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# Live-In Family Enhancement (LIFE): a comprehensive program for healing and family reunification

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### Article abstract

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*An Indigenous agency in Manitoba, Metis Child, Family, and Community Services, has devised an innovative approach in which parents were fostered along with their children. This allows the agency to make a wide range of resources available to families on a 24-hour basis for 8-to-12-month periods. The costs do not appear to exceed those of regular fostering of children.*

*This Live-In Family Enhancement (LIFE) program was extensively evaluated in 2015. The findings show a significant set of benefits to families such as stronger attachment between parents and children, improved parenting skills for caregivers, strengthened social support for families, newly acquired household management skills, successful completion of employment training, and significantly improved trust in social workers and the agency. Many of these factors are correlated, in research, with increased rates of family reunification. The paper documents these findings, and recommends that this approach be expanded for use in prevention as well as reunification.*

## An Interdisciplinary Journal

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of First Peoples through Research, Critical Analyses,  
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## Live-In Family Enhancement (LIFE): a comprehensive program for healing and family reunification

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### Abstract

*Family enhancement is an approach to child protection that has been recommended by numerous reviews of child welfare practice. A recent example emerged from a comprehensive review of the child welfare system in Manitoba, Canada. The inquiry recommended that family enhancement be utilised in all child welfare cases, and be funded at levels reasonable enough to allow comprehensive support for families seeking to re-unify. Agency staff told the inquiry, however, that current resources permitted only limited service, for insufficient time, and for only a small percentage of families in care.*

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**Keywords:** Family enhancement, Live-In Family Enhancement, child welfare, family reunification, prevention

In 2013, a Commission of Inquiry in the Province of Manitoba released its report on the *Circumstances Surrounding the Death of Phoenix Sinclair* (Hughes, 2013). The inquiry had been called by the provincial government to investigate the death of a young girl for whom Winnipeg Child and Family Services had opened case files 13 times during her short five years of life. The inquiry heard that the child welfare agency had failed to notice the girl's disappearance until nine months after she was murdered by her parents (Hughes, 2013).

The inquiry undertook a comprehensive survey of the appropriateness, effectiveness, strengths, and challenges of Manitoba's child welfare system. A consistent theme throughout the testimony was the need for a differential response approach to each child welfare case. Central to this approach is family enhancement. Family enhancement was defined by the inquiry as an intervention in which risk is less immediate than for protection cases and in which agencies can provide supports to families to develop secure and nurturing homes for children (Hughes, 2013). Family enhancement is defined in similar ways in other contexts (Alberta, 2018; Manitoba Family Services, 2014).

Metis Child, Family, and Community Services (MCFCS) in Manitoba, whose program will be discussed in this paper, gives a typical description of family enhancement:

*[Family enhancement is] a supportive service focusing on the overall needs of the family and the well-being of the children . . . Planning builds on identified strengths and focuses on needs identified through an assessment process with the family. Sharing circles, with the support of the program's cultural worker, and planning meetings with extended family members, are used to broaden families' support networks* (Metis Child, Family, and Community Services, 2018, para. 11).

The goal of family enhancement is to strengthen the family and to avoid bringing a child into care. Expert witnesses at the Phoenix Sinclair inquiry recommended that social work interventions include family enhancement at every phase (Hughes, 2013).

While extensive use of family enhancement was endorsed by virtually all witnesses at the inquiry, a key impediment to implementation was described by agency directors as a lack of both human and financial resources. The commission was told that agency budgets for family enhancement were only \$1,300 per family per year. This was to cover all the supports a family might need. However, to place a family support worker in a home for only six hours per week for 20 weeks would cost an agency \$5,000. In the opinion of one agency director, families usually needed such support for at least a year to be able to make changes in their behaviour patterns (Hughes, 2013). Because of budget constraints, agencies ration their resources, and only a minority of families receive family enhancement. Six hours per week of family support leaves no additional budget for other important services such as attachment therapy, Fetal Alcohol Spectrum Disorder training, parenting classes, assistance with employment, or even such essential needs as transportation and adequate nutrition. The inquiry's final report recommended that resources for family enhancement be increased to "reasonable levels" (Hughes, 2013, p. 42) and that family enhancement be "embedded in all ongoing services to families" (Hughes, 2013, p. 37).

