Evaluation of the Innovative Programs for Students in the Care of, or Receiving Services from, Children’s Aid Societies

Appendix B: Document and Data Review

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1. Overview

The Ministry engaged *Directions* and Evidence Policy Research Group, LLP, to evaluate the impact of innovative programming on student achievement and well-being for Ontario students in the care of, or receiving services from, children's aid societies (referenced herein as students in care). This evaluation examines the implementation, impact, and effectiveness of Ministry-supported programs and will contribute to the development and refinement of a provincial strategy to support students in care.

This appendix reports on the quantitative and qualitative evaluation of documents and data provided by the Ministry and participating schools and school boards (32 in total) describing programs, context, participants, inputs/resources, processes/activities, and outcomes. The data on student participation numbers, spending, and credit accumulation were quantitative while the rest of the data was qualitative (e.g., narrative responses in program contracts and reports).
2. Document and Data Review

*Directions* received the following types of files from the Ministry:

- Financial summaries for each year of programming
- Ministry materials on the funding initiative (i.e., memos to school boards, calls for proposals, data reporting templates and instructions, evaluation rubrics)
- Board materials for each funded program (i.e., proposals, contracts, narrative mid-term and final reports, quantitative mid-term and final reports, individual student data files for 2013-14)
- Ministry documentation on initiatives for children and youth in care, house notes, presentations on children and youth in care, and reports
- Other relevant reports on children and youth in care

An initial review of the documents and data at the Ministry level and the level of the individual programs was used to populate the evaluation framework submitted to the Ministry on June 9, 2016. *Directions* compiled and assessed Ministry-level information on the goals and objectives of the Ministry’s initiative to support innovative strategies and delivery models for students in care using the relevant Student Success Policy Branch and Ministry documents on the initiative. From these sources, *Directions* compiled information about (a) goals and objectives and (b) intended participants, resources, activities, and outcomes of the Ministry initiative.

In this appendix, program-level data and documentation were used to extract themes on the goals and objectives of the programs, the characteristics of participants in the programs (e.g., criteria for access to the programs), the range of human and material resources devoted to the programs (e.g., community resources), the types of activities within the programs (e.g., specific program activities, tracking and monitoring of students), and outcomes for students and teachers. Quantitative data (e.g., credits attempted, credit accumulation) were summarized using descriptive statistics.
2.1. Challenges in the Data Analysis

Examination of the quantitative data raised concerns about its quality.

2.1.1. Incomplete and unclear datasets

In the first year of the pilot programs (2013-14), Ministry of Education staff had a clear vision that the programs should involve congregated classrooms for students, and reporting tools were developed accordingly. However, program implementation in the first year did not align closely to the initial program vision, as school boards endeavoured to balance the Ministry guidelines with the realities of each school board and the needs of students in care; this lead to programs that included itinerant teaching, part-time programs, and continuous intake of students. This meant that the reporting tools were not well suited to the variety of programs that were implemented, leading to incomplete reporting.

In addition, reporting requirements for the first year of the pilot programs were extensive. Each board was required to submit at least five files per participating student (student achievement data form, additional student data form, pre-pilot student survey, post-pilot student survey, post-pilot teacher survey) in addition to a midterm and final narrative report. Several boards were unable to provide a complete dataset for each student, leading to incomplete data sets (particularly for the student and teacher surveys) that could not be meaningfully analyzed. In an effort to minimize the workload placed on school boards for data collection, the reporting requirements were reduced in the second year of the programs. However, there were still significant issues with data collection in the second year that compromised the ability to meaningfully analyze the quantitative results.

Across the years of reporting, for some indicators (e.g., participation, activities, changes, lessons learned), a response to the same question was requested in multiple documents (e.g., midterm report, final report, renewal proposal). However, respondents sometimes provided inconsistent responses to the same question over the multiple reports. This inconsistency made it difficult to accurately characterize the programs.

The proposal and reporting templates did not ask specific questions about the context, goals, and objectives of each program, making it difficult to determine why and how programs were developed. In particular, it was not possible to determine what specific needs of students in care were considered in the development of each program.
The data reporting templates in all three years did not provide specific instructions about how to respond to several indicators. The lack of instructions appears to have prompted different interpretations of what was being requested. Even when indicator requests appeared to be defined clearly (e.g., total number of classes scheduled for the student while in pilot program), responses indicated significantly different interpretations of what was requested, leading to data that could not be analyzed meaningfully.

2.1.2. Lack of comparability across datasets

As indicated above, in response to the low completion rates for data collection in 2013-14, data reporting requirements were modified in 2014-15. Rather than requiring individual files to be submitted for each participating student, English boards were asked to complete a brief midterm and final report template and a final case report. In this template, reporting of indicators such as attendance, suspensions, and community service was removed. Minor modifications were made in 2015-16 (e.g., adding a question about students formerly in the care of, or receiving services from, children’s aid societies).

In 2014-15 and 2015-16, French boards reported data using a different quantitative report template, including a request for more indicators than were required of the English boards. The different reporting format and requirements lead to further challenges in comparing the data between years and between English and French Boards.

