Examining Child Welfare Outcomes For Asian-Canadian Children And Families: A Mixed Methods Study

by

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Abstract

This three-paper dissertation triangulated three different data sources using mixed methods to build a comprehensive understanding of Asian-Canadian households involved in the child welfare system at the national and local levels. The first paper used a mixed method approach to build a descriptive profile of Asian-Canadian households involved in the child welfare system. The results from secondary data analysis using the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) indicated substantive differences between Asian-Canadian and White-Canadian households investigated by child welfare agencies. These results were presented to focus groups consisting of child protection workers and community service providers, eliciting practice insights and improved understanding of child welfare decision-making. The second paper compared child maltreatment investigations in the CIS-2008 to Canadian Census child population data. The study found that Asian-Canadian households were under-represented in the child welfare system and had almost two times the odds of case closure after an investigation compared to White-Canadian households. Three different disparity indexes were used in the analyses: population-based, decision-based, and maltreatment-based. The results demonstrated the need for greater clarity and consistency in the definitions and methodology for
examining racial disparity in child welfare research. The third paper used administrative child welfare data from the Ontario Child Abuse and Neglect Data System (OCANDS) to examine the decision to close after investigation rather than transfer to ongoing child protection services (CPS). Compared to White-Canadian households involved in the child welfare system, Asian-Canadian households received ongoing CPS for over a month longer and were almost half as likely to be re-investigated within one year after case closure. This suggests that child protection investigations involving Asian-Canadian households may not be closed prematurely, but rather, provided the necessary intervention. Together, the three papers examine the profile of Asian-Canadian households in the child welfare system as well as child welfare decision patterns and services provided to this group. The discussion section for each paper and the dissertation’s conclusion summarizes the study results, limitations, and implications for social work and child welfare research, theory and practices.
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Chapter 1
Introduction

1.1 Background

The provinces and territories in Canada are each mandated to serve and protect children who have experienced or are at risk of maltreatment. In 2008, an estimated 236,000 child maltreatment-related investigations\(^1\) were conducted across Canada, representing a rate of 39 investigations per 1,000 children (Trocmé et al., 2010). While the child welfare system\(^2\) is a universal service for all children, however, there are differences in child welfare involvement among ethno-racial groups. In Canada, First Nations/Aboriginal populations have been found to be over-represented in the child welfare system (e.g., Sinha et al., 2011; Trocmé, Knoke, & Blackstock, 2004). In the U.S., Black/African American populations have been found to be over-represented (e.g., Ards, Myers, Malkis, Sugrue, & Zhou, 2003; Chapin Hall Centre for Children [CHCC], 2008; Clarke, 2011; Hill, 2004), while, Asian\(^3,4\) populations have been found to be under-represented in the child welfare system in Canada (Lee, Fuller-Thomson, Trocmé et al., in progress) and in the U.S. (Dakil, Cox, Lin, & Flores, 2011). The variation in child welfare

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\(^1\) Child maltreatment-related investigations include “investigations of possible past incidents of maltreatment or assessment of risk of future maltreatment” and “all ‘retained’ cases with maltreatment-related case classification codes” (Trocmé et al., 2010, p. 14).

\(^2\) The term child welfare is used in this three-paper dissertation as a general descriptor of services that aim to prevent and safeguard children from maltreatment-related concerns or risk of maltreatment. The term child protection is used in this three-paper dissertation as a specific descriptor of child welfare services that aim to protect and respond to maltreatment-related concerns or risk of maltreatment, including the provision of out-of-home placements. The term child protection investigation is used predominantly in the third paper to reflect the use of administrative child welfare data in the study. Otherwise the general term of child welfare is used where applicable.

\(^3\) Asian refers to East and Southeast Asian origin populations including Chinese, Filipino, Southeast Asian, Korean, and Japanese (Statistics Canada, 2006).

\(^4\) The U.S. Census Bureau (2012) defines Asian as racial populations including Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, and Other Asians and Other Pacific Islanders.
involvement between ethno-racial populations has been termed disproportionality and disparity\(^5\). Disproportionality is when one ethno-racial group is involved in the child welfare system to a significantly greater or lesser extent than is warranted compared to that group’s distribution in the Census population. Disparity is when one ethno-racial group is involved in the child welfare system to a greater or lesser extent than is warranted compared to another ethno-racial group, given the number of children in each group in the Census population.

Considerable research has been focused on disproportionality and disparity in the child welfare system in North America (Ards, Chung, & Myers, 1998; Fluke, Harden, Jenkins, & Ruehrdanz, 2010; Hill, 2006; Hines, Lemon, Wyatt, & Merdinger; 2004). However, very little attention has been given to Asian children and families involved in the child welfare system in the United States (for exceptions see CACF, 2001, 2007; Chang, Rhee, & Berthold, 2008; Ima & Hohm, 1991; Pelczarski & Kemp, 2006) and Canada (for exceptions see Lavergne, Dufour, Trocmé, & Larrivee, 2008; Lee, Rha, & Fallon, 2014).

East and Southeast Asian communities combine to represent the largest and fastest growing visible minority population group in Canada from 2001 to 2006\(^6\) (Statistics Canada, 2010). Studies reveal that there are distinct cultural values in child-rearing among Asian families and communities (Chao, 1994; Lau, 2010; Lieber, Fung, & Leung, 2006; UNICEF, 2005). Research-based knowledge needs to be available to help guide effective social work practices and interventions with Asian populations in the child welfare system. This three-paper

\(^5\) A thorough overview of the definitions and methodological considerations for disproportionality and disparity is discussed in the third paper in Chapter 4.

\(^6\) The year 2006 was the last Canadian Census that included data regarding immigration and ethno-cultural diversity. The Statistics Canada long-form questionnaire was replaced in 2011 by the National Household Survey to collect data regarding immigration and ethno-cultural diversity.
dissertation aims to contribute to the research and practice-based knowledge regarding Asian-Canadian children and families involved in the child welfare system.

1.2 Research Rationale

The social location of the researcher influences their research from the selection of a topic through data analysis to interpretation. Therefore it is important to consider the researchers self-location and positionality in relation to the topic. I approach this research problem as an “insider” and “outsider”, while striving to be balanced in the “hyphen” of insider-outsider (Kanuha, 2000).

I am a female, Canadian-born Chinese, professional social worker who began my career 12 years ago as a youth worker developing and facilitating recreational and life-skills programs for and with new immigrant adolescents at a local, non-profit, grassroots, multicultural community centre in Vancouver, British Columbia. Initially I transitioned into child protection work as a child and youth care counselor in residential group homes for adolescents who had been removed from their family homes by child protection services in Vancouver, British Columbia. I was then a child protection worker conducting investigations on allegations of child maltreatment or risk of maltreatment and apprehensions (removal) of children from their family homes who were deemed unsafe and in need of protection in the Region of Peel, Ontario.

Although I have not experienced the child welfare system personally, as a professional social worker I was struck at the lack of awareness, resources, and research about Asian-Canadian children and families involved in the child welfare systems in Canada. The major challenges that I noted in my professional practice experience, that were also acknowledged in the literature regarding Asian populations involved in the child welfare system, were 1) the generalization of Asian populations, 2) the language barriers in cross-cultural social work practice, 3) the limited number of Asian-Canadian child protection workers available and the
lack of culturally appropriate resources, and 4) the substantial variation in cultural child-rearing practices (e.g., traditional healing practices and the use of physical discipline).

First, through my observations as a social worker, conversations with colleagues, and research knowledge, I recognized that Asian populations were often regarded as a monolithic group. In child welfare practice, I noticed that the ethno-racial identity of the family was considered in order to determine the language needed to conduct the child protection investigation and whether there were culturally appropriate community resources for family support. However, the diversity in ethno-racial affiliation and level of acculturation in the Asian-Canadian populations were rarely considered. In studies of ethnicity, Breton (2005) found that patterns of ethnic retention and incorporation vary among ethnic groups, and do not evolve in the same way across generations. Thus, it is important to differentiate specific ethnic groups and their immigration status, rather than generalizing attributes to an ethnic group as a whole. The consideration of ethnic affiliation and level of acculturation can provide insight into family functioning and how the child welfare system can respond to the family’s needs (Bhattacharya & Schopperlrey, 2004; Lau, Takeuchi, Alergia, 2006; Terao, Borrego, & Urquiza, 2001).

For immigrant families, acculturative stress and the utilization of social support may vary widely across generations. Acculturative stress is the process of adapting to a different culture, and the stress associated with the change process (Thomas, 1995). The greater the dissimilarity with the host culture, the greater the degree of acculturative stress; and conversely, the lesser the dissimilarity with the host culture, the lesser the degree of acculturative stress experienced by the immigrant and their family (Berry & Annis, 1974). Predictors of acculturative stress include difficulties communicating in the primary language of the host country, lack of familiarity with cultural norms and values, financial stress linked to employment status, downward social
mobility when foreign training and education are devalued, disconnection with social networks, lack of information about social systems in the host country, and a lack of hopeful expectations for the future (Bhattacharya & Schopperlrey, 2004; Lau et al., 2006; Thomas, 1995).

Additionally, some studies have indicated that individuals who migrate after the age of 14 experience higher levels of stress than those who migrate prior to age 14. Among immigrants who migrate after the age of 14, “the combination of self-imposed pressure to succeed in the new country and lack of communication and other skills provides a high risk situation for the development of psychosocial conflicts” (Thomas, 1995, p. 134). Acculturative stress is reportedly associated with mental health issues, including anxiety, depression, feelings of marginality and alienation, heightened psychosomatic symptom levels, and identity confusion (Bhattacharya & Schopperlrey, 2004).

It is reported that children of immigrants acculturate faster and begin to function bi-culturally more rapidly than their parents (Faver, Xu, Bhadha, Narang, & Lieber, 2007; Lau, et al., 2006). This may contribute to intergenerational conflict involving parents and adolescents. In Lau et al. (2006), parents that reported immigrating to improve their children and family lives, felt betrayed when their children made choices opposing their wishes. On the other hand, immigrant parents’ expectations could be impossibly high, particularly in regards to school achievement. Unless parents’ expectations of success are appropriate to the child’s developmental level and abilities; immigrant children may feel like failures because of their inability to fulfill parental expectations (Bhattacharya & Schopperlrey, 2004). The emotional stress, feelings of hopelessness, and guilt could potentially alienate the children from their family.
Second, language barriers and insufficient interpretation can be a major obstacle in providing adequate child welfare service. “Language barriers prevent teachers, social workers, and other mandated reporters from discussing concerns with parents prior to making a report [to child protection services]” (CACF, 2007, p. 9). This hinders the preventative efforts that can help address underlying concerns such as mental health, substance abuse, domestic violence, and poverty. These concerns may be exacerbated without the availability of supportive services and therefore, Asian children and families may be more susceptible to child welfare involvement (CACF, 2007).

Unavailability of language interpreters can lead to very problematic situations. For example, Humphrey et al. (1999) identified an instance where a mother was interpreting for her husband in a case review pertaining to child exposure to intimate partner violence. Children are also often used as interpreters on behalf of their caregivers and family (CACF, 2001). This lack of adequate language and cultural interpreters displaces the responsibility upon the victims and potentially exposes the victims to greater vulnerabilities and repercussions once the child protection authorities are out of the family home.

Third, there are very few Asian-Canadian child welfare workers in Canada (Fallon, MacLaurin, Trocmé, & Felstiner, 2003). There is need for culturally responsive services as demonstrated by the number of Asian American children in foster care and the number of Asian language translator requests in New York City’s child welfare system. “Approximately 500 Asian American children were receiving foster care preventive services in 1998, and more than 580 requests for an Asian language translator or interpreter were made by ACS’ Division of Child Protection in the first six months of 2000” (CACF, 2007, p. 1). Despite the need for ethnic child protection workers or language and cultural interpreters, “families may enter and leave the
child welfare system without ever being interviewed by someone who understands their language, experience or culture” (CACF, 2001, p. 2). In instances where a child is removed from the family home, the need for language and cultural matching is even more paramount to decrease the uncertainty, fear, and sense of alienation that might arise from being placed in an unfamiliar foster home environment (CACF, 2001). Unfortunately, “there is virtually no chance that the child will be placed with Asian American foster parents because there are almost no Asian American foster care homes” (CACF, 2001, p. 3).

Fourth, in working across cultures, there was uncertainty of what may be considered cultural child-rearing practices versus instances of child maltreatment or risk of child maltreatment. With the lack of awareness and information regarding diverse cultural child-rearing practices, non-Asian professional service providers have misclassified birthmarks such as Mongolian marks\(^7\) or traditional healing practices such as coining\(^8\), spooning\(^9\), or cupping\(^10\) as incidences of child maltreatment. There is also debate within the child welfare community about culturally sanctioned methods of discipline and whether corporal punishment is safe or considered a form of physical abuse.

The misunderstanding of traditional healing practices such as coining, spooning, or cupping has reportedly caused many Southeast Asian individuals to be reluctant to use these\(^7\) Mongolian marks are birthmarks that are usually a grayish-blue coloured spot that can be found on the buttocks, back, or extremities. It is common among Asian, Hispanic and African populations (Cage & Salus, 2010).
\(^8\) Coining is a traditional healing practice that is common in Southeast Asian cultures. Essential oils such as Tiger Balm is massaged into the skin with the edge of a coin until bruising occurs. It is believed the redness and bruising from coining forces the “bad wind” or toxins from the body to relieve symptoms such as fever, chills, headaches, and vomiting (Davis, 2000).
\(^9\) Spooning is a similar traditional healing practice as coining. Rather than using the edge of a coin, a spoon is used to massage the essential oils into the skin to cause bruising (Davis, 2000).
\(^10\) Cupping is a traditional healing practice that is common in Southeast Asian cultures as well as some Central and South American cultures. Cupping is when “a cup of ignited alcohol is placed over a part of the body. As the heated area cools, the skin is sucked into the cup, producing redness and burns” (Cage & Salus, 2010, p. 109).
methods due to the fear and shame of allegations of child maltreatment or risk of maltreatment (Davis, 2000). The suppression of these traditional healing practices has been reported to disrupt the traditional roles of mothers and female elders in providing care and passing on traditional knowledge to the younger generations. There is also the perception by health care providers and other professionals that traditional healing methods are ineffective, superstitious, and belonging to the uneducated or non-educated class (Davis, 2000). This discourse privileges Western medicines and philosophies over the health care practices and Taoist philosophies that have been used for centuries across the Southeast Asia region. The lack of awareness and sensitivity to diverse practices can contribute to oppressive practices and marginalization while working with Asian children and families involved in the child welfare system.

The Canadian Criminal Code Section 43 parameters of “reasonable force”, child welfare definitions of abuse, and culturally sanctioned methods of discipline collide with respect to Asian-Canadian involvement in the child welfare system. The Canadian Criminal Code Section 43 permits caregivers to use “reasonable force” when disciplining a child. Reasonable force is explained as force that does “not harm or degrade the child, and must not be based on the gravity of the wrongdoing. Reasonable force further implies that force may not be administered to teenagers, as it can induce aggressive or antisocial behaviour, may not involve objects such as rulers or belts, and may not be applied to the head” (Barnett, 2008, p. 3). There have been proposals for the reform and repeal of the Criminal Code Section 43 (e.g., Canadian Foundation for Children, Youth and the Law v. Canada [Attorney General]; Durrant, Ensom, & Coalition on Physical Punishment of Children and Youth, 2004; 2005) but without success. This tension between the Canadian Supreme Court’s criminal definition and its interpretation by the child welfare system is amplified when families from cultures with different norms for child discipline
are investigated for physical abuse. Corporal punishment is common among Asian communities and caregivers may be unaware that it may be considered grounds for child welfare investigation (CACF, 2007). Children and families are caught in the middle and receive mixed messages of what is considered appropriate discipline methods. The evaluation of child maltreatment is confounded by the differing standard of proof that is beyond a reasonable doubt\(^\text{11}\) versus the balance of probabilities\(^\text{12}\). The burden of proof in child welfare decisions is based upon the balance of probabilities because “law makers have decided that it is more important to try to protect the child by risking a false-positive error than to avoid the erroneous determination that someone has maltreated a child” (Levine, 1998, p. 341). Some caregivers may believe they are mislabeled as child abusers for using what they view as appropriate disciplinary methods. This possibly creates further distrust of an already unfamiliar and foreign system of care.

The challenges I noted in my professional practice and my desire to be a more knowledgeable and competent social worker spurred me to pursue a Master of Social Work degree (MSW). During my MSW, I had the opportunity to conduct secondary data analysis of the 2003 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003) that provided the first nationally represented study of child maltreatment-related investigations involving Asian-Canadian children in the child welfare system (Lee, Rha, & Fallon, 2014). The study revealed significant differences in the case characteristics and services outcome for Asian-Canadian households compared to non-Asian\(^\text{13}\) households in the child welfare system. These

\(^{11}\) Beyond a reasonable doubt is the burden of proof used in criminal trials “to reduce the likelihood of convicting an innocent person” (Levine, 1998, p. 341).

\(^{12}\) Balance of probability “is achieved when the evidence is such that the court is satisfied that an event was more likely to have occurred than to have not” (Bendall, 2009, p. 187).

\(^{13}\) Non-Asian refers to White, Latin American, Black and Arab/West Asian populations as defined by the 1998 Canada Census (Statistics Canada). Aboriginal populations were excluded from analysis as child welfare
findings of what appear to be different service provisions for Asian-Canadian households prompted my desire to pursue a PhD to gain a more comprehensive understanding of this population in the child welfare system.

1.3 Aims of the Three-Paper Dissertation

This three-paper dissertation is organized into five chapters. Chapter 1 introduces the overall research problem, theory and methodology. Chapter 2 is the first paper titled *Asian-Canadian families involved in the child welfare system in Canada: A mixed methods study*. The study used a mixed method approach to build a comprehensive descriptive understanding of Asian-Canadian households\(^\text{14}\) involved in the child welfare system. The research questions for this paper are: 1) What are the case characteristics and short-term service outcomes for Asian-Canadian households involved in the child welfare system?, and 2) What are child welfare workers and community service providers’ experience and perception of working with Asian-Canadian households involved in the child welfare system?. Chapter 3 is the second paper titled *Delineating disproportionality and disparity of Asian-Canadian versus White-Canadian\(^\text{15}\) households in the child welfare system*. This paper uses CIS-2008 data adjusted by Census child population data to provide an in-depth examination of the disproportionality and disparity of investigations involving Aboriginal families were shown to be significantly different from the rest of the population (Trocmé, Knoke, & Blackstock, 2004).

\(^{14}\) The term household is used throughout this three-paper dissertation to denote household characteristics applicable to both caregivers and children, and child maltreatment-related investigations or child protection investigations at the family level.

\(^{15}\) Child protection investigations involving White-Canadian households served as the comparison group because studies examining specific ethno-racial populations such as Black (Clarke, 2011) and Aboriginal (Sinha et al., 2011) have shown significantly different child welfare involvement and outcomes from the rest of the Canadian population. To account for these differences, Asian-Canadians were compared to White-Canadians, rather than a broader “non-Asian” category.
Asian-Canadians versus White-Canadian households involved in the child welfare system in Canada. The research questions for this paper are: 1) What is the representation of Asian-Canadian households versus White-Canadian households in the child welfare system in Canada in 2008?, 2) What are the differences in representation in child maltreatment-related investigations and substantiated child maltreatment investigations involving Asian-Canadian households compared to White-Canadian households in the child welfare system in Canada in 2008?, and 3) What factors are associated with the decision to close after a child maltreatment investigation for Asian-Canadian households in the child welfare system in Canada in 2008?.

Chapter 4 is the third paper titled Examining child welfare decisions and services of Asian-Canadian versus White-Canadian households in the child welfare system. This paper used administrative child welfare data to examine the decision to close after investigation rather than transfer to ongoing child protection services (CPS). The research questions for this paper are: 1) How do the profiles of child protection investigations which are closed after investigation instead of transferred to ongoing child protection services differ between Asian-Canadian households and White-Canadian households involved in the child protection system?, 2) What is the duration of ongoing child protection services for Asian-Canadian households compared to White-Canadian households?, and 3) Are child protection investigations involving Asian-Canadian households closed prematurely compared to child protection investigations involving White-Canadian households?. Chapter 5 is an integrated discussion and summary of the three papers with implications for social work and child welfare research, theory and practices.

1.4 Research Design

This three-paper dissertation used a mixed methods approach combining a transformative and convergent design as depicted in Figure 1.
Figure 1. A Transformative and Convergent Mixed Methods Approach
A transformative approach uses a theoretical perspective to inform every stage of the research and design process, and aims “to advance social justice causes by identifying power imbalances and empowering individuals and/or communities” (Creswell & Clark, 2010, p. 96). A convergent design involves “collecting and analyzing two independent components of qualitative and quantitative data in a single phase; merging the results of the two components; and then looking for convergence, divergence, contradictions, or relationships between the two” (Creswell & Clark, 2010, p. 116).

The border in Figure 1 represents the transformative perspective that was informed by two child welfare decision-making models, two culture and child welfare theoretical models, and an attention to the conceptual and methodological considerations for studying disproportionality and disparity in the child welfare system. Within the border are the data gathering processes for the three-papers. The documentation related to the data gathering processes are provided in the appendices as follows: A) research ethics approval, B) study recruitment advertisement, C) study information forms, D) study consent forms, E) study confidentiality forms, and F) data collection instruments.

1.5 Theoretical Frameworks

The first paper in Chapter 2, draws upon the two culture and child welfare theoretical models (Culture and Child Maltreatment Decision-Making Model [Terao, Borrego, & Urquiza, 2001], and Theoretical Framework of Child Maltreatment Among Asian Americans [Zhai & Gao, 2009] to provide insight into Asian cultural values and belief systems regarding child-rearing, the effects of acculturation on child welfare involvement, and cross-cultural practice considerations. The second paper in Chapter 3, draws upon the debates and discussions regarding disproportionality and disparity in the child welfare literature in order to delineate these
constructs to effectively measure the representation of Asian-Canadian households involved in the child welfare system. The third paper in Chapter 4, draws upon two child welfare decision-making models (*Decision-making Ecology* [Baumann, Dalgleish, Fluke, & Kern, 2011; Baumann, Kern, & Fluke, 1997], and a *General Assessment and Decision-making Model* [Delgleish, 2003, 2006]), the *Culture and Child Maltreatment Decision-Making Model* [Terao et al., 2001] to examine the decision-making and services for Asian-Canadian households through the continuum of child welfare intervention from investigation, substantiation, close or transfer to ongoing child protection services, and potential re-investigation. An overview of each of the theoretical frameworks that inform this three-paper dissertation will be presented.

### 1.5.1 Child Welfare Decision-Making Models

In the field of child welfare in which critical decisions are continually made along the continuum of interaction with families and communities, the incorporation of the *Decision-making Ecology* (Baumann et al., 2011; Baumann et al., 1997), and a *General Assessment and Decision-making Model* (Delgleish, 2003, 2006) can be beneficial in providing a holistic perspective in case decisions. According to the *Decision-making Ecology* model represented in Figure 2, the systemic context for decision-making includes: case factors, organizational factors, external factors, and decision maker factors. The outcomes include the consequences to the client and their family, the decision maker, and to those external to the agency. The outcomes and consequences of the decision-making trigger a feedback loop as represented by the reverse arrows that may influence the systemic context.
To illustrate the systemic context for decision-making, Baumann et al. (2011, p. 5) proposes the following example:

For example, case information regarding an incident of maltreatment is necessary for a caseworker to make informed assessments and decisions, yet some of the assessment and decisions depend on external factors, such as law translated into policies that govern what constitutes an appropriate response. Furthermore, the translations of such standards by organizational management, and their use by staff, will vary as a function of individual decision maker factors which include knowledge and skill, as well as the actual and perceived costs and benefits (outcomes) of the decision to the decision maker, the client and/or the agency.

To understand the process of decision-making, Dalgleish (2006) proposed the *General Assessment and Decision-making Model* (also known as, *a general model for assessing the situation and deciding what to do about it*) presented in Figure 3. Three psychological elements of decision-making are considered: to distinguish the difference between judgment and a decision, the decision threshold, and the shift in this threshold. “A judgment is an assessment of a situation given the current case information”, while, “a decision addresses whether or not to take a course of action” (Baumann et al., 2011, p. 7). “A decision threshold refers to the point at which the assessment of the case information (e.g., amount and weight of evidence) is intense enough for one to decide to take action” (Baumann et al., 2011, p. 7). The shift in threshold refers to a change in the amount of evidence deemed to be sufficient to take action. An example
of a shift in threshold is a change in policy that determines the immediacy of child protection response (e.g., age of the child or type of injury). Dalgleish (2006) proposes that factors that influence the assessment include information from the current situation or case factors, and the factors influencing the decision threshold are the decision makers’ history or experience, and organizational policy.

Figure 3. The General Assessment and Decision-Making Model

The outcomes in the Decision-making Ecology include the consequences to the client, the decision maker, and those external to the agency, which may generate a feedback loop to the systemic context. For example, the decision to close a case that resulted in a child fatality has simultaneous outcomes. The family and case worker may be held accountable for the event and the scrutiny by those external to the agency may impact the agency accountability protocols and possibly legislative changes that would change the decision thresholds for taking action (Baumann et al., 2011).

Child welfare decision frameworks offer a general understanding of the service provision and outcomes for children and families involved in the child welfare system. The following models incorporate cultural considerations in the assessment, decision-making, and intervention of Asian children and families involved in the child welfare system.
1.5.2 Culture and Child Maltreatment Models

The Child Maltreatment Decision-Making Model (Terao et al., 2001) was developed to guide decision-making regarding cultural discipline practices and child maltreatment. The model takes into account the severity of the maltreatment incident and the parents’ level of acculturation, and determines the type of intervention that may be most appropriate for the situation. The model proposes, “parents with a low level of acculturation should initially be offered psycho-educational services (e.g., teaching/informing parents about acceptable parenting practices as well as alternative models of discipline)” (p. 163). Parents with high level of acculturation should be provided therapeutic responses (e.g., psycho-therapy) because parents with high acculturation should understand that it is against the law to harm their child and may have other environmental stressors (i.e., marital discord, parent-child relationship issues) or clinical issues (i.e., depression, substance abuse) that requires treatment (Terao et al., 2001). There is a bidirectional relationship between a psycho-educational and psycho-therapeutic response for a dynamic response based on the presenting concern. The culture and child maltreatment decision-making model is presented in Figure 4.

Figure 4. Culture and Child Maltreatment Decision-Making Model
Terao et al. (2001) acknowledges that there is much diversity in the definitions and conceptualization of child maltreatment, however, if there is a clear risk of harm to the child then the concern must be reported to child welfare authorities regardless of whether a parenting practice may be considered normative. Many jurisdictions have legal statutes regarding the obligation to report suspected child maltreatment, and professional regulatory bodies also have the ethical duty to report suspected child maltreatment.

To understand the characteristics of child maltreatment among Asian Americans, Zhai and Gao (2009) developed a *Theoretical Framework of Child Maltreatment Among Asian Americans* presented in Figure 5. Three sets of factors are identified as key contributors to the characteristics of child maltreatment: cultural customs and child-rearing practices, the immigration and minority status of Asian Americans in the United States, and the attitudes and practices of social service professionals in the United States. These factors may contribute to the low probability of incidents, or the high probability of incidents, or the low probability of disclosure.

**Figure 5. Theoretical Framework of Child Maltreatment Among Asian Americans**
The cultural customs and child-rearing practices include folk remedy practice, filial piety and familism, and values of virginity and the taboos of incest and sexuality. Some folk remedies such as cupping and coining may result in bruising and red marks on the skin, and therefore, may be more susceptible to reports of child maltreatment. However, the use of herbal medicine and Asian traditional folk remedies are gaining awareness, thereby reducing such confusion and misunderstanding. Nevertheless, it is still an important consideration for understanding the incidence of child maltreatment among Asian Americans and included in the framework (Zhai & Gao, 2009). Filial piety and familism are Confucian philosophies that are considered to be core values across many Asian cultures. Filial piety and familism includes the high expectation on children, belief of physical punishment as an effective disciplinary strategy, parental authority and children’s obedience, family harmony and stoicism, and family cohesion and mutual aid (Each of these characteristics are described in more detail in Zhai and Gao [2009]). These factors can increase or decrease the probability of child maltreatment incidents, as well as, decrease the probability of child maltreatment disclosure (Zhai & Gao, 2009). The value of virginity and the taboos of incest and sexuality can also lead to the increase or decrease of the probability of child maltreatment incidents, as well as, decrease the probability of child maltreatment disclosure. The act of taking a girl’s virginity is believed to renew youthfulness, increase virility, brings good health, longevity, luck, and aid in cleansing and purifying. The value of a girl’s virginity can lead to a higher probability of sexual abuse to those who believe and act upon these myths (Zhai & Gao, 2009). The taboo of incest and sexual aggressions is seen as shameful, disgraceful, and a loss of face for the entire family. These negative social perceptions can serve as a deterrent and protective factor, which may lead to a lower probability of child sexual abuse (Zhai & Gao,
These negative social perceptions can also prohibit the disclosure of child sexual abuse as a way to save face and not bring shame upon the family (Zhai & Gao, 2009).

The immigration and minority status of Asian Americans include the immigration experience and generational status, minority status and discrimination, and the invisibility to the authorities. The immigration and acculturation experience can present multiple stressors, particularly new immigrants and refugees, and across generations (e.g., parents versus children, or first, second, or third generation). This may lead to higher child maltreatment incidence (Zhai & Gao, 2009). Similarly, the feelings of anger, powerlessness, and racial discrimination can disrupt parenting and also lead to higher probability of child maltreatment (Zhai & Gao, 2009).

Undocumented Asian immigrants and refugees lack status and are invisible to child welfare and other social services. “Invisibility to the authorities may reduce parents’ opportunities to learn about child protective laws, which may result in a higher probability of child maltreatment and a low probability of disclosure” (Zhai & Gao, 2009, p. 219).

The professional attitudes and practices of social service professionals include misunderstanding, discrimination and miscommunication, the practice of out-of-home placement, professionals’ understanding of clients with the same cultural background, and culturally sensitive practice (Zhai & Gao, 2009). Professional unawareness and unfamiliarity of cultural characteristics of the Asian community can result in misunderstanding, discrimination, and miscommunication. This could increase the probability of child maltreatment reports and responses among Asian Americans (Zhai & Gao, 2009). The child out-of-home placement may bring shame, disrupt harmony, and is in opposition to the high value on familism. These factors can lead to lower probability of child maltreatment and lower probability of disclosure (Zhai & Gao, 2009). Asian American professionals may be more tolerant of child maltreatment
occurrences among Asian American communities, and lead to a low probability of disclosing child maltreatment (Zhai & Gao, 2009). Similarly, “culturally sensitive approach also tends to lead practitioners to ignore or tolerate abusive parenting and to rationalize child maltreatment as cultural customs or child discipline … may lead to the low disclosure of incidence in this population” (Zhai & Gao, 2009, p. 220).

The Theoretical Framework of Child Maltreatment Among Asian Americans offers a comprehensive explanatory framework to understand the specific cultural values and practices of Asian Americans, the influence of immigration and minority status, and the ways in which professionals interact with this population. It is important to note however that there are notable cultural differences among the ethnic subgroups of Asian Americans, and such differences needs to be carefully considered in the application of this framework. Furthermore, the framework needs to be empirically tested to evaluate, modify, and strengthen the explanatory power of the model (Zhai & Gao, 2009). Nevertheless, the framework offers a comprehensive foundational basis that was informed by the existing empirical literature.

1.6 Summary

There is limited empirical research regarding Asian-Canadian children and families involved in the child welfare system. This three-paper dissertation aims to contribute to the research and practice-based knowledge regarding Asian-Canadian children and families involved in the child welfare system. This three-paper dissertation uses mixed methods to profile 1) the investigations of child maltreatment-related concerns involving Asian-Canadian households, 2) the representation of child maltreatment-related investigations involving Asian-Canadian households in the child welfare system and the likelihood of case closure after investigation, 3) the profile of child protection investigations that closed instead of transfer to ongoing child
protection services, the duration of ongoing child protection services involving Asian-Canadian households, and to determine whether they experience premature case closure. The research draws upon two child welfare decision-making models, two culture and child welfare theoretical models, and an attention to the conceptual and methodological considerations for Asian-Canadian children and families involved in the child welfare system. The current research fills a much-needed gap in the child welfare literature regarding Asian-Canadian children and families involved in the child welfare system and provide insight into how the child welfare system is meeting their needs.
1.7 References


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Chapter 2
First Paper

Asian-Canadian families involved in the child welfare system in Canada:
A mixed methods study

2.1 Abstract

Objective: This mixed methods study began by replicating this author’s previous study that found significant differences in the case characteristics and services used by Asian compared to non-Asian families in the child welfare system. The present study used a mixed method approach to further build a comprehensive descriptive understanding of Asian-Canadian children and families involved in the child welfare system at national and local levels.

Methods: Secondary data analysis of the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) was conducted to identify the case characteristics and short-term service outcome of child maltreatment investigations involving Asian-Canadian households in the child welfare system. The results were presented to focus group participants in a workshop, and a semi-structured interview guide was used to document child welfare workers’ experience with and perception of Asian-Canadian service users.

Results: The results indicated substantial differences between Asian-Canadian and White-Canadian households investigated by child welfare agencies in respect to the household composition, maltreatment type, and short-term child protection service outcome. Child welfare workers validated the results from secondary data analysis of the CIS-2008 and offer a broader
cultural and structural context for understanding child welfare involvement with Asian-Canadians.

**Conclusion:** Asian-Canadian households bring a diversity of cultural values and family norms. This study prompts further consideration for social work practice and policies in working with Asian-Canadian households involved in the child welfare system.
2.2 Manuscript

2.2.1 Introduction

This study aims to understand the differences in child welfare involvement for Asian-Canadian\textsuperscript{16} versus White-Canadian children and families involved in the child welfare system in Canada. This study began by replicating\textsuperscript{17} this author’s original study Lee, Rha, and Fallon (2014), using the most recent 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008). The consistent findings of disparate case characteristics and short-term service outcome between Asian-Canadian and White-Canadian households\textsuperscript{18} involved in the child welfare system prompted a mixed methods research design. The study examines child welfare workers and community service providers’ interpretations regarding results from the secondary data analysis of the CIS-2008.

There is no universal definition of child abuse and what constitutes violence against children varies substantially across the Southeast Asia region (Chan, Lam, & Shae, 2011; Ju & Lee, 2010; UNICEF, 2005). Many countries in Southeast Asia do not have established child welfare systems or legislation for the protection of children from maltreatment (UNICEF, 2005). Empirical studies suggest, however, that various forms of maltreatment occur in the population,

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\textsuperscript{16} Asian-Canadian refers to East and Southeast Asian origin populations including Chinese, Filipino, Southeast Asian, Korean, and Japanese (Statistics Canada, 2006).

\textsuperscript{17} Child maltreatment-related investigations involving non-Asian caregivers (excluding Aboriginal) served as the comparison group for the initial exploratory study by Lee et al. (2014) using CIS-2003 data. Child maltreatment-related investigations involving White-Canadian caregivers served as the comparison group for the replicated study using CIS-2008 data because studies examining specific ethno-racial populations such as Black (Clarke, 2011) and Aboriginal (Sinha et al., 2011) have shown significantly different child welfare involvement and outcomes from the rest of the Canadian population. To account for these differences, Asian-Canadians were compared to White-Canadians, rather than a broader “non-Asian” category.

\textsuperscript{18} The term household is used to denote household characteristics applicable to both caregivers and children, and child maltreatment-related investigations at the family level.
and children could benefit from formal child welfare intervention in Southeast Asia (Chan et al., 2011; Ju & Lee, 2011; Tang, 2006; Zhu & Tang, 2012). Chinese adolescents in Hong Kong who experience physical abuse have high rates of health compromising behaviors including sexual experimentation, non-fatal self-harm, and suicidal behaviors with low levels of social support (Tang, 2011). In many Southeast Asian cultures, personal or family shame, perceived disobedience, and fear of retribution prevent many cases of child abuse from being reported (Chan et al., 2011; Rhind, Leung, & Choi, 1999; UNICEF, 2005; Zhu & Tang, 2012).

In North America, where child welfare is an established system of protection, Asian populations are found to be under-represented in child welfare services, compared to all other ethno-racial groups (Dakil, Cox, Lin, & Flores, 2011; Fluke et al., 2003; Hill, 2007). When involved in the child welfare system, Asian/Pacific Islanders have the highest proportions of reported physical abuse compared to all other ethno-racial groups (Dakil et al., 2011). Furthermore, Asian/Pacific Islanders were less likely to receive child protective service interventions such as family preservation, mental health, and substance abuse than other ethno-racial groups involved in the child welfare system for physical abuse (Dakil et al., 2011).

East and Southeast Asians combine to represent the largest and fastest growing ethnic minority in Canada and the United States (Statistics Canada, 2010; U.S. Census Bureau, 2012). The Asian population has a diversity of needs. Huang, Calzada, Cheng, and Brotman (2012) found that immigrant Asian-American children in a community sample had higher levels of internalizing problems, lower levels of interpersonal relationship skills, and were less likely to be

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19 Asian populations including Chinese, Filipino, and South East Asian combined represent the largest and fastest growing visible minority population group in Canada from 2001 to 2006 (Statistics Canada, 2010).

20 The U.S. Census Bureau (2012) defines Asian as racial populations including Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, and Other Asians and Other Pacific Islanders.
in good physical health compared to White children. Among the Asian sub-groups, Southeast Asian parents had the lowest average level of education and were more likely to live in poverty. Children of Southeast Asian immigrants were found to have the worst physical and mental health outcomes among the Asian sub-groups. Despite some evidence of need for services, Asian communities are under-represented in mental health (Leong & Lau, 2001), physical health, and social services (Kim & Keefe, 2010).

Asian children and families are an under-studied population in child welfare research (Behl, Crouch, May, Valente, & Conyngham, 2001). This ignores the real and relevant issues in the Asian communities. The lack of child welfare research on Asian populations may contribute to the Asian “model minority” stereotype that claims that little or no government or social services are needed for this population (Kim & Keefe, 2010; Leong & Lau, 2001). The “model minority” stereotype reinforces the myth that an individual can overcome disadvantage and discrimination by simply working harder. This myth can negate the broader structural and systemic barriers that hinder access and equality. The harmful consequence is that Asian populations will continue to be made invisible in social service provision, practice standards, and research literature. This study’s contribution to the knowledge-base of child maltreatment-related investigations involving Asian children and families will help inform decision-making and clinical interventions to meet the needs of these communities.

Research Questions

This study uses a mixed methods approach to answer the following research questions:

1. What are the case characteristics and short-term service outcomes for Asian-Canadian households involved in the child welfare system?
2. What are child welfare workers and community service providers’ experience and perception of working with Asian-Canadian households involved in the child welfare system?

2.2.2 Literature Review

A review of the literature was conducted to provide insight into Asian cultural values and belief systems regarding child-rearing, the effects of acculturation on child welfare involvement, and child welfare workers’ perspectives on cross-cultural practices. The research includes studies from North America, Asia, UK and Norway.

Asian Cultural Values and Belief Systems Regarding Child-rearing

Confucianism is a philosophical and ethical worldview embraced by many Southeast Asian communities (Chao, 1994; Zhai & Gao, 2009). Confucianism includes values of filial piety, familism, and harmony. Filial piety and familism endorse hierarchical relationships, patriarchal authority, and family unity (Chao, 1994; Lau, 2010; Lieber, Fung, & Leung, 2006; Zhai & Gao, 2009). Traditionally, children across Southeast Asia are expected to be deferential to adults and to have subordinate status in the social hierarchy. Children are expected to not challenge or question adults as this is considered disrespectful and results in “loss of face” for the adult (Chao, 1994; Lau, 2010; Lieber et al., 2006; Zhai & Gao, 2009). Generally, corporal punishment and physical sanctions by caregivers are an important aspect of child-rearing in many Southeast Asian cultures and considered “best practice” (Chao, 1994; Lieber et al., 2006; Tang, 2006; UNICEF, 2005). Violence in the home is considered a private family matter and it is perceived to be disrespectful to intervene in another family’s privacy. Victims are further silenced as they are not expected to bring shame upon their family by disclosing concerns and “lose face” (Chan et al., 2011; Rhind et al., 1999). Maltreatment and outward aggression towards
children is a sensitive topic that clashes with Confucian traditions of peace and harmony, and therefore remains largely hidden across Asian communities.

