

Managing the Impacts of COVID-19 on the Mental Health of Children, Families, and Workers in Vulnerable Contexts: Synthesizing and Mobilizing Knowledge for Child-Serving Organizations

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December 2020

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What are the Issues?

COVID-19 has arguably resulted in some of the most severe impacts on the welfare of children and adolescents in vulnerable contexts. For example, those involved with child welfare services typically have histories of abuse and neglect, which are linked to a multitude of behavioural and mental health problems, other determinants such as poverty, neglect, malnutrition, and substance abuse. Exacerbating the situation, the conditions brought on by COVID-19 have increased the possibility of separation and isolation, as well as reduced social support, education, mental, and physical health services. Thus, during this period, children and families are at heightened risk for trauma reactivation and deteriorating family conditions.

In light of these ever-evolving concerns, a rapid proliferation of pandemic-related research and resources has emerged. However, organizations responsible for meeting the urgent needs of vulnerable children and families typically have little time to find, evaluate, and translate knowledge to inform their services particularly during this time of increased case numbers and complexity. They are feeling both the professional and personal strains of the work, which have impacted their own mental health.

Key Issues:

Rapid Pivot

Increased Isolation

Decreased Time

Increased Vulnerabilities

Increased Cases with Increased Complexity

Rapid Proliferation

Trauma layering

Trauma Reactivation

Research Purpose and Objectives

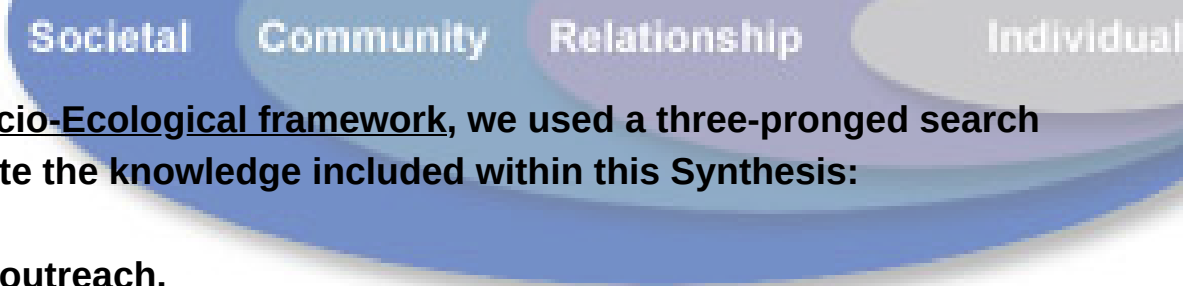
To address the gaps identified by our stakeholders across the Prairies, we undertook a knowledge scan, synthesis, and mobilization project over a 6-month period, from May to November 2020.

The project aimed to meet the following objectives:

- To understand the needs of organizations across the Canadian Prairies responsible for meeting the urgent needs of children and families in regards to knowledge acquisition and translation.
- To develop a useful process through which to collect, vet, synthesize, and mobilize rapidly proliferating COVID-19 information.
- To create evidence- and practice-informed knowledge products on a variety of topics to support organizations to better understand and respond to COVID-19-related conditions for children and families in vulnerable contexts, as well as to tend to their own mental health and well-being.
- To develop a user-friendly website to mobilize this synthesized information: the *Digital Connections Hub* (www.childtraumaresearch.ca) - with the overall goal of supporting those entrusted with the care of children and families in vulnerable contexts in the midst of COVID-19.
- To sustain and build upon the website through consistently updated knowledge products and other helpful site features, in order to support child-serving organizations and extend our reach during and beyond COVID-19.

This report briefly summarizes our project's methods, highlights the main findings, and discusses knowledge mobilization and implications for knowledge users. This report is a condensed version of a Final Knowledge Synthesis Report submitted to the Canadian Institutes of Health Research in November 2020 (see link below).