At the same time as these recommendations were being made by the inquiry, a child welfare agency in Winnipeg, MCFCS, was experimenting with a program called Live-In Family Enhancement (LIFE) (Metis Child, Family, and Community Services, 2018). Rather than placing a family support

worker in a home for a few hours per week, and exhausting resources for additional programming, the LIFE model had parents and children move in full-time to a foster home together with a family mentor (Metis Child, Family, and Community Services, 2014a). The client families received coaching and support in parenting on a moment-to-moment basis, seven days per week, and had access to a full range of other supports such as attachment-based parenting training, anger management training, substance abuse relapse prevention, employment assistance, help with nutrition and budgeting, support with issues at school or daycare, and a range of other resources needed to become competent and nurturing families (Metis Child, Family, and Community Services, 2014a).

The LIFE program was provided not as an alternative to apprehension but rather as a process for family reunification. The funds for the support worker and ancillary supports were drawn not from supplementary budgets of \$1,300 per family per year but from per diem amounts normally paid to foster parents. To access these resources the program fostered the parent(s) with the child and provided support and mentoring that could help ensure successful reunification (Metis Child, Family, and Community Services, 2014b).

The LIFE model was of great interest to funders of MCFCS. In September 2014, MCFCS engaged the authors of this paper to conduct an evaluation of the implementation and outcomes of the LIFE program. The evaluation team consisted of two Master of Social Work students, their thesis supervisor, and another university professor who specializes in program evaluation. The team submitted their report to MCFCS in August 2015.

This paper is a summary of the findings of the report and a discussion of some of the potential benefits of the LIFE program. This paper briefly describes some of the outcomes for families that emerged from the evaluation study, relates these to a brief literature review on reunification of child welfare families, and describes the innovative funding model that was used by MCFCS and that could be utilized by any agency. Finally, this paper discusses the potential expansion of the LIFE model beyond a reunification objective and more broadly for prevention.

The LIFE program provided service for 8-12 months. During the period covered by the evaluation (January 2008 and August 2015), the program worked with 27 families involving a total of 39 children. At the time of writing this paper, the program had worked with a further 6 families for a total of 33 families. It is not known if all the families in the LIFE program were Métis. In Manitoba, a family has the right to choose the agency from which they wish to receive services (Hughes, 2013; Milne, Koslowsky, and Sinha, 2018). Such decisions may be made for a variety of reasons. However, 90% of children in care in Manitoba are Indigenous, and it is therefore likely that families in the LIFE program reflected this level of representation (Manitoba, 2017). Seventy-five percent of children whose families completed the LIFE program were able to stay with their families and have not re-entered care (LIFE Program Director, personal communication, August 9, 2018).

## Evaluation approach and methodology

In discussion with MCFCS, the evaluation team applied a utilization-focused evaluation approach following the guidelines developed by Patton (1997, 2008). This approach assumes that significant participation in the design of research, and analysis of its findings, by users of the evaluation will increase the likelihood that research results will be utilized (Patton, 2008).

The evaluation followed a series of iterative steps, starting by identifying the primary intended users of the information and creating a working group that included representation from different stakeholders. Stakeholders included representatives from the Manitoba Government Child Protection Branch (funder), the Metis Authority, and staff members of MCFCS including the Executive Director, LIFE program Supervisor, LIFE program Treatment Worker, and the Director of Resources. This working group met five times between October 2014 and August 2015. The working group made all significant decisions in terms of evaluation questions, design, data collection, and methodology. The working group oversaw the approach to data collection and analysis while more detailed analysis was done by the graduate students. The types of analysis used, interpretation of data, and decisions on utilization of findings were determined by the working group.

Evaluation questions were of two types: those designed to measure outcomes; and those designed to assess implementation effectiveness. Only the findings of the outcome questions will be discussed in this paper. These questions, as developed by the working group, were: 1) what impact has participation in the LIFE program had on parents, children, and the entire family, and; 2) how effective was the training and support provided to the mentors and to biological parents?

To answer these questions the group chose a sample of ten LIFE families. This was a purposive sample based on maximum variation of criteria such as entry year, presenting issues, age of parent, relationship status of parent, number of children, age of children, location of the mentorship home, agency providing case management support, successful or non-successful graduation, and length of time in the program. This diversity sample was expected to provide a comprehensive range of data about the program. As Patton (1990) points out, there is greater significance of shared patterns emerging from diverse cases than from a homogeneous sample.

