The strength of the future lies in our children and youth; however, how can they be expected to function at their highest levels and make their greatest achievements when the challenges they face are at epidemic levels? Such challenges as:

- Depression/anxiety
- Physical disabilities
- Bullying and conduct/behaviour problems
- Eating disorders including diabetes
- Inactivity and boredom
- Homework load on parents and family; parent function
- Learning difficulties
- Unstable home life

As a way of reducing these challenges, we are currently developing 5 program/theme areas:

- **C.O.R.E. Training Centre:**
  C.O.R.E. an arts training centre as a strategy of enticing youth to complete high school through co-op credits in the arts.
  Engaging youth to discover their talents and assist individuals to graduate from high school and/or receive co-op credits.

- **Nurse Practitioner in High Schools:**
  Nurse practitioner as the first point of contact by children and youth experiencing difficulty in schools.

- **Emergency Room Usage:**
  To justify the potential role of nurse practitioners in North Hamilton schools.

- **Linking “City”:**
  Public Health, School, Best Start data.

- **Mapping & Report Card:**
  Student achievements by Schools.
Differential Response and Wraparound Services Results from a Randomized Controlled Trial

20-month Response to Two Approaches to Providing Differential Response in Hamilton-Wentworth, Ontario

Dominic Verticchio, Gina Browne, Lehana Thabane, Aron Shlonsky, Michael Saini
Funded by The Ministry of Children & Youth Services

“Children in the wraparound group experienced fewer days in care and were more often placed in kinship”

The purpose of this study was to assess the cost-effectiveness of the Children’s Aid Societies’ Differential Response Wraparound model in preventing maltreatment cases from either becoming ongoing protection cases or having the children end up in out-of-home or out-of-community placements. In addition, this study looked at reducing the amount of time children spent in Children’s Aid Society care as compared to usual Children’s Aid Society risk assessment and protection service alone.

Differential Response was implemented in Ontario in 2007 with the hope that changes in the way families are served would result in fewer placements and more services within the community. With this change of structure in the child welfare system, some jurisdictions experimented with providing more intensive services that fit within this framework. From 2007-2010, three Southern Ontario Children’s Aid Societies employed the wraparound model that utilized a wraparound coordinator to organize and facilitate services for families referred for child maltreatment. This intervention was evaluated through a single blind, randomized controlled design including intention to treat (ITT) analysis.

Children and families receiving ongoing services were randomly selected and then randomly assigned to one of two groups: differential response plus wraparound and differential response only. Children in the wraparound group experienced fewer days in care and were more often placed in kinship care, indicating that the model was somewhat successful at achieving these goals. However, children in the wraparound group had somewhat poorer developmental outcomes, raising important issues with respect to the goals of child welfare system and the prospects of children receiving ongoing child welfare services.

“Great people are not considered so because of personal achievements, but for the effect their efforts have had on the lives of countless others”

(Anonymous)
Depression

Background: Families supporting children with complex needs are significantly more depressed and economically disadvantaged than families of children without disability and delay. What is not known are the associations and costs of parental depressive symptoms within a multi-diagnosis group of special needs children. Methods: In this cross-sectional survey families were identified from the Children’s Treatment Network. Families were eligible if the child was aged 0-19 years, resided in Simcoe/York, and if there were multiple family needs (N=429).

Results: 42% of surveyed parents exhibited symptoms (mild-severe) of depression/anxiety disorder. The presence of depression/anxiety symptoms was associated with poorer social support, family dysfunction, greater impact on the family, poorer child behaviour and parenting styles. The severity of the child’s physical dysfunction was not related to PMK (parent/guardian most knowledgeable) symptoms of depression/anxiety. Total parent costs were higher and children’s use of primary care services were higher in parents with symptoms of depression/anxiety.

Conclusion: Parent symptoms of depression/anxiety are a significant societal concern in families with complex needs children. Children’s rehabilitation efforts need to incorporate parental mental health into existing service programs. This would lead to decreases in direct and indirect health utilization costs.

Purpose: To explore associations and interactions among child and parent’s psychosocial factors and team integration; variables that may explain improvements in physical dimensions of the Peds QL quality of life of children with complex needs after 2 years.

Methods: In this 2 year longitudinal study, consenting parents were identified by the Children’s Treatment Network. Families were eligible if the child was age 0-19 years, had physical limitations, resided in either Simcoe County or the Region of York in Ontario and there were multiple other family needs. Regression analysis was used to explore associations and interaction (N=110).

Results: A child’s physical quality of life was affected by many different psychosocial factors including child’s behaviour interacting with parenting and integrated care. Statistically significant interactions between team integration, processes of care, and child/parent variables highlight the complexity of the rehabilitation approach in real-life situations.

Conclusions: Rehabilitation providers working with children with complex needs and their families should also address child and parent problematic behaviors. When this was the case in high integrated teams, the child’s physical quality of life improved after 2 years.
“Pooled resources make everyone richer and smarter and nothing is lost in the dispersal” (M Ferguson, The Aquarian Conspiracy).

The C.O.R.E. Model
Patricia Gough

C.O.R.E., Community Organizations Reaching Everyone, is a way of connecting local agencies, individuals, and community hubs providing youth opportunities.

This process promotes human resource development needed for successful capacity building aligned with Hamilton community initiatives.

C.O.R.E. engages youth to discover their talents.

What individuals achieve at C.O.R.E.

✓ Gain knowledge to obtain High School completion credit through The Arts and Healthy Life Skills
✓ Discover individual learning styles and personality preferences
✓ Create individualized learning plans contributing to a Professional Portfolio
✓ Connect with individuals and organizations who share in the same interests
✓ Determine character strengths enabling individual and group dynamics to grow
✓ Learn to value their own talents and find fulfillment

C.O.R.E. Network Organizational Structure

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