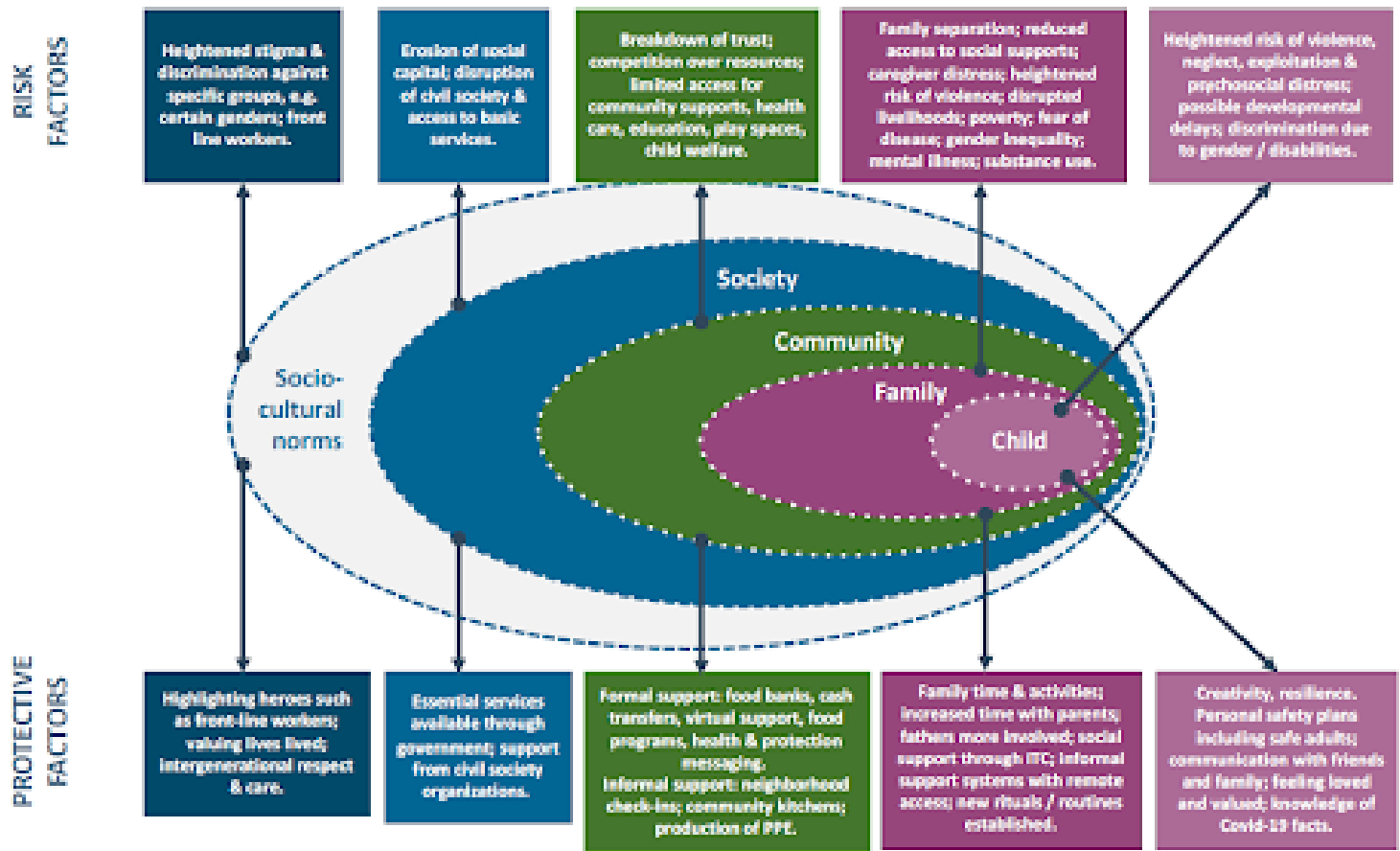
Theoretical Framework & Methods



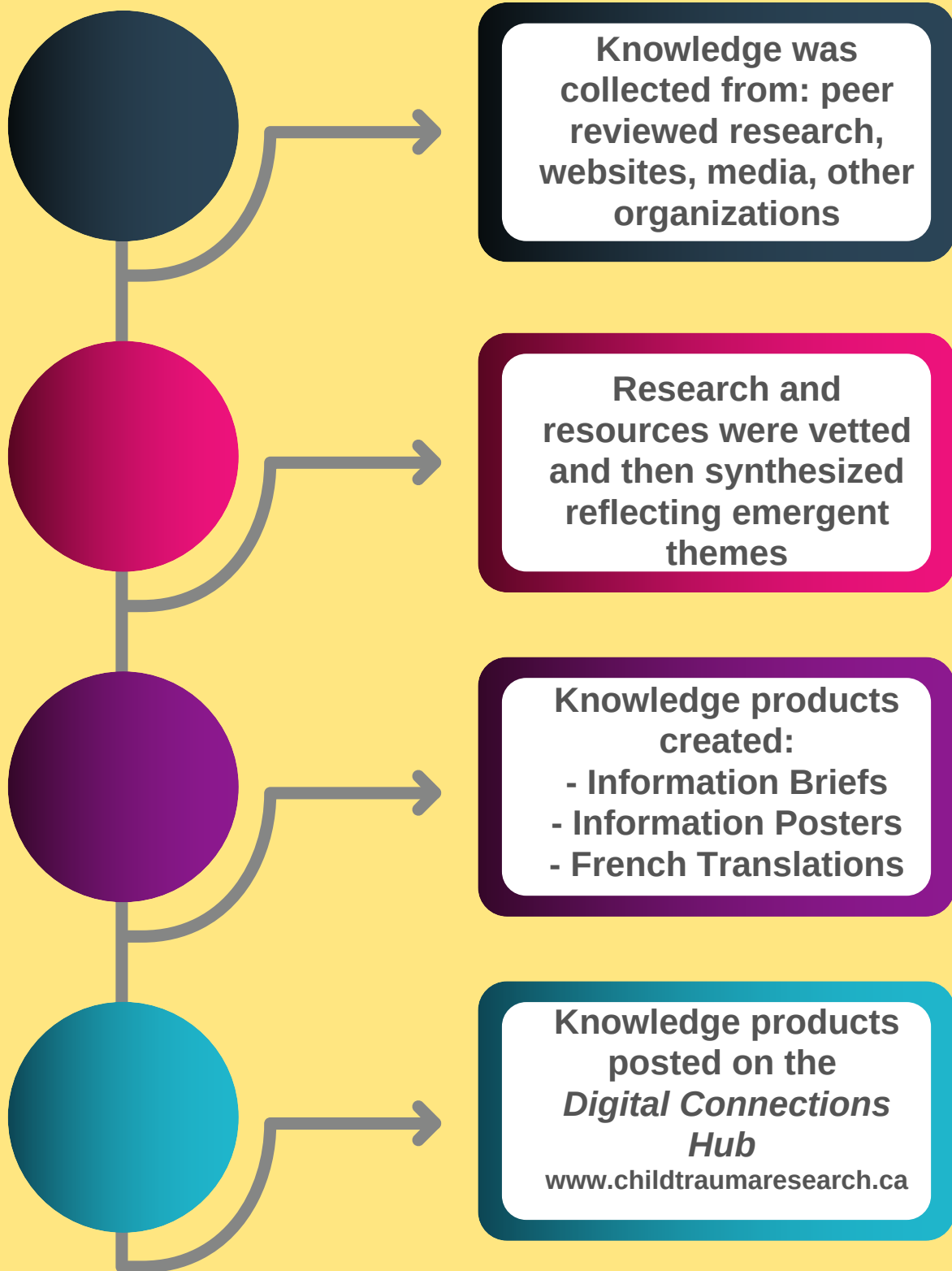
Guided by a Socio-Ecological framework, we used a three-pronged search strategy to locate the knowledge included within this Synthesis:

- (1) stakeholder outreach,
- (2) database searches for peer-reviewed publications, and
- (3) online/website searches for relevant reports, webinars, websites, and resources.

The socio-ecological model illustrates the multiple layers of experience in order to support the understanding of interrelations among various personal and environmental factors. This model was further elaborated to explain the potential impacts of COVID-19 in a child welfare context by the Alliance for Child Protection and Humanitarian Action (2020c). These impacts are addressed within this Knowledge Synthesis.



How was the Knowledge Synthesis and Mobilization Conducted?



The products highlight the issues and challenges of each topic, accompanied by population-specific possible responses (see Appendix B for a complete list of products).

What Did We Find?

The reviewed literature and resources revealed five main themes related to COVID-19:

Research. Dissemination. Advocacy. Community.



ABOUT

FIND COVID-19 RESOURCES HERE

COVID-19 R

COVID-19
RESOURCES



Communication

General Information

Mental Health

Protection

Substance Use

**Mental
Health of
Children,
Youth,
Caregivers
and Service
Providers**

**Substance
Use Among
Youth And
Caregivers**

**Protection
of
Children
and Youth**

**Communi -
cation**

**Education
and schools**

In the following sections, the key findings within each theme are highlighted. At the close of the section, some recommendations and responses are included.

Mental Health of Children, Youth, Caregivers, and Service Providers

Identified issues

- Increased anxiety Increased depression 'Pandemic grief'
- Extreme stress among marginalized populations (e.g., newcomers, girls, women, LBGTQ2S+, children who are differently abled, etc.)
- Increased isolation in rural, remote, and Indigenous communities
- Increased back-to-school anxiety for children and youth
- Decreased mental health supports

Possible responses

- Heightened awareness of mental health issues
- Increased monitoring of existing and potential issues
- Increased service accessibility and resources
- Services offered in multiple formats (e.g., in-person and digital platforms)
- Provision of psychological first aid
- Engagement in anxiety- and stress-reducing strategies, including self-care.

