

# Inquiry Respecting the Treatment, Experiences, and Outcomes of Innu in the Child Protection System

DRAFT REPORT

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University of Toronto · March 2026

# Presentation Overview

20-minute summary of key findings

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# Context & Origin of the Inquiry

Why this research was commissioned

## The Inquiry

A formal inquiry into the treatment, experiences, and outcomes of Innu children in Newfoundland and Labrador's provincial child protection system.

## University of Toronto

In August 2023, Professor Barbara Fallon's OCANDS team was engaged to provide quantitative analysis covering 2018/19 to 2024/25.

## Research Objectives

(1) Analyze historical trends · (2) Examine present-day data · (3) Identify data gaps  
· (4) Support Innu jurisdiction.

## KEY AGREEMENTS

- 2012 Innu Round Table (IRT) established — tripartite process: Innu, Province, Canada
- 2015 Working Relationship Agreement between Innu and NL Province
- 2018 ISM data system implemented; historical records migrated
- 2021 Protocol Agreement — includes data-sharing provisions
- 2023 OCANDS team engaged; in-kind work begins
- 2026 Draft report submitted to the Inquiry

# Methodology

OCANDS infrastructure and OCAP® principles

## OCAP® Principles Guiding This Research

O

### Ownership

Data belongs collectively to the Innu people

C

### Control

Innu shape research questions and scope

A

### Access

Innu have access to data in meaningful forms

P

### Possession

Strict security protocols at U of T

### Data System (OCANDS)

Longitudinal system tracking families through the child welfare system. Consolidates, harmonizes, and analyzes administrative data from multiple platforms.

### Data Source

NL's Integrated Service Management (ISM) system. Innu identified when any person in the family unit was recorded as Innu. Period: 2018/19 – 2024/25.

### Statistical Measures

Counts, proportions, rates per 1,000 children, disparity indices, and diagnostic accuracy measures (sensitivity and specificity).

### Population

~1,170 Innu children and ~64,030 non-Indigenous children in NL (per 2021 Census and provincial reports), used to calculate rates and disparities.

# Finding 1: Rate of Investigations

Innu families are consistently over-investigated

**2.08x**

disparity in 2018/19

*Innu vs. non-Indigenous*

**2.87x**

disparity in 2024/25

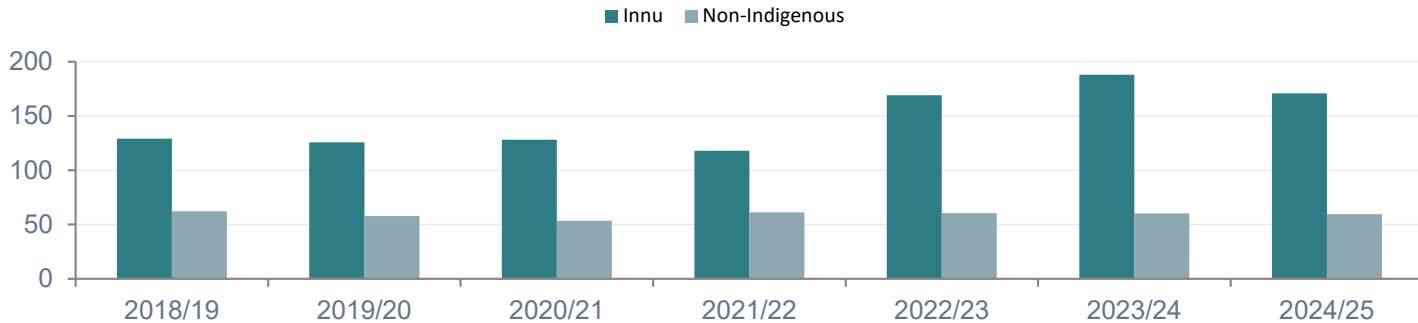
*Gap has GROWN over time*

**170.94**

per 1,000 Innu children investigated (2024/25)

