

# Impact of FASD:

## Children with FASD involved with the Manitoba Child Welfare System

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IHE Consensus Development Conference on

**Fetal Alcohol Spectrum Disorder  
(FASD) – Across the Lifespan**

October 7 to 9, 2009, The Westin Edmonton, Edmonton, Alberta



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# Children with FASD Project

- The Children with FASD Project involves a series of studies which examined children with disabilities in care of child and family services agencies in Manitoba.
- This project is a joint initiative of the Faculty of Social Work (University of Manitoba) and Manitoba Department of Family Services and Housing, conducted under the auspices of the Prairie Child Welfare Consortium, funded by the Public Health Agency of Canada (PHAC) through the Centre of Excellence for Child Welfare.

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# Incidence of FASD

- Approximately one-third of all children in care in Manitoba have some type of diagnosed disability.
- Further, at least 17% of all children in care have been diagnosed with FASD or are in the process of being medically assessed for the condition.

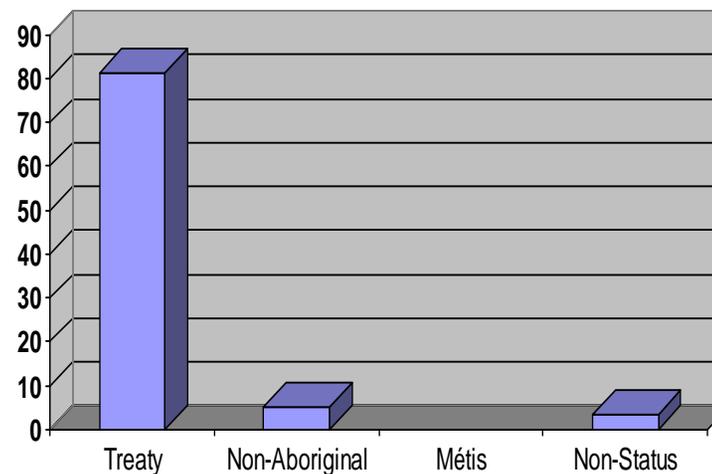
*Study 1: N = 963*



# Children in Care in Manitoba with FASD

- At least 80% of children in care in Manitoba are Aboriginal.
- Consequently, a high proportion of children with FASD are also of Aboriginal descent.

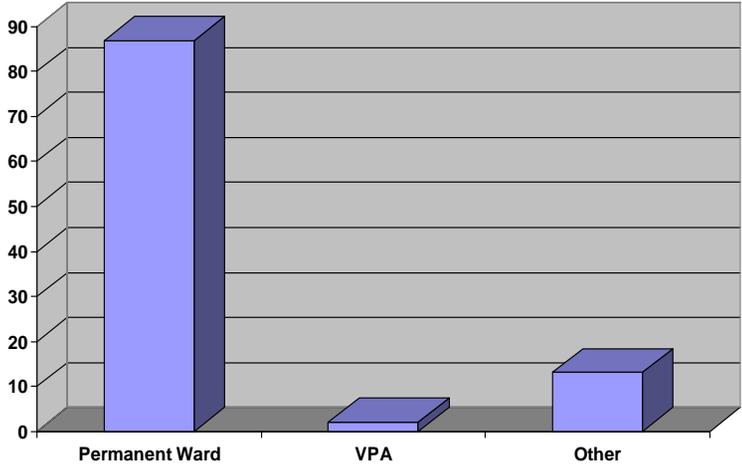
Culture of Children Diagnosed with FASD



# Children in Care in Manitoba with FASD

- The majority of children in care with FASD are Permanent Wards.