The Bottom Line

Children and youth. COVID-19 has worsened mental health and caused traumatic stress in children and youth. Those involved with child welfare - especially youth in care - are particularly vulnerable to experiencing trauma-layering and long-term mental health impacts due to isolation, anxiety, increased maltreatment, and missed opportunities in their social development. Better understanding the impacts of pandemic grief, building relationships, increasing communication in any way safely possible, and introducing self-care and other mindfulness activities can increase protective factors, support positive coping mechanisms and enhance overall resilience for children and youth. In addition, reducing stigmatized language regarding COVID-19 will allow children and youth to feel less anxious about getting ill, and provide more certainty that they will tell an adult if they are not feeling well.

Children and youth will be grieving over missed opportunities stemming from the social effects of COVID-19. It is important to validate these emotions, as children may be feeling guilty for the grief they are experiencing, given that so many other people are struggling. Service providers are encouraged to advocate for increased access to technology for some children so that they are not at a disadvantage for social connection, educational supports, and mental health support.

Caregivers. COVID-19 and SARS (2003) have shown that caregivers, especially women and older adults, are also at high risk for diminished mental health. Checking in on caregivers' mental health will increase coping mechanisms, which will in turn benefit the children they care for. These are unprecedented times with unrealistic expectations placed on caregivers for taking on the roles of being a caregiver, teacher, emotional support system, and more. Caregivers are being encouraged to reduce pressure on themselves when at all possible.

Service providers. During COVID-19, service providers - especially those on the front line - are experiencing negative mental health from stress and potential trauma exposure on the job. More than ever, strategies such as asking for help, reducing pressures and stigma, and employing self-care can support frontline workers and their families to cope during this stressful period. It is also encouraged that service providers attempt to separate their identity from their work to allow for a mental break when they are in "off-duty mode".



Substance Use Issues for Youth and Caregivers

Identified issues

- Increased substance use for some youth and adults
- Increased substance use as a coping mechanism for people in vulnerable situation
- High rates of overdose across the Prairies

Possible responses

- Increased service availability in multiple formats (out-/in-patient, digital)
- Harm reduction strategies (e.g., avoidance of stockpiling, Naloxone kits)
- Awareness of indicators of potential substance misuse with youth

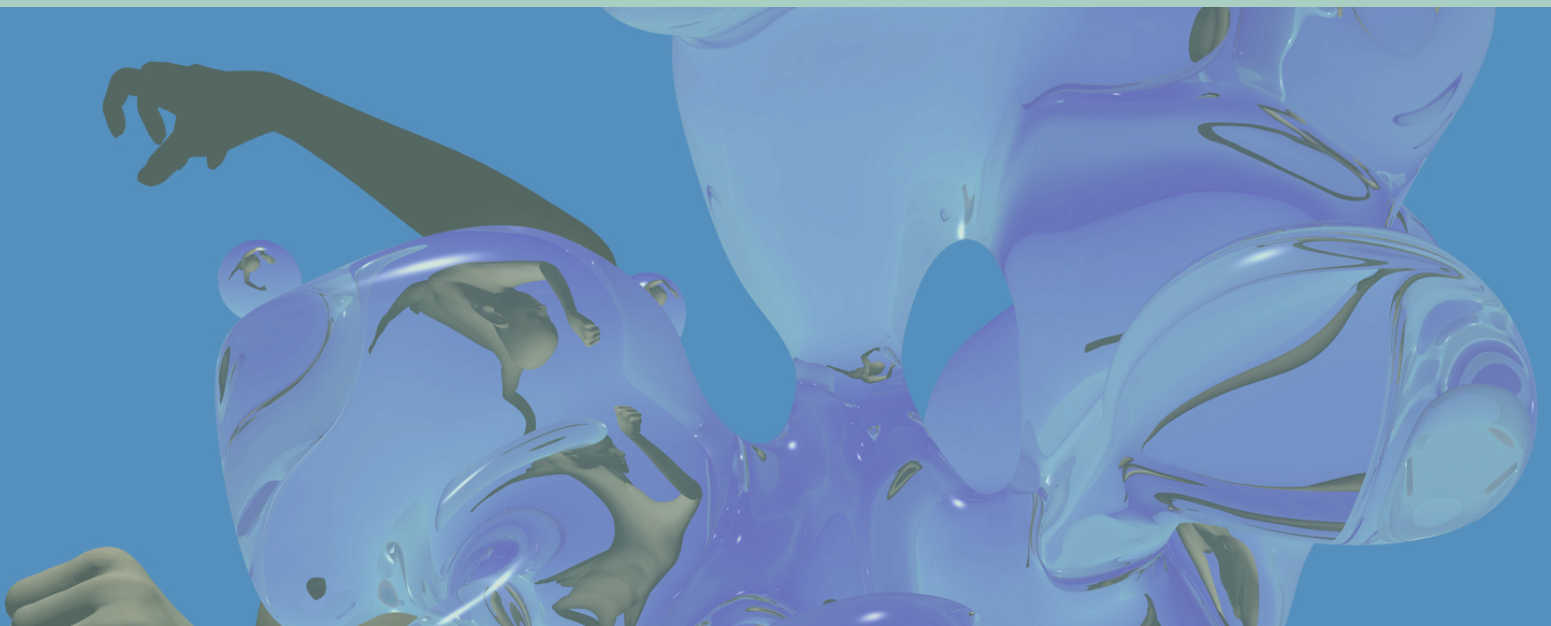


The Bottom Line

General population. While the majority of Canadians report consistent levels of alcohol and cannabis consumption since the onset of COVID-19, a concerning number of youth and adults have reported binge drinking or increased consumption. Paying attention to common factors associated with increased use and following low-risk guidelines can be helpful in managing use. Setting goals for “no substance use” days may also support people in feeling in control and reduce the risk of developing a habit or addiction.

Overdoses. COVID-19 has also increased the rate of people overdosing in the Prairie provinces, largely due to increased isolation, stress, and reduced access to services during COVID-19. Many people who use substances have been exposed to unreliable and even more dangerous street drugs during this period. Harm reduction strategies have been proven to better protect people who use drugs during times of increased isolation and decreased access to services. Harm reduction strategies can include: avoidance of stockpiling illegal substances; stockpiling drugs that may help with symptoms of withdrawal (i.e., Pepto Bismol, marijuana, Ibuprofen); carrying Naloxone; test-dosing, and; choosing substance reduction over complete sobriety.

Youth. Generally, drug and alcohol use is experimental for youth as opposed to a dependency. It is important for caregivers to be alert to the relationship between youth, the substance and the behaviour, as well as how to speak to them if a problem arises. If a problem does arise, speaking to a youth in a way that does not appear to be a lecture, jumping to a conclusion, or judging may be supportive to the youth to speak about their substance use and recognize when professional support may be needed.