2.1.3. Challenges in enumerating participation

*Directions* faced a number of challenges in enumerating program participation. The number of programs funded was difficult to determine definitively because boards were granted latitude in defining what constituted a program. While some boards instituted one program in one site across the years, others operated two programs at the same time with similar or different foci and at different sites. Some boards offered one program each semester, each with a different focus; others offered what they described as a single program, but offered the one program at multiple locations.

The participation data between years may not be comparable because of changes in data reporting requirements (2013-14 to 2014-15). Moreover, inconsistencies in the numbers of participants reported suggest either errors in reporting or differing interpretations of what was expected.
In 2013-14, boards were to provide one set of student outcomes forms for each student enrolled across the two semesters. It is not clear, however, whether student data forms were to be provided for all students who started a semester in a program but left before the end of a semester. Inconsistencies between the number of reports provided and the method of assigning students a numerical identifier (i.e., reports were consecutively numbered but some numbers in a series were missing) suggest that counting the number of reports provided is likely an underestimate of the number of participants. Continuous intake in some programs also led to a lack of clarity in the numbers of participants per semester. In at least one board, the narrative in the final report indicated that far more students were supported through the initiative than were reflected in the number of student achievement forms completed. Reports about the number of students who completed a program also cast doubt about the reliability of the data because the counts from the quantitative files are lower than the counts reported in the narrative files.

As of 2014-15, data reporting requirements were modified so that one aggregate report was to be provided per semester per program, rather than one set of student outcomes forms for each student enrolled in a program. However, the method of reporting student enrolment and completion did not differentiate between students who participated only in semester 1 or 2 versus students who participated in both semesters 1 and 2. Therefore a tally of participants over the course of a school year is not possible for the 2014-15 or 2015-16 data.

2.1.4. Challenges in determining students’ care status

Determining the numbers of participating students in the care of, or receiving services from, children’s aid societies is also challenging. In 2014-15, English boards were asked to report the number of students who were: children/youth in care of a child protection agency (e.g., children’s aid societies); children/youth receiving services from a Children’s Aid Society; other student at risk; unknown. In 2015-16, a question was added about the number of children/youth formerly in care of, or receiving services from, a Children's Aid Society. From board to board, the tally of students in each category suggested that boards interpreted the reporting requirement as corresponding either to the number of students starting the program or the number of students completing the program. In other cases, the reported number of students in the different care categories did not match any other reported totals of program participation or completion, so it is unclear what numbers were being reported. As well, the reporting requirements did not account for students whose status may have changed during the year. Thus, the numbers of participating students in the care of or receiving services from children’s aid societies is likely to be inaccurate.
2.1.5. Challenges in enumerating credit accumulation

The credit accumulation calculated by Directions differs from the information reported in draft internal Ministry reports. We have been unable to reconcile the source of these differences.

Instructions to respondents were not explicit about only reporting credits in the semester in which students earned them. For the most part, school boards appeared to report credits earned in Semesters 1 and 2 separately, but for students who participated in both semesters it is not entirely clear if reporting of credits attempted and credits earned were separated from Semester 1 to Semester 2 in 2014-15 and 2015-16.

There are significant challenges in comparing the credit accumulation between 2013-14 and subsequent years because the reporting instructions differed in 2013-14. In 2013-14, boards were requested to report separately credits earned in the pilot program, credit recovery, and outside of the pilot program. In 2014-15 and 2015-16, boards were not given instruction about whether to include or exclude credits obtained during credit recovery, so it is unclear if they did include such credits in their reporting. In 2014-15 and in 2015-16, English and French boards also had different data reporting requirements, resulting in incomparable data between the English and French boards.

The template files used in 2014-15 and 2015-16 posed additional challenges for data analysis. In some cases, boards modified the templates so that the automatic totals of credits attempted and credits earned were incorrect. There were also differing interpretations about reporting the credits attempted (e.g., in some cases the reported number of credits attempted was lower than the number of credits obtained), as well as cases of missing data on credits attempted.

2.1.6. Challenges in analyzing impact for students in the care of, or receiving services from, children’s aid societies

In 2013-14, student achievement was reported for each student along with an indication of whether they were in the care of, or receiving services from, children’s aid societies. However, the number of students participating in any given program were quite low (intended intake was 10-15 students), making it difficult to analyze impact of a particular pilot on the entire cohort, let alone students in the care of, or receiving services from, children’s aid societies. Furthermore, in 2014-15 and 2015-16, student achievement in English boards was aggregated for each cohort of students, making it impossible to use the quantitative data to comment on the impact that is specific to students in the care of, or receiving services from, children’s aid societies.
3. Themes

3.1. Goals and Objectives

Applicants were not required to state goals and objectives for their programs beyond those stated by the Ministry in their 2013-14 and 2014-15\(^1\) requests for proposals, namely to:

- explore conditions for youth in care of or receiving services from CASs, to benefit from all the learning opportunities, supports and interventions available in schools.
- generate innovative education delivery models to improve educational outcomes and well-being and close the achievement gap for this vulnerable group of secondary school students.