**Effects of Acculturation on Child Welfare Involvement**

The *Theoretical Framework of Child Maltreatment Among Asian Americans* by Gao and Zhai (2009) offers a comprehensive explanatory framework to understand the specific cultural values and practices of Asian Americans, the influence of immigration and minority status, and the ways professionals interact with this population. The framework identifies factors that may contribute to the low probability of incidents, or the high probability of incidents, or the low probability of disclosure.

Asian cultural customs and child-rearing practices include folk remedy practice, filial piety and familism, and values of virginity. Filial piety and familism includes high expectation for children, the belief of physical punishment as an effective disciplinary strategy, parental authority and children’s obedience, family harmony and stoicism, and family cohesion and mutual aid (Each of these characteristics are described in more detail in Gao and Zhai [2009]). These factors may increase or decrease the probability of child maltreatment incidents, as well as, decrease the probability of child maltreatment disclosure (Gao & Zhai, 2009).

The immigration and minority status of Asian Americans include the migration experience and generational status in a family, minority status and discrimination in society, and the invisibility to the authorities (e.g., police, immigration officers). The immigration and acculturation experience can present multiple stressors, particularly for new immigrants and refugees, and across generations (e.g., parents versus children, or first, second, or third generation). This may lead to higher child maltreatment incidences (Gao & Zhai, 2009).
The professional attitudes and practices of social service professionals include misunderstanding, discrimination and miscommunication, the foreign practice of out-of-home placement, professionals’ understanding of clients from the same cultural background, and culturally sensitive practice (Gao & Zhai, 2009). Professional unawareness and unfamiliarity of cultural characteristics of Asian communities could increase the probability of child maltreatment reports and responses among Asian Americans (Gao & Zhai, 2009). On the other hand, “culturally sensitive approaches also tends to lead practitioners to ignore or tolerate abusive parenting and to rationalize child maltreatment as cultural customs or child discipline … may lead to the low disclosure of incidence in this population” (Gao & Zhai, 2009, p. 220).

The *Culture and Child Maltreatment Decision-making Model* by Terao, Borrego and Urquiza (2001) was developed to guide decision-making regarding cultural discipline practices and child maltreatment. The *Culture and Child Maltreatment Decision-making Model* (Terao et al., 2001) takes into account the parent’s level of acculturation and the severity of the maltreatment incident, and thereby determines the intervention. This model proposes that child welfare clients “with a low level of acculturation should initially be offered psycho-educational services (e.g., teaching/informing parents about acceptable parenting practices as well as alternative models of discipline)” (p. 163). Parents with high level of acculturation should be provided therapeutic responses (e.g., psycho-therapy) because parents with high acculturation are presumed to understand social sanctions against child maltreatment. The parents may have other environmental stressors (i.e., marital discord, parent-child relationship issues) or clinical issues (i.e., depression, substance abuse) that requires intervention (Terao et al., 2001). The culture and child maltreatment decision-making model illustrates a bidirectional relationship between a psycho-educational and psycho-therapeutic dynamic response based on the presenting concern.
“Parent training” interventions have been aimed at reducing child conduct problems and risk of child maltreatment (Kim et al., 2008; Lau, Fung, Ho, Liu, & Gudiño, 2011; Leung Tsang, Heung, & Yiu, 2009). Parent training strategies encourage positive discipline methods such as praise and social reward to increase desired child behaviors and discourages physical discipline. Some studies have shown parent training to be efficacious in decreasing subsequent maltreatment with Chinese families in Hong Kong (Kim et al., 2008; Lau et al., 2011; Leung et al., 2009).

**Child Welfare Workers’ Perspectives on Cross-cultural Practices**

The literature reveals distinct cultural values in child-rearing among Asian families and communities (Chao, 1994; Lau, 2010; Lieber et al., 2006; UNICEF, 2005). Studies involving the perspective of child welfare workers acknowledge the complexity of working across cultural difference (Chibnall et al., 2003; Clarke, 2011; Kriz & Skivenes, 2012; Lee, Soeck, Djelaj, & Agius, 2013). A transnational study on Norwegian and British child welfare workers found that communication challenges, differences in cultural values regarding child-rearing, service users’ lack of understanding of the child welfare system and service users’ lack of understanding of the role of social workers, contributed to uncertainty in assessing maltreatment among ethnic minority families (Kriz & Skivenes, 2012). Standardized child protection assessment tools and actuarial risk assessments have been developed and implemented to minimize subjectivity and bias (Baird, Wagner, Healy, & Johnson, 1999). However, there is still a great deal of latitude for worker professional judgment and discretion in case decisions (Chibnall et al., 2003; Lee et al., 2013; Rivaux et al., 2008). Scholars have written extensively regarding racial bias in child welfare decision-making (Hill, 2006; Fluke, 2011). Using case vignettes that include visual depictions of physical injuries, Jent et al. (2011) found that child welfare workers had high
agreement upon what constitutes physical abuse versus normative child-rearing. The severity of inflicted injuries, the implement used, and the location of the injury were key factors that contributed to the determination of abuse.

There is limited empirical literature regarding Asian children and families involved in the child welfare system. The literature review revealed distinct cultural values and belief systems regarding familism and child-rearing in Asian communities. The *Theoretical Framework of Child Maltreatment Among Asian Americans* (Gao & Zhai, 2009) and *Culture and Child Maltreatment Decision-making Model* (Terao et al., 2001) are two frameworks that inform the ways the child welfare system work with Asian communities. Studies involving the perspective of child welfare workers detailed the complexity of working across cultural difference (Chibnall et al., 2003; Kriz & Skivenes, 2012; Lee et al., 2013).

### 2.2.3 Methods

**Research Design**

This study used an explanatory sequential mixed methods design. The study “begins by conducting a quantitative phase and follows up on specific results with a second [qualitative] phase. The second phase is implemented for the purposes of explaining the initial results in more depth” (Creswell & Clark, 2010, p. 81).

The first phase began by replicating Lee et al.’s (2014) study that found significant differences in the case characteristics and services used by Asian compared to non-Asian families in the child welfare system. In the present study, secondary data analysis of the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) was conducted. A semi-structured interview guide was developed in consultation with a panel of child welfare experts to gather insight and interpretation of the CIS-2008 results. A pilot test of the interview
guide with a convenience sample of five child welfare researchers enhanced the rigor of the
guide. The results from secondary data analysis of the CIS-2008 were presented to focus group
participants in a workshop, and the semi-structured interview guide elicited reflective insight on
the complex issues facing Asian-Canadian children and families in the child welfare system.

Secondary Data Analysis of the CIS-2008

The current study is a secondary data analysis of the CIS-2008 with a focus on Asian-
Canadian children and families. The CIS-2008 is the most comprehensive and representative
study of the incidence and characteristics of reported child maltreatment-related investigations in Canada (Trocmé et al., 2010). A detailed overview of the methodology used in the CIS-2008 can be found in Trocmé et al. (2010).

The current sample from the CIS-2008 included child maltreatment-related investigations
involving children 15 years of age and under at the time of case opening. The sample
comprised of child maltreatment-related investigations involving Asian-Canadian and White-
Canadian caregivers. The CIS-2008 collects caregiver ethnicity based on the 1996 Census
categorizations. The determinant of Asian-Canadian was the combination of “Chinese” and
“Southeast Asian other than Chinese” backgrounds. The case was defined as Asian-Canadian in
cases of child welfare involvement in which at least one caregiver was Asian-Canadian
(including a second caregiver who was White-Canadian, excluding a second caregiver who was
Aboriginal or Black). Where all caregivers were White-Canadians, the case was defined as

21 Child maltreatment-related investigations include “investigations of possible past incidents of maltreatment or
assessment of risk of future maltreatment” and “all ‘retained’ cases with maltreatment-related case classification
codes” (Trocmé et al., 2010, p. 14).
22 The maximum age of protection varies across provincial jurisdiction in Canada and ranged from 15 to 19 years of
age. To generate a comparable child population in the CIS-2008 child sample, only children 15 years and under
were included.
White-Canadian. The sample was comprised of an unweighted sample of 10,770 child maltreatment-related investigations involving 380 Asian-Canadian and 10,390 White-Canadian households.

Two sets of weights were applied to the unweighted sample: an annualization weight and a regionalization weight. The annualization weight was used to derive an annual estimate of investigated children and households. Regionalization weight was used to derive representative estimates for all of Canada. A detailed overview of the CIS-2008 weights can be found in Trocmé et al. (2010). In this sample, there were a lower proportion of child maltreatment-related investigations involving Asian-Canadian than White-Canadian households. An adjusted means weight was used to correct the proportional imbalance between the sub-groups. The adjusted means weight preserve the sample size while generating the same proportional distribution as the full weights. Pearson’s chi-square ($\chi^2$) was used for all bivariate analyses in SPSS, version 22. The Bonferroni method was used to control the overall false positives (Type I error) when multiple comparisons are conducted (Bland, 1995). Statistical significance was identified at $p < .001$.

The demographic characteristics of child maltreatment-related investigations involving Asian-Canadian and White-Canadian households are presented in Table 1. In comparison to White-Canadian households, Asian-Canadian households were more likely to consist of two caregivers (81.3% vs. 59.2%), both caregivers were more likely to be biological (93.8% vs.

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23 Ethnicity was determined in the CIS-2008 at the caregiver level rather than the child level. For that reason, child maltreatment-related investigations involving Asian-Canadian and White-Canadian caregivers are a proxy for child maltreatment-related investigations involving Asian-Canadian and White-Canadian children. The term household is used throughout this paper to denote characteristics applicable to both caregivers and children, and child maltreatment-related investigations at the family level.
63.5%), and employed full-time (73.4% vs. 56.3%). Gender, age of the children, and number of children in the family were comparable.

Table 1 Demographic Characteristics of Maltreatment-related Investigations by Asian-Canadian and White-Canadian Households in Canada in 2008 (N = 159,325)

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<td></td>
</tr>
<tr>
<td>Total Child Maltreatment-related Investigation</td>
<td>5,988 100</td>
<td>153,337 100</td>
<td>0.66</td>
</tr>
<tr>
<td>Gender of Child</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3,170 52.9</td>
<td>77,650 52.9</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>2,818 47.1</td>
<td>75,687 47.1</td>
<td></td>
</tr>
<tr>
<td>Child Age - Years</td>
<td></td>
<td></td>
<td>0.48</td>
</tr>
<tr>
<td>4 years and Under</td>
<td>1,734 29.0</td>
<td>46,882 30.6</td>
<td></td>
</tr>
<tr>
<td>5 years and Over</td>
<td>4,254 71.0</td>
<td>106,455 69.4</td>
<td></td>
</tr>
<tr>
<td>Number of Children in the Family</td>
<td></td>
<td></td>
<td>0.659</td>
</tr>
<tr>
<td>One or Two Children</td>
<td>3,733 62.3</td>
<td>98,559 64.3</td>
<td></td>
</tr>
<tr>
<td>More than Two Children</td>
<td>2,255 37.7</td>
<td>54,778 35.7</td>
<td></td>
</tr>
<tr>
<td>Household Composition</td>
<td></td>
<td></td>
<td>74.35***</td>
</tr>
<tr>
<td>Single Caregiver</td>
<td>1,095 18.7</td>
<td>62,521 40.8</td>
<td></td>
</tr>
<tr>
<td>Two Caregivers</td>
<td>4,751 81.3</td>
<td>90,816 59.2</td>
<td></td>
</tr>
<tr>
<td>Two Caregiver Relationship</td>
<td></td>
<td></td>
<td>113.14***</td>
</tr>
<tr>
<td>Biological Parent</td>
<td>4,266 93.8</td>
<td>53,224 63.5</td>
<td></td>
</tr>
<tr>
<td>All Other Relationships</td>
<td>282 6.2</td>
<td>30,537 36.5</td>
<td></td>
</tr>
<tr>
<td>Household Source of Income</td>
<td></td>
<td></td>
<td>74.82***</td>
</tr>
<tr>
<td>Full-time</td>
<td>4,395 73.4</td>
<td>86,383 56.3</td>
<td></td>
</tr>
<tr>
<td>Part-time/Seasonal</td>
<td>357 6.0</td>
<td>15,407 10.0</td>
<td></td>
</tr>
<tr>
<td>Other Benefits or Unemployed</td>
<td>632 10.6</td>
<td>41,908 27.3</td>
<td></td>
</tr>
<tr>
<td>Unknown Source</td>
<td>434 7.2</td>
<td>7,524 4.9</td>
<td></td>
</tr>
<tr>
<td>No Source of Income</td>
<td>-</td>
<td>2,115 1.4</td>
<td></td>
</tr>
</tbody>
</table>

Note. Estimate based on an unweighted sample of 10,770 child maltreatment-related investigations for children 15 years and under, involving 380 Asian-Canadian and 10,390 White-Canadian.

- Represents weighted estimates < 100. These estimates were too small to report according to CIS regulations.

***p < .001.

Focus Groups

This study used four focus groups with child welfare workers at two purposive sampled child welfare agencies and one separate round-table discussion with community service providers from a convenience sample of multicultural family service agencies. Purposive sampling of child welfare workers were recruited via email from the child welfare agency staff
listserv and poster advertisements were displayed in common areas in the two local child welfare agencies. The community service providers were recruited via email through this researcher’s academic, professional, and personal networks, as well as poster advertisements at social service agencies. Participants consented to voluntarily partake in the focus groups and did not receive any monetary incentive for their involvement. The demographic, education, and practice experience of the focus group participants are presented in Table 2.

The total focus group sample was comprised of 18 ethnically diverse child welfare workers and community service providers. The focus groups were composed of 15 child welfare workers, and 3 community service providers. The focus group participants were predominantly female (n = 15), Asian (n = 10) or Black (n = 4), and the majority had a graduate degree (n = 11). Half the participants had 10 or more years of direct child welfare experience in multiple positions including intake screening/investigations, ongoing family services, or children’s services.

Each focus group with child welfare workers was held in a private room at a local child welfare agency. The roundtable discussion with community service providers was held at a local community agency. The focus groups lasted on average 1.5 hours. The focus group discussions were audio-recorded and transcribed verbatim. At all phases of the study, this researcher engaged in memo writing, field notes, and process journals to assist with reflexivity, to uncover hidden assumptions and bracket prior knowledge (Hennink, 2007). Additional feedback and content validity were gathered through a follow-up community presentation and consultation with 13 child welfare workers and community service providers. The focus groups were conducted by the same facilitator (Lee) to assist with maintaining consistency and allowed more carryover
from one interview to the next for a more “organic” understanding of the issues (Brod, Tesler, & Christensen, 2009).

Table 2 Participant Demographic, Education, and Practice Experience (N=18)

<table>
<thead>
<tr>
<th>Demographics</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Worker Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>3</td>
</tr>
<tr>
<td>Female</td>
<td>15</td>
</tr>
<tr>
<td><strong>Worker Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>10</td>
</tr>
<tr>
<td>Black</td>
<td>4</td>
</tr>
<tr>
<td>Latino/Hispanic</td>
<td>2</td>
</tr>
<tr>
<td>White/Caucasian</td>
<td>1</td>
</tr>
<tr>
<td>Multi-Racial</td>
<td>1</td>
</tr>
<tr>
<td><strong>Highest Social Work Degree</strong></td>
<td></td>
</tr>
<tr>
<td>Bachelor</td>
<td>7</td>
</tr>
<tr>
<td>Master/PhD</td>
<td>11</td>
</tr>
<tr>
<td><strong>Non-Child Protection Experience - Years</strong></td>
<td></td>
</tr>
<tr>
<td>&lt;1</td>
<td>10</td>
</tr>
<tr>
<td>1 to 4</td>
<td>4</td>
</tr>
<tr>
<td>&gt; 5</td>
<td>4</td>
</tr>
<tr>
<td><strong>Direct Child Protection Experience</strong></td>
<td></td>
</tr>
<tr>
<td>Intake Screening/Investigation(^a)</td>
<td>0</td>
</tr>
<tr>
<td>Ongoing Family Services(^b)</td>
<td>3</td>
</tr>
<tr>
<td>Children’s Services(^c)</td>
<td>3</td>
</tr>
<tr>
<td>Multiple Positions(^d)</td>
<td>10</td>
</tr>
<tr>
<td>Non-Protection(^e)</td>
<td>3</td>
</tr>
<tr>
<td><strong>Child Protection Experience - Years</strong></td>
<td></td>
</tr>
<tr>
<td>&lt;1</td>
<td>3</td>
</tr>
<tr>
<td>1 to 4</td>
<td>3</td>
</tr>
<tr>
<td>5 to 9</td>
<td>2</td>
</tr>
<tr>
<td>10 to 14</td>
<td>7</td>
</tr>
<tr>
<td>15 to 19</td>
<td>0</td>
</tr>
<tr>
<td>&gt;20</td>
<td>3</td>
</tr>
</tbody>
</table>

\(^a\) Intake screening/Investigation is the initial receipt and investigation on allegations of child maltreatment.

\(^b\) Ongoing family service is the continuation of child protection services.

\(^c\) Children’s service is specific support and services for children/youth in out-of-home care.

\(^d\) Multiple positions are for those who have worked in more than one category of intake screening/investigation, ongoing family services, or children’s services.

\(^e\) Non-protection includes community social service professionals working with children and their families outside of the child protection system.
Data analysis of the focus group responses was conducted through a series of iterative phases by hand and in NVivo, version 10. The first phase of analysis involved holistic coding by hand. Holistic coding is a “preparatory approach to a unit of analysis of data before a more detailed coding or categorization process” (Saldana, 2013, p. 142). The transcripts were read in their entirety to gain familiarity with the information within the context of the focus group discussion. The data were segmented into smaller manageable parts for the identification of themes that emerge from the focus group discussion (Hennink, 2007). A constant comparative method was used to gain a thorough understanding of the various views in the discussion (Boeije, 2002). This method compares the preliminary themes identified within one focus group discussion, as well as between focus group discussions, to determine whether the same ideas appeared or whether the preliminary themes need to be further refined (Boeije, 2002).

Following this initial phase, transcripts were uploaded into NVivo, version 10 for further analysis. A second cycle of coding was conducted using structural and descriptive coding (Saldana, 2013). Structural coding is a “question-based coding” that is most suitable for research with multiple participants, standardized or semi-structured data-gathering protocols, hypothesis testing, or exploratory investigations (Saldana, 2013, p. 84). The data was segmented based on the questions and responses as outlined in the semi-structured interview guide to identify major categories or themes. Descriptive coding documents the broader topic of discussion by categorizing the data together to provide a complete summary of the coded themes. “It is essential groundwork for second cycle coding and further analysis and interpretation” (Saldana, 2013, p. 89). Child welfare workers and community service providers were consulted on the identified preliminary themes, which were agreed upon by consensus (Elliott & Timulak, 2007).
Finally, thematic analysis was conducted to identify common and important issues within the data (Boyatzis, 1998). The synthesis of findings was verified through a final feedback group comprised of child welfare workers and community service providers to ensure the interpretation of the data was accurate (Elliott & Timulak, 2007). The focus group findings were integrated with the CIS-2008 findings for an overall mixed method results and discussion.

2.2.4 Results

The findings from the CIS-2008 that were presented to focus group participants are presented first, followed by the findings from the focus group discussions. The CIS-2008 findings compare Asian-Canadian and White-Canadian households according to their case characteristics and short-term service outcome. The focus group findings provide context of the child maltreatment-related investigations and present practice considerations for working with Asian-Canadian families involved in the child welfare system.

CIS-2008 Findings

The case characteristics of child maltreatment-related investigations, whether or not substantiated, are presented in Table 3. The findings describe the type of child maltreatment-related investigation, primary maltreatment type, and substantiation decision for Asian-Canadian households involved in the Canadian child welfare system.

Type of child maltreatment-related investigation. The type of child maltreatment-related investigations included “risk investigation only” or “maltreatment investigation”. “Risk investigation only” involves a risk of future maltreatment but no specific incident or allegation of maltreatment (e.g., parent’s drinking places child at risk for physical abuse or neglect, but no specific allegations or incident is suspected; Trocmé et al., 2010). A maltreatment investigation
pertains to investigations involving a specific incident or event of maltreatment (e.g., a child was allegedly physically abused). In the CIS-2008, a higher proportion of child maltreatment-related investigations involving Asian-Canadian households were maltreatment investigations compared to White-Canadian households (84.8% vs. 74.3%, p < .001).

Table 3 Child Maltreatment-related Investigations involving Asian-Canadian and White-Canadian Households in Canada in 2008 (N = 159,325)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Asian Households</th>
<th>White Households</th>
<th>X²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimate (%)</td>
<td>Estimate (%)</td>
<td></td>
</tr>
<tr>
<td><strong>Total Child Maltreatment-related Investigation</strong></td>
<td>5,988 100</td>
<td>153,337 100</td>
<td></td>
</tr>
<tr>
<td><strong>Investigation Type</strong></td>
<td></td>
<td></td>
<td>21.88***</td>
</tr>
<tr>
<td>Risk Investigation Only³</td>
<td>911 15.2</td>
<td>39,357 25.7</td>
<td></td>
</tr>
<tr>
<td>Maltreatment Investigation⁴</td>
<td>5,077 84.8</td>
<td>113,980 74.3</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Maltreatment Type⁵</strong></td>
<td></td>
<td></td>
<td>84.02***</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>2,124 35.5</td>
<td>29,002 18.9</td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>- -</td>
<td>7,940 5.2</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>1,384 23.1</td>
<td>39,496 25.8</td>
<td></td>
</tr>
<tr>
<td>Emotional Maltreatment</td>
<td>368 6.1</td>
<td>11,353 7.4</td>
<td></td>
</tr>
<tr>
<td>Exposure Domestic Violence</td>
<td>1,124 18.8</td>
<td>26,189 17.1</td>
<td></td>
</tr>
<tr>
<td><strong>Substantiation Decision</strong></td>
<td></td>
<td></td>
<td>10.69</td>
</tr>
<tr>
<td>Unfounded⁶</td>
<td>1,773 34.9</td>
<td>48,804 42.8</td>
<td></td>
</tr>
<tr>
<td>Suspected⁷</td>
<td>484 9.5</td>
<td>12,194 10.7</td>
<td></td>
</tr>
<tr>
<td>Substantiated⁸</td>
<td>2,821 55.6</td>
<td>52,982 46.5</td>
<td></td>
</tr>
</tbody>
</table>

**Note.** Estimate based on an unweighted sample of 10,770 child maltreatment-related investigations for children 15 years and under, involving 380 Asian-Canadian households and 10,390 White-Canadian households.

³ Asian-Canadian refers to East and Southeast origins populations including Chinese, Filipino, Southeast Asian, Korean, and Japanese based on the Census definitions (Statistics Canada, 2006).

⁴ White-Canadian refers to “not a visible minority” based on the 2006 Census definitions, and excludes Aboriginal populations based on the 2006 Census definitions (Statistics Canada, 2006).

⁵ Risk investigation only involves a risk of future maltreatment but no specific incident or allegation of maltreatment (e.g., parent’s drinking places child at risk for physical abuse or neglect, but no specific allegations or incident is suspected).

⁶ Maltreatment investigation pertains to investigations involving an incident or event of maltreatment (e.g., a child was allegedly physically abused).

⁷ Primary maltreatment type is the overriding and/or most severe from of maltreatment that characterizes the investigated concern.

⁸ Unfounded is when the balance of evidence indicates that abuse or neglect has not occurred.

⁹ Suspected is when there is not enough evidence to substantiate maltreatment, but no certainty that maltreatment can be ruled out.

Substantiated cases are when the balance of evidence indicates that abuse or neglect has occurred.

- Represents weighted estimates < 100. These estimates were too small to report according to CIS regulations.

---p < .001.

**Primary maltreatment type.** The primary maltreatment type was identified as one of five typologies: physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to
domestic violence. In the CIS-2008, child maltreatment-related investigations involving Asian-Canadian households for physical abuse was almost twice that of White-Canadian households involved in the child welfare system (35.5% vs. 18.9%, \( p < .001 \)). On the other hand, the proportion of neglect, emotional maltreatment, and exposure to domestic violence was similar for child maltreatment-related investigations involving Asian-Canadian and White-Canadian households.

**Substantiation of child maltreatment concerns.** The substantiation outcomes for investigated child maltreatment include substantiated, suspected, and unfounded cases. Substantiated cases of maltreatment are when the balance of evidence indicates that abuse or neglect has occurred. Suspected is when there is not enough evidence to substantiate maltreatment, but no certainty that maltreatment can be ruled out. Unfounded is when the balance of evidence indicates that abuse or neglect has not occurred (Trocmé et al., 2010). In the CIS-2008, a slightly higher proportion of child maltreatment investigations involving Asian-Canadian households were substantiated than White-Canadian households involved in the child welfare system (55.6% vs. 46.5%).

Further analyses were conducted to examine substantiated child maltreatment investigations involving Asian-Canadian and White-Canadian households in the child welfare system. The findings are presented in Table 4. The findings describe the referral source, primary maltreatment type, and decision to transfer to ongoing child welfare service for substantiated child maltreatment investigations involving Asian-Canadian families in the child welfare system.

**Referral sources.** A higher proportion of reports for substantiated child maltreatment investigations involving Asian-Canadian households were from professional referral sources in

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24 Child maltreatment investigations do not include assessment of risk of future maltreatment.
comparison to White-Canadian households involved in the child welfare system (90.2% vs. 75.6%, p < .001).

Table 4 Substantiated Child Maltreatment Investigations by Asian-Canadian and White-Canadian Households in Canada in 2008 (N = 55,802)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Asian Household</th>
<th>White Household</th>
<th>X²</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimate</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Total Substantiated Child</td>
<td>2,820</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Maltreatment Investigation</td>
<td>52,982</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Referral Source</td>
<td></td>
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<td>20.92***</td>
</tr>
<tr>
<td>Professionals</td>
<td>2,544</td>
<td>90.2</td>
<td></td>
</tr>
<tr>
<td>Non-professionals</td>
<td>277</td>
<td>9.8</td>
<td></td>
</tr>
<tr>
<td>Primary Maltreatment Type</td>
<td></td>
<td></td>
<td>29.35***</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>1,033</td>
<td>36.6</td>
<td></td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Neglect</td>
<td>638</td>
<td>22.6</td>
<td></td>
</tr>
<tr>
<td>Emotional Maltreatment</td>
<td>248</td>
<td>8.8</td>
<td></td>
</tr>
<tr>
<td>Exposure Domestic Violence</td>
<td>880</td>
<td>31.2</td>
<td></td>
</tr>
<tr>
<td>Transfer to Ongoing</td>
<td></td>
<td></td>
<td>40.29***</td>
</tr>
<tr>
<td>Yes</td>
<td>544</td>
<td>19.3</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2,276</td>
<td>80.7</td>
<td></td>
</tr>
</tbody>
</table>

Note. Estimate based on an unweighted sample of 3,771 substantiated child maltreatment-related investigations for children 15 years and under, involving 332 Asian-Canadian households and 7,723 White-Canadian households.

a. Asian-Canadian refers to East and Southeast origins populations including Chinese, Filipino, Southeast Asian, Korean, and Japanese based on the Census definitions (Statistics Canada, 2006).

b. White-Canadian refers to “not a visible minority” based on the 2006 Census definitions, and excludes Aboriginal populations based on the 2006 Census definitions (Statistics Canada, 2006).

c. Professional referral sources often have a legal and professional ethical obligation to contact child welfare when there are concerns of child maltreatment (e.g., social workers, teachers, health care providers, etc.).

d. Non-professional referral sources often have a legal obligation to contact child welfare when there are concerns of child maltreatment (e.g., relative, neighbor, friend, etc.).

e. Primary maltreatment type is the overriding and/or most severe from of maltreatment that characterizes the investigated concern.

f. Transfer to ongoing child welfare services is the practice decision to transfer a case to ongoing child protection services for continued support and family services.

- Represents weighted estimates < 100. These estimates were too small to report according to CIS regulations.

***p < .001

Primary maltreatment type for substantiated child maltreatment investigations.

Child maltreatment investigations involving Asian-Canadian households were substantiated primarily for physical abuse (36.6%), followed by exposure to intimate partner violence (31.2%),
neglect (22.6%), emotional abuse (8.8%), and sexual abuse (- %)\textsuperscript{25} in the child welfare system. In contrast, child maltreatment investigations involving White-Canadian households were substantiated primarily for exposure to intimate partner violence (34.0%), followed by neglect (31.3%), physical abuse (21.1%), emotional maltreatment (9.9%), and sexual abuse (- %) in the child welfare system.

**Transfer to ongoing child protection services.** Transfer to ongoing child protection service is the practice decision to transfer a family to receive ongoing child protection services for continued support and family services. In the CIS-2008, substantiated child maltreatment investigations involving Asian-Canadian households were less than half that of White-Canadian households to be transferred to ongoing child protection service (19.3% vs. 43.1%, p < .001).

**Focus Group Findings**

The focus group findings describe child welfare workers and community service provider’s perceptions and interpretations of the CIS-2008 findings.

**Type of child maltreatment-related investigation.** Focus group participants suggested the maltreatment-related investigations involving Asian households were typically due to physical discipline, but were likely low severity and single incidences of involvement with the child welfare system. One worker indicated the closed and rigid family boundaries among Asian-Canadian families contribute to the type of child maltreatment-related investigations: “…quiet family and children are not encouraged to speak about private family matters so then the only time we [the child welfare system] do get involved is when an incident has already happened. So we [the child welfare system] are not getting in at the early help stages.”

\textsuperscript{25} - represent estimates that are < 100 child maltreatment investigations in the CIS-2008. These estimates were too small to report according to CIS regulations.
Participants believe that the use of physical discipline is considered a “cultural norm” in the Asian-Canadian families they investigated. The child welfare workers report that often their role involved psycho-education interventions to educate parents: “We talked to parent about, it [physical discipline] is not appropriate, there are other ways of discipline and giving them some strategies, we sometimes never saw the family again.” One participant further explained: “It’s different and they [Asian-Canadian families] don’t understand this formal system … if you want to engage with a family you do have to be flexible and open in a culturally respectful way that is very different than the professionalism of Western notions of how you work with a family within the context of child protection.”

**Primary maltreatment type.** Focus group participants discussed and differentiated physical discipline from physical abuse. One participant suggests: “Discipline and corporal punishment is not necessarily equivalent to physical abuse.” Another participant further elaborated: “It is a form of teaching, but it’s not like abuse. Abuse is when they [caregivers] just hit for whatever reason. They [abusive caregivers] just hit out of anger.” Another participant referenced Section 43 of the Canadian *Criminal Code* which permits the use of physical force and outlines the boundaries of such practice: “Although the law allows a certain type of corporal punishment, there is a line that you cannot cross, in terms of age or where you hit, how you hit.”

In regard to the low proportion of investigations involving Asian-Canadian families for sexual abuse, one participant suggests that child welfare workers “have the myth that it [sexual abuse] would not happen often because the [Asian] culture is quite traditional. In reality, sometimes [the sexual abuse is] more, and more serious because they [the child victim] did not disclose. So that’s why, when we [child welfare workers] do intake [assessment] with Asian families, we have to pay more attention to this.”
Substantiation of child maltreatment concerns. Focus group participants indicated that language barriers may impede investigated Asian-Canadian caregivers full participation in the child welfare decision-making process: “When you [Asian-Canadian caregiver] cannot explain yourself and then you get even more nervous … you’re talking, you’re not understand[ing], you’re not listening.”

Referral sources. Focus group participants discussed the dynamics of Asian-Canadian families as inhibitors for non-professional referral sources. Several participants indicated that “the Asian culture is a more ‘close-knit group’.” Another participant reported: “I hear a lot of times people saying: ‘I don’t want to create trouble for other people’s families’ … There is maybe a lot more reservation in some Asian populations about opening, getting involved in other families’ business.” Participants acknowledged that professional referral sources have a professional obligation to contact child welfare services for any maltreatment, regardless of whether it was in the context of physical discipline. One participant suggests: “Maybe when the lady is going to the doctor reporting something, the doctor has an obligation to call us. That’s the way we [the child welfare system] come to know. The child is going to school with a mark for whatever, they [the school] just call us.” Another participant elaborated: “The teacher has no context within what type of discipline was used and so you cannot guarantee that CAS will not come to your door. So I always tell them [caregivers], if you don’t want CAS at your door, refrain [from any hitting].”

Primary maltreatment type for substantiated child maltreatment investigations. In regard to the higher proportion of substantiated investigations involving Asian-Canadians for physical abuse, participants repeated that this was not physical abuse but rather physical discipline. The notion of culturally sanctioned forms of discipline was discussed: “I think use of
corporal punishment is quite common in Asian populations. It’s quite the norm.” One participant indicated their child welfare response was determined by the caregiver’s familiarity with the Canadian laws and their level of acculturation: “If a family came [to Canada] just last year or this year and they use physical discipline, I try to educate them. But the other one [not a new immigrant], I hold them responsible. I tell them [the caregiver], you are here, you learnt everything, you knew the system, and you are still using it [physical discipline], no, not acceptable.”

Participants discussed the broader structural issues related to poverty that may lead to a judgment of neglect for Asian-Canadians: “Neglect, very often, is because it’s a conflict between the institution and the way that the parents are dealing with the situation. They don’t have a doctor, they don’t bring their lunch, other issues like that, are called in by these professionals and the educations. That we identify as neglect.” One participant discussed a case in which the caregivers thought they were providing care and basic needs for their family by agreeing to have a marijuana grow-op in the home; however, the child welfare system deemed their source of income as child maltreatment and apprehended the children:

I spoke to a mother who said, I had no idea that the children would be an issue because if somebody had told me that and said to me, I’m going to set you up in a grow-op house but if you’re caught your children might be taken away, a lot of families wouldn’t do it. But they had no clue that that was one of the effects of getting involved in it, they heard money and they heard, we’ll protect you.

Ongoing child protection services. Focus group participants indicated a number of possible reasons for the lower proportion of substantiated child maltreatment investigations involving Asian-Canadian households that were transferred to ongoing child protection service. The reasons included the perceived lower severity of child maltreatment and single incident of child maltreatment, family refusal of continued child welfare service, and child welfare workers’
lack of knowledge regarding the family needs. One focus group participant indicated: “We’re not transferring them [the family] to ongoing service because we don’t have a full depth and breadth of understanding of the family. To me, that’s about language barriers and cultural barriers.”

One participant indicated that a child welfare intervention may silence a family and further inhibit disclosure or discussion: “We have an intervention and people [child welfare workers] are going to come into our [family] home and ask us whether this [physical discipline] is used anymore. You’re [family is] not allowed to talk about this anymore and there’s a silencing that is occurring. I don’t know whether real intervention has occurred in terms of changing and achieving some broader considerations for child-rearing.” The participant further suggests that continued child welfare services may be needed for genuine change to occur:

Some of the families I’ve worked with around things like physical discipline, even the parents themselves, two parents, can have very different views. One parent can be completely on the opposite end of the spectrum, and it takes a lot of work and engagement to even get to that place of being able to understand where each other is coming from. Being able to do that in one visit in saying no, this physical discipline is not appropriate, I can’t see that just changing someone’s mind completely in terms of their views of physical discipline and why they use it. I’d be very skeptical of whether you could do that work in one visit.

The focus group participants discussed the lack of early intervention and supports for families, as well as the lack of culturally appropriate services for families. However, continued child welfare service is often voluntary and families must see the need: “we try to connect them to resources but if the families don’t see the importance … it seems more as an imposition.”

2.2.5 Discussion

The CIS-2008 findings provide a descriptive overview of Asian-Canadian households involved in the child welfare system. When these findings were presented to several focus groups of child welfare workers and community service providers, practice insights and context for the CIS-
2008 data were elucidated. Several overarching themes were noted regarding Asian-Canadian households and their involvement in the child welfare system: “close-knit” family dynamics inhibiting disclosure and child welfare involvement, culturally normative disciplinary practices are defined in the Canadian context as “abuse”, lack of mutual understanding between child welfare professionals and investigated Asian-Canadian families, and child welfare services should be based on the client’s need.

“Close-knit” Family Dynamics Inhibiting Disclosure and Child Welfare Involvement

Focus group participants described Asian-Canadian families as having “close-knit,” “private,” reserved and “rigid” structures, and these dynamics have been described as inhibiting disclosure and child welfare involvement. Participants indicated that the value of family privacy prevents disclosure of child maltreatment concerns, and professional are usually only involved once an incident has already occurred and have been reported to the child welfare system. This emphasis of family privacy also discourages individuals from self-reporting and prevents non-professionals from intervening in other families’ concerns and contacting child welfare on their behalf. This is in line with the *Theoretical Framework of Child Maltreatment Among Asian Americans* (Zhai & Goa, 2009) and the literature that acknowledges that the breach of family privacy is considered disrespectful behavior in Asian cultures because it brings shame to the family (Rhind et al., 1999; UNICEF, 2005; Zhai & Goa, 2009).

If the child welfare system is involved with the family, the closed and rigid boundary of the family system keeps professional service providers at the periphery and prevents further involvement. The value of family privacy places a limit of how much information are provided to child welfare workers by the family member. On the other hand, the family’s desire for privacy is used by child welfare workers to leverage change because parents are willing to no
longer use physical discipline in order to prevent continued or future child welfare involvement. While focus group participants acknowledge that child welfare involvement with Asian-Canadian families may provide the necessary psycho-educational intervention as proposed in the *Culture and Child Maltreatment Decision-making Model* (Terao et al., 2001), it may also silence and inhibit disclosure or discussion as a way to maintain the “close-knit” boundary of the family system. Given the private nature of Asian-Canadian families, participants reported the need for greater attention, care and cultural sensitivity in understanding the family concerns, particularly around taboo topics such as sexuality, abuse, and domestic violence.

**Culturally Normative Disciplinary Practices are Defined in the Canadian Context as “Abuse”**

The Canadian *Criminal Code* Section 43 parameters of “reasonable force”, child welfare definitions of abuse, and culturally sanctioned methods of discipline collide in the discussion of Asian-Canadian involvement in the child welfare system. Section 43 of the Canadian *Criminal Code* states: “Every school teacher, parent or person standing in the place of a parent is justified in using force by way of correction toward a pupil or child, as the case may be, who is under his care, if the force does not exceed what is reasonable under the circumstance” (Barnett, 2008, p. 2). The permission to use “reasonable force” stands in opposition to child welfare’s role in ensuring the safety and protection of children from maltreatment (Barnett, 2008). There have been proposals for the reform and repeal of the *Criminal Code*, Section 43 (e.g., Canadian Foundation for Children, Youth and the Law v. Canada [Attorney General]; Durrant, Trocmé, Fallon, Milne, & Black, 2009,) but without success. Asian-Canadian families are in the crossroads between what are legally permissible disciplinary methods in Canada and the child welfare definition of physical abuse.
Focus group participants in this study identified this tension and contradiction in their involvement with families. Participants acknowledge professionals have a “duty to report” and without knowing whether the use of force was in the context of discipline, the discovery of a mark on a child or disclosure of the use of physical force on a child may create concerns of physical maltreatment. Participants confirm that the use of physical force on a child can be categorized as physical abuse based on the Ontario Child Welfare Eligibility Spectrum (OACAS, 2006) and may warrant eligibility for child protection involvement according to the Child and Family Service Act section 37(2). Participants indicate that upon investigation of alleged child maltreatment, the confirmation or admission of physical force used on the child can result in a substantiated child maltreatment investigation outcome. Nevertheless, participants acknowledge that this may not be physical abuse but rather culturally normative discipline practices by way of corporal punishment.