Protection of Children and Youth

Identified issues

- Increased abuse and neglect
- Increased Internet exploitation of children
- Increased gender-based violence (e.g., girls, LGBTQ2S+ youth)
- Increased vulnerability for children and youth in out-of-home care
- Decreased support for youth leaving care
- Increased vulnerability of children who are differently abled
- Decreased caregiver/family support

Possible responses

- Prepare for increase in maltreatment reporting
- Increase monitoring of children at risk using various means (e.g., in-person with safety measures, digitally, Internet use)
- Promote resilience-enhancing strategies
Increase family support

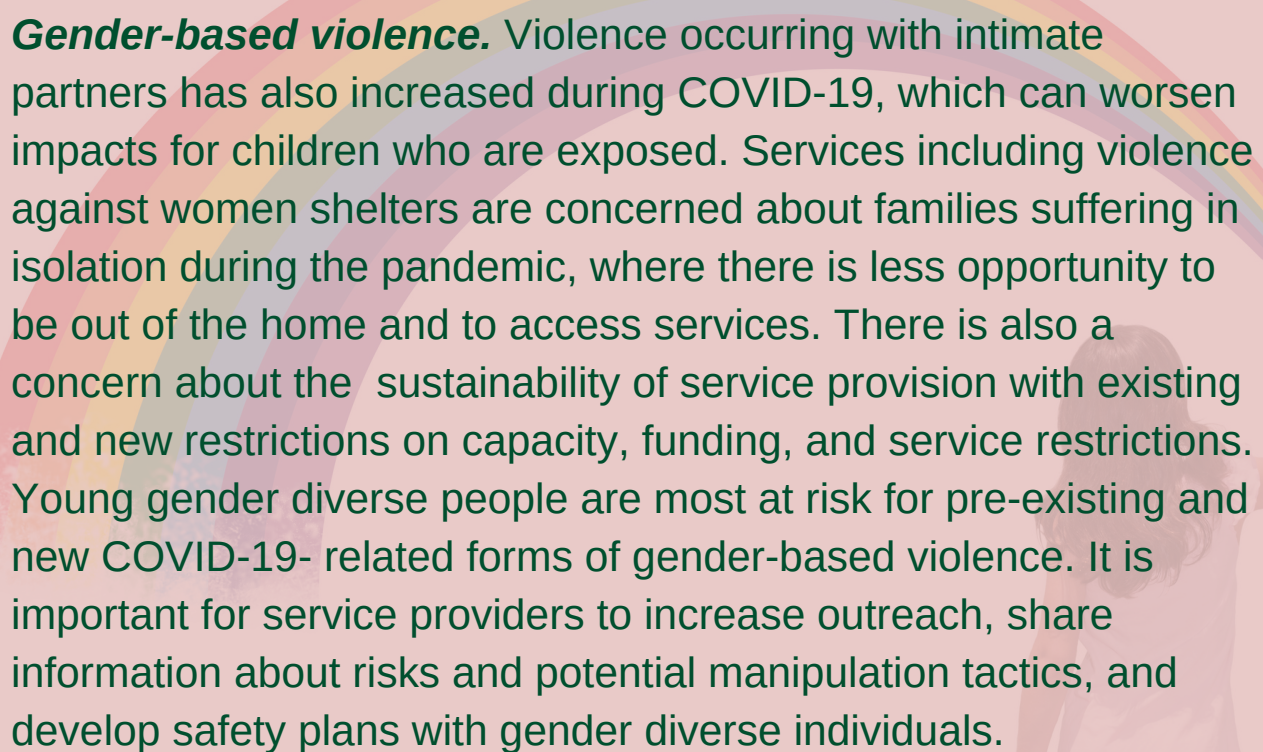
The Bottom Line

Children and youth are at increased risk for maltreatment, internet exploitation, and mental health challenges as a result of COVID-19.

Maltreatment. While precise numbers are not known, shortly after the onset of the pandemic, Canadian child maltreatment reports decreased. These are expected to increase in the coming months as children resume access to more potential reporters, thus; preparation will be essential. It is important for adults in regular contact with children and youth to know potential signs and symptoms of abuse and neglect as well as how to respond to disclosures of child maltreatment. Using a variety of means to stay connected with children, youth and families in vulnerable contexts - especially those in rural and remote communities - will better assure their protection.

Virtual communication and internet exploitation. Children and youth, as well as many caregivers and service providers, may not fully understand the risks of virtual communication. With internet exploitation of children increasing, educating caregivers and service providers implementing protective measures is essential. Speaking with children about the risks of sharing explicit content online, interacting with strangers, and manipulation tactics used by online predators may reduce victimization. Many children who have already been victimized may not seek support due to feelings of embarrassment, shame, and blame. Letting the child know during the conversation that they will not be in trouble for telling an adult if they have already had a communication with someone online that has made them uncomfortable may bring additional disclosures that may otherwise go unnoticed. It may also be beneficial for adults to remind children and youth that sexual exploitation is a crime and if they have been exploited, they are the victim and not to blame for the circumstances.

Gender-based violence. Violence occurring with intimate partners has also increased during COVID-19, which can worsen impacts for children who are exposed. Services including violence against women shelters are concerned about families suffering in isolation during the pandemic, where there is less opportunity to be out of the home and to access services. There is also a concern about the sustainability of service provision with existing and new restrictions on capacity, funding, and service restrictions. Young gender diverse people are most at risk for pre-existing and new COVID-19- related forms of gender-based violence. It is important for service providers to increase outreach, share information about risks and potential manipulation tactics, and develop safety plans with gender diverse individuals.

A faint, artistic background image of a child painting a rainbow. The child is seen from behind, holding a paintbrush and applying paint to a large, multi-colored rainbow that arches across the scene. The overall tone is soft and hopeful.

Children and youth in out-of-home care. COVID-19 has had many impacts on children and youth in care, which may contribute to trauma layering, and when prolonged can worsen mental health. Responding to these impacts as early as possible is essential to supporting positive mental health. The emotional, relational, and physiological needs of children and youth are usually met through social connection and access to family and culture. During and subsequent to COVID-19, service providers must be creative and determined in their efforts to maintain or increase young people's connection to family, community, culture and language.

Youth aging out of care. The process of 'aging out' of care can be challenging for many youth, and during COVID-19 potentially detrimental. Extending moratoriums on youth aging out of care, accompanied by additional financial and emotional support, will increase protective factors for older adolescents. Many youth in-care do not feel supported and therefore ready to transition out of care when they reach the age of majority. Increasing and maintaining connections with others in the community for the youth, practicing from a trauma-informed and resilience building lens, and increasing access and affordability of services may support them in feeling satisfied and ready to transition into adulthood during and after COVID-19.

Children who are differently abled. Children with disabilities are more at risk for social isolation, negative mental health, and maltreatment. COVID-19 has increased these risks through added caregiver stress, less supervision and opportunities for connection, and fear due to lack of some children's understanding of the pandemic. Increasing assessment, structuring a new routine, and frequently explaining COVID-19 are ways to support the protection of these children.