The evaluation team conducted document reviews including general files, transfer summaries, structured decision-making tools, Signs of Safety Maps, parental capacity assessments, weekly logs for the program, case notes prepared by social workers and LIFE program mentors, and reports and certificates from outside agencies such as therapists and the Addictions Foundation of Manitoba. These were expected to provide significant information on issues, goals, and progress of each family. Initially, the intent was to conduct a file review for the entire sample. However, when eight of ten file reviews were completed it was found that the information was similar to that gathered by interviewing multiple actors involved with a family. Due to the considerable time required to carry out file reviews, the working group decided to discontinue file reviews for the last two families and focus only on interviews.

The evaluation team eventually conducted interviews with eight participating LIFE families. One of the families in the file review could not be contacted, and one declined to be interviewed. These 8 families constituted 30% of the 27 families that had completed the LIFE program as of August, 2015. The ten families had a total of six LIFE mentors. All six mentors were also interviewed, along with LIFE staff related to three LIFE families who were able to take part. Seventeen interviews in all were carried out. All interviews except one were audio recorded and transcribed (one parent declined to be recorded and, in this case, handwritten notes were taken). The graduate students identified themes that emerged both according to evaluation questions and those that emerged inductively from the data. The graduate students analyzed transcripts separately and then compared emerging themes identified across the interviews. Emergent findings were presented to the stakeholder group for discussion and interpretation.



## Reunification of child welfare families

Child welfare agencies in Canada, the United States, the United Kingdom, and Australia all prioritize the reunification of families after children have been taken into care (Chambers, Brocato, Fatemi, & Rodriguez, 2016; Landers & Danes, 2016; Esposito et al., 2014). Research over the last two decades in the United States, using large samples, indicates that only 51% of American children in out-of-home care return to birth parents and only 43% return in the first 12 months of care (Akin, 2011; Chambers et al., 2016; Landers & Danes, 2016). The average time in out-of-home care is 28 months (Chambers et al., 2016). These figures vary somewhat according to jurisdictions.

Findings over the past two decades suggest a consistent set of factors that are correlated with increased likelihood of reunification. These include age of the child, reasons for placement, length of time in care before reunification, emotional or behavioral difficulties of the child, the child's ethno-cultural background, the number of placement changes, and family social and economic disadvantages (Chambers et al., 2016; Landers & Danes, 2016; Akin, 2011; Esposito et al., 2013; Yampolskaya, Armstrong, Strozier, & Swank, 2017).

While these correlates provide a starting point for understanding potential for reunification, they do not specify actual processes that lead to, or improve, the rates of restoration of families. Esposito et al. (2014) state that for Canada there are no "province-wide longitudinal studies on the case dynamics that influence reunification" (p. 279). According to these authors "child protection authorities make decisions relying on professional intuition, descriptive cross-sectional annual service statistics, and research evidence drawn from other countries that have child protection systems structurally different than that in Québec [or other Canadian jurisdictions]" (p.279).

Chambers et al. (2016), Carnochan, Chris, and Austen (2013) and Yampolskaya et al. (2017) reviewed the literature on factors that are linked to improved potential for reunification. Some of these include regular family visits at the child's home (versus public environments such as fast food restaurants) and involvement of parents in making decisions (Carnochan et al., 2013). Matching family needs to services such as mental health, housing, family counseling, and substance abuse treatment, has been shown to increase reunification significantly (Choi & Ryan, 2007). Cheng (2010) and Cheng and Lo (2012) found that families who received financial assistance and housing services were more likely to reunify. Some studies indicate that families that wanted to reunify were not able to receive services they needed. Marcenko, Lyons, and Courtney (2011) found that of 809 mothers who were seeking to reunify, one third did not obtain family counseling services, and 20% did not receive necessary medical treatment.

Some factors leading to improved reunification rates were characteristics of agencies and not of families or services. High caseloads for protection workers and staff turnover have been shown to have negative effects on reunification and permanency outcomes (Chambers et al., 2016). The Child Welfare League of America recommends caseloads per worker of 12 to 15 (Hughes, 2013). The Manitoba Children's Advocate endorses this standard (cited in Hughes, 2013). The American Public Human Services Association (cited in Chambers et al., 2016) found that average caseloads were double that at 24 to 31. The Phoenix Sinclair Inquiry commented that excessive workloads were a problem for child welfare across Canada and perhaps everywhere in the world (Hughes, 2013). Child protection workers in Winnipeg often have caseloads of 40 while the department's funding model assumes caseloads of 25 (Hughes, 2013). Experts at the inquiry recommended caseloads of 12-15 (Hughes, 2013).

