

**Economic Impact**  
of  
**Children in Care with Parental Alcohol Issues**

**Cost of Children in Care with Parental Alcohol Issues in  
Manitoba**

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## 1. Introduction and Rationale

Meeting the needs of children with disabilities creates significant challenges for child welfare agencies. In Manitoba, it was determined by Fuchs, Burnside, Marchenski & Mudry (2005) that one-third of children in care fall within a broad definition of disability and 17% of children in care were affected by diagnosed or suspected Fetal Alcohol Spectrum Disorder (FASD). FASD is a serious social and health problem for the child welfare, health and education systems in North America with significant social and economic costs. The condition encompasses a range of conditions that are caused by maternal alcohol consumption during pregnancy. Indicators include physical characteristics and inhibited growth, neurodevelopmental problems, and behavioral and cognitive difficulties that are inconsistent with developmental level. As a result, children with a diagnosis of FASD present agencies with an array of complex and variable needs. Both the significant proportion of children with FASD in care and the nature of their needs make it important to understand the service demands and the social and economic costs of this population to agencies, governments and communities.

Because of the high prevalence of FASD in the children-in-care population in Manitoba, a second study focusing on children with FASD was conducted to examine the reasons for their coming into care and their trajectories through the child welfare system (Fuchs, Burnside, Marchenski, & Mudry, 2007). The data clearly showed that children with FASD had come into care at an age that was at least a year younger than any other group of children (although the condition of having FASD was not the reason for admission to care in the majority of cases). They became permanent wards more quickly. Their age at becoming permanent wards was two years younger than children with no disabilities and three years younger than children with other disabilities who also became permanent wards. Legal status and placement histories confirmed that children with FASD spend a greater proportion of their lives in care of an agency than other children.

Further research was conducted to examine the cost of providing child welfare services to children with FASD who were in the care of a Manitoba child welfare agency in 2006 (Fuchs, Burnside, Marchenski, Mudry, & De Riviere, 2008). In addition to an overall description of costs incurred by the child welfare system toward care services for this population, the study found that children with FASD required higher costs of care on average compared to other children in care. This was most evident in the comparison of the fee for service portion of the special rate of care, remuneration calculated in consideration for the child's needs and the greater demands placed on foster parents.

However, FASD is but one identifiable outcome of prenatal substance abuse. Children who have been exposed to alcohol prenatally may also be at risk of deleterious outcomes, even if they do not have FASD. Further, given that children with FASD were generally found by Fuchs et al. (2007) to be admitted to care mainly for reasons related to parental conditions or conduct (including substance abuse) and not for the child's diagnosis of FASD, it is important to consider the impact of both prenatal and/or postnatal parental alcohol abuse on children. Although recent studies by Fuchs et al. examined the effect of

FASD on trajectories of care (2007) and the cost of child welfare care (2008), many of these children with FASD may have come into care with siblings who did not have a diagnosis of FASD yet were in the situation of needing protection from the same parental risk factors as the children with FASD. As a result of these common familial risks and subsequent admission to care that both children with FASD and those without may experience, it is becoming increasingly important to better understand the experiences of children who don't have FASD but may have been affected by their parents' use of alcohol.

This current research attempts to further our understanding of the experience of children who do not have FASD but whose parents' main issue of risk identified by the child welfare system in Manitoba concerned alcohol abuse. In order to allow some comparison, similar courses of study were followed as conducted by Fuchs et al. concerning the experience of children in care with FASD on trajectories of care (2007) and the cost of care (2008). This report focuses on the cost of child welfare care for children without FASD whose parents presented at intake for alcohol misuse issues.

## 2. Research Context

### Incidence

The connection between parental substance abuse and child welfare services has been well established in the literature through the identification of three affected populations: families involved with child welfare due to parental substance abuse, children who are victims of maltreatment as a result of parental substance abuse, and children who come into care due to their prenatal exposure to alcohol (Young, Boles, & Otero, 2007). Early studies based on child welfare data from the 1990s estimated the percentage of families affected by parental substance abuse and involved with child welfare to range from 40% to 80% (Besinger, Garland, Litrownik, & Landsverk 1999; Curtis & McCullough, 1993; Department of Health and Human Services, 1999; Dore, Doris, & Wright, 1995; McNichol & Tash, 2001; Semidei, Radel, & Nolan, 2001; Young, Gardner, & Dennis, 1998).

Estimates of prevalence of parental alcohol abuse are often limited to those situations where children come into care as a result of belonging to one of the three above-noted populations. There is little information identifying the prevalence of parental substance abuse and its effect on children who do not come to the attention of the child welfare system (Department of Health and Human Services, 1999; Young et al., 2007). Further, determining the actual prevalence of parental substance use is difficult due to the varying definitions of key terms such as ‘substance abuse’ and ‘parent’, the methodology of gathering the data, and the inconsistent documentation of parental substance use within child welfare records (Young et al., 2007). Still, reports suggest that approximately 6 million children in the United States live with at least one parent who abuses alcohol or other drugs (Substance Abuse and Mental Health Services Administration, 2003), with an estimated 1 million children in similar family circumstances in Canada (McNamee & Offord, 1994).

### Parental Substance Abuse and Child Welfare

Despite the challenges in estimating the number of families with substance abuse issues both involved and uninvolved with the child welfare system, the research is clear that parental substance abuse is a significant problem that can bring families to the attention of the child welfare system due to risk to the child, prenatally and as a result of child abuse by parents who abuse substances. The effects of prenatal substance abuse on children in the form of FASD are already well documented (Streissguth, Barr, Bookstein, Sampson, & Olson, 1999; Zevenbergen & Ferraro, 2001). Research also has found a relationship between alcohol abuse and physical maltreatment of children (Falmalaro, Kinscherff, & Fenton, 1992) and neglect (Chaffin, Kelleher, & Hollenberg, 1996). Substance abusing parents are also more likely to be re-reported to child welfare for issues of maltreatment following an initial investigation (Connell, Bergeron, Katz, Saunders, & Tebes, 2007; English, Marshall, Brummel, & Orme, 1999). Further, children who have been reunified with substance-abusing parents are more likely to be re-admitted

to foster care (Brook & McDonald, 2008; Frame, Berrick & Brodowski, 2000; Miller, Fisher, Fetrow, & Jordan, 2006; Terling, 1999).

Separate from the risk of maltreatment related to parental substance use, McNichol and Tash (2001) assert that children of parents with substance abuse problems are likely to experience lifelong consequences as a result of inconsistent parenting practices, attachment disruption, and grief and loss issues as a result of coming into care. Chemical dependency can compromise parenting in a number of ways: the parent may be unable to protect the child, the parent may respond inconsistently to the child's needs, the parent may be emotionally unavailable, or the parent may not be able to pay for basic household needs such as food and clothing (Besharov, 1992; Chaffin, Kelleher, & Hollenberg, 1996).

In general, Semidei, Radel and Nolan (2001) report, children from substance abusing families "tend to come to the attention of child welfare agencies younger than other children, are more likely than other children to be placed in care, and once in care are likely to remain in care longer" (p. 112). But only a few studies consider the specific effect of prenatal and postnatal substance use on child welfare outcomes. In their research comparing children in care with prenatal exposure (Group 1), those with a family history of postnatal substance abuse (Group 2), and those with no family history of substance abuse (Group 3), McNichol and Tash (2001) found that children with prenatal exposure came into care at an earlier age compared to children in Group 2, who in turn came into care at an earlier age than those in Group 3, although the length of stay in foster care was similar across all three groups.

Smith, Johnson, Pears, Fisher and DeGarmo (2007) found in their study examining the unique contributions of prenatal and postnatal substance abuse that prenatal maternal substance abuse increased the risk of children coming into care, was a likely precursor to continued maternal substance abuse postnatally, and increased the likelihood of mothers being involved with a substance-abusing partner. Postnatal alcohol abuse by either parent was found to be related to a higher risk of child maltreatment, and postnatal paternal substance abuse contributed to a greater number of placements once the child was in care. The researchers conclude that "prenatal maternal substance use and postnatal paternal substance use might be two of the most important targets for prevention and intervention for child maltreatment" (p. 157).

Few studies have focused on children who enter foster care as a result of parental substance abuse being the primary factor of risk. Vanderploeg, Connell, Caron, Saunders, Katz and Tebes (2007), undertook such research, comparing the experiences of children in care whose parents had abused substances with a similarly matched comparison group of children who were removed from their parents for other reasons. They found that children with substance-abusing parents had longer stays in care, were more likely to become adopted if reunification was not possible, and were less likely to experience co-occurring reasons for admission to care, such as neglect, abuse or child behavior problems. One factor that influences time in care and permanency plans such as adoption is legislation that requires child welfare agencies to move to terminate parental



rights if young children have been in out-of-home care for a consecutive number of months (Green, Furrer, Worcel, Burrus, & Finigan, 2007; Kimberlin, Anthony, & Austin, 2008; McAlpine, Marshall, & Doran, 2001).