Communication

Identified issues

- Mental health severely impacted by lack of communication and connection with others
- Safety threatened due to decreased communication
- Concrete strategies needed to talk with children about COVID-19
- Uneven access to technology, affecting those in the most vulnerable contexts

Possible responses

- Increase safe and secure virtual communication opportunities
- Increase safe and secure in-person communication opportunities, following health and safety guidelines where possible
- Provide concrete, stress- and anxiety-reducing communication strategies
- Increase accessibility of digital communication strategies to provide protective and therapeutic services

The Bottom Line

Communication about COVID-19. With rapidly increasing access to technology and social media, it is important to speak with children and youth about COVID-19 to ensure they are receiving accurate information. While information should be age-appropriate, it is important to be open, direct, and honest to keep lines of communication open. Conversations that include naming anxieties and fears can support children to feel more balanced during this period of uncertainty.

Tele-/digital communication. Though it has grown out of necessity since the rapid onset of COVID-19, learning how to foster connection through tele-communication is useful and practical knowledge that will continue to develop and evolve over time.

Extensive work has been carried out in the past months to provide secure systems, useful functionalities, widespread access, and to examine potential risks and liabilities. Service providers can use these modalities to maintain contact and meet the needs of service users, while adhering to provincially-mandated health restrictions.

Functioning virtually has also opened new possibilities for creating and sustaining human connection in rural, remote and Indigenous communities.

Increasing communication for children and families in vulnerable contexts. The isolation and loneliness many are experiencing are even more prevalent for families in vulnerable contexts. Increasing connections such as social connection to maintain relationships, increased risk assessment of families, and increased access to mental health services in any safe way possible is essential for increased positive mental health and for the reduction of isolation and loneliness.



Schools and Education

Identified issues

- Negative impacts of school closures and re-opening, especially for children in vulnerable contexts and working caregivers
- Increased stress and confusion due to shifting policies and procedures
- Increased challenges with online learning
- Increased stress for teachers/administrators
- Increased safety issues
- Decreased (and soon to increase) maltreatment disclosures

Possible responses

- Increase support for learning gaps
- Increase structure and routine
- Facilitate connection
- Improve online learning delivery
- Prepare for increased reports/disclosures of maltreatment

The Bottom Line

Diminished routine, supports and structure. The change in routine and lack of access to educational assistants and school-based counsellors have been challenging for all children, but extremely disruptive to the progress of many children and youth with learning, contextual, and/or behavioural challenges. Forming a new routine, such as going to sleep and waking up at consistent times, getting dressed in the mornings, and eating scheduled meals can recreate a sense of normalcy and control for children.

Impacts on children in challenging socio-economic

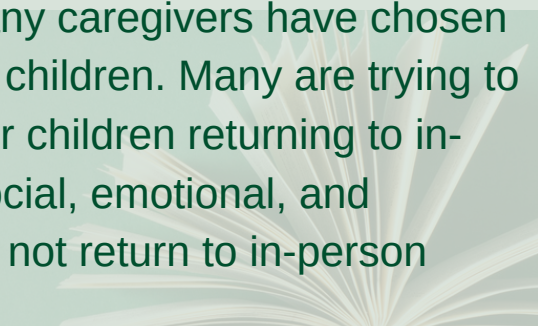
conditions. Children from lower socioeconomic groups have been disproportionately affected by school closures, given they may rely on breakfast or lunch programs, and may lack access to the technologies required for remote learning. This can further compound learning gaps (now called the 'COVID slide') that many children and youth were already experiencing.

It may be beneficial for service providers to support students by appreciating the relationship between normative understandings of success and privilege. Modifying curriculum for students while they learn remotely or once they return to their classrooms may reduce learning gaps as well as increase confidence in children and youth struggling to adapt to the conditions brought on by COVID-19.

Shift to online learning. Digital classrooms and online learning have been especially difficult for children and youth experiencing mental, cognitive, or socioeconomic barriers, resulting in many experiencing gaps in their education. Caregivers and service providers may support children and youth by encouraging the notion that pathways to learn exist other than school. Other ways children can learn are through educational documentaries or TV, nature, conversation, experience, and reading.

Reduced monitoring of children. The closure of schools removed a prime site for abuse disclosure, leading to a sharp reduction in reported disclosures and reports to child protection services. During school reopenings, professionals will need to prepare for a potential increase in disclosures and/or the need to report concerns. Being alert to signs of potential maltreatment will be crucial for in-person and online learning environments.

School safety. Schools across the Prairies have shown that they too are not immune to COVID-19. Many caregivers have chosen to continue remote learning with their children. Many are trying to balance the risks of physical safety for children returning to in-person classes against the risks to social, emotional, and developmental safety should children not return to in-person school.



Overarching Recommendations.

From the literature reviewed over the course of this project, the following general recommendations emerged as responses needed to support children, families, and service providers in vulnerable contexts during COVID-19 as well as in the event of potential future health crises:

- **Recognition and support of increased demands for:**
 - **mental health services for all ages;**
 - **substance use-related services (including harm reduction);**
 - **intimate partner violence services;**
 - **Indigenous child well-being services, particularly across the Prairies.**

- **Improved pathways to communicate a need for help from individuals in vulnerable contexts (e.g., child maltreatment, mental health crises, and intimate partner violence, especially for those living in rural and remote areas).**

- **Need for technology distribution programs for children, youth and families without means to access such resources, due to geographic location and/or financial limitations.**

- **Incorporation of trauma-informed care practices among service providers for children, versus crisis-and problem-centred approaches.**

- **Increased access to financial and housing support, mental health support, and long-term mentorship programs and social supports while in and after aging out of care in Canada.**

- **Increased financial, educational, and emotional support and longer moratoriums for youth aging out child welfare care.**

- **Qualification of social workers as essential workers to ensure an impactful response to mental health before, during, and after a health crisis. Increased access to mental health coverage and benefits for service providers.**

- **Thorough record keeping by service providers of services and programs accessed, evolving themes in service provision, needs, and solutions to better inform policy, funding, and advocacy for service users during and after COVID-19. This knowledge will also be beneficial for potential future Pandemics.**

Benefits to Knowledge Users.

KMB strategies, outcomes, & evaluation

Knowledge users are able to navigate the DCH quickly and easily to obtain information. Our findings are available at three levels:

- (1) Original source (full references provided at the bottom of each resource page);
- (2) Information Briefs (2-3 pages) that include a brief examination of the issue(s) and possible practical responses; and,
- (3) Information Posters (1 page) that are further distilled to include the most salient information. Information Briefs and Posters are uploaded as pdfs, enabling knowledge users to easily access, download, print, and share the content.

Knowledge users and decision-makers can access the information they need, at the desired depth, in order to inform policy, shape best practices, and support their work and the work of their colleagues.

Knowledge users can also access the following:


A News section; the live CTIRC Twitter Feed; youth and practitioner stories featured in a Perspectives from the Field section, a sign-up for future communications and; External Links to the great resources being created by other organizations.

The ultimate goal of this Knowledge Synthesis project was to offer an innovative, comprehensive and responsive single point of access to support service providers, caregivers, families, children and youth in the midst of COVID-19 and beyond.

