

First Nation Children Seen at the CAS of London and Middlesex¹

Debbie Chiodo, M.A., Alan W. Leschied, Ph.D., Paul C. Whitehead, Ph.D., and
Dermot Hurley, M.S.W.

The University of Western Ontario
London, Ontario CANADA
October 2003

¹ This research project is funded by the City of London, the County of Middlesex, an anonymous donor through United Way, and United Way of London & Middlesex.

First Nation CAS Children

The present research collected information regarding the child's family of origin. Of the children seen at CAS in 1995 and 2001, 77.5% are Canadian (n = 808). Thus, a study of differences among children and their families from various ethnic minorities seen at the CAS in both years was not conducted. First Nation children represent 7.5% of children sampled in both years (n = 78). The remaining children (10.4%) are from European, Asian, Middle Eastern, African, South American, Central American, and Caribbean origin. The frequency of children within each of these ethnic categories ranges from one to 13 cases. Information regarding the child's family of origin was missing in 4.6% of the cases. Since First Nation children represent the largest ethnic category, descriptive information related to this group of children and their families was gathered. Presented first is a brief review of the literature on Native child welfare.

Native Child Welfare

Indigenous people, as compared to any other racial or cultural group in Canada, have the lowest life expectancies, highest infant mortality rates, substandard and overcrowded housing, lower education and employment levels, and the highest incarceration rates (Native Child and Family Services, 1999). Native people lead in the statistics of suicide, alcoholism, and family abuse (Timpson, 1995). These conditions are prevalent within Native communities across Canada. According to the 1999 *General Social Survey* (GSS), Aboriginal peoples are more likely than other Canadians to report being assaulted by a spouse between 1993 and 1998. Although 7% of adult Canadians report experiencing at least one incident of violence by a current or previous partner between 1993 and 1998, this rate increased to 20% for Aboriginal peoples (GSS, 1999). Moreover, the severity of abuse is higher and potentially more life threatening for Aboriginal spousal victims compared to non-Aboriginal victims.

Native individuals, families and communities often experience high levels of dysfunction resulting from feelings of powerlessness and hopelessness. The values of the family unit and the importance of children, the role of extended family in child care, the significance of a link to Native culture and community, and the use of spirituality in the

healing process were factors identified by native female caregivers that are often neglected in child welfare practices (Anderson, 1998).

Among seven First Nation reserves in Ontario, the total First Nation child population is 6,179 (Hill et al., 2003). The CAS of London and Middlesex is one of three CASs primarily responsible for serving these communities. Among these three CASs (Sarnia-Lambton CAS, Chatham-Kent Integrated Services, CAS of London and Middlesex) almost 5% of the First Nation population for these First Nations is represented as an open protection case. In 2001, First Nation children served at the CAS of London and Middlesex represented 14.1% of the total 'in care' population.

Descriptive data collected on First Nation children seen at the CAS of London and Middlesex in 1995 and 2001 are presented in Table 1. The low frequency of First Nation children in both the 1995 and 2001 sample precludes significance testing.

Table 1

Descriptive Information for Native Canadian Children Seen at the CAS of London and Middlesex in 1995 and 2001

	1995	2001
Characteristics of First Nation children		
• Number of First Nation children seeking assistance at the CAS	35 (7.8%)	43 (7.2%)
• Mean age in years* of First Nation children at time of the current CAS referral	5.5 (4.8)	5.5 (4.9)
• Age range in years	0-15	0-15
• Gender		
○ number of First Nation male children	19 (52.5%)	21 (48.8%)
○ number of First Nation female children	17 (47.5%)	22 (51.2%)
Rates of First Nation Children In Care		
• First Nation children in the care of the CAS of the total in-care population	24 (14%)	34 (9%)
• First Nation children in the care of the CAS of the total First Nation children seen at the CAS	24 (69%)	34 (79%)
Service-related Concerns		
• First Nation families receiving social assistance/welfare at time of CAS referral	23 (63.7%)	31 (72.3%)
• First Nation families concurrently seeing a family or child service at the time of CAS referral	16 (45.3%)	33 (77.6%)
Family Violence Concerns		
• Spousal violence an issue for the caregivers of First Nation children	16 (46%)	28 (65.4%)
• Caregiver-to-child violence an issue for First Nation children	13 (37.6%)	17 (40%)
• Child-witnesses and victims of family violence	17 (48.6%)	28 (66.7%)
Caregiver Mental Health Concerns		
• Caregivers of First Nation children diagnosed with a substance abuse disorder	15 (41.1%)	16 (38.1%)
• Caregivers of First Nation children diagnosed with a major mental illness	7 (20.5%)	8 (19.2%)
• Caregivers of First Nation children diagnosed with depression	2 (5.7%)	7 (16.6%)

* standard deviations are in parentheses;

Discussion

The summary of data on First Nation children seen at the CAS of London and Middlesex indicates that across the six-year period, the number of First Nation children receiving service has remained relatively stable across years (from 8% in 1995 to 7% in 2001). In examining the number of First Nation children in CAS care, as a percentage of the total

of First Nation children seen at the CAS within our sample, the data indicate that approximately eight out of ten First Nation children are in the care of the CAS in 2001. This would seem to support a high degree of risk among First Nation families. As the current data summarizes, the majority of First Nation families receiving service from the CAS experience high rates of family violence, and in particular, the rates of woman abuse and children exposed to woman abuse has increased in 2001. Although the numbers of First Nation caregivers diagnosed with substance abuse disorders and major mental illness has remained relatively unchanged across years, the numbers of First Nation caregivers with depression has increased in 2001.

Timpson (1995) reported that the problems faced by First Nation families such as substance abuse and domestic violence require service delivery models that are comprehensive and intensive. That is, the problems faced by Native families are *not* individual problems requiring individual approaches. Instead, Timpson (1995) argues that the concerns of First Nation families affect entire communities and require community healing and the prevention of further intergenerational damage. Child protection agencies, such as CAS, face the challenge of providing service to First Nation children and their families that reflect the values of family unity, the role of the extended family in child care, and the significance of a link to Native culture and community.

References

- Anderson, K. (1998). A Canadian child welfare agency for urban Natives: The clients speak. *Child Welfare*, 77(4), 441 - 460.
- Hill, K., Richard, K., Gebotys, R., Hardie, S.L. & Powless, A. (2003). *A Research Study Regarding Delivery of Child & Family Services to Member Bands of the London District Chiefs Council*.
- Native Child and Family Services of Toronto. (1994). *Native family well-being and child protection: Strengthening the circle: A submission for the designation of NCFST as a mandated child welfare agency*. Toronto, ON: Native Child and Family Services of Toronto.
- Statistics Canada, General Social Survey. (1999). Aboriginal peoples survey.
- Timpson, J. (1995). Four decades of literature on Native Canadian child welfare: Changing themes. *Child Welfare*, 74(3), 525 - 539.