In Manitoba, the examination of children whose parents abuse alcohol has garnered some attention. In 2002, Winnipeg Child and Family Services, which was the largest single child welfare agency in Manitoba prior to the devolution of the child welfare system in 2005, reviewed the reasons for becoming involved with the agency at intake and found that 17% of families presented with parental alcohol issues at first contact with intake (Bimm & Thomas, 2002). Families with parental alcohol issues who returned for service within a 15-month period (April 2000 – June 2001) were increasingly likely to be re-referred for service as a result of alcohol issues. One-third of families with parental alcohol issues had a child come into care, both on the first and on subsequent intake referrals during the time period of focus. However, it should be noted that almost 70% of all intakes related to parental alcohol abuse resulted in the file being closed, especially at the first contact with the agency where 34% were closed at intake.

Further, the Addictions Foundation of Manitoba reported that 1,200 women of child-bearing age were screened for addictions programs in the 2005-2006 year indicating that there is a risk of continued demand for services for children with FASD (Fuchs, et al., 2007) as well as for children who may have been exposed to prenatal alcohol use but don't have FASD, and for children whose exposure to the risks of parental substance abuse has been postnatal.

### The Cost of FASD and Parental Substance Abuse

Increased awareness of the prevalence and service needs of those with FASD have created interest in determining its financial implications. The cost of FASD has been variously estimated in the United States and estimates range widely from \$0.2 billion to \$11.7 billion (Lupton, 2003). A Canadian study estimating social and individual costs concluded that the annual cost of an individual with FASD was approximately \$14,000 (Stade, Ungar, Stevens, Beyene, & Koren, 2006). This estimate did not include children in care.

Hutson (2006), in her review of the cost of substance abuse in Canada, points out that many expenses associated with FASD, such as medical and educational costs, are relatively easy to estimate. However, she notes a lack of data in two areas critical to cost estimation for this population: the child welfare system and the justice system. Fuchs, Burnside, Marchenski, Mudry and De Riviere (2008) reported on the actual cost of children in care with FASD in Manitoba. With a total annual cost of \$9.5 million for 400 children with FASD in 2006, the study found that the average daily cost of caring for a child with FASD in the child welfare system was \$65, with a higher average per diem special rate cost for children with FASD (\$43) than the total child in care population receiving a special rate (\$35).

In addition to the challenges in assessing the cost of FASD, the broader task of measuring the economic impact of alcohol on society is also an enormous undertaking, furthered by efforts to promote a consistent approach to measurement through the International Guidelines for Estimating Costs of Substance Abuse (Single, Collins, Easton, Harwood, Lapsley, Kopp, & Wilson, 2003). Using this strategy, Rehm, Gnam, Popova, Baliunas, Brochu, Fischer, Patra, Sarnocinska-Hart & Taylor (2007) reported that the estimated cost of alcohol use and misuse in Canada was \$14.6 billion in 2002. Most costs were related to health care (22%) and law enforcement (14%). Although the most appropriate method for assessing indirect costs (e.g. productivity) is the subject of debate, Rehm et al. (2007) state that indirect cost estimates for substance use/misuse in Canada range from \$567.9 million to \$39.2 billion.

There is little research exploring the cost of parental alcohol abuse on the child welfare system, but new studies are emerging. The National Center on Addiction and Substance Abuse (CASA) at Columbia University recently examined the cost of substance abuse and addiction on health care, justice, child welfare, domestic violence, homelessness, mental illness and developmental disabilities (2009). With regard to child welfare services, the report states that of the \$9.7 billion federal dollars spent on child welfare across the United States in 2005, 74% was related to issues of substance abuse and addiction. An additional \$10.6 billion was spent on child welfare services at the state level, with 74.5% related to substance abuse.

### Summary

In addition to the concerning impact of FASD on children as a result of prenatal exposure to alcohol, concern is increasing about the effect of parental alcohol abuse postnatally on children. Various studies have documented the deleterious consequences of parental substance abuse on parenting, attachment, abuse and neglect, and increased risk of admission to care and length of time in care of child welfare agencies. The direct cost of alcohol abuse to society has been estimated at \$14.6 billion in Canada in 2002. Recent research has assessed that approximately 74% of federal and state funding of child welfare services in the United States has been related to substance abuse and addictions. With the understanding that parental alcohol abuse is a significant driver of child welfare services and increases the likelihood of a child being admitted to care separate and apart from a diagnosis of FASD, this study examines the cost of providing child welfare services to children in care without FASD in Manitoba whose parents presented at intake with alcohol misuse as the primary reason for referral. Following the same methodology as the study of costs of care for children with FASD in Manitoba (Fuchs et al., 2008), this research allows for some comparison of actual child welfare costs between children with FASD and those without FASD but affected by parental alcohol abuse.

### 3. Methodology

This study sought to examine the financial costs of children in care with parental alcohol related issues in Manitoba. A detailed examination of the financial record system pertaining to children in care with parental alcohol related issues including identifying the location of the records and the processes for the aggregation of the information was completed. Only the financial records of children who receive provincial funding for their child welfare care (that is, children living off-reserve) were available for this study. Children living on-reserve whose care is funded by the federal government were not included.

In order to identify these children, the Child and Family Services (CFS) administrative database was used. The Child and Family Services Application (CFSA) is the data system used by child welfare agencies within Manitoba. It has two main components: the Child and Family Services Information System (CFSIS) and the Intake Module. For the purpose of this study, CFSIS was used.

A special query created a list of children who were identified with one or more of the following identified issues listed in their CIC file on CFSIS: “Parent intoxicated and unable to provide appropriate care”, “Concern of ongoing substance abuse affecting parental capacity” and “Previous history of alcohol, drug or gambling abuse”. The parental alcohol issue could have been added to the CIC file any time between 2005 and 2008. In addition, children had to have a CIC or CIC-Sup case that was open for at least one day in 2006. Children were included in this query regardless of legal status.

Based on this query, two groups of children were created: children who were permanent wards (PW) as of December 31, 2006 (termed the parental alcohol permanent ward or the PA-PW group) and children who were in care for 365 days in 2006 regardless of legal status (termed parental alcohol 2006 or the PA-2006 group). Children who were considered to be in care for all of 2006 had a legal status and/or placement recorded in CFSIS for every day in 2006 (January 1, 2006 to December 31, 2006 inclusive). The two parental alcohol groups were mutually exclusive. Any children who were identified as having FASD (diagnosed, suspected, and/or Alcohol Related Neurological Disorder) recorded in CFSIS were removed from both groups. This insured the parental alcohol groups were distinct from the FASD population examined in the previous study of the cost of care for children with FASD (Fuchs, Burnside, Marchenski, Mudry, & De Riviere, 2008). However, it is possible that some of the children in the parental alcohol sample had FASD that was undiagnosed or not recorded on CFSIS.

#### Measure

The data collection tool was based on the existing “Child maintenance actuals for foster and special rate care by child” form found in the Child and Family Services funding guidelines for child maintenance (2006). (See Appendix A). This form (or one similar) was used by various agencies to submit costs to the Child Protection Branch for payment.

Minor modifications were made to the form to create the FASD Financial Cost Tool used by researchers (see Appendix B).

Both the data collection tool and data collection process were previously tested using financial data from various agencies related to the cost of children as part of phase one of this research (Fuchs et al., 2008). The tool was adjusted as necessary. The researchers gathering the data were trained in the use of the tool and their work was examined for consistency.

### Random Sample

It was decided that the files for all of the children in both the PA-PW and PA-2006 groups would be examined. The available cost data for child maintenance and special need services provided to these children for the one-year period of January 1, 2006 to December 31, 2006 was then gathered. Members of the research team reviewed the physical financial records of the available cost data for those children identified as part of the two groups. Children for whom no financial information was available were excluded. Since only provincial financial records were available to researchers, any children who were federally funded did not have financial data available. Other reasons for children not having financial data available included moving to another province, adoption, or the child's financial records being under a different name.

### Analysis

The special queries that generated the total population of children with parental alcohol related issues were produced by CFSIS in an Excel spreadsheet format. The preliminary query was validated by randomly checking information against the actual CFSIS files. It was determined that the special query had created an accurate total population.

Initial findings of the analysis were used to create the two groups of children and provide demographic information. The financial information collected using the data collection tool was entered into Excel. Calculations of costs for the two groups were then created using Excel formulas. Data totals were cross-checked to ensure accuracy in both the data entry and analysis.

### Limitations

This study was designed as a file review of financial reports. The amount and accuracy of the information collected was dependent on the content and accuracy of the financial file. Financial information for some children was unavailable for several months. These children remained in the PA-PW and PA-2006 groups as children in care may have occasion to be in 'non-paid care' (care that may not be directly funded by the child and family services system), such as hospitalization, incarceration, addiction treatment, select adoption probation, home visits and/or non-paid care placements. There are also times when a child may be AWOL, which may impact the provision of paid care placements.

