

Summary of Differential Response Research being undertaken by Dr. Gina Browne

SECTION B – DESCRIPTION OF PROPOSED RESEARCH

PART I: BRIEF SUMMARY (4 – 5 lines) OF PROPOSED RESEARCH WRITTEN IN SIMPLE ENGLISH APPROPRIATE FOR LAY REVIEWERS (Do not use jargon or medical short forms). USE THE FOLLOWING HEADINGS: (i) Main Research Question(s); (ii) Why is this research important?; (iii) What is being studied?

i) Main Research Question(s):

Primary Question: How do the outcomes compare for children who receive regular child welfare intervention augmented by Differential Response versus regular child welfare interventions alone.

Secondary Question: Who (children and families) with what characteristics and available resources (themselves and within the 5 participating communities) most benefits from which approach to Children's Aid Society (CAS) care at what expense?

ii) 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, sometimes called alternative, multiple or integrated system responses, have been implemented in the U.S., Australia and Canada and are all at the *beginning stages* of systematic evaluation. These models will help prevent maltreatment cases from becoming ongoing protection cases, or the children ending up in out of home or community placements, and reduce the amount of time in Children's Aid Society care. This research will show the benefits and costs of a Differential Response approach to Children's Aid Society care, specifically in the Hamilton-Niagara Region.

iii) What is being studied?: The Differential Response form of care to augment usual Children's Aid Society care versus usual Children's Aid Society care alone. 500 newly referred cases of moderate to severe child maltreatment and their families to one of five Children's Aid Societies will be studied. 250 cases will be given usual Children's Aid Society care along with the Differential Response method of care. 250 cases will be given just the usual Children's Aid Society care. Outcomes will be compared (benefits and costs).

PART II: (THIS SECTION MUST BE COMPLETED EVEN IF PROTOCOL IS ATTACHED)

1. Describe the rationale and purpose of the study (250 words):

The nature and severity of child maltreatment was documented in the 1998 Canadian Incidence Study (Trocmé, MacMillan, et al., 2003). Of 7,672 child maltreatment investigations, 3,780 (49%) involved substantiated maltreatment (22 forms of maltreatment subdivided into four categories [physical abuse, sexual abuse, neglect and emotional maltreatment including educational neglect or exposure to family violence]). Of the 3,780 substantiated cases, 1,330 (36%) children sustained physical abuse (152 of which were severe); 329 (9%) sustained sexual abuse (33 of which were moderate to severe); 1,566 (42%) sustained emotional maltreatment (72 of which were severe); 40 (1%) sustained other maltreatment and 128 (3%) sustained multiple forms of secondary maltreatment.

A majority of these substantiated cases (89%) were not severe and therefore have the potential to be diverted from or exit earlier from the protection service of Children's Aid Societies. Communities can design service responses for families without opening (or closing more quickly) a child protection case thereby avoiding highly intrusive and often adversarial service (Cameron and Freymond, 2003). This alternative response has been called "Differential Response" and includes interagency and intersectoral partnerships and community development.

Therefore, our purpose is to assess the cost-effectiveness of this Differential Response Wraparound model, in 5 Children's Aid Societies within Hamilton-Niagara Region, in preventing maltreatment cases from either becoming ongoing protection cases, or the children ending up in out-of-home or out-of-community placements, as well as reducing the amount of time in Children's Aid Society care as compared to usual Children's Aid Society risk assessment and protection service alone. It is hypothesized that Differential Response will pay for itself in one year and will be associated with better child, family and system outcomes as well as savings.