In some cases, applicants did state specific objectives. These included addressing academic gaps (e.g., credit accumulation), coordinating the efforts of the array of professionals involved with students in care (or receiving services), providing a safe environment for students, providing support for improved health (including mental health) and fitness, helping students transition to further learning opportunities or to the workforce, and helping students integrate into the community.

3.2. Participants

Approved programs named multiple partners, including children’s aid societies; Crown Ward Championship teams; Student Success Teams; community health organizations (public health, mental health and addictions); post-secondary organizations; child-youth-family serving organizations; indigenous organizations; arts and culture organizations; and businesses providing support to the program. Program implementation was also to be guided by an advisory group that included individuals from the partner organizations, teachers and other program staff, Student Success Team members, school and school board administrators, child and youth workers, and members of Crown Ward Education Championship Teams. Advisory groups included individuals from the children’s aid societies, either at an administrative or case-management level. Occasionally parents, guardians, and caregivers were also members of the advisory committee.

Students participating in the programs were to be secondary students in the care of, or receiving services from, children’s aid societies. Boards were advised that students who

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\(^1\) In 2015-16, programs that wished to be renewed were required to submit only a proposed budget for approval.
were otherwise at risk (enrolled in secondary school but are disengaged as a result of high levels of absenteeism, low levels of educational outcomes, and/or not on track to graduate) could be also included. Students that were formerly in the care of, or receiving services from, children’s aid societies constituted a notable portion of recruited students otherwise at risk; in 2015-16, a data reporting question was added about how many students were in this category. In each year of the programs, there were several boards in which a program enrolled less than 10 students in the care of, or receiving services from, children’s aid societies (at least 9 boards in 2013-14, 16 boards in 2014-15, and 18 boards in 2015-16).

Some programs additionally focused on students who had specific characteristics (e.g., parents or expecting parents, students in group homes, indigenous students, female students, students with fetal alcohol spectrum disorder, students with an interest in the arts).

Student participants had a diverse set of challenges. The challenges included substance abuse and addictions; mental health challenges; living in poverty; and living in unstable housing situations.

Using data collected between 2013-14 and 2015-16, best estimates of board and student participation are presented in Table 1. Attempts were made to reconcile any discrepancies with numbers presented in draft internal Ministry reports; however, in most cases the source of discrepancy could not be reconciled.
Table 1. Best estimate of participation from available data.
Data quality is highly variable and reporting requirements differed across years. Numbers provided are best estimates.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Board Language</th>
<th># Boards</th>
<th># of Programs</th>
<th>Semester 1</th>
<th>Semester 2</th>
<th>Total</th>
<th>Students in Care Semester 1</th>
<th>Students in Care Semester 2</th>
<th>Students Receiving Services Semester 1</th>
<th>Students Receiving Services Semester 2</th>
<th>Other at risk Semester 1</th>
<th>Other at risk Semester 2</th>
<th>Unknown Semester 1</th>
<th>Unknown Semester 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013-14 New</td>
<td>English</td>
<td>14 &amp; 1 withdrawn</td>
<td>At least 16 (from final report)</td>
<td>At least 139 (from final report)</td>
<td>215 (from case files tally)</td>
<td>102 (from final report)</td>
<td>158 (from final report)</td>
<td>148 (from case file tally)</td>
<td>91</td>
<td>73</td>
<td>51</td>
<td>n/a</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>French</td>
<td>4</td>
<td>5</td>
<td>48 to 73 (from final report)</td>
<td>74 to 99 (from final report)</td>
<td>44 (from case file tally &amp; additional reports)</td>
<td>46 to 71 (from final report)</td>
<td>70 to 95 (from final report)</td>
<td>unavailable</td>
<td>At least 9</td>
<td>At least 3</td>
<td>At least 32</td>
<td>n/a</td>
<td></td>
</tr>
<tr>
<td>2014-15 Renewed</td>
<td>English</td>
<td>13</td>
<td>15</td>
<td>209</td>
<td>211</td>
<td>unknown</td>
<td>186</td>
<td>197</td>
<td>unknown</td>
<td>94</td>
<td>100</td>
<td>55</td>
<td>75</td>
<td>76</td>
</tr>
<tr>
<td></td>
<td>French</td>
<td>3</td>
<td>3</td>
<td>85 (from final reports &amp; quantitative reports)</td>
<td>80 (from final reports &amp; quantitative reports)</td>
<td>86 (from final reports and quantitative reports)</td>
<td>85 (from final reports &amp; quantitative reports)</td>
<td>80 (from final reports &amp; quantitative reports)</td>
<td>12</td>
<td>12</td>
<td>8</td>
<td>9</td>
<td>23</td>
<td>23</td>
</tr>
<tr>
<td>New Semester 2</td>
<td>English</td>
<td>12</td>
<td>12 to 13</td>
<td>183</td>
<td>183</td>
<td>152</td>
<td>152</td>
<td>152</td>
<td>152</td>
<td>63</td>
<td>75</td>
<td>40</td>
<td>9</td>
<td></td>
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<tr>
<td>Summer Elementary</td>
<td>English</td>
<td>7</td>
<td>7 to 8</td>
<td>164</td>
<td>164</td>
<td>167</td>
<td>167</td>
<td>44</td>
<td>95</td>
<td>13</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer Secondary</td>
<td>English</td>
<td>6</td>
<td>6</td>
<td>77</td>
<td>77</td>
<td>64</td>
<td>64</td>
<td>35</td>
<td>34</td>
<td>8</td>
<td>0</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
### Program: Evaluation of the Innovative Programs for Students in the Care of, or Receiving Services from, Children’s Aid Societies: Appendix B: Document and Data Review