Many studies have examined the use of physical discipline in Asian families and confirm the prevalence of such practices across the East and Southeast Asia regions (Chao, 1994; Ho et al., 2012; Lau, 2010; Park, 2001; Tang, 2006). The use of corporal punishment among Chinese parents has been described as teaching and training children to be deferent and respectful to elders; motivating academic, social, and moral character; instilling strong masculine character among boys; and training children to be able to endure hardship (Chao, 1994; Lieber et al., 2006; Tang, 2006; Zhu & Tang, 2012). However, parental intentions may not be understood or accepted by the children experiencing corporal punishment (Chan et al., 2011; Lau, 2010; Zhu & Tang, 2012). Zhu and Tang (2012) found that although Chinese children perceived their parent’s use of physical force as “loving punishment,” the children strongly stated that such harsh discipline should be replaced by more respectful, non-violent, solution-focused disciplinary
methods. To negotiate this complex tension between the Canadian *Criminal Code*, Section 43 parameters of “reasonable force,” child welfare definitions of abuse, and culturally sanctioned methods of discipline, child welfare workers in this study reported utilizing a critical reflexive approach in assessing child maltreatment. In their practice, child welfare workers examine the broader historical, social-economic, and cultural context of child-rearing as viewed through the lens of the Ontario provincial child welfare system. Participants acknowledge that ultimately the level of severity, patterns of harm and multiplicity of complex concerns is what determines the need for child welfare intervention. Participants indicated the need for a delicate balance of recognizing cultural normative discipline methods, but also when such practices breach acceptability and may be considered abusive.

**Lack of Mutual Understanding Between Child Welfare Professionals and Investigated Asian-Canadian Families**

Many countries in Southeast Asia do not have established child welfare systems or legislation for the protection of children from maltreatment (UNICEF, 2005). Focus group participants in this study acknowledge that Asian-Canadian families may not be familiar with the role of social workers or the child welfare system. Similar to Kriz and Skivenes (2012), participants in this study noted that child welfare workers might be equated with police or other authorities that instill fear and unquestioned compliance in cooperation. Child welfare workers also do not have a good understanding of Asian-Canadian families due to language and cultural barriers, and the “close-knit” private family dynamics. This lack of understanding on both sides may result in missed opportunities for early intervention, and for meeting the needs of the child and family. Dakil et al. (2011) found the detection of alleged concerns for physical abuse among Asian Americans often does not translate to continued ongoing services or referral to community resources.
Child Welfare Services Should be Based on Client’s Needs

Based on the different patterns of involvement between Asian-Canadian and White-Canadian households in the child welfare system, focus group participants in this study suggested a number of “best practice” principles for working cross-culturally. Participants suggest engaging with families in more “flexible,” “open,” and “culturally respectful way,” which means doing things creatively and differently with members of diverse cultural communities. This may involve respecting the family’s views of whether or not to use a translator, conducting additional home visits to build rapport and engaging in more in-depth conversations, knowledge sharing and conversations about what child welfare and optimal child well-being means, equipping caregivers with a range of parenting strategies and community resources to best care for their children, and operating from a strengths-based perspective that includes respecting the client’s determination of service need. These suggestions address some of the barriers to access health services (Kim & Keefe, 2010) and mental health service (Garland et al., 2003; Leong & Lau, 2001) that has been identified among Asian populations.

Limitations

It is important to acknowledge that the Asian category encompasses many linguistic, cultural, traditional, spiritual, and socio-economical-political differences; however, more discrete categorization of Asian heritage including immigration status was not available in the CIS-2008 dataset. Also, ethnicity was determined at the caregiver level rather than the child level and it was measured by the judgment of the child welfare worker responsible for the investigation.

The CIS-2008 examines child welfare investigations and therefore, is unable to account for incidents of child maltreatment that were not reported to child welfare authorities, screened out and not investigated, and new reports for already opened child welfare cases.
Focus group participants were drawn from an urban area in southern Ontario, Canada. Therefore, the child welfare practices and perspectives may not be generalizable to other provinces or contexts. Missing are the voices and perspectives of the child welfare service users, as well as other professionals providing service to Asian-Canadian families involved in the child welfare system.

2.2.6 Conclusion

Asian children and families are an under-represented (Dakil et al., 2011; Fluke et al., 2011; Hill, 2007) and under-studied population in child welfare research in Canada (except Lee et al., 2014). The social service sector needs to be equipped and guided by an evidenced-based approach to meet the needs of diverse populations. This study explored the demographic and case characteristics, short-term service outcome, and child protection workers experience and perception of working with Asian-Canadian households involved in the child welfare system.

This study used a mixed method approach to build a comprehensive understanding of Asian-Canadian households involved in the child welfare system at national and local levels. The results from secondary data analysis using the CIS-2008 indicated substantive differences between Asian-Canadian and White-Canadian households investigated by child welfare agencies. Differences were found with respect to the household composition, investigation type, maltreatment type, and short-term child protection service outcome. More than a third of Asian-Canadian households in the CIS-2008 were investigated (35.5%) and substantiated (36.6%) for physical abuse, compared to White-Canadian households. Substantiated child maltreatment investigations for Asian-Canadian households was less than half that of White-Canadian households to be transferred to ongoing child protection service (19.3% vs. 43.1%). The differences in case characteristics and service provision are consistent with this author’s previous
study (e.g., Lee et al. 2014). The results from focus groups with child welfare workers validate the results from secondary data analysis using the CIS-2008, and offer cultural and structural context for understanding child welfare involvement with Asian-Canadians.
2.3 References


*Child and Family Services Act, R.S.O. 1990, c. C.11.*


Chapter 3
Second Paper

Delineating disproportionality and disparity of Asian-Canadian versus White-Canadian households in the child welfare system

3.1 Abstract

Objective: This paper builds upon the analyses presented in three companion papers using data from the 2003 and 2008 cycles of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003 and CIS-2008) and the Ontario Child Abuse and Neglect Data System (OCANDS) to examine disproportionality and disparity of child welfare involvement for Asian-Canadian households involved in the child welfare system.

Methods: This study used CIS-2008 data adjusted by Census child population data to examine rates per 1,000 and three disparity indexes (population-based disparity index [PDI], decision-based disparity index [DDI], and maltreatment-based disparity index [MDI]) to determine the representation of child maltreatment investigations for Asian-Canadian versus White-Canadian households involved in the child welfare system. Logistic regression analyses were conducted to determine the odds of case closure for substantiated child maltreatment investigations, and whether Asian ethnicity remained significant while controlling for child demographics and household composition, case characteristics, and clinical concerns.

Results: This study found that Asian-Canadian households were under-represented in the child welfare system compared to White-Canadian households (13.9 per 1,000 Asian children in the
Canadian population vs. 36.1 per 1,000 White children in the Canadian population). Asian-Canadian households are almost 2 times more likely to close after an investigation than White-Canadian households. The three disparity indexes (PDI, DDI, MDI) showed substantially different results with respect to the representation of child maltreatment investigations involving Asian-Canadian versus White-Canadian households for physical abuse, sexual abuse, neglect, emotional maltreatment, and exposure to domestic violence.

**Conclusions:** Disproportionality and disparity are complex phenomena. The variation in results derived from different methods of calculating representation suggests the need for greater clarity and consistency in the definitions and methodology in examining racial disparity in child welfare research. Some methodological considerations for future child welfare research with Asian-Canadian populations were discussed.
3.2 Manuscript

3.2.1 Introduction

Disproportionality and disparity have received increasing attention over the past two decades in child welfare research in North America (Ards, Chung, & Myers, 1998; Fluke, Harden, Jenkins, & Ruehrdanz, 2010; Hill, 2006; Hines, Lemon, Wyatt, & Merdinger; 2004). Considerable research has focused on the over-representation of Black/African American populations in the child welfare system in the United States (e.g., Ards, Myers, Malkis, Sugrue, & Zhou, 2003; Chapin Hall Centre for Children [CHCC], 2008; Clarke, 2011; Hill, 2004) and First Nations/Aboriginal populations in the child welfare system in Canada (e.g., Sinha et al., 2011; Trocmé, Knoke, & Blackstock, 2004). Conversely, very little attention has been given to Asian\textsuperscript{26,27} children and families involved in the child welfare system in the United States (for exceptions see Chang, Rhee, & Berthold, 2008; Ima & Hohm, 1991; Pelczarski & Kemp, 2006) and Canada (for exceptions see Lavergne, Dufour, Trocmé, & Larrivée, 2008; Lee, Rha, & Fallon, 2014).

This paper builds upon the analyses presented in three companion papers (Lee et al., 2014; Lee, Fuller-Thomson, Black et al., in progress; Lee, Fuller-Thomson, Fallon et al., in progress) that used data from the 2003 and 2008 cycles of the Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2003 and CIS-2008) and the Ontario Child Abuse and Neglect Data System (OCANDS) to examine disproportionality and disparity of child

\textsuperscript{26} Asian refers to East and Southeast Asian origin populations including Chinese, Filipino, Southeast Asian, Korean, and Japanese (Statistics Canada, 2006).

\textsuperscript{27} The U.S. Census Bureau defines Asian as racial populations including Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, and Other Asians and Other Pacific Islanders.
maltreatment-related investigations\(^{28}\) involving Asian-Canadian households\(^{29}\). Based on CIS-2003 data, Lee et al. (2014) found substantiated child maltreatment investigations\(^{30}\) involving Asian-Canadian households had a higher percentage of the physical abuse subtype “hit with object” compared to other subtypes, which include shake, push, grab or throw; hit with hand; punch, kick or bite; choking, poisoning, stabbing; and other physical abuse. The authors also found a greater likelihood for child welfare placement during the investigation, despite lower percentage of emotional harm, no significant differences in physical harm, and fewer identified caregiver risk factors, compared to non-Asian-Canadian\(^{31}\) households in the CIS-2003. The findings prompted additional exploration by replicating\(^{32}\) the original study by Lee et al. (2014), using CIS-2008 data combined with focus groups involving child welfare workers and community service providers. The focus groups elicited their interpretations of the results from the CIS-2008 and their perspectives working with Asian-Canadian children and families involved in the child welfare system. Administrative child welfare data from the Ontario Child Abuse and Neglect Data System (OCANDS) was used to examine the profile of child protection

\(^{28}\) Child maltreatment-related investigations include “investigations of possible past incidents of maltreatment or assessment of risk of future maltreatment” and “all ‘retained’ cases with maltreatment-related case classification codes” (Trocmé et al., 2010, p. 14).

\(^{29}\) Ethnicity was determined in the CIS-2008 at the caregiver level rather than the child level. For that reason, child maltreatment-related investigations involving Asian-Canadian and White-Canadian caregivers are a proxy for child maltreatment-related investigations involving Asian-Canadian and White-Canadian children. The term household is used throughout this paper to denote household characteristics applicable to both caregivers and children, and child maltreatment-related investigations at the family level.

\(^{30}\) Child maltreatment investigations do not include assessment of risk of future maltreatment.

\(^{31}\) Child maltreatment-related investigations involving non-Asian caregivers (excluding Aboriginal) served as the comparison group for the initial exploratory study.

\(^{32}\) Child maltreatment-related investigations involving White-Canadian caregivers served as the comparison group because studies examining specific ethno-racial populations such as Black (Clarke, 2011) and Aboriginal (Sinha et al., 2011) have shown significantly different child welfare involvement and outcomes from the rest of the Canadian population. To account for these differences, Asian-Canadians were compared to White-Canadians, rather than a broader “non-Asian” category.
investigations that were closed after investigations instead of transferred to ongoing child protection services, and whether investigations involving Asian-Canadian households were closed prematurely compared to White-Canadian households.

The CIS-2003, CIS-2008, and OCANDS results consistently demonstrated significant differences with respect to the maltreatment type, investigation type (e.g., maltreatment-related investigation and risk investigation), and short-term child protection service outcome (e.g., transfer to ongoing child protection services or close after investigation) for Asian-Canadian households compared to non-Asian (CIS-2003 analyses) or White-Canadian households (CIS-2008 and OCANDS analyses) involved in the child welfare system. The results from the companion papers (Lee et al., 2014; Lee, Fuller-Thomson, Black et al., in progress; Lee, Fuller-Thomson, Fallon et al., in progress;) are based on a child welfare population sampling frame which included children and families involved in the child welfare system. The current research is a subsequent analysis of Lee et al.’s CIS-2008 study, adjusted by Census child population data. The use of Census child population data expands the sampling frame to include all children in Canada so that an estimated incidence or rate per 1,000 children in the Canadian population can be derived. The results are an estimated number of Asian-Canadian children involved in the child welfare system, given their representation in the Canadian child population.

**Research Questions**

Asians are an under-studied population in child welfare research (Behl, Crouch, May, Valente, & Conyngham, 2001). The existing studies present the proportions of Asian-Canadian households involved in the child welfare system (Lee et al., 2014; Lee, Fuller-Thomson, Black et al., in progress; Lee, Fuller-Thomson, Fallon et al., in progress), but do not expand beyond the
child welfare system to examine their representation in the Census\textsuperscript{33} population (rate per 1,000 of the child population in Canada). To provide a thorough examination of child maltreatment-related investigations involving Asian-Canadian households, this study uses CIS-2008 data adjusted by Census child population data to answer the following research questions:

1. What is the representation of Asian-Canadian households versus White-Canadian households in the child welfare system in Canada in 2008?

2. What are the differences in representation in child maltreatment-related investigations and substantiated child maltreatment investigations involving Asian-Canadian households compared to White-Canadian households in the child welfare system in Canada in 2008?

3. What factors are associated with the decision to close after a child maltreatment investigation for Asian-Canadian households in the child welfare system in Canada in 2008?

3.2.2 Literature Review

The terms racial disproportionality and disparity have often been used interchangeably or in conjunction with each other. The lack of clarity and consensus in the definition and measurement of disproportionality and disparity have been noted as a barrier and concern in child welfare research (Fluke, Harden, Jenkins, & Ruehrdanz, 2010). The literature review in this paper aims to delineate these constructs in order to be able to effectively measure and ascertain its effects.

Racial Disproportionality and Disparity Definitions

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\textsuperscript{33} The Census is a mandatory nationwide enumeration of the Canadian population conducted every 5 years by Statistics Canada. The year 2006 was the last Census that included data regarding immigration and ethno-cultural diversity. The National Household Survey that includes data regarding immigration and ethno-cultural diversity replaced the Statistics Canada long-form questionnaire in 2011.
**Disproportionality** in the simplest terms refers to the state of being unbalanced – either over-represented or under-represented in the child welfare system. Disproportionality can be determined by “the number of children of a particular group experiencing an event divided by the number of children in the broader population of that same group. The result can be multiplied by 100 to produce a percent or by 1,000 to produce a rate per 1,000” (Shaw, Putnam-Horstein, Magruder, & Needell, 2008, p. 26). “The reference group can refer to the overall population (unconditional) or the population who experiences a specific decision point (conditional)” (Meyers, 2010, as cited in Fluke et al., 2010, p. 8). The method of using an unconditional reference group or population-based sample has been termed incidence rates in Sinha et al.’s (2011) study that focused on First Nations populations. According to Sinha et al. (2011):

Incidence rates were calculated by dividing the counts of First Nations investigations by 100,385, the weighted First Nations child population (aged 0 to 15) living in the geographic areas served by sites in the CIS-2008 sample. Equivalently, non-Aboriginal incidence rates were calculated by dividing the counts investigations by 2,494,840 the weighted non-Aboriginal child population (aged 0-15) living in the areas served by sites in the CIS-2008 sample (p. 39).

A similar definition and method of calculating representation is the Disproportionality Metric (DM) Shaw et al. (2008) provides the following example:

To compute the Disproportionality Metric for Black children in foster care, the number of Black children in care (75) would be divided by the total number of children in care (550), and then this proportion would be divided by the total number of Black children in the population (25,000) as a proportion of the total child population (500,000). As shown, a Disproportionality Metric of 2.728 is computed, indicating that Black children are overrepresented in the foster care system in County “A” compared to their representation in the population as a whole (p. 27).

The rates and percentages in the DM offer a standardized measure of representation and provide a “basic starting point for examining disparity” (Shaw et al., 2008, p. 26).

According to Myers (2010), *disparity* is

the comparison of the ratio of one race or ethnic group in an event to the representation of another race or ethnic group who experienced the same event. Like disproportionality, the
reference population in the denominator for both groups can refer to the overall population (unconditional) of the group or the population among the group who experiences a specific decision point (conditional). A disparity exists when the ratios being compared are not equal (as cited in Fluke et al., 2010, pp. 8-9).

The unequal representation of a particular race or ethnic group in the child welfare system raises concerns of possible bias and discrimination. According to Myers (2010), “

*discrimination is the unequal treatment of identically situated groups*” (p. 110). A challenge in examining discrimination is that it is difficult to identify identically situated groups who have the same characteristics and risk factors, such as family composition, socio-economic status, and history of child welfare involvement. Fluke et al., (2010) suggest that “the identification of disparities may be the first step in identifying possible discrimination” (p. 9) and “more sophisticated analytic techniques such as multivariate methods” (p. 9) are needed.

**Racial Disproportionality and Disparity Methodology**

The examination of racial disproportionality and disparity both have their merits, however, some scholars suggest that disparity is a more “statistically sound, easily interpretable method” (Shaw et al., 2008, p. 26), and useful concept (Meyers, 2010; Wulczyn, 2010) to measure racial representation in child welfare. According to Shaw et al. (2008), the Disproportionality Metric is limited by its mathematical design that imposes a theoretical maxima that is a function of the population proportion for a given group. “The Disproportionality Metric is biased toward showing no effect when the identified group of interest comprises a large proportion of the population” (Shaw et al., 2008, p. 29). This makes comparisons difficult over time, across geographical areas, or between groups. As demonstrated in Wulczyn (2010) and Myers (2010), the examination of disparity enables meaningful comparisons between racial groups and can offer more nuanced methods to research differences in racial representation in child welfare.
There have been different methods to measure representation in child welfare research. The primary difference in methodology have been the reference group or denominator used in the enumeration of disparity. One approach used by Shaw et al. (2008) was to compare “the level of representation for one group (for example, black children) versus all others (in this example, all non-black children)” (p. 32). A concern with this method is that the disparity index is sensitive to variability within the comparison group. For example,

it is entirely possible for Blacks to have higher abuse rates than Whites but for their abuse rates to be about the same as the overall abuse rates if there are other non-white groups, e.g., American Indians or Hispanics, who also have high abuse rates, resulting in overall abuse rates that are higher than white abuse rates (Myers, 2010, p. 109).

Another approach used by Wulczyn (2010) is to calculate the “ratio of Black child foster care admissions per 1,000 Black children to White child admissions per 1,000 White children” (p. 121). This method is aligned with Hill’s (2006) definition that compares a racial or ethnic minority group to a White non-Hispanic minority group.

Another consideration in measuring racial disparity is the use of population-based (unconditional) or decision-based (conditional) denominators. For example, a population-based enumeration of the rate of disparity can be obtained by calculating the rate of visible minority children receiving child welfare service as of a specific date per 1,000 visible minority children in the Census population, compared to the rate of White children receiving child welfare service as of a specific date per 1,000 White children in the Census population (Courtney & Skyles, 2003; Fluke et al., 2010; Hill, 2006). A decision-based enumeration of the rate of disparity uses a prior child welfare decision point as the denominator for a particular child welfare service disparity calculation. For example, child welfare placements can only occur for children already involved in the child welfare system. A decision-based enumeration of the rate of disparity can be obtained by calculating the number of visible minority children in child welfare placement,
divided by the number of visible minority children in cases opened for services, compared to an
equivalently calculated ratio for White children in child welfare placement (Fluke et al., 2010).
The distinctions of the sampling frame are important because a change in denominator results in
a change in the calculations of representation between the two groups.

Using statewide data from Colorado, Fluke et al. (2010) demonstrated the difference that
can result when using a population-based denominator versus a decision-based denominator.
When the total state population of Blacks and Whites were considered, African American
children were over two times as likely to be investigated for child maltreatment compared to
White American children. In contrast, when only those who had been referred to child welfare
services were used as the denominator, the proportion of referred Blacks who were investigated
was comparable to the proportion of referred Whites who were investigated.

The utility of population-based rates is that it can be easily derived based on the available
child welfare data and census data. However, population-based rates “may carry the decision
exposure burden associated with prior events and decisions … [and] the source or cause of the
bulk of any disparity may lay further up- or downstream in the context of the flow of children
and families through the system” (Fluke et al., 2010, p. 31). To account for these decision
exposure burdens, it is recommended that decision-based denominators be used to determine the
disparities at any particular stage of child welfare service (Fluke et al., 2010).

Racial Disproportionality and Disparity in Child Welfare Practice

In child welfare practice, disparity “refers to how minority children and families are
treated in the child welfare system compared to the treatment of white children and families”
(Hill, 2006, p. 8). Chapin Hall Centre for Children (2008) describes disparity as an observed
difference that is unnecessary. Disparity is the “various race-related differences in system
contact, case processing, and service delivery that lead to disproportionality” (CHCC, 2008, p. 18). Chapin Hall Centre for Children (2008) also notes that “when particular disparities are tied to race, and when an analysis determines they may be systematic and intentional, but at odds with the objective needs of a population, such disparities could be considered racial inequities” (p. 33).

Some researchers have disputed the evidence of racial disparity and inequality in the child welfare system. Ards, Chung and Myers (1998) argue that racial disparities are due to sampling bias in the National Incidence Study of Reported Child Abuse and Neglect (NIS) because 1) the reporting rates by race differ, 2) the reporting rates by type of maltreatment differ, 3) the NIS excluded major cohorts of reporters (i.e., neighbours, family members, and friends) from its study design, and 4) the cases handled by child protection may be different from categories used by NIS. In support of this argument, Drake and Jonson-Reid (2011) found no evidence of racial bias among reporters; rather, risk factors (particularly poverty) were identified as driving the incidence of child maltreatment and disparities in maltreatment rates among different racial/ethnic groups. Similarly, Drake and Jonson-Reid (2011) and Drake and Rank (2009) found that children living in poverty were overwhelmingly more likely to be maltreated, reported and validated compared to children not living in poverty. Wulczyn (2010) examined the race specific relationship between child poverty and child maltreatment, and found regional (county and state) differences. Disparity was found to be greatest in states with the lowest poverty rates, whether White child poverty or Black child poverty. Wulczyn (2010) hypothesized that this finding may be due to structural differences in the communities with higher concentrations of poor children (e.g., service availability or service quality), or the differing relationship between child welfare service utilization and race.
The differences in service provision in the child welfare system may be due to “hands-on” and “hands-off” practice approaches. “Hands-on” practice occurs when “social workers intervene too extensively in a family’s life because of biased assumptions about ethnic minorities” (Kriz & Skiveness, 2010, p. 6). “Hands-off” practice occurs when “social workers do not react to a minority child’s harmful upbringing and living conditions because they consider them ‘normal’ practice for the ethnic minority family” (Kriz & Skiveness, 2010, p. 6).

There is debate in the child welfare literature regarding the nature and measurement of racial disproportionality and disparity in the child welfare system. This study uses rates per 1,000 in the child population in Canada and three different disparity index measures (population-based, decision-based, and maltreatment-based) to determine the representation of Asian-Canadian households in the child welfare system. Together with the three companion papers (Lee et al., 2014; Lee, Fuller-Thomson, Black et al., in progress; Lee, Fuller-Thomson, Fallon et al., in progress), this study aims to provide a nuanced examination of an understudied population in child welfare research.

3.2.3 Methods

Data Source and Sample

The current study involved the secondary data analysis of the CIS-2008 with a focus on Asian-Canadian households. The CIS-2008 is the most comprehensive and representative study of the incidence and characteristics of reported child maltreatment in Canada (Trocmé et al., 2010). The CIS-2008 used a multi-stage sampling design to select a representative sample of 112 child welfare sites across Canada. Cases were sampled over a three-month period within these child welfare sites and cases that met the study criteria were included. This resulted in a final sample of 15,980 child maltreatment-related investigations. Two sets of weights were applied to
the data in order to derive national annual incidence estimates. Annualization weights were derived by dividing the total number of cases opened by child welfare site in 2008 by the number of cases sampled from that child welfare site. Regionalization weights were applied “to reflect the relative sizes of the selected sites” (Trocmé et al., 2010, p. 19). Each case was multiplied by an annualization weight and regionalization weight. National incidence estimates were calculated by dividing the weighted estimates by the child population (0 to 15 years of age). This yielded an estimated 235,842 maltreatment-related investigations in Canada or a rate of 39.16 per 1,000 children in the general child population in Canada. A detailed overview of the methodology used in the CIS-2008 can be found in Trocmé et al. (2010).

This sample from the CIS-2008 included children 15 years of age and under at the time of investigation. The sample was comprised of child maltreatment-related investigations involving Asian-Canadian and White-Canadian caregivers. The ethno-racial variable in the CIS-2008 is based on the 1996 Census categories for White, Black, Latin American, Arab/West Asian, Aboriginal, South Asian, Chinese, Southeast Asian and other Chinese, and Other. The determinant of Asian-Canadian in the present study includes ‘Chinese’ and ‘Southeast Asian other than Chinese’ backgrounds. The case was defined as Asian-Canadian in child maltreatment-related investigations in which at least one caregiver was Asian-Canadian (including a second caregiver who was White-Canadian, excluding a second caregiver who was Aboriginal or Black). Where all caregivers were White-Canadians, the child maltreatment-related investigation was defined as White-Canadian. The sample was comprised of an unweighted sample of 10,770 child maltreatment-related investigations involving 380 Asian-Canadians.

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34 Ethnicity was determined in the CIS-2008 at the caregiver level rather than the child level.
Canadian households\textsuperscript{35} and 10,390 White-Canadian households.

\textbf{Analyses}

\textbf{Estimates and proportions.} Two sets of weights were applied to the unweighted CIS-2008 sample: an annualization weight and a regionalization weight (aforementioned and detailed in Trocmé et al., 2010). The current sample has a lower proportion of child maltreatment-related investigations involving Asian-Canadian than White-Canadian households. To correct the proportional imbalance between the groups, an adjusted means weight was applied to the sample. The adjusted means weights preserve the sample size while generating the same proportional distribution as the full weights. Pearson’s chi-square ($\chi^2$) was used for all bivariate analyses in SPSS, version 22. The Bonferroni method was used to control the overall false positives (type I error) when multiple comparisons are conducted (Bland, 1995). Statistical significance was identified at $p < .001$.

\textbf{Disproportionality.} Given the limitations in the Disproportionality Metric (Shaw et al., 2008), incidence rates or rate per 1,000 children of each particular ethno-racial group (based upon the methodology outlined in Sinha et al., 2011) was used to measure racial representation. The rate per 1,000 \textit{Asian} was calculated by dividing the estimate of child welfare involvement in a particular stage (investigation, substantiation, and transfer to ongoing child protection services) for Asian-Canadian households by the estimate of Asian-Canadian children in the Census population\textsuperscript{36} and multiplying the results by 1,000. The formula for the rate per 1,000 Asian

\textsuperscript{35} Although ethnicity was determined at the caregiver level, the term household is used throughout this paper to denote household characteristics applicable to both caregivers and children, and child maltreatment-related investigations at the family level.

\textsuperscript{36} The 2006 Census was used for the population-based data. The maximum age of protection varies across provincial jurisdiction in Canada and ranged from 15 to 19 years of age. To calculate a comparable rate between the child population in Canada and the CIS-2008 child sample, only children 15 years and under were considered.
children in the Canadian population involved in the child welfare system is:

\[
\text{Rate per 1,000}_{\text{Asian}} = \frac{\text{Child Welfare Population}_{\text{Asian}}}{\text{Census Child Population}_{\text{Asian}}} \times 1000
\]

Similarly, the rate per 1,000 \text{White} was calculated by dividing the estimate of child welfare involvement in a particular stage (investigation, substantiation, and transfer to ongoing child protection services) for White-Canadian households by the estimate of White-Canadian children in the Census population and multiplying the results by 1,000 to obtain the rate per 1,000. The formula for the rate per 1,000 White children in the Canadian population involved in the child welfare system is:

\[
\text{Rate per 1,000}_{\text{White}} = \frac{\text{Child Welfare Population}_{\text{White}}}{\text{Census Child Population}_{\text{White}}} \times 1000
\]

**Disparity index (DI).** Disparity is the measure of difference in the rates of representation in the child welfare service for two ethno-racial groups (visible minority vs. White non-visible minority) (Hill, 2006). Three DI (population-based, decision-based, and maltreatment-based) was used to determine the representation of child maltreatment investigations for Asian-Canadian and White-Canadian households involved in the child welfare system. The population-based disparity index (PDI) is the rate per 1,000 Asian children in the Canadian population involved in the child welfare system, compared to the rate per 1,000 White children in the Canadian population involved in the child welfare system. The formula for PDI is:

\[
\text{Population-based DI} = \frac{\text{Rate per 1,000}_{\text{Asian}}}{\text{Rate per 1,000}_{\text{White}}}
\]

To calculate the decision-based disparity index (DDI), the estimate of child welfare involvement for Asian-Canadian households at a particular stage of interest (e.g., substantiation) is divided by the estimate of child involvement for Asian-Canadian households from the previous stage of child welfare service (e.g., investigation); compared to the estimate of child
welfare involvement for White-Canadian households at a particulate stage of interest (e.g. substantiation), divided by the estimate of child welfare involvement for White-Canadian households from the previous stage of child welfare service (e.g., investigation). The formula for DDI is:

\[
\text{Decision-based DI}_B = \frac{\text{Child Welfare Population}_B \text{Asian}}{\text{Child Welfare Population}_A \text{Asian}} \div \frac{\text{Child Welfare Population}_B \text{White}}{\text{Child Welfare Population}_A \text{White}}
\]

where B represents the stage of child welfare service of interest (e.g., substantiation), and A represents the previous stage of child welfare service (e.g., investigation).

To calculate the maltreatment-based disparity index (MDI), the estimate of child maltreatment investigations involving Asian-Canadian households that were substantiated for a particular maltreatment type (e.g., physical abuse) is divided by the total estimate of child maltreatment-related investigations involving Asian-Canadians for that particular maltreatment type (e.g., physical abuse); compared to the estimate of child maltreatment investigations involving White-Canadian households that were substantiated for that particular maltreatment type (e.g., physical abuse), divided by the total estimate of child maltreatment-related investigations involving White-Canadian households for that particular maltreatment type (e.g., physical abuse). The formula for MDI is:

\[
\]

where B represents substantiated child welfare investigations, A represents child welfare investigations, and X represents the particular maltreatment-type.

DI that were less than 1.0 represent decreased odds of child welfare involvement of Asian-Canadian households relative to child welfare involvement of White-Canadian households in a particular stage of child welfare service or maltreatment-type. Conversely, DI that were
greater than 1.0 represent increased odds of child welfare involvement of Asian-Canadian households relative to child welfare involvement of White-Canadian households in a particular state of child welfare service or maltreatment-type.

**Logistic Regression.** Logistic regression analyses were conducted to determine the odds of case closure for child maltreatment investigations that were substantiated. Fifteen predictors were entered into three blocks: child demographics and household compositions of child maltreatment investigations that were substantiated were in Block 1, case characteristics of child maltreatment investigations that were substantiated were in Block 2, and clinical concerns of child maltreatment investigations that were substantiated were in Block 3. The Hosmer and Lemeshow’s goodness-of-fit test in each block was examined to ensure the estimates fit the data at $p > .05$. A supplementary table of the logistic regression variable measurement and operational definitions is provided after the references.

### 3.2.4 Results

The representation of Asian-Canadian and White-Canadian households involved in the child welfare system in Canada in 2008 is presented in Table 5. Asian-Canadian households are under-represented in the child welfare system compared to their representation in the child population in Canada. Asian-Canadian children represent 7.1% of the child population in Canada (Census, 2006); however, they represent 2.5% of child maltreatment-related investigations, 3.3% of substantiated child maltreatment investigations, and 1.7% of transfers to ongoing services in the CIS-2008. For every 1,000 Asian children in the Canadian population, 13.9 (just under one and half percent) were involved in child maltreatment-related investigations in the CIS-2008. In contrast, for every 1,000 White children in the Canadian population, 36.1 (over three and half percent) were involved in child maltreatment-related investigations in the CIS-2008.
Table 5 Representation of Asian-Canadian and White-Canadian Households Involved in the Child Welfare System in Canada in 2008

<table>
<thead>
<tr>
<th>Population</th>
<th>Canadian Child Population*</th>
<th>Child Maltreatment-related Investigations in CIS-2008(^{a})</th>
<th>Substantiated Child Maltreatment Investigations in CIS-2008(^{b})</th>
<th>Transfer to Ongoing Child Protection Services in CIS-2008(^{c})</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Estimate</td>
<td>%</td>
<td>Estimate</td>
<td>%</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>----------</td>
<td>---------</td>
<td>----------</td>
<td>---------</td>
</tr>
<tr>
<td>All Children&lt;16(^{a})</td>
<td>6,022,005</td>
<td>100</td>
<td>235,840</td>
<td>100</td>
</tr>
<tr>
<td>Asian-Canadian(^{b})</td>
<td>430,072</td>
<td>7.1</td>
<td>5,988</td>
<td>2.5</td>
</tr>
<tr>
<td>White-Canadian(^{c})</td>
<td>4,245,555</td>
<td>70.5</td>
<td>153,337</td>
<td>65.4</td>
</tr>
</tbody>
</table>

* The maximum age of protection varies across provincial jurisdiction in Canada and ranged from 15 to 19 years of age. To calculate a comparable rate between the child population in Canada and the CIS-2008 child sample, only children 15 years and under were included.

\(^{a}\) Estimates based on CIS-2008 all of Canada weighted sample for children 15 years and under.


\(^{c}\) Asian-Canadian refers to East and Southeast Asian origin populations including Chinese, Filipino, Southeast Asian, Korean, and Japanese.

\(^{a}\) Child maltreatment-related investigation estimates based on CIS-2008 all of Canada weighted sample of 10,770 child maltreatment-related investigations for children 15 years and under. Substantiated child maltreatment investigation are when the balance of evidence indicates that abuse or neglect has occurred. Estimates based on CIS-2008 all of Canada weighted sample of 3,771 substantiated child maltreatment investigations for children 15 years and under.

\(^{b}\) Transfer to ongoing child protection services is the practice decision to transfer a case to ongoing child protection services for continued support and family services.

\(^{c}\) Population-based disparity index (PDI) is the rate per 1,000 for Asian-Canadian children, compared to the rate per 1,000 for White-Canadian children. Decision-based disparity index (DDI) is the number of child welfare involvement for Asian-Canadian households from the previous stage of child welfare service divided by the number of child welfare involvement for White-Canadian households at a particular stage of interest; divided by the number of child welfare involvement for White-Canadian households from the previous stage of child welfare service. The PDI and DDI are the same for investigations because the denominator for both calculations is the Census child population of each respective group.
When compared to White-Canadian households involved in the child welfare system, Asian-Canadian households were notably different with respect to their representation in investigations, substantiated investigations, and transfers to ongoing child protection services. From a population-based level, Asian-Canadian households had lower rates of investigation (PDI = 0.39), substantiated investigations (PDI = 0.53), and transfers to ongoing child protection services (PDI = 0.27) compared to White-Canadian households when considering the estimate of each group in the Canadian child population. When investigated, Asian-Canadian households had higher rates of child maltreatment investigations that were substantiated (DRI = 1.36) and two-thirds as likely to be transferred to ongoing child protection services (DDI = 0.69) compared to White-Canadian households when considering the estimate of each group in the child welfare system.

The rates of child maltreatment-related investigations involving Asian-Canadian and White-Canadian households by demographic characteristics are presented in Table 6. The rates of investigations based on child gender and child age were approximately 14 per 1,000 Asian children in the Canadian population, and approximately 35 per 1,000 White children in the Canadian population, respectively. There was little variation by gender. For both Asian-Canadian and White-Canadian households, the rates of investigations were slightly higher for households with younger children (under 5 years) in comparison to older children (Asian 14.20 vs. 13.79; White 35.32 vs. 30.60). Asian-Canadian children in single parent households had comparable rates of maltreatment-related investigations in comparison to Asian-Canadian children with two parent households (13.68 vs. 13.91). In contrast, the rate of investigation in White-Canadian

37 The term estimates are used because CIS-2008 data were based on a weighted sample of child maltreatment-related investigations for children 15 years and under, and the population data were based on the 2006 Census enumeration of Asian children and White children 15 years and under.
single parent households was dramatically higher than in two caregiver White-Canadian households (26.78 vs. 78.96).

Table 6 Rates of Maltreatment-related Investigations involving Asian-Canadian and White-Canadian Households by Demographic Characteristics, in Canada in 2008

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Rate per 1,000 Asian Children</th>
<th>Rate per 1,000 White Children</th>
<th>Population-based Disparity Index</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender of Child</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>14.37</td>
<td>34.22</td>
<td>0.42</td>
</tr>
<tr>
<td>Female</td>
<td>13.41</td>
<td>35.02</td>
<td>0.38</td>
</tr>
<tr>
<td><strong>Child Age – Years</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 years and Under</td>
<td>14.20</td>
<td>35.32</td>
<td>0.40</td>
</tr>
<tr>
<td>5 years and Over</td>
<td>13.79</td>
<td>30.60</td>
<td>0.45</td>
</tr>
<tr>
<td><strong>Household Composition</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Caregiver</td>
<td>13.68</td>
<td>78.66</td>
<td>0.17</td>
</tr>
<tr>
<td>Two Caregivers</td>
<td>13.91</td>
<td>26.78</td>
<td>0.52</td>
</tr>
</tbody>
</table>

Note. Rates based on an unweighted sample of 10,770 child maltreatment-related investigations involving 380 Asian-Canadian households and 10,390 White-Canadian households. Refers to the child maltreatment-related investigations rate per 1,000 children in the Canadian population (based upon the methodology outlined in Sinha et al., 2011).

* Demographic data based upon the 2006 Census and the proportion of Asian-Canadian and White-Canadian children 15 years and under.

a Asian-Canadian refers to East and Southeast Asian origin populations including Chinese, Filipino, Southeast Asian, Korean, and Japanese. Asian-Canadian population source: Visible minority groups, age groups and sex for the population of Canada, provinces, territories, census divisions, census subdivisions and dissemination areas, 2006 Census. Topic-based tabulations on Statistics Canada catalogue no. 97-562-XCB2006008.

b White-Canadian refers to “not a visible minority” based on the Census definitions, and excludes Aboriginal populations based on the Census definitions.

White-Canadian population source: Visible minority groups, age groups and sex for the population of Canada, provinces, territories, census divisions, census subdivisions and dissemination areas, 2006 Census. Topic-based tabulations on Statistics Canada catalogue no. 97-562-XCB2006008.

Aboriginal population source: Aboriginal ancestry, sex and age groups for the population of Canada, provinces, territories, census metropolitan areas and census agglomerations, 2006 Census. Topic-based tabulations on Statistics Canada catalogue no. 97-558-XCB2006013.

c Population-based disparity index (PDI) is the rate per 1,000 for Asian-Canadian children, compared to the rate per 1,000 for White-Canadian children.


e The age in which a child commences public school varies across provincial jurisdiction. The categorization of children 5 years and over is to distinguish school-age children.


The examination of the case characteristics of child maltreatment-related investigations, whether or not substantiated, involving Asian-Canadian and White-Canadian households in the
child welfare system in Canada are presented in Table 7. The findings described the type of child maltreatment-related investigation, primary maltreatment type, and substantiation decision for investigations involving Asian-Canadian households in the child welfare system in Canada. The incidence of Asian-Canadian households involved in child maltreatment-related investigations that were considered risk investigations (2.12 per 1,000) was a quarter that of White-Canadian households (9.27 per 1,000; PDI = 0.23). The incidence of Asian-Canadian households involved in child maltreatment-related investigations that were considered maltreatment investigations (11.81 per 1,000) was less than half the rate of White-Canadian households (26.85 per 1,000; PDI = 0.44).