Children included in both the PA-PW and PA-2006 groups may have multiple disabilities and the costs recorded may be for services, care or supplies required as a result of a disability. Additionally, although these children did not have a diagnosis of FASD recorded in CFSIS, it does not necessarily mean they did not have FASD. Some reasons why a child would not have a recorded diagnosis include: not all agencies in Manitoba use CFSIS, a new diagnosis may not yet be on CFSIS, a child may not have FASD, or a child is waiting to be diagnosed but does not yet have a diagnosis.

Research information was also dependent on the accuracy of the filing system used by the Child Protection Branch and the data submitted by the agencies. Agencies varied considerably in their approach to completing and submitting financial records. It is also possible that information on file was missed by researchers. The files of some agencies had financial reports that were not in alphabetical order, as well as having rebilling and adjustments for over/under payments. There was also variance amongst agencies in how/where they recorded financial costs for children on the form used by agencies in the Province of Manitoba.

The financial data collected is reflective of the costs for one calendar year. There may have been over/under payments made that were corrected in subsequent years. Since this study looked at a calendar year and not a fiscal year, direct comparison to CFS fiscal reports needs to be made carefully. Further, from 2005-2007 following the period of devolution (where cases were transferring from one child and family services Authority to another as part of a provincial restructuring of the child welfare system), a freeze on special rates was in place, restricting the re-assessment of special rates in response to the child's growing care demands and therefore increasing the possibility that actual costs did not completely reflect the needs of the child.

Due to the centralized emergency care system in Winnipeg managed by one agency but accessed by all agencies, costs of care for children with FASD who required placement in a shelter are reflected in the costs of Winnipeg Child and Family Services.



## 4. CFS Findings

This section presents the demographic profiles of children in care (CIC) whose parents had alcohol-related issues. It outlines the findings related to the type of expenses and the financial costs for care of both children who were permanent wards (PW) and had an identified parental alcohol-related issue, and children who were not PWs but in care for all of 2006 and had an identified parental alcohol-related issue. A comparison of the two parental alcohol groups and the FASD population completed as part of phase one (Fuchs, Burnside, Marchenski, Mudry, & De Riviere, 2008) is also included.

### General Demographics

#### Total Parental Alcohol Group

The special query identified a total group of 744 children who had one or more of the following identified issues listed in their CIC file on CFSIS: “Parent intoxicated and unable to provide appropriate care”, “Concern of ongoing substance abuse affecting parental capacity” and “Previous history of alcohol, drug or gambling abuse”. The 744 children consisted of 363 (48.8%) males and 380 (51.1%) females. The children ranged in age from 0 to 19 years, with a mean age of 7.06 years (Mdn = 6.5) as of December 31, 2006.

The legal status of children was derived from the recordings on CFSIS. The majority of children with a recorded legal status were permanent wards (100 or 13.4%). Other legal statuses included: 70 (9.4%) temporary wards (TW), 57 (7.7%) children under apprehension, 46 (6.2%) under voluntary placement agreements (VPA) and 44 (5.9%) with a petition for a further order. In addition, there were 427 (57.4%) children with an unknown legal status (current legal status was not recorded in CFSIS).

The majority of children had Treaty status (454, 61.0%). The remaining children were: Métis (90, 12.1%), not aboriginal (80, 10.8%), and non-status (66, 8.9%). An additional 54 (7.3%) children did not have a culture of origin recorded on CFSIS.

In the parental alcohol group, 47 children were identified as having a disability recorded in CFSIS. Of these 47 children, 29 had a form of FASD recorded. The children with identified FASD were removed from the parental alcohol group to create a group that was distinctly different from the FASD group examined in phase one.

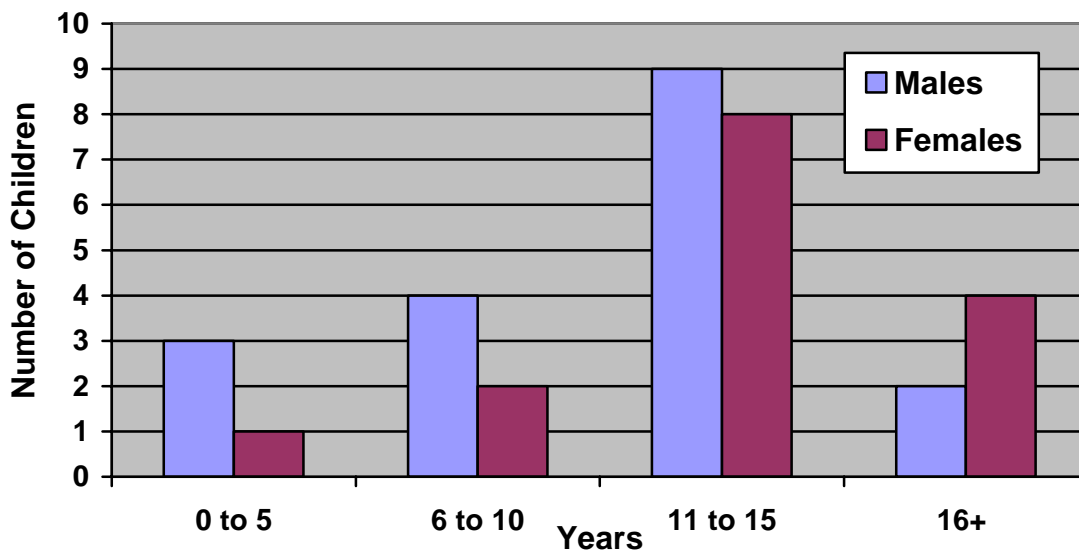
For the purpose of this economic impact study, only children who were permanent wards as of December 31, 2005 (termed the parental alcohol permanent ward or PA-PW group) and children who were in care for all of 2006 (termed the parental alcohol 2006 or PA-2006 group) had their financial records examined.

#### PA-PW Group

There were 54 children identified who had one or more of the three parental alcohol related issues recorded on their CFSIS CIC file and were a PW as of December 31, 2005.

Of this group, 32 (59.3%) children had financial records available for 2006. Due to the small number of children identified, all of the children with financial data available for 2006 were examined. The 32 children consisted of 17 males (53.1%) and 15 females (46.9%). The children ranged in age from 1 to 18 years, with a mean age of 12.09 years (Mdn 14) as of December 31, 2006. For descriptive purposes, the children will be discussed using the following four age groups: 0 - 5 years, 6 - 10 years, 11 - 15 years and 16+ years. Figure 4.1 shows the breakdown of children by age group and gender.

**Figure 4.1**  
**PA PW - Age of Children by Gender**



Since all of these children were permanent wards for the entire 2006 year (365 days) these 32 children collectively spent 11,680 days in care in 2006.

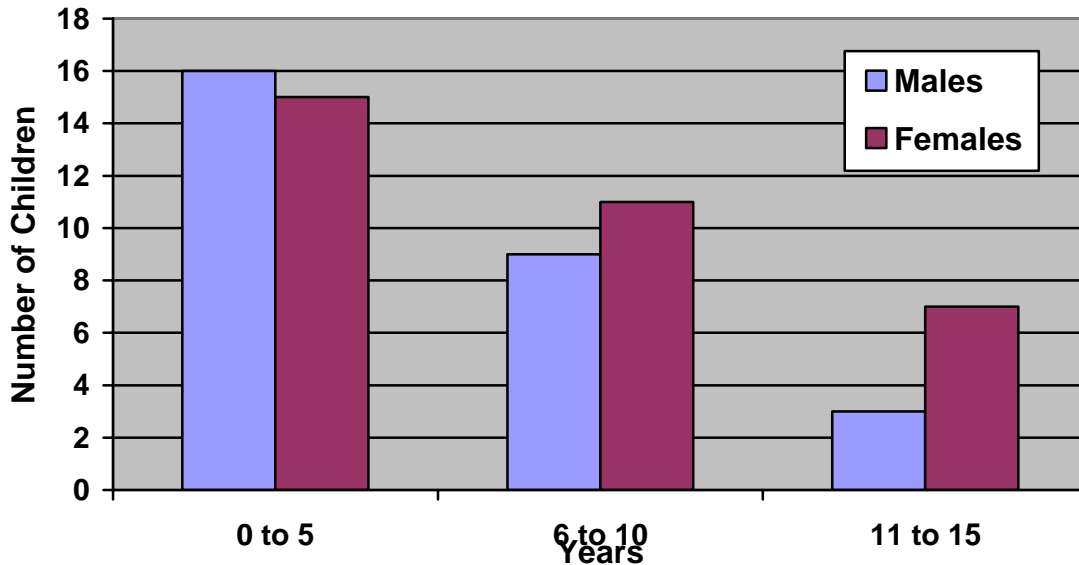
PA-2006 Group

The special query identified 93 children, who had one or more of the three parental alcohol-related issues recorded on their CFSIS CIC file and were in care for all of 2006. Of this group, 61 (65.6%) had financial data available for 2006. Due to the small number of children identified, all of the children with financial data available for 2006 were examined. The 61 children consisted of 28 males (45.9%) and 33 females (54.1%). The children ranged in age from 1 to 15 years, with a mean age of 6.08 years (Mdn 5) as of December 31, 2006. For descriptive purposes, these children will be discussed using the same four age groups as the PA-PW children: 0 - 5 years, 6 - 10 years, 11 - 15 years and 16+ years. Figure 4.2 shows the breakdown of the PA-2006 children by age group and gender.

