's collected across 20 societies Yr 6 2006-2007: N= 869 AAR's collected across 30 societies Yr 7 2007-2008: N= 2,424 AAR's collected across 39 societies Yr 8 2008-2009: N= 1,780 AAR's collected across 39 societies **Longitudinal data is also available although available data varies across years and agencies

Utility of Data set	Data can be merged with the following data sets (but not limited to): <ul style="list-style-type: none"> • National Longitudinal Survey of Children and Youth • Funding and Services Data set • Crown Ward Review Data set
Measured Constructs	
Child-welfare worker constructs	The following child-welfare worker constructs are measured: <ul style="list-style-type: none"> • Demographic information (e.g., gender, education) • Experience in child welfare (e.g., length of time in child welfare, amount of supervision, training)
Foster Caregiver Constructs	The following foster caregiver constructs are measured: <ul style="list-style-type: none"> • Demographic information (e.g., gender) • Experience in child welfare (e.g., length of time as foster parent) • Training (e.g., length, type) • Health (e.g., disability, smoking, overall health)
Child-specific Constructs	<p>(For a more detailed description of measures associated with each domain and measures available for each specific age group refer to OACAS for a copy of the tool by age group)</p> <p><u>Health</u></p> <ul style="list-style-type: none"> • General health measures (e.g., height, weight) • Prenatal history (prenatal exposure to drugs, alcohol, smoking) • Medical history (e.g., date of last physical examination, dental hygiene, psychotropic meds, immunization, hospital stays, injuries,) • Emotional health (e.g., stress symptoms) • Special needs (e.g., weight management, dietary needs) • Medical conditions (e.g., need for special equipment) • Household safety <p><u>Education</u></p> <ul style="list-style-type: none"> • General questions accessing children's literacy environment, language, formal schooling (e.g., attendance), etc. • Literacy-promoting activities • Academic outcomes (performance, behavioural and opportunity to learn) • Information on extracurricular activities • Caregiver involvement with school and other academic activities • Caregiver and child academic aspirations • School safety <p><u>Identity</u></p> <ul style="list-style-type: none"> • Demographic information (e.g., ethnicity, language abilities, involvement with birth family) • Opportunities to practice culturally relevant activities (e.g., speak first language, meet own ethnic group) • Self awareness (e.g., goals, mastery, happiness, coping skills)

	<p><u>Family and Social Relationships</u></p> <ul style="list-style-type: none"> • Demographic information (e.g., length of time in placement, number of changes in caregivers since birth, placement satisfaction) • Involvement with birth family/former foster parents • Foster parent-child relationship (e.g., parenting, parental monitoring) • Relationship with friends and social support <p><u>Social Presentation</u></p> <ul style="list-style-type: none"> • Social presentation • Physical self-esteem <p><u>Emotional and Behavioural Development</u></p> <ul style="list-style-type: none"> • Socio-emotional outcomes (e.g., aggression, pro-social, hyperactivity/inattention) • Positive/negative life experiences • Independency (e.g., involvement in community, having a drivers licence, employment, savings) <p><u>Self-care Skills</u></p> <ul style="list-style-type: none"> • Independency (e.g., involvement in community, having a drivers licence, employment, savings) • Preparation for independent living <p>At the end of each AAR, there is a developmental profile that documents the young person's opportunities (external assets) and personal strengths (internal assets). The asset profile for 5-9 year olds comprises of 36 assets, while that for those aged 10-21 years is comprised of 40 assets (refer to User Manual for AAR-C2-2006, 2006 for more information)</p>
Method of Administration	Each AAR was completed by workers, foster parents and children. The AAR is administered verbally to foster parents and children by workers over several sessions if required. Foster parents and children were interviewed together and their responses were recorded by workers. Worker-specific questions were completed by workers privately or during foster parent/child interview sessions.
Subscales	The number of subscales range depending on age groups. Please refer to Appendix A for a more detailed description of subscales associated with each domain and measures available for each specific age group.
Costs, Availability and Permission to Use	<p>Access to the OnLAC data can be granted to all internal and external researchers insofar that certain criteria are met beforehand. Depending on whether consent is requested for agency-specific or provincial-level data, there are two procedures governing the use of OnLAC data.</p> <ul style="list-style-type: none"> • <u>Agency-specific Data</u> Use of agency-specific data sets is granted by individual Children Aid Societies. Informed consent to use agency-specific data will vary depending on policies and processes at each individual society. These data sets can be used to address very specific agency-related research questions (e.g., how many children under the care of CAST