Staff turnover can also have a negative impact on reunification. Flower, McDonald, and Sumski (2005) found that children who had only one worker had reunification and permanency rates of 74.5%. When two workers were involved, reunification and permanency rates dropped to 17.5%. The Family to Family initiative in the United States covering 60 agency sites across 19 states, reduced caseloads and allocated only one worker per case as part of a package of measures to increase reunification rates (Chambers et al., 2016). Evaluation studies found that workers with smaller caseloads achieved reunification rates of 40% compared to 16% for control groups. Families that had multiple workers took 76% longer to reunify. Chambers et al. (2016) argue that programs that incorporate parental involvement in case planning, match services to needs, address financial and housing needs, have reasonable workloads for caseworkers, and avoid transfer of cases among workers, are generally able to increase reunification rates and to sustain reunification over the long term. The LIFE program generally provided one mentor per participant family over the course of 8-12 months and endeavoured to make a range of services available that met the needs of both parents and children (Metis Child, Family, and Community Services, 2014a). In so doing it incorporated many of the correlates that research suggests improve potential for reunification.

Parent coaching and training programs are considered to be widely needed services for families who are seeking to reunify (Dozier, Meade, & Bernard, 2014; Oxford et al., 2016; Troutman, 2015). Such programs generally fall into two types, behavioral interventions and approaches aimed at building secure attachment (Troutman, 2015). Both kinds of programs have been extensively evaluated (Stratton-Webster, 2014; Dozier, Meade, & Bernard, 2014). They have demonstrated positive outcomes, though they differ in the outcomes achieved (Dozier, Meade, & Bernard, 2014; Troutman, 2015). Child welfare authorities often consider successful completion of a parenting course as a factor in family readiness to reunify.

While the LIFE program design was based largely on practical experience rather than formal research, the program can be seen to have incorporated many factors correlated with successful reunification. This will be discussed further in the sections below.

## Findings

As mentioned above, the two key research questions developed by the stakeholder group in the evaluation were: what impact has participation in the LIFE program had on parents, children, and families, and; how effective was the training and support provided to the mentors and to biological parents? Six themes emerged from the responses of staff and participants in the evaluation interviews. These were: 1) establishing predictable routines; 2) developing self-esteem and competence in parenting; 3) building trust in the agency and others; 4) broadening the circle of support and repairing relationships; 5) managing the household; and 6) obtaining secure housing and income. This section of the paper represents some key quotations of participants in the program that illustrate these themes.

## Establishing predictable routines

One of the outcomes of the LIFE program most frequently identified in interviews with both families and agency staff was the development of predictable routines for the family. When asked about outcomes of the program, comments such as the following were typical:

*Well, I know he has a routine. He didn't have one much . . . because I didn't have a routine . . . so now he has one . . . he has more consistency (Parent 1, Interview, June 25, 2015).*

Another parent identified this as a positive change in her child:

*Changes in my children? Well she has got in her routine very well. Like every day she's a very happy girl . . . (Parent 2, Interview, June 12, 2015).*

A mentor commented on a parent's progress:

*[M] just couldn't get her head wrapped around that these kids needed a routine . . . But you know, over time, I just pointed out to her "okay, you see what routine is doing?" You're now getting some sleep because the kids are going to bed at a decent hour. They're eating at a decent time and now you gotta' get yourself into a routine so that you can sleep so that you're prepared for the next day (Mentor 2, Interview, February 24, 2015).*

This outcome is likely the result not only of the mentoring but also of the Dragonfly attachment training program which includes a family routine as an important objective in its training (Metis Child, Family, and Community Services, 2014b). The LIFE program enrolled all participants, along with their family mentors, in the Dragonfly Reunification Program at the Aulneau Renewal Center in Winnipeg. This is an attachment-based intervention designed specifically to assist in reunification of families in child protection programs (Aulneau, 2018, Metis Child, Family, and Community Services, 2014a). Dragonfly assumes that the majority of parents with children in care have had disrupted attachments themselves (Aulneau, 2018). The program provides an attachment counselor and a reunification coach and includes both counseling sessions and supportive coaching in the client's home. The program addresses trauma and loss, substance misuse, domestic violence, and self-esteem. It is designed to provide "more comprehensive service than is normally available to agencies" to improve family functioning (Aulneau, 2018, para. 3).