Benefits

- ease
- relevance
- responsive
- evidence-based
- levels of synthesis
- visual appeal
- external links
- updated news

Sample Information Briefs and Posters



PROTECTING CHILDREN DURING THE PANDEMIC

The Bottom Line
Children and youth are at increased risk for abuse, internet exploitation, and mental health challenges as a result of COVID-19. Service providers and caregivers must provide appropriate information about COVID-19 and internet safety, while still being provided


Increased Risk of Child Abuse

The closure of schools, childcare centers, and other available supervision of key adults and other individuals like neighbors and family members who watch over children. Additional stressors related to families and communities increase the risk of child abuse.

Caregivers may experience increased stressors and socio-economic stressors and outbreaks within the home (e.g., already face poverty and mental health challenges as well as online may lead to exploitation of children).

Possible Responses

- Speak with children who may be overwhelmed with heightening their fears, attempt to control threats, such as being away from their family and concrete information occurring.



PSYCHOLOGICAL FIRST AID (PFA)

Here is a very brief summary of the basics.

WHAT IS IT?


A resilience-based intervention that provides and supports coping strategies for trauma-related stresses.

WHAT ARE THE GOALS?

- Safety
- Calm
- Connectedness
- Self-efficacy
- Hope

WHEN AND HOW CAN I GIVE PFA?

In times of heightened tension:
APPROACH the person, introduce yourself, create a safe space
STABILIZE their emotions by communicating calmly, warmly
OFFER grounding techniques and breathing exercises
INFORM with concrete information about the situation
SUPPORT their story and respect their privacy, and work toward hope



Evaluation

Evaluation of this project is an on-going process in light of its evolving nature and planned continuation beyond the project support period from our funders. We have gathered data in 4 ways:



"Attractive"
"Inviting"
"Easy to Use"
"Lots of Information"

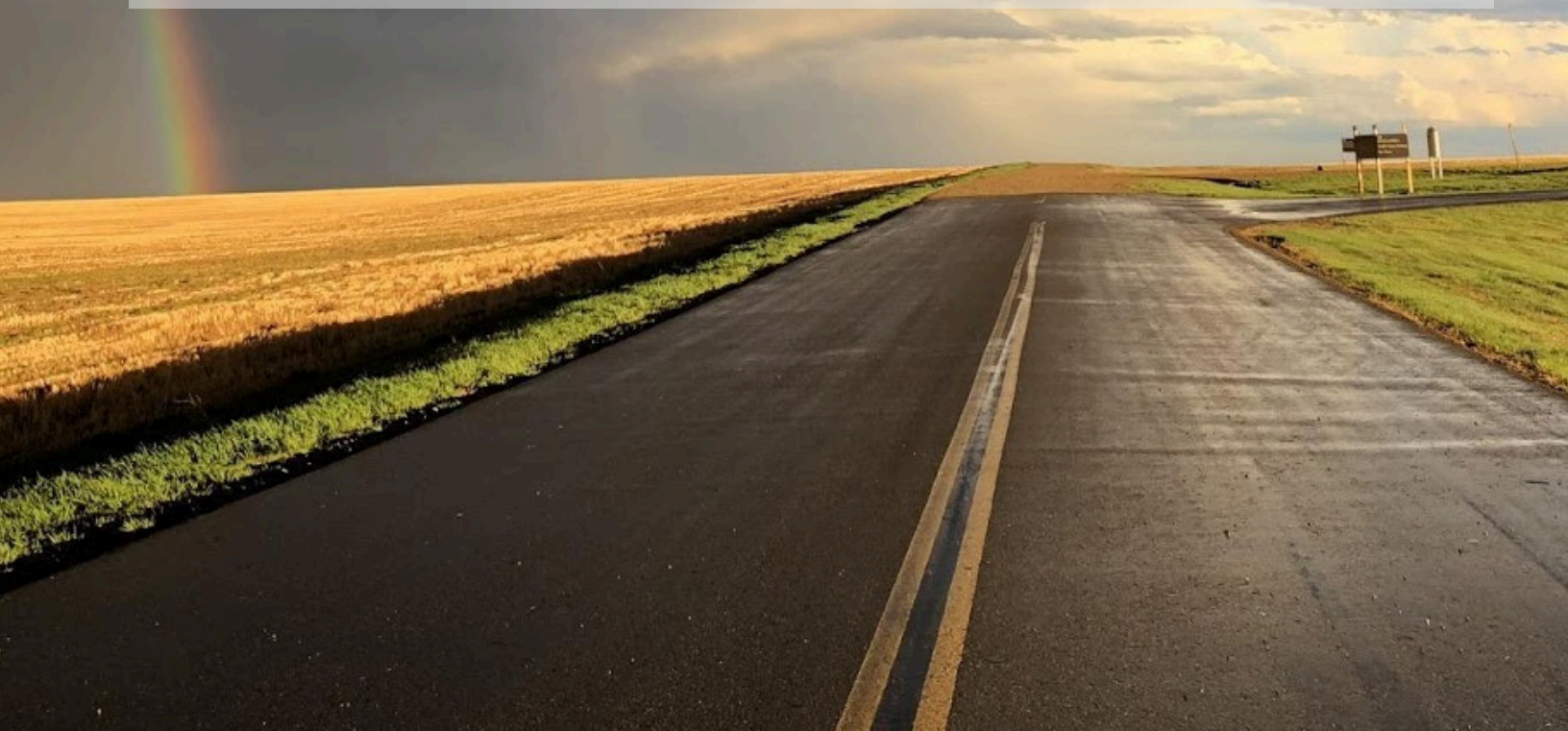
"This will be so useful; I'm sending it out to my staff today!"

Oct. 15 - Dec 10
1000+ visits
4965 page views
7 countries

"Thank you for doing this. I found what I was looking for and will share"

Conclusion

COVID-19 has undoubtedly had deleterious impacts on children and youth in vulnerable contexts, as well as caregivers and service providers entrusted with their care. We shaped this scan, synthesis, and mobilization project using research evidence and best practices to inform services that support the well-being of children. Reflecting our themes, we have come to recognize a strong movement on the part of the child-serving community to increase awareness of mental health, substance use, protection, communication and education for children and families. Innovative practices are being implemented, organizations are engaging in cross-sectoral collaboration, uneven access to supporters and inequities are being highlighted, and there is a movement toward a more integrated understanding of health. These are positive shifts that provide some optimism as we strive to best support children and youth.



www.childtraumaresearch.ca



Appendix A

Information Briefs

All of the following resources can be found at: www.childtraumaresearch.ca using the search bar function, or by accessing the COVID-19 Resources by Topic tab. All references used for *Translating Knowledge for Child Welfare Organizations Across the Prairies: Managing the Impacts of COVID-19 on the Mental Health of Children, Families, and Workers* (2020, November) can be located at INSERT LINK HERE.