#### # of Participating Students

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Board Language</th>
<th># Boards</th>
<th># of Programs</th>
<th>Semester 1</th>
<th>Semester 2</th>
<th>Total</th>
<th>Semester 1</th>
<th>Semester 2</th>
<th>Total</th>
<th>Students in Care Semester 1</th>
<th>Students in Care Semester 2</th>
<th>Students Receiving Services Semester 1</th>
<th>Students Receiving Services Semester 2</th>
<th>Other at risk Semester 1</th>
<th>Other at risk Semester 2</th>
<th>Unknown Semester 1</th>
<th>Unknown Semester 2</th>
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<tr>
<td>2015-16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renewed</td>
<td>English</td>
<td>22</td>
<td>30</td>
<td>351</td>
<td>378</td>
<td>unknown</td>
<td>329</td>
<td>346</td>
<td>unknown</td>
<td>129</td>
<td>142</td>
<td>105</td>
<td>108</td>
<td>138</td>
<td>(96 formerly in care or receiving services)</td>
<td>151</td>
<td>(122 formerly in care or receiving services)</td>
</tr>
<tr>
<td></td>
<td>French</td>
<td>3</td>
<td>3 to 5</td>
<td>116</td>
<td>116</td>
<td>116</td>
<td>116</td>
<td>116</td>
<td>116</td>
<td>18</td>
<td>18</td>
<td>11</td>
<td>11</td>
<td>57</td>
<td>(6 formerly in care or receiving services)</td>
<td>57</td>
<td>(6 formerly in care or receiving services)</td>
</tr>
</tbody>
</table>
3.2.1. Staff and Community Support

Most programs had a dedicated teacher that worked with the students in care, and the majority of the dedicated teachers were associated with a program in a specific location. A few programs provided support through an itinerant teacher or social worker that travelled to meet students within their home school.

The programs also had several other staff roles supporting the teacher, students, and programming such as educational assistants, child and youth workers, career and guidance counsellors, school board social workers, school support and attendance counsellors, Student Success team members, Lighthouse Team Members, FNMI curriculum consultants, and community organization members. Therapists provided individual and group counselling to students in several programs.

The central role of the caring adult was typically provided by the dedicated teacher. As well, stable support from other roles (e.g., educational assistant, Child Youth Worker) was seen as quite beneficial as these individuals provided additional support for students and relieved some of the support demands on the primary caring adult.

3.3. Activities and Processes

3.3.1. Program planning

School boards made efforts to engage the children’s aid societies in planning and delivering the programming, though, as noted in the Program Challenges and Lessons Learned section, these relationships between schools, school boards, and children’s aid societies were often not as strong as required to recruit students and communicate about individual student challenges. Across the years of the programs, however, the relationships between schools, school boards, and children’s aid societies became stronger, making it easier to recruit students and plan for their individual needs.

School boards also engaged the Student Success Teams and community partners in developing the pilot programs. While some school boards also consulted with students and parents/guardians in the planning process, most programs were initially conceived in the absence of a specific group of students and were based upon the conceptions that the planners held about students in care. After the initial implementation of the programs, the needs of the specific students enrolled in the program became the focus of the programming.
3.3.2. Program structure and pedagogical approach

Programs were generally provided in a dedicated space that was onsite in students' home schools, offsite in a community location, or through combined onsite and offsite program delivery. Partial- or full-day programs were delivered to each cohort of enrolled students. Programs also varied in whether they: delivered pilot programming for 5 days a week or less; provided programming to a cohort for one or two semesters; and had intake at the beginning of a semester or continuous intake. The exceptions to the aforementioned structures were programs that used an itinerant model in which students remained in their home school and received support from an itinerant teacher or social worker.

Some students were enrolled in courses with students not in care, but all programs could be characterized as being personalized or student-centred. All programs made use of hands-on (experiential) learning in the form of collaborative inquiry and project-based learning. Many of the courses and experiences specifically tailored to students in care could be described as cross-curricular or integrated learning because they combined subject matter from subjects that, for the majority of students, are taught in separate courses.

3.3.3. Activities and Supports

Pilot programs provided enrolled students with academic learning and support, pathways exploration and preparation, life skills development, socioemotional supports, and mental health and addictions support.

Academic supports focused on credit accumulation through acquisition of new credits (which were often bundled), credit rescue, and credit recovery. Several programs provided mentoring and tutoring for credit rescue and recovery. A summary of credit accumulation is presented in the Outcomes section that follows.

Pathways exploration and preparation was another major focus of the pilot programs. Several programs assisted students with their Individual Pathways Plan.