## Developing self-esteem and competence in parenting

Parents and mentors also described improvements in parenting skills for LIFE participants. One parent responded:

*I learned more about . . . the children's needs, and more of their emotional needs. The Circle of Security [attachment training] was a good one. I learned how to . . . help the kids organize their feelings. I learned more detailed things about the kids - not just like their physical needs . . . but their emotional needs (Parent 2, Interview, June 12, 2015).*



Another parent stated that without the LIFE program:

*I don't think I would have had the skills in order to properly look after my kids to the point where I felt I was successful instead of just being stressed all the time (Parent 5, Interview, February 11, 2015).*

Asked about the participant's parenting when she first arrived, a mentor stated:

*Oh, it was pandemonium . . . she had a hard time with two busy kids . . . But really, with [B], if she makes a decision to take information and run with it, she'll run with it (Mentor 2, Interview, February 24, 2015).*

Another parent stated:

*I was just holding onto a lot of anger and dealing with that and then having her crying- it was hard . . . I'm not holding onto all this anger any more . . . [I learned the importance of] playing with her - like showing her how to do some things - like the shape thing . . . and blocks . . . I take more interest in playing with her. Whereas before I wasn't really sure what even to do with her (Parent 3, Interview, January 23, 2015).*

## Building trust in the agency and others

While many parents stated that there were significant issues of trust to overcome, they consistently reported that the LIFE program engendered confidence, not only in their mentors but also in the agency. In describing mentors one parent stated:

*Well [M], like I'm really comfortable talking with her. She cares about me lots and she lets me know . . . Because she's like easy to talk to and we get along good. I trust her lots . . . Actually, it kind of feels like she's my mom (Parent 2, Interview, June 12, 2015).*

Another parent stated:

*CFS? I didn't trust them. And it took me a while to get used to [T] [the mentor]. Then I met [C] . . . it took me a long time to . . . be okay with her and really I didn't trust her. (Parent 3, Interview, January 23, 2015)*

Later in the same interview, however, this parent described her mentor as "a great friend" (Parent 3, Interview, January 23, 2015). She described how she continued to consult the mentor after leaving the program and was invited to spend Christmas with the mentor's family (Parent 3, Interview, January 23, 2015).

Another parent wrote two letters to her former mentor after her time in the LIFE program. She stated:

*It's hard for me to express appreciation but I really do . . . You gave me so much and all I do is be rude to you. It's not intentional. It's just hard for me to accept when someone is so nice to me. As well, I've had so much resentment toward CFS that I took it out on you and that was wrong . . . It's just hard hearing the truth . . . I see the wonderful person you are. No one's perfect, but you come close . . . Thank you for showing what unconditional love looks like (Staff 2, Interview, May 14, 2015).*

Another LIFE parent stated:

*I was a permanent ward of CFS as of the age of 4 and I know from my own life experiences through CFS all they want is your kid. They don't care about the parents whether or not it's false allegations or not (Parent 4, Interview, March 6, 2015).*

Later, this same parent had significant praise for all of the workers involved with his family. Asked how it was to try and build trust with MCFCS, he stated:

*Honestly? For me it was hard. It took quite a bit . . . To this day, I thank [M] and the two workers that we had. [K] proved that they were actually working for us (Parent 4, Interview, March 6, 2015).*

When he described their second mentor he stated:

*I'd swear he was a CFS kid himself . . . He knows what we've been through (Parent 4, Interview, March 6, 2015).*

The LIFE program was not successful in all cases. One parent stated:

*Honestly, I'm not getting much support from [my mentor]. She's supposed to help me more than she has been . . . Like by asking me if I need help or doing a check-in . . . So I'm really not happy here . . . I sent complaints to [E] and [N] [supervisors] . . . and I don't really fully trust that my son is in good hands when I leave . . . I'm not getting any help . . . I don't know who to talk to and I need to talk to someone (Parent 1, Interview, June 25, 2015).*

The evaluation team passed on these concerns to the agency.