Asian-Canadian households involved in the child welfare system were disproportionately represented for investigations involving physical abuse (4.94 per 1,000 Asian children in the Canadian population), compared to other forms of maltreatment-related investigations, neglect was the second highest (3.22 per 1,000), followed by exposure to domestic violence (2.61 per 1,000), and emotional maltreatment (0.86 per 1,000). In contrast, White-Canadian households involved in the child welfare system had the highest rate of neglect (9.30 per 1,000 White children in the Canadian population), with physical abuse as the second highest (6.83 per 1,000), followed by exposure to domestic violence (6.17 per 1,000), emotional maltreatment (2.67 per 1,000), and sexual abuse (1.87 per 1,000). Thus, although the rate of investigations involving physical abuse per 1,000 White children in the Canadian population was higher than it was for Asian-Canadian children (6.83 vs. 4.94 per 1,000), physical abuse was a less predominant reason for investigation among White-Canadian households than Asian-Canadian households.
Table 7 Rates of Child Maltreatment-related Investigations involving Asian-Canadian and White-Canadian Households in Canada in 2008

<table>
<thead>
<tr>
<th>Variables</th>
<th>Rate per 1,000 Asian Children&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Rate per 1,000 White Children&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Population-based Disparity Index&lt;sup&gt;c&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Investigation Type</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Investigation Only&lt;sup&gt;d&lt;/sup&gt;</td>
<td>2.12</td>
<td>9.27</td>
<td>0.23</td>
</tr>
<tr>
<td>Maltreatment Investigation&lt;sup&gt;e&lt;/sup&gt;</td>
<td>11.81</td>
<td>26.85</td>
<td>0.44</td>
</tr>
<tr>
<td><strong>Primary Maltreatment Type</strong>&lt;sup&gt;f&lt;/sup&gt;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>4.94</td>
<td>6.83</td>
<td>0.72</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>-</td>
<td>1.87</td>
<td>-</td>
</tr>
<tr>
<td>Neglect</td>
<td>3.22</td>
<td>9.30</td>
<td>0.35</td>
</tr>
<tr>
<td>Emotional Maltreatment</td>
<td>0.86</td>
<td>2.67</td>
<td>0.32</td>
</tr>
<tr>
<td>Exposure Domestic Violence</td>
<td>2.61</td>
<td>6.17</td>
<td>0.42</td>
</tr>
<tr>
<td><strong>Substantiation Decision</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unfounded&lt;sup&gt;g&lt;/sup&gt;</td>
<td>4.12</td>
<td>11.50</td>
<td>0.36</td>
</tr>
<tr>
<td>Suspected&lt;sup&gt;h&lt;/sup&gt;</td>
<td>1.13</td>
<td>2.87</td>
<td>0.39</td>
</tr>
<tr>
<td>Substantiated&lt;sup&gt;i&lt;/sup&gt;</td>
<td>6.56</td>
<td>12.48</td>
<td>0.53</td>
</tr>
</tbody>
</table>

*Note.* Rates based on an unweighted sample of 10,770 child maltreatment-related investigations involving 380 Asian-Canadian households and 10,390 White-Canadian households. The rate per 1,000 is the child maltreatment-related investigations rate per 1,000 children in the Canadian population (based upon the methodology outlined in Sinha et al., 2011).

<sup>a</sup> Asian-Canadian refers to East and Southeast Asian origin populations including Chinese, Filipino, Southeast Asian, Korean, and Japanese.

Asian-Canadian population source: Visible minority groups, age groups and sex for the population of Canada, provinces, territories, census divisions, census subdivisions and dissemination areas, 2006 Census. Topic-based tabulations on Statistics Canada catalogue no. 97-562-XCB2006008.

<sup>b</sup> White-Canadian refers to “not a visible minority” based on the 2006 Census definitions, and excludes Aboriginal populations based on the 2006 Census definitions.

White-Canadian population source: Visible minority groups, age groups and sex for the population of Canada, provinces, territories, census divisions, census subdivisions and dissemination areas, 2006 Census. Topic-based tabulations on Statistics Canada catalogue no. 97-562-XCB2006008.

Aboriginal population source: Aboriginal ancestry, sex and age groups for the population of Canada, provinces, territories, census metropolitan areas and census agglomerations, 2006 Census. Topic-based tabulations on Statistics Canada catalogue no. 97-558-XCB2006013.

<sup>c</sup> Population-based disparity index (PDI) is the rate per 1,000 for Asian-Canadian children, compared to the rate per 1,000 for White-Canadian children.

<sup>d</sup> Risk investigation only involves a risk of future maltreatment but no specific incident or allegation of maltreatment (e.g., parent’s drinking places child at risk for physical abuse or neglect, but no specific allegations or incident is suspected).

<sup>e</sup> Maltreatment investigation pertains to investigations involving an incident or event of maltreatment (e.g., child allegedly physically abused).

<sup>f</sup> Primary maltreatment type is the overriding and/or most severe from of maltreatment that characterizes the investigated concern.

<sup>g</sup> Unfounded is when the balance of evidence indicates that abuse or neglect has not occurred.

<sup>h</sup> Suspected is when there is not enough evidence to substantiate maltreatment, but no certainty that maltreatment can be ruled out.

<sup>i</sup> Substantiated cases are when the balance of evidence indicates that abuse or neglect has occurred.

- Represents weighted estimates < 100. These estimates were too small to report according to CIS regulations.
The rate of substantiation for investigations involving Asian-Canadian households in the child welfare system for any form of maltreatment (6.56 per 1,000) was half the rate of substantiation for investigations involving White-Canadian households in the child welfare system for any form of maltreatment investigations (12.48 per 1,000; PDI = 0.53). Given the disproportionality in maltreatment type for Asian-Canadian households involved in the child welfare system, and the disparity in substantiation decision for investigations involving Asian-Canadian households compared to White-Canadian household in the child welfare system; further analyses were conducted on a sample of substantiated child maltreatment investigations involving Asian-Canadian and White-Canadian households.

Three disparity indexes (PDI, DDI, and MDI) were used to determine the representation of substantiated child maltreatment investigations involving Asian-Canadian and White-Canadian households in the child welfare system. The findings are presented in Table 8. From a population-based level, Asian-Canadian households involved in the child welfare system had lower rates of substantiated investigations that were referred by professionals (5.92 per 1,000) compared to White-Canadian households (9.44 per 1,000) when considering the estimate of each group in the Canadian child population (PDI = 0.63). However, Asian-Canadian households had higher rates of substantiated investigations that were referred by professionals compared to White-Canadian households when only considering the estimated number of each group in the child welfare system (DDI = 1.63).

Asian-Canadian households involved in the child welfare system had comparable rates of substantiated investigations that were for physical abuse (2.40 per 1,000) compared to White-Canadian households (2.65 per 1,000) when considering the estimate of each group in the Canadian child population (PDI = 0.92); however, almost two and half times that of White-
Canadian households when considering the estimate of each group in the child welfare system (DDI = 2.36). This discrepancy may be due to the higher proportion of child maltreatment investigations involving physical abuse for Asian-Canadian households involved in the child welfare system, and the differences in substantiation for specific maltreatment types. For that reason, a maltreatment-based disparity index (MDI) was used to determine the representation of Asian-Canadian households compared to White-Canadian households involved in substantiated investigations, given an investigation for physical abuse. The resulting MDI was 1.26 indicating investigations involving Asian-Canadian households were slightly more likely to be substantiated for abuse than White-Canadian households. However, this was a more modest level of disparity compared to the result derived from DDI (2.36).

When considering the decision to transfer to ongoing child protection services or close after investigation, Asian-Canadian households and White-Canadian households involved in the child welfare system had higher rates of case closure (5.29 per 1,000 Asian children in the Canadian population and 7.11 per 1,000 White children in the Canadian population), compared to the decision to transfer to ongoing child protection services (1.26 per 1,000 Asian children in the Canadian population and 5.37 per 1,000 White children in the Canadian population). The rate of Asian-Canadian households involved in substantiated child maltreatment investigations that were closed (5.29 per 1,000) was three-quarters that of the White-Canadian households (7.11 per 1,000) when considering the estimate of each group in the Canadian child population (PDI = 0.74). However, when considering the estimated number of each group in the child welfare system, Asian-Canadian households were almost twice as likely to have there cases closed (1.26 per 1,000) than White-Canadian households (5.37 per 1,000; DDI = 1.93).
### Table 8 Rates of Substantiated Child Maltreatment Investigations involving Asian-Canadian and White-Canadian Households in Canada in 2008

<table>
<thead>
<tr>
<th>Variables</th>
<th>Rate per 1,000 Asian Children&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Rate per 1,000 White Children&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Population-based Disparity Index&lt;sup&gt;c&lt;/sup&gt;</th>
<th>Decision-based Disparity Index&lt;sup&gt;d&lt;/sup&gt;</th>
<th>Maltreatment-based Disparity Index&lt;sup&gt;e&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Referral Source</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals&lt;sup&gt;f&lt;/sup&gt;</td>
<td>5.92</td>
<td>9.44</td>
<td>0.63</td>
<td>1.63</td>
<td></td>
</tr>
<tr>
<td>Non-professionals&lt;sup&gt;g&lt;/sup&gt;</td>
<td>0.64</td>
<td>3.04</td>
<td>0.21</td>
<td>0.55</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Maltreatment Type</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>2.40</td>
<td>2.64</td>
<td>0.91</td>
<td>2.36</td>
<td>1.26</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>-</td>
<td>0.46</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Neglect</td>
<td>1.48</td>
<td>3.90</td>
<td>0.38</td>
<td>0.99</td>
<td>1.10</td>
</tr>
<tr>
<td>Emotional Maltreatment</td>
<td>0.58</td>
<td>1.24</td>
<td>0.47</td>
<td>1.21</td>
<td>1.46</td>
</tr>
<tr>
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<td>5.37</td>
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<td>7.11</td>
<td>0.74</td>
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**Note.** Estimate based on an unweighted sample of 3,771 substantiated child maltreatment-related investigations involving 332 Asian-Canadian households and 7,723 White-Canadian households. The rate per 1,000 is the child maltreatment-related investigations rate per 1,000 children in the Canadian population (based upon the methodology outlined in Sinha et al., 2011).

<sup>a</sup> Asian-Canadian refers to East and Southeast Asian origin populations including Chinese, Filipino, Southeast Asian, Korean, and Japanese.

<sup>b</sup> White-Canadian refers to “not a visible minority” based on the 2006 Census definitions, and excludes Aboriginal populations based on the 2006 Census definitions.

<sup>c</sup> Asian-Canadian population source: Visible minority groups, age groups and sex for the population of Canada, provinces, territories, census divisions, census subdivisions and dissemination areas, 2006 Census. Topic-based tabulations on Statistics Canada catalogue no. 97-562-XCB2006008.

<sup>d</sup> White-Canadian population source: Visible minority groups, age groups and sex for the population of Canada, provinces, territories, census divisions, census subdivisions and dissemination areas, 2006 Census. Topic-based tabulations on Statistics Canada catalogue no. 97-562-XCB2006008.

<sup>e</sup> Aboriginal population source: Aboriginal ancestry, sex and age groups for the population of Canada, provinces, territories, census metropolitan areas and census agglomerations, 2006 Census. Topic-based tabulations on Statistics Canada catalogue no. 97-558-XCB2006013.

<sup>f</sup> Population-based disparity index (PDI) is the rate per 1,000 for Asian-Canadian children, compared to the rate per 1,000 for White-Canadian children.

<sup>g</sup> Decision-based disparity index (DDI) is the number of child welfare involvement for Asian-Canadian households at a particular stage of interest divided by the number of child welfare involvement for White-Canadian households from the previous stage of child welfare service; compared to the number of child welfare involvement for White-Canadian households at a particular stage of interest, divided by the number of child welfare involvement for White-Canadian households from the previous stage of child welfare service.

<sup>h</sup> Maltreatment-based disparity index (MDI) is the number of child maltreatment investigations involving Asian-Canadian households that were substantiated for a particular maltreatment type divided by the total number of child maltreatment-related investigations involving Asian-Canadians for that particular maltreatment type, compared to the number of child maltreatment investigations involving White-Canadian households that were substantiated for that particular maltreatment type, divided by the total number of child maltreatment-related investigations involving White-Canadian households for that particular maltreatment type.

<sup>i</sup> Professional referral sources often have a legal and professional ethical obligation to contact child welfare when there are concerns of child maltreatment (e.g., social workers, teachers, healthcare providers).

<sup>j</sup> Non-professional referral sources often have a legal obligation to contact child welfare when there are concerns of child maltreatment (e.g., relative, neighbor, friend).

<sup>k</sup> Maltreatment type is the overriding and/or most severe from of maltreatment that characterizes the investigated concern.

<sup>l</sup> Transfer to ongoing child protection services is the practice decision to transfer a case to ongoing child protection services for continued support and family services.

* Represents weighted estimates < 100. These estimates were too small to report according to CYS regulations.
Given the disproportionality and disparity in the decision to close after investigation, a logistic regression analysis was conducted to determine the odds of case closure for child maltreatment investigations that were substantiated. The results are presented in Table 9. The table indicates Asian-Canadian households involved in the child welfare system were three and half times (OR = 3.49) more likely to close after a child maltreatment investigation compared to White-Canadian households. The odds of case closing for Asian-Canadian versus White-Canadian households only changed modestly when child caregiver and household characteristics were added (Model 3 = 3.39) but decreased more substantively when case characteristics were added (OR = 2.15) and in the fully adjusted model (OR = 1.99). In other words, some of the higher odds of case closure among Asian-Canadian versus White-Canadian households in the child welfare system were due to less severe case characteristics in the former. However, the fact Asian-Canadian households still had twice the odds of case closure after full adjustment suggests there are other additional important factors involved in the decision to close after investigation.
Table 9 Factors Associated with the Decision to Close Among Substantiated Child Maltreatment Investigations in Canada in 2008 (N=3,202)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Model 1 OR</th>
<th>Model 2 OR</th>
<th>Model 3 OR</th>
<th>Model 4 OR</th>
<th>Model 5 OR</th>
<th>Model 6 OR</th>
<th>Model 7 OR</th>
<th>Full Model OR</th>
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<td>Asian Ethnicity</td>
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<td>Child Demographics and Household Composition</td>
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<td>Gender of Child (M)</td>
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<td>.851 .031</td>
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<td>Single Caregiver</td>
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<td>More than 2 Children</td>
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<td>.638 .000***</td>
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<td>Physical Abuse</td>
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<td>Neglect</td>
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<td>No Referrals for Community Services</td>
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<td>One or More Previous Opening</td>
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<td>Caregiver Uses Spanking as Discipline</td>
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-2LL Model

Model X²

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<td>72.0</td>
<td>65.3</td>
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</table>

OR = Odds Ratio

*** p < .001
3.2.5 Discussion

The Problem of Racial Disproportionality and Disparity

The findings in the current study demonstrate that there are considerable variations between the disproportionality and disparity index for any given child welfare outcome examined. The key issue is what population is used as reference (e.g., child welfare population or Census population). This issue is most evident in the sub-analyses of substantiated child maltreatment investigations involving Asian-Canadian households for physical abuse concerns. Asian-Canadian households were found to be over-represented in substantiated child maltreatment investigations involving physical abuse, compared to other forms of maltreatment (e.g., neglect, emotional maltreatment, and exposure to domestic violence). When compared to White-Canadian households, Asian-Canadian households were slightly under-represented in substantiated child maltreatment investigations for physical abuse based on the Census child population (PDI = 0.92) (e.g., estimated number of Asian children in the Canadian population), On the other hand, Asian-Canadian households were over-represented in substantiated child maltreatment investigations for physical abuse based on a decision-based child welfare population (DDI = 2.36)(e.g., estimated number of investigations involving Asian-Canadian households) and maltreatment-based child welfare population (MDI = 1.26)(e.g., estimated number of investigations involving Asian-Canadian households for physical abuse) compared to White-Canadian households.

A change in the reference group or sampling frame dramatically changed the results and representation between the two groups. This makes comparison across studies difficult and complicates the ability to make sound evidence-based policy and practice initiatives because of the variability in study outcomes. Therefore, it is imperative that consumers of research be aware
and attentive to the definitional and methodological considerations in examining racial
disproportionality and disparity. The indiscriminate interpretation and utilization of findings can
lead to biased child welfare policies and practices that may further perpetuate the racial
disproportionality and disparity that such research aims to resolve. As Fluke et al. (2010)
advises, “the presence (or absence) of disparities should be regarded as neutral with respect to
these decisions in the absence of research that addresses their causes and outcomes” (p. 31). The
logistic regression analyses in the current study were an attempt to identify the factors associated
with closure of substantiated child maltreatment investigations. Asian-Canadian ethnicity
remained a significant factor when controlling for child, caregiver, and household characteristics;
case characteristics; and clinical concerns. Clearly, other important factors must be involved in
the decision to close after an investigation. To determine what these factors might be, further
consideration and exploration is needed.

**Cultural Considerations**

The under-representation of child maltreatment-related investigations involving Asian-
Canadian households, compared to White-Canadian households in the child welfare system may
be due to low disclosure of child maltreatment. Working across cultures, language barriers may
contribute to the low disclosures or low confirmation of concerns. Language barriers,
misunderstandings, excessive use of professional jargon, and lack of interpreters/ translators have
been identified as key communication concerns in the access and utility of health and social
services for Asian communities (Humphreys, Atkar, & Baldwin, 1999; Kim & Keefe, 2010;
Leong & Lau, 2001; Scheppers, van Donge, Dekker, Geertzen, & Dekker, 2006). Even when
interpreters/ translators are available, there are a multitude of service provision challenges
including insufficient time allotted for meetings that require translation, interpreters speaking on
behalf of the client, inaccurate or failure to relay information, and lack of training for interpreters to translate in the child welfare context (Humphreys et al., 1999). The inability to communicate effectively in English language can prevent disclosure of information or minimize concerns.

Additionally, Asian community members may not want to bring shame and more trouble to a family, and do not report concerns to the child welfare authorities. This may be a reason for disproportionality of child maltreatment investigations involving Asian-Canadian households that were reported by professional referral sources, compared to non-professional referral sources.

The disproportionality of child maltreatment-related investigations involving Asian-Canadian households for physical abuse, and other forms of maltreatment may be due to: differences in child-rearing practices and child welfare workers may provide a “hands-off” intervention for other (non-physical) maltreatment types because they may consider the family living conditions and relationship dynamics to be “normal” practice for particular ethno-cultural communities (Kriz & Skiveness, 2010). The use of corporal punishment is considered an acceptable means of disciplining and “training” children in many Southeast Asian cultures (Chao, 1994, Liber, Fung, & Leung, 2006; Tang, 2006; Zhu & Tang, 2012). Hong and Hong (1991) conducted a study using vignettes to compare the perspectives of Chinese, Hispanics, and White perspectives of child abuse and neglect. The study found the Chinese participants were less critical of the use of physical force by parents and less frequently recommended child welfare intervention than Hispanics and Whites.

Many Southeast Asian communities embrace a Confucius worldview that emphasizes familism, filial piety, and peace and harmony (Chao, 1994; Zhai & Gao, 2009). Familism is the value of the family above all other relationships. The unity and reputation of the family is upheld
at the highest honour, and if necessary, at the expense of the individual needs (Chao, 1994). The values of familism, family cohesion and mutual aid in Asian communities may contribute to the lower incidence of neglect (Zhai & Gao, 2009). Additionally, filial piety is the unquestioned authority and obedience towards one’s parents. Children are expected to defer and make personal sacrifices for the well-being of their parents (Hong & Hong, 1991). These beliefs and values of family peace, harmony and stoicism may lead to the lower incidence of emotional maltreatment (Zhai & Gao, 2009). The taboo of incest and sexual aggressions is seen as shameful, disgraceful, and a loss of face for the entire family. These negative social perceptions can serve as a deterrent against sexual abuse and a protective factor for Asian communities (Zhai & Gao, 2009).

The higher odds of case closure for substantiated child maltreatment investigations involving Asian-Canadian households may be due to: lower risk concerns, the cultural value of filial piety, familism, and family dynamics of privacy. Ards et al. (1989) found that the type and severity of maltreatment has an effect on child welfare detection: children with greater physical evidence of harm have the highest reporting probabilities, while children with less tangible evidence of maltreatment such as emotional abuse and educational neglect have the lowest reporting probability. Likewise, in the decision to provide ongoing child protection services, this study found that concerns such as evidence of harm, noted housing concern, at least one child functioning concern, and at least one caregiver functioning concern were more likely to be transferred to continued family support and services. The substantial decline in the odds of case closure for Asian-Canadian versus White-Canadian households suggests that child maltreatment investigations involving Asian-Canadian households have lower family risk profiles on average. Therefore, many cases do not require further interventions beyond the investigation stage. Another explanation is that Asian-Canadian households involved in the child welfare system
may not want further intervention (Hong & Hong, 1991; Lee, Fuller-Thomson, Fallon et al., in progress). The Confucius perspectives of filial piety and familism are in contrast to the individual child-focused values of the child welfare system in North America. “For these reasons, Chinese frown upon external interventions, including assistance, in affairs that they believe to be internal to the family, such as how their children should be raised” (Hong & Hong, 1991, p. 473). This is consistent with the finding in Lee, Fuller-Thomson, Fallon et al. (in progress) that found social workers perceived that “close-knit” family dynamics inhibit child maltreatment disclosure and child welfare involvement.

Methodological Challenges in Studying Asian-Canadians

Although Asian-Canadians are the fastest growing populations in Canada (Statistics Canada, 2010), the representation of Asian-Canadian households in the child welfare system in Canada remains small (1.39% or 13.9 per every 1,000 Asian children in the Canadian population). This makes ethno-specific analyses (e.g., Chinese, Vietnamese, Japanese) impossible due to small sample sizes in child welfare data. Consequently, data regarding specific ethnic groups are aggregated into a broader ethnic category for statistical analyses, despite the heterogeneity in language, culture, and historical-socio-political-economical differences among the Asian sub-populations.

The inability to distinguish inter-ethnic group differences is problematic in child welfare research, particularly when such risk factors are associated with certain child welfare outcomes. For example, Drake and Jonson-Reid (2011) and Drake and Rank (2009) found poverty to be a driving factor in the occurrence of child maltreatment and disparities in maltreatment rates among different racial/ethnic groups. Neidzweicki and Duong (2004) found in the U.S. that Southeast Asians including Cambodians, Hmongs, Laotians, and Vietnamese Americans have
much higher poverty rates than their East Asian counterparts. In existing child welfare research regarding Asian populations, Pelczarski and Kemp’s (2006) study in Washington found that Samoan, Cambodian, Thai, Laotian, and Vietnamese were over-represented; while Filipino, Korean, and particularly Chinese and Japanese were under-represented, relative to their presence in the state Asian/Pacific Islander population. Similarly, Chang, Rhee, and Berthold (2008) found that Cambodian refugee families were the most frequently reported to Los Angeles County Department of Children and Family Services (LAC-DCFS) among various Asian Pacific ethnic groups. Such existing research is helpful to provide a profile of specific Asian communities, however, due to small samples, geographical differences, and differences in methodology, comparisons between those studies and our findings are limited.

Further Limitations of this Study

The Asian-Canadian population is heterogeneous and comprises many linguistic, cultural, traditional, spiritual, and socio-economical-political differences; however, more discrete categorization of Asian heritage as well as immigration status was not available in the CIS-2008 dataset. Also, ethnicity in the CIS-2008 was determined at the caregiver level rather than the child level and it was measured by the judgment of the worker responsible for the investigation.

The CIS-2008 examines child welfare investigations and therefore, is unable to account for incidents of child maltreatment that were not reported to child welfare authorities, screened out and not investigated, and new reports for already opened child welfare cases. The CIS-2008 also does not collect community risk factors, and this study does not examine organizational factors that may be associated with the issue of disproportionality and disparity.

The Canada Census is collected every five years and there is no Census population data available for the year 2008. The Canada 2006 Census was used to estimate the Asian-Canadian
and White-Canadian child populations, which may have introduced a minor bias. The Census sampling and methodological caveats such as definitions and categorizations of visible minority status needs to be considered in interpreting the results.

3.2.6 Conclusion

The current study found that Asian-Canadian households are under-represented in the child welfare system in Canada. This lower rate appears to be driven by much lower investigation rates for sexual abuse, neglect, emotional maltreatment and intimate partner violence involving Asian-Canadian households. The rate per 1,000 of child maltreatment-related investigations involving Asian-Canadian households (5.92 per 1,000) that were referred by professionals was 37% lower than White-Canadian households (9.44 per 1,000). However, as a proportion of all referrals, professionals played a much more substantive role for Asian-Canadian than White-Canadian households, resulting in a decision-based disparity index of 1.63.

Using the Census population as the reference point, Asian Canadian households were 76% less likely to be transferred to ongoing child protection services. When only those who had been investigated were used as the reference, this gap was partially narrowed: Asian-Canadian households were 39% less likely to be transferred to ongoing services compared to White-Canadian households even after adjustment for many child demographics and household composition, case characteristics, and clinical concerns. Asian-Canadian ethnicity remained a significant factor (OR = 1.99) in the decision to close after an investigation.

There are several potential explanations for these disparities in the child welfare service between Asian-Canadian and White-Canadian households which warrant further investigation: there may be linguistic and cultural challenges in identifying forms of maltreatment, distinct
cultural beliefs and values that are common in Asian communities may be protective factors, and there appears to be different risk profiles in the Asian-Canadian households in the population.

The examination of disproportionality using rates per 1,000 children in the Canadian population; disparity using population-based, decision-based, and maltreatment-based indices; and the logistic regression results present a complex interpretation of the representation of Asian-Canadians in the child welfare system in Canada. Future research examining disproportionality and disparity should present both population-based (PDI) and decision-based (DDI) findings as a way to minimize misinterpretation. Maltreatment-based disparity index (MDI) may be a more suitable measure of representation when an ethno-racial group is over- or under-represented for a particular maltreatment type in the child welfare system. Together with the three companion papers (Lee et al., 2014; Lee, Fuller-Thomson, Black et al., in progress; Lee, Fuller-Thomson, Fallon et al., in progress), this study provides an in-depth examination of the disproportionality and disparity of Asian-Canadians involved in the child welfare system in Canada.
3.3 References


Chapin Hall Centre for Children (CHCC). (2008). *Understanding racial and ethnic disparity in child welfare and juvenile justice*. Chicago: Chapin Hall Center for Children at the University of Chicago.


## Supplement A. Logistic Regression Variable Measurement and Operational Definitions

### Variables

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<tr>
<th>Variables</th>
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<th>Description</th>
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<td>Transfer to Ongoing Child Protection Services</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td>Transfer to ongoing child protection services is the practice decision to transfer a case to ongoing child protection services for continued support and family services.</td>
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<tr>
<td>Substantiated Child Maltreatment Investigation</td>
<td>Dichotomous: 1, Substantiated 0, Not Substantiated</td>
<td>The substantiation outcomes for investigated child maltreatment include substantiated, suspected, and unfounded cases. Substantiated child maltreatment investigations are when the balance of evidence indicates that abuse or neglect has occurred. Not substantiated include suspected and unfounded.</td>
</tr>
<tr>
<td>Asian Ethnicity</td>
<td>Dichotomous: 1, Asian-Canadian 0, White-Canadian</td>
<td>The case was defined as Asian-Canadian in child protection investigations in which at least one caregiver was identified as Asian-Canadian (including a second caregiver who was White-Canadian, excluding a second caregiver who was Aboriginal or Black). Where all caregivers were identified as White-Canadian, the case was defined as White-Canadian.</td>
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### Child Demographics and Household Composition

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<td>The gender of the child is identified as either male or female.</td>
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<td>The age in which a child commences public school varies across provincial jurisdiction. Full-day junior or senior kindergarten may be available for children 3, 4, or 5 years old. The Education Act requires children age 6 to 18 to attend school. The categorization of children 5 years and over is to distinguish school-age children. The child age is identified at the time of investigation.</td>
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<td>Single Caregiver</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td>Caregiver status is identified for the primary caregiver at the time of investigation.</td>
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<td>More than 2 Children</td>
<td>Dichotomous: 1, 1 or 2 children 0, 3 or more children</td>
<td>The number of children within the household at the time of investigation.</td>
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### Case Characteristics

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<td>Physical Abuse</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td>Physical abuse includes shake, push, grab or throw; hit with hand; punch, kick or bite; hit with object; choking, poisoning, stabbing; or other physical abuse.</td>
</tr>
<tr>
<td>Neglect</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td>Neglect includes failure to supervise with physical or sexual harm or risk of harm; permitting criminal behaviour; physical neglect; medical neglect; failure to provide psychological treatment; abandonment; or educational neglect.</td>
</tr>
<tr>
<td>Exposure to Domestic Violence</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td>Exposure to domestic violence includes direct or indirect exposure to physical violence, exposure to emotional violence, or non-partner physical violence.</td>
</tr>
<tr>
<td>Evidence of Harm</td>
<td>Dichotomous:</td>
<td></td>
</tr>
<tr>
<td>------------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>1, Yes</td>
<td>0, No</td>
<td></td>
</tr>
</tbody>
</table>

- Harm is identified as physical or emotional. Physical harm was identified as bruises/cuts/scrapes, burns and scalds, broken bones, head trauma, other health conditions, or death. Emotional harm was identified as a child displaying signs of mental or emotional harm (e.g., nightmares, bed wetting or social withdrawal) from a substantiated or suspected maltreatment incident.

<table>
<thead>
<tr>
<th>No Referrals for Community Services</th>
<th>Dichotomous:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, Yes</td>
<td>0, No</td>
</tr>
</tbody>
</table>

- Community services that extend beyond child protection services including parent support group, in-home or other family/parenting counseling, drug or alcohol counseling, welfare or social assistance, food bank, domestic violence service, victim support, psychiatric or psychological service, special education placement, recreational services, medical or dental services, child or daycare, cultural services, or other.

<table>
<thead>
<tr>
<th>One or More Previous Opening</th>
<th>Dichotomous:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, Yes</td>
<td>0, No</td>
</tr>
</tbody>
</table>

- Previous case opening for any caregiver in the family.

<table>
<thead>
<tr>
<th>Noted Housing Concern</th>
<th>Dichotomous:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, Yes</td>
<td>0, No</td>
</tr>
</tbody>
</table>

- Housing concern includes housing safety issues such as noted accessible weapons, drugs or drug paraphernalia, drug production or trafficking in the home, other home injury or health hazard; home overcrowded (based on worker’s assessment); household regularly runs out of money for necessities (e.g., food, clothing), and unstable housing (2 or more moves in the past year).

<table>
<thead>
<tr>
<th>Clinical Concerns</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>At Least One Child Functioning Concern</strong></td>
</tr>
<tr>
<td>1, Yes</td>
</tr>
</tbody>
</table>

- Child functioning concerns can be confirmed or suspected, and include: developmental delay, physical/developmental disability, other health condition, substance abuse-related birth defects, depression/anxiety, self-harming behavior, negative peer involvement, substance abuse, behavior problems in home/community, violence toward others, running, involvement in prostitution, age-inappropriate sexual behavior, psychiatric disorder criminal/Young Offenders Act involvement, special education class, irregular school attendance.

<table>
<thead>
<tr>
<th>At Least One Caregiver Functioning Concern</th>
<th>Dichotomous:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, Yes</td>
<td>0, No</td>
</tr>
</tbody>
</table>

- Caregiver functioning concerns can be confirmed or suspected, and include: alcohol abuse, drug abuse, criminal activity, cognitive impairment, mental health problems, physical health issues, few social supports, history of domestic violence, caregiver history of maltreatment.

<table>
<thead>
<tr>
<th>Caregiver Uses Spanking as Discipline</th>
<th>Dichotomous:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, Yes</td>
<td>0, No</td>
</tr>
</tbody>
</table>

- Caregivers use spanking as a form of discipline.
Chapter 4
Third Paper

Examining child welfare decisions and services for Asian-Canadian versus White-Canadian households in the child welfare system

4.1 Abstract

Using administrative child welfare data from the Ontario Child Abuse and Neglect Data System (OCANDS), this study compared the profiles of Asian-Canadian and White-Canadian households that were closed after investigation instead of being transferred to ongoing child protection services (CPS). Child protection investigations that were transferred to ongoing CPS of Asian-Canadian and White-Canadian households presented a similar profile of case characteristics, and caregiver and child clinical needs. However, Asian-Canadian households received ongoing CPS for over a month longer than White-Canadian households, and were less likely (OR = 0.39) to be re-investigated for any form of maltreatment-related concerns within one year after case closure. Therefore, it appears that child protection investigations involving Asian-Canadian households are less likely to be closed prematurely than White-Canadian households.
4.2 Manuscript

4.2.1 Introduction

Many ethnic minorities are challenged with barriers in accessing and utilizing health and social services in the United States (Kim & Keefe, 2010; Leong & Lau, 2001; Scheppers, van Dogen, Dekker, Geertzen, & Dekker, 2006) and Canada (Li & Browne, 2000; Reitz, 1995). In a review of the literature regarding ethnic minorities’ access and barriers to health services, Scheppers et al. (2006) identified a range of patient level, provider level, and system level barriers to the use of health-related services. The most identified patient level barriers for Asian populations were the requirement of proficient English language skills and the absence of translation services (Scheppers et al., 2006). The most identified provider level barriers included: discourteous care provisions, discrimination, and the misunderstanding or dismissal of traditional healing practices. System level barriers included complex service provision processes such as formal referral procedures, the need for initial consultancy appointments, long waiting times, and abrupt services (Scheppers et al., 2006).

Barriers in accessing and utilizing services have also been noted among Asian children and families involved in the child welfare system (Coalition for Asian American Children and Families [CACF], 2001, 2007; Garland, Landsverk & Lau, 2003; Humphreys, 2007).

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38 Asian refers to East and Southeast Asian origin populations including Chinese, Filipino, Southeast Asian, Korean, and Japanese (Statistics Canada, 2006).
39 The U.S. Census Bureau defines Asian as racial populations including Asian Indian, Chinese, Filipino, Korean, Japanese, Vietnamese, and Other Asians and Other Pacific Islanders.
40 The term child welfare is used in this paper as a general descriptor of services that aim to prevent and safeguard children from maltreatment-related concerns or risk of maltreatment. The term child protection is used in this paper as a specific descriptor of child welfare services that aim to protect and respond to maltreatment-related concerns or risk of maltreatment, including the provision of out-of-home placements. The term child protection investigation is used predominantly in the methods and results section of this paper to reflect the use of administrative child welfare data in the study. Otherwise the general term of child welfare is used where applicable.
Atkar & Baldwin, 1999). A major concern is the lack of understanding by Asian communities in North America of the child welfare system and child welfare laws. The child welfare system does not exist in many Southeast Asian countries (CACF, 2007; UNICEF, 2005). The child welfare system may only be known “as an agency that takes children away from parents” (CACF, 2007, p. 8). This misunderstanding may instill fear and reluctance among the Asian communities to seek support from such services.

In Canada (Lee, Fuller-Thomson, Trocmé et al., in progress) and the United States (Dakil, Cox, Lin, & Flores, 2011; Fluke, Yuan, Hederson, & Curtis, 2003), Asian populations are under-represented in the child welfare system. Asian-Canadian children represent 7.2% of the Canadian child population (Census, 2006); however, they represent only 2.5% of child maltreatment-related investigations41 (Lee, Fuller-Thomson, Trocmé et al., in progress). When involved in the child welfare system, Asian populations have dramatically different demographic and case characteristics compared to their White or non-Asian counterparts (Chang, Rhee, & Berhold, 2008; Chang, Rhee, & Weaver, 2006; Lavergne, Dufour, Trocmé, & Larrivee, 2008; Lee, Rha, & Fallon, 2014; Lee, Fuller-Thomson, Fallon et al., in progress; Lee, Fuller-Thomson, Trocmé et al., in progress; Pelczarski & Kemp, 2006; Rhee, Chang, Weaver, & Wong, 2008).

**Research Questions**

While there is a growing body of empirical studies that present a profile of investigations involving Asian populations (e.g., Chang et al., 2006, 2008; Pelczarski & Kemp, 2006; Rhee et al., 2008), there is a paucity of empirical studies that examines Asian populations that are

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41 Child maltreatment-related investigations include “investigations of possible past incidents of maltreatment or assessment of risk of future maltreatment” and “all ‘retained’ cases with maltreatment-related case classification codes” (Trocmé et al., 2010, p. 14).
deemed in need of ongoing child protection services. To build upon the collection of papers by Lee and colleagues (i.e., Lee et al., 2014; Lee, Fuller-Thomson, Fallon et al., in progress; Lee, Fuller-Thomson, Trocmé et al., in progress), this study aims to answer the following research questions:

1. How do the profiles of child protection investigations which are closed after investigation instead of transferred to ongoing child protection services differ between Asian-Canadian and White-Canadian households involved in the child protection system?

2. What is the duration of ongoing child protection services for Asian-Canadian households compared to White-Canadian households?

3. Are child protection investigations involving Asian-Canadian households closed prematurely compared to child protection investigations involving White-Canadian households?

4.2.2 Literature Review

There are three major models of child welfare decision-making: Decision-making Ecology model (Baumann, Dalgleish, Fluke, & Kern, 2011; Baumann, Kern, and Fluke, 1997), the General Assessment and Decision-making Model (Delgleish, 2003, 2006), and the Culture and Child Maltreatment Decision-Making Model (Terao, Borrego, & Urquiza, 2001).

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42 Child protection investigations involving White-Canadian households served as the comparison group because studies examining specific ethno-racial populations such as Black (Clarke, 2011) and Aboriginal (Sinha et al., 2011) have shown significantly different child welfare involvement and outcomes from the rest of the Canadian population. To account for these differences, Asian-Canadians were compared to White-Canadians, rather than a broader “non-Asian” category.

43 The term household is used throughout this paper to denote household characteristics applicable to both caregivers and children, and child protection investigations at the family level.

44 The re-investigated for any form of maltreatment-related concern within 12 months after case closure was used as a proxy for premature termination of service.
**Decision-making Ecology**

According to the *Decision-making Ecology* model (Baumann et al., 2011; Baumann et al., 1997), the systemic context for decision-making includes: case characteristics, organizational factors, external factors, and decision maker factors. The outcomes include the consequences to the client and their family, the decision maker, and to those external to the agency. The outcomes and consequences of the decision-making trigger a feedback loop that may influence the systemic context. A detailed overview of the *Decision-making Ecology* model can be found in Baumann et al. (2011) and Baumman et al. (1997).

**General Assessment and Decision-making Model**

Dalgleish (2006) proposed the *General Assessment and Decision-making Model* that identified three psychological elements of decision-making: judgment and decision, the decision threshold, and the shift in this threshold. “A judgment is an assessment of a situation given the current case information,” while “a decision addresses whether or not to take a course of action” (Baumann et al., 2011, p. 7). “A decision threshold refers to the point at which the assessment of the case information (e.g., amount and weight of evidence) is intense enough for one to decide to take action” (Baumann et al., 2011, p. 7). The shift in threshold refers to a change in the amount of evidence deemed to be sufficient to take action. An example of a shift in threshold is a change in policy that determines the immediacy of child protection response (e.g., a policy change that specifies allegations of maltreatment or risk for a young child under the age of two should warrant an immediate child protection investigation). Dalgleish (2006) proposes factors that influence the worker’s assessment include information from the current situation or case factors. The factors influencing the decision threshold are the decision makers’ history or experience and organizational policies. The resulting decision outcome includes the consequences to the client
(e.g., the need to cooperate with a child protection investigation), the decision maker (e.g., reschedule existing appointments to accommodate an immediate child protection investigation involving a young child), and those external to the agency (e.g., societal scrutiny or praise in the child protection response) which may generate a feedback loop to the context. A detailed overview of the General Assessment and Decision-making Model can be found in Dalgleish (2006) and Baumann et al. (2011).