To support exploration and development of career pathways, programs included activities that helped students develop essential skills, develop entrepreneurial skills, gain job-related training, achieve certifications (e.g., First Aid, Safe Food Handling, Workplace Hazardous Materials Information System, CPR, Service Excellence). Students received career counselling; visited workplaces, career fairs and workshops; attended presentations given by guest speakers from different professions and from employment services; and became connected to job placement services. Students
participated in job shadowing and job twinning; gained practical experience in applying for jobs, writing resumes, and interviewing; and participated in components of Specialist High Skills Major programs, cooperative education, and the Ontario Youth Apprenticeship Program.

To support exploration and development of post-secondary pathways, programs provided opportunities such as college instructors or college mentors to assist with transitions to post-secondary education, visits to and speakers from post-secondary institutions, and help investigating and applying to post-secondary educational institutions. Students also participated in dual-credit and Reach Ahead programs.

**Life skills development** was an integral component of most of the pilot programs. Programs supported financial literacy through workshops, instruction, and assistance in managing household and food expenses, developing personal budgets, and completing income taxes. Students also participated in programming on topics such as nutrition and parenting; received practical support to apply for documentation such as birth certificates, Social Insurance Numbers, and health care cards; and gained practical experiences such as shopping for groceries, visiting a restaurant, or going to a car dealership. Learning to prepare food was also an important component of many programs.

**Socioemotional, mental health, and addictions supports** were also provided in many programs. Participating students often lived with challenging circumstances that were significant barriers to their well-being and achievement such as mental or physical abuse, parental instability, and drug/alcohol abuse. Pilot programs supported learning in areas such as self-care and personal wellness, stress and anxiety reduction, problem-solving, sexual assault, and abuse. Several opportunities were designed to provide leadership training and team building. Students received peer mentoring or acted as peer mentors. There was also a significant therapeutic component to pilot programs, with activities such as individual or group counselling, restorative circles, and various types of therapeutic approaches (e.g., art therapy, music therapy, animal therapy). Programs also promoted awareness of mental health and addictions issues, strategies, and community supports through guest speakers and workshops. Some programs had a mental health worker or nurse associated with the program.

Beyond socio-emotional, mental health, and addictions supports, some programs provided support for healthy living such as gym memberships, group physical activities (e.g., rock climbing, swimming, yoga), presentations on sexual health, smoking cessation support, and dental health screening. Provision of basic necessities was also included in some programs, such as clothing and support in obtaining eyeglasses. Food
was provided in most programs and the opportunity to share meals on a regular basis was frequently cited as a key contributor to the development of supportive relationships within the programs. Other group social activities, such as playing board games, played a similarly important relationship-building role.

Some programs identified a caring adult within the school for each student in the program, and ensured that adult remained available to the student throughout the program.

Attendance support was also an important support for many students. The teacher often called or sent texts to students to encourage them to attend the program, or arranged transportation so that students could attend the program.

Programs also provided celebrations for students (e.g., birthdays and other milestones), awards for achievements, and incentives for success.

### 3.3.4. Planning for and monitoring of student progress

In addition to the monitoring required by the Ministry each year, programs developed their own approach to monitoring student progress. Many programs helped students develop a success plan and conducted routine academic reviews with students. In some cases, regular team meetings were convened to coordinate the efforts of everyone (school board personnel, CAS personnel, community service providers, families, foster families or group home workers) involved in supporting the students, to review progress, to problem-solve as issues arose, and to plan for next steps.

Programs monitored students with different frequencies, from daily or weekly “check-ins” with students to a more formal review of progress once or twice a semester. Above and beyond Ministry requirements, programs tracked indicators such as skills development, potential pathways, community service hours, attendance, behavioural outcomes, mental health status, counselling outcomes, homework completion, and social interaction.
### 3.4. Resources

Table 2 provides the broad categories of spending in English boards in 2014-15 and 2015-16.\(^2\) Human resources were by far the most significant expenditure across the programs.

#### Table 2. Best Estimate of Spending Categories Reported by English School Boards in 2014-15 and 2015-16

<table>
<thead>
<tr>
<th>Budget Category</th>
<th>Amount Spent(^*)</th>
<th>% of Overall Spending</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014-15</td>
<td>2015-16</td>
</tr>
<tr>
<td></td>
<td>2014-15</td>
<td>2015-16</td>
</tr>
<tr>
<td>Human Resources</td>
<td>$1,777,697</td>
<td>$1,857,047</td>
</tr>
<tr>
<td>Experiential Learning and Career Exploration</td>
<td>$268,528</td>
<td>$197,573</td>
</tr>
<tr>
<td>Classroom Resources</td>
<td>$293,942</td>
<td>$174,455</td>
</tr>
<tr>
<td>Other (e.g., space rental fees)</td>
<td>$81,755</td>
<td>$154,073</td>
</tr>
<tr>
<td>Grand Total</td>
<td>$2,421,922</td>
<td>$2,383,147</td>
</tr>
</tbody>
</table>

*Note: Budget categorizations were self-determined in the reports, so the same item was sometimes categorized differently across boards. Thus, the numbers should be considered estimates of spending categories based on the available data.

### 3.5. Outcomes

Programs reported a wide range of positive outcomes for students, but many were difficult to quantify and were instead reported anecdotally. The diverse set of challenging circumstances faced by students meant that student programming and progress were quite individual.