Child Maltreatment (Part 1): Reporting Rates During COVID-19 (Brief; Poster; French Brief)

Child Maltreatment (Part 2): Potential Signs of Child Abuse and Neglect (Brief; Poster; French Brief)

Child Maltreatment (Part 3): How to Respond to Maltreatment Disclosures (Brief; Poster)

Child Maltreatment (Part 4): Regulations and Contact Information for Reporting Child Abuse in the Prairies (Brief; Poster; French Brief)

Children who are Differently Abled and COVID-19 (Brief; French Brief)
COVID-19 Resources (Brief)

Enabling significant Connection in the Context of COVID-19: Guidance for Service Providers (Brief; Poster; French Brief)

Enabling Significant Connections in the Context of COVID: Guidance for Governments (Brief; Poster; French Brief)

Gender-Based Violence During COVID-19: Risks and Safety Plan (Brief; Poster; French Brief)

General Strategies for Anxiety Reduction and Management for all Ages (Brief; Poster)

Go Away Mr. Worry! (Poster)

Harm Reduction Strategies for People who use Drugs (Brief; Poster)

Impacts of COVID-19 on Children and Youth in Care (Brief; Poster; French Brief)

Impacts of School Closures (Briefs; Poster; French Brief)

Indirect Pandemic Risks for Children and Youth (Brief; Poster; French Brief)
Interim Care Protocols During COVID-19 (Brief; Poster; French Brief)

Mental Health: What Adults and Caregivers are Experiencing and What They Can Do (Brief; Poster; French Brief)

Mental Health: What Youth Are Experiencing and What They Can Do (Brief; Poster; French Brief)

Mental Health of Service Providers: Experiences and Coping Strategies (Brief; Poster)

Moratorium on Youth Transitioning out of Care in Canada (Brief; Poster; French Brief)

Online Child Sexual Exploitation During COVID-19 (Brief; Poster)

Prairie Overdose Crisis and COVID-19: Pandemic Within a Pandemic (Brief; Poster)

Pregnancy During COVID-19: Risks and Health Guidelines (Brief; Poster)

Protecting Children During The Pandemic (Brief; Poster; French Brief)

Providing Psychological First Aid (PFA) Part 1: Supporting Children and Youth During COVID-19 (Brief; Poster; French Brief)

Providing Psychological First Aid (PFA) Part 2: Common Reactions to Stress in Children (Brief; Poster; French Brief)

Reducing Back-to-School Anxiety for Children During COVID-19 (Brief; French Brief)

Risks Facing Youth Transitioning Out of Care (Brief; Poster; French Brief)

Saskatchewan Back to School Guidelines (Brief; Poster)

Self-Care During COVID-19: Checklist For Youth, By Youth (Brief; Poster; French Brief)

Sex and Gender Diversity and Substance Use During COVID-19 (Brief; Poster)

Substance Use in Canada During COVID-19 (Brief; Poster; French Brief)

Switching to Tele-health Communications for Social Workers (Brief; Poster)

Talking to Children About COVID-19: Concrete Suggestions for Dialogue (Brief; Poster)

Trauma-Layering During COVID-19 (Brief; Poster)

Understanding Children's Grief During a Pandemic (Brief; Poster)

Violence Against Women (VAW) Shelters During COVID-19: Concerns and Adaptations (Brief; Poster)

Virtual Communications in Child Welfare (Brief; Poster)

Youth and Substance Use During COVID-19 (Brief; Poster; French Brief)

Example of Knowledge Translation Available on the *Digital Connections Hub*: Risks Facing Youth Transitioning out of Care During COVID-19

English Knowledge Brief



The Bottom Line

Many youth in care have experienced immense trauma in their lives. This can lead to consequential risks once youth have aged out of care and are no longer receiving consistent support. Youth report that changes need to be made while they are in care and after they have aged out of care to increase protective factors.

Risks for Youth Aging out of Care

Children's Aid Foundation of Canada COVID-19 Youth Support Fund was temporarily put on hold after overwhelming demand for funds. Nearly all (93%) funding requests from youth were for basic necessities like housing and food and 40% were for counselling and mental health services.

Youth who have aged out of care are more at risk for homelessness, mental health issues, lack of education, under/unemployment and general unpreparedness for the world.

In a Manitoba study, youth in care were 5 times more likely to be involved with the criminal justice system than their peers who were not in care. By the age of 21, youth in care were more likely to have been involved with the criminal justice system than to have graduated high school. Additionally, 70% of youth who were involved with both the child welfare system and the criminal justice system had mental health challenges.

In a British Columbia study, youth aging out of care were 5 times more likely to die by suicide than their peers who were not in care. The rate of PTSD in youth transitioning out of care is twice that of war veterans.

COVID-19 hasn't changed the issues for young people in and transitioning out of care, it has amplified them.

Possible Responses Outlined by Youth who Have Aged out of Care

- Support online forms of connection and community. Internet access should be a right and not a privilege for youth in and transitioning out of care. For many, it is a vital resource for mental health and well-being.
- Invest in interests, talents and strengths of youth. Create opportunities to practice them to increase confidence in and out of care.
- Reduce restrictions for animal companions. For many, pets can offer a type of unconditional love that may be foreign to youth in care. Barriers to obtain a therapy animal certification as well as to find housing that allows the youth aging out of care to have pets should be removed.
- Ease access to land, culture and spirituality. There is a need for culturally appropriate workers, placements, and programs before youth age out of care, as well as opportunities like cultural programs and retreats to reconnect during the experience of transitioning and after they transition out of care.
- Expand the definition of family. Include people who are not blood related so youth may have visitor access to a long-term support system. Decreasing the clinicality of separation: If siblings must be separated, ensure there is a natural rather than clinical environment to spend time together to diminish feelings of resentment from the separation and to ensure they keep the long-term connection of kinship.
- Use trauma-informed practices. Reduce crisis-focused mentality and expand on genuine restorative interest of the youth's dreams, goals, and mental health status.
- Support youth-centered decision-making, where their needs are heard, believed, and advocated for. Often, decisions about youth are made without their voices.
- Foster long-term unconditional support and nurturing. There is a need for long-term mentoring programs that start in care and last after the youth has aged out of care to be able to maintain a sense of permanency in relationships. Doucet (2019) requests the age of transition be moved to 25, as youth require more time to become adults just like their peers who on average live with family up until age 29.
- Support for youth should be provided unconditionally. This would benefit many youth from care who fall through the cracks when unable to meet an extended array of criteria to be eligible for support.

For original sources and documents, please visit: www.childtraumaresearch.ca

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Knowledge Poster

Risks Facing Youth Transitioning Out of Care

Youth who are currently or who have recently transitioned out of the child welfare system are more at risk for negative adverse experiences than their peers, and COVID-19 has only amplified existing issues. Increasing protective factors while youth are in care and after they have aged out will contribute to more positive life outcomes.

Foster Long-Term Connection.



Increase access to programs for youth that last after they have aged out of care, such as mentoring, mental health, and financial support programs.

Ease Access to Services.



Eliminate criteria barriers for receiving mental health support, housing support, and platforms for connection such as technology.

Ease Access to Cultural Programs.



Increase availability of culturally appropriate workers, placements, and programs while youth are in care and after they have transitioned out of care.

Allow Youth to Choose Their Family.

