

AN ANALYSIS OF THE ETHICAL ISSUES FOR MĀORI IN PREDICTIVE RISK MODELLING TO
IDENTIFY NEW-BORN CHILDREN WHO ARE AT HIGH RISK OF FUTURE MALTREATMENT:
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INTRODUCTION

As an Indigenous scholar and child activist in Canada, I am honored to comment on the Maori ethical review of the proposed development of a predictive risk modelling (PRM) application for child maltreatment. I want to acknowledge the significant amount of Maori and non-Maori expertise evident in the analysis and development of PRM in New Zealand and hope that my comments provide some added value to the ongoing discussions. The following comments are framed by the *Me wahakatika te matatika ki roto i te tikanga kia tika ai* (Te Ara Tika) and based on my assessment of the following materials:

1. Blank, A., Cram, F., Dare, T., De Haan, I., Smith, B., Vaithianathan, R. (2013) *The Ethical Issues for Māori in Predictive Risk Modelling to identify new-born children who are at high risk of future maltreatment*;
2. Dare, T. (2012). *Vulnerable Children: Can administrative data be used to identify children at risk of adverse outcomes*;
3. Data provided on the predictor variables proposed for the model and;
4. The Putaiora Writing Group (undated). *Me whatkatika te matatika ki roto i te tikanga kia tika ai: Guidelines for Maori research ethics: A framework for researchers and ethics committee members* (undated).

** Note: An internet search was completed to identify recent data on the rates of Maori and non-Maori children substantiated for different forms of maltreatment but was not successful and the research team was unable to provide this information. Please also note that the content is restrained by the two-week time frame provided for commentary.*

Overall, I concur with Blank et al. (2013) that further consultation with Maori is essential to ensuring the reliability and validity of the model and its alignment with Maori ethical research standards. The commentary is organized under four interconnected themes identified in the Maori ethical model that closely align with the principles of ethical research with First Nations, Metis and Inuit peoples in Canada: Tika (research design), Manaakitanga (cultural and social responsibility), Whakapapa (relationships) and Mana (justice and equity).

TIKA (RESEARCH DESIGN)

The fundamental goal of the PRM is to identify families at risk of child maltreatment in order to provide targeted early intervention programs designed to prevent or mitigate incidence of child maltreatment. Implicit in the objective of PRM are several considerations:

- a. Is early identification, and thus intervention, in families useful in preventing or mitigating child maltreatment?
- b. Is it possible to develop a predictive modelling tool for the omnibus category of child maltreatment or is it necessary to consider the characteristics (and thus predictors) of different forms of maltreatment?
- c. Is the administrative data sufficient to determine the best predictor variables for the model?

- d. Given that poverty is the most significant predictor of child maltreatment what value is there in developing a model including other variables versus simply targeting interventions to families living in deep poverty?
- e. How does the model account for historical disadvantage and cultural differences of Maori given the dramatic over-representation of Maori children among substantiated cases of child welfare?
- f. How does the model distinguish between factors that Maori and non-Maori families have control over and those that are more societal in nature?

Consistent with the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) consideration of these and other questions relating to the model must be informed by the fundamental principle of Maori self-determination and free, prior and informed consent. As the Tika element of the framework notes, Maori lead quality research designs and properly identified research questions, questions of value and interest to Maori themselves, are vital to respecting and ensuring benefit to Maori communities. This is particularly true as Maori are dramatically over-represented amongst cases of substantiated for child maltreatment (Dare, 2012; Blank et al., 2013).

Although the research on child maltreatment prevention is scant, the best available evidence suggests that early identification of families at risk of child maltreatment optimizes the efficacy of targeted interventions such as the nurse-family partnership program (Olds, 2006). As Blank et al. (2013) observe, and I concur, the fundamental aim of PMR aligns with this evidence. There is also no doubt that the development of an accurate tool to prevent child maltreatment and support families in the development of healthy parenting patterns would be of value in New Zealand and of significant interest to child welfare providers worldwide.

