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# National Consortium on Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA)

Building Understanding to Improve Outcomes for Families  
Companion Document: AFCCA Policy Briefing & Recommendations



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## **Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA)**

**Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA)** is a pattern of behaviour in childhood or adolescence, characterized by aggressive behaviour by a child or adolescent towards family members. This causes significant harm (physical and/or psychological) to both the child/adolescent and the person(s) the behaviour is directed towards, and other witnessing family members.

The National Consortium on Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA) was formed to gain a better understanding from Canadian stakeholders and to explore the breadth of perspectives the participating individuals, families, and organizations have on this issue, to consider how best to improve outcomes for Canadian children, their families, and their communities.

The Consortium gratefully received funding from Kids Brain Health Network and operational support from Adopt4Life. The Consortium thanks both organizations for their exceptional support, while also acknowledging that the findings and conclusions included in its reports are those of the Consortium membership and may not reflect the opinions of either organization.

### **About This Document**

This document is a companion to the full report, Building Understanding to Improve Outcomes for Families, from the National Consortium on Aggression toward Family / Caregivers in Childhood & Adolescence.

Prepared by the Voice of Policy subgroup within the Consortium, specifically Alex Bezzina, Jennifer Anderson, and MaryAnne Chambers, with support by Tracy Moisan.

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## Executive Summary: Findings of the Consortium on AFCCA

**Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA)** is a pattern of behaviour in childhood or adolescence, characterized by aggressive behaviour by a child or adolescent towards family members. This causes significant harm (physical and/or psychological) to both the child/adolescent and the person(s) the behaviour is directed towards, and other witnessing family members.

The National Consortium on Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA) was formed to gain a better understanding from Canadian stakeholders and to explore the breadth of perspectives the participating individuals, families, and organizations have on this issue, to consider how best to improve outcomes for Canadian children, their families, and their communities. Research from international sources is combined with information obtained from Canadian experiences to highlight key issues and understandings.

Meaningful family engagement was a core principle of the Consortium and **over 100 family members with lived experience (including parents, caregivers, young adults who experienced AFCCA as a child/adolescent, siblings) were consulted.** These first voice experts provided ongoing guidance to the Consortium members through 1:1 interviews, multiple focus groups, qualitative discussions, and a series of online questionnaires.

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The voices of youth and young adults who spoke with the Consortium were clear in what they wanted understood:

■ Most importantly, they want to be **seen, heard, and respected** in conversations about this issue. Their experiences are invaluable to deeper understanding and possible strategies that will create actual change for youth.

■ For many youth, AFCCA can be viewed as a communication problem, where the child/adolescent is struggling to communicate. **Behaviour is a form of communication.** Young adults with lived experience suggest that individuals who were supported in developing more effective communication skills or self-regulating skills had fewer incidents of aggression about behavior over time.

■ Particularly for youth with related neurodevelopmental disabilities, disrupted early attachments, adverse early childhood experiences, or developmental trauma,

**AFCCA may be a “normal” pattern of behaviour that can be expected.** Preparing parents/caregivers to better understand and anticipate this behaviour may result in earlier skill building and more effective interventions before families reach a crisis.

■ Young people spoke about **the need for connection and community** to better support children/adolescents experiencing AFCCA. They are talking about where they live, their teachers, their peers, their neighbors, their own self-defined family relationships. They are not primarily thinking about professionals, clinicians, and practitioners. They want a true community who understands, the people directly in their lives to understand, and they want a sense of genuine belonging.

Additionally, parents and caregivers provided rich insights from their extensive experiences, that directly informed the findings, conclusions, and recommendations contained in this report:

- **There is immense shame, blame, and stigma experienced by all family members** (including most notably parents, caregivers, and the youth themselves) when AFCCA occurs. Families confirmed repeatedly they did not seek help due to stigma, a lack of confidence that professionals have both the knowledge and willingness to help, as well as the fear of repercussions from child welfare and/or justice systems. This leads to further isolation and exacerbation of the situation, **leaving families at greater risk of instability and breakdown.**
- AFCCA is being **experienced by both adoptive and biological families**, particularly for families of children with complex needs or neurodevelopmental disabilities.
- Families are living with an **unexpectedly high level and frequency of dangerous behaviour in their home** and are raising urgent concerns about the safety of their child/adolescent, other children in the home, and themselves. Of the families who shared experiences to the Consortium, **76%** reported experiencing daily or weekly incidents of aggression, and **55%** reported the intensity of those incidents to be 8/10 or higher.
- Parents and caregivers who do seek support for their families want to **remain at the center of care for their child/adolescent** and should be regarded as an expert in the individual needs of their family.
- **Families are having to fight to remain together.** There is a discernable pattern where parents/caregivers face repeated direction that the only way to access the necessary therapeutic interventions for their child is to relinquish custody of their child to their respective provincial child welfare agencies. Frequently a child's need for

"There is far too much stigma associated with this; most people will not talk about it even to a close relative or friends. It's a family secret unless it becomes too impossible to manage on one's own."