**Culture and Child Maltreatment Decision-Making Model.**

Child welfare decision frameworks offer a general understanding of the service provision and outcomes for children and families involved in the child welfare system. The Culture and Child Maltreatment Decision-Making Model (Terao et al., 2001) incorporates cultural considerations in the assessment, decision-making, and intervention for culturally diverse children and families involved in the child welfare system. First, the severity of the maltreatment needs to be assessed. If there is a clear risk of harm or injury to the child, then the concern must be reported to child welfare authorities regardless of whether a parenting practice may be considered culturally normative. Second, the caregivers’ level of acculturation needs to be assessed to determine the type of intervention. The model proposes that “parents with a low level of acculturation should initially be offered psycho-educational services (e.g., teaching/informing parents about acceptable parenting practices as well as alternative models of discipline)” (Terao et al., 2001, p. 163). Parents with high level of acculturation should be provided therapeutic response (e.g., psycho-therapy) because parents with high acculturation should understand that it is against the law to harm their child and may have other environmental stressors (e.g., marital discord, parent-child relationship issues) or clinical issues (e.g., depression, substance abuse) that require treatment (Terao et al., 2001). A similar assessment, decision-making, and intervention
logic can be adapted for the case decision of closure or provision of ongoing child protection services for Asian-Canadian households involved in the child welfare system.

**Ongoing Child Protection Service (CPS)**

The decision to provide ongoing child protection services (CPS) have implications in time and resources for both clients and child welfare agencies. There is growing empirical literature regarding the factors associated with child welfare workers’ decision to provide ongoing CPS (English, Brummel, & Marshall, 1997; DePanfilis & Zuravin, 2001; Fallon, Ma, Black, & Wekerle, 2011; Fast, Trocmé, Fallon, & Ma, 2014; Jud, Fallon, & Trocmé, 2012; Lavergne et al., 2011). Among these studies, only a few presented findings about ethnicity (i.e., DePanfilis & Zuravin, 2001; Fast et al., 2014; Jud et al., 2012). None of the studies presented findings regarding Asian children and families involved in the child welfare system.

The factors that were found in the literature to be associated with a greater likelihood of deciding to provide ongoing CPS after a child maltreatment investigation included: professional referral sources (Lavergne et al., 2011), younger child and younger caregiver age (DePanfilis & Zuravin, 2001; Fallon et al., 2011; Jud et al., 2012), caregivers’ childhood history of maltreatment (English et al., 1997; Fallon et al., 2011), presence of caregiver and child functioning issues such as mental health issues or alcohol/drug concerns (DePanfilis & Zuravin, 2001; English et al., 1997; Fallon et al., 2011; Fast et al., 2014; Jud et al., 2012; Lavergne et al., 2011), higher level of un-cooperation with the agency (English et al., 1997; Lavergne et al., 2011), household level problems (e.g., home overcrowded, household running out of money for basic needs) (Fallon et al., 2011; Fast et al., 2014; Jud et al., 2012), increased number of children in the home (DePanfilis & Zuravin, 2001), type of maltreatment particularly neglect, sexual abuse, emotional maltreatment (DePanfilis & Zuravin, 2001; Fallon et al., 2011; Fast et al., 2014;
Jud et al., 2012; Lavergne et al., 2011), and substantiation decision (DePanfilis & Zuravin, 2001; Jud et al., 2012). Agency variables such as urbanicity, larger agency size, and Western and Eastern Canadian provincial areas (as opposed to Central Canada) were also found to be associated with an increased likelihood of transfer to ongoing CPS (Jud et al., 2012). English et al. (2001) and Jud et al. (2012) found that ethnicity was not a significant predictor for referral to ongoing CPS. However, it is argued that ethnic minorities may have greater need for services than White-Canadians but they are not receiving it (Jud et al., 2012). In contrast, Fast et al. (2014) found that Aboriginal status of the child was a strong predictor for ongoing service provision for adolescents.

The literature review presented child welfare decision-making frameworks that offered a theoretical understanding of the factors to consider in determining service provisions and outcomes for children and families involved in the child welfare system. The empirical studies provided an emerging overview of the factors that have been found to be associated with child welfare workers’ decision to provide ongoing CPS. Together, the theoretical and empirical knowledge help inform and guide the approach used in the current study to examine Asian-Canadian households involved in the child welfare system.

4.2.3 Methods

Data Source

The current study was conducted using data from the Ontario Child Abuse and Neglect Data System (OCANDS), which is a provincial level database of child welfare administrative data. The province of Ontario had 46 independent Children’s Aid Societies (CAS); of which 20 (CAS) agencies were in the OCANDS longitudinal database at the time of the study. CAS participation was recruited via email through the OCANDS listserv. Seven agencies provided
consent to participate in this study. The University’s Research Ethics Board, the OCANDS Steering Committee, and participating Children’s Aid Societies granted approval for the study.

**Measures**

In Ontario, the *Child and Family Service Act* (CFSA, RSO 1990, c C.11) is the legislation that underpins all aspects of child protection service and the *Ministry of Child and Youth Services* determines the procedures and measures that are used at each decision point. The *Ontario Eligibility Spectrum* and the measurement instruments within the *Ontario Child Protection Decision-Making Model*[^45], including the *Ontario Safety Assessment*, and *Ontario Family Risk Assessment* are contained within OCANDS:

**Ontario Eligibility Spectrum** is a field-developed screening tool used to determine child protection service eligibility at the time of referral. The *Ontario Child Welfare Eligibility Spectrum* (2006) classifies the type and severity of alleged child maltreatment or risk of maltreatment and the intervention line is the threshold that determines the type of response (e.g., investigation, referral to community support services, and closed with no further action). The *Ontario Child Welfare Eligibility Spectrum* sections 1-5 (physical/sexual harm by commission, harm by omission, emotional harm/exposure to conflict, abandonment/separation, and caregiver capacity) are grounded in Part III of the *Child and Family Services Act* that outlines when a child is in need of protection. The *Ontario Child Welfare Eligibility Spectrum* is provided in Appendix

[^45]: Ontario uses an adapted version of California’s Structured Decision-Making™ tools. An “Ontario tool test drive” review of the instruments was conducted in the fall of 2005 with 95 front-line child protection workers and supervisors, and a focus group with Ontario service directors, and consultation with representatives of the Aboriginal community (MCYS, 2007, p. 3). The collective feedback was incorporated into the adaptation of the tools for use in Ontario. The Ontario Child Protection Decision-Making Model, specifically the Ontario Family Risk Assessment, underwent prospective validation in 2009 and the results can be found in Shlonsky et al. (2010) and Shlonsky et al. (2011).
A detailed overview of the *Ontario Child Welfare Eligibility Spectrum* can be found in OACAS (2006).

**Ontario Safety Assessment** is a clinical “process” that is performed on opened child protection investigations within 24 hours of the first face-to-face contact with the alleged child victim to determine the level of immediate danger to the child and the appropriate intervention (MCYS, 2007, p. 5). Fourteen safety threats are itemized in the assessment and require a yes or no response (e.g., Child sexual abuse is suspected and circumstances suggest that child’s safety may be of immediate concern). Based on the presence or absence of any safety threats, the final safety decision determines whether the child is safe, safe with intervention, or unsafe. The *Ontario Safety Assessment* is provided in Appendix F5. A detailed overview of the *Ontario Safety Assessment* can be found in MCYS (2007).

**Ontario Family Risk Assessment** is an actuarial tool that must be completed during a child protection investigation which is one month or longer with supervisory consultation and approval. The *Ontario Family Risk Assessment* (OFRA) is comprised of 10 factors associated with the recurrence of neglect (e.g., primary parent/caregiver provides physical care inconsistent with the child’s needs), and 10 factors associated with the recurrence of abuse (e.g., prior injury to a child resulting from child abuse/neglect). The neglect and abuse index are each tallied and the highest score on either the neglect or abuse is reflected as the family risk level. The OFRA includes the ability to identify overriding conditions (e.g., non-accidental injury to a child under age two) and discretionary considerations with supervisory approval that increases the family risk level. The final risk level can be low, moderate, high, or very high. The *Ontario Family Risk Assessment* is provided in Appendix F6. A detailed overview of the *Ontario Family Risk Assessment* can be found in MCYS (2007).
The variables derived from the child protection case processes and measures in OCANDS are described in Table 10.

Table 10 OCANDS Variable Measurement and Operational Definitions

<table>
<thead>
<tr>
<th>Variables</th>
<th>Measurement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>Dichotomous: 1, Asian-Canadian 0, White-Canadian</td>
<td>• The case was defined as Asian-Canadian in child protection investigations in which the child was identified as Asian-Canadian or at least one caregiver was identified as Asian-Canadian (including a second caregiver who was White-Canadian, excluding a second caregiver who was Aboriginal or Black). Where the child was identified as White-Canadian or all caregivers were identified as White-Canadian, the case was defined as White-Canadian.</td>
</tr>
<tr>
<td>Child Demographics and Household Composition</td>
<td>Gender of Child</td>
<td>Dichotomous: 1, Male 0, Female</td>
</tr>
<tr>
<td></td>
<td>Child Age (&gt;12 years)</td>
<td>Dichotomous: 1, Yes 0, No</td>
</tr>
<tr>
<td></td>
<td>Single Caregiver</td>
<td>Dichotomous: 1, Yes 0, No</td>
</tr>
<tr>
<td></td>
<td>More than 2 Children</td>
<td>Dichotomous: 1, 1 or 2 children 0, 3 or more children</td>
</tr>
<tr>
<td>Case Characteristics</td>
<td>Professional Referral Source</td>
<td>Dichotomous: 1, Professional 0, Non-professionals</td>
</tr>
<tr>
<td></td>
<td>Co-occurrence of Concerns</td>
<td>Dichotomous: 1, Yes 0, No</td>
</tr>
<tr>
<td></td>
<td>Previous Investigation</td>
<td>Dichotomous: 1, Yes 0, No</td>
</tr>
<tr>
<td></td>
<td>Previous Ongoing CPS</td>
<td>Dichotomous: 1, Yes 0, No</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Moderate/High Risk</td>
<td>Dichotomous: 1, Moderate/High Risk 0, Low Risk</td>
<td></td>
</tr>
<tr>
<td>Physical Abuse or Risk</td>
<td>Dichotomous: 1, Physical Abuse or Risk 0, All other reasons</td>
<td></td>
</tr>
<tr>
<td>Caregiver Functioning Concerns</td>
<td>Dichotomous: 1, Caregiver with Functioning Concerns 0, All other reasons</td>
<td></td>
</tr>
<tr>
<td>Caregiver-Child Conflict</td>
<td>Dichotomous: 1, Caregiver-Child Conflict 0, All other reasons</td>
<td></td>
</tr>
<tr>
<td>Exposure Domestic Violence and Conflict</td>
<td>Dichotomous: 1, Exposure Domestic Violence and Conflict 0, All other reasons</td>
<td></td>
</tr>
<tr>
<td>Received Ongoing CPS</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td></td>
</tr>
<tr>
<td>Ongoing CPS &gt; 6 months</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td></td>
</tr>
<tr>
<td>Clinical Concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child with Physical Harm/Injury</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td></td>
</tr>
<tr>
<td>Caregiver uses Corporal Punishment</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td></td>
</tr>
<tr>
<td>Caregiver with Mental Health or Substance Abuse Concerns</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td></td>
</tr>
<tr>
<td>Child with Mental Health Concerns or Developmental Disability</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td></td>
</tr>
<tr>
<td>Child with Criminal or Serious Behavioural Concerns</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td></td>
</tr>
<tr>
<td>Caregiver History of Abuse/Neglect as a Child</td>
<td>Dichotomous: 1, Yes 0, No</td>
<td></td>
</tr>
</tbody>
</table>

- **Ontario Family Risk Assessment** final score can be low, moderate, high, or very high. Moderate/high risk includes moderate, high, and very high risk.
- Physical abuse or risk is based on the Ontario Eligibility Spectrum (OACAS, 2007) regardless of order or sequence of the eligibility code (e.g. primary, secondary, and tertiary). Physical abuse or risk includes physical abuse, risk or threat of harm, cruel/inappropriate treatment.
- Caregiver functioning concerns is based on the Ontario Eligibility Spectrum (OACAS, 2007) regardless of order or sequence of the code (e.g. primary, secondary, and tertiary). Caregiver functioning concerns includes alcohol or substance misuse, mental health, and caregiver skills.
- Caregiver-child conflict is based on the Ontario Eligibility Spectrum (OACAS, 2007) regardless of order or sequence of the code (e.g. primary, secondary, and tertiary).
- Exposure domestic violence and conflict is based on the Ontario Eligibility Spectrum (OACAS, 2007) regardless of order or sequence of the code (e.g. primary, secondary, and tertiary). Exposure to domestic violence and conflict includes exposure to intimate partner violence, adult conflict, and custody and access disputes.
- Ongoing child protection service is the continued support for children in need of protection.
- Duration of ongoing child protection services (CPS) is determined from the decision point to transfer the case to ongoing CPS (Disposition B) to the point of case closure date.
- Child welfare workers can identify a child with physical harm/injury in the Ontario Safety Assessment (question 1A)(MCYS, 2007).
- Child welfare workers can identify whether caregivers use corporal punishment in the Ontario Safety Assessment (question 1D), as well as the Ontario Family Risk Assessment (question A7)(MCYS, 2007).
- Child welfare workers can identify a caregiver with mental health or substance abuse concern in the Ontario Safety Assessment (question 9), as well as the Ontario Family Risk Assessment (question N7, N8B/C, A9B)(MCYS, 2007).
- Child welfare workers can identify a child with mental health concerns or developmental disability in the Ontario Family Risk Assessment (question N9 and A10C/D)(MCYS, 2007).
- The Ontario Eligibility Spectrum (OACAS, 2007) classifies children under the age of 12 who has committed a serious act such as killed or injured another person, damaged property, etc. Child welfare workers can also identify a child with criminal behavioural concerns in the Ontario Family Risk Assessment (question A10B)(MCYS, 2007).
- Caregiver with a history of abuse/neglect as a child is identified in the Ontario Family Risk Assessment (question A8)(MCYS, 2007).
Sample

The sample was comprised of all Asian-Canadian and White-Canadian households who were investigated for alleged child maltreatment ($n = 8,675$), and then received in-home ongoing CPS ($n = 1,988$) at any of six participating Ontario Children’s Aid Societies between January 1, 2008, and December 31, 2012. The first child protection investigation for each household within this timeframe was selected, and cases were followed until case closure or until the end of study period (August 31, 2013), whichever came first. The determination of Asian-Canadian was based upon the 1996 Census definitions for ‘Chinese’ and ‘Southeast Asian other than Chinese’ backgrounds. The case was defined as Asian-Canadian in child protection investigations in which the child was identified as Asian-Canadian and/or at least one caregiver was identified as Asian-Canadian (including a second caregiver who was White-Canadian, excluding a second caregiver who was Aboriginal or Black$^{46}$). Where the child was identified as White-Canadian and/or all caregivers were identified as White-Canadian, the case was defined as White-Canadian.

Inclusion and exclusion criteria. The sample included family-based child protection investigations but excluded investigations of institutions or unrelated caregivers. Families where all children were placed in out-of-home care (paid foster or formal kinship care) prior to the end of the investigation were excluded from the analysis. However, there may be an unknown number of families in the sample where some or all children resided in non-paid informal kinship

$^{46}$ The logic for this sample is as follows: studies examining specific ethno-racial populations such as Black (Clarke, 2011) and Aboriginal (Sinha et al., 2011) have shown significantly different child welfare involvement and outcomes from the rest of the Canadian population. To account for these differences, a case with a second caregiver who was Aboriginal or Black was categorized as non-Asian.
or other out-of-home placements that were not tracked by the administrative system. All cases were screened for eligibility for child protection services and deemed within regular practice standards for investigation and ongoing CPS.

Analysis

Data analyses were conducted over three phases: The first phase used Pearson’s chi-square ($\chi^2$) for all bivariate analyses using SPSS, version 22. The Bonferroni method was used to control the overall false positives (Type I error) when multiple comparisons are conducted (Bland, 1995), setting statistical significance at $p < .001$. The second phase used Kaplan-Meir survival analyses to examine the duration of ongoing CPS for Asian-Canadian households and White-Canadian households that were deemed in need of ongoing CPS. The third phase used logistic regression analyses to determine the odds of re-investigation for any form of maltreatment-related concern within 12 months after the closure of initial child protection investigation. Twenty-one predictors were entered into three blocks: child demographics and household compositions of child protection investigations were in Block 1, case characteristics of child protection investigations were in Block 2, and clinical concerns of child protection investigations were in Block 3. The Hosmer and Lemeshow’s goodness-of-fit test in each block was examined to ensure that the estimates fit the data at $p > .05$.

4.2.4 Results

The child demographics and household compositions of child protection investigations involving Asian-Canadian and White-Canadian households in a select Ontario sample from 2008 to 2012 is presented in Table 11. The study sample was comprised of 8,675 child protection investigations involving 1,647 Asian-Canadian households and 7,028 White-Canadian
households; and 15,197 children involving 2,941 Asian-Canadian children and 12,256 White-Canadian children from select child welfare agencies in Ontario over a 5-year period. In comparison to child protection investigations involving White-Canadian households, Asian-Canadian households had a lower proportion of young children age 0 to 4 (9.4% vs. 15.1%, \( p < .001 \)) and single caregivers (4.6% vs. 8.4%, \( p < .001 \)). The number of children in the household and the gender distribution of children were comparable.

Table 11 Child Demographics and Household Compositions of Child Protection Investigations Involving Asian-Canadian and White-Canadian Households in a Select Ontario Sample from 2008 to 2012

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Asian</th>
<th>%</th>
<th>White</th>
<th>%</th>
<th>(X^2)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Investigations</strong></td>
<td>1647</td>
<td>100</td>
<td>7028</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td><strong>Household Composition</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>26.58***</td>
</tr>
<tr>
<td>Single Caregiver</td>
<td>76</td>
<td>4.6</td>
<td>588</td>
<td>8.4</td>
<td></td>
</tr>
<tr>
<td>Two or More Caregivers</td>
<td>1571</td>
<td>95.4</td>
<td>6440</td>
<td>91.6</td>
<td></td>
</tr>
<tr>
<td><strong>Number of Children in Household</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
</tr>
<tr>
<td>One or Two Children</td>
<td>1262</td>
<td>76.6</td>
<td>5386</td>
<td>76.6</td>
<td></td>
</tr>
<tr>
<td>More than Two Children</td>
<td>385</td>
<td>23.4</td>
<td>1642</td>
<td>23.4</td>
<td></td>
</tr>
<tr>
<td><strong>Total Children</strong></td>
<td>2941</td>
<td>100</td>
<td>12256</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td><strong>Gender of Child</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.68</td>
</tr>
<tr>
<td>Male</td>
<td>1490</td>
<td>51.0</td>
<td>6314</td>
<td>51.6</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1417</td>
<td>48.5</td>
<td>5879</td>
<td>48.1</td>
<td></td>
</tr>
<tr>
<td><strong>Child Age at Case Opening</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>72.19***</td>
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<tr>
<td>0-4</td>
<td>277</td>
<td>9.4</td>
<td>1848</td>
<td>15.1</td>
<td></td>
</tr>
<tr>
<td>5-11</td>
<td>1651</td>
<td>56.1</td>
<td>6769</td>
<td>55.2</td>
<td></td>
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<tr>
<td>12-15</td>
<td>1013</td>
<td>34.4</td>
<td>3639</td>
<td>29.7</td>
<td></td>
</tr>
</tbody>
</table>

\(***p < .001\)

The case characteristics of child protection investigations involving Asian-Canadian and White-Canadian households in a select 5-year cohort in Ontario, is presented in Table 12. The results were stratified by the case decision to close or transfer to ongoing CPS after investigation.

---

\(^{47}\) The age in which a child commences public school varies across provincial jurisdiction. Full-day junior or senior kindergarten may be available for children 3, 4, or 5 years old. The Education Act requires children age 6 to 18 to attend school. The categorization of children 0 - 4 years is to distinguish non-school-age children.
Overall, a higher proportion of cases were closed after investigation (74.6% vs. 77.7%) compared to cases transferred to ongoing CPS (25.4% vs. 22.3%) for Asian-Canadian as well as White-Canadian households (results not shown in tables).

For Asian-Canadian households, the highest proportion of cases closed after investigation was referred by school/daycare48, a percentage that was twice that of White-Canadian households (43.5% vs. 21.1%, p < .001). Conversely, cases closed after investigation involving Asian-Canadian households that were self-referrals or referred by relatives, friends, and neighbours49 was almost a third that of White-Canadian households (4.1% vs. 15.5%). For cases closed after investigation, those involving Asian-Canadian households had the highest proportion of physical abuse and risk (45.1%), while White-Canadian households had the highest proportion of caregiver functioning concerns (41.0%). For both Asian-Canadian and White-Canadian households that were transferred to ongoing CPS, the paramount reason for involvement was due to caregiver functioning concerns (41.4% and 59.4%).

For cases that were closed after investigation, a higher proportion of Asian-Canadian households were deemed “safe with intervention” (20.3%; e.g., clarification of acceptable discipline), low risk (41.4%), and “verified” (32.9%) compared to White-Canadian households (11.6%, 23.15%, and 22.1%, respectively). A lower proportion of Asian-Canadian households had previous child protection involvement (either investigations or ongoing CPS), compared to White-Canadian households in cases that were closed as well as cases that were transferred to ongoing CPS after investigation.

48 School/daycare is a pre-defined OCANDS variable to categorize a professional referral sources that may have regular direct contact with the child(ren).
49 Self-referrals or referred by relatives, friends, and neighbours is a predefined OCANDS variable to capture non-professional referral sources.
Table 12 Case Characteristics of Child Protection Investigations Involving Asian-Canadian and White-Canadian Households in a Select Ontario Sample from 2008 to 2012

<table>
<thead>
<tr>
<th>Case Characteristics</th>
<th>Closed after Investigation</th>
<th>Transferred to Ongoing CPS after Investigation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asian</td>
<td>%</td>
<td>White</td>
</tr>
<tr>
<td>Total Investigations</td>
<td>1229</td>
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<td>5458</td>
</tr>
<tr>
<td>Referral Source</td>
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<td></td>
<td></td>
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<tr>
<td>Self/Relative/Friend/Neighbor</td>
<td>51</td>
<td>4.1</td>
<td>845</td>
</tr>
<tr>
<td>School/Daycare</td>
<td>535</td>
<td>43.5</td>
<td>1149</td>
</tr>
<tr>
<td>Police/Courts/Legal Rep</td>
<td>328</td>
<td>26.7</td>
<td>1480</td>
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<tr>
<td>Health/Mental Health/Social Service</td>
<td>212</td>
<td>17.2</td>
<td>1277</td>
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<tr>
<td>Anon/Other/Unknown</td>
<td>103</td>
<td>8.4</td>
<td>707</td>
</tr>
<tr>
<td>Reason for Involvement in CW</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse and Risk</td>
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<td>45.1</td>
<td>1436</td>
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<tr>
<td>Sexual Abuse and Risk</td>
<td>36</td>
<td>2.9</td>
<td>336</td>
</tr>
<tr>
<td>Neglect</td>
<td>211</td>
<td>17.2</td>
<td>1092</td>
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<tr>
<td>Emotional Maltreatment</td>
<td>57</td>
<td>4.6</td>
<td>234</td>
</tr>
<tr>
<td>Exposure Domestic Violence and Conflict</td>
<td>366</td>
<td>29.8</td>
<td>1674</td>
</tr>
<tr>
<td>Caregiver with Functioning Concerns</td>
<td>232</td>
<td>18.9</td>
<td>2236</td>
</tr>
<tr>
<td>Caregiver-Child Conflict</td>
<td>72</td>
<td>5.9</td>
<td>264</td>
</tr>
<tr>
<td>Co-occurrence of Concerns</td>
<td>299</td>
<td>24.3</td>
<td>1814</td>
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<td>Safety Decision</td>
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<tr>
<td>Safe</td>
<td>976</td>
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</tr>
<tr>
<td>Safe with Intervention</td>
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<td>20.3</td>
<td>634</td>
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<td>Unsafe</td>
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<td>Family Risk Level</td>
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<tr>
<td>Low</td>
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<td>41.4</td>
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<tr>
<td>Moderate</td>
<td>643</td>
<td>52.3</td>
<td>3429</td>
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<tr>
<td>High/Very High</td>
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<td>6.3</td>
<td>769</td>
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<td>Previous Case Opening</td>
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<tr>
<td>Investigation</td>
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<td>2320</td>
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<tr>
<td>Ongoing CPS</td>
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<td>11.4</td>
<td>930</td>
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<tr>
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<tr>
<td>Verified</td>
<td>403</td>
<td>32.9</td>
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<td>-</td>
<td>-</td>
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<tr>
<td>Not Verified</td>
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<td>66.0</td>
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<tr>
<td>Out-of-Home Placement</td>
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<td></td>
</tr>
<tr>
<td>Yes</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

***p < .001
* Represents n < 20. These numbers were too small to report according to OCANDS regulations.
The clinical characteristics of child protection investigations involving Asian-Canadian and White-Canadian households in a select 5-year cohort in Ontario, is presented in Table 13. The results were stratified by the case decision to close or transfer to ongoing CPS after investigation. The percentage of child protection investigations involving Asian-Canadian households that use corporal punishment was over twice that of White-Canadian households in cases closed (7.0% vs. 2.9%, p < .001) as well as cases that were transferred to ongoing CPS after investigation (15.8% vs. 7.3%, p < .001). A lower proportion of child protection investigations involving Asian-Canadian households had clinical concerns such as caregiver with mental health or substance abuse concerns, child with mental health or developmental disability, child with criminal or serious behavioural concerns, or caregiver history of abuse/neglect as a child, compared to White-Canadian households.
Table 13 Clinical Characteristics of Child Protection Investigations Involving Asian-Canadian and White-Canadian Households in a Select Ontario Sample from 2008 to 2012

<table>
<thead>
<tr>
<th></th>
<th>Closed after Investigation</th>
<th>Transferred to Ongoing CPS after Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asian</td>
<td>White</td>
</tr>
<tr>
<td>Total Investigations</td>
<td>1229</td>
<td>100</td>
</tr>
<tr>
<td>Evidence of Physical Harm/Injury</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Use of Corporal Punishment</td>
<td>86</td>
<td>7.0</td>
</tr>
<tr>
<td>Caregiver Mental Health or Substance Abuse Concerns</td>
<td>125</td>
<td>10.2</td>
</tr>
<tr>
<td>Child with Mental Health or Developmental Disability</td>
<td>105</td>
<td>8.5</td>
</tr>
<tr>
<td>Child with Criminal or Serious Behavioural Concerns</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Caregiver History of Abuse/Neglect as a Child</td>
<td>40</td>
<td>3.3</td>
</tr>
</tbody>
</table>

***p < .001
- Represents n < 20. These numbers were too small to report according to OCANDS regulations.

Table 14 Duration of Ongoing Child Protection Services and Re-Investigation within 12 months after Case Closure for Child Protection Investigations (excluding out-of-home placement) Involving Asian-Canadian and White-Canadian Households in a Select Ontario Sample from 2008 to 2012

<table>
<thead>
<tr>
<th></th>
<th>Closed after Investigation</th>
<th>Transferred to Ongoing CPS after Investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asian</td>
<td>White</td>
</tr>
<tr>
<td>Total Investigations</td>
<td>1227</td>
<td>100</td>
</tr>
<tr>
<td>Re-investigation† within 12 months after Case Closure</td>
<td>170</td>
<td>13.9</td>
</tr>
<tr>
<td>Duration of Ongoing CPS (Median Days)</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

***p < .001
- Represents n < 20. These numbers were too small to report according to OCANDS regulations.
† Represents re-investigation for any form of maltreatment-related concern within 12 months after case closure.
Table 14 and Table 15 examines re-investigations for any form of maltreatment-related concern within 12 months after case closure for Asian-Canadian households compared to White-Canadian households in cases closed immediately after investigations as well as cases transferred and closed after receiving ongoing CPS. To determine possible premature closing of cases, this study estimated the percentage of cases that had been closed which subsequently were re-investigated within a 12-month period. For cases that closed after initial investigation, Asian-Canadian households were half as likely to be re-investigated in comparison to White-Canadian households (13.9% vs. 29.4%). For cases referred to ongoing CPS and subsequently closed, Asian-Canadian households were also only half as likely to be re-investigated in comparison to White-Canadian households (6.7% vs. 14.9%). Table 14 indicates that among those receiving ongoing CPS, child protection investigations involving Asian-Canadian households remained opened for over a month longer than White-Canadian households (339 days vs. 301 days).

Table 15 indicates that about 3% of the variance in case closures were explained by ethnicity, which is greater than the proportion explained by child demographics and household composition, and comparable to that explained by clinical issues. Asian-Canadian households were less likely (OR = 0.39) than White-Canadian households to be re-investigated for any form of maltreatment-related concern within 12 months after case closure; adjustments for child demographics and household composition made little difference to these odds (OR= 0.40), nor did adjustment for case characteristics (OR = 0.46), nor clinical concerns (OR = 0.41).
Table 15 Factors Associated with Re-Investigation for Any Form of Maltreatment-related Concern within 12 months after Case Closure for a Sample of Child Protection Investigations (excluding out-of-home placement) in a Select Ontario Sample from 2008 to 2012 (N=8,675)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Model 1</th>
<th>Model 2</th>
<th>Model 3</th>
<th>Model 4</th>
<th>Model 5</th>
<th>Model 6</th>
<th>Model 7</th>
<th>Full Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asian Ethnicity</td>
<td>.390</td>
<td>.000***</td>
<td>.398</td>
<td>.000***</td>
<td>.464</td>
<td>.000***</td>
<td>.411</td>
<td>.000***</td>
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<td>Child Demographics and Household Composition</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Gender of Child (M)</td>
<td>.999</td>
<td>.993</td>
<td>1.004</td>
<td>.940</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Child Age (&gt;12 years)</td>
<td>.773</td>
<td>.000***</td>
<td>.805</td>
<td>.000***</td>
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<tr>
<td>Single Caregiver</td>
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<td>.006</td>
<td>1.228</td>
<td>.033</td>
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<tr>
<td>More than 2 Children</td>
<td>1.700</td>
<td>.000***</td>
<td>1.652</td>
<td>.000***</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Case Characteristics</td>
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<td></td>
</tr>
<tr>
<td>Professional Referral Source</td>
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<td></td>
</tr>
<tr>
<td>Co-occurrence of Concerns</td>
<td>1.314</td>
<td>.000***</td>
<td>1.289</td>
<td>.000***</td>
<td></td>
<td></td>
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<tr>
<td>Previous Investigation</td>
<td>1.302</td>
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<td>1.311</td>
<td>.001</td>
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<tr>
<td>Verified</td>
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<td>.095</td>
<td>.949</td>
<td>.257</td>
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<tr>
<td>Moderate/High Risk</td>
<td>1.733</td>
<td>.000***</td>
<td>1.632</td>
<td>.000***</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Abuse or Risk</td>
<td>.901</td>
<td>.190</td>
<td>.957</td>
<td>.582</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Caregiver with Functioning Concerns</td>
<td>1.195</td>
<td>.019</td>
<td>1.143</td>
<td>.079</td>
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<tr>
<td>Caregiver-Child Conflict</td>
<td>1.339</td>
<td>.020</td>
<td>1.366</td>
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<tr>
<td>Exposure to Domestic</td>
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<td>.020</td>
<td>1.211</td>
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<tr>
<td>Violence and Conflict</td>
<td>2.61</td>
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<td>.000***</td>
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<tr>
<td>Ongoing CPS</td>
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<td>.330</td>
<td>.000***</td>
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<tr>
<td>Clinical Concerns</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Harm/Injury</td>
<td>.403</td>
<td>.219</td>
<td>.425</td>
<td>.250</td>
<td>.730</td>
<td>.683</td>
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<tr>
<td>Use of Corporal Punishment</td>
<td>.563</td>
<td>.000***</td>
<td>.640</td>
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<td>.310</td>
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<tr>
<td>Caregiver Mental Health or Substance Abuse Concerns</td>
<td>1.138</td>
<td>.025</td>
<td>1.048</td>
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<tr>
<td>Child with Mental Health or Developmental Disability</td>
<td>.896</td>
<td>.147</td>
<td>.858</td>
<td>.045</td>
<td>1.007</td>
<td>.936</td>
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<tr>
<td>Child with Criminal or Serious Behavioural Concerns</td>
<td>1.938</td>
<td>.638</td>
<td>.891</td>
<td>.398</td>
<td>1.174</td>
<td>.297</td>
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<tr>
<td>Caregiver History of Abuse/Neglect as a Child</td>
<td>1.388</td>
<td>.000***</td>
<td>1.271</td>
<td>.001</td>
<td>1.361</td>
<td>.000***</td>
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</tr>
</tbody>
</table>

-2LL Model                                                               | Block 1 | Block 1 | Block 2 | Block 2 | Block 1 | Block 2 | Block 1 | Block 2 | Final Block |
<table>
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<tr>
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</thead>
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OR = Odds Ratio
*** p < .001
4.2.5 Discussion

This current study examined Asian-Canadian versus White-Canadian households involved in the child welfare system with a focus on the decision to close the case after investigation rather than transfer to ongoing CPS. Asian-Canadian and White-Canadian households that were investigated and transferred to ongoing CPS had a similar profile of case characteristics, and caregiver and child clinical needs. However, Asian-Canadian households received ongoing CPS for over a month longer than White-Canadian households, and were less likely (OR = 0.39) to be re-investigated for any form of maltreatment-related concerns within one year after case closure (immediately after investigation or after receipt of ongoing CPS). This suggests that child protection investigations involving Asian-Canadian households may not be closed prematurely, but rather, provided the necessary intervention such that re-involvement with the child welfare system is not warranted after case closure. The results found in this study will be discussed and interpreted in light of the child welfare decision-making frameworks and empirical studies that examine child welfare service provision and outcomes for Asian children and families.

Availability and Source of Evidence

Consistent with the findings reported in the literature, a higher proportion of Asian-Canadian households are reported to the child welfare system from school/daycare personnel (Lavergne et al., 2008; Lee et al., 2014). The difference in referral sources for Asian-Canadian versus White-Canadian children may be due to the differences in child age, visibility in the community, and opportunity for disclosure. Furthermore, Asian populations have been found to encounter barriers to accessing health services (Kim & Keefe, 2010) and mental health service (Garland et al., 2003; Leong & Lau, 2001). As such, the opportunity for disclosure and intervention on behalf of other professional groups may be limited for Asian populations. Lee,
Fuller-Thomson, Fallon et al. (in progress) found that the cultural emphasis of family privacy also discourages’ individuals from self-reporting and prevent non-professionals from intervening in other families’ concerns and contacting child welfare on their behalf. However, similar to Rhee et al. (2008), Asian-Canadian children involved in the child welfare system were older school aged children who therefore have more contact with school/daycare personnel than preschool children.

Judgment and Decision Threshold

Consistent with other studies examining Asian children and families involved in the child welfare system (Chang et al., 2006; Chang et al., 2008; Lavergne et al., 2008; Lee et al., 2014; Lee, Fuller-Thomson, Fallon et al., in progress; Lee, Fuller-Thomson, Trocmé et al., in progress; Pelczarski & Kemp, 2006; Rhee et al., 2008), this study found a higher proportion of investigations were based upon physical abuse or risk concerns among Asian-Canadian households compared to White-Canadian households involved in the child welfare system. However, for cases transferred to ongoing CPS, the paramount reason for child welfare involvement for Asian-Canadian households was no longer physical abuse or risk concerns, but rather caregiver with functioning concerns, specifically mental health or substance abuse concerns. The empirical literature found that in general, caregivers functioning issues such as caregiver alcohol or drug problem (DePanfilis & Zuravin, 2001; Fallon et al., 2011), few social supports (English et al., 1997; Fallon et al., 2011; Jud et al., 2012), and impairments (e.g., cognitive, mental health, physical health) (English et al., 1997; Fallon et al., 2011) were associated with increased likelihood of continued CPS involvement.

In terms of assessment, the Ontario Family Risk Assessment assigns additional weighted scores to caregivers with historical or current alcohol, drug or substance problem, previous child
welfare involvement, and caregiver history of maltreatment as a child. Among cases involving Asian-Canadian households that were closed after investigation, 10.2% of child protection investigations had caregivers with mental health or substance abuse concerns, and 3.3% had caregiver history of maltreatment as a child. Alternatively, among cases that were transferred to ongoing CPS and involving Asian-Canadian households, 32.3% of child protection investigations had caregivers with mental health or substance abuse concerns, and 5.3% had caregiver history of maltreatment as a child. The majority of child protection investigations closed or transferred to ongoing CPS involving Asian-Canadian households did not have previous child welfare involvement. The compilation of these factors may be why this current study found double the proportion of Asian-Canadian households deemed low risk compared to White-Canadian households, and the inverse with half as many Asian-Canadian households deemed high/very high risk compared to White-Canadian households that are closed or transferred to ongoing CPS. However, child protection investigations that were transferred to ongoing CPS involving Asian-Canadian households had specific clinical concerns and moderate to high/very high-risk levels, which were found in the empirical literature to increase the likelihood of continued CPS.

The current study found that child protection investigations involving Asian-Canadian households had rates of corporal punishment usage that was over twice that of White-Canadian households. Consistent with the findings reported in the literature, physical abuse that occurred in connection with corporal punishment was more frequent for all visible minorities compared to White-Canadians, with the highest percentage among Asians (64.5%; Lavergne et al., 2008; 76%; Lee et al., 2014). Similarly, in the U.S. child welfare system, Chang et al. (2006) found that
29.6% of Korean cases identified excessive disciplining via corporal punishment as the key circumstance leading to maltreatment.

**Intervention**

When receiving ongoing CPS, cases involving Asian-Canadian households remained opened for over a month longer than White-Canadian households. Although the exact reasons for this is unknown, the prolonged ongoing CPS involvement may be due to the additional time needed because of the complexity of using language translators with Asian-Canadian children and families. There may also be a lack of community resources for Asian-Canadian children and families, and child welfare services would have remained open longer to provide the necessary intervention or until more specialized services became available.

The proportion of Asian-Canadian households that were re-investigated for any form of maltreatment-related concern within 12 months after case closure, was half that of White-Canadian households. This finding can be interpreted in a few ways, 1) child maltreatment or risk may have re-occurred at similar rates in both Asian-Canadian and White-Canadian households, but there was low disclosure, detection, and report among Asian-Canadian communities; 2) there is a higher incidence of child maltreatment concerns among White-Canadian than Asian-Canadian households, or the necessary child welfare intervention was not provided for White-Canadian households, thereby warranting re-investigation within 12 months after case closure, or 3) Asian-Canadian households were more likely than White-Canadian households to receive the necessary intervention such that re-involvement with the child welfare system was not warranted within 12 months after case closure.

While all three hypotheses are possible, the available evidence suggests that the last two hypotheses may be more plausible based on the following explanations: First, given that there
was an initial report and investigation, there may be a surveillance and monitoring effect on the family. As such, the original referral source or another potential referral source may contact the child welfare system if they suspect child maltreatment or risk concerns for the child. Furthermore, the child victim is aware of the child welfare system and may be inclined to disclose or contact the child welfare authorities if child maltreatment is reoccurring. While there may still be barriers to disclose concerns and for maltreatment to be detected, these barriers may be minimized for future child welfare involvement.