I agree with the recommendation of Blank et al that meaningful consultation with Maori needs to be informed by a more detailed PRM model. For example, it would be interesting to learn more about why the tool was designed to measure the omnibus category of child maltreatment versus taking into account the different types of maltreatment? Child maltreatment includes physical abuse, sexual abuse/exploitation, emotional abuse/witnessing domestic violence and neglect. Each of these forms of maltreatment will have a constellation of risk and protective predictors with associated variance weights. For example, in the international literature, poverty is more highly predictive of neglect than of physical abuse. Scholars such as Duncan Lindsay (2004) argue that neglect, which is the leading primary form of maltreatment in the United States, Canada and also among Maori, is distinguished from other forms of maltreatment by its high correlation with deep poverty and should be considered separate from other forms of maltreatment. In terms of protective factors, strong cultural identity linked to Indigenous self-determination has been found to be significant for Indigenous children (Chandler & Lalonde, 1998) and for positive Indigenous socio-economic development (Cornell & Kalt, 1992). PRM does not appear to account for protective factors and while this is likely due to the limitations of the available administrative data it may unintentionally result in a discounting of important cultural protective factors for Maori. The implications of the exclusion of protective factors will be discussed further in the Manaakitanga section of the review. Overall, more discussion may be needed to better identify how differences amongst child maltreatment types were accounted for in

the model, how protective factors will be accounted for and why the model designers eventually settled on predicting for the omnibus category of child maltreatment.

As I have not seen the administrative data from which the variables will be captured, I am not in a position to comment on the validity or reliability of the dataset for the purposes of PRM. My cursory review of the amount of variance contributed by the predictors used in the PRM confirms that poverty has the highest predictive value and this is augmented by other key variables such as prior contact with the child welfare system. This is consistent with findings in National Child Abuse and Neglect Data System (NCANDS) dataset in the United States suggesting that families with incomes below \$15,000.00 per annum were 22 times more likely to be substantiated for child maltreatment than families with incomes above \$30,000.00 per annum (Sedlak and Broadhurst, 1996). It is also consistent with my own research showing that 95 percent of families who had their children removed in the Province of Nova Scotia in Canada had incomes below 20,000.00 per annum (Blackstock, 2009(a)). However, it is important to remember that poverty is more highly correlated with neglect than with other forms of maltreatment and that different sub-types of neglect are more sensitive to poverty than others (Sedlak, Mettenburg, Basena, Petta, McPherson, Green & Spencer, 2010). The roots of poverty in Indigenous communities are often linked to historical and contemporary disadvantage and thus it is important that the PRM and other risk assessment tools distinguish between personal and societal locus of control to better target interventions and ensure that families are not held accountable for factors beyond their control.

As noted in Blank et al. (2013), administrative data suggest that Maori are more likely to be poor at deeper levels than non-Maori and thus they are more likely to be substantiated for neglect suggesting that a specific PRM dialogue on the impacts of poverty and proposed interventions is needed to better understand:

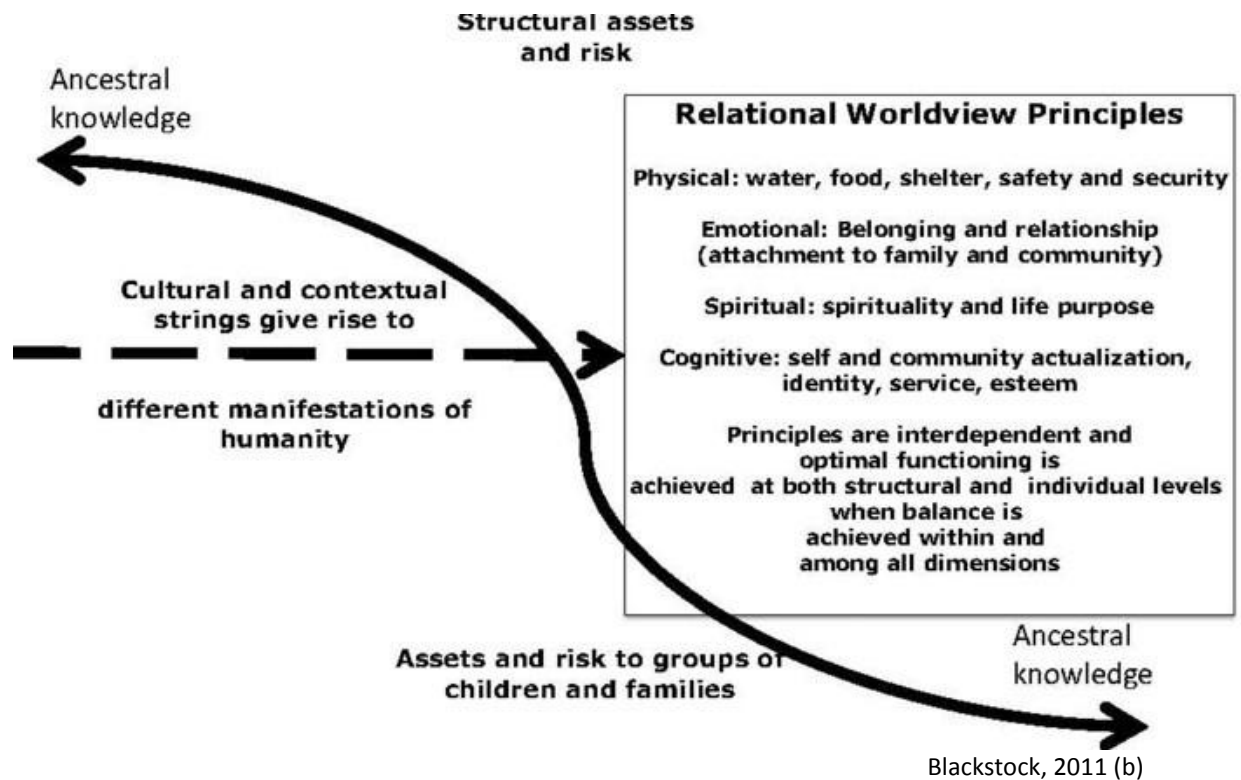
- the predictive value of poverty amongst the different types and sub-types of maltreatment for Maori and non-Maori children;
- the value-added of introducing new models (and thus developing PRM) over simply targeting interventions to families identified as living in deep poverty and thus presumably freeing up resources for interventions;
- the relative locus of control for poverty and what implications this may have for model development and implementation.

MANAAKITANGA (CULTURAL AND SOCIAL RESPONSIBILITY)

As a non-Maori person, I respect and honour the comments on Manaakitanga offered by Blank et al. (2013) and offer the following comments based on my development of a First Nations theoretical approach (Blackstock, 2009 (b); Blackstock, 2011) that may be useful to the ongoing dialogue between researchers and the Maori community.

Similar to the experience of Maori in New Zealand, First Nations peoples in Canada have experienced significant encroachment by western researchers and research methods. Recently there has been acknowledgement by non-Indigenous researchers of the importance of observing First Nations ethical standards but little work had been done to identify the differences in worldview and to propose First Nations theoretical models. Additionally, there has not always been robust

My own experience was that western theoretical models that had previously been applied to First Nations such as the ecological, structural, anti-oppressive and determinants of health models did not adequately capture the ontological differences. Specifically, western models were constrained in scope (i.e.: focused on a specific group (i.e.: feminism) or characteristic of a population (i.e.: anti-oppressive approaches), concepts of time (did not account for ancestral knowledge, multi-generational concepts of time) and did not adequately capture the interdependent worldview of First Nations (Blackstock, 2009 (b)). In response, I built upon the relational worldview principles proposed by Native American scholar Terry Cross (1997) to propose a model based on First Nations ontology and informed by western physics called the Breath of Life theory (BOL). BOL situates Cross's relational worldview principles that approximate the western determinants of health within a context of spirituality and a multi-generational concept of time (see Figure 1).



Whilst Maori worldview and culture are distinct from the diversity of First Nations and thus caution should be used in applying BOL some elements of this model may help researchers to better understand the implications of western research ontology, theory and methods when applied in settings where Indigenous peoples are over-represented. Moreover, to the extent that the administrative data utilized in PRM is based on the determinants of health, BOL may assist in identifying differences in Maori concepts of family and community health determinants.

