



# Child welfare costs for Manitoba children affected by parental alcohol abuse<sup>1</sup>

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The societal costs of the damage done to children in Canada by parental alcohol misuse are poorly understood. This information sheet summarizes an analysis of the child welfare costs for Manitoba children<sup>2</sup> who were subjected to parental alcohol misuse prior to coming into the care of child welfare agencies, based on research done by a team led by Don Fuchs and Linda Burnside.<sup>3</sup>

The research team previously carried out a number of studies on children in the care of child and family service agencies in Manitoba, looking particularly at children with disabilities and children with Fetal Alcohol Spectrum Disorder (FASD), a disabling condition caused by maternal alcohol consumption during pregnancy.<sup>4,5,6</sup> These earlier studies showed that one third of the children in Manitoba's provincial child welfare system (called "children in care") had disabilities, many of them related to parental alcohol misuse. Seventeen percent of children in care were affected by diagnosed or suspected FASD. Approximately 34% of children in care with disabilities, or 11% of all children in care in Manitoba, had diagnosed FASD. Of the 1,403 children in care with an intellectual disability, 46% had diagnosed FASD.

Provincial child welfare, education, and health data analyzed by the same team<sup>7</sup> showed that children affected by parental alcohol consumption, especially those with FASD, have higher health care, education, and subsidized child care costs per capita than children in the general population. The far-reaching economic effects of parental alcohol misuse become clear as these analyses showed that the harmful effects of parental alcohol

consumption were not just seen in FASD-affected children. They were also strikingly apparent in children in child welfare care for parental alcohol misuse for whom FASD had not been diagnosed. The latter situation was the focus of the present study.

Results presented here show the costs of care for children affected by parental alcohol misuse require child welfare agencies to incur expenses above basic maintenance rates. The costs of care increase as children grow older, with 11 to 15-year-olds having the highest average daily cost of all age brackets. Costs for permanent wards with FASD are higher than for those without FASD.

## How was the current study carried out?

Manitoba's provincial Child and Family Services database was used to identify data for children who were in care during 2006 for reasons that involved parental alcohol misuse. Within this overall database of children in care affected by parental alcohol consumption, all children with FASD were removed and two mutually exclusive groups of children were identified:

- a) Children in care with complete financial records who were permanent wards as of December 31, 2006 (n=32) (CIC-PA-PW), called the "permanent ward group;" and
- b) Children in care for 365 days in 2006 with complete financial records who were not permanent wards (n=61) (CIC-PA-2006), called the "parental alcohol group."

Data from the two groups in this study were compared at several points with 2006 data taken from the same provincial database

for a third mutually exclusive group of Manitoba children in care, originally gathered for a previous study.<sup>8</sup> This third group was composed of children in care who had all been diagnosed with FASD and were permanent wards; n=400 (CIC-FASD-PW).

For the first two groups, the monthly agency billing was examined for each child and the total cost per child for the 2006 calendar year was summed for the following three categories of provincial funding for children in care in Manitoba:

- a) **Basic Maintenance:** paid automatically upon receiving a child into care. This includes a basic rate given to foster parents to cover the everyday costs of children in care, such as household allowances, bedding, utilities, food, etc. The rate varies according to the age of the child and is higher in remote areas. Basic maintenance includes an agency allowance paid directly to the child welfare agency and used at the agency's discretion for such items as gifts, education, and transportation.
- b) **Special rate/special needs:** the second level of funding, given to cover costs that exceed basic maintenance and approved on an individual basis. This rate is intended to cover one-time-only expenses such as therapy, an initial medical examination, and home visits.
- c) **Exceptional Circumstances:** the third level of funding, given to cover costs that exceed basic maintenance and special rate/special needs and approved on an individual basis. This level covers costs such as out-of-province travel for children in care, one-time-only costs to renovate a home for a disabled child, and legal fees for court cases.