With respect to academic progress, boards reported credit accumulation, improved grades, and graduation for some students. **Table 3** provides a best estimate of credit accumulation in the three years of the pilot programs. In 2013-14, the most credits accumulated in English boards were Guidance and Career Education, English, and Social Sciences and Humanities (Family Studies Courses focussing on food and nutrition and families). In 2014-15, the most credits accumulated within the pilot (excluding regular) program in English boards were English and Guidance and Career Education, followed by Social Sciences and Humanities (Family Studies Courses focussing on food and nutrition and families), Canadian and World Studies, Mathematics, and the Arts. In 2015-16, the most credits accumulated within the pilot

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\(^2\) English board expenditure reports in 2013-14 and French board expenditure reports in all years were reported in a different reporting template that was not readily analyzable in the same expenditure categories.
program in English boards were English, Guidance and Career Education, Mathematics, Health and Physical Education and Canadian and World Studies.

Programs reported anecdotally that students also demonstrated increased attendance and engagement with learning, and made progress on developing their pathways plans and completing job-related certifications. In some cases, students also secured employment.

Not all students showed achievement in credit accumulation, and this was related to the number and severity of the challenges faced by students. Many programs reported that students were not ready to learn when they started the program, with significant mental health and addictions challenges that made it difficult to specify a standard set of criteria by which their progress might be judged. Anecdotally, for some students, regular attendance was a significant marker of progress, whereas for others it was having the confidence to participate in group learning and activities.
### Table 3. Best estimate of credit accumulation from available data

Data quality is highly variable and reporting requirements differed across years. Numbers provided are best estimates.

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Board Language</th>
<th>Credits Attempted in Pilot and Regular Program</th>
<th>Credits Completed in Pilot and Regular Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Semester 1</td>
<td>Semester 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013-14</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New</td>
<td>English</td>
<td>388.5 pilot</td>
<td>497.5 pilot</td>
</tr>
<tr>
<td></td>
<td>French</td>
<td>unavailable</td>
<td>student reporting incomplete</td>
</tr>
<tr>
<td>2014-15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renewed</td>
<td>English</td>
<td>529 pilot + 160 regular = 689 total</td>
<td>634.5 pilot + 324 regular = 958 total</td>
</tr>
<tr>
<td></td>
<td>French</td>
<td>170.5</td>
<td>181.5</td>
</tr>
<tr>
<td>New Semester 2</td>
<td>English</td>
<td>490.5</td>
<td>490.5</td>
</tr>
<tr>
<td>Summer Secondary</td>
<td>English</td>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>2015-16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Renewed</td>
<td>English</td>
<td>761.5 pilot + 489.5 regular = 1251 total</td>
<td>790.5 pilot + 514 regular = 1304.5 total</td>
</tr>
<tr>
<td></td>
<td>French</td>
<td>117.5</td>
<td>214.5</td>
</tr>
</tbody>
</table>
With respect to well-being, programs reported anecdotally that students showed improved behavior, mental health, socio-emotional skills, confidence, and self-esteem. Students also had improved health and wellness practices, such as knowledge of and practice in healthy eating, and regular participation in physical activity. Students also reported a sense of being in a safe environment within the program.

Relationship building was one of the most significant positive outcomes for students in the programs. At the core of these relationships were the connections to a caring adult and to a caring community, including staff and fellow students in the program. Some students referred to the program participants as family, reflecting a sense of belonging. The program teacher often became a point person to address issues in a student’s life in a timely manner, liaising with other school staff, children’s aid societies, and caregivers, and assisting students by advocating for them or teaching them how to advocate for themselves. Opportunities to learn together and eat together played a significant part in helping students build a sense of connection to a caring adult and to their peers.

Connecting students to the greater community was also a positive outcome of many programs. Students were provided with opportunities to engage with the greater community outside of the school. For instance, students contributed to community gardens and volunteered at community organizations such as senior centres or homeless shelters. Students also increased their awareness of, and connections to, community supports such as various social service organizations.

There were important outcomes for schools and school boards as well. Staff had increased understanding of the issues facing children and youth in care, as well as increased engagement in planning for this population. Relationships were forged between school boards and children’s aid societies to deliver support for students. Community partnerships were also built to provide services and support to students. In some cases, there was greater engagement of caregivers in students’ learning.

### 3.6. Program Challenges and Lessons Learned

As school boards began implementing their programs, many quickly realized that they would have to make adjustments to the initially planned activities and supports in response to the demonstrated needs of enrolled students.
3.6.1. Meeting multiple and diverse student needs

The necessity of understanding students' needs and tailoring supports to support these needs emerged as a dominant theme. In many cases, programs did not have sufficient resources to meet the breadth and depth of student needs. While there were student successes in achievement and well-being, program reports pointed to a need for more resources to support students than had been anticipated initially.

Students came to programs with significant, diverse, and intense needs that affected their abilities to learn. Students sometimes had significant mental health and addictions challenges that teachers could not address without additional help. Many students were attempting to address significant anxiety and substance abuse issues. Even with support from service providers such as a child and youth worker or a social worker, support was sometimes not sufficient to help some students with their mental health and addictions challenges. Many students had difficulty trusting others and were initially wary of the new learning environment. In some cases, this complex set of needs posed a barrier to student engagement with the programming and with other students.