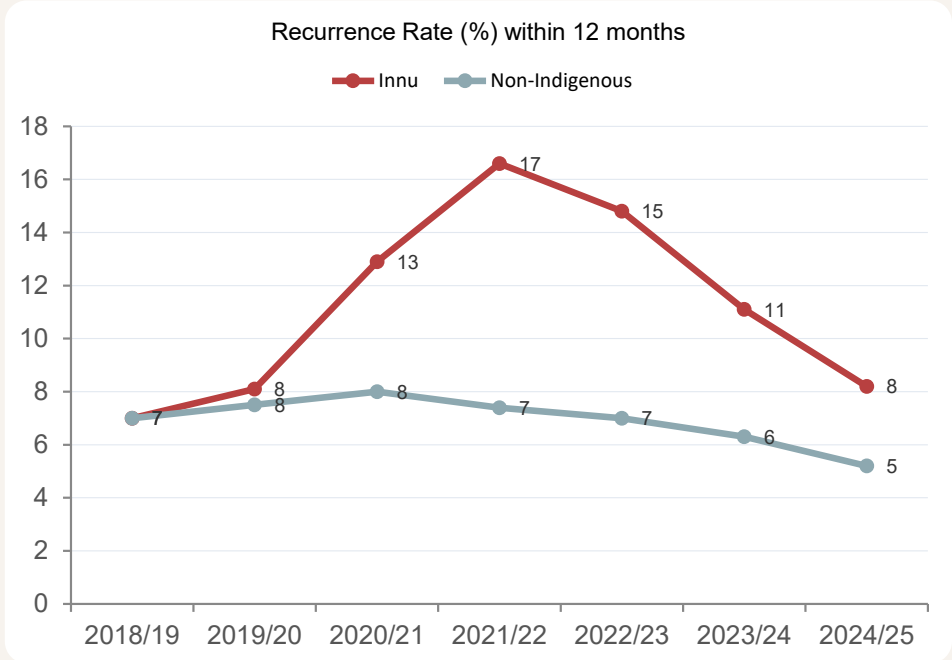
*vs. 59.52 non-Indigenous*

Investigation Rate per 1,000 Children



# Finding 2: Investigation Recurrence

COVID-19 period exposed severe vulnerability



### Peak Disparity: 2021/22

Innu families at 16.6% vs. 7.4% for non-Indigenous — more than DOUBLE the rate.

### COVID-19 Impact

Innu recurrence rose sharply 2020–2022 (7→12.9→16.6%) while non-Indigenous stayed stable (7–8%).

### Recent Improvement

By 2024/25, Innu recurrence declined to 8.2%, approaching non-Indigenous levels (5.2%).

### Proxy Measure

Recurrence is used as a proxy for service effectiveness and system response to ongoing family need.

# Finding 3: Out-of-Home Placements

Most dramatic improvement in the data

82%

Decrease in Innu placement rate

713 → 129 per 1,000 investigations

77%

Reduction in placement disparity

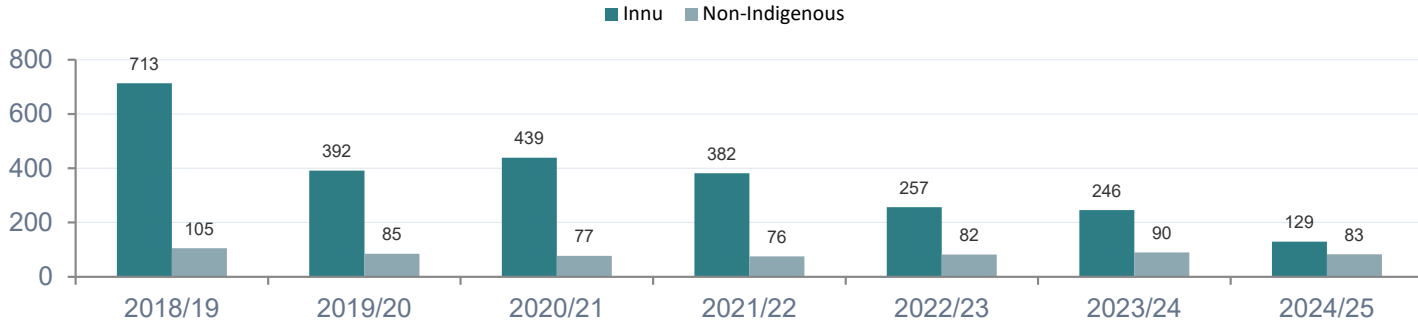
Disparity ratio 6.76 → 1.55

1.55x

Disparity remaining in 2024/25

Equity would be 1.0

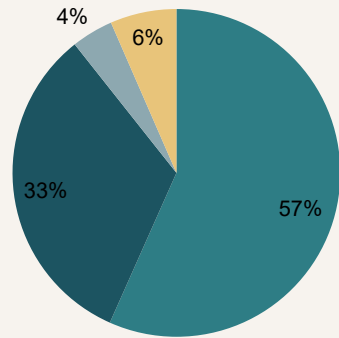
Admissions to Out-of-Home Placements per 1,000 Investigations



