

**Title:**

The Comparative Effects and Expense of Augmenting Usual CAS Care with a Regional Differential Response and Wraparound Prevention Service (Versus Usual CAS Care Alone) for Children Referred to the Care of Children's Aid Societies: A Multicentre Randomized Trial.

**Principal Investigator:**

Dr Gina Browne, Founder and Director, SLRU, McMaster University, Telephone: 905-525-9140, Ext 22293, Email: [Gina.Browne@mcmaster.ca](mailto:Gina.Browne@mcmaster.ca).

**Research Team:**

Dominic Verticchio - Executive Director, Hamilton-Wentworth Children's Aid Society; Gina Browne - McMaster University.

**Community Partners:**

Hamilton Children's Aid Society (CAS), Niagara CAS, Brant CAS, Haldimand & Norfolk CAS, Hamilton Catholic CAS, and Opportunities Niagara (Vibrant Communities).

**Funding Source:**

Funding secured from Ministry of Children & Youth

**Project Timeline:**

2006 - 2009

**Abstract:**

How do the outcomes compare for children who experience regular child welfare intervention augmented by differential response versus regular child welfare interventions alone and Whom (children and families) with what characteristics and available resources (themselves and within the 5 communities) most benefits from which approach to Children's Aid Society care at what expense?

Why is this research important?

The number of children in child welfare care has increased from 10,000 in the early 1990s to over 18,000. Ontario spends over \$1.1 billion a year on direct child welfare services, more than twice as much as spent in the late 1990s, with the majority of these resources spent on investigation instead of treatment. In response to this situation, Differential Response models have been implemented in the U.S., Australia and Canada and are all at the beginning stages of systematic evaluation. These models are community-based partnerships; shared responsibility for assisting families and children in order to prevent child maltreatment; preventive focus, early intervention principles; family-centered practice with child-centered outcomes; accessibility of community resources; family conferencing; permanency planning; strengthening and maintaining family ties; clinical rather than investigative assessments; engaging families to work voluntarily; evaluating outcomes; emphasizing child and family safety, including safety from emotional abuse and neglect; foster care is temporary and short-term with emphasis on reunification, kinship care or adoption; timelines of response and service; universal services; strengths and needs based assessments; planned rather than crisis-oriented interventions; innovative and creative case planning that is supportive, flexible and uses authority in a compassionate manner; and valuing relationships with clients and time with clients is a higher priority. All of these elements are also part of the "Wraparound approach" to treatment.

A pilot project, to demonstrate the efficacy of the Wraparound planning process was completed in 2005. The pilot study demonstrated an annual savings of \$1.5 million by repatriating 42 children placed out of community back to their own community. During this contract period the main study, a multi-centre randomized trial was submitted to the Child Welfare Research Fund through the LOI process. Approval of the LOI was received in May 2006 and the full proposal for this initiative was submitted to the Ministry in June of 2006.