## Broadening the circle of support and repairing relationships

In evaluation interviews LIFE parents were asked, “what do the supports look like since you have been in the program?” Most of the parents indicated that their support networks had improved. One parent indicated that family, her mentor, and agency staff were now her supports:

*Oh, my sister, especially. Staff at BNL. [S], my social worker. [M], my mentor. Basically, the people I work with. I feel comfortable with them now and I can talk with them (Parent 3, Interview, January 23, 2015).*

Many participants in the LIFE program indicated that although they were at very difficult points in their lives when they entered the program, and were vulnerable because of fractured relationships, they were now able to reconcile with siblings, friends, and extended families. The Dragonfly training placed a particular emphasis on this aspect:

*While I was in the LIFE program, one of my friends started talking to me again and she was a long-time friend of eight years. We had stopped talking and it was because, I like, wasn't myself because I was doing drugs and stuff . . . But, so – yeah – she's become a big support now . . . I also have my sister. I was really angry with her for calling CFS on me so – but now we are, I guess, a lot closer now (Parent 3, Interview, January 23, 2015).*

## Managing the household

The LIFE program provided the practical, day-to-day skills that many families needed to carry out routine activities of household management. These outcomes were evident in the program. A mentor commented on [D], a young mom who was parenting at the age of 17:

*[D] was 13, going on 14, when she got pregnant . . . She is still a child trying to do adult stuff . . . She couldn't parent when she had the kid so she gave the kid to her mom . . . Her mom's kids got taken away so her kids got taken away [with them] . . . She said, "oh, I don't want my child in care . . . I want to take care of her myself" . . . So they told her, . . . "You have to live with a LIFE parent and . . . learn life skills" – parenting . . . budgeting, and all that stuff. She learned how to cook some meals . . . she started doing laundry . . . I taught her how to use the machine and how to take out the lint and all that stuff . . . She was cleaning her room . . . cleaning the bathroom . . . she was supposed to go open an account . . . so she could be putting some of her allowance in there . . . we were able to put together some documents to get her . . . a photo ID (Mentor 3, Interview, February 24, 2015).*

## Obtaining secure housing and income

Although it was not a central goal of the LIFE program, one of the contributing factors in successful reunification was that some of the parents' housing and income problems were addressed. Many LIFE families were in very precarious financial and housing circumstances when they entered the program. Two families entered the program early because they found themselves without housing. Another family came to the program from a shelter. She described her situation this way:

*I lost everything [when my kids were apprehended] . . . I had already paid \$950 for my rent. I was barely getting anything from welfare. Like, I'm on disability so I get (a little extra) money but . . . when [they] took the baby one hundred percent off my name, I was only getting \$50 and \$200 for child taxes . . . So I was living on next to nothing. And then when they got taken I couldn't even afford that house any more. So, yeah, I lost almost everything (Parent 5, Interview, February 11, 2015).*

Families in the LIFE program must go on Employment and Income Assistance (EIA) (social assistance) and contribute their incomes to the household budget. In return, they get stable housing and a reasonable living standard for themselves and their children for 8 to 12 months. A number of studies have shown that child apprehensions related to neglect are often outcomes of poverty and housing instability (Trocmé et al., 2013). Cheng (2010) showed a positive correlation between appropriately addressing financial and housing needs and increased rates of family reunification. While the LIFE program stabilized families for 8 to 12 months, it also gave some families an opportunity to improve employability. Meeting families' housing and financial needs, and helping with employability, could prove to be low-cost interventions that can help keep families together.

A couple who went through the program both finished their high school diplomas. One spouse had worked as a bouncer and vendor staff for the liquor lounge in a local hotel. He stated:

*I never thought I'd have the opportunity to go back to school. I got that opportunity through the LIFE program to do it and I did graduate . . . I finished and I got all my credits (Parent 4, Interview, March 6, 2015).*

Shortly after the interviews he was due to start college.

## Program financing

A number of expert witnesses at the Phoenix Sinclair Inquiry (Hughes, 2013) stated that improved child welfare outcomes could be achieved if family enhancement were provided at all stages of child protection cases. At the same inquiry, however, agency directors stated that a lack of resources was a barrier to providing this comprehensive care (Hughes, 2013). One of the most significant contributions of the LIFE program was to find an innovative means of funding the range and duration of assistance that families require. It does so by using per diem resources that are already available for fostering children. The LIFE program utilized a fostering per diem of \$22.11 per day for children under two years plus \$10 per day for respite care that is available in regular foster care. Added to this was the \$100 per day stipend paid to foster parents for a total of \$132.11 per day. This translates to \$4,018 per month per family, or \$48,220 per year. In addition, children in foster care have budgets available for special treatment. The LIFE parent was expected to pay the \$285 per month for rent and \$150 per month for food that was available through provincial Employment and Income Assistance. These amounts combine to create the kind of supportive intervention that families need on a comprehensive and long-term basis. A financial officer from the child welfare authority, who took part in the evaluation steering committee, informally calculated that the costs of the live-in mentor program were no greater than those normally paid for child foster care.