# Finding 4: Placement Type

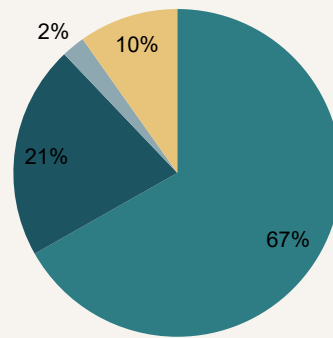
Kinship care is the primary — and growing — placement for Innu children

Innu Placement Days — 2018/19



■ Kinship ■ Foster ■ Group ■ Other

Innu Placement Days — 2024/25

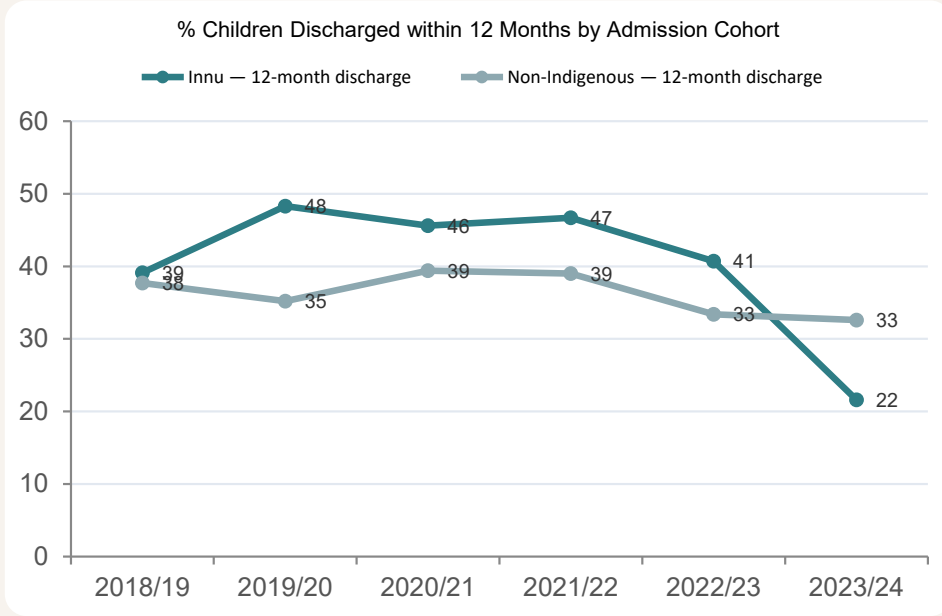


■ Kinship ■ Foster ■ Group ■ Other

- Kinship care rose from 56.7% → 66.8% of placement days — a sustained, consistent trend toward family-based care.
- Foster care declined from 32.7% → 21.1% — reducing non-Indigenous, non-related placements.
- Non-Indigenous children use group care at higher rates (5% vs 2.3%), suggesting growing complexity in non-Innu cases.

# Finding 5: Time to Discharge

Children admitted more recently are staying in care longer



Note: 2024/25 cohort discharge data not yet available. N/A for 24 and 36-month follow-ups of recent cohorts.

### Earlier years (2019-2022):

Innu children were MORE likely to discharge within 12 months than non-Indigenous (46–48% vs. 35–39%) — suggesting less severe cases and strong family supports.

### Sharp 2023/24 decline:

Innu 12-month discharge dropped to 21.6% vs. 32.6% for non-Indigenous — warrants investigation into case complexity, reunification practices, and resources.

### System interpretation:

Fewer admissions + longer stays = the system is now admitting only the most complex cases while successfully diverting others through prevention.