Allow separated siblings to interact in a non-clinical environment. Allow non-blood related long-term mentors to have visitor rights. Remove barriers to having animal companionship while in care, especially in regard to finding housing that allows pets.

Support Youth-Centred Decision Making.

Include youth in the conversation when decisions are being made about them.



Invest in Interests, Talents, and Strengths

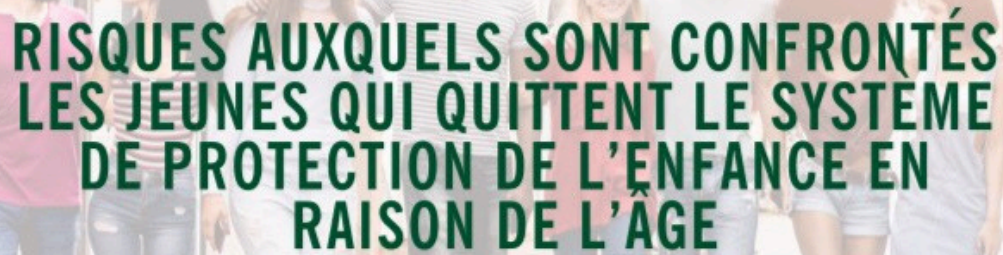
Take genuine interest in the passions and talents the youth possesses. Provide opportunities to participate in those activities to increase confidence.



Increase Age Limit

Advocate for increasing the age at which youth age out of care so they may leave their homes more prepared like their peers not from care.

French Knowledge Brief



RISQUES AUXQUELS SONT CONFRONTÉS LES JEUNES QUI QUITTENT LE SYSTÈME DE PROTECTION DE L'ENFANCE EN RAISON DE L'ÂGE

La réalité

De nombreux jeunes pris en charge ont vécu des traumatismes graves qui les exposent à divers risques lorsqu'ils quittent le système de protection de l'enfance en raison de leur âge et cessent de recevoir du soutien. Les jeunes signalent qu'il faut apporter des changements concernant leur prise en charge dans le système et leur transition vers la vie autonome afin de mieux les protéger.

Risques auxquels sont confrontés les jeunes en transition vers la vie autonome

Le fonds de réponse à la COVID-19 de la Fondation de l'aide à l'enfance du Canada a été temporairement suspendu en raison du trop grand nombre de demandes d'aide. Presque toutes les demandes de financement des jeunes, soit 93 %, étaient pour des besoins essentiels comme le logement et la nourriture, et 40 % étaient pour des services de soutien et des services en santé mentale.

Les jeunes qui quittent le système de protection de l'enfance en raison de l'âge sont plus à risque de devenir des sans-abris, d'avoir des problèmes de santé mentale, d'être sans éducation et sans-emploi et d'être mal préparés à la vie en général.

Selon une étude manitobaine, les jeunes pris en charge sont cinq fois plus susceptibles d'avoir des démêlés avec la justice que les jeunes qui ne sont pas pris en charge. À 21 ans, ces jeunes sont plus susceptibles d'avoir eu des démêlés avec la justice que d'avoir obtenu leur diplôme d'études secondaires. De plus, 70 % des jeunes provenant du système de protection de l'enfance et ayant eu des démêlés avec la justice éprouvaient des problèmes de santé mentale.

Selon une étude de la Colombie-Britannique, les jeunes qui quittent le système de protection de l'enfance en raison de l'âge sont cinq fois plus susceptibles de mourir par suicide que les enfants qui ne sont pas issus du système. Le taux de TSPT chez les jeunes en voie de quitter le système est deux fois plus élevé que celui chez les vétérans.

Pour les jeunes pris en charge par les services de protection de l'enfance ou qui sont sur le point de quitter le système, la pandémie de COVID-19 ne fait qu'amplifier les problèmes qu'ils doivent affronter.

Voies d'intervention proposées par les jeunes ayant quitté le système de protection de l'enfance en raison de l'âge

- Soutenir l'accès aux communications en ligne. L'accès à Internet doit être un droit et non un privilège pour les jeunes pris en charge par les services de protection de l'enfance ou qui en sont issus. Pour bon nombre de jeunes, ce lien est essentiel à leur santé mentale et à leur bien-être.
- Favoriser le développement des champs d'intérêt, des talents et des forces chez les jeunes et leur donner l'occasion de les mettre en pratique pour accroître leur confiance en eux.
- Réduire les restrictions entourant les animaux de compagnie. Pour beaucoup de jeunes pris en charge, un animal de compagnie peut offrir une forme d'amour inconditionnel qu'ils n'ont jamais reçue. Éliminer les obstacles entourant l'obtention d'une certification pour animaux de thérapie et l'accès à des logements où les jeunes en transition vers la vie autonome sont autorisés à avoir un animal de compagnie.
- Faciliter l'accès à la nature, à la culture et à la spiritualité. Pendant leur prise en charge, les jeunes aimeraient avoir accès à des travailleurs issus de la même culture que la leur ainsi qu'à des services et des programmes adaptés à leur culture. De plus, lorsqu'ils entament leur transition vers la vie autonome, ces jeunes aimeraient avoir accès à des programmes culturels et des retraites qui leur permettraient de se recentrer pendant et après leur transition vers la vie autonome.
- Élargir la notion de famille pour y inclure les gens qui ne sont pas unis par une parenté. Ainsi, les jeunes pris en charge à long terme pourraient recevoir de la visite.
- Éviter de tenir dans des environnements cliniques les rencontres entre frères et sœurs qui vivent séparément. Veiller à ce que frères et sœurs puissent se rencontrer dans un environnement naturel pour réduire la frustration face à la séparation et favoriser le maintien des contacts à long terme.
- Recourir à des pratiques qui tiennent compte des traumatismes. Réduire le recours à l'approche de gestion des crises et accorder plus de place aux rêves, aux objectifs et à la santé mentale des jeunes pris en charge.
- Écouter les besoins des jeunes, les défendre et en tenir compte dans la prise de décisions. Actuellement, les décisions sont souvent prises sans consulter les jeunes.

Voies d'intervention proposées par les jeunes ayant quitté le système de protection de l'enfance en raison de l'âge (continuées)

- Soutenir les jeunes à long terme et de façon inconditionnelle. Il y a un besoin pour des programmes de mentorat à long terme qui se poursuivraient au-delà de la transition vers la vie autonome. Ces programmes permettraient aux jeunes d'établir des relations qui durent dans le temps. Doucet (2019) recommande de reporter l'âge auquel les jeunes doivent quitter le système de protection de l'enfance à 25 ans. Les jeunes ont besoin de plus de temps pour devenir des adultes, tout comme leurs pairs qui, en moyenne, vivent à la maison jusqu'à l'âge de 29 ans.
- Fournir un soutien inconditionnel aux jeunes. Bon nombre sont laissés pour compte parce qu'ils ne répondent pas à une foule de critères d'admissibilité à des services d'aide.



Pour consulter les sources et les documents originaux, visitez le www.childtraumaresearch.ca

Cette publication a été réalisée grâce au généreux soutien de :