These children were not PWs as of December 31, 2005 but some of the children may have become a PW in 2006. All of these children were in care for the entire 2006 year (365 days) meaning these 61 children collectively spent 22,265 days in care in 2006.



**Figure 4.2**  
**PA-2006 - Age of Children by Gender**



The average age of children in the PA-2006 group is much younger than those of the PA-PW group (6.08 years mean age versus 12.09 years), likely reflecting different points on the child welfare service path trajectory.

#### Financial Costs for Children with Parental Alcohol Issues

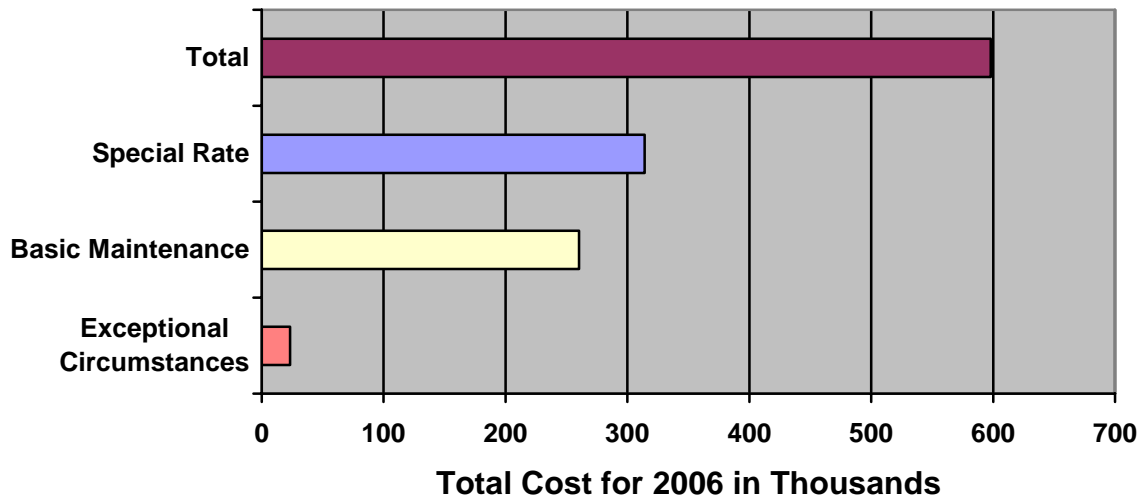
Three main categories of costs were examined by researchers. These were basic maintenance, special rate/special needs and exceptional circumstances. These categories were predetermined by the financial recording form already being used by child and family services agencies in Manitoba as documented in the Child and Family Services Funding Guidelines for Child Maintenance (2006).

The cost for the 32 PA-PW children was \$260,384 for basic maintenance, \$314,168 for special rate/special needs and \$23,417 for exceptional circumstances. This totaled \$597,969 with an average of \$18,687 for the year or \$51 per day per child (see Figure 4.3).

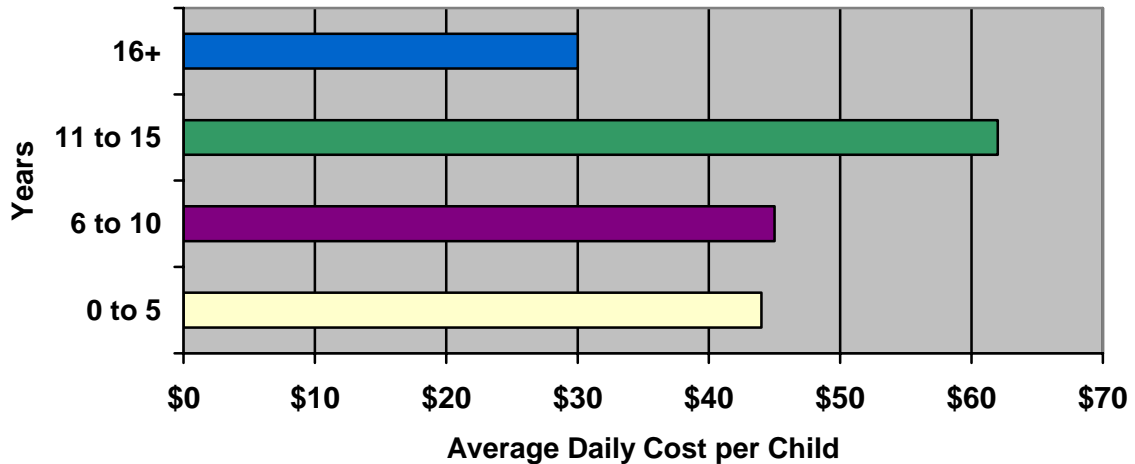
When the total financial costs were examined by age group for the PA-PW group, children aged 11 to 15 years had the highest average cost per child for 2006 at \$22,668 or \$62 per day per child. They also had the highest total cost of \$385,360 for 2006. The 6 to 10 year old age group came next with a yearly average of \$16,354 and a daily average of \$45 per child with a total of \$98,126 for 2006. The 0 to 5 age group had the second lowest total cost for 2006 at \$48,078 and an average of \$16,026 for 2006 or \$44 per day

per child. Children 16+ had the lowest average at \$11,067 for 2006 or \$30 per day per child with a total cost of \$66,405 for 2006. The average daily cost per child for all age groups is shown in Figure 4.4.

**Figure 4.3**  
**PA-PW - Total Financial Costs for 2006 in Canadian Dollars**



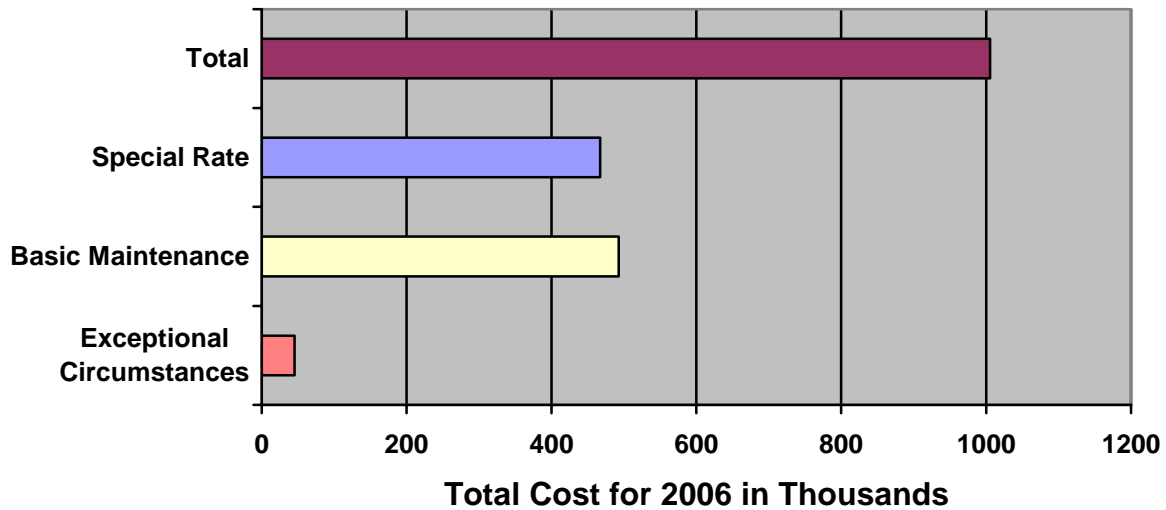
**Figure 4.4**  
**PA-PW - Average Daily Cost per Child in Canadian Dollars by Age Group**



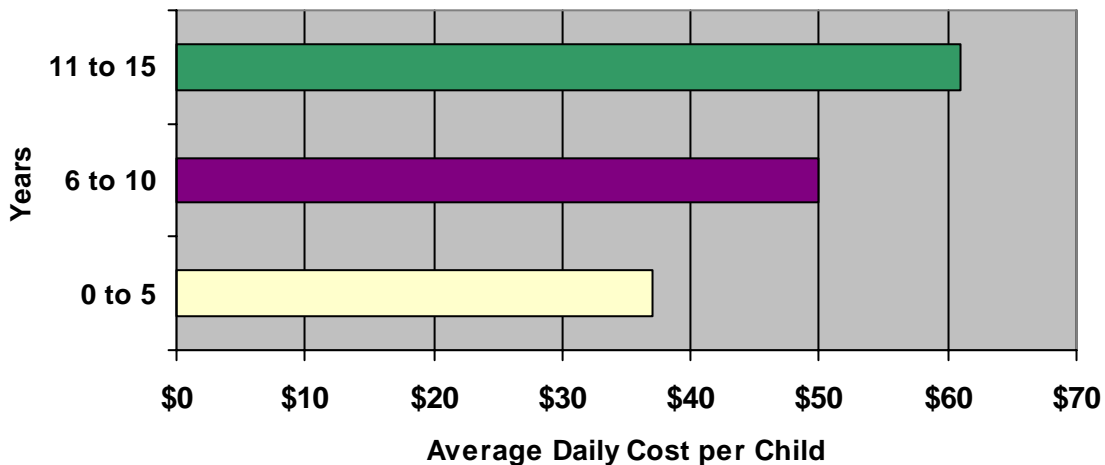
The cost for the 61 PA-2006 children was \$493,014 for basic maintenance, \$466,992 for special rate/special needs and \$45,387 for exceptional circumstances. This totaled \$1,005,393, with an average of \$16,482 for the year or \$45 per day per child (see Figure 4.5).