WHAKAPAPA (RELATIONSHIPS)

Concurring with the questions proposed by Blank et al (2013) regarding Whakapapa, it is essential that stigmatization be situated within a colonial context. As respected First Nations lawyer David Nahwegahbow stated at the Canadian Human Rights Tribunal (2012), Canada has consistently placed

itself between First Nations parents and their children. While experience in Canada is different, colonialism in New Zealand similarly textures the historical and contemporary disproportionate separation of Maori children from their families and communities. From a stigma point of view, while arguably all families in New Zealand find child welfare intervention difficult and stigmatizing, Indigenous families situate that experience within multi-generational patterns of child removal and cultural erosion.

This reality reinforces the importance of further consultation with Maori on PRM design and implementation and also emphasizes the importance of including colonial patterns of child separation in training on PRM usage and interpretation.

MANA (JUSTICE AND EQUITY)

In addition to the matters raised by Blank et al (2013) regarding consultation, this section raises some broader considerations about the context within which the proposed tool will be implemented. As noted earlier, there appears to be broad agreement with the premise of the PRM model is to identify families at risk in order to prevent or mitigate child maltreatment. However, implicit in PRM is the assumption that culturally respectful and effective interventions have been identified and are available. While there is evidence in the reviewed material that this question has been considered such as the mention of the nurse-visitor program, a robust intervention plan was absent from the reviewed materials and would appear to be essential to the model's success. The identification and development of interventions may be slated as a secondary step, however, I would argue that it is so critical to PRM aims and to the Mana requirements that the predictor model and the intervention models should be developed simultaneously. This is particularly true given that existing child welfare interventions often codify structural issues as parental deficits for Indigenous peoples. In Canada, and perhaps in New Zealand as well, this false codification has resulted in the unfortunate situation where Indigenous families are actually held accountable for the manifestation of the very colonial policies that disadvantaged them.

Thankfully, there are some promising structural intervention approaches in child welfare that may inform the PRM dialogue in New Zealand. For example, the Family Unification Program (FUP) in the United States is one that First Nations in Canada are actively considering as a progressive intervention option for families predisposed to neglect. As noted earlier, neglect is the most frequently noted form of maltreatment in Canada, the US and in New Zealand. FUP developers estimated that up to one third of families had their children placed into child welfare due to inadequate housing (National Center on Child Welfare and Housing, 2011). Traditionally, child welfare addressed housing needs predominantly via a referral to housing NGO's or the provision of social assistance. FUP provided child welfare workers with vouchers valued up to approximately 14,000 per family to alleviate housing concerns with the intention of reducing the numbers of children placed in foster care. Results indicate that a 15 million dollar investment in FUP vouchers resulted in 7500 children in the US not being placed in foster care or being reunited with their families and a savings of over 130 million that would have otherwise been spent on foster placement (National Center on Child Welfare and Housing).

When promising interventions such as FUP are considered along with other resources such as the child welfare training and intervention tools proposed by the National Center on Substance Abuse and Child

Welfare (2013) and existing programs operating or proposed by Maori, a holistic and targeted series of intervention options for Indigenous families begins to emerge.

Regardless of the constellation of intervention programs developed, it is essential that Maori are meaningfully engaged, that interventions build on Maori cultural strengths and target both individual and structural risk factors and that child welfare center poverty, substance misuse and housing inadequacy in child welfare legislation, policy and practice.

CONCLUSION

While the development of a tool that can identify families at risk of child maltreatment in order to provide effective interventions is a worthy undertaking, the undertaking requires very careful consideration of the matters raised here and in the Blank et al (2013) paper in order to ensure the cultural validity and reliability of the tool. Moreover, as PRM developers emphasize, PRM is simply a tool that must be situated within a broader child welfare strategy including the design, operation and evaluation of effective interventions responsive to individual and structural risk factors.

This review must be contextualized within the limitations of the reviewed material, the time constraints of the review, and with proper deference to the expertise of Maori people on Maori children. Nonetheless, I hope that this commentary is of some value to those who have already invested significant thought and effort into the PRM proposal and its associated critiques.

I look forward to following the discussions on PRM as the work to date certainly raises some important reflections for our work in Canada to support First Nations families.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'C. Blackstock', with a stylized flourish at the end.

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