## What were the key findings?

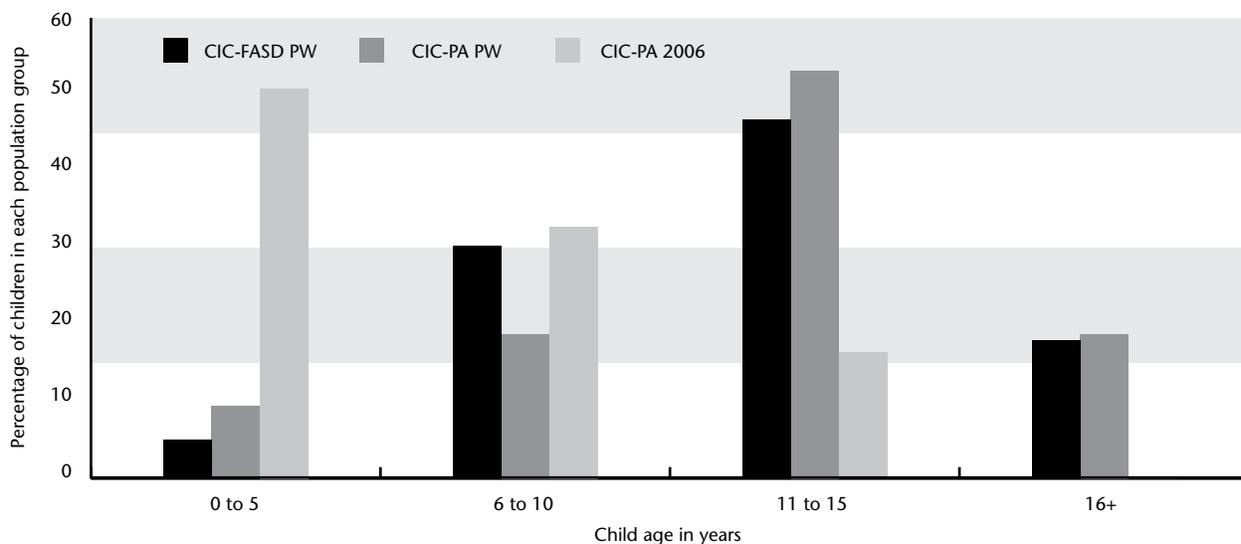
### 1) Average age of permanent wards was older than those not permanent wards

At 6.08 years, the average age of the children in the parental alcohol group (CIC-PA-2006) was half that of the children in the parental alcohol permanent ward group (12.09 years). The younger profile of the CIC-PA-2006 group likely reflects the fact that by the time they are made permanent wards, children are often at a later point in their life trajectory. The age bracket with the largest number of children in the permanent ward group (CIC-PA-PW) was 11 to 15 years (n=17), whereas the age bracket with the largest number of children in the group of children who were not permanent wards was 0 to 5 years (n=31) and none were over 15 years of age (Figure 1).

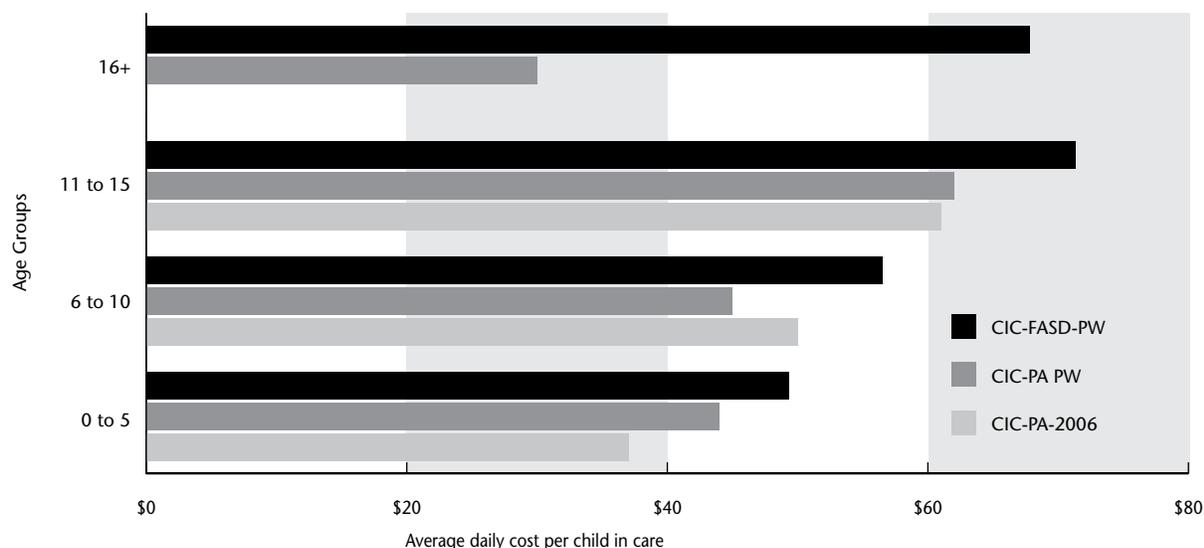
### 2) Daily and yearly cost per child was highest for 11 to 15-year-olds in all groups

As shown in Figure 2, when costs per child were compared across age brackets for the CIC-PA-PW group, the children aged 11 to 15 had the highest average cost per child at \$22,668 yearly or \$62 daily. Children in the CIC-PA-2006 group also had the highest average costs in the age bracket aged 11 to 15 at \$22,393 yearly or \$61 daily per child. Fuchs et al. (2008) found a similar trend for permanent wards with FASD in child welfare care: the 11 to 15-year-old age group also had the highest average costs of all age groups at \$26,021 or \$71 daily per child.