Second, Lee, Fuller-Thomson, Trocmé et al. (in progress) found that the incidence of child maltreatment-related investigations involving Asian-Canadian households was half that of White-Canadian households. The ratio is parallel to the difference noted for the rate of re-investigation for closed cases involving Asian-Canadian compared to White-Canadian households. It may be that Asian-Canadian households are under-represented compared to White-Canadian households, or conversely, White-Canadian households are over-represented compared to Asian-Canadian households in re-investigations for any form of maltreatment-related concern within 12 months after case closure. This suggests that perhaps the necessary child welfare intervention was not provided for White-Canadian households, thereby warranting re-investigation within 12 months after case closure.

Third, the child protection intervention for Asian-Canadian households may be appropriately provided to address the child maltreatment concerns by way of psycho-educational intervention and utilizing family strengths and desires for intervention. Many Asian communities do not have formal child welfare systems in their country of origin (CACF, 2001). Asian caregivers may be uncertain of the child welfare system, the child welfare laws, and what may be considered appropriate or inappropriate child-rearing practices. In the *Culture and Child*
Maltreatment Decision-Making Model, Terao et al. (2001) proposes that caregivers should initially be offered psycho-educational services such as explaining the role of the child welfare system, teaching/informing caregivers about acceptable parenting practices, as well as alternative models of discipline. Furthermore, family strengths and desires can be used for effective intervention. Lee, Fuller-Thomson, Fallon et al (in progress) found that the closed and rigid family boundaries that is common in Asian families was used by child welfare workers to leverage change in their intervention with Asian-Canadian families. The focus group participants in Lee, Fuller-Thomson, Fallon et al (in progress) indicated that parents are willing to no longer use physical discipline in order to prevent continued or future child welfare involvement. Family privacy and saving face may inhibit disclosure and future reporting to the child welfare system. This family desire for privacy is a strength and protective factor that may contribute to the lower re-investigation rate for Asian-Canadian households.

Limitations

The study examined child protection investigation and therefore, was unable to account for incidents of child maltreatment that were not reported to child welfare authorities, reports that were screened out and not investigated, and new reports for already opened child protection investigations. The study included a geographically limited sample that may include regional and jurisdictional differences. The findings from this current study pertains only to the select child welfare agencies in Ontario over the 5-year period, and cannot be generalized to the rest of Ontario or other jurisdictions or time periods.

Best efforts were made to identify only family-based child protection investigations that included the primary and secondary caregivers. However, it was difficult to discern the relationship type and status in the OCANDS administrative child welfare data, and therefore the
exact nature of the relationship of the child to the perpetrator and boundaries of the family unit is uncertain. The examination of ethnic differences in out-of-home placements could not be conducted because the number of such placements was too small.

Much of the caregiver and child ethnicity information is classified as “unknown” in the OCANDS dataset. In these cases, it is uncertain whether ethnicity was unknown or was known but not identified in the administrative child welfare system. It is assumed all families marked as Asian-Canadian are of Asian ethno-racial category, and all families marked as Caucasian are of White-Canadian ethno-racial category. There may be unaccounted biases due to the missing and unknown ethnicity information in the dataset. Furthermore, it is important to acknowledge that the broad Asian category encompasses many linguistic, cultural, traditional, spiritual, socio-economic-political differences; however, more discrete categorization of Asian heritage including immigration status was not available in the dataset.

Unfortunately, OCANDS does not collect community risk factors or organizational factors that may be associated with the issue of disproportionality and disparity. The study could not include all theoretically important variables (e.g., household poverty, caregiver cooperation, agency specific variables) due to the limitations of the administrative data.

4.2.6 Conclusion

This paper is part of a collection of papers (Lee et al., 2014; Lee, Fuller-Thomson, Fallon et al., in progress; Lee, Fuller-Thomson, Trocmé et al., in progress) that investigates the growing Asian-Canadian population (Statistics Canada, 2010), under-representation of Asian-Canadian households involved in the child welfare system (Lee, Fuller-Thomson, Trocmé et al., in progress), and differences in child welfare involvement for Asian-Canadian households compared to White-Canadian households involved in the child welfare system (Lee, Rha, &
Fallon, 2014; Lee, Fuller-Thomson, Fallon et al., in progress; Lee, Fuller-Thomson, Trocmé et al., in progress). Consistent with the studies using nationally representative data (i.e., CIS-2003; 2008), this study using administrative child welfare data (OCANDS), also found differences between the profiles of child protection investigations involving Asian-Canadian households compared to White-Canadian households.

Despite the differences in child welfare involvement between Asian-Canadian and White-Canadian households, the current study found that perhaps Asian-Canadian households are receiving child welfare intervention as needed. The profile of cases involving Asian-Canadian households that were transferred to ongoing CPS possesses case characteristics, and caregiver and child needs which suggest that further interventions could be beneficial. When receiving ongoing CPS, cases involving Asian-Canadian households remained opened for over a month longer than White-Canadian households. Although the exact reasons for this is unknown, the prolonged CPS involvement may be due to the additional time needed and complexity of using language translators.

Furthermore, Asian-Canadian households that were re-investigated for any form of maltreatment-related concern within 12 months after case closure, was half that of White-Canadian households. This suggests that Asian-Canadian households may be provided the necessary intervention such that re-involvement with the child welfare system is not warranted within 12 months after case closure.

There is a paucity of empirical studies that contribute to an evidence-base for child welfare practice and policy in working with Asian children, families, and communities. The current study fills a much-needed gap in the child welfare literature regarding Asian-Canadian households involved in the child welfare system. The examination of child welfare decisions and
outcomes through the continuum of child welfare services, provide insight into how the child welfare system is meeting the needs of our most vulnerable children and families.
References


Chapter 5
Discussion and Conclusion

5.1 Three-Paper Dissertation Overview

This three-paper dissertation aims to enhance the understanding of Asian-Canadian children and families involved in the child welfare system. A mixed methods approach with three different data sources was used to examine the representation, child welfare decisions, and services for Asian-Canadian households through the continuum of child welfare involvement. The first paper, in Chapter 2, titled *Asian-Canadian families involved in the child welfare system in Canada: A mixed methods study* used secondary data analysis of the 2008 Canadian Incidence Study of Reported Child Abuse and Neglect (CIS-2008) and focus groups with social workers to build a descriptive profile of Asian-Canadian households involved in the child welfare system. The second paper, in Chapter 3, titled *Delineating disproportionality and disparity of Asian-Canadian versus White-Canadian households in the child welfare system*, used CIS-2008 data adjusted by Census child population data to examine the representation of Asian-Canadian households involved in the child welfare system, given their estimated numbers in the Canadian child population. The third paper, in Chapter 4, titled *Examining child welfare decisions and services of Asian-Canadian versus White-Canadian households in the child welfare system* used administrative child welfare data from the Ontario Child Abuse and Neglect Data System (OCANDES) to examine the decision to close after investigation rather than transfer to ongoing child protection services (CPS). The research questions posed in each of the three-papers are mapped onto the continuum of child welfare service and decisions as depicted in Figure 6. This discussion and conclusion chapter will summarize the study results, limitations, and implications for social work and child welfare research, theory and practices.
Figure 6. Continuum of Child Welfare Service and Decisions – Research Questions

CHILD WELFARE POPULATION
What is the representation of Asian-Canadian households versus White-Canadian households in the child welfare system in Canada in 2006?

INVESTIGATIONS
What are the case characteristics and short-term service outcomes for Asian-Canadian households involved in the child welfare system?

DECISION TO SUBSTANTIATE
What are the differences in the representation of child maltreatment-related investigations and substantiated child maltreatment investigations involving Asian-Canadian households compared to White-Canadian households in the child welfare system in Canada in 2006?

DECISION TO TRANSFER
What factors are associated with the decision to close after a child maltreatment investigation for Asian-Canadian households in the child welfare system in Canada in 2006?

ONGOING CPS
What is the duration of ongoing child protection services for Asian-Canadian households compared to White-Canadian households?

RE-INVESTIGATION
Are child protection investigations involving Asian-Canadian households closed prematurely compared to child protection investigations involving White-Canadian households?

What are child welfare workers and community service providers' experience and perception of working with Asian-Canadian households involved in the child welfare system?
5.2 Convergence and Synthesis of Findings

The three-papers reveal a complicated picture of Asian-Canadian households involved in the child welfare system. To provide greater clarity, the significant results from Chapter 2 to 4 are mapped onto the continuum of child welfare services and decisions and presented in Figure 7. The results will be summarized along the continuum of child welfare services and decisions. The oval border in Figure 7 represents the boundary and the key services and decisions within the child welfare system. Outside the border is the Asian and White child population in Canada, while inside the border is the Asian and White child welfare population. Although Asians are reportedly the largest and fastest growing visible minority population group in Canada (Statistics Canada, 2010), Asian-Canadian children only represent 7.1% of the Canadian child population (Census, 2006), 2.5% of child maltreatment-related investigations, 3.3% of substantiated child maltreatment investigations, and 1.7% of transfers to ongoing child protection services in the CIS-2008 (Chapter 3). For every 1,000 Asian children in the Canadian population, 13.9 (just under one and a half percent) were involved in child maltreatment-related investigations in the CIS-2008. In contrast, for every 1,000 White children in the Canadian population, 36.1 (over three and half percent) were involved in child maltreatment-related investigations in the CIS-2008 (Chapter 3). The focus group participants suggest that the closed and rigid family boundaries among Asian-Canadian families may contribute to low disclosure, low reports, and therefore, lower involvement in the child welfare system (Chapter 2).
Figure 7. Continuum of Child Welfare Service and Decisions – Research Findings
When examining child welfare investigations\(^{50}\), Asian-Canadian households had a higher proportion of professional referral sources (Chapter 2 & 4), two biological caregiver households (Chapter 2), caregivers with full-time employment/income (Chapter 2), maltreatment investigations (Chapter 2), investigations involving physical abuse or risk of physical abuse (Chapter 2 & 4), caregivers that use corporal punishment (Chapter 4), and low family risk levels (Chapter 4), compared to White-Canadian households involved in the child welfare system. The focus group participants indicated that the use of physical discipline is considered a “cultural norm” in the Asian community and those concerns were likely low severity and single incidences of involvement that required psycho-educational interventions to educate Asian-Canadian caregivers about acceptable forms of punishment in Canada (Chapter 2). Child welfare investigations involving Asian-Canadian households had a lower proportion of caregiver functioning concerns (Chapter 4) and caregiver with a history of maltreatment as a child (Chapter 4) compared to White-Canadian households involved in the child welfare system.

When considering the estimated number of each group in the Canadian child population, drastically different results were found. The rate of Asian-Canadian households involved in child welfare investigations that were considered maltreatment investigations and involved in physical abuse concerns was lower compared to White-Canadian households (Chapter 3). When examining the decision to substantiate, a higher proportion of child welfare investigations involving Asian-Canadian households were substantiated compared to White-Canadian households in the child welfare system (Chapter 2). Focus group participants suggested that

\(^{50}\) Three different data sources were used to examine child welfare involvement. Therefore different terminology was used to denote investigations on child maltreatment or risk of maltreatment concerns. The term child welfare investigation is used as a general descriptor of the investigative intervention in response to allegations of child maltreatment or risk of maltreatment. This is inclusive of the terms child maltreatment-related, child maltreatment, and child protection investigations.
language barriers impede Asian-Canadian caregivers from full participation and limits their ability to advocate for themself in the child welfare decision-making process (Chapter 2). Among substantiated child welfare investigations, a higher proportion of Asian-Canadian households were referred by professional sources and involved physical abuse concerns compared to White-Canadian households (Chapter 2). The rate of substantiated child welfare investigations involving Asian-Canadian households for physical abuse was two and half times that of White-Canadian households when only those within the child welfare system were considered (DDI = 2.36; Chapter 3). When examining only physical abuse concerns for each group, the rate of substantiated child welfare investigations involving Asian-Canadian households for physical abuse concerns was slightly higher compared to White-Canadian households (MDI = 1.26; Chapter 3). Focus group participants acknowledge professionals have a “duty to report” and without knowing whether the use of force was in the context of discipline, the discovery of a mark on a child or disclosure of the use of physical force on a child may create concerns of physical maltreatment. Furthermore, focus group participants indicate that upon investigation of alleged child maltreatment, the confirmation or admission of physical force used on the child can result in a substantiated child maltreatment investigation outcome (Chapter 2).

When considering the estimated number of each group in the Canadian child population, again, different results were found. The rate of substantiated child welfare investigations involving Asian-Canadian households with physical abuse concerns was slightly lower compared to White-Canadian households when considering the estimated number of each group in the Canadian child population (PDI = 0.92; Chapter 3).

When examining the decision to close or transfer to ongoing CPS after investigation, a higher proportion of child welfare investigations involving Asian-Canadian households were
closed after investigation compared to White-Canadian households in the child welfare system (Chapter 2). However, when considering the estimated number of each group in the Canadian child population, the rate of substantiated child welfare investigations involving Asian-Canadian households that closed after investigation was dramatically lower compared to White-Canadian households (Chapter 3). Logistic regression results found that Asian-Canadian households were more likely to close after investigation, while controlling for child demographics and household composition, case characteristics, and clinical concerns (Chapter 3). Similarly, focus group participants indicated Asian-Canadian households were more likely to close after investigation because of the perceived lower severity of child maltreatment and single incidents of child maltreatment, family refusal of continued child welfare service, and child welfare workers’ lack of knowledge regarding family needs (Chapter 2).

For Asian-Canadian households receiving ongoing CPS, a higher proportion involved physical abuse or risk of physical abuse, had low/moderate family risk levels, and used corporal punishment compared to White-Canadian households (Chapter 4). Asian-Canadian households had a lower proportion of caregivers with mental health or substance abuse concerns, as well as caregivers with histories of maltreatment as children compared to White-Canadian households (Chapter 4). Among those who were transferred to ongoing CPS, Asian-Canadian cases remained open for service a month longer than White-Canadian cases (Chapter 4).

Compared to cases involving Asian-Canadian households that closed after investigation, the profile of cases involving Asian-Canadian households that were transferred to ongoing CPS were more likely to have co-occurring maltreatment concerns, specific clinical concerns, moderate to high/very high family risk level, and verified reasons for child welfare involvement (Chapter 4). These findings suggest that cases that were assessed to require further intervention
were transferred for ongoing CPS. This finding was echoed in the focus group findings. Focus group participants acknowledged that ultimately the level of severity, patterns of harm and multiplicity of complex concerns is what determines the need for intervention (Chapter 2).

For cases that were closed, Asian-Canadian households were only half as likely to be re-investigated for any form of maltreatment-related concern within 12 months compared to White-Canadian households. This finding suggests that child protection investigations involving Asian-Canadian households may not be closed prematurely, but rather, provided the necessary intervention such that re-involvement with the child welfare system is not warranted within 12 months after case closure. This finding was conferred by a focus group participant’s response that indicated: “We talked to parent about, it [physical discipline] is not appropriate, there are other ways of discipline and giving them some strategies, we sometimes never saw the family again.”

### 5.3 Interpretation of Findings

Each of the three papers build upon one another to enhance the understanding of Asian-Canadian children and families involved in the child welfare system. The findings in Chapter 2 and 4 presents the proportions of child welfare investigations involving Asian-Canadian households involved in the child welfare system, while Chapter 3 presents the estimated number of child welfare investigation involving Asian-Canadian households in the child welfare system for every 1,000 Asian children in the Canadian population. The key difference is the population that was used as a reference (e.g., child welfare population or Census population). When comparing the results across the three papers, a change in the reference group or sampling frame dramatically changed the results and representation between Asian-Canadian versus White-Canadian
households. The changes in the results were most evident in the examination of substantiated physical abuse concerns.

When considering the estimated number of each group in the child welfare system, Asian-Canadian households are over-represented for substantiated investigations involving physical abuse concerns compared to White-Canadian households (Chapter 2; DDI = 2.36, Chapter 3). When considering the estimated number of each group in the Canadian child population, Asian-Canadian households are not over-represented but rather comparable in their representation for substantiated investigations involving physical abuse concerns compared to White-Canadian households (PDI = 0.92; Chapter 3). While the use of each reference group has their merits, Fluke, Harden, Jenkins and Ruehrdanz (2010) suggest the use of child welfare population or decision-based denominators (e.g., child welfare reports or investigations) rather than Census child population or population-based denominators in order to account for decision exposure burdens “associated with prior events and decisions” (p. 31). As Fluke et al. (2010) explains, “the source or cause of the bulk of any disparity may lay further up- or downstream in the context of the flow of children and families through the system” (p. 31). In the instance of Asian-Canadian populations, there are distinct cultural values and belief systems that may contribute to the decision exposure burden prior to child welfare investigation and at each child welfare decision point. These cultural considerations and the interpretations of the findings are mapped along the continuum of child welfare services and decisions and presented in Figure 8.
Figure 8. Continuum of Child Welfare Service and Decisions – Interpretation of Findings
Each of the three papers examined child welfare investigation involving Asian-Canadian households in the child welfare system. The studies were unable to account for incidents of child maltreatment that were not detected, reported to child welfare authorities, or were screened out and not investigated by the child welfare system. This sampling frame may present a unique profile of Asian-Canadian households involved in the child welfare system that differ from the examination of the prevalence of child maltreatment or risk of maltreatment in Asian-Canadian communities in the Canadian child population. While the studies were not able to account for circumstances or decisions prior to involvement in child welfare, it is suspected that protective factors as well as low disclosure, detection, and reporting of concerns may contribute to the under-representation of Asian-Canadian households involved in the child welfare system. The protective factors and low disclosure, detection, and reporting of concerns may be due to the distinct cultural values and belief system in Asian families, differences in child age, visibility in the community, and opportunity for disclosure; and language barriers.

As discussed in the three papers, there are distinct cultural values and belief systems regarding familism and child-rearing among Asian families and communities. Confucianism is a philosophical and ethical worldview embraced by many Southeast Asian communities (Chao, 1994; Zhai & Gao, 2009). Confucianism includes values of filial piety, familism, and harmony. Filial piety and familism endorse hierarchical relationships, patriarchal authority, and family unity (Chao, 1994; Lau, 2010; Lieber, Fung, & Leung, 2006; Zhai & Gao, 2009). Children are expected to be deferential and respectful to elders, and to consider the well-being of the family rather than the pursuit of individual desires (Chao, 1994; Lau, 2010; Lieber et al., 2006; Zhai & Gao, 2009). Family problems are believed to bring shame, “loss of face”, and disruption to the peace and harmony of one’s family. These values may be protective factors that minimize risk of
child maltreatment. Confucian values of familism, family cohesion and mutual aid in Asian communities may contribute to the lower incidents of neglect (Zhai & Gao, 2009). The value of family harmony and stoicism, filial piety, parental authority and children’s obedience may lead to the lower incidents of emotional maltreatment (Zhai & Gao, 2009). The taboo of incest and sexual aggressions is seen as shameful, disgraceful, and a loss of face for the entire family. These negative social perceptions can serve as a deterrent against sexual abuse and may be a protective factor for Asian communities (Zhai & Gao, 2009). On the other hand, these dynamics have been described as inhibiting disclosure, discouraging individuals from self-reporting to child welfare authorities, and preventing non-professionals from intervening in other families concerns and contacting child welfare on their behalf (Chapter 2). These cultural values and family dynamics may contribute to the overall under-representation of Asian-Canadian households involved in the child welfare system (Chapter 3).

The cultural family dynamics may also contribute to the higher proportion of professionals as a referral source for Asian-Canadian households involved in the child welfare system (Chapter 2 & 3). Chapter 4 further explores the difference in referral sources for Asian-Canadian versus White-Canadian children and suggests it may also be due to the differences in child age, visibility in the community, and opportunity for disclosure. Chapter 4 found a higher proportion of child protection investigations involving Asian-Canadian households with older school aged children, compared to White-Canadian households. Older school aged children may be more visible in the community compared to younger children, and may present more opportunities to disclose concerns to school/daycare personnel.

Language barriers or the inability to communicate effectively in English may prevent disclosure of information, minimization of concerns, and low confirmation of concerns.
Language barriers may also contribute to Asian-Canadian families and communities’ lack of awareness and understanding of the child welfare system. Many Southeast Asian countries do not have a formalized system of child welfare (CACF, 2007; UNICEF, 2005). In North America, the child welfare system may only be known “as an agency that takes children away from parents” (CACF, 2007, p. 8). This misunderstanding may instill fear and reluctance among the Asian communities to seek support from such services.

Corporal punishment is common among Asian communities and caregivers may be unaware of child-rearing practices that may be considered grounds for child protection investigation (CACF, 2007). Many studies have examined the use of physical discipline in Asian families and confirm the prevalence of such practices across the East and Southeast Asia regions (Chao, 1994; Ho, Yeh, McCabe, & Lau, 2012; Lau, 2010; Park, 2001; Tang, 2006). The use of corporal punishment among Chinese parents has been described as teaching and training children to be deferent and respectful to elders; motivating academic, social, and moral character; instilling strong masculine character among boys; and training children to be able to endure hardship (Chao, 1994; Lieber et al., 2006; Tang, 2006; Zhu & Tang, 2012). It is considered an important aspect of childrearing and “best practice” in many Southeast Asian cultures (Chao, 1994; Lieber et al., 2006; Tang, 2006; UNICEF, 2005). However, culturally sanctioned methods of discipline, child welfare definition of abuse, and Canada’s Criminal Code Section 43 parameters of “reasonable force” come together to create conflicting messages of what are considered appropriate discipline methods.

It is commonly believed that immigrants and cultural communities could benefit from outreach and knowledge of legislative definitions of appropriate discipline methods. This intervention strategy to address physical abuse concerns was discussed by focus group
participants in Chapter 2, as well as, Terao, Borrego and Urquiza (2001) in the *Culture and Child Maltreatment Decision-making Model.* However, Maiter, Alaggia and Trocmé (2004) study findings suggests that immigrant families may already have a general understanding of what may constitute inappropriate parental actions and child maltreatment. Leaving bruises, hitting on the face, hitting older children, using an instrument, and more than an occasional slap, were deemed inappropriate. The focused attempts to provide specific education to immigrants can be perceived as another means of negatively stereotyping cultural communities for inadequate parenting practices and lack of information. According to the CACF (2001), “the lines that distinguish discipline from abuse are drawn with a cultural bias. These lines are drawn without recognizing that the child welfare system itself may be misinterpreting and misunderstanding the Asian American family” (p. 2). Scholars have written extensively regarding racial bias in child welfare decision-making (Hill, 2006; Fluke, 2010). Using case vignettes that included visual depictions of physical injuries, Jent, Eaton, Knickerbocker, Lambert, Merrick and Dandes (2011) found that child protection professionals had high agreement upon what constitutes physical abuse versus normative child-rearing. The severity of inflicted injuries, the implement used, and the location of the injury were key factors that contributed to the determination of abuse. In Chapter 2, focus group participants also acknowledged that ultimately the level of severity, patterns of harm and multiplicity of complex concerns is what determines the need for intervention. As found in Chapter 4, the profile of cases involving Asian-Canadian households that were transferred to ongoing CPS had case characteristics that demonstrated need for further intervention such as co-occurring maltreatment concerns, specific clinical concerns, moderate to high/very high family risk level, and verified reasons for child welfare involvement.
When considering the estimated number of investigations with respect to the ethno-racial population in Canada, Asian-Canadian households have a lower incidence of investigations and substantiated investigations involving physical abuse. However, Chapter 2, 3, and 4 all showed that child welfare investigations involving Asian-Canadian households have a higher proportion of physical abuse or risk concerns compared to White-Canadian households. For cases transferred to ongoing CPS, the paramount reason for child welfare involvement for Asian-Canadian households is not physical abuse or risk concerns, but rather caregiver functioning concerns (Chapter 4). Although there is criticism of the colonial and assimilative practice of providing psycho-education as intervention to address concerns of physical abuse or risk of physical abuse (Maiter et al., 2004), it may be a sufficient intervention for Asian-Canadian families that desire family privacy and do not want or need continued child welfare involvement.

Among the cases that were transferred to ongoing CPS, cases involving Asian-Canadian households remained opened for over a month longer than White-Canadian households (Chapter 4). Although the reasons are unknown, the prolonged CPS involvement may be due to the additional time needed and complexity of using language translators in working with Asian-Canadian children and families in the child welfare system. There may also be a lack of community resources for Asian-Canadian children and families, and child welfare services remained open for longer to provide the necessary intervention or until more specialized services become available.

The lower proportion of child welfare investigations involving Asian-Canadian households that were re-investigated for any form of maltreatment-related concern within 12 months after case closure compared to White-Canadian households may suggest that investigations involving Asian-Canadian households may not be closed prematurely, but rather,
provided the necessary intervention (Chapter 4). However, the measure of re-investigation was not maltreatment-specific; therefore, it is unknown whether the re-investigation was regarding the same maltreatment type or a different concern. Furthermore, as suggested by focus group participants in Chapter 2, the child welfare intervention may silence a family and further inhibit future disclosure or discussion. Although it may appear that there are no concerns warranting re-investigation, again, it may be an issue of low disclosure, detection and reporting to the child welfare system.

The three papers provide invaluable insight about Asian-Canadian children and families involved in the child welfare system. The interpretation aims to enrich the understanding of the findings, however some of the viewpoints require further empirical analyses. Furthermore, the limitations of the studies need to be considered.

5.4 Study Limitations

The Asian-Canadian population is heterogeneous and comprises many linguistic, cultural, traditional, spiritual, and socio-economical-political-historical differences; however, more discrete categorization of Asian heritage was not available in the CIS-2008 dataset. While more discrete categorization of Asian heritage could have been available in the OCANDS, much of the ethnicity information (e.g., Korean, Vietnamese, Chinese) is unknown\(^{51}\), thus rendering the ethno-specific sample sizes to be small. As such, a broader Asian ethno-racial category was used for analyses. Also, ethnicity in the CIS-2008 was determined at the caregiver level rather than the child level, and ethnicity in the OCANDS was determined at the child level. In both the CIS-

\(^{51}\) It is uncertain whether ethnicity was unknown or was known but not identified in the administrative child welfare system. It is assumed all families marked as Asian-Canadian are of Asian ethno-racial category, and all families marked as Caucasian are of White-Canadian ethno-racial category. There may be unaccounted biases due to the missing and unknown ethnicity information in the dataset.
2008 and OCANDS, ethnicity was measured by the judgment of the worker responsible for the investigation. Immigration status was available in neither the CIS-2008 nor the OCANDS dataset.

The CIS-2008 and OCANDS examines child welfare investigations and therefore, is unable to account for incidents of child maltreatment that were not reported to child welfare authorities, screened out and not investigated, and new reports for already opened child welfare cases. In the OCANDS dataset, best efforts were made to identify only family-based child protection investigations that included the primary and secondary caregivers. However, it was difficult to discern the relationship type and status in the OCANDS administrative child welfare data, and therefore the exact nature of the relationship of the child to the perpetrator and boundaries of the family unit is uncertain.

The OCANDS sample was a non-representative and geographically limited sample comprised of participating urban and sub-urban agencies in southern Ontario, Canada. There may be unique differences in the urban and sub-urban agencies, compared to rural agencies. The CIS-2008 and OCANDS also does not collect community characteristics, and this study does not examine organizational factors that may be associated with the issue of disproportionality and disparity. The examination of ethnic differences in out-of-home placements could not be conducted because the number of such placements was too small. The measure of re-investigation was not maltreatment-specific; therefore, it is unknown whether the re-investigation was regarding the same maltreatment type or a concern. The studies were not able to control for poverty. Variables such as “household regularly runs out of money for basic necessities” in CIS-2008 and family is “homeless at the time of investigation” in OCANDS
could have served as a proxy for poverty, however, the estimated numbers for Asian-Canadian were too small and limited the ability to conduct reliable analyses using these measures.

The Canada Census is collected every five years and there is no Census population data available for 2008. The 2006 Canada Census was used to estimate the Asian-Canadian and White-Canadian child populations, which may have introduced a bias. The sampling and methodological caveats such as visible minority status and definitions in the Census needs to be considered when interpreting the results.

The focus group participants were drawn from an urban area in southern Ontario, Canada. Therefore, the child welfare practices and perspectives may not be generalizable to other provinces or contexts. Missing are the voices and perspectives of Asian-Canadian child welfare service users, as well as other professionals providing service to Asian-Canadian families involved in the Canadian child welfare system.

5.5 Implications and Recommendations

5.5.1 Research

In light of the research findings and study limitations, the following research recommendations are proposed:

1. **More research regarding Asian populations involved in the child welfare system is needed.** Asian children and families are an under-studied population in child welfare and social work research. A literature review conducted by Behl, Crouch, May, Valente, and Conyngham (2001) found that among all articles published between 1997 to 1998 in *Child Abuse and Neglect, Child Maltreatment*, and *Journal of Child Sexual Abuse*, only 2% were regarding Asian populations. Similarly, Fong and Mokuau (1994) conducted a literature review by examining publications in four major social work journals from 1980 to 1991, and
only 10% of all articles had direct practice themes on Asian and Pacific Islanders. Fong and Mokuau (1994) indicate that the lack of responsiveness to the needs of the Asian communities may be due to insufficient descriptive and analytic information and knowledge of the population. Available research can offer new insights to enhance future research and improve services for Asian populations.

2. **Child welfare research and administrative child welfare data systems needs to collect data regarding ethnicity, race, and immigration status.** In the field of child welfare where little research has been conducted for Asian children and families (Behl et al., 2001), the mere existence and availability of Asian categorization can provide a wealth of knowledge for research and discovery. The availability of data regarding ethnicity, race, and immigration status can offer opportunities to explore issues of disproportionality and disparity.

3. **Broad ethno-racial categories and terminology needs to be consistently defined when used in research.** Comstock, Castillo, and Lindsay, (2004) conducted a comprehensive review of 1,198 articles published in the *American Journal of Epidemiology* and the *American Journal of Public Health* from 1996 to 1999. Comstock et al., (2004) found 37 different terms used to describe “Asian” category (e.g., Asian, Asian/Oriental, Asian/Pacific Islander, Asian American, Southeast Asian, Asian other, Non-Hispanic Asian). Such lack of precision and discrepant meanings of terminology can lead to serious misrepresentation and confusion across international exchanges. For example, different labels such as “Asian” in Britain, “South Asian” in Canada, and “Asian Indian” in the United States, are all assigned to the peoples with origins in the Indian subcontinent (Aspinall, 2003; Bhopal, Phillimore, & Kohli, 1991). Such lack of clarity in the usage of the term “Asian” hinders the comparisons,
contributions, and conversations that can occur across disciplines, research studies, policies, and practices. As demonstrated in Mateos, Singleton and Longley (2009), changing the composition of ethnicity in aggregated data can alter the results of analyses. The authors used three different aggregations of The Pupil Level Annual School Census (PLASC) and found very different conclusions about the level of educational attainment and experiences of economic deprivation according to ethnic group. Therefore, attentiveness and clarity in the classification of ethno-racial categories are necessary to understand the underlying issue.

4. **Discrete categories of Asian populations need to be available for research.** The availability of discrete ethno-racial categories (e.g., Chinese, Vietnamese, Japanese) can identify differences in the populations. Huang, Calzada, Cheng, and Miller Brotman (2012) found that among the Asian sub-groups, Southeast Asian parents had the lowest average level of education and were more likely to live in poverty. Children of Southeast Asian immigrants were found to have the worst physical and mental health outcomes among the Asian sub-groups. These differences may alter the family risk levels and concerns for child welfare involvement. Ethno-specific research may offer a more accurate profile and understanding of the issue.

5. **Future research regarding child welfare investigations involving Asian-Canadian children and families can also consider individual factors, organizational factors, and other external factors.** According to the *Decision-making Ecology* framework, in addition to case factors, individual factors such as the characteristic of the decision-maker, organizational factors such as the child welfare agency, and other external factors may contribute to influence the decision threshold (Baumann, Dalgleish, Fluke, & Kern, 2011). Research using the CIS-1998 and CIS-2003 found agency level factors such as the proportion
of Aboriginal reports was a significant predictor associated with out-of-home placement for Aboriginal children (Chabot, Fallon, Tonmyr, MacLaurin, Fluke, & Blackstock, 2013; Fallon, Chabot, Fluke, Blackstock, MacLaurin, & Tonmyr, 2013; Fluke, Chabot, Fallon, MacLaurin, & Blackstock, 2010). Barth, Wildfire and Green (2006) and Wulczyn and Lery (2007) also found differences for out-of-home placement based on urban/rural demographics. Empirical studies have found associations of poverty on child welfare service provision (e.g., Barth et al., 2006; Jud, Trocmé, & Fallon, 2012; Lee & Goerge, 1999). With evidence that suggests there are substantial socio-economical differences among Asian sub-groups (Huang et al., 2012), further research is needed to examine the interplay of ethno-racial groups, poverty, and child welfare involvement.

6. **Advanced statistical strategies may offer explanatory methods to further examine Asian-Canadian children and families involved in the child welfare system.** According to Fluke et al. (2010), disparity may be indicative of discrimination or racial inequalities. In order to be able to sufficiently study such complex phenomena, advanced statistical techniques such as multivariate analyses are required. Furthermore, the disparate results derived from different methods of calculating representation gives support for the need for greater clarity and consistency in the definitions and methodology in examining racial disparity in child welfare research.

7. **Qualitative or mixed methods research including the perspectives of Asian-Canadian service users as well as other professional service providers are needed.** While quantitative methods are incredibly useful in detecting patterns of service usage and decision outcomes, such empirical evidence of ethno-racial disparities merely reflects “racial effects” and does not imply causation (Holland, 2008). The quantitative methodologies using ethno-
racial variables and comparative analysis does not account for the interactive processes of racial inequality, or the complexities of considering the socio-political-legal-cultural-historical contexts in which racial inequality exists. These methods provide an incomplete and inconclusive study of the sources of racial disparities as it occurs in the complex social world, thereby rendering the existing interventions addressing such conditions to be limited and partial. Future qualitative or mixed methods research can contribute to a deeper understanding of Asian-Canadian families involved in the child welfare system. While the current study included the perspectives of child welfare workers and community service providers, the perspectives of Asian-Canadian service users as well as other professional service providers can greatly add to the understanding of Asian-Canadian families involved in the child welfare system.

5.5.2 Theory

The following contributions for theory development are based upon the research findings:

1. Both population-based disparity index (PDI) and decision-based disparity index (DDI) should be presented together as a way to identify decision-point disparities. Population-based disparity index (PDI) offer a snapshot of the representation of an ethno-racial group receiving child welfare service as of a specific date per 1,000 children in the Census population. However, population-based rates may include exposure burdens that bias the measure (Fluke et al., 2010). Alternatively, decision-based disparity index (DDI) uses the prior stage of child welfare service as the denominator to control for the exposure burdens that may be present in prior decision points (Fluke et al., 2010). For Asian-Canadian households, the incidence of substantiated investigations for physical abuse were comparable to White-Canadian households (PDI = 0.92), but is almost two and half times that of White-
Canadian households (DDI = 2.36) when considering the estimate of each group in the child welfare system (Chapter 3). Both indices should be presented together to enhance understanding.

2. **Maltreatment-based disparity index (MDI) is proposed to be a less biased measure of disparity, compared to population-based disparity index (PDI) and decision-based disparity index (DDI), for populations that are involved in the child welfare system predominantly for a specific maltreatment concern.** While population-based disparity index (PDI) and decision-based disparity index (DDI) are both informative measures of disparity, in instances where an ethno-racial group is over- or under-represented for a particular maltreatment type, a maltreatment-based disparity index (MDI) may be a more suitable measure of representation of an ethno-racial groups involvement in the child welfare system. For substantiated investigations involving Asian-Canadian versus White-Canadian households for physical abuse, a DDI was almost two and half times that of a PDI (2.36 vs. 0.92; Chapter 3). This discrepancy may be due to the higher proportion of child maltreatment investigations involving physical abuse for Asian-Canadian households involved in the child welfare system and the concomitant under-reporting of other types of maltreatment including neglect and parental domestic violence. The discrepancy could also be due to differences in substantiation for specific maltreatment types. By using the number of physical abuse investigations for each of the ethno-racial groups as the reference, the resulting MDI was 1.26, which was a more modest level of disparity compared to the result derived from DDI (2.36; Chapter 3). MDI was a suitable measure of disparity for Asian-Canadian households involved in the child welfare system. MDI may also be applicable for determining disparity
for First Nations communities that has been found to be involved in the child welfare system predominantly for neglect (Sinha et al., 2011).

3. **The Child Maltreatment Decision-Making Model should also consider the maltreatment type and severity level in the determination of an intervention plan.** The strength of the Child Maltreatment Decision-Making Model (Terao et al., 2001) is the consideration of culture and acculturation. In spite of this, the intervention options of psycho-education and/or psycho-therapy are limited and do not account for the maltreatment type and level of severity. Focus group participants in Chapter 2 indicated that psycho-education was an effective brief intervention for Asian-Canadian households that were investigated for physical abuse concerns and/or families that did not want or need continued CPS. However the provision of psycho-education should not be based simply on acculturation level as outlined in the model. For example, the conflict between the Criminal Code, Section 43 and child welfare system’s stance on the acceptable use of “reasonable force” sends mixed messages regarding corporal punishment as a disciplining technique. Accordingly, all caregivers (not just new immigrants or particular ethno-racial groups) with low risk levels and no prior child welfare intervention for physical abuse can benefit from psycho-education intervention. Furthermore, other maltreatment types such as neglect concerns that are related to poverty (regardless of severity level) cannot be addressed by psycho-education or psycho-therapy alone. Broader structural changes that address the sources of inequity are necessary interventions. As such, the Child Maltreatment Decision-Making Model is limited in utility. The model would benefit from a more complex consideration of how culture, acculturation, maltreatment type, and severity level intersect and expand the intervention options to also include mezzo and macro level practices.
4. **The Decision-Making Ecology can be strengthened by the consideration of client factors in the model.** The Decision-Making Ecology (Baumann et al., 2011) includes four factors that combine in various ways to influence decisions and outcomes: case factors (e.g., maltreatment type), organizational factors (e.g., availability of specialized services), external factors (e.g., child welfare legislation), and decision-making factors (e.g., child welfare worker experience). However, client factors are missing from the model. While client factors can be subsumed in case factors, this negates the distinct contributions client information and backgrounds may have on the decision-making and outcome. For example, Asian-Canadian households involved in the child welfare system are three and half times (OR = 3.49) more likely to close after a child maltreatment investigation compared to White-Canadian households (Chapter 3). Additionally, other client factors such as child age (Chapter 3, 4; DePanfilis & Zuravin, 2001) and caregivers’ childhood history of maltreatment (Chapter 4; English et al., 1997; Fallon et al., 2011) were found to be significant predictors in child welfare decisions and outcomes.

5. **Future theoretical developments can benefit from a longitudinal perspective.** The examination of Asian-Canadian children and families along the continuum of child welfare service and decisions offered insight to the case profile changes that occurred from investigation through to ongoing CPS, and evaluated the responsiveness of the child welfare intervention by measuring re-investigation after case closure. Those valuable findings would not have been discovered if prospective data were not available. A longitudinal perspective over time can enhance the understanding of a complex phenomenon and assist with the testing of theory.
5.5.3 Practice

In light of the research findings, the following practice recommendations are proposed:

1. **Evidence-informed practices are needed to guide intervention with Asian-Canadian children and families.** McNeill (2006) argues “that clients have a right to receive services that have been shown to be effective are supported by agency imperatives to make the best use of resources” (p. 147). Understanding the profile of child welfare investigations involving Asian-Canadian children and families is helpful to identify concerns that may warrant preventative intervention before child welfare involvement. Furthermore, evaluative research on Asian-Canadian children and families involved in the child welfare system can provide insight into what is currently working well and to identify areas for improvement.