"...This is a very hidden and misunderstood issue...families often withdraw rather than seeking help. There's a lot of shame and guilt involved. Families like ours need strong support from professionals who genuinely display unconditional positive regard for each member of the family and who can offer realistic and practical strategies and solutions."

"...we've seen this across all kinds of children and youth and families. You can see it in situations where we have histories of attachment and complex developmental trauma in adoptive families and children and youth and care, but we've also seen it in intact biological families. Perhaps also there are more specific developmental delays or neuro-complex issues as well." The spectrum is pretty broad of what families you'll see this in."

—Voices of parents, caregivers, and practitioners, sharing experiences to the Consortium

intensive therapeutic supports is responded to with the unnecessary use of the child welfare/child protection and/or youth justice systems. Multiple parents / caregivers spoke of the need for a "3rd way", forced to develop their own solutions for more effective crisis response.

- In all cases, they face **extensive roadblocks and barriers to accessing the help so desperately needed.** These include inequitable systems responses, where families from marginalized communities more frequently experience inadequate or biased response, lack of qualified / skilled services and professionals, geographical isolation, and gaps / lack of clarity in public-policy for the support of children and youth with complex needs.

The Consortium’s findings highlight that **each family is unique** and that their needs vary and change over time. Successful strategies or approaches must be flexible and able to adapt. The families who are finding some measure of improvement / success are most often finding ways to develop integrated, coordinated circles of support, where the **parents/ caregivers and the youth themselves are equal and full partners** alongside other individuals who share a genuine connection to the child/adolescent.

These circles of support will likely also include multi-disciplinary professionals and health providers responsible for various aspects of the child/ adolescents’ plan of care. Additionally, parents/ caregivers and practitioners also highlighted these elements of a coordinated plan:

- **Peer support networks and peer relationships** (both formal and informal) that help to reduce shame and feelings of blame, as well as increasing parents’ capacities.
- **Respite programs, both in-home and out-of-home**, that are trauma-informed, attachment-informed, and understand the contributors to AFCCA.
- **Learning and skills-development programs** that focus on earlier intervention and skills within families, mitigating the need for more intensive crisis-intervention later.
- **Trauma-informed, attachment-informed therapeutic models and practices** were noted to be of long-term benefit.
- **Youth justice diversion programs**, particularly those with a **restorative justice practice or objective**, were cited as being helpful in avoiding unnecessary entrenchment with the justice system, or criminalization of youth.

Families across Canada are experiencing the devastating consequences of AFCCA. The Consortium has identified clear, specific actions and recommendations which can offer immediate benefit to children, youth, parents/caregivers,

and communities. The policy and program recommendations identified and prioritized by the Consortium are organized into a series of foundational pillars that would be expected to evolve and further develop over time.

These following 10 pillars serve to outline recommended next steps from a “lifecycle” orientation, considering holistically broad community understanding and engagement, building on the strengths of families, and improving the outcomes for individual children and youth/adolescents. The 10 pillars are:

1. Awareness
2. Education
3. Anti-Stigma
4. Research
5. Creating the Right Door
6. Early Intervention
7. Family / Youth-Directed Circles of Support
8. Effective Crisis Response
9. Financial Supports for Families
10. Transitions to Adulthood

Full details of each pillar and the accompanying recommendations are contained within both the main report, and in full as Appendix C: AFCCA Policy Framework and Recommendations.

**“It’s not about the parents, and it’s not about the child. It’s about what do we need to do right now.”**

**—C. \*, Youth first voice advocate**

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## Respecting Cultural Connections and Collaboration

We acknowledge the Indigenous Peoples of all the lands that we call home today. We do this to reaffirm our commitment and responsibility in improving relationships between nations and to improving our own understanding of local Indigenous peoples and their cultures. This Consortium welcomed guests and speakers from across Canada and acknowledges that together, we work and gather on the treaty lands and un-surrendered territories of the First Peoples of Canada. We pay tribute to their legacies and teachings, as we seek to strengthen ties with the communities we seek to serve. From coast to coast to coast, we acknowledge the ancestral and unceded territory of all the Inuit, Métis, and First Nations people who have called this land home since time immemorial. We further acknowledge the painful historical legacies of harm and intergenerational trauma experienced by Indigenous families and their children. We acknowledge and welcome our shared responsibilities to ensure health and wellbeing for all creation for generations to come, as we seek to move forward with a true spirit of reconciliation and collaboration.