Students also had unstable caregiving environments, unstable housing, unstable food sources, legal challenges (e.g., incarceration, custodial changes), and challenges related to living in poverty. Some also engaged in illegal activity. It was reported that some of the students' social and emotional challenges interfered with their ability to learn. Program leaders found it challenging to determine each student's socio-emotional needs and still maintain a focus on academic achievement. It took a significant amount of time to understand each student's needs.

In response to these needs, boards pointed to a requirement for greater socio-emotional, mental health, and addictions support for the students, which would also reduce the demands on the teacher trying to support students with their challenges. Greater therapeutic support was frequently recommended as a necessary resource. Greater opportunities for team building, additional support staff, and programming to address mental health and addictions issues were also suggested as supports.

As many students did not have a stable food source, the provision of meals and snacks for students was an important component of many programs. Depending on the timing of the program, students were provided with breakfast, lunch, dinner, and/or snacks. Many programs also engaged students in shopping for and/or preparing the meals. Food was a motivator for students, particularly for those with food instability, and meals became an opportunity for students to develop life skills in meal preparation and to create a sense of community and family with one another. Some programs pointed out that more resources to support meal preparation would be beneficial for students.
Some programs also observed that providing students with access and opportunities to engage in physical activity together was greatly beneficial, keeping students engaged, giving them opportunities to create connections with one another, and reducing stress.

Time was an important factor in understanding and responding to the needs of each student. Initially, many programs provided insufficient time to get to know each student and to use that understanding to create socio-emotional supports and a success plan appropriate to individual needs. Boards soon recognized that they required more time, preferably before or early on in the semester, to understand each student’s needs and to define expectations for student success.

Student involvement in planning the program increased student buy-in for program activities. Activities needed to be meaningful to students in order to encourage their engagement. In many cases, programs adjusted their plans, especially early in the life of the program, based on student needs and feedback. In some cases, activities were planned that students did not need (e.g., classes for which students had already earned credit), were not interested in, or not comfortable with (e.g., overnight trips). Needs also varied by student and cohort. For instance, some students enjoyed field trips, but for other students who experienced anxiety, field trips were an unwelcome activity. For students who were not ready to participate in the workforce, co-op credit opportunities were inappropriate. In some cohorts, group instruction was beneficial, but in others, individual instruction was more successful. Tying programming to specific credit opportunities also restricted the number of students that would enroll in the program if those students did not need or want those particular credits. Thus, programs reported that they needed to allow for flexibility in programming based on student needs and interests. Targeted instruction and support based on individual needs were more successful in reaching a greater number of students.

3.6.2. Allowing for a continuum of success

In understanding student needs and the diverse challenges that they faced, program staff recognized that the measure of success was not going to be the same for each student. In some cases, credit accumulation was slower than anticipated, as teachers worked to understand how to meet curriculum expectations while meeting individual student needs. The number of challenges that students in care face, the severity of the challenges they face, and the point in their life course when they confront the challenge are highly variable, making it difficult to specify a standard set of criteria by which their progress might be judged. For a student recently coming into care as a consequence of emotional, physical or sexual abuse (for example), attending school may be a relevant first achievement milestone, attending school regularly might be a second, completing
assignments on time another, etc. As well, a focus on measuring academic achievement gave an incomplete picture of success, as measures for success should also include documentation of the other significant achievements such as increased confidence and self-esteem, improved mental health, and increased engagement with staff and other students.

3.6.3. Attendance, transportation, and mobility

Student attendance was a challenge for many programs. As some students were in unstable housing situations and would move during a semester, it became difficult or impossible for the students to continue to attend a program. Other reasons for poor attendance included socioemotional, mental health and substance abuse challenges, or simply a lack of transportation to the program location. Attendance support became a critical part of program success. Programs responded with a variety of attendance supports, including assistance with transportation, wake-up calls and texts from teachers and staff, reminders to attend, and attendance support workers. Some programs even equipped teachers with cell phones so that they could regularly communicate with students to encourage attendance. Some programs also set up attendance expectations and contracts with students.

Transportation support for students was essential, particularly for programs that were not centrally located. Boards provided transportation planning assistance, bus or taxi fare, or student transportation from the home or home school to the program location. Even so, transportation was an ongoing challenge for programs, one that greatly affected student attendance. Some programs responded by seeking a central, accessible location for program delivery so that students did not have to travel significant distances to attend the pilot program.

In addition to providing transportation, programs responded to attendance challenges by making adjustments to plan for poor attendance or the inability to attend. Some looked for patterns in attendance and strategically placed activities based on these patterns. Some programs decided to deliver courses in blocks, teaching only one course at a time so that if students missed several weeks in a row, they would only miss one credit opportunity. Other programs opted to offer classes over a longer period so that a series of absences would not mean that students would miss an entire class. Yet others created independent learning modules that students could complete independently at their own pace. Another proposed solution was to explore opportunities for students to participate and turn in their assignments from a distance, such as online, which could allow them to continue participating when they had moved or otherwise were unable or unwilling to attend.
3.6.4. Relationships

Connections with a caring adult and caring community were an important success in the programs, but these relationships had to be built slowly and with care. Many students had strong reservations about trusting others, so staff had to take time to build strong relationships and demonstrate that they were adults who could be relied upon. With trust came greater student engagement. However, for summer programs, there was less time to build these relationships within the compressed time frame. For some programs that were one-semester long, staff reported that students could have easily continued for another semester in order to build on their developing successes.