## Discussion

The LIFE program paid attention to a comprehensive range of needs including parenting skills, household management, social support, sobriety, financial stability, and employability. The evaluation findings of the program suggest that for most parents the outcomes on these areas were positive or promising. Much of this seemed to be possible through the trust relationships that were built by sustained day-to-day interaction over a significant period. As the Phoenix Sinclair Inquiry stated, issues of trust and mistrust were key factors in whether an agency can work effectively with a family, and that mistrust of the child welfare system is a barrier that prevents many families from engaging with that system in a productive way (Hughes, 2013). Training parents in pragmatic skills such as budgeting and household management was important in avoiding conditions that lead to allegations of neglect. Such allegations often arise from circumstances outside of parental control, such as poverty and poor housing (Blackstock, Prakash, Loxley, and Wein, 2005; Trocmé et al., 2005). Participation in a program such as LIFE may help reduce the instances of such allegations. While these aspects were important supports, the priority in the program was developing sound parent-child relationships through secure attachment and development of predictable household routines.

The study did not seek to statistically assess LIFE program rates of family reunification. To do so would have required a representative sample and comparison with a non-intervention group. However, the study does show that families who participated in the LIFE program received a comprehensive range of important benefits, and that these were of the type regularly correlated with improved rates of family reunification. This was done with little additional strain to existing budgets. Virtually all experts agree that child welfare agencies must transform from reactive, disruptive, and often traumatising methods of intervention, to those that are more supportive, constructive, and restorative (Gerlach, Browne, Sinha, Elliott, 2017; Hughes, 2013; Prilleltensky, Peirson, & Nelson, 2001; Mandell, Clouston Carlson, Fine, &

Blackstock, 2007; Trocmé et al., 2013). Trocmé, et al. (2013) showed that these approaches can be used without compromising safety.

Given the intrinsic benefits of the LIFE program, and its affordability within existing child welfare budgets, it is reasonable to recommend that this approach be expanded to purposes beyond family reunification and applied to prevention. A significant body of research has demonstrated that apprehension, in and of itself, can be traumatic for both parent and child. For example, Wall-Wieler et al., (2017) found that “mothers who lose custody of their children have numerous mental health and social issues; these issues worsen in the two years after their child is taken into care” (p. 6). These mothers experience significantly increased rates of anxiety and substance use disorders, hospital visits, use of prescription drugs, and physician visits. These authors advocated increased supports to mothers within the first two years of apprehension so that these outcomes do not become further barriers to reunification.

Trauma is also evident in children who are apprehended. Children in foster placements in Manitoba tend to have poorer educational outcomes than children not in care. Brownell et al. (2015) found that 89% of children who were never in care graduated from high school. However, 66.8% of children receiving services from Child and Family Services (but not in care) graduated, and only 33.4% of children in care graduated. Clausen et al. (1998) found that children who have been removed from their homes likely had difficulties with attachment prior to apprehension because of abuse and neglect. They “suffer(ed) further due to an inability to separate in a healthy way. Indeed, the movement from . . . home to the foster home engender[ed] feelings of rejection, guilt, hostility, anger, abandonment, shame and associative reactions in response to the loss of a familiar environment and the separation from family and community” (Clausen, et al., 1998, p. 284). This paper argues that such trauma should be avoided if possible. A program such as LIFE can add the supports a family needs to begin to function well and to greatly reduce the need for apprehension. Such practice may require some budgetary adjustments. For instance, funds allocated for fostering could not technically be used for prevention, since foster care can only occur after a child is removed. However, a reallocation from foster care budgets to those for earlier stages of intervention could resolve this. Such reallocation would likely be cost neutral, and may very well produce cost savings. Certainly, such preventative work would be warranted in terms of improved family functioning, increased trust in agencies, and avoidance of parental and child trauma. An emphasis on prevention would likely reduce the numbers of children in care. This is an outcome called for in numerous reviews of current practice (Hughes, 2013; Gerlach, et al., 2017; Office of the Children’s Advocate, 2006).

The findings of this study warrant further examination of the possibilities of comprehensive support for families. This could move child welfare work significantly toward the supportive and constructive approaches that many have recommended, and that are likely to be the most effective and culturally appropriate ways of helping families.



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