When the total financial costs were examined by age group for the PA-2006 group, children aged 11 to 15 years had the highest average cost per child for 2006 at \$22,393 or \$61 per day per child. They also had the highest total cost of \$223,934 for 2006. The 6 to 10 year old age group had a yearly average of \$18,195 and a daily average of \$50 per child with a total of \$363,906 for 2006. The youngest children had the lowest total cost for 2006 at \$417,554 and the lowest averages with \$13,469 for 2006 or \$37 per day per child. There were no children in the 16+ age group. The average daily cost per child for all age groups is shown in Figure 4.6.

**Figure 4.5**  
**PA 2006 - Total Financial Costs for 2006 in Canadian Dollars**



**Figure 4.6**  
**PA 2006 - Average Daily Cost per Child in Canadian Dollars by Age Group**



### Basic Maintenance

Basic maintenance is the first level of funding for children in care. It is the sum of basic rate and agency allowance. These funds are to provide for the everyday costs for children in care.

The basic rate portion of the basic maintenance funding is paid directly to the caregiver (e.g. foster parent) when children are in care. Basic rates vary by age of the child, with caregivers of children 11 to 17 receiving more than caregivers of children 0 to 10 years of age due to the typical higher cost of feeding and clothing adolescents. In addition, basic rate is higher in the North to account for higher costs in remote areas. (The foster care rates are provided in Appendices C and D).

Items included in the basic rate are: household allowance; bedding/linen; repair, equipment and room maintenance; utilities; food; health and personal care; transportation; respite; replacement clothing; personal allowance; child care support/babysitting; and damage/deductibles.

The agency allowance portion of the basic maintenance funding is paid to the agency and is based on the child's individual needs. These funds are used at the agency's discretion for gifts, education, activities, transportation, and other miscellaneous items such as daycare services and northern food allowance.

All of the PA-PW children had a basic maintenance cost recorded for a total of \$260,384. The yearly average of costs recorded for the PA-PW group for 2006 was \$8,137. The PA-2006 children also had basic maintenance costs recorded for all children with a total of \$493,014. The yearly average costs recorded for the PA-2006 group was \$8,082 for 2006. The average daily cost for both groups of children was \$22 per day in 2006.

### Special Rate/Special Needs

Special rate/special needs is the second level of funding. It is available to cover costs that exceed basic maintenance or were not intended to be covered by basic maintenance. This includes both increases in the per diem (through a fee for service) and one time only expenses such as respite, therapy, initial clothing, age of majority, home visits, medical, and other special expenses. While basic maintenance is paid automatically, special rate/special needs funding must be requested, supported and justified by social work staff and approved through internal agency procedures.

For the PA-PW group, 30 (93.8%) had some cost recorded in this category, for a total of \$314,168 in 2006. Costs recorded for the year ranged from \$31 to \$41,767 per child with an average cost of \$10,472 or \$29 per day per child. (Table 4.1 provides a breakdown of the costs by age group).

For the PA-2006 group, 60 (98.4%) had some cost recorded in this category, for a total of \$466,992 in 2006. Costs recorded for the year ranged from \$90 to \$47,011 per child with an average cost of \$7,783 or \$21 per day per child. (Table 4.2 provides a breakdown of the costs by age group).

The average daily financial cost per child reported by this study was compared to the cost reported by the Child Protection Branch (CPB) for all children in care for a similar time period. While the children from this financial record were of all legal statuses and included the children of our sample, it was of interest to note the average special rate cost per day for each group. This study found a daily special rate average of \$29 per day for the PA-PW group and \$21 per day for the PA-2006 group. This is lower than the average \$35 per day reported by the CPB for all children in care over a similar time period.

**Table 4.1**  
**PA-PW - Special Rate/Special Needs Costs in Canadian Dollars by Age Group**

	<b>0 – 5 Years</b> (N = 3)	<b>6 – 10 Years</b> (N = 6)	<b>11 – 15 Years</b> (N = 17)	<b>16+ Years</b> (N = 4)	<b>Total Group</b> (N = 30)
Minimum	660	336	31	127	31
Maximum	11,170	14,091	41,767	10,966	41,767
Yearly Average	6,153	6,580	14,001	4,553	10,472
Daily Average	17	18	38	12	29
Total	18,458	39,482	238,017	18,211	314,168

**Table 4.2**  
**Special Rate/Special Needs Costs for PA-2006 Children in Canadian Dollars by Age Group**

	<b>0 – 5 Years</b> (N = 30)	<b>6 – 10 Years</b> (N = 20)	<b>11 – 15 Years</b> (N = 10)	<b>16+ Years</b> (N = 0)	<b>Total Group</b> (N = 60)
Minimum	90	90	247	0	90
Maximum	17,277	38,793	47,011	0	47,011
Yearly Average	5,590	8,403	4,375	0	7,783
Daily Average	15	23	12	0	21
Total	167,701	168,055	131,237	0	466,992

Four types of costs within the special rate/special needs category were further examined: fee for service, respite, therapy and medical costs.

**Fee for Service.**

According to the Child Protection Branch (2006), fee for service is “compensation paid to the foster parent in recognition of the additional time and services provided beyond that which would be normal for foster care. This would be determined by the needs of the child and the skills of the care provider.”

For the PA-PW group, 23 of the 30 children (76.7%) who received special rate/special needs funding also received fee for service. This additional funding ranged from \$63 to \$41,424 per child in 2006 and could be added to the child's care budget at any time during the year. The average yearly cost was \$8,456 per child for a total of \$194,487 for 2006.

Of the 60 PA-2006 children who received special rate/special needs funding, 34 (56.7%) also received fee for service. This additional funding ranged from \$43 to \$46,303 per child in 2006 and could be added to the child's care budget at any time during the year. The average yearly cost was \$9,305 per child for a total of \$316,386 for 2006.

#### Respite.

Additional respite dollars, over and above that already provided in the basic maintenance rate, may be available for children. Additional respite dollars were received by 17 (56.7%) of the PA-PW children for a total cost of \$20,896. The costs ranged from \$110 to \$3,224 per child for 2006 with a yearly average of \$1,229. For the PA-2006 group, 18 (30.0%) children received additional respite dollars for a total cost of \$37,339. The costs ranged from \$90 to \$10,852 per child for 2006 with a yearly average of \$2,074. Like fee for service, respite costs could be initiated at any time during the year and may fluctuate based on the varying needs of the child.

#### Therapy.

Therapy costs were incurred to provide children in need with ongoing treatment by a mental health practitioner where not directly covered by Manitoba Health (Child Protection Branch, 2006). This does not include ongoing assessments or consultation with workers or care providers. Therapy was funded for 2 (6.7%) of the PA-PW children with an average yearly cost of \$333. There were also 4 (6.7%) PA-2006 children who received therapy with an average yearly cost of \$702.

#### Medical.

Medical costs incurred for medical needs not covered under the Social Allowance Health Services Program or Manitoba Health are also covered under special rate/special needs funding. There were 4 (13.3%) PA-PW children who incurred medical costs for a yearly average of \$174. There were also 10 (16.7%) PA-2006 children who incurred medical costs for a yearly average of \$126.

Initial clothing, age of majority, home visits and other special expenses accounted for the remaining dollars spent in the special needs/special rate category.