Legal Status of Children with Diagnosed FASD



# Children in Care in Manitoba with FASD

## Children with FASD:

- entered care at a younger age than other children in care
- became Permanent Wards more quickly than other children, due to the younger age of admission to care
- spent a greater proportion of their lives in care
- have a higher number of placements than other permanent wards

*Study 2: N = 122*



# Children in Care in Manitoba with FASD

- Approximately 30% of youth with FASD were maintained in their longest placement until age of majority
- Placements tended to breakdown in adolescence
- A breakdown in the longest placement tended to be followed by several moves
- Care was seldom extended past age 18
- Youth experienced many social workers over their time in care

*Study 3: N = 27*



# Cost of Child Welfare Care

- For the 2006 calendar year, total costs to the child welfare system for 400 children with FASD was \$9,504,094.
- Average annual cost per child was \$23,760:
  - 0 – 5 years: \$18,008
  - 6 – 10 years: \$20,633
  - 11 – 15 years: \$26,021
  - 16 + years: \$24,742

*Study 4: N = 400*



# Cost of Child Welfare Care

- Preschoolers age 0 – 5 had a daily average special rate of \$27.
- Children age 6 – 10 had a daily average special rate of \$35.
- Youth age 11 – 15 had a daily average special rate of \$47.
- Adolescents older than age 16 had a daily special rate of \$50.
- Average daily special rate across age groups was \$42.
- Average daily special rate for all children in care was \$35.



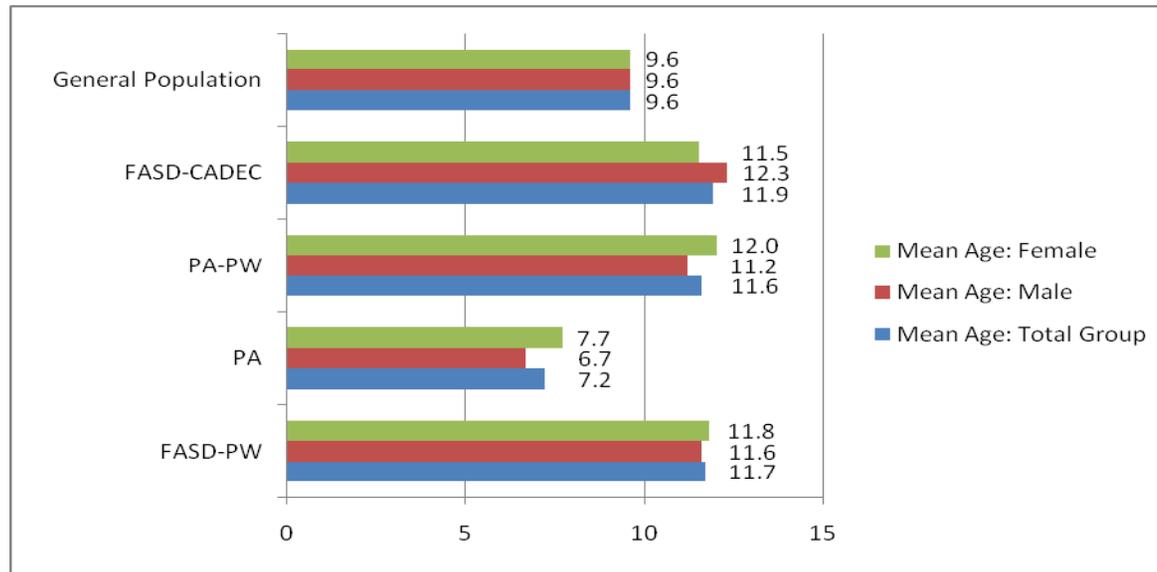
# Economic Impact Study

- FASD-PW: Permanent Wards with FASD ( $N = 603$ )
- PA: Children in temporary care, parents with alcohol issues ( $N = 587$ )
- PA-PW: Permanent Wards, parents with alcohol issues ( $N = 51$ )
- FASD-CADEC: Children not in care with FASD ( $N = 119$ )
- General Population: Children without FASD selected by random matching methodology ( $N = 4,964$ )