# Finding 6: Screening Accuracy (System-Wide)

Increased specificity, but sensitivity trade-off

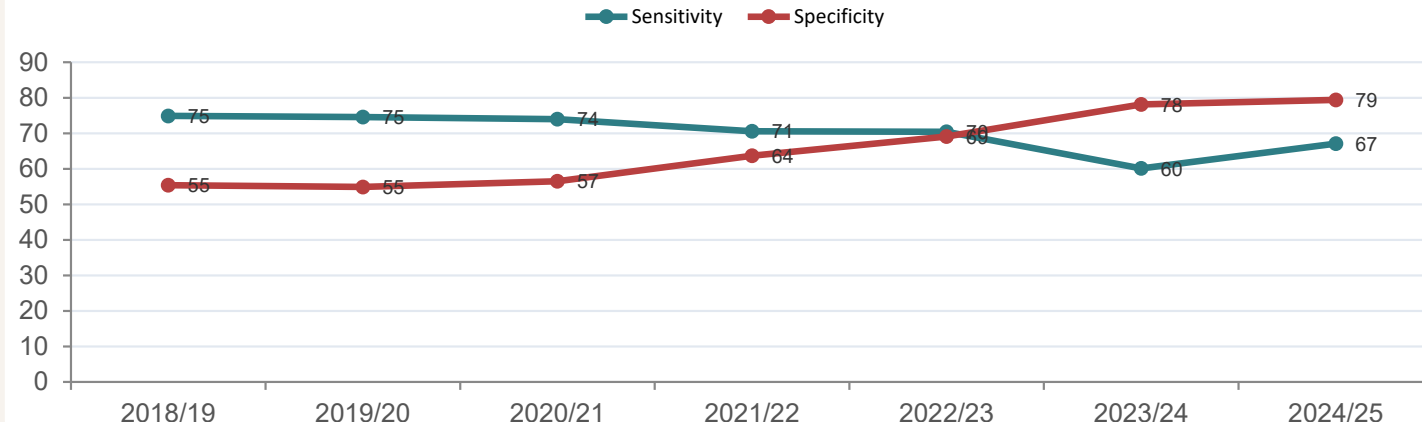
## SENSITIVITY (True Positive Rate)

% of actual maltreatment cases correctly screened IN.  
High sensitivity = fewer missed protection concerns.

## SPECIFICITY (True Negative Rate)

% of non-maltreatment cases correctly screened OUT.  
High specificity = fewer unnecessary investigations.

System-Wide Sensitivity and Specificity (%) — All Families

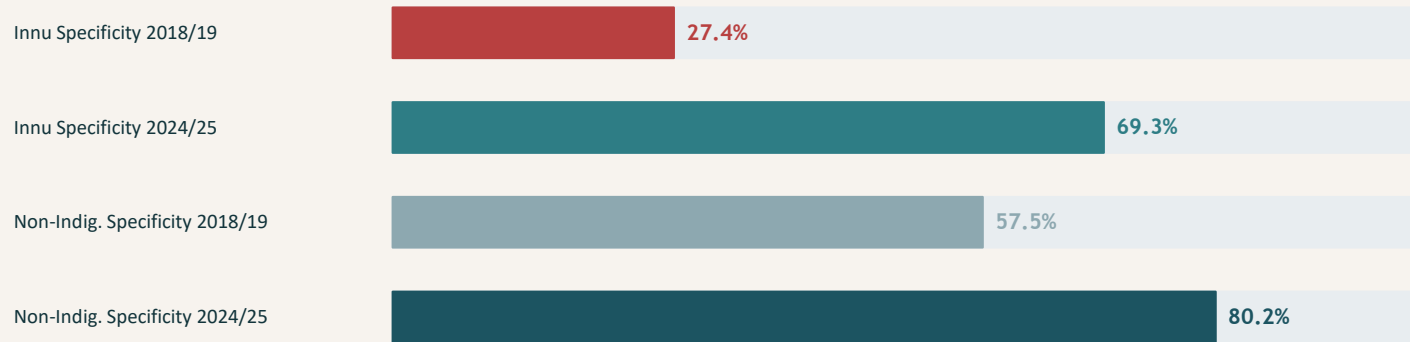


Screen-in rate fell from 54.1% (2019/20) to 31.4% (2024/25) — a significant shift toward more selective investigation across the system.

## Finding 7: Screening by Population

Historical over-investigation of Innu families — now converging

### Specificity Improvement (% of non-maltreatment cases correctly screened out)



### Key Findings on Over-Investigation

- In 2018/19–2020/21, 70–80% of Innu cases WITHOUT verified concerns were still investigated — vs. 40–43% for non-Indigenous families.
- By 2024/25, the gap narrowed from 30–53 percentage points to just 11 points — but Innu families remain disproportionately investigated.
- False negative rate for Innu rose from 6.6% to 9.6% — efforts to reduce over-investigation may be missing some legitimate protection concerns.

# Summary: Progress and Persistent Gaps

A child protection system in transition

Indicator	2018/19	2024/25	Direction
Investigation Disparity Ratio	2.08×	2.87×	↑ Worsened
Recurrence Rate (Innu)	7.0%	8.2%	→ Stable
Placement Disparity (decision-based)	6.76×	1.55×	↓ 77% Reduction
Innu Placement Rate (per 1,000 investig.)	713.18	129.31	↓ 82% Decrease
Kinship Care (% of Innu placement days)	56.7%	66.8%	↑ Improved
Screening Specificity (Innu)	27.4%	69.3%	↑ Significant gain
Screening Sensitivity (Innu)	78.9%	70.4%	↓ Slight decline
False Negative Rate (Innu)	6.6%	9.6%	↑ Concern

# Key Implications

*What the data tells us — and what it cannot tell us*



## Systemic Change is Possible

The 77% reduction in placement disparity and improved screening specificity demonstrate that targeted reform through collaborative governance — like the Innu Round Table — can produce measurable equity gains.