#### Exceptional Circumstances

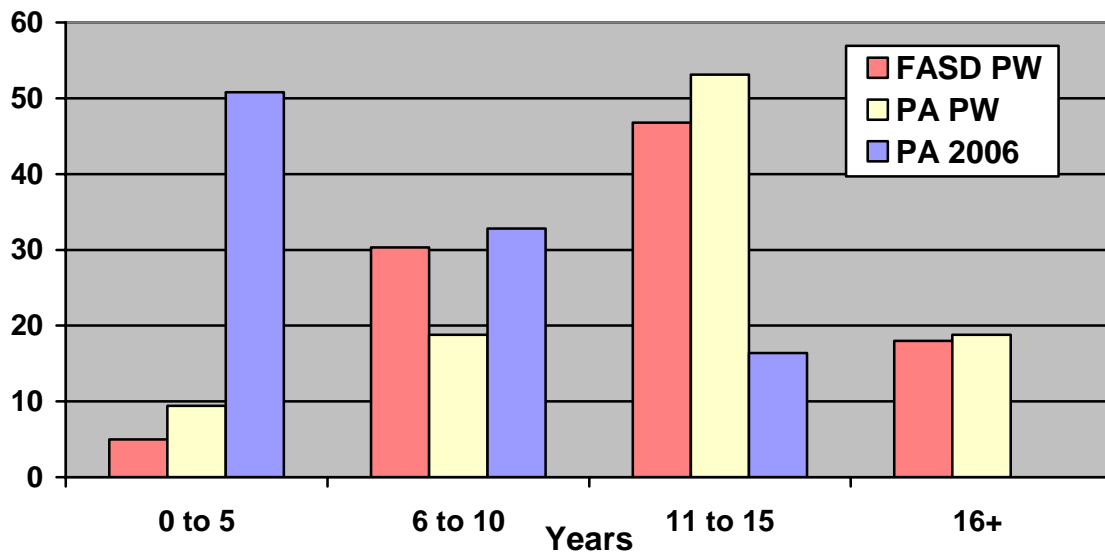
Exceptional Circumstances is the third and final level of funding. It includes costs such as support services, out of province travel for children in care, criminal legal fees, funding for Level V children, and extra one time funding (e.g., renovations to a foster home for a disabled child). This type of funding requires prior approval, with the exception of legal fees.

There were 11 PA-PW children (34.4%) who received this funding. The total cost for 2006 for the PA-PW children was \$23,417, with a yearly average of \$2,129. From the PA-2006 group, 41 (67.2%) children received exceptional circumstances funding for a total of \$45,387 and a yearly average of \$1,107 per child. Examples of costs found by researchers included hotel accommodations, replacement of damaged household items/house at foster care residence, Medi Van, wheelchair ramp and training/child care. It was found that PA-PW children aged 11 to 15 years had the highest average spent on exceptional circumstances compared to the total group average. For the PA-2006 group it was found children aged 6 to 10 had the highest average spent on exceptional circumstances.

Comparison of Financial Costs for Children with Parental Alcohol Issues and Children with FASD

Children from all three groups (PA-PW, PA-2006 and FASD) are broken down by age group in Figure 4.7 and Table 4.3. It can be noted that a larger percentage of PA-2006 children are in the 0 to 5 years age category.

**Figure 4.7**  
**Percent of Children per Age Group**

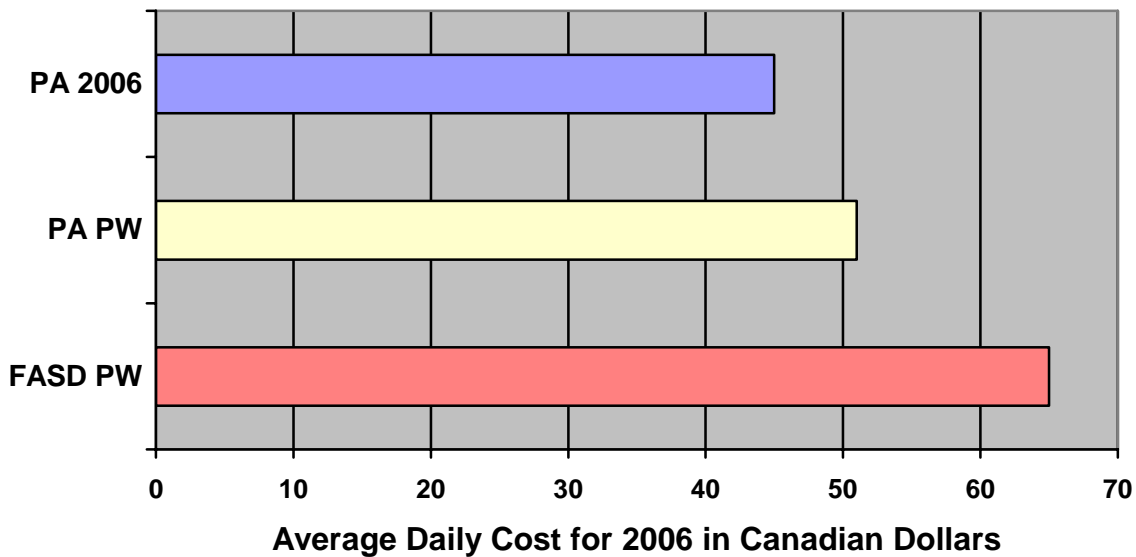


**Table 4.3**  
**Percentage of Children by Age Group and Gender**

	0 – 5		6 – 10		11 – 15		16+		Total	
	M	F	M	F	M	F	M	F	M	F
<b>FASD</b>	2.8	2.3	19.8	10.5	29.3	17.5	10.5	7.5	62.3	37.8
<b>PA-PW</b>	6.3	3.1	12.5	6.3	28.1	25.0	6.3	12.5	53.1	46.9
<b>PA-2006</b>	26.2	24.6	14.8	18.0	4.9	11.5	0.0	0.0	45.9	54.1

As found in phase one of this research (Fuchs et al., 2008), the financial cost for the random sample of 400 children with FASD PW was an average of \$23,760 for 2006 or \$65 per day per child. This was higher than the costs found for either of the parental alcohol groups examined (see Figure 4.8).

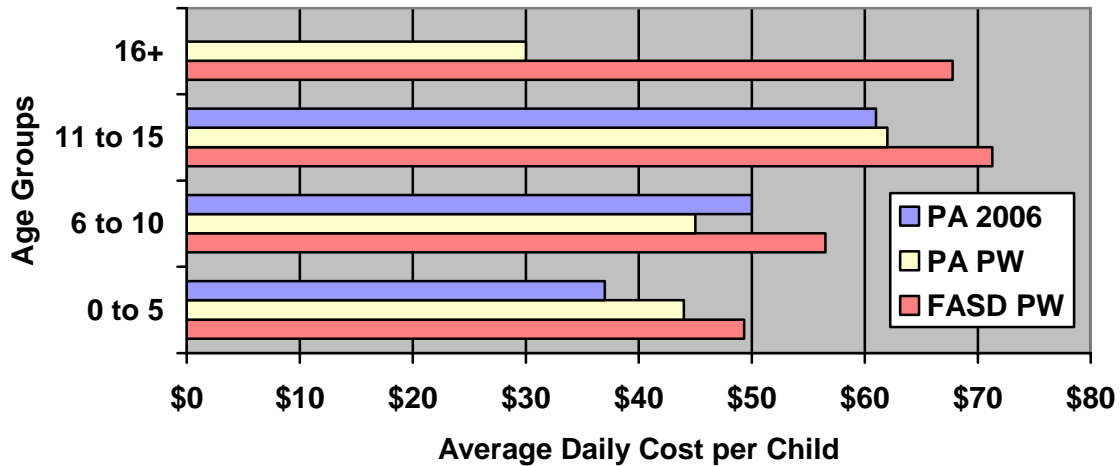
**Figure 4.8**  
**Average Daily Financial Cost for 2006 in Canadian Dollars**



When financial costs were examined by age group it was found that the FASD-PW group had a higher average daily cost per child in every age grouping (see Figure 4.9).

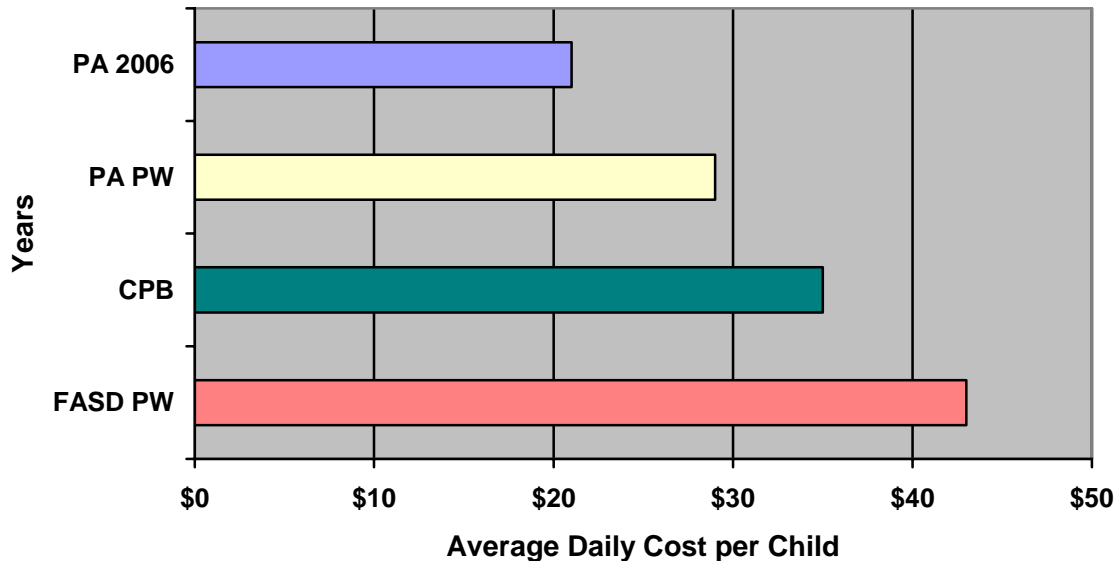


**Figure 4.9**  
**Average Daily Cost per Child in Canadian Dollars by Age Group**



Special rate/special needs funding was compared to both the FASD-PW population and the average reported by the Child Protection Branch (CPB) (see Figure 4.10). The FASD-PW population had a higher average daily special rate cost (\$43) than the CPB average (\$35). Both parental alcohol groups however had daily special rate costs below the CPB average (with \$29 for the PA-PW group and \$21 for the PA-2006 group).