*Study 5*

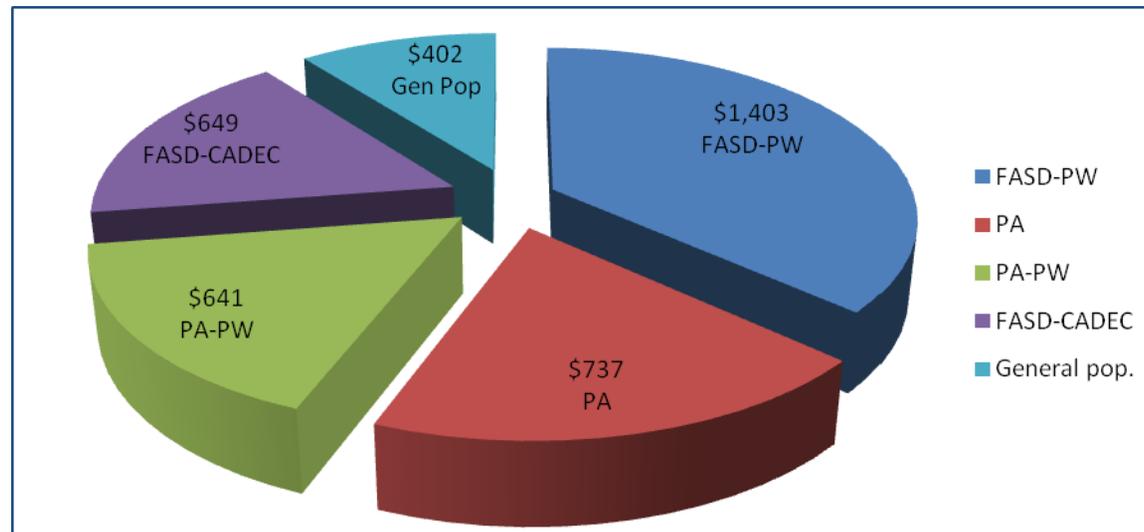


# Economic Impact Study



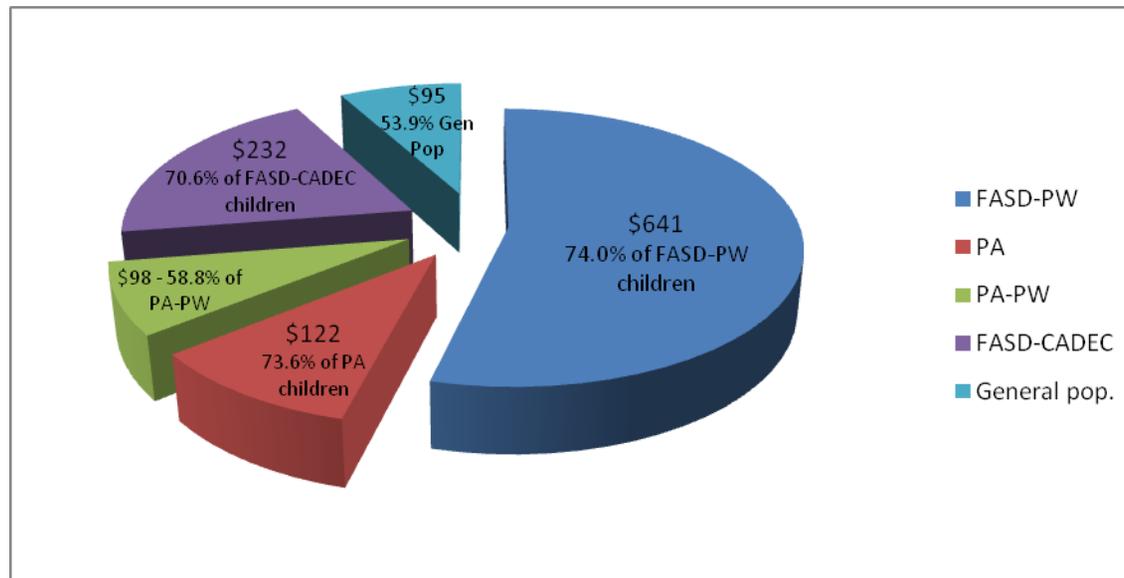
# Average Health Care Costs per Child

(Hospital Inpatient and Day Procedures, Physician Visits, Prescription Drugs)



# Prescription Drugs

(Average Cost and Percentage of Children with Prescriptions)



# Health Implications

- Permanent wards with FASD have the highest utilization and costs of physician services, hospitalizations, and prescriptions.
- Children with FASD, whether in care or not, are prescribed nervous system drugs at a higher rate (60+%) than the General Population sample (20%)
- Nervous system drugs are increasingly prescribed to children with FASD as they age (30% at age 0 – 5; 60% at age 6 – 10)
- Ritalin and other ADHD drugs account for a large share of these prescriptions, followed by medications for depression