The Consortium has developed its findings and recommendations regarding Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA) while being aware that definitions of ‘family’, ‘caregivers’, ‘community’, ‘need’ and ‘appropriate intervention’, etc. will have different meanings for various communities, notably for Black and Indigenous, families newly arrived to Canada, and other systematically marginalized groups.

The Consortium acknowledges that traditional interventions and responses to AFCCA - in particular child welfare, child protection, and youth criminal justice systems interventions—have had, and continue to have, a disproportionately negative impact on

Black and Indigenous families and youth. The young people in these communities continue to suffer from systemic inequalities and barriers that are responsible for ongoing intergenerational harm and trauma.

The Consortium does not presume to speak for all communities and supports the belief that individual communities may wish to develop or adapt their own frameworks and recommendations. To this end, the Consortium is committed to sharing information and resources about AFCCA with interested Black, Indigenous, and racialized communities, and to collaborating meaningfully with organizations that work with these groups and can bring an intersectional approach, with a view to sharing and learning from each other.

The Consortium further believes that resources and funding should be made available so that engaged communities can create their own culturally relevant and appropriate processes for developing frameworks that best meet their needs to care for the health and well-being of their children.



## Guiding Principles

The insights of those with lived experience were critical in establishing a set of core guiding principles towards developing go-forward recommendations, common terminology and language, and possible strategies that would better support families. These principles provide an over-arching perspective through which individual strategies and interventions can be assessed, when considering their impact to youth and their families.



### No Wrong Doors

Regardless of where or how a family seeks help and support, there should be an easy, frictionless mechanism to get them to the most effective supports based on their specific needs and circumstances.



### Do No Harm

Practitioners, social systems, policymakers, and communities must be informed and aware, in order to understand and respond effectively, and ensure the child and family are not further harmed. Be humble and curious.



### Normalize the Behaviour

For many children, particularly with early trauma, disrupted attachments, and/or neurodevelopmental conditions, these patterns of behaviour are common and can be expected; parents and caregivers should be prepared and supported in this.



