



Fast

FACTS

CANADIAN CENTRE FOR POLICY ALTERNATIVES – MANITOBA

there is an alternative.

December 21, 2015

Mothering Project : effective prevention with vulnerable families

“The root causes of neglect—including poverty, poor housing, food insecurity, and substance abuse—lie beyond the scope of the child welfare system to resolve. But a collaborative approach, working with parents and harnessing the collective resources of child welfare and other provincial government departments, other levels of government, and the province’s many community-based organizations, can make a difference for vulnerable families.”
Honourable Ted Hughes, (2014)

These words from the findings of the Inquiry into the tragic death of Phoenix Sinclair stressed again the need to create comprehensive, preventive measures that support vulnerable families.

The Mothering Project (Manito Ikwe Kagiikwe) is such a measure; an innovative community-based program providing services to vulnerable mothers impacted by substance use, mothers who are at greater risk of having their children apprehended by child welfare authorities. Based on an understanding of the negative long-term health outcomes that apprehension has for mother and child, this program provides comprehensive, prevention-focused and non-judgmental services to this chronically underserved population.

What makes this program unique is that participants are not required to stop their substance use to receive services. By de-stigmatizing addiction, the Mothering Project removes social, economic and

cultural barriers so these pregnant and parenting women can access addiction support, trauma counseling, prenatal, obstetric, nutritional and medical care, as well as parenting and child development supports. The emotional welfare of participants is also fostered with childcare, social supports, one-on-one support, group programming and advocacy. By being community-based, it also offers a safe culturally grounded and trauma informed environment where the women can build relationships with each other and with a caring staff.

This innovative approach is consistent with research that shows substance-using mothers who have access to a community network of supports and services can have good quality parent-child relationships, a crucial determinant of child health. The Mothering Project is already seeing many successes, largely because of its focus on prevention, harm reduction and building on family strengths.

Building on the experiences of the Sheway Program (Vancouver) and the Breaking the Cycle Program (Toronto), the Mothering Project started in 2013 by Mount Carmel Clinic under the direction of two advisory groups. Its design and implementation are also consistent with the findings of The Phoenix Sinclair Inquiry that highlighted the need for the child welfare system, government and community to share responsibility for protecting children.

CCPA-MB
205-765 Main St.
Winnipeg, MB
R2W 3N5

phone

(204) 927-3200

email

ccpamb@policyalternatives.ca

website

[www.policyalternatives.ca/
manitoba](http://www.policyalternatives.ca/manitoba)

blog

www.policyfix.ca
twitter

@ccpamb



continued..

The Mothering Project runs with a modest budget of \$421,738 per year (85 percent from the Winnipeg Regional Health Authority with the remainder provided by Healthy Child Manitoba). However, its innovative nature within the politicized context of child welfare policy, has made it difficult to obtain the funding it requires to meet actual demand. With 64 participants, the program has been running at maximum capacity since it started. It could do much more.

In September 2014, the Mothering Project conducted an informal assessment of the program. When the program began participants were: using drugs and alcohol or “white knuckling it” through pregnancy; on social assistance or had no income; and dealing with lack of supports. Also, 97 percent had an open file with Child and Family Services (CFS), and 94 percent of the women had children in care. Also, 90 percent of the women disclosed significant trauma history, 56 percent were homeless or under housed, 96 percent had never completed a treatment program and 79 percent did not have prenatal care.

Sixteen months later, this picture had changed dramatically: 49 of the women were well connected with the team and regularly engaging in programming; 92 percent were receiving social assistance; 63 percent of families were housed; 37 percent were parenting full time; 36 percent were abstaining from using drugs or alcohol; 47 percent had reduced their substance use; and 53 percent had taken their babies home with them from hospital after birth. The primary care these mothers received during pregnancy also resulted in healthier babies and shorter hospital stays, while community programs like the Anne Ross Day Nursery allowed some of them to keep their children out of care completely.

The societal benefits of babies raised by their mothers are difficult to quantify, but some benefits of the Mothering Project can be quantified. For instance, the yearly cost of one child in care of CFS is \$36,000 per year, or 5.5 times higher than the Mothering Project’s cost of \$6,600 per year, per participant.

The mothers who manage to keep their babies represent another cost savings. In 2014, 18 out of 34 babies went home with their mother after birth. The 16 babies who went into care cost \$576,000/year, again 5.5 times higher than the Mothering Project cost to support the 18 women who kept their babies, at \$118,613/year. The cost savings remain significant when adding the extra social assistance costs of \$5,964/year for one baby at home. Financial support for 18 babies living at home costs an extra \$107,352, compared to the cost of 18 babies in care at \$648,000. Subtracting the extra social assistance costs, leaves a cost savings of \$540,648 - an amount that exceeds the total cost of running the Mothering Program at \$421,738, effectively paying for the program.

There are more cost savings. Children born to women who maintain sobriety are less likely to be impacted by Fetal Alcohol Spectrum Disorder. Children in the child welfare system with FASD cost the government an average 20 percent more than other children in care, or \$43,000 per year. Costs savings are also realized in the justice system since women with strong social supports are less likely to engage in criminal activities.

The Mothering Project is a cost efficient and effective community-based program with far reaching benefits. It is an example of how a research inspired, prevention focused community-based program can work, especially when tailored to the needs of a vulnerable population. However, funding has not grown since the program started. We need to adequately fund it.

Carole O’Brien is a researcher for the Manitoba Research Alliance. She wrote this piece in collaboration with Mothering Project staff.

CCPA-MB
205-765 Main St.
Winnipeg, MB
R2W 3N5

phone
(204) 927-3200

email
ccpamb@policyalternatives.ca

website
www.policyalternatives.ca/
manitoba

blog
www.policyfix.ca

twitter
@ccpamb

CAW TCA
CANADA
Local 567