**Figure 4.10**  
**Average Daily Special Rate/Needs Costs in Canadian Dollars**



## Summary

A random sample was drawn from a population of children in care identified in the Child and Family Services Information System (CFSIS) as having parents with alcohol-related issues. The sample population involved 32 children who were permanent wards (PA-PW) and 61 children who were in care for all of 2006 but were not permanent wards (PA-2006). Although none of the children were noted to have FASD in CFSIS, it is possible that FASD was an undiagnosed or unrecorded condition affecting some of the children in the sample.

Children who were permanent wards were 53% male and 47% female, ranging in age from 1 to 18 years with a mean age of 12 years. Children who were not permanent wards were 46% male and 54% female, ranging in age from 1 to 15 years, with a much younger mean age of 6 years. The monthly agency billing for each child was examined and the total cost for the 2006 calendar year for each child was summed in three categories: basic maintenance, special rate/special needs and exceptional circumstances. The total cost for the PA-PW group was \$597,969, including \$260,384 billed for basic maintenance, \$314,168 for special rate/special needs, and \$23,417 for exceptional circumstance. The total cost for the PA-2006 group was \$1,005,393, including \$493,014 for basic maintenance, \$466,992 for special rate/special needs, and \$45,387 for exceptional circumstances.

The cost per child was compared across age groups. Permanent wards ages 11 to 15 had the highest average cost per child within the PA-PW group, at \$22,668 or \$62 per day per child. Similarly, children ages 11 to 15 in the PA-2006 group also had the highest average costs within that group, at \$22,393 or \$61 per day per child. This is consistent with the findings of children with FASD in care reported by Fuchs et al. (2008), where the 11 to 15 age group also had the highest average costs, at \$26,021 or \$71 per day per child.

Children in all age groups of the PA-2006 group had lower average costs than children in the PA-PW group. In addition to the 11 to 15 years age category noted above, the 6 to 10 year olds had the next highest average cost per child at \$18,195 or \$50 per day per child, followed by the youngest children at \$13,469 or \$37 per day per child. There were no children in the 16+ age category of the PA-2006 group. For the permanent ward children affected by parental substance misuse (PA-PW group), the same average cost pattern was noted. Children 6 to 10 years of age had the second highest average cost per child at \$16,354 or \$45 per day per child. The 0 to 5 age group had the second lowest average costs at \$16,026 or \$44 per day per child, followed by the 16+ age group at \$11,067 or \$30 per day. Comparing this data to that of the Fuchs et al., study (2008) of the cost of care for children with FASD, all age groups from the FASD population had higher average daily costs than either parental alcohol group. Although the 11 to 15 age group of children with FASD had the highest average costs (as described above), the second highest average costs were incurred by the 16+ age category at \$24,742 or \$68 per day per child. The 6 to 10 year old age group had an annual average cost of \$20,633 or \$57 per day per child. Finally, the 0 to 5 year old group had the lowest averages at \$18,008 or \$49 per day per child.

Of the total agency cost, basic maintenance accounted for an average of \$22 per day per child in 2006 for both parental alcohol groups as well as for the FASD group from the previous study, an expected finding given the relative stability of costs in this portion of a child's in-care per diem. However, special rate/special needs is based on the care needs of the child and the skills of the foster parent to meet those demands, and more variation in average costs was noted here. For example, almost 94% of children in the PA-PW group received special rate at an average of \$29 per day per child, while 98% of children in the PA-2006 group had special rate costs at an average of \$21 per day. This is lower than the \$35 per day special rate reported by the Child Protection Branch for all children in care in a similar time period and lower than the special rate costs for children in care with FASD at \$43 per day (Fuchs et al., 2008).

Included in the special rate/special needs category are additional respite costs, costs for therapy, and medical costs not covered by other health programs. Respite dollars above those provided within basic maintenance were received by approximately 57% of the PA-PW children at a yearly average of \$1,229. About one-third of the children in the PA-2006 group received additional respite dollars at an average of \$2,074 annually. Therapy costs were provided to a small number of children in the PA-PW group (2, 7%) and the PA-2006 group (4, 7%), with the PA-2006 group incurring a higher average annual cost (\$702 compared to \$333 for the PA-PW group). Medical costs were incurred for 4 (13%) PA-PW children at a yearly average of \$174, and for 10 (17%) children in the PA-2006 group at a yearly average of \$126.

Eleven children (34%) in the PA-PW group received exceptional circumstances funding with a yearly average of \$2,129, while 41 (67%) of children in the PA-2006 group incurred costs in this category with a yearly average of \$1,107 per child. In contrast, only 63 children (16%) of the 400 in the sample population of children in care with FASD received exceptional circumstance funding (Fuchs et al., 2008).



## 5. Discussion and Implications

This study provides a description of the annual child welfare costs incurred by a small sample of children affected by parental alcohol abuse: 32 permanent wards and 61 children in care throughout 2006 who were not permanent wards. These costs were compared to a sample of 400 children in care with FASD whose child welfare costs had been previously examined (Fuchs, Burnside, Marchenski, Mudry, & De Riviere, 2008). Comparisons must be made with caution due to the smaller groups in the parental alcohol sample, but some trends are appropriate to note.

In all age groups, the average cost of caring for children with FASD was higher than for either parental alcohol group. This was especially noted in the special rate/special needs cost category, a discretionary component that is based on the care needs of the child and the skills of the foster parent to meet those needs. Children with FASD received an average daily special rate of \$43, compared to the \$29 received on average by permanent wards affected by parental alcohol abuse and the \$21 received on average by the other group of children in care impacted by parental alcohol abuse. Even with the difference in sample size, the impact of FASD on cost of care is notable.

However, since special rates are set in response to the needs of the child and have the biggest impact on the overall average per diem, it is expected that the age and stage of development of the child will play a role in costs. For all sample groups (those with FASD, as well as the permanent wards and non-permanent wards in care in 2006 affected by parental alcohol misuse), the 11 to 15 age category required higher average daily costs than all other age groups. The transition to adolescence is considered to be a normative challenge for many children and their families, manifested in intense moods, challenging parental authority, conflict with others, and for some teens, aggression (Preto, 1999). The higher costs during this stage of development are consistent with the increased demands of caring for adolescents, especially those who have experienced a history of trauma, maltreatment, or attachment disruption. For example, for children in care with FASD, placement breakdown is not uncommon in early adolescence (Fuchs, Burnside, Marchenski, & Mudry, 2008).

In considering the two parental alcohol groups, it is illustrative to consider the proportion of children in different age groups in relation to their legal status. The permanent ward group was older, with the majority of children (53.1%) in the 11 to 15 age category, while the other parental alcohol group had the highest proportion of children in the 0 – 5 age group (50.8%). While this finding has implications for costs (standard basic maintenance rate is slightly higher for adolescents and the onset of puberty is expected to increase the care demands and corresponding costs reflected in special rate/special needs), it also points to the child welfare service trajectory likely being experienced by these children. The younger children who are not permanent wards but spent all of 2006 in care may have been sampled in this study at an early stage of their pending child welfare histories, that is, during the period of service when social workers are either still assisting parents to address the protection concerns that resulted in the child's admission to care or have

already initiated a court application for permanent guardianship. The permanent ward population may have already concluded a lengthy period of being in care prior to permanent guardianship being granted to the child welfare agency by the courts. It is notable that there were no children in the age 16+ age group who were not permanent wards. Further examination of the child welfare paths for children affected by parental alcohol abuse is provided in a corresponding report (Fuchs, Burnside, Marchenski, & Mudry, 2009).