2. **Attention to mental health concerns among Asian-Canadian children and families is needed.** Chapter 4 found the paramount reason for cases that were transferred to ongoing CPS involving Asian-Canadian households was caregiver functioning concerns, and cases receiving ongoing CPS involving Asian-Canadian households remained opened over a month longer than White-Canadian households. The involvement of Asian-Canadian households in ongoing CPS can be an opportunity to provide services for issues that otherwise may not be addressed if not brought to the attention of the child welfare system. Empirical studies have found that although Asian populations suffer a range of mental health concerns, they may encounter many barriers to access mental health service (Garland, Landsverk, & Lau, 2003; Kim & Keefe, 2010; Leong & Lau, 2001). Some identified barriers to accessing services consist of language and cultural differences (Garland et al., 2003; Kim & Keefe, 2010; Leong & Lau, 2001), need for health literacy (Kim & Keefe, 2010), access to health insurance (Kim & Keefe, 2010), immigrant status (Kim & Keefe, 2010), differences in help-seeking
behaviours (Garland et al., 2003; Leong & Lau, 2001), evaluation of mental health problems (Garland et al., 2003; Leong & Lau, 2001), and the nature of psycho-therapeutic services (Leong & Lau, 2001). While some of these barriers may continue to exist in the child welfare system, the initial barrier of service access is not applicable and attention can be focused on providing or connecting the family with relevant services as needed.

3. **Community engagement and outreach with Asian-Canadian communities are recommended.** The focus group findings (Chapter 2) found Asian-Canadian families and communities’ lacked awareness and understanding of the child welfare system. Cultural family dynamics among Asian communities have been described as inhibiting disclosure, discouraging individuals from self-reporting to child welfare authorities, and preventing non-professionals from intervening in other families concerns and contacting child welfare on their behalf (Chapter 2). When Asian-Canadian households are involved in the child welfare system, the emphasis of family privacy may limit the information shared with child welfare workers. Likewise, the child welfare system may also lack awareness and understanding of Asian-Canadian families and communities. This lack of mutual understanding may result in missed opportunities for early intervention and for meeting the needs of Asian-Canadian children and families. In attempts to gain mutual understanding and collaboration, community engagement and outreach from child welfare and Asian-Canadian communities can help forge positive relationships. Furthermore, protocols and collaborations between child welfare and ethno-specific agencies can provide joint support to Asian-Canadian children and families. In 2001, the Calgary and Area Child and Family Service Authority (CFSA) joined with several Immigrant Servicing Agencies (ISA) to develop guidelines and procedures to provide support for CFSA staff that was working with diverse cultural
communities. The CFSA staff was provided with a one-stop telephone contact for information about an immigrant or refugee family, their culture, and available culturally appropriate resources (Williams, Bradshaw, Fournier, Tachble, Bray & Hodson, 2005). The process of developing protocols gave the working group opportunities to build a strong partnership between the CFSA and ISAs. Joint training allowed CFSA and ISA staff to understand each other’s mandates, issues, and perspectives, and thereby improved their ability to strategically plan together to improve the services to immigrant children and families (Williams, et. al., 2005). Joint protocols and collaborations can provide culturally appropriate interventions and alternative options for Asian-Canadian households inside and outside the mandates of child protection concerns.

4. There needs to be cross-cultural training for child welfare workers to promote cultural sensitivity and awareness in child welfare organizations. Most child protection workers in Canada were White/Caucasian (Fallon, MacLaurin, Trocmé, & Felstiner, 2003) and may not be familiar with the distinct customs and cultures in Asian populations. A Canadian government funded project by the National Welfare Grants program (as cited in Reitz, 1995), conducted a review of literature regarding social work education and social service agency training programs and found that there was a lack of consensus to what constitutes culturally-competent social work. Eighty-two percent of students in universities indicated that such learning was to be obtained through field placements and future learning initiatives, however there was little information regarding the availability and effectiveness of social service agency training efforts. Workers need specialized knowledge and training to provide adequate services for Asian-Canadian children and families. Some of the specialized knowledge regarding Asian-Canadian children and families include an understanding of
cultural child-rearing practices such as the value and purpose of corporal punishment, distinct cultural values and belief systems regarding filial piety and familism, ethnic affiliation and level of acculturation, awareness of acculturative stress, and the practice of traditional healing methods.

5.6 Conclusion

This three-paper dissertation aimed to build a comprehensive understanding of Asian-Canadian children and families involved in the child welfare system. The triangulation of mixed methods using three different data sources provided a nuanced examination of the representation, child welfare decisions, and outcomes for Asian-Canadian households through the continuum of child welfare services. The research began by replicating this author’s previous study (Lee, Rha, & Fallon, 2014) that found differences in case characteristics and service outcomes for child welfare investigations involving Asian-Canadian households compared to White-Canadian households in the child welfare system. Of particular interest was the significantly higher proportion of child welfare investigations as well as substantiated investigations involving Asian-Canadian households for physical abuse compared to White-Canadian households involved in the child welfare system. While Chapter 2 found similar findings as Lee et al. (2014), Chapter 3 presented promising results that substantiated investigations involving Asian-Canadian households for physical abuse are not over-represented but rather comparable to White-Canadian households when considering the estimated number of each group in the Canadian child population. Chapters 3 and 4 also presented findings that indicate that although Asian-Canadian households are more likely to close after investigation compared to White-Canadian households, the cases that were transferred to ongoing CPS involving Asian-Canadian households have case characteristics that demonstrate need for further intervention. The higher proportion of caregiver
functioning concerns in cases that were transferred to ongoing CPS compared to cases that were closed after investigation involving Asian-Canadian households, offer opportunities for intervention that may not be available outside of the child welfare system. The dramatically lower proportion of re-investigations after closure for child welfare cases involving Asian-Canadian households compared to White-Canadian households suggests that child welfare cases involving Asian-Canadian households may not be closed prematurely, but rather, provided the necessary intervention. Collectively, the results from the three papers indicate that Asian-Canadian children and families may not be experiencing disparity in the child welfare system as originally suspected.

While the results suggest promising findings, the focus group responses in Chapter 2 offer some considerations in light of the broader cultural and structural context of the research. As noted in the focus group discussions and in the literature, Asian communities have distinct cultural values and belief systems regarding filial piety, familism and “close-knit” family dynamics. The Confucian value to peace, harmony, and family unity may result in lower rates of all forms of family violence (i.e., protective factor). On the other hand, these worldviews among Asian communities may contribute to low disclosure, detection, and reporting to the child welfare system that may contribute to the overall under-representation of Asian-Canadian households involved in the child welfare system and the lower proportion of re-investigation within 12 months after case closure. The focus groups participants also raise awareness of the silencing effect that may inhibit future child welfare involvement. While the examination of these considerations was not feasible due to the limitations of the data, it is an area that warrants further research. Some additional areas for future research includes the experiences and perspectives of Asian-Canadian child welfare service users as well as other professionals.
providing service to Asian-Canadian families involved in the Canadian child welfare system.

Seven broad research recommendations, five recommendations for theory development, and four broad practice recommendations were proposed for future consideration.

The three-paper dissertation aimed to provide insight into how the child welfare system is meeting the needs of our most vulnerable children and families. It is the first mixed methods research including nationally represented child welfare data, population-based data, longitudinal administrative child welfare data, and focus groups with child welfare workers and community service providers regarding Asian-Canadian households involved in the child welfare system. The current study fills a much-needed gap in the child welfare literature and hopes to lay the foundation for future research and evidence-based practices with Asian-Canadian children and families involved in the child welfare system.
5.7 References


Kim, W., & Keefe, R. H. (2010). Barriers to healthcare among Asian Americans. *Social Work in


Appendices

Appendix A: Research Ethics Approval
   A1: CIS-2008: Research Ethics Approval
   A2: CIS-2008: First Research Ethics Annual Review Approval
   A4: Focus Groups: Research Ethics Approval
   A5: Focus Groups: First Research Ethics Annual Review Approval
   A6: Focus Groups: Second Research Ethics Annual Review Approval
   A7: OCANDS: Research Ethics Approval
   A8: OCANDS: First Research Ethics Annual Review Approval
   A9: OCANDS: Second Research Ethics Annual Review Approval

Appendix B: Study Recruitment Advertisement
   B1: Focus Group with Child Welfare Workers
   B2: Roundtable Discussion with Community Service Providers
   B3: Children’s Aid Societies in OCANDS

Appendix C: Study Information Forms
   C1: Focus Group with Child Welfare Workers
   C2: Roundtable Discussion with Community Service Providers
   C3: Children’s Aid Societies in OCANDS

Appendix D: Study Consent Forms
   D1: Focus Group with Child Welfare Workers
   D2: Roundtable Discussion with Community Service Providers
   D3: Children’s Aid Societies in OCANDS

Appendix E: Study Confidentiality Forms
   E1: Focus Group with Child Welfare Workers
   E2: Roundtable Discussion with Community Service Providers
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Appendix F: Data Collection Instruments
   F1: CIS-2008: Maltreatment Assessment
   F2: Focus Group: Semi-Structured Interview Guide
   F3: Focus Group: Education and Demographics Questionnaire
   F4: OCANDS: Ontario Eligibility Spectrum
   F5: OCANDS: Ontario Safety Assessment
   F6: OCANDS: Ontario Family Risk Assessment
Appendix A Research Ethics Approval

A1: CIS-2008: Research Ethics Approval
A2: CIS-2008: First Research Ethics Annual Review Approval
A4: Focus Groups: Research Ethics Approval
A5: Focus Groups: First Research Ethics Annual Review Approval
A6: Focus Groups: Second Research Ethics Annual Review Approval
A7: OCANDS: Research Ethics Approval
A8: OCANDS: First Research Ethics Annual Review Approval
A9: OCANDS: Second Research Ethics Annual Review Approval
Appendix A1: CIS-2008: Research Ethics Approval

November 20, 2013

Re: Your research protocol entitled, "A profile of child maltreatment-related investigations involving Asian-Canadian families"

ETHICS APPROVAL

Original Approval Date: November 20, 2013
Expiry Date: November 19, 2014
Continuing Review Level: 1

We are writing to advise you that the Health Sciences Research Ethics Board (REB) has granted approval to the above-named research protocol under the REB's delegated review process. Your protocol has been approved for a period of one year and ongoing research under this protocol must be renewed prior to the expiry date.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events in the research should be reported to the Office of Research Ethics as soon as possible.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your current ethics approval. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry.

If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

REB Chair

REB Manager

OFFICE OF RESEARCH ETHICS
McMurrich Building, 12 Queen's Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada
Tel: +1 416 946-3277 ● Fax: +1 416 946-5763 ● ethics.review@utoronto.ca ● http://www.research.utoronto.ca/for-researchers-administrators/ethics/
Appendix A2: CIS-2008: First Research Ethics Annual Review Approval

PROTOCOL REFERENCE # 29541

October 30, 2014

Re: Your research protocol entitled, "A profile of child maltreatment-related investigations involving Asian-Canadian families"

ETHICS APPROVAL

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We are writing to advise you that you have been granted annual renewal of ethics approval to the above-referenced research protocol through the Research Ethics Board (REB) delegated process. Please note that all protocols involving ongoing data collection or interaction with human participants are subject to re-evaluation after 5 years. Ongoing research under this protocol must be renewed prior to the expiry date.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your protocol. Note that annual renewals for protocols cannot be accepted more than 30 days prior to the date of expiry as per our guidelines.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events should be reported to the Office of Research Ethics as soon as possible. If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

REB Chair

REB Manager

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Appendix A3: CIS-2008: Second Research Ethics Annual Review Approval

PROTOCOL REFERENCE # 29541

November 11, 2015

Re: Your research protocol entitled, "A profile of child maltreatment-related investigations involving Asian-Canadian families"

ETHICS APPROVAL

| Original Approval Date: November 20, 2013 |
| Expiry Date: November 19, 2016 |
| Continuing Review Level: 1 |
| Renewal: Data Analysis Only |

We are writing to advise you that you have been granted annual renewal of ethics approval to the above-referenced research protocol through the Research Ethics Board (REB) delegated process. Please note that all protocols involving ongoing data collection or interaction with human participants are subject to re-evaluation after 5 years. Ongoing research under this protocol must be renewed prior to the expiry date.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your protocol. Note that annual renewals for protocols cannot be accepted more than 30 days prior to the date of expiry as per our guidelines.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events should be reported to the Office of Research Ethics as soon as possible. If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

[Signature]
REB Chair

[Signature]
REB Manager
Appendix A4: Focus Groups: Research Ethics Approval

PROTOCOL REFERENCE # 28805

April 26, 2013

Re: Your research protocol entitled, "A focus on Asian children and families involved in the Canadian child welfare system"

<table>
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<tr>
<th>ETHICS APPROVAL</th>
<th>Original Approval Date: April 26, 2013</th>
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<tr>
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<td>Expiry Date: April 25, 2014</td>
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<td>Continuing Review Level: 1</td>
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We are writing to advise you that the Health Sciences Research Ethics Board (REB) has granted approval to the above-named research protocol under the REB's delegated review process. Your protocol has been approved for a period of one year and ongoing research under this protocol must be renewed prior to the expiry date.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events in the research should be reported to the Office of Research Ethics as soon as possible.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your current ethics approval. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry.

If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

REB Chair

REB Manager
Appendix A5: Focus Groups: First Research Ethics Annual Review Approval

PROTOCOL REFERENCE # 28805
April 23, 2014

Re: Your research protocol entitled, "A focus on Asian children and families involved in the Canadian child welfare system"

ETHICS APPROVAL
Original Approval Date: April 26, 2013
Expiry Date: April 25, 2015
Continuing Review Level: 1
Renewal: Data Analysis Only

We are writing to advise you that you have been granted annual renewal of ethics approval to the above-referenced research protocol through the Research Ethics Board (REB) delegated process. Please note that all protocols involving ongoing data collection or interaction with human participants are subject to re-evaluation after 5 years. Ongoing research under this protocol must be renewed prior to the expiry date.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your protocol. Note that annual renewals for protocols cannot be accepted more than 30 days prior to the date of expiry as per our guidelines.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events should be reported to the Office of Research Ethics as soon as possible. If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

REB Chair

REB Manager

OFFICE OF RESEARCH ETHICS
McMurrich Building, 12 Queen's Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada
Tel: +1 416 946-3273 Fax: +1 416 946-5763 ethics.review@utoronto.ca http://www.research.utoronto.ca/for-researchers-administrators/ethics/
Appendix A6: Focus Groups: Second Research Ethics Annual Review Approval

PROTOCOL REFERENCE # 28805
April 13, 2015

Re: Your research protocol entitled, "A focus on Asian children and families involved in the Canadian child welfare system"

<table>
<thead>
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<th>ETHICS APPROVAL</th>
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<tbody>
<tr>
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<tr>
<td></td>
<td>Continuing Review Level: 1</td>
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<tr>
<td></td>
<td>Renewal: Data Analysis Only</td>
</tr>
</tbody>
</table>

We are writing to advise you that you have been granted annual renewal of ethics approval to the above-referenced research protocol through the Research Ethics Board (REB) delegated process. Please note that all protocols involving ongoing data collection or interaction with human participants are subject to re-evaluation after 5 years. Ongoing research under this protocol must be renewed prior to the expiry date.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your protocol. Note that annual renewals for protocols cannot be accepted more than 30 days prior to the date of expiry as per our guidelines.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events should be reported to the Office of Research Ethics as soon as possible. If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

Elizabeth Peter, Ph.D.
REB Chair

Daniel Gyewu
REB Manager

OFFICE OF RESEARCH ETHICS
McMurrich Building, 12 Queen's Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada
Tel: +1 416 946-3273 ● Fax: +1 416 946-5763 ● ethics.review@utoronto.ca ● http://www.research.utoronto.ca/for-researchers-administrators/ethics/
Appendix A7: OCANDS: Research Ethics Approval

Re: Your research protocol entitled, “Family strengths and needs among Asian-Canadian families receiving ongoing child protection services”

ETHICS APPROVAL

Original Approval Date: September 9, 2013
Expiry Date: September 8, 2014
Continuing Review Level: 1

We are writing to advise you that the Health Sciences Research Ethics Board (REB) has granted approval to the above-named research protocol under the REB’s delegated review process. Your protocol has been approved for a period of one year and ongoing research under this protocol must be renewed prior to the expiry date.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events in the research should be reported to the Office of Research Ethics as soon as possible.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your current ethics approval. Note that annual renewals for studies cannot be accepted more than 30 days prior to the date of expiry.

If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

REB Chair

REB Manager

OFFICE OF RESEARCH ETHICS
McMurrich Building, 12 Queen's Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada
Tel: +1 416 946-3273 Fax: +1 416 946-5763 ethics.review@utoronto.ca http://www.research.utoronto.ca/for-researchers-administrators/ethics/
Appendix A8: OCANDS: First Research Ethics Annual Review Approval

PROTOCOL REFERENCE # 29319

August 27, 2014

Re: Your research protocol entitled, “Safety, risk, strengths and needs among Asian-Canadian families receiving ongoing child protection services”

ETHICS APPROVAL

| Original Approval Date: September 9, 2013 |
| Expiry Date: September 8, 2015 |
| Continuing Review Level: 1 |
| Renewal: Data Analysis Only |

We are writing to advise you that you have been granted annual renewal of ethics approval to the above-referenced research protocol through the Research Ethics Board (REB) delegated process. Please note that all protocols involving ongoing data collection or interaction with human participants are subject to re-evaluation after 5 years. Ongoing research under this protocol must be renewed prior to the expiry date.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your protocol. Note that annual renewals for protocols cannot be accepted more than 30 days prior to the date of expiry as per our guidelines.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events should be reported to the Office of Research Ethics as soon as possible. If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

REB Chair

REB Manager

OFFICE OF RESEARCH ETHICS
McMurrich Building, 12 Queen's Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada
Tel: +1 416 946-3273 Fax: +1 416 946-5763 ethics.review@utoronto.ca http://www.research.utoronto.ca/for-researchers-administrators/ethics/
Appendix A9: OCANDS: Second Research Ethics Annual Review Approval

PROTOCOL REFERENCE # 29319
August 28, 2015

Re: Your research protocol entitled, "Safety, risk, strengths and needs among Asian-Canadian families receiving ongoing child protection services"

ETHICS APPROVAL

| Original Approval Date: September 9, 2013 |
| Expiry Date: September 8, 2016 |
| Continuing Review Level: 1 |
| Renewal: Data Analysis Only |

We are writing to advise you that you have been granted annual renewal of ethics approval to the above-referenced research protocol through the Research Ethics Board (REB) delegated process. Please note that all protocols involving ongoing data collection or interaction with human participants are subject to re-evaluation after 5 years. Ongoing research under this protocol must be renewed prior to the expiry date.

Please ensure that you submit an Annual Renewal Form or a Study Completion Report 15 to 30 days prior to the expiry date of your protocol. Note that annual renewals for protocols cannot be accepted more than 30 days prior to the date of expiry as per our guidelines.

Any changes to the approved protocol or consent materials must be reviewed and approved through the amendment process prior to its implementation. Any adverse or unanticipated events should be reported to the Office of Research Ethics as soon as possible. If your research is funded by a third party, please contact the assigned Research Funding Officer in Research Services to ensure that your funds are released.

Best wishes for the successful completion of your research.

Yours sincerely,

Elizabeth Peter, Ph.D.
REB Chair

Daniel Gyewu
REB Manager

OFFICE OF RESEARCH ETHICS
McMurrich Building, 12 Queen's Park Crescent West, 2nd Floor, Toronto, ON M5S 1S8 Canada
Tel: +1 416 946-3273 Fax: +1 416 946-5763 ethics.review@utoronto.ca http://www.research.utoronto.ca/for-researchers-administrators/ethics/
Appendix B Study Recruitment Advertisement

B1: Focus Group with Child Welfare Workers

B2: Roundtable Discussion with Community Service Providers

B3: Children’s Aid Societies in OCANDS
Appendix B1: Focus Group with Child Welfare Workers

A focus on Asian children and families involved in the Canadian child welfare system

You are invited to participate in a FOCUS GROUP to explore the complexities of working with Asian children and families involved in the Canadian child welfare system.

This researcher will present the key findings from her peer-reviewed study (Lee et al., in press) that provided the first nationally represented study of Asian children's receipt of services within the Canadian child welfare context.

Participants will have the opportunity to dialogue and exchange ideas in an important but under-studied area. The information gathered in the focus group will build a knowledge base about working with Asia-Canadian children and families, and how to best meet their needs in the child protection system.

Please find attached the study information letter and consent form for participants. If you are interested or have any questions about participating, please contact me via email or phone. I hope you will agree to take part!

Sincerely,

Barbara Lee, PhD Candidate
Factor-Inwentash Faculty of Social Work
University of Toronto
246 Bloor Street West
Toronto Ontario
e-mail: Barbara.Lee@utoronto.ca
mobile: 416-809-8188
Appendix B2: Roundtable Discussion with Community Service Providers

A focus on Asian children and families involved in the Canadian child welfare system

You are invited to participate in a ROUND TABLE DISCUSSION to explore the complexities of working with Asian children and families involved in the Canadian child welfare system.

This researcher will present the key findings from her peer-reviewed study (Lee et al., in press) that provided the first nationally represented study of Asian children’s receipt of services within the Canadian child welfare context.

Participants will have the opportunity to dialogue and exchange ideas in an important but under-studied area. The information gathered in the round-table discussions will build a knowledge base about working with Asia-Canadian children and families, and how to best meet their needs in the child protection system.

Please find attached the study information letter and consent form for participants. If you are interested or have any questions about participating, please contact Barbara Lee. I hope you will agree to take part!

Yours sincerely,

Barbara Lee
Factor-Inwentash Faculty of Social Work
University of Toronto
246 Bloor Street West
Toronto Ontario
email: Barbara.Lee@utoronto.ca
mobile 416-809-8188
Appendix B3: Children’s Aid Societies in OCANDS

Dear OCANDS Agencies,

We are seeking your participation in the study using OCANDS data: Family Strengths and Needs Among Asian Families Receiving Ongoing Child Protection Services. The study aims to provide a descriptive profile of child welfare investigations involving Asian children and families by examining their safety and risk at the point of investigation, and exploring the associated strengths and needs while receiving ongoing child welfare involvement.

The study will be conducted by Barbara Lee, OCANDS Researcher and a Doctoral Candidate at the Factor-Inwentash Faculty of Social Work, University of Toronto, supervised by her Thesis Committee: Professor Esme Fuller-Thomson, Aron Shlonsky, Barbara Fallon, and Nico Trocme.

We have included the OCANDS Research Request Form which has been reviewed and approved by the OCANDS Steering Committee. Attached is the Agency Consent Form should you wish to participate in this important study.

The data used for this project is strictly confidential and any findings will be presented as an aggregate. A summary of the study results will be shared with the participating agencies through the OCANDS quarterly newsletter and presentations if agencies are interested.

If you have any questions about my study or participation, please feel free to contact Barbara Lee for further information.

Sincerely,

Aron Shlonsky
Appendix C Study Information Forms

C1: Focus Group with Child Welfare Workers
C2: Roundtable Discussion with Community Service Providers
C3: Children’s Aid Societies in OCANDS
Appendix C1: Focus Group with Child Welfare Workers

A focus on Asian children and families involved in the Canadian child welfare system

Information Letter for Focus Group Participants

My name is Barbara Lee. I am a doctoral candidate at the Factor-Inwentash Faculty of Social Work, University of Toronto. I am conducting a study to explore the complexities of working with Asian children and families involved in the Canadian child welfare system.

This study will comprise of focus groups to gather reflective insights to the complex issues facing Asian children and families in the Canadian child welfare system. I would like the opportunity to acquire specialized knowledge and expertise from your experiences, observations, and perspectives as child protection workers. The information being collected is of a general nature. You will not be asked to disclose anything personal about your clients. Participation is entirely voluntary, and will only take approximately 1.5 hours at a mutually convenient time.

As part of this process, I will present the key findings from my peer-reviewed study (Lee et al., in press) that is the first nationally represented study of Asian children’s receipt of services within the Canadian child welfare context, and generate critical discussion among child protection workers. The intent is to use qualitative data from the focus groups to build upon and inform the quantitative findings, in order to obtain a more holistic understanding of the strengths and challenges in service provision for this rapidly growing population in Canada.

Voluntary Participation
The decision to participate is voluntary and will be kept completely confidential. You can withdraw at any time without explanation or consequence. All the information collected will be strictly confidential. Your name will not be used at any stage. All data will be kept on a secure password protected computer and access to the computer will be secured by use of specific passwords known only to this researcher. All electronic information outside of a secure server environment will be encrypted, consistent with UT’s data security and encryption standards. No information will be released or printed that would disclose any personal identity. All data collected will be destroyed five years after the project is completed.

Confidentiality
If you agree to participate in the study you will attend, along with your peers, a focus group session of approximately one and a half hours in length. At the beginning of the focus group session you will be asked to complete consent forms, confidentiality agreement, and provide some basic demographic information. In the session you will be asked to respond to questions about your perspectives and experiences of working with Asian children and families involved in the Canadian child welfare system. The information being collected does not involve any specific clients, and does not constitute an evaluation of performance at the individual or agency level. The session will be audio taped and transcribed. Any identifying information, such as names of individuals and programs, will not be transcribed. All identifying information you share will be coded and stored in such a manner that neither you, nor your organization will be identified. At the beginning of each focus group participants will be reminded that the information shared during the sessions is confidential, and is not to be repeated to any individual outside of the group. However, I acknowledge there is a limitation to ensure complete confidentiality given the nature and context of focus group sessions. To minimize privacy risks, a confidentiality agreement is required for all participants.
Benefits and Risks

Participation in this study may benefit you directly. This researcher will present the key findings from her peer-reviewed study (Lee et al., in press) that provided the first nationally represented study of Asian children’s receipt of services within the Canadian child welfare context. Participants will acquire this up-to-date research that may inform their work with Asian-Canadian children and families involved in the child welfare system.

Your wisdom, experience and opinions about child welfare will constitute rich information in the focus groups and will provide valuable information that may further inform your work with ethno-cultural communities involved in the child welfare system. Also, you may experience a sense of personal satisfaction as you contribute to this inquiry.

No significant risks or negative consequences are anticipated with your participation. The focus group questions are of a general nature. The information being collected does not involve any specific clients, and does not constitute an evaluation of performance at the individual or agency level.

Participants in a focus group may be uncomfortable or embarrassed if they express strong positions which may appear to differ from those of the majority of participants. This researcher will note these dynamics at the start and encourage participants to express a range of opinions as that will be most valuable to the study. Participants may verbalize negative thoughts around a range of issues, which will be heard by other focus group participants. The researcher will inform participants that all information will be confidential and they will also ask all participants prior to the commencement of the discussion to agree to also maintain confidentiality of the information heard in the focus groups. This researcher will note however that confidentiality cannot be ensured on the part of all participants, given the collective group process. Hence, confidentiality and the limits thereof will be discussed at the start of each session. To minimize privacy risks, a confidentiality agreement is required for all participants.

If you have any questions or concerns about the research or would like an update on its status, please do not hesitate to contact me.

Results of the Project

The data will be used for research purposes. At the conclusion of the study all of the audiotapes will be destroyed. In research reports and presentations, no data will be presented that could identify you as a participant. If you have any questions about participating, please contact me at (416) 809-8188. I hope you will agree to take part.

You may contact the Office of Research Ethics (ethics.review@utoronto.ca; 416-946-3273) if you have questions about your rights as a research participant.

Yours sincerely,

Barbara Lee, PhD Candidate
Factor-Inwentash Faculty of Social Work
University of Toronto
246 Bloor Street West
Toronto Ontario
email: Barbara.Lee@utoronto.ca
office: 416-946-8845
mobile: 416-809-8188
Appendix C2: Roundtable Discussion with Community Service Providers

A focus on Asian children and families involved in the Canadian child welfare system

Information Letter for Key Informants

My name is Barbara Lee. I am a doctoral candidate at the Factor-Inwentash Faculty of Social Work, University of Toronto. I am conducting a study to explore the complexities of working with Asian children and families involved in the Canadian child welfare system.

This study will comprise of round-table discussions or direct interviews with key informants to gather reflective insights to the complex issues facing Asian children and families in the Canadian child welfare system. I would like the opportunity to acquire specialized knowledge and expertise from you as a community professional who may have experience with Asian children and families involved in the Canadian child welfare system. The information being collected is of a general nature. You will not be asked to disclose anything personal about your clients or agency. Participation is entirely voluntary, and flexible, based on your desire participation level.

As part of the initial process, I will present the key findings from my peer-reviewed study (Lee et al., in press) that is the first nationally represented study of Asian children’s receipt of services within the Canadian child welfare context, and generate critical discussion about this research area. The intent is to use qualitative data from round-table discussions to build upon and inform the quantitative findings, in order to obtain a more holistic understanding of the strengths and challenges in service provision for this rapidly growing population in Canada.

Voluntary Participation
The decision to participate is voluntary and will be kept completely confidential. You can withdraw at any time without explanation or consequence. All the information collected will be strictly confidential. Your name will not be used at any stage. All data will be kept on a secure password protected computer and access to the computer will be secured by use of specific passwords known only to this researcher. All electronic information outside of a secure server environment will be encrypted, consistent with UT’s data security and encryption standards. No information will be released or printed that would disclose any personal identity. All data collected will be destroyed five years after the project is completed.

Confidentiality
If you agree to participate in the study you will attend a round-table discussion with other community professionals or direct one-to-one interview. At the beginning of the study, you will be asked to complete consent forms, confidentiality agreement, and provide some basic demographic information. In the session you will be asked to respond to questions about your perspectives and experiences of working with Asian children and families involved in the Canadian child welfare system. The information being collected does not involve any specific clients, and does not constitute an evaluation of performance at the individual or agency level. The session will be audio taped and transcribed. Online written communication (i.e. emails) with the researcher will be used for data analysis. Any identifying information, such as names of individuals and programs, will not be transcribed. All identifying information you share will be coded and stored in such a manner that neither you, nor your organization will be identified. At the beginning of each round-table discussion, participants will be reminded that the information shared during the sessions is confidential, and is not to be repeated to any individual outside of the group. However, I acknowledge there is a limitation to ensure complete confidentiality given the nature and context of round-table sessions. To minimize privacy risks, a confidentiality agreement is required for all participants.
Benefits and Risks
Participation in this study may benefit you directly. This researcher will present the key findings from her peer-reviewed study (Lee et al., in press) that provided the first nationally represented study of Asian children’s receipt of services within the Canadian child welfare context. Participants will acquire this up-to-date research that may inform their work with Asian-Canadian children and families involved in the child welfare system.

Your wisdom, experience and opinions about child welfare will constitute rich information in the round-table discussion and will provide valuable information that may further inform your work with ethno-cultural communities involved in the child welfare system. Also, you may experience a sense of personal satisfaction as you contribute to this inquiry.

No significant risks or negative consequences are anticipated with your participation. The discussions are of a general nature. The information being collected does not involve any specific clients, and does not constitute an evaluation of performance at the individual or agency level.

Participants in round-table discussions may be uncomfortable or embarrassed if they express strong positions which may appear to differ from those of the majority of participants. This researcher will note these dynamics at the start and encourage participants to express a range of opinions as that will be most valuable to the study. Participants may verbalize negative thoughts around a range of issues, which will be heard by other round-table participants. The researcher will inform participants that all information will be confidential and they will also ask all participants prior to the commencement of the discussion to agree to also maintain confidentiality of the information heard in the round-table discussions. This researcher will note however that confidentiality cannot be ensured on the part of all participants, given the collective group process. Hence, confidentiality and the limits thereof will be discussed at the start of each session. To minimize privacy risks, a confidentiality agreement is required for all participants.

If you have any questions or concerns about the research or would like an update on its status, please do not hesitate to contact me.

Results of the Project
The data will be used for research purposes. At the conclusion of the study all of the audiotapes will be destroyed. In research reports and presentations, no data will be presented that could identify you as a participant. If you have any questions about participating, please contact me at 416-809-8188. I hope you will agree to take part.

You may contact the Office of Research Ethics (ethics.review@utoronto.ca; 416-946-3273) if you have questions about your rights as a research participant.

Yours sincerely,

Barbara Lee, PhD Candidate
Factor-Inwentash Faculty of Social Work
University of Toronto
246 Bloor Street West
Toronto Ontario
email: Barbara.Lee@utoronto.ca
mobile
OCANDS Data Request
Information for Researchers

OCANDS Data Request
Information for Researchers

Ontario Child Abuse and Neglect Data System (OCANDS) is a provincial level database, composed of the various child welfare agencies’ administrative data. OCANDS is a child-specific, event-level, longitudinal database that has the capacity to follow children and families from initial report straight through to termination of services. OCANDS includes a wide range of possible events that can occur (and recur) throughout the life of a case at an agency.

One usage of the data has been generating performance indicators. Another pathway for using the data to build child welfare knowledge in Ontario is to provide access to individual researchers who wish to use OCANDS to answer specific questions that go well beyond performance indicators, both conceptually and statistically. We have developed a process for approving such uses of the data, which includes individual agency consent for the use of their data (in line with our data sharing agreement).

The OCANDS Data Request process is as follows:

1) Researchers requesting OCANDS data must complete both a request form and confidentiality form.

2) The Principal Investigator and OCANDS Steering Committee comprised of representatives from several participating Children’s Aid Societies (CASs) reviews the proposal in terms of its merit, ability of the researcher to maintain confidentiality, and the ability of the researcher to successfully complete the proposed analysis.

3) Once approved, individual agencies are contacted by OCANDS to obtain consent for use of their agency data for the project. Should the CAS not assent to the study, their data will not be accessible by the researcher.

4) Once agencies have provided informed consent, you will be notified of the outcome of the OCANDS Data Request.
Some OCANDS data considerations are:

- All data received from CASs undergo a de-identification process prior to being uploaded to OCANDS, including the removal of names, addresses, and text fields (that may contain identifying information). Birthdates, gender, and ethnicity remain connected to the data, which is organized by unique case numbers. Once the data is cleaned and structured, any individual cell containing less than three individuals will be censored to ensure confidentiality is maintained.

- Site identification is restricted. Data are generally available to researchers only in an aggregated form, from CASs that have consented to be included in the researcher’s project. Non-identifying, random agency numbers will be assigned to individual agency data only to validate data.

- All findings presented in any public forum (presentations, publications) will be presented as an aggregate of all participating sites.

If you have any questions regarding OCANDS, research proposal idea, and/or OCANDS Data Request, please contact:

**Aron Shlonsky**  
Associate Professor, Factor-Inwentash Chair in Child Welfare, University of Toronto  
Associate Professor - Honorary, University of Melbourne  
Factor-Inwentash Faculty of Social Work  
246 Bloor St. W.  
Toronto, Ontario M5S 1A1  
Canada

Phone: (416) 978-5718  
Fax: (416) 978-7072  
E-mail: aron.shlonsky@utoronto.ca
Appendix D Study Consent Forms

D1: Focus Group with Child Welfare Workers
D2: Roundtable Discussion with Community Service Providers
D3: Children’s Aid Societies in OCANDS
Appendix D1: Focus Group with Child Welfare Workers

A focus on Asian children and families involved in the Canadian child welfare system

Consent Form

I have read the information letter for this study and understand its details. I am aware that participating in this proposed research study will not affect my professional relationship with my organization. I am free to withdraw my participation at any time without explanation or penalty. I also understand that some of the content from the focus group session may be published and that I will not be personally identified in any publication. Any questions about the research and my participation have been answered to my satisfaction.

I have been reminded that the information shared during the session is confidential, and is not to be repeated to those outside of the group. The researcher will emphasize the need for confidentiality and I recognize that there is a limit to the researcher’s ability to ensure confidentiality of information shared during the sessions. A confidentiality agreement must be signed by all participants.

Any risks or benefits that might arise out of my participation have been explained to my satisfaction. Any questions I have asked about the project have been answered to my satisfaction. I understand that my participation is completely voluntary and that my decision to participate will be kept completely confidential. I further understand that I can withdraw from the project at any time without explanation or penalty.

I understand that information collected for this project is strictly confidential. I have been assured that no information will be released or printed that would disclose my identity unless required by law. All data collected will be destroyed five years after the study is finished.

I understand that I may contact the Office of Research Ethics (ethics.review@utoronto.ca; 416-946-3273) if I have questions about my rights as a research participant.

I, ______________________________________ hereby consent to participate.
(Please print first and last name)

________________________________________
Signature of participant

________________________________________
Date

Contact Information:
Barbara Lee, PhD Candidate
Factor-Inwentash Faculty of Social Work, University of Toronto

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Appendix D2: Roundtable Discussion with Community Service Providers

A focus on Asian children and families involved in the Canadian child welfare system

Consent Form

I have read the information letter for this study and understand its details. I am aware that participating in this proposed research study will not affect my professional relationship with my organization. I am free to withdraw my participation at any time without explanation or penalty. I also understand that some of the content from the focus group session may be published and that I will not be personally identified in any publication. Any questions about the research and my participation have been answered to my satisfaction.

I have been reminded that the information shared during the session is confidential, and is not to be repeated to those outside of the group. The researcher will emphasize the need for confidentiality and I recognize that there is a limit to the researcher’s ability to ensure confidentiality of information shared during the sessions. A confidentiality agreement must be signed by all participants.

Any risks or benefits that might arise out of my participation have been explained to my satisfaction. Any questions I have asked about the project have been answered to my satisfaction. I understand that my participation is completely voluntary and that my decision to participate will be kept completely confidential. I further understand that I can withdraw from the project at any time without explanation or penalty.

I understand that information collected for this project is strictly confidential. I have been assured that no information will be released or printed that would disclose my identity unless required by law. All data collected will be destroyed five years after the study is finished.

I understand that I may contact the Office of Research Ethics (ethics.review@utoronto.ca; 416-946-3273) if I have questions about my rights as a research participant.

I, ____________________________________ hereby consent to participate.

(Please print first and last name)

______________________________
Signature of participant

______________________________
Date

Contact Information:
Barbara Lee, PhD Candidate
Factor-Inwentash Faculty of Social Work, University of Toronto
Appendix D3: Children’s Aid Societies in OCANDS

OCANDS houses child protection information from a wide range of Ontario Children’s Aid Societies (CAS). Some of the data are used for performance indicator and other contractual work, as agreed to by the various CAS’s. Another pathway for using the data to build child welfare knowledge in Ontario and beyond is to provide access to individual researchers who wish to use OCANDS to answer specific questions that go well beyond performance indicators, both conceptually and statistically. We have developed a process for approving such uses of the data, and it involves you!

Similar to all of our data requests, we require individual agency assent for the use of their data (in line with our data sharing agreement). We also require that the researcher submit a request to the OCANDS Steering Group, and that the steering group approves the proposal in terms of its merit, ability of the researcher to maintain confidentiality, and the ability of the researcher to successfully complete the proposed analysis. Once approved, individual agencies are contacted to obtain consent for use of their agency data for the project.

Please note:

- Researchers requesting OCANDS data must complete both a request form and confidentiality form.
- Research requests must be approved by the Principal Investigator and a steering committee comprised of representatives from several participating Children’s Aid Societies (CASs).
- In addition to the approval process noted above, each CAS with data in OCANDS will receive notification of a researcher’s intention to use OCANDS data. Should the CAS not assent to the study, their data will not be accessible by the researcher.
- All data received from CASs undergo a de-identification process prior to being uploaded to OCANDS, including the removal of names, addresses, and text fields (that may contain identifying information). Birthdates, gender, and ethnicity remain connected to the data, which is organized by unique case numbers. Once the data is cleaned and structured, any individual cell containing less than three individuals will be censored to ensure confidentiality is maintained.
- Agency site identification is restricted. Data are generally available to researchers only in an aggregated form, from CASs that have consented/assented to be included in the researcher’s project. Individual agency data are not available to researchers. Internal researchers with access to site level information will use such information only to validate data. All findings presented in any public forum (presentations, publications) will be presented as an aggregate of all participating sites.
I have read the OCANDS Data Request - Information for Agency Approval, and OCANDS Data Request Form for this study, and understand its details. I am aware that this study is an individual research request that is beyond the performance indicators. I understand the data used for this project is strictly confidential and any findings will be presented as an aggregate.