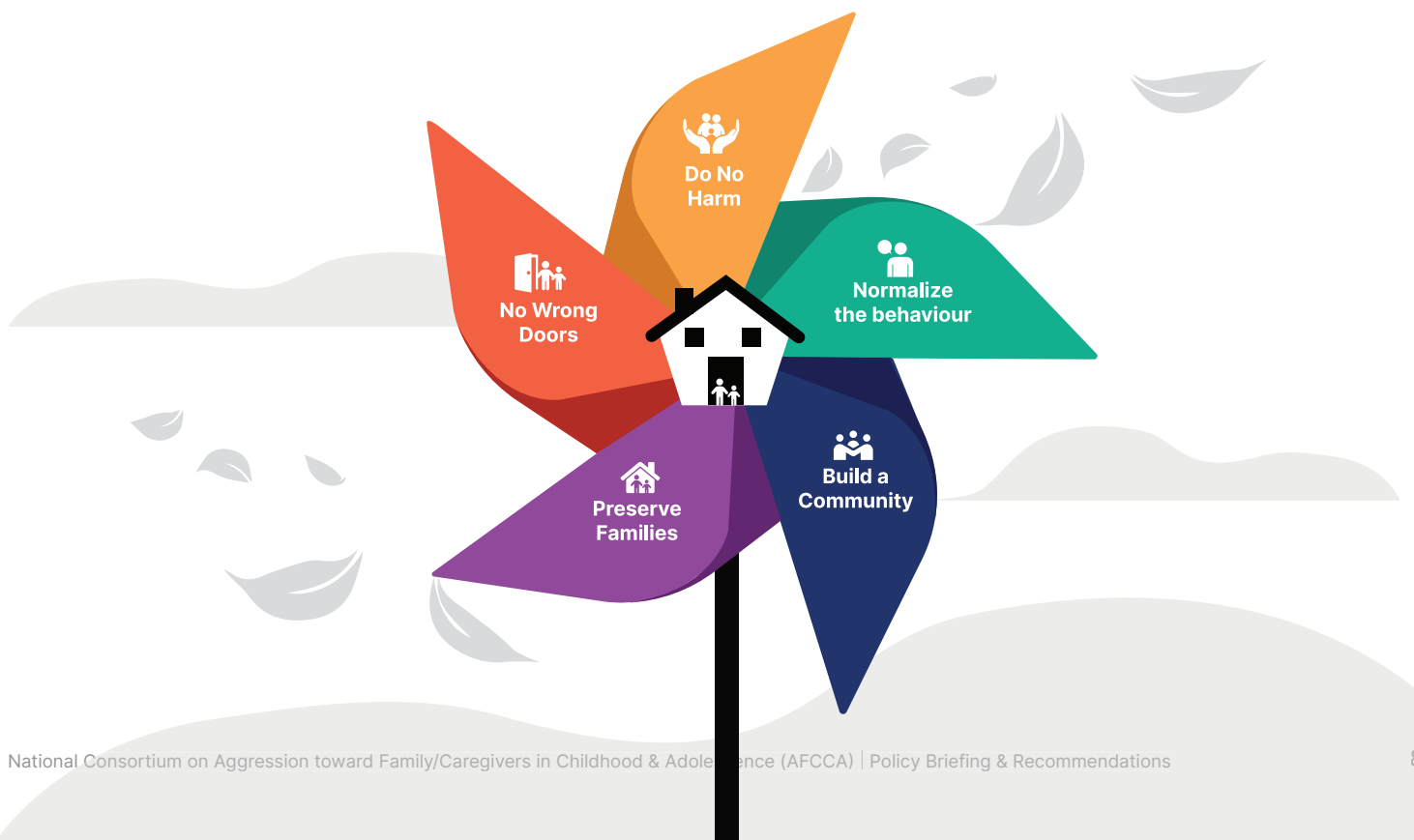
### Build a Community

Holistic, comprehensive supports are required, with coordinated approaches and interventions. The family must be at the center of determining what their child needs; and approaches must be flexible and adaptable for each family. Anyone in relationship with the child/adolescent can learn to respond in a way that the child needs.



### Preserve Families

Early interventions are important and preferred. When families need more help, prioritize maintaining family attachment even in untraditional ways. Each family is unique, and creative solutions are possible.





# Recommendations for Policymakers and Professionals

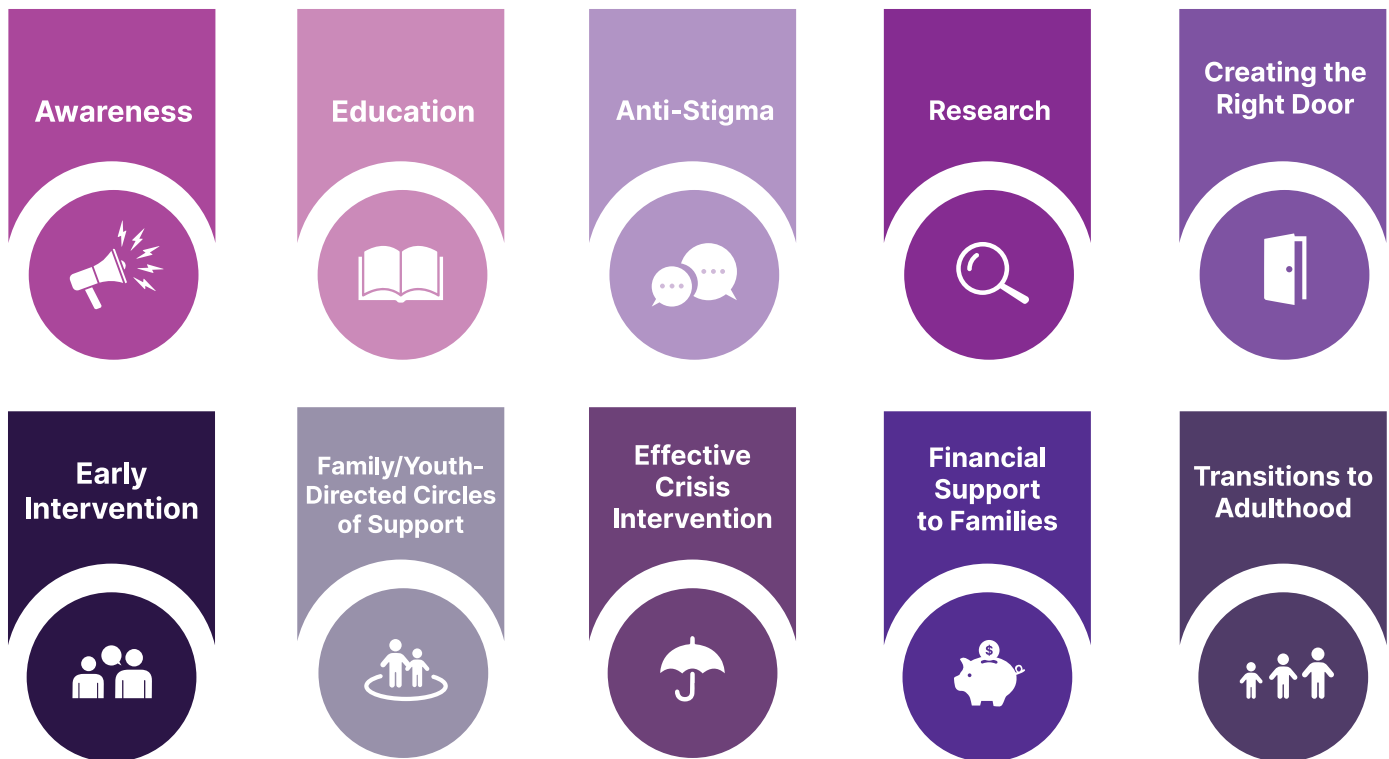
Prepared by:

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As introduced in the foreword to this report, families across Canada are experiencing the devastating consequences of AFCCA, and the impacts to everyone involved. The Consortium has identified clear, specific actions and recommendations which will have immediate benefit to children, youth, parents/caregivers, and communities as a whole. This section provides suggested next steps and recommendations for implementation, with an emphasis on policy makers (at all levels of government) and professionals / service providers who are likely to be engaged with families experiencing AFCCA.

The policy and program recommendations identified and prioritized by the Consortium have been organized here into a series of foundational pillars that would be expected to evolve and further develop over time. Those 10 pillars, and the detailed findings included under each one, serve to consider recommended next steps from a “lifecycle” orientation, considering holistically the broad needs of communities, building on the strengths of families, and improving the outcomes for individual children and youth.

## Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA) Policy Recommendation Framework



## Awareness



### **Finding of the Consortium**

There is insufficient awareness or understanding of AFCCA. Awareness programs need to be developed and made available to

- Families and Caregivers (including foster parents, and personnel of child welfare, alternative living arrangements, respite providers, etc.)
- Professionals/ Paraprofessionals (including service providers, researchers, law enforcement, youth justice systems, educators/schools, child welfare, child & youth workers, and health professionals, including mental health service providers and emergency/first responders)
- Policy Makers (at the municipal, provincial, and federal levels)

### **Policy Recommendations**

1.1 Federal and provincial governments, through their departments of health/public health, should make funds available to develop an awareness kit for families/caregivers and, once developed, should promote the awareness kit through the media including social media.

1.1.1 Age-appropriate awareness kits should be developed in support of siblings and other youth who live with AFCCA, considering both chronological age and developmental stage.

1.2 Professional and national associations of professionals and paraprofessionals that work with, or advocate on behalf of, children/youth and families, including health professionals, should develop awareness packages for their members and should disseminate through existing educational venues/events, or through certification programmes.

## Education



### **Finding of the Consortium**

While awareness of the issue is important, educational programmes for families/caregivers and for professionals should also be developed.

Educational programmes for families and care givers should assist them to have a deeper understanding of the issue, techniques for addressing their lived experiences and connections to appropriate resources (both early intervention resources and effective crisis interventions when needed).

Educational programmes for professional and paraprofessionals should be targeted at both the undergraduate/graduate candidate and those already practicing and should focus on how best to identify the issue and effective/techniques interventions for supporting the family/caregivers. Any profession in healthcare, social care, child welfare, education, justice, etc. that are likely to encounter families experiencing AFCCA should be included.

Because the Canadian research regarding AFCCA is emerging, a national repository / knowledge hub of information and resources, which would be regularly updated and include both Canadian and International resources, should be made available to families, researchers, and professionals. (see <https://aidecanada.ca> as an example)

### **Policy Recommendations**

2.1 The federal government should provide funding/resources for the establishment of a AFCCA Centre of Excellence which would have a national mandate for education and for developing and maintaining an electronic repository/knowledge hub of resources.

2.2 Federal and provincial governments through their health/public health departments, should provide funding to develop educational programs for families/caregivers including age / developmental stage-appropriate educational programs.