## Investigation Disparity Has Grown

Innu families are now nearly 3 times more likely to be investigated than non-Indigenous families. This disparity increased from 2.08 to 2.87 over the study period and must be addressed.



## A Difficult Trade-Off in Screening

Efforts to reduce over-investigation (improved specificity) have come with a rise in false negatives for Innu families — from 6.6% to 9.6%. Some protection concerns may now be going undetected.



## Data Limitations Are Significant

Administrative data cannot capture colonialism's structural impacts, cultural appropriateness of services, or community perspectives. Quantitative findings must be interpreted alongside Innu knowledge and lived experience.

## Context: Colonial and Structural Factors

Data tells part of the story — context tells the rest

*These findings must be interpreted within the historical and ongoing impacts of colonialism on Indigenous families. The persistent disparities documented in this report reflect systemic patterns that continue to subject Innu families to disproportionate surveillance, assessment, and intervention.*

### Administrative Data Was NOT Designed for Indigenous Realities

Systems capture service activity, not the structural causes behind family involvement. Critical decision-making, cultural fit, and colonial context exist only in narrative notes — impossible to analyze at scale.

### What the Data Cannot Show

Why investigations occur · Whether services are culturally appropriate · Decision-making processes · Impacts of poverty, housing, and intergenerational trauma · Quality of kinship care support.

### The Path Forward

Future data systems must be co-designed with Innu leadership to capture variables meaningful to Innu priorities, support Innu jurisdiction, and reflect Indigenous understandings of family and well-being.

# Recommendations & Path Forward

Supporting Innu jurisdiction and data sovereignty

## 1 Continue and Deepen Monitoring

Maintain longitudinal tracking across all decision points. Persistent disparities in investigation rates and false negatives require ongoing surveillance and rapid response.

## 2 Investigate the Investigation Disparity

The growing gap (2.08 → 2.87) in investigation rates demands focused examination of screening practices, referral sources, and potential racial bias at the front door.

## 3 Support Kinship Care Infrastructure

The growth in kinship care is positive — but caregivers need financial support, training, and services. Data systems should capture kinship care quality and cultural appropriateness.

## 4 Strengthen Indigenous Identity Recording

Indian Registration Numbers and reserve residency data must be consistently captured. Community-level disaggregation (Sheshatshiu vs. Mushuau Innu) is currently not possible.

## 5 Co-Design Future Data Systems with Innu

New data systems should be built in partnership with Innu leadership to capture Innu priorities, reflect Indigenous understandings of family, and support Innu self-determination.

## 6 Integrate Qualitative and Community Knowledge

Quantitative findings are one form of evidence. They must be read alongside Innu lived experience, governance perspectives, and community-based knowledge holders.

# Data Limitations

Interpreting findings with appropriate caution

## Missing Identity Data

Indian Registration Numbers and reserve residency not mandatory — limits disaggregation by First Nation community.

## Small Innu Sample Size

36–92 Innu children admitted annually creates statistical volatility — small number changes produce large percentage swings.

## Structural Constraints

Administrative data cannot capture colonialism's role, cultural appropriateness of services, or community-based decision-making.

## Sensitivity/Specificity Limits

The 12-month verification window is imperfect — some genuine cases verified later are classified as true negatives.

## System Transition (2018)

Historical CRMS data migrated to ISM may have introduced inconsistencies affecting longitudinal comparisons pre-2018.

## Incomplete Follow-Up

Recent cohorts (2022/23+) lack complete 24- and 36-month follow-up data — declining discharge rates may partly reflect insufficient follow-up time.

# Conclusion

## *A Child Protection System in Transition — Progress Made, Work Remaining*

- The 77% reduction in placement disparity and improvements in screening specificity demonstrate that systemic reform through collaborative governance IS achievable.
- Yet Innu families remain nearly 3 times more likely to be investigated — a gap that has grown, not shrunk, over the study period.
- The system appears to be admitting only the most complex cases while successfully diverting others through prevention — a positive shift, but one requiring continued monitoring.
- These quantitative findings are one form of evidence. Complete understanding requires integration with Innu community knowledge, lived experience, and Indigenous governance perspectives.
- Future data systems must be co-designed with Innu leadership to support — not constrain — Innu jurisdiction and self-determination in child and family services.