Within some cohorts, students came to feel a sense of family with other students through team building activities and communal experiences such as preparing and eating meals together. However, when new students were introduced to an existing cohort, either through continuous intake or in subsequent semester, the new students found it difficult to engage in the program and with other students. Moreover, if students were not getting along within a cohort, the conflicts created engagement and attendance challenges. Socioemotional support, including team building and programming on healthy relationships, was seen as a potential solution to this challenge.

Some programs noted a lack of parent and guardian engagement. In some cases they implemented plans to increase communication with parents and guardians in order to develop their skills and engage them in helping their child develop.

3.6.5. Program structure

The pilot programs were primarily delivered in a location offsite from a student’s home school, or in a dedicated classroom within a student’s home school. A few programs did not have a specific location—instead, itinerant teachers or social workers provided support to students across multiple schools. Pilot programs were also full-time or part-time. For part-time programs, some were delivered off-site for part of the day and then students transitioned to their home school for the remainder of the day. There were benefits and challenges associated with each type of structure. For students who participated in a separate program, some did not identify as Crown Wards and did not want to be separated from friends who may or may not be receiving services from a Children’s Aid Society, either through being in a separate classroom or in a separate site. Students felt it was stigmatizing to be separated from the regular program. In some cases, programs responded by increasing the time students spent in the regular program. At the same time, students in other programs preferred being in a separate
program and found it challenging to spend part of the day in a regular program. In at least one case, students requested a change to full-time programming.

When participating students received programming in their home school (either through onsite pilot programming or part-time regular programming), fostering connections to the home school, other students, and other staff were beneficial so that the transition between the pilot and regular program was less disruptive and so that students would feel a sense of community with their home school as well.

### 3.6.6. Building relationships with partners and within schools

Partnerships, particularly between the school / school board and children’s aid societies, were critical to program delivery. Undeveloped relationships posed difficulties for the selection and recruitment of students because children’s aid societies were often responsible for student recruitment. Many programs recognized that insufficient communication was a challenge to working with children’s aid societies and made attempts to increase and improve upon communication. Programs increased their efforts to build relationships with Children’s Aid Society senior administration and case managers, sharing more information about the pilot programming in an effort to have more referrals to programs. As relationships were developed and boards and children’s aid societies collaborated on a referral process, referrals were increased. At least one board also found that students had a negative view of children’s aid societies, so they arranged a presentation where representatives from the Children’s Aid Society explained their role to and answered questions from students.

Establishing relationships and building consensus with other community organizations was a challenge. Programs found it was necessary to explain the benefits of student participation and clearly define the role and responsibilities of different partners. Within school boards, programs also had to build relationships amongst different staff to clarify roles and responsibilities. Programs with itinerant teachers needed additional time for the teacher to develop trusting relationships with school staff across multiple schools.

Regular meetings and communications with children’s aid societies, school board administration, and community partners were implemented as means to develop these relationships. Not only was this seen as a means to share information about students in order to develop individualized programming for students, but it would allow opportunities for timely problem-solving of issues as they arose.
3.6.7. Staffing

Teachers sometimes faced challenges in adjusting from a traditional classroom setting to a more hands-on setting. With time, teachers became more adept at finding opportunities for cross-curricular experiential learning. Teachers were also challenged to meet the academic, social, and emotional needs of all of the students and to develop individualized plans. Having other adults in the pilot classroom reduced the emotional strain on teachers and provided practical support for the wide variety of student needs (e.g., helping students solve problems with financial assistance, food insecurity, and housing). While extra staffing was beneficial, stability in staffing was also important. Frequent turnover among support staff, such as child and youth Workers and educational assistants, was disruptive for students.

Several programs noted the benefits of a purposeful staffing approach, looking for teachers and staff who had experience and understanding of students at risk, guidance, and alternative education, as well as having a deep understanding of education. Increased professional learning activities on how best to support children and youth in care were also recommended to support teachers and staff.

In programs where students remained in their regular classrooms, students often reported feeling stigmatized and stereotyped by their classmates and teachers. Some programs offered professional development to help teachers understand the complex situations and needs of students in care (or receiving services) and to see themselves as agents of change in these students' lives.

3.6.8. Program Logistics

In addition to distant program locations, programs faced other logistical challenges such as inadequate facilities (e.g., lack of kitchen for meal preparation) or material resources for students (e.g., tablets or computers to facilitate learning).

Student recruitment was also another logistical challenge, as noted above in the observation that boards sought to develop better relationships with children’s aid societies to facilitate information sharing and aid recruitment. The impact of this challenge was that programs had difficulty identifying and recruiting the required 10 students in care to participate in the programs, which also impacted the ability to pre-plan for incoming students.