2.3 Professional associations and academic institutions should ensure that education about AFCCA is including in the undergraduate/graduate curriculum.

2.4 Professional associations should include education about AFCCA in their ongoing certification programs for their respective members.

## Anti-Stigma



### **Finding of the Consortium**

The Consortium believes that AFCCA is under-reported by families due to stigma and/or fear of repercussions from child welfare and/or justice systems; this is further supported by the research cited in the Consortium's accompanying literature review. Families and children/youth themselves repeatedly confirmed they did not seek help due to this stigma and fear. This leads to isolation and exacerbation of the situation.

Because the Canadian research regarding AFCCA is emerging, a national repository / knowledge hub of information and resources, which would be regularly updated and include both Canadian and International resources, should be made available to families, researchers, and professionals. (see <https://aidecanada.ca> as an example)

### **Policy Recommendations**

3.1 Awareness and education materials and campaigns that are developed, as part of implementing the above recommendations, should have an anti-stigma orientation.

3.2 Federal and provincial governments should develop and disseminate a broad, public anti-stigma campaign(s), geared towards parents / caregivers AND children / youth, that specifically target stigma, shame, and blame.

## Research



### **Finding of the Consortium**

Despite the growing body of international research cited above, AFCCA remains under-researched in the Canadian context, and particularly through trauma-informed, child-rights and neurodevelopmental lenses. Further research in Canada is also required to consider appropriate early interventions for families, including support-based and non-criminalizing and non-stigmatizing approaches.

The Consortium also notes that because the root causes of AFCCA may vary (including, neuro-atypical development, trauma, attachment issues, etc.) there is a need for research and program evaluations into various effective interventions.

Canadian-based research into AFCCA is an important priority.

### **Policy Recommendations**

4.1 Federal and provincial governments should make funding available to be directed towards research into prevalence, root causes, early signs and effective interventions for AFCCA utilizing an intersectional approach.

4.2 As per recommendation 6.1 and 6.2 (below), funding should also be made available for demonstration projects that could test effective interventions for AFCCA, including supports to families.

4.3 As per recommendation 2.4 (above), funding should be made available to develop a Centre of Excellence that would be mandated to disseminate findings of research, including family/youth-friendly summaries that are focused on knowledge mobilization and accelerating implementation of evidence-based strategies and programs.

## Creating the Right Door



### **Finding of the Consortium**

Rather than ensuring “no wrong door” the Consortium believes that families need the creation of the right door – an easily accessible entry point for holistic engagement with families, children, and youth that offers understanding, coordinated and appropriately-funded services and supports, flexible respite options, and ongoing care services. Families across Canada, in all settings (urban, rural, geographically remote), need to be able to access knowledgeable and informed supports quickly and easily.

One such example may be the recently announced intent to introduce needs-based “Family Connections Hubs” by the British Columbia Ministry of Child and Family Services.

### **Policy Recommendations**

5.1 Provincial ministries responsible for child/youth services should designate a lead agency or organization in each of their service districts that would be responsible for receiving the request for help and for coordinating the response.

5.2 Provincial ministries responsible for child/youth services should create easily accessible communications channels that families can access which would connect them to the local agency providing the above noted service.

5.3 Provincial ministries providing government funding for child/youth services should mandate that all agencies receiving such funding be familiar with these lead agencies, and have an established process for the “warm transfer” of a family in need to the appropriate service / agency.

## Early Intervention



### Finding of the Consortium

While the Consortium is aware that more research is needed into root causes and early signs of AFCCA, we are also aware that prevention and early intervention is required. With effective awareness, education and anti-stigma campaigns, families may be more equipped to seek help earlier in the development and progression of AFCCA.

As well, professionals that work with children and youth may be able to detect signs of AFCCA earlier and work with families/caregivers to seek appropriate supports. Families have reported that when they do raise concerns or seek help, they are often disregarded or not believed by the professionals involved with their children. When families seek help, service providers should prioritize early intervention to avoid the worsening of the situation.

### Policy Recommendations

6.1 Federal and provincial governments should ensure that a key component of awareness and educational materials and programs (per recommendations above), families should be made aware of the early signs of AFCCA and know where to go for help.

6.2 Provincial governments should develop a roster of services and organizations that can provide early interventions to families and the children/youth and make these publicly available.

6.3 Professionals that work with children and youth should be aware of services available to families, children/youth experiencing AFCCA and make timely referrals to appropriate services.

6.4 Professionals who offer services to families, children/youth experiencing AFCCA should prioritize early intervention.