Figure 1. Age profiles of groups



**Figure 2. Average daily cost per child in care by age group**



**3) Permanent wards with FASD had higher costs than either of the other parental alcohol groups**

In all age groups, the average cost of caring for permanent wards with FASD was higher than either of the other two groups of alcohol-affected children (Figure 2). This was especially evident in the special rate/special needs cost category, a discretionary component of funding that is based on the individual needs of the child and the skills of the foster parents. Permanent wards with FASD received an average daily special rate of \$43 compared to the \$29 average daily special rate received by the permanent wards without diagnosed FASD (CIC-PA-PW) and the \$21 received by the CIC-PA-2006 group.

**Summary and implications**

1. The average daily cost of caring for permanent wards with FASD was higher than for the two groups of children in care affected by parental alcohol, but not diagnosed with FASD.
2. For all sample groups, the age category of 11 to 15 years required higher average daily costs than other age groups. The transition to adolescence is a challenge for many children, manifested by intense moods, challenges to parental authority, and sometimes aggression. The higher costs during this stage of development are consistent with the increased demands of caring for adolescents, especially those with a history of trauma, maltreatment, or attachment disruption. Placement breakdown is not uncommon in early adolescence for children in care with FASD.<sup>9</sup>
3. The demographics of the two groups of children affected by parental alcohol, but not diagnosed

with FASD, shows that the group of permanent wards (CIC-PA-PW) was generally older, with the majority of children (53%) in the 11 to 15 age category, than the other parental alcohol group, which had its highest proportion of children in the 0 to 5 age category (50.8%). This finding implies that the children in the latter group (CIC-PA-2006) have been sampled at an earlier stage in their life trajectories, during the period of child welfare service when protection concerns are being first addressed or when court applications for permanent guardianship have just begun. These children are likely on their way to being permanent wards in some cases.

4. The vast majority of children affected by parental alcohol abuse require child welfare agencies to expend additional costs beyond that of basic maintenance and these costs tend to increase with the age of the child.

**References**

- 1 This information sheet is based on the report: Fuchs, D., Burnside, L., Marchenski, S., Mudry, A., & De Riviere, L. (2009). *Economic impact of children in care with parental alcohol issues: Cost of children in care with parental alcohol issues in Manitoba*. Winnipeg, Manitoba: Faculty of Social Work, University of Manitoba. Available at [http://www.cecw-cepb.ca/sites/default/files/publications/en/Parental\\_Alcohol\\_Issues\\_Economic\\_Impact.pdf](http://www.cecw-cepb.ca/sites/default/files/publications/en/Parental_Alcohol_Issues_Economic_Impact.pdf)
- 2 For the sake of brevity, this document uses the term “children” to refer to children and youth.
- 3 Fuchs, D., Burnside, L., Marchenski, S., Mudry, A., & De Riviere, L. (2009). *Economic impact of children in care with parental alcohol issues: Cost of children in care with parental alcohol issues in Manitoba*. Winnipeg, Manitoba: Faculty of Social Work, University of Manitoba. Available at [http://www.cecw-cepb.ca/sites/default/files/publications/en/Parental\\_Alcohol\\_Issues\\_Economic\\_Impact.pdf](http://www.cecw-cepb.ca/sites/default/files/publications/en/Parental_Alcohol_Issues_Economic_Impact.pdf)

- 4 Fuchs, D., Burnside, L., Marchenski, S., Mudry, A., & De Riviere, L. (2008). *The economic Impact of children in care with FASD and parental alcohol issues. Phase I: The cost of children in care with FASD*. Winnipeg, Manitoba: Faculty of Social Work, University of Manitoba. Available at [http://www.cecw-cepb.ca/sites/default/files/publications/en/FASD\\_Economic\\_Impact.pdf](http://www.cecw-cepb.ca/sites/default/files/publications/en/FASD_Economic_Impact.pdf)
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- 7 Fuchs, D., Burnside, L., De Riviere, L., Brownell, M., Marchenski, S., Mudry, A., & Dahl, M. (2009). *The economic Impact of children in care with FASD and parental alcohol issues. Phase II: Costs and service utilization of health care, special education, and child care*. Winnipeg, Manitoba: Faculty of Social Work, University of Manitoba. Available at [http://www.cecw-cepb.ca/sites/default/files/publications/en/FASD\\_Economic\\_Impact\\_Phase2.pdf](http://www.cecw-cepb.ca/sites/default/files/publications/en/FASD_Economic_Impact_Phase2.pdf)
- 8 Fuchs, D., Burnside, L., Marchenski, S., Mudry, A., & De Riviere, L. (2008). *The economic Impact of children in care with FASD and parental alcohol issues. Phase I: The cost of children in care with FASD*. Winnipeg, Manitoba: Faculty of Social Work, University of Manitoba. Available at [http://www.cecw-cepb.ca/sites/default/files/publications/en/FASD\\_Economic\\_Impact.pdf](http://www.cecw-cepb.ca/sites/default/files/publications/en/FASD_Economic_Impact.pdf)
- 9 Ibid.

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