# Education Costs

	Number of children enrolled	Children funded at Level 2	Children funded at Level 3	Total costs of education funding	Average costs of education	Incremental education costs compared to General Population
<b>FASD-PW</b>	450	36.2%*	14.0%*	\$3,304,514	\$7,343	\$5,166
<b>PA</b>	311	3.2% (1)	(s)	\$ 702,458	\$2,259	\$ 82
<b>PA-PW</b>	35	17.1%*(1)	0	\$ 124,294	\$3,551	\$1,374
<b>FASD-CADEC</b>	79	38.0%*	7.6%*	\$ 460,818	\$5,833	\$3,656
<b>General population</b>	3,407	1.9%	1.0%	\$7,418,198	\$2,177	-
(s) the estimate is suppressed due to a small count between 1 and 5 observations (1) Statistically significant difference with respect to the FASD-PW group						



# Education Implications

The children in care and FASD-CADEC children:

- Had a higher chance of accessing level 2 or 3 special rate funding
- Had lower high school graduation rates and have a lower likelihood of completing 8 or more credits in Grade 9 which is a predictor of successful high school completion
- Had lower average marks and are less likely to have ever written standard provincial examinations in language arts or math
- Had a higher chance of being retained in school
- Had a lower likelihood of being enrolled in school after age 15 if FASD-affected
- Had incrementally higher education costs, particular for the FASD-affected children



# Subsidized Child Care Costs

Group	Children under age 16	Children in subsidized child care	Subsidized infants and preschoolers	Subsidized school age kids	Total costs of subsidized child care	Average costs of subsidized child care	Marginal costs above General Population
<b>FASD-PW</b>	498	72	48.8%	26.4%	\$232,336	\$467	\$249
<b>PA</b>	556	87	24.7%	(s)	~	~	~
<b>PA-PW</b>	41	(s)	(s)	(s)	~	~	~
<b>FASD-CADEC</b>	93	10	(s)	(s)	~	~	~
<b>General pop.</b>	4,380	277	11.8%	8.8%	\$956,384	\$218	-

(s) suppressed to small counts; either one or both of the estimates for children aged 6-10 or 11-15 (school age kids) is suppressed due to a small count between 1 and 5 observations  
 ~ estimate is indeterminate due to suppressed data  
 PA-PW and FASD-CADEC groups: estimates are indeterminate, since data on the percentage of children accessing subsidized child care is suppressed.  
 PA group: though estimates are available on the percentage of children accessing subsidized child care, no information is available on the average period of time the children were in care during 2006. Consequently, the total, average, and marginal costs are indeterminate.



# Subsidized Child Care Implications

- Permanent wards with FASD have a higher likelihood of accessing subsidized child care funding
- The average costs of subsidized child care funding for permanent wards with FASD is more than double the costs incurred for children in the General Population group.



# The Effect of Parental Alcohol Misuse

Children in care affected by parental alcohol abuse but with no diagnosed FASD were found:

- to have the second highest utilization and costs of physician visits and hospitalizations
- to have nervous system drugs as the most frequent type of medication prescribed, although at a lower rate than children with FASD (60+% vs 25%)
- to experience detrimental educational outcomes (but received less special education funding)



# Summary of Findings

- FASD creates significant demands on the resources of child welfare agencies, because of the frequency and length of time that children with FASD are in care.
- Children with FASD are more likely to be permanent wards of child welfare agencies.
- The average cost of child welfare care for a child with FASD is higher than for other children in care.
- Large numbers of children with FASD will be transitioning out of care and will require services in the adult system.



# Summary of Findings

## Children with FASD are disadvantaged as they enter the child welfare system:

- They enter care earlier, are made permanent wards more quickly, and spend a greater proportion of their lives in care.

## Children with FASD are disadvantaged as they leave the system:

- Their placements are least stable during the time of transition planning to adulthood.



# Summary of Findings

- FASD also significantly affects health care costs and utilization, education costs and outcomes, and the use and cost of subsidized child care.
- Children who do not have a diagnosis of FASD but are affected by parental alcohol abuse are impacted in a similar way as children with FASD.



# All Reports are Available at:

The Centre of Excellence for Child Wellbeing's  
Canadian Child Welfare Research Portal:

<http://www.cecw-cepb.ca/catalogue>

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