I understand that all data received from my agency will undergo a de-identification process prior to being uploaded to OCANDS, including the removal of names, addresses, and text fields (that may contain identifying information). Birthdates, gender, and ethnicity remain connected to the data, which is organized by unique case numbers. Once the data is cleaned and structured, any individual cell containing less than three individuals will be censored to ensure confidentiality is maintained.

I understand the OCANDS Steering Committee has approved the OCANDS Research Request in terms of its merit, ability of the researcher to maintain confidentiality, and the ability of the researcher to successfully complete the proposed analysis. I understand that my individual agency participation is voluntary and that my decision to participate will be kept completely confidential.

**Project Title:** Family strengths and needs among Asian families receiving ongoing child protection services

**OCANDS Steering Committee Approval Date:** April 3 2013

This agency consents to participate in the research study (Check box): [ ] Yes  [ ] No

**Agency Information**

Agency Name: ____________________________________________

Agency Address: ____________________________________________

Agency Phone Number(s): ___________________________________

**Signatory**

Signature: ________________________________________________

Print Name: _______________________________________________

Department/Position/Title: __________________________________

Phone: ___________________________________________________

Email: _____________________________________________________

Date: ______________________________________________________
Appendix E Study Confidentiality Forms

E1: Focus Group with Child Welfare Workers
E2: Roundtable Discussion with Community Service Providers
E3: OCANDS
A focus on Asian children and families involved in the Canadian child welfare system

Confidentiality Agreement for Focus Group Participants

I have read the information letter for this study and understand its details. I am aware that there are limits to confidentiality by participating in focus groups. My identity will be known to other focus group participants and the researcher cannot guarantee that others in the group will respect the confidentiality of all group members. To minimize privacy risks, I understand this confidentiality agreement is required for all participants.

By signing this agreement, I agree and understand that:

1) I understand that information collected for this research study is strictly confidential.

2) I understand the data will be used for research purposes. The information collected does not involve any specific clients, and does not constitute an evaluation of performance at the individual or agency level.

3) I agree to keep participant identity and involvement completely confidential.

4) I understand that I cannot discuss or repeat any information learned through the focus groups, outside of the focus group.

5) I agree to have the focus group audio-recorded. I understand all identifying information will be coded and stored in such a manner that neither I, nor my organization will be identified.

6) I understand all data collected will be destroyed five years after the study is finished.

7) I understand that no information will be released or printed that would disclose my identity unless required by law.

8) Any questions about confidentiality and my participation have been answered to my satisfaction.

I understand that I may contact the Office of Research Ethics (ethics.review@utoronto.ca; 416-946-3273) if I have questions about my rights as a research participant.

I, ______________________________ will abide by this Confidentiality Agreement.

(Please print first and last name)

___________________________________
Signature of participant

___________________________________
Date

Contact Information:
Barbara Lee, PhD Candidate
Factor-Inwentash Faculty of Social Work, University of Toronto
Appendix E2: Roundtable Discussion with Community Service Providers

A focus on Asian children and families involved in the Canadian child welfare system

Confidentiality Agreement for Key Informants

I have read the information letter for this study and understand its details. I am aware that there are limits to confidentiality by participating in round-table discussions. My identity will be known to other key informants and the researcher cannot guarantee that others in the group will respect the confidentiality of all group members. To minimize privacy risks, I understand this confidentiality agreement is required for all participants.

By signing this agreement, I agree and understand that:

1) I understand that information collected for this research study is strictly confidential.

2) I understand the data will be used for research purposes. The information collected does not involve any specific clients, and does not constitute an evaluation of performance at the individual or agency level.

3) I agree to keep participant identity and involvement completely confidential.

4) I understand that I cannot discuss or repeat any information learned through the round-table discussions, outside of the round-table discussions.

5) I agree to have the round-table discussions audio-recorded and online written communication (i.e. emails) with the researcher will be used for data analysis. I understand all identifying information will be coded and stored in such a manner that neither I, nor my organization will be identified.

6) I understand all data collected will be destroyed five years after the study is finished.

7) I understand that no information will be released or printed that would disclose my identity unless required by law.

8) Any questions about confidentiality and my participation have been answered to my satisfaction.

I understand that I may contact the Office of Research Ethics (ethics.review@utoronto.ca; 416-946-3273) if I have questions about my rights as a research participant.

I, ____________________________________ will abide by this Confidentiality Agreement.

(Please print first and last name)

___________________________________
Signature of participant

___________________________________
Date

Contact Information:

Barbara Lee, PhD Candidate
Factor-Inwentash Faculty of Social Work, University of Toronto
Appendix E3: OCANDS

OCANDS Confidentiality Form

As a researcher who wishes to access OCANDS data, it is expected that you respect confidentiality by not discussing, in any manner private or public, the contents of the raw data.

In signing below, you acknowledge that you understand the following:

• I understand the importance of providing anonymity and confidentiality to participating Children’s Aid Societies and the children/families they serve

• I understand that by analyzing data, I may come across unique information that could potentially identify a child or family. I understand that this information is to be kept confidential and the OCANDS research team should be informed of this immediately.

• I understand that the data files are to be secured at all times

• I understand that I am required to adhere to all policies and procedures on data security outlined by the University of Toronto, available at:
  
  http://www.research.utoronto.ca/ethics/pdf/human/nonspecific/datasecurity.pdf  and  

By signing my name, I agree to the above statements and promise to ensure the confidentiality and anonymity of the participants in this study is maintained at all times.

SIGNATURE OF INVESTIGATOR

____________________________  ______________________________
Print Name                          Signature

Date: March 18 2013
Appendix F Data Collection Instruments

F1: CIS-2008: Maltreatment Assessment

F2: Focus Group: Semi-Structured Interview Guide

F3: Focus Group: Education and Demographics Questionnaire

F4: OCANDS: Ontario Child Welfare Eligibility Spectrum

F5: OCANDS: Ontario Safety Assessment

F6: OCANDS: Ontario Family Risk Assessment
CIS Maltreatment Assessment
INTAKE FACE SHEET (Please complete this face sheet for all cases)

Canadian Incidence Study of Reported Child Abuse and Neglect – CIS-2008
Étude canadienne sur l’incidence des cas signalés de violence et de négligence à l’égard des enfants – ECI-2008
Funded by Public Health Agency of Canada and supported by the provincial and territorial governments of Canada

1. Date referral was received: ____________________
2. Date case opened: ____________________

3. Source of allegation/referral (Fill in all that apply)
- Police
- Community agency
- Anonymous
- School
- Other child welfare service
- Day care centre
- Other: ___________________________________
- Neighbour/friend
- Social assistance worker
- Crisis service/shelter
- Community/recreation centre
- Custodial parent
- Non-custodial parent
- Child (subject of referral)
- Relative
- Customized/alternate response

In jurisdictions with differential/alternative response choose one:

- This information will remain confidential, and no identifying information will be used outside your own agency.
- This tear-off portion of the instrument will be destroyed by the site researcher at this agency/office upon completion of data collection.

4. Please describe referral, including alleged maltreatment or risk of maltreatment (if applicable) and results of investigation

   In jurisdictions with differential/alternative response choose one: Customized response or Traditional protection investigation

5. Caregiver(s) in the home

   Primary caregiver
   - a) Sex
   - b) Age

   Second caregiver in the home at time of referral
   - a) Sex
   - b) Age

Use the following relationship codes to indicate caregiver’s relationship to the child in 6a) and 6b) and, in the case of “other,” please specify the relationship in the space provided:

1. Biological parent
2. Foster parent
3. Adoptive parent
4. Grandparent
5. Other:

A Child Information Sheet should be completed for each child investigated for a risk of maltreatment (6g) or incident of maltreatment (6h).

Worker’s name: __________________________________________
First two letters of primary caregiver’s surname: ____________
Other family surname, if applicable: ________________________
Case number: ____________________

McGill University, Centre for Research on Children and Families, 3506 University Street, Suite 106, Montréal QC H3A 2A7 • t: 514-398-5399 • f: 514-398-5287
University of Toronto, Faculty of Social Work, 246 Bloor Street West, Toronto ON M5S 1A1 • t: 416-978-2527 • f: 416-978-7072
University of Calgary, Faculty of Social Work, 2500 University Drive, NW, Calgary AB T2N 1N4 • t: 403-220-4698 • f: 403-282-7269
First Nations Child and Family Caring Society of Canada, 225 Bank Street, Suite 303, Ottawa ON K2P 1X3 • t: 613-230-5885 • f: 613-230-3080

Appendix F1: CIS-2008: Maltreatment Assessment
### CIS Maltreatment Assessment: Household Information

**Please describe household composition at time of referral**

<table>
<thead>
<tr>
<th>Primary Caregiver</th>
<th>Second Caregiver in the home</th>
</tr>
</thead>
<tbody>
<tr>
<td>A8. Primary income</td>
<td>○ No other caregiver in the home</td>
</tr>
<tr>
<td></td>
<td>○ Full time</td>
</tr>
<tr>
<td></td>
<td>○ Part time (&lt;30 hrs/week)</td>
</tr>
<tr>
<td></td>
<td>○ Employment insurance</td>
</tr>
<tr>
<td></td>
<td>○ Other benefit</td>
</tr>
<tr>
<td></td>
<td>○ Multiple jobs</td>
</tr>
<tr>
<td></td>
<td>○ Social assistance</td>
</tr>
<tr>
<td></td>
<td>○ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A9. Ethno-racial</th>
<th>B8. Ethno-racial</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ White (e.g., English, Scottish, Irish)</td>
<td>○ White (e.g., English, Scottish, Irish)</td>
</tr>
<tr>
<td>○ Black (e.g., African, Caribbean, Jamaican)</td>
<td>○ Black (e.g., African, Caribbean, Jamaican)</td>
</tr>
<tr>
<td>○ Latin American</td>
<td>○ Latin American</td>
</tr>
<tr>
<td>○ Southeast Asian other than Chinese</td>
<td>○ Southeast Asian other than Chinese</td>
</tr>
<tr>
<td>○ Other:</td>
<td>○ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A10a. If Aboriginal</th>
<th>B10a. If Aboriginal</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ On reserve</td>
<td>○ On reserve</td>
</tr>
<tr>
<td>○ Off reserve</td>
<td>○ Off reserve</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b) First Nations status</th>
<th>b) First Nations status</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
<td>○ No</td>
</tr>
<tr>
<td>○ Other:</td>
<td>○ Other:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>c) Caregiver attended residential school</th>
<th>d) Caregiver's parent attended residential school</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
<td>○ Yes</td>
</tr>
<tr>
<td>○ No</td>
<td>○ No</td>
</tr>
<tr>
<td>○ Unknown</td>
<td>○ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A11. Primary language</th>
<th>A12. Contact with caregiver in response to investigation</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ English</td>
<td>○ Co-operative</td>
</tr>
<tr>
<td>○ French</td>
<td>○ Not co-operative</td>
</tr>
<tr>
<td>○ Other:</td>
<td>○ Not contacted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A13. Caregiver risk factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol abuse</td>
</tr>
<tr>
<td>Drug/alcohol abuse</td>
</tr>
<tr>
<td>Cognitive impairment</td>
</tr>
<tr>
<td>Mental health issues</td>
</tr>
<tr>
<td>Physical health issues</td>
</tr>
<tr>
<td>Few social supports</td>
</tr>
<tr>
<td>Perpetrator of domestic violence</td>
</tr>
<tr>
<td>History of foster care/group home</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>14. Other adults in the home</th>
<th>20. Housing safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ None</td>
<td>○ Accessible weapons</td>
</tr>
<tr>
<td>○ Children &gt;19</td>
<td>○ Yes</td>
</tr>
<tr>
<td>○ Grandparent</td>
<td>○ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>15. Caregiver(s) outside the home</th>
<th>21. Household regularly runs out of money for basic necessities</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ None</td>
<td>○ Yes</td>
</tr>
<tr>
<td>○ Father</td>
<td>○ No</td>
</tr>
<tr>
<td>○ Other:</td>
<td>○ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>16. Child custody dispute</th>
<th>22. Case previously opened</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
<td>○ Never</td>
</tr>
<tr>
<td>○ No</td>
<td>○ 1 time</td>
</tr>
<tr>
<td>○ Unknown</td>
<td>○ 2-3 times</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>17. Housing</th>
<th>23. Case will stay open for ongoing child welfare services</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Own home</td>
<td>○ Yes</td>
</tr>
<tr>
<td>○ Rental</td>
<td>○ No</td>
</tr>
<tr>
<td>○ Public housing</td>
<td>○ Yes</td>
</tr>
<tr>
<td>○ Rooming</td>
<td>○ No</td>
</tr>
<tr>
<td>○ Hotel/Shelter</td>
<td>○ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>18. Home overcrowded</th>
<th>24. Referral(s) for any family member</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Yes</td>
<td>○ No referral made</td>
</tr>
<tr>
<td>○ No</td>
<td>○ Parent support group</td>
</tr>
<tr>
<td>○ Unknown</td>
<td>○ In-home family parent counselling</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>19. Number of moves in past year</th>
<th>25. Referral(s) for any family member</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ 0</td>
<td>○ Other:</td>
</tr>
<tr>
<td>○ 1</td>
<td>○ Child or day care</td>
</tr>
<tr>
<td>○ 2</td>
<td>○ Medical or dental services</td>
</tr>
<tr>
<td>○ 3 or more</td>
<td>○ Other:</td>
</tr>
<tr>
<td>○ Unknown</td>
<td>○ Other:</td>
</tr>
</tbody>
</table>

---

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CIS Maltreatment Assessment: Child Information

First name: ____________________________  26. Sex  O Male  O Female  26. Age: ______

27. Type of investigation  O Investigated incident of maltreatment  O Risk investigation only

28. Aboriginal status  O Not Aboriginal  O First Nations status  O First Nations non-status  O Métis  O Inuit  O Other:

29. Child functioning (Are you aware if any of the following apply to this child at this point in time?)

<table>
<thead>
<tr>
<th>Condition</th>
<th>Confirmed</th>
<th>Suspected</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression/anxiety/withdrawal</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Self-harming behaviour</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>ADHD/Hyperactivity</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Attachment issues</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Aggression</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Running (multiple incidents)</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Inappropriate sexual behaviour</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>Youth Criminal Justice Act involvement</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

30. If risk investigation only, is there a significant risk of future maltreatment?  O Yes  O No  O Unknown

31. Maltreatment Codes

<table>
<thead>
<tr>
<th>Physical abuse</th>
<th>Sexual abuse</th>
<th>Neglect</th>
<th>Emotional maltreatment</th>
<th>Exposure to intimate partner violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Shaking, push, grab, throw</td>
<td>7. Penetration</td>
<td>16. - Failure to supervise: physical harm</td>
<td>24. - Tampering or threat of violence</td>
<td></td>
</tr>
<tr>
<td>2. Hit with hand</td>
<td>8. Attempted penetration</td>
<td>17. - Failure to supervise: sexual abuse</td>
<td>25. - Verbal abuse or yelling</td>
<td></td>
</tr>
<tr>
<td>4. Hit with object</td>
<td>10. Fondling</td>
<td>19. - Physical neglect</td>
<td>27. - Inadequate nurturing or affection</td>
<td></td>
</tr>
<tr>
<td>5. Choking, poisoning, stabbing</td>
<td>11. Sex talk or images</td>
<td>20. - Medical neglect (includes dental)</td>
<td>28. - Exploiting or corrupting behaviour</td>
<td></td>
</tr>
<tr>
<td>6. Other physical abuse</td>
<td>12. Voyeurism</td>
<td>21. - Failure to provide psych treatment</td>
<td>29. - Direct witness to physical violence</td>
<td></td>
</tr>
<tr>
<td>15. Other sexual abuse</td>
<td>16 - Failure to supervise: physical harm</td>
<td>23. - Educational neglect</td>
<td>31. - Exposure to emotional violence</td>
<td></td>
</tr>
</tbody>
</table>

32. Alleged perpetrator

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

33. Substantiation

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

34. Was maltreatment a form of punishment?

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

35. Duration of maltreatment

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

36. Physical harm

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

37. Severity of harm

<table>
<thead>
<tr>
<th>1st</th>
<th>2nd</th>
<th>3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
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38. Physician/nurse physically examined child as part of the investigation

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39. Placement during investigation

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40. Child welfare court

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41. Previous reports

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42. Caregivers use spanking as a form of discipline

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43. Police involvement in adult domestic violence investigation

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44. Police involvement in child maltreatment investigation

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Appendix F2: Focus Group: Semi-Structured Interview Guide

Interview Guide

Opening Questions:

1. What are the differences between Asian and non-Asian children and families involved in the Canadian child welfare system?

2. What are some considerations in determining service provisions for Asian children and families involved in the Canadian child welfare system?

Prompts:

1. What are the service needs for Asian children and families involved in the Canadian child welfare system?

2. What are the identified strengths of Asian children and families involved in the Canadian child welfare system?

Key Question:

1. What are your thoughts and impressions of the study findings?

2. What do the study findings suggest?

3. What are some considerations in interpreting the study findings?

Prompts:

1. Without breaching confidentiality or disclosing identifying information, what are your experiences working with Asian children and families involved in the Canadian child welfare system?

2. What are some perceptions of working with Asian children and families involved in the Canadian child welfare system?

Closing Question:

1. What additional information is important to acknowledge in exploring the topic of Asian children and families involved in the Canadian child welfare system?
Appendix F3: Focus Group: Education and Demographics Questionnaire

**Education and Demographics Questionnaire**

1) What child protection positions or departments do you have direct practice experience?

   *One or more categories may be selected*

   - **Intake Screening**
     - Receiving and processing reported allegations of child maltreatment

   - **Intake Investigation**
     - Conducting child protection investigations on allegations of child maltreatment

   - **Ongoing Family Services**
     - Providing ongoing child protection services

   - **Children’s Services**
     - Providing child protection support and services specifically for children/youth in out-of-home care.

   - **Resources**
     - Managing, coordinating, recruiting and/or training out-of-home placement resources for children/youth

   - **Mixed Intake and Family Services**
     - Mixed case load of child protection investigations on allegations of child maltreatment, and also providing ongoing child protection services

   - **Interdisciplinary**
     - Interdisciplinary or multidisciplinary child protection team providing a range of child welfare expertise that may include youth mental health, or youth justice, etc.

   - **Emergency After-Hours**
     - Child protection response for evenings and weekends

   - **Other ____________________**

   - **Do not wish to identify**

2) How many years have you been practicing as a social worker?

   

3) How many years have you been practicing as a child protection worker?

   

4) Please identify all obtained educational degree(s).

   - **College – Diploma**
   - **BA / BSc**
   - **MA / MSc**
   - **PhD**

   - **BSW**
   - **MSW**

   - **Other ______________**

   - **Do not wish to identify**
5) Please briefly describe any cultural or diversity training you have received.


6) Which category best describes your gender?

Please select one option

☐ Male

☐ Female

☐ Self-identify: ____________________

☐ Do not wish to identify

7) Which category best describes your ethno-racial identity?

Please select one option

☐ Aboriginal/ First Nations

☐ Asian

☐ Black

☐ Latino/ Hispanic

☐ South Asian

☐ West Asian/ Arab

☐ White/ Caucasian

☐ Multi-racial.

Please identify: ______________________

☐ Self-identify: ______________________

☐ Do not wish to identify
Appendix F4: OCANDS: Ontario Child Welfare Eligibility Spectrum

ELIGIBILITY SPECTRUM (2006)

<table>
<thead>
<tr>
<th>SECTION</th>
<th>SCALE</th>
<th>Level of Severity</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Extremely</td>
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<tr>
<td>SECTION 1</td>
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<td></td>
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<tr>
<td>Sexual Harm</td>
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<td>D, E</td>
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<tr>
<td>by Commission</td>
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<tr>
<td>1. Physical Force and/or Maltreatment</td>
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<td>2. Cruel/Inappropriate Treatment</td>
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<td>4. Threat of Harm</td>
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<td>A</td>
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<td>SECTION 2</td>
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<tr>
<td>Harm by Omission</td>
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<tr>
<td>1. Inadequate Supervision</td>
<td></td>
<td>A</td>
</tr>
<tr>
<td>2. Neglect of Child’s Basic Physical Needs</td>
<td></td>
<td>A</td>
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<tr>
<td>3. Caregiver Response to Child’s Physical Health</td>
<td></td>
<td>A, B</td>
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<tr>
<td>4. Caregiver Response to Child’s Mental, Emotional Development Condition</td>
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<td>A</td>
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<tr>
<td>5. Caregiver Response to Child Under 12 Who Has Committed a Serious Act</td>
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<td>A</td>
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<tr>
<td>SECTION 3</td>
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<tr>
<td>Emotional Harm/ Exposure to Conflict</td>
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<tr>
<td>1. Caregiver Causes and/or Caregiver Response to Child’s Emotional Harm or Risk of Emotional Harm</td>
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<td>A</td>
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<tr>
<td>2. Child Exposure to Adult Conflict</td>
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<td>A, B, C, D</td>
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<tr>
<td>SECTION 4</td>
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<td></td>
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<tr>
<td>Abandonment/ Separation</td>
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<tr>
<td>1. Orphaned/Abandoned Child</td>
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<td>A, B</td>
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<tr>
<td>2. Caregiver-Child Conflict/Child Behaviour</td>
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<td>A</td>
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<td>SECTION 5</td>
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<tr>
<td>Caregiver Capacity</td>
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<tr>
<td>2. Caregiver Inability to Protect</td>
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<td>A, B</td>
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<td>3. Caregiver with Problem</td>
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<td>A</td>
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<td>4. Caregiving Skills</td>
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<td>A</td>
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<td>SECTION 6</td>
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<td>Request for Counselling</td>
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<td>Scale</td>
<td>A, B, C, D, E, F, G</td>
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<td>SECTION 7</td>
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<td>Scale 1: A, B, C, D, E</td>
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<td>Scale 2 A, B, C, D</td>
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<td>Scale 3: A, B, C</td>
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<tr>
<td>Scale 4: A, B, C, D, E, F, G, H, I</td>
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<td>SECTION 8</td>
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<td>Family-Based Care</td>
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<td>1. Foster Care Services</td>
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<td>Scale 1: A, B, C, D, E</td>
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<tr>
<td>2. Kinship Service – Child not in CAS care</td>
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<td>Scale 2: A, B, C, D, E</td>
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<td>4. Post-Adoption Services</td>
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<td>Scale 4: A, B, C, D, E, F, G, H</td>
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Eligibility Spectrum 2006
ONTARIO SAFETY ASSESSMENT

Agency: ____________________________

Family Name: ____________________________________________________________

Cross Reference: __________________________________________________________

Address: ________________________________________________________________

________________________________

Does address of safety assessment differ from address of family home? Yes _____ No _____

If Yes, please provide assessment address: ________________________________

________________________________

Names of Parents/Caregivers Assessed & Relationship to child:

1. _______________________________________  3. ______________________________________

2. _______________________________________ 4. ______________________________________

Names of Children and Birthdates:

1. ____________________________________________________________________  DOB __/____/_____

   Surname(s)     Given Names      Day / Month / Year

2. ____________________________________________________________________  DOB __/____/_____

   Surname(s)     Given Names      Day / Month / Year

3. ____________________________________________________________________  DOB __/____/_____

   Surname(s)     Given Names      Day / Month / Year

4. ____________________________________________________________________  DOB __/____/_____

   Surname(s)     Given Names      Day / Month / Year

5. ____________________________________________________________________  DOB __/____/_____

   Surname(s)     Given Names      Day / Month / Year

6. ____________________________________________________________________  DOB __/____/_____

   Surname(s)     Given Names      Day / Month / Year

(If more than six children are assessed, add additional names and numbers on reverse side.)

Are there additional names on the reverse?  1. Yes  2. No

Date of Child Protection Referral: ____/_____/_____  Date of Safety Assessment: ____/_____/_____  

Date of Consultation: ____/_____/_____  Reason for Eligibility: ________________________________
SECTION 1: SAFETY THREATS

Assess family home for each of the following safety threats. Indicate whether currently available information results in reason to believe a safety threat is present.

Yes No 1. Parent/caregiver caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by:
   _____ Serious injury or abuse to child other than accidental
   _____ Caregiver fears he/she will maltreat child
   _____ Threat to cause harm or retaliate against child
   _____ Excessive discipline or physical force
   _____ Drug-exposed infant.

Yes No 2. Current circumstance, combined with information that the parent/caregiver has or may have a history of previously maltreating a child in his/her care, suggests that the child’s safety may be of immediate concern.

Yes No 3. Child sexual abuse is suspected and circumstances suggest that child’s safety may be of immediate concern.

Yes No 4. Parent/caregiver fails to protect child from serious harm or threatened harm by other adults or children in the home. This may include physical, emotional or sexual abuse or neglect.

Yes No 5. Parent/caregiver’s explanation for the injury to the child is questionable or inconsistent with type of injury, and the nature of the injury suggests that the child’s safety may be of imminent concern.

Yes No 6. The family refuses access to the child or there is reason to believe that the family is about to flee.

Yes No 7. Parent/caregiver does not meet the child’s immediate needs for supervision, food, clothing, medical, dental or mental health care.

Yes No 8. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child. Note: If the community as a whole does not have the above resources, indicate here: ____. When identifying safety interventions, indicate how any immediate threat will be addressed.

Yes No 9. Parent/caregiver’s current alcohol, drug or substance abuse seriously impairs his/her ability to supervise, protect or care for the child.

Yes No 10. Partner/adult conflict exists in the home and poses a risk of serious physical and/or emotional harm or neglect to the child.

Yes No 11. Parent/caregiver describes child in predominantly negative terms or acts toward child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being seriously withdrawn and/or suicidal.

Yes No 12. Parent/caregiver’s emotional stability, developmental status, or cognitive limitation seriously impairs his/her current ability to supervise, protect, or care for the child.

Yes No 13. Child is fearful of parent/caregiver, other family members or other people living in or having access to the home.

Yes No 14. Other (specify):
SECTION 2: SAFETY INTERVENTIONS

If no safety threats are present, skip to Section 3. If one or more safety threats are present, consider whether safety interventions 1 – 8 will allow child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement for placement with kin or a Temporary Care Agreement or taking child into court directed CAS care.

Check all that apply:

_________ 1. Direct service intervention by child protection worker.

_________ 2. Use of extended family, neighbours, community Elders, or other individuals in the community as safety resources.

_________ 3. Use of community agencies, Band Representatives or services as safety resources.

_________ 4. Parent/caregiver to appropriately protect victim from the alleged perpetrator.

_________ 5. Alleged perpetrator to leave the home, either voluntarily or in response to consideration of legal intervention.

_________ 6. Non-offending parent/caregiver to move to a safe environment with the child.

_________ 7. Legal intervention planned or initiated - child remains in the home.

_________ 8. Other (specify) _____________________________________________________________

_________ 9. Parent/caregiver to voluntarily place the child outside the home.

_________ 10. Child apprehended and placed in CAS care because interventions 1-9 do not adequately assure child’s safety.

SAFETY INTERVENTION PLAN

Provide a brief description of intervention, detailing relationship of support persons to child including names, contact information, frequency and duration of supports and how the safety intervention plan will be monitored.
SECTION 3: SAFETY DECISION

Identify the safety decision by checking the appropriate line below. The decision should be based on the assessment of all safety threats, safety interventions, and any other information known about the case. Check one line only.

_______ 1. **Safe.** No safety threats are identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.

_______ 2. **Safe with Intervention.** One or more safety threats are present, and protecting safety interventions have been planned or taken that immediately mitigate the identified safety threats. Based on protecting interventions, child will remain in the home at this time.

_______ 3. **Unsafe.** One or more safety threats are present and placement is the only protecting intervention possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.

____ All children placed.

____ The following children were placed: *(enter name and date of birth from page 1)*


NARRATIVE

Provide rationale for the Safety Decision including how the intervention plan, if needed, is expected to mitigate safety concerns or is insufficient to address concerns.

Worker ______________________ Date Completed _____ / _____ / _____

Day / Month / Year
### ONTARIO FAMILY RISK ASSESSMENT

**Worker Name: ________________________________**  
**Primary Parent/Caregiver________________________    Secondary Parent/Caregiver_______________________________**  
**Family Name:    _____________________________________________________Date of Assessment: ___/_____/________**  
**Agency____________________________**

#### N10 Housing (check applicable item). Maximum score 2.

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#### TOTAL NEGLECT RISK SCORE  
(Maximum 16)

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#### TOTAL ABUSE SCORE  
(Maximum score 18)

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ONTARIO FAMILY RISK ASSESSMENT (continued)

**SCORED RISK LEVEL.** Assign the family’s scored risk level based on the highest score on either the neglect or abuse index, using the following chart:

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<tr>
<th>Neglect Score</th>
<th>Abuse Score</th>
<th>Scored Risk Level</th>
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<tbody>
<tr>
<td>0 to 1</td>
<td>0 to 1</td>
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<tr>
<td>2 to 4</td>
<td>2 to 4</td>
<td>Moderate</td>
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<tr>
<td>5 to 8</td>
<td>5 to 7</td>
<td>High</td>
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<tr>
<td>9 +</td>
<td>8 +</td>
<td>Very High</td>
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**OVERRIDING CONDITIONS.** Circle yes if a condition shown below is applicable in this case. If any condition is applicable, override final risk level to very high.

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<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>1.</td>
<td>Sexual abuse case AND the perpetrator is likely to have access to the child victim.</td>
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<tr>
<td>2.</td>
<td>Non-accidental injury to a child under age two.</td>
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<tr>
<td>3.</td>
<td>Severe non-accidental injury.</td>
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<td>4.</td>
<td>Parent/caregiver action or inaction resulted in death of a child due to abuse or neglect (previous or current).</td>
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**DISCRETIONARY CONSIDERATIONS.** If a discretionary consideration is determined, circle yes. Circle the discretionary risk level, and indicate reason. Risk level may only be overridden one level higher.

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<th>Yes</th>
<th>No</th>
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<tr>
<td></td>
<td>If yes, circle override risk level:</td>
<td></td>
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<tr>
<td></td>
<td>Low</td>
<td>Moderate</td>
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Discretionary consideration reason: ____________________________________________________________________________________

Supervisor’s Review/Approval of Discretionary Consideration: ____________________________________________ Date: __________/________/_______

**FINAL RISK LEVEL** (circle final level assigned):

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<th>Low</th>
<th>Moderate</th>
<th>High</th>
<th>Very High</th>
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Glossary

**Acculturation:** “A dynamic and multidimensional process of adaptation that occurs when distinct cultures come into sustained contact. It involves different degrees and instances of culture learning and maintenance that are contingent upon individual, group, and environmental factors” (Organista, Marin, & Chun, 2010, p. 105).

**Acculturative stress:** The process of adapting to a different culture, and the stress associated with the change process (Thomas, 1995). According to Berry’s model of acculturation, the greater the dissimilarity with the host culture, the greater the degree of acculturative stress; and conversely, the lesser the dissimilarity with the host culture, the lesser the degree of acculturative stress experienced by the immigrant and their family (Berry & Annis, 1974).

**Asian:** Refers to East and Southeast Asian origin populations including Chinese, Filipino, Southeast Asian, Korean, and Japanese (Statistics Canada, 2006), and Other Asians and Other Pacific Islanders (U.S. Census Bureau, 2012).

**Census:** A mandatory nationwide enumeration of the Canadian population conducted every 5 years by Statistics Canada.

**Census child population:** The representative estimate of children in the Canadian population at a particular period of time.

**Child maltreatment-related investigations:** “Investigations of possible past incidents of maltreatment or assessment of risk of future maltreatment” and “all ‘retained’ cases with maltreatment-related case classification codes” (Trocmé et al., 2010, p. 14).

**Child protection:** A specific descriptor of child welfare services that aim to protect and respond to maltreatment-related concerns or risk of maltreatment, including the provision of out-of-home placements.

**Child welfare:** A general descriptor of services that aim to prevent and safeguard children from maltreatment-related concerns or risk of maltreatment.

**Child welfare population:** The representative estimate of children in the child welfare system in Canada at a particular period of time.

**Coining:** A traditional healing practice that is common in Southeast Asian cultures. Essential oils such as Tiger Balm is massaged into the skin with the edge of a coin until bruising occurs. It is believed the redness and bruising from coining forces the “bad wind” or toxins from the body to relieve symptoms such as fever, chills, headaches, and vomiting (Davis, 2000).

**Confucianism:** A philosophical and ethical worldview embraced by many Southeast Asian communities that includes values of filial piety, familism, and harmony (Chao, 1994; Zhai & Gao, 2009).
**Corporal punishment:** The use of physical force as a method of discipline. The use of corporal punishment among Chinese parents has been described as teaching and training children to be deferent and respectful to elders; motivating academic, social, and moral character; instilling strong masculine character among boys; and training children to be able to endure hardship (Chao, 1994; Lieber et al., 2006; Tang, 2006; Zhu & Tang, 2012). It is considered an important aspect of childrearing and “best practice” in many Southeast Asian cultures (Chao, 1994; Lieber et al., 2006; Tang, 2006; UNICEF, 2005).

**Cupping:** A traditional healing practice that is common in Southeast Asian cultures as well as some Central and South American cultures. Cupping is when “a cup of ignited alcohol is placed over a part of the body. As the heated area cools, the skin is sucked into the cup, producing redness and burns” (Cage & Salus, 2010, p. 109).

**Decision exposure burden:** “The source or cause of the bulk of any disparity [that] may lay further up- or downstream in the context of the flow of children and families through the [child welfare] system” (Fluke, Harden, Jenkins, & Ruehrdanz, 2010, p. 31).

**Decision-based disparity index (DDI):** The estimate of child welfare involvement for Asian-Canadian households at a particular stage of interest (e.g., substantiation) divided by the estimate of child involvement for Asian-Canadian households from the previous stage of child welfare service (e.g., investigation); compared to the estimate of child welfare involvement for White-Canadian households at a particular stage of interest (e.g., substantiation), divided by the estimate of child welfare involvement for White-Canadian households from the previous stage of child welfare service (e.g., investigation).

**Disclosure:** The sharing, divulgence, or release of information.

**Discrimination:** “The unequal treatment of identically situated groups” (Myers, 2010, p. 110).

**Disparity:** When one ethno-racial group is involved in the child welfare system to a greater or lesser extent than is warranted compared to another ethno-racial group, given the number of children in each group in the Census population.

**Disproportionality:** When one ethno-racial group is involved in the child welfare system to a significantly greater or lesser extent than is warranted compared to that groups’ distribution in the Census population.

**Disproportionality Metric (DM):** A standardized measure of representation developed by Shaw, Putnam-Horstein, Magruder, and Needell (2008). It is “calculated by comparing the proportion of a given group experiencing some event, to that group’s proportion in the overall population” (Shaw et al., 2008, p. 27).

**Familism:** A Confucian philosophical ideal that emphasizes family harmony, stoicism, family cohesion, mutual aid, and the prioritization of the family above all other relationships (Zhai & Gao, 2009). The unity and reputation of the family is upheld at the highest honour, and if necessary, at the expense of the individual needs (Chao, 1994).
Filial piety: A Confucian philosophical ideal that emphasizes hierarchy, parental authority, children’s obedience and respect for parents, elders, and ancestors. Children are expected to be deferential to adults and to have subordinate status in the social hierarchy. Children are expected not to challenge or question adults as this is considered disrespectful and results in loss of face for the adult (Chao, 1994; Lau, 2010; Lieber, Fung, & Leung, 2006; Zhai & Gao, 2009).

“Hands-off” practice: When “social workers do not react to a minority child’s harmful upbringing and living conditions because they consider them ‘normal’ practice for the ethnic minority family” (Kriz & Skiveness, 2010, p. 6).

“Hands-on” practice: When “social workers intervene too extensively in a family’s life because of biased assumptions about ethnic minorities” (Kriz & Skiveness, 2010, p. 6).

Incidence: An epidemiological term used to describe the number of new child welfare investigations that were conducted during a specific time period. Incidence is often reported as a rate of the population at risk of child welfare involvement. Also see Rate per 1,000.

“Losing face”: “The threat or loss of social integrity, especially in the interpersonal and psychosocial relationship dynamics among Asian Americans” (Leong, Kim, & Gupta, 2011, p. 142).

Maltreatment-based disparity index (MDI): The estimate of child maltreatment investigations involving Asian-Canadian households that were substantiated for a particular maltreatment type (e.g., physical abuse) divided by the total estimate of child maltreatment-related investigations involving Asian-Canadians for that particular maltreatment type (e.g., physical abuse); compared to the estimate of child maltreatment investigations involving White-Canadian households that were substantiated for that particular maltreatment type (e.g., physical abuse), divided by the total estimate of child maltreatment-related investigations involving White-Canadian households for that particular maltreatment type (e.g., physical abuse).

Mongolian marks: Birthmarks that are usually a grayish-blue colour spot that can be found on the buttocks, back, or extremities. It is common among Asian, Hispanic and African populations (Cage & Salus, 2010).

Over-represented: “The proportion of children within a child welfare system … who come from a specific ethno-racial group is greater than the proportion of children from the ethno-racial group in the child population” (Sinha et al., 2011, p. 111; emphasis in the original).

Parent training: Intervention strategies that encourage positive discipline methods such as praise and social reward to increase desired child behaviors and discourage physical discipline (Kim et al., 2008; Lau, Fung, Ho, Liu, & Gudiño, 2011; Leung Tsang, Heung, & Yiu, 2009).

Population-based disparity index (PDI): The rate per 1,000 Asian children in the Canadian population involved in the child welfare system, compared to the rate per 1,000 White children in the Canadian population involved in the child welfare system.
**Proportion:** The percentages or distribution of investigations within the child welfare system. “Percentages are useful for understanding the prevalence of child/household/maltreatment characteristics and of service outcomes among the investigations conducted by child welfare agencies. They are the proper statistics to describe the profile and flow of investigations within the child welfare system” (Sinha et al., 2011, p. 39)

**Rate per 1,000:** The estimated number of children involved in the child welfare system, for every 1,000 children in the Canadian population.

**Re-investigation:** The subsequent investigation after closure of an initial child welfare investigation and involvement. This does not include investigations on already opened investigations and involvement.

**Reasonable force:** A descriptive parameters of the use of physical discipline as outlined in the Canadian Criminal Code Section 43. Reasonable force is explained as force that does “not harm or degrade the child, and must not be based on the gravity of the wrongdoing. Reasonableness further implies that force may not be administered to teenagers, as it can induce aggressive or antisocial behaviour, may not involve objects such as rulers or belts, and may not be applied to the head” (Barnett, 2008, p. 3).

**Sampling frame:** “A list or other device used to define a researcher’s population of interest. The sampling frame defines a set of elements from which a research can select a sample of the target population” (Currivan, 2004, p. 992)

**Spooning:** A traditional healing practice that is common in Southeast Asian cultures. Essential oils such as Tiger Balm is massaged into the skin with the edge of a spoon to massage the essential oils into the skin until bruising occurs (Davis, 2000). It is believed the redness and bruising from coining forces the “bad wind” or toxins from the body to relieve symptoms such as fever, chills, headaches, and vomiting (Davis, 2000).

**Substantiated:** When the balance of evidence in a child maltreatment investigation indicates that abuse or neglect has occurred (Trocmé et al., 2010).

**Transfer to ongoing child protection service:** The practice decision to transfer a family to receive continued support and child protection intervention.

**Under-represented:** The proportion of children within a child welfare system who come from a specific ethno-racial group is less than the proportion of children from the ethno-racial group in the child population (adapted from the definition of over-represented by Sinha et al. [2011]).

Note: Please see Supplement A, *Logistic Regression Variable Measurement and Operational Definitions* (p. 114-115) and Table 10, *OCANDS Variable Measurement and Operational Definitions* (p. 126-128) for more glossary terms.
References