The observation that the children affected by parental alcohol abuse in this study are likely to become permanent wards has implications for child welfare agencies. As noted in this cost of care study, the vast majority of children affected by parental alcohol abuse do require additional costs beyond basic maintenance, costs which tend to increase with age of the child and costs that will be incurred to adulthood for those children who become permanent wards. Therefore, the cost of caring for children affected by parental alcohol misuse is significant enough to be of concern to child welfare agencies.

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### Appendix A

Agency: \_\_\_\_\_

CHILD MAINTENANCE ACTUALS FOR FOSTER AND SPECIAL RATE CARE BY CHILD

Page \_\_ of \_\_

For the month of: \_\_\_\_\_

Level: \_\_\_\_\_

Date: \_\_\_\_\_

Rate Category: \_\_\_\_\_

Name	Basic Maintenance								Special Rate/Needs									
	Foster Parent Board	Agency Allowance						Total Basic Mtce.	N. Food Allow. (if app.) (info only)	Fee for Service	Respite	Therapy	Initial Clothing	Age of Maj.	Home visits	Med-ical	Other Spec.	Total Spec. Rate/Needs
		Gifts	Edu-cation	Activ-ities	Special Occ.	Trans.	Other											
<b>Totals</b>																		

Exceptional Circumstances Expenditures					
Criminal Legal Fees	Out of Province Travel	Services to Level V	Extraord. One Time Special Needs	Total Except. Circ. Expenditure	Exp. No.







**Appendix C**  
**FOSTER CARE RATE 2005/2006 (Effective April 1, 2005)**  
**PAYABLE TO FOSTER PARENTS**

CHART OF ACCOUNTS	SOUTH OF 53				NORTH OF 53 East of Lake Winnipeg N51 12' (no road access)				NORTH OF 53 (road access)			
	0-10		11-17		0-10		11-17		0-10		11-17	
	Per Diem	Annual	Per Diem	Annual	Per Diem	Annual	Per Diem	Annual	Per Diem	Annual	Per Diem	Annual
Household Allowance	0.47	171.55	0.47	171.55	0.49	178.85	0.49	178.85	0.49	178.85	0.49	178.85
Bedding & Linen	0.48	175.20	0.48	175.20	0.50	182.50	0.50	182.50	0.50	182.50	0.50	182.50
Repairs & Equipment	0.94	343.10	1.04	379.600	0.98	357.70	1.10	401.50	0.98	357.70	1.10	401.50
Utilities	1.11	405.15	1.11	405.15	1.16	423.40	1.16	423.40	1.16	423.40	1.16	423.40
Food	5.77	2,106.05	7.32	2,671.80	6.35	2,317.75	8.06	2,941.90	8.36	2,208.25	10.62	2,810.50
Health & Personal Care	0.54	197.10	0.86	313.90	0.57	208.05	0.90	328.50	0.57	208.05	0.90	328.50
Transportation	1.63	594.95	1.63	594.95	1.70	620.50	1.70	620.50	1.70	620.50	1.70	620.50
Respite	1.89	689.85	1.89	689.85	2.00	730.00	2.00	730.00	2.00	730.00	2.00	730.00
Replacement Clothing	1.93	704.45	2.39	872.35	2.02	737.30	2.52	919.80	2.02	737.30	2.52	919.80
Personal Allowance	0.69	251.85	1.60	584.00	0.72	262.80	1.67	609.55	0.72	262.80	1.67	609.55
Babysitting/Child Care	1.23	448.95	1.23	448.95	1.31	478.15	1.31	478.15	1.31	478.15	1.31	478.15
Damages/Deductibles	0.96	350.40	1.89	689.85	1.03	375.95	1.95	711.75	1.03	375.95	1.95	711.75
<b>TOTAL TO FOSTER PARENT</b>	<b>17.64</b>	<b>6,438.60</b>	<b>21.91</b>	<b>7,997.15</b>	<b>18.83</b>	<b>6,872.95</b>	<b>23.36</b>	<b>8,526.40</b>	<b>20.84</b>	<b>6,763.45</b>	<b>25.92</b>	<b>8,395.00</b>
<u>Agency Allowance</u>												
Gifts	0.30	109.50	0.30	109.50	0.31	113.15	0.31	113.15	0.31	113.15	0.31	113.15
Activities, Education, Special Occasion, & Other Special Costs	1.16	423.40	1.16	427.05	1.21	441.65	1.21	441.65	1.21	441.65	1.21	441.65
<b>SUB-TOTAL</b>	<b>1.46</b>	<b>533.90</b>	<b>1.46</b>	<b>536.55</b>	<b>1.52</b>	<b>554.80</b>	<b>1.52</b>	<b>554.80</b>	<b>1.52</b>	<b>554.80</b>	<b>1.52</b>	<b>554.80</b>
<b>*TOTAL RATE</b>	<b>19.10</b>	<b>6,971.50</b>	<b>23.37</b>	<b>8,530.05</b>	<b>20.35</b>	<b>7,427.75</b>	<b>24.88</b>	<b>9,081.20</b>	<b>22.36</b>	<b>7,318.25</b>	<b>27.44</b>	<b>8,949.80</b>
<b>Northern Food Allowance</b>					0.30	109.50	0.36	131.40				

\*Includes Northern Food Allowance





**Appendix D**  
**FOSTER CARE RATE 2006/2007 (Effective April 1, 2006)**  
**PAYABLE TO FOSTER PARENTS**

CHART OF ACCOUNTS	SOUTH OF 53				NORTH OF 53 (road access)				NORTH OF 53 East of Lake Winnipeg N51 12' (no road access)			
	0-10		11-17		0-10		11-17		0-10		11-17	
	Per Diem	Annual	Per Diem	Annual	Per Diem	Annual	Per Diem	Annual	Per Diem	Annual	Per Diem	Annual
Household Allowance	0.47	171.55	0.47	171.55	0.49	178.85	0.49	178.85	0.49	178.85	0.49	178.85
Bedding & Linen	0.48	175.20	0.48	175.20	0.51	186.15	0.51	186.15	0.51	186.15	0.51	186.15
Repairs & Equipment	0.95	346.75	1.05	383.25	0.99	361.35	1.11	405.15	0.99	361.35	1.11	405.15
Utilities	1.12	408.80	1.12	408.80	1.17	427.05	1.17	427.05	1.17	427.05	1.17	427.05
Food	5.83	2,127.95	7.39	2,697.35	6.41	2,339.65	8.14	2,971.10	8.45	3,084.25	10.73	3,916.45
Health & Personal Care	0.55	200.75	0.87	317.55	0.58	211.70	0.91	332.15	0.58	211.70	0.91	332.15
Transportation	1.65	602.25	1.65	602.25	1.72	627.80	1.72	627.80	1.72	627.80	1.72	627.80
Respite	1.91	697.15	1.91	697.15	2.02	737.30	2.02	737.30	2.02	737.30	2.02	737.30
Replacement Clothing	1.95	711.75	2.41	879.65	2.04	744.60	2.55	930.75	2.04	744.60	2.55	930.75
Personal Allowance	0.70	255.50	1.63	594.95	0.73	266.45	1.69	616.85	0.72	262.80	1.68	613.20
Babysitting/Child Care	1.24	452.60	1.24	452.60	1.32	481.80	1.32	481.80	1.32	481.80	1.32	481.80
Damages/Deductibles	0.97	354.05	1.91	697.15	1.04	379.60	1.97	719.05	1.04	379.60	1.97	719.05
<b>TOTAL TO FOSTER PARENT</b>	<b>17.82</b>	<b>6,504.30</b>	<b>22.13</b>	<b>8,077.45</b>	<b>19.02</b>	<b>6,942.30</b>	<b>23.60</b>	<b>8,614.00</b>	<b>21.05</b>	<b>7,683.25</b>	<b>26.18</b>	<b>9,555.70</b>
<u>Agency Allowance</u>												
Gifts	0.30	109.50	0.30	109.50	0.31	113.15	0.31	113.15	0.31	113.15	0.31	113.15
Activities, Education, Special Occasion, & Other Special Costs	1.17	427.05	1.17	427.05	1.22	445.30	1.22	445.30	1.22	445.30	1.22	445.30
<b>SUB-TOTAL</b>	<b>1.47</b>	<b>536.55</b>	<b>1.47</b>	<b>536.55</b>	<b>1.53</b>	<b>558.45</b>	<b>1.53</b>	<b>558.45</b>	<b>1.53</b>	<b>558.45</b>	<b>1.53</b>	<b>558.45</b>
<b>*TOTAL RATE</b>	<b>19.29</b>	<b>7,040.85</b>	<b>23.60</b>	<b>8,614.00</b>	<b>20.55</b>	<b>7,500.75</b>	<b>25.13</b>	<b>9,172.45</b>	<b>22.58</b>	<b>8,241.70</b>	<b>27.71</b>	<b>10,114.15</b>
<b>Northern Food Allowance</b>					0.30	109.50	0.36	131.40	2.33	850.45	2.94	1,073.10

\*Includes Northern Food Allowance