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

Final Report

Submitted to:
  Research, Monitoring and Evaluation Team
  Research, Evaluation & Capacity Building Branch
  Student Achievement Division
  Ontario Ministry of Education

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1. Executive Summary

The Ontario Ministry of Education has been pursuing goals of achieving excellence, ensuring equity, promoting well-being, and enhancing public confidence, described in *Achieving Excellence: A Renewed Vision for Education in Ontario*. Among the priorities for ensuring equity is to provide the best possible learning opportunities and supports for students who may be at risk of not succeeding, which includes children and youth in care. Children and youth in care have poorer educational outcomes than their peers, lower motivations to succeed in school, are more