6.5 Research into AFCCA should focus on the root causes and on refining the understanding of early indicators. As appropriate, prevention programs should be developed on the basis on this research.

## Family/Youth-Directed Circles of Support



### Finding of the Consortium

Families must be enabled and empowered to remain at the center of all decision making and planning processes involving their child. Wherever possible, a coordinated, holistic plan of care is invaluable in ensuring that families and the professionals supporting them have a shared view of a child's goals, strengths, needs, and supports that the child either is receiving or needs.

Families may wish to co-develop an overarching family or youth-directed circle of support, in line with the principle that families (parents, caregivers, and individuals themselves) are the most informed on what's most necessary for their loved one. These circles of support should recognize the core principles that families (parents, caregivers, and youth with lived experience) have specified:

- Recognize and empower the allies who are supporting youth/ parents /caregivers
- Remove the barriers to accessing help
- Build peer connections and peer support
- Build on existing strengths within the youth and family
- Identify the solution-focused wraparound supports critical for family preservation

Effective and timely supports must be provided with the flexibility to manage, update, and maintain the components of care as needs evolve over time.

### Policy Recommendations

7.1 The federal government or provincial governments should provide funding for a series of demonstration projects that would pilot specialized AFCCA peer-support programmes for parents and caregivers, such as those existing today from Adopt4Life (Ontario), the Family Support Institute (British Columbia).

7.1.1 Attention should be paid to ensuring that demonstration projects are inclusive of diverse cultural and racial communities, with projects developed and/or adapted by the communities they are intended to serve.

7.1.2 These demonstration projects should be evaluated by researchers and the programme expanded as appropriate.

7.2 Provincial governments should ensure that mechanisms in place for complex care coordination (including service resolution tables, coordinated services planning, or equivalent provincial processes) are mandated and resourced to serve children/youth and families experiencing AFCCA, and that those mechanisms explicitly welcome and include the presence wherever possible of the youth / adolescent, their parents / caregivers, and identified allies.



7.3 The federal government or provincial governments should provide funding for a series of demonstration projects across the country that would pilot and test multidisciplinary assessment and intervention models for children and youth and families.

7.4 Federal government should fund the above noted Centre of Excellence to make information easily accessible and available, in multiple formats, to families, children/ youth to assist them in accessing information, services and referrals. This may begin with the establishment of the knowledge repository / hub referenced above, but later expand to include broader connections to established mental health & wellness resources, including crisis response services.

## Effective Crisis Intervention



### Finding of the Consortium

Traditional approaches to dealing with the needs of families experiencing AFCCA, particularly those experiencing incidents of aggression that create risks to individuals' safety, frequently are ineffective and rather, risk doing more damage than help. Parents and caregivers have directly said that what they need is more effective measures for crisis response, that focus on de-escalation and preserving family safety.

These traditional approaches include the tendency to use child protective measures to remove children/youth from the family or the use of intrusive youth criminal justice measures, rather than recognizing or responding to a child or youth in need of complex treatment.

Families want support to help address the needs of their children and to help keep their families together. Instead, parents and caregivers (both biological and adoptive) often feel pressured or intimidated into relinquishing custody of their children in order to access the required services/supports necessary to ensure safety – resulting in children entering / re-entering the child welfare system unnecessarily and leading to family disruption and breakdown. Parents should not have to give up their parental rights to get help or treatment for their child.

Police can be very helpful in de-escalating situations and in using pre-charge diversion options, but it is not always the case that they are helpful or informed on AFCCA. There are promising trends noted in various regional police pilot programs regarding alternative response mechanisms that would be beneficial for families experiencing AFCCA, including mobile crisis units that are mental health focused vs. traditional police response and police pairing with social workers, particularly those that are youth-oriented.

### Policy Recommendations

8.1 Provincial ministries responsible for child welfare/protection services should examine their policies to ensure they are focused on prioritizing supports and services aimed at family strengthening and preservation.

8.2 Provincial ministries responsible for child welfare/protection services should set out in policy that AFCCA is not in and of itself a child protection issue, but instead indicates a child/adolescent in need of treatment or coordinated service planning.

8.3 Provincial ministries responsible for child welfare/protection services should work to separate child protection services from adoption/post-adoption services to ensure that there is no conflict of interest.

8.4 Federal or provincial governments should establish a toll-free number, similar to a tele-health model, for families to access guidance during difficult times or should build on the capacity of existing services to ensure that these can provide the kind of supports and guidance that families experiencing AFCCA need.