	<p>are in regular foster care placements?). Specific agencies should be contacted for further information regarding their own governance of OnLAC data.</p> <ul style="list-style-type: none"> • <u>Provincial-level Data</u> A provincial data set that merges all agency-specific data collected across each wave of data is monitored and managed by the OnLAC Project team at the University of Ottawa. The provincial data set is an aggregate of all CAS data and can be used to examine general trends, and processes related to all children in care. Agency-specific research questions cannot be addressed with this data set. The size of this provincial data set depends on the number of participating agencies for that particular year. However, in 2006, it was mandated by the provincial government where all children in care had to have yearly AAR data collected on them. The process whereby external researchers can access provincial-level data is through the OnLAC Project team. There is an existing policy that governs the use of this data set by external researcher. A copy of this protocol is attached as Appendix B. This protocol outlines the eligibility and application criteria requested by the OnLAC Project team. Following approval, a letter of understanding and oath of confidentiality is signed with the CCY Council. The timeframe for this process varies and depending on complexity of the research question and/or other demands of the OnLAC Project Research team.
Examiner Qualifications and Training Requirements	<p>Depending on the analysis, individuals with a range of statistical knowledge and experience using SPSS can use the OnLAC data set. However, it is recommended that individuals should have at least a Master's degree depending on the complexity of data analysis. It is also important to have general knowledge of how to rename and recode variables and scale construction as these skills are required to manage and clean data prior to analysis. It is also possible to convert existing SPSS files into Excel files for those who do not have resources or expertise to use SPSS for data analysis.</p> <p>Possible analyses range from general descriptive to multivariate analyses, both from a cross-sectional and longitudinal perspective. There is also flexibility to utilize more complicated statistical modelling techniques such as structure equation modeling and multi-level modeling.</p> <p>It is suggested that researchers using the OnLAC data attend yearly training and workshops that are offered by the OnLAC Project research team. Please consult with the OnLAC Project research team for upcoming dates.</p>
Technical Information	
Reliability	<p>Subscales consist of items that are meant to measure a common construct or idea. Internal reliability is an assessment of the extent to which items agree. In other words it measures whether items are measuring the construct they were designed to measure.</p> <p>Internal reliability across most subscales on the provincial OnLAC fall within acceptable range (an alpha of at least .70). Alphas for agency-</p>

	<p>specific data will need to be calculated individually. Values less than .70 suggests that items may not be assessing the same construct or idea. For domains with subscales, internal consistency are as follows:</p> <ul style="list-style-type: none"> • Education: α ranges between .64 to .92 • Identify: α ranges between .61 to .86 • Family and Social Relationships: α ranges between .59 to .87 • Emotional & Behavioural Develop: α ranges between .60 to .91 • Self Care: α ranges between .77 to .89
Validity	<p>Validity refers to whether subscales are measuring what it was intended to measure. For most subscales, validity of measures has been demonstrated with previous research. Many scales were also drawn from existing instruments that have been widely used in epidemiological studies in Canada (NLSCY, 1999) or are standardized measures commonly used in child and family research (e.g., The Strengths and Difficulty Questionnaire).</p>
Uses	<p>The OnLAC data set can be used to examine a variety of different research questions. These include (but not limited to):</p> <ul style="list-style-type: none"> • Descriptive (e.g. frequency of children in foster care, frequency of children exposed to physical abuse) • Associations between child outcomes and contextual factors (e.g., is parental negativity associated with children's externalizing behaviour?) • Patterns of change over time and causal relationships (how do children's pro-social behaviours change over time?) • Differences in developmental outcomes in children in care and children from the community (e.g., are there differences in patterns of externalizing behaviours in children in care when compared to community samples?)
Applicability to other sectors	<ul style="list-style-type: none"> • Child welfare • Child mental health • Health care • Education
Applicability to other disciplines	<ul style="list-style-type: none"> • Social work • Psychology • Public Health • Epidemiology • Medicine • Education
Other considerations	<p>There are several issues to keep in mind when using the OnLAC data set. These include (but not limited to):</p> <ul style="list-style-type: none"> • Scales and measures may be different across age groups • Variables need to be renamed and recoded prior to data analysis • Complex ethical considerations (e.g., confidentiality) when merging data across agency-wide and provincial-level data • Agency-level data is not included in the OnLAC data set <p>**These issues pertain to both agency-specific and province-level data.</p>

Resources	
Key References	Flynn. R., Vincent, C., & Legault, L. (2009). User manual for the AAR-C2_2006. Ottawa, ON: Centre for Research on Educational and Community Services, University of Ottawa.
Online References	OACAS website: http://www.oacas.org/

APPENDIX E

Canadian / Ontario Incidence Study of Reported Child Abuse and Neglect (CIS-2008) Data Set

General Information	
Developers/Authors	In order of authorship for the CIS-2008: Dr. Nico Trocmé (PI for CIS-2008 and Québec incidence study) Dr. Barbara Fallon (PI for OIS-2008; and co-investigator of the CIS-2008) Dr. Bruce MacLaurin (PI for 2008 Alberta, BC, SK incidence studies) Dr. Vandna Sinha (PI for 2008 First Nations incidence study) Dr. Tara Black (co-manager of CIS/OIS-2008) Elizabeth Fast (co-manager of CIS/OIS-2008) et. al. <i>Note: Main contact for Ontario: Dr. Barbara Fallon</i>
Description of Data set	CIS-2008 has a sample of 15,980 child maltreatment-related investigations. OIS-2008 has a sample of 7,742 child maltreatment-related investigations. Data can be weighted to produces estimates for 2008. Over 400 variables in the data set. CIS/OIS is a cross-sectional survey.
Population for which designed	Child welfare investigations. Intake workers complete the data collection form at around the 30 th day mark in the investigation. They complete a child form for each child for which they had a clinical concern.
Frequency of Data Collection	CIS has three (3) cycles of data: CIS-1998, CIS-2003, and CIS-2008. <ul style="list-style-type: none"> The year corresponds to the year that the investigations were conducted not the year of publication (e.g. CIS-2008 report was released in 2010 but data were collected in 2008 from investigations conducted in 2008). OIS has four (4) cycles of data: OIS-1993, OIS-1998, OIS-2003, and OIS-2008. <ul style="list-style-type: none"> OIS-2008 data will not be available until 2011 via MCYS.
Type of Data	SPSS data set. Mostly categorical variables.
Informants	Investigating child welfare workers.
Cross-sectional data available	CIS/OIS is a cross-sectional survey. <ul style="list-style-type: none"> Data are collected by a standardized form on sampled agencies "openings" from October 1st to December 31st of the data collection year (i.e., 1993, 1998, 2003 or 2008). For small agencies (<1,200 openings/year) all openings are selected; for larger agencies (>1,200 openings per year), 250 "openings" are randomly sampled.
Longitudinal data available	CIS/OIS cycles of data can be compared (e.g. CIS-1998 can be compared to the CIS-2003). There are some difficulties comparing the CIS-2008 data to previous cycles because of changes in definitions.
Utility of Data set	Only national data on child maltreatment in the country. Only provincial data on investigations conducted in Ontario.

Child-welfare worker constructs	<p>Data about the participating child welfare workers is available but has not been merged into the 2008 data sets.</p> <p>Investigation characteristics were collected. These include:</p> <ul style="list-style-type: none"> • Source of referral (e.g., police) • Reason for referral • Type of investigation (customized or traditional) • Case previously opened • Case will stay open or close • Referral to other services • Child welfare placement • Child welfare court • Mediation • Police involvement
Foster Caregiver Constructs	<p>None.</p> <p>However, if an investigation was completed on a foster parent, then information is available on the foster parents. Less than 1% of all substantiated investigations conducted across Canada are on foster parents (Trocmé et al., 2010; see Table 5-5 of the CIS-2008 report)</p> <ul style="list-style-type: none"> • Family-level variables were collected. These include: • Caregiver age • Caregiver sex • Caregiver's relationship to each child in the home • Primary income source (e.g., full-time employment, social assistance, etc.) • Ethno-racial status • Residential school • Language • Cooperation with investigation • Risk factors (alcohol, drug/solvent, cognitive impairment, mental health issues, physical health issues, few social supports, domestic violence, history of foster care) • Child custody dispute • Housing • Housing safety (overcrowded, accessible weapons, drugs, trafficking, home hazards) • Number of moves • Use of spanking
Child-specific Constructs	<p>Several child-level variables are collected. These include:</p> <ul style="list-style-type: none"> • Child age • Child sex • Child's relationship to caregiver(s) in the home • Aboriginal status • Child functioning issues: depression, suicidal thoughts, self-harming, ADHD, attachment, running, YCJA, intellectual disability, developmental milestones, academic difficulties, FAS, positive toxicology at birth, physical disability, alcohol or drugs) • Type of maltreatment: 32 forms under 5 categories: physical, sexual, neglect, emotional, exposure to intimate partner violence, or risk of maltreatment

	<ul style="list-style-type: none"> • Was maltreatment punishment • Duration of maltreatment • Perpetrator of maltreatment • Substantiation decision • Physical and Emotional harm
Method of Administration	Investigators for the study trained all site researchers to give the same training to child welfare workers. All child welfare workers completed training – the training included results from previous cycles of the study, and the 2008 data collection form. Child welfare workers completed the data collection form. Therefore, the data are not independently verified. For example, the caregiver risk factors and child functioning issues are the worker's judgment (though they are instructed to endorse "confirmed" if there is a diagnosis in the file).
Subscales	None. However, some researchers have used indices for caregiver risk factors and for poverty (e.g., Wekerle).
Costs, Availability, Permission to Use	Applications for the CIS data can be through the investigators (e.g., Dr. Barbara Fallon at the University of Toronto) or through the Public Health Agency of Canada (PHAC). The OIS data can be accessed via the principal investigator (e.g., Dr. Barbara Fallon).
Examiner Qualifications and Training Requirements	When analyzing the CIS or OIS data set, it is best practice to consult with the research team (i.e., Dr. Barbara Fallon). Dr. Fallon can provide assistance with weighting, comparing cycles, and statistical analyses.
Technical Information	
Reliability	Established in each cycle. See Knoke (2008) for reliability of the CIS-2003, and a technical paper submitted to PHAC in 2009 for the CIS-2008.
Uses	The CIS has been used to aid policy-makers (e.g., MCYS, the governments of Alberta, Manitoba) in their decisions about child welfare practice. For example, the 2003 cycle helped Ontario move towards a differential response model.
Applicability to other sectors	For example, Dr. Cindy Blackstock has used the data to provide evidence for the over-representation of Aboriginal children and families in the child welfare system.
Applicability to other disciplines	The CIS data set has been used by academics in medicine (e.g., Wekerle), law (e.g., Bala, Milne), psychology (e.g., Chamberland), and social work. For example, the CIS-2003 data was used to review the Supreme court's decision about section 43 of the criminal code (re: corporal punishment).
Other considerations	<p>The OIS is not being released until 2011. The data set is also not for public use before that time. The primary funder is the Ministry of Children and Youth Services.</p> <p><i>It is important to note that any changes between 2003 and 2008 cannot be directly linked to the Transformation Agenda.</i> The OIS data are cross-sectional.</p> <p>In order to determine causation, the investigator must detect and control for all variables that are possible and plausible causes of the</p>

	variables to be explained (Singleton & Straits, 2005). That is, other variables may have been the “cause” of the increase in informal kinship placements (e.g., funding, less foster placements available, less “severe” cases, etc.)
Resources	
Online References	www.cwrp.ca/cis2008

APPENDIX F

Glossary of Terms

Alternative Dispute Resolution	A strategy to streamline court processes and encourage alternatives to the use of court to resolve child welfare issues such as care and custody. It focuses on a strength-based, inclusive and collaborative approach to resolving child protection disputes and encourages the involvement and support of the family, extended family and the community in planning and decision-making for children. Examples include but are not limited to: Child Protection Mediation, Family Group Conferencing and Aboriginal Approaches.
Child Welfare	Includes the mandated agencies in Ontario that respond to reports of child abuse and neglect. In Ontario, there are 53 child welfare agencies.
Children's Aid Societies	A term many child welfare agencies use to refer to themselves, a <i>children's aid society</i> or CAS. The term connotes broader preventive and intervention services (e.g. adoption) beyond short-term protection of children.
Community Links	Enhanced community collaboration and capacity will increase the use of formal and informal community services to help families.
Court Processes	A child has legal representation in a court proceeding to protect the interests of the child.
Customized Approach	For moderate or less severe cases, where client engagement occurs and allows for collaboration in protecting children and strengthening the family.
Differential Response	The model assesses eligibility for service, safety and risk, while allowing for greater engagement with families. Refers to a more case-sensitive, customized response with a broader clinical focus that emphasizes child and family strengths and capabilities and takes a more collaborative, family-centered team decision making approach. Greater reliance on informal supports in service planning and delivery.
Intake	The traditional term used to refer to the standard child welfare response to a referral related to child maltreatment or risk of child maltreatment. The Intake response determines referral eligibility and if eligible, conducts the investigation and confirms whether it is substantiated or not, and then determining further action (e.g. close case, refer for further child welfare protection services [Ongoing]). Several terms are used to designate Intake's process: <i>traditional response</i> or <i>forensic investigation</i> vs. <i>customized response</i> .

Ongoing Protection Services Engage families in the development of a customized plan that recognizes their unique strengths, needs and resources and helping them to access the services they need. Planning for the future by supporting family reunification when that is the best plan for ensuring the child's safety and well-being.

Outcome Focused Programs, policy, funding and legislation will achieve better outcomes for children and youth involved with child welfare agencies, including in the areas of child safety, permanency and child well-being.

Permanency Planning Provide a broad range of care options to achieve a permanent placement for a child that will ensure their safety, stability and attachment. A continuum of options include: admission prevention, kinship service, kinship care, customary care, legal custody, foster care and adoption.

Placement Options:

Adoption Adoption provides a child with a family for a lifetime. A child who is adopted has the same status and rights as if he/she were born into the family.

Admission Prevention Support and assistance provided to families to prevent a child coming into care. Examples of support could include: temporary financial assistance for clothing, rent, transportation, counselling services and connecting families with community services and supports from extended family members.

Customary Care A model that is culturally relevant for Aboriginal children and families and incorporates the unique traditions and customs of each First Nation.

No placement required No placement is required following the investigation.

Kinship Service When a child is unable to remain in his/her immediate family's care, outreach to extended family or kin is explored. These families are assessed in accordance with MCYS provincial Kinship Service Standards. The child is not in the formal care of the child welfare agency through the child welfare agency continues to work with the family.

Informal Kinship care An informal placement has been arranged within the family support network (kinship care, extended family, traditional care); the child welfare authority does not have temporary custody. This is a Canadian reference, the term and practice is not used in Ontario.

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

Family foster care The child is in the care of the child welfare agency and placed with a foster family. In some situations, foster parents may adopt or become the legal guardians of a child who has been in their home, when such a plan is in the child's best interest.

<i>Group home Placement</i>	An out-of-home placement required in a structured group living setting.
<i>Legal Custody</i>	Provides legal guardianship of a child to a parent, extended family member, community member or resource parents. This option is designed to address the special challenges for families who make a permanent commitment to care for a child, by providing subsidies and supports, which are identified as key factors in achieving the goal of permanency.
<i>Residential/ Secure Placement</i>	Placement required in a therapeutic residential treatment centre to address the needs of the child.
<i>Youth Exiting Care</i>	Youth over age 18 are eligible for extended care and maintenance funding and emotional support until they reach the age of 21 if they are pursuing post-secondary education.
<i>Traditional Approach</i>	Where a child has sustained harm due to abuse or neglect, where the alleged abuse or neglect may result in criminal charges, or when efforts to engage the family cooperatively have failed.