8.5 Crisis phone lines that are likely to encounter individuals or families experiencing AFCCA should ensure that their responders have AFCCA awareness training and are trained in appropriate responses to families and/or youth experiencing a crisis due to AFCCA.

8.6 All levels of government responsible for policing and other emergency responders should ensure that capacity is built in its front-line responders for appropriate response to families experiencing a crisis due to AFCCA, emphasizing de-escalation and ensuring that interventions do not inappropriately entrench the youth in the criminal justice system.

8.7 Governing bodies (at the municipal, provincial, and federal levels) responsible for youth justice and policing should encourage collaboration between police, crown attorneys and should ensure that police officers, crown counsels, and probation officers consistently apply the principles established in the Youth Criminal Justice Act for available alternatives in order to avoid deeper entrenchment in the criminal justice system.

8.7.1 Diversion options, ie. both pre- and post-charge, or during community supervision, should include restorative justice approaches, recognizing the opportunities for community healing and family preservation inherent in such approaches. The framework being applied by the New Brunswick Department of Justice and Public Safety's Restorative Justice Working Group may be beneficial to consider for wider adoption and use in other jurisdictions.



## **Finding of the Consortium**

The Consortium is aware that the financial impact on families experiencing AFCCA can be significant. This may be due to various reasons including but not limited to:

- The need to self-finance various services, including counselling, extended respite care (in home or out of home), alternative residential care, etc. that are either not funded by provincial or federal governments or with long untenable waitlists.
- The need to take time from work/business, and sometimes to leave the workforce altogether, to either provide care in the home, seek/coordinate services, or advocate for their children's complex needs.
- The costs associated with damage to property, housing, or essential living items, resulting from instances of AFCCA.

Currently a hodgepodge of financial or tax programmes are available to families, with significant variance province by province. Families spend an inordinate amount of time however researching the programmes, eligibility criteria, and navigating the administrative hurdles of program applications, intakes, and coordination.

Families find that the eligibility criteria for programs vary from program to program and are narrowly defined. Programs are short term in nature while families have needs over the long term. As well, families often find that civil servants or other personnel responsible for administering financial programs act as gatekeepers rather than facilitators.

## **Policy Recommendations**

9.1 The federal and provincial governments should ensure that financial and tax programmes available to families will include families that experience AFCCA.

9.1.1 Federal and provincial government should ensure that financial and tax programs are reviewed to remove administrative barriers to families so as to ensure better awareness, earlier access, and greater stability over time.

9.2 The federal government should review its eligibility criteria for Employment Insurance Caregiving Benefits programs to ensure financial supports are available to families experiencing AFCCA who need to leave the workforce.

9.3 The federal and provincial governments should ensure that civil servants and others involved in administration of financial programs have an awareness of AFCCA and deliver programs using an anti-stigma approach, with a view to family strengthening and preservation.



## Finding of the Consortium

The Consortium has found that there are no clear pathways for families whose child is chronologically transitioning into adulthood. Too often, just as a family is beginning to finally implement a plan of care for their child/adolescent, the child has aged and is no longer eligible for programs in place for children and youth. They must start all over again navigating and advocating in the adult services sphere, where there is no recognition of the individual's long-standing needs, challenges, and/or disabilities.

For older youth in the care of child welfare services, they will frequently experience not only a complete lack of supports and services but also the lack of caring adults who can assist with navigation and advocacy.

The work currently underway in multiple Canadian provinces to move towards equitable standards or indicators of readiness to determine when a youth is ready to leave the child welfare system should be expanded and incorporated into the appropriate provincial legislations. The Consortium looks to the report "Equitable Standards for Transitions to Adulthood for Youth in Care", October 2021, for additional guidance from first-voice experts.

## Policy Recommendations

10.1 Provincial ministries responsible for child/youth services, adult social services and health service should create clear pathways of care, with warm uninterrupted handoffs to appropriate and effective adult services.

10.1.1 Families, caregivers and youth with direct lived experience should be involved in developing provincial pathways of care strategies

10.1.2 Families, caregivers and youth with direct lived experience should be fully involved in the development of individualized pathways of care specific to their needs

10.2 Provincial ministries responsible for child/youth services should work to ensure that the models currently being tested in certain provinces that use standards or indicators of readiness to determine when a youth is ready to leave the child welfare system should be expanded and incorporated into the appropriate provincial legislations.

10.3 Provincial ministries responsible for child/youth services should ensure that for children/youth exiting the child welfare system, navigation and advocacy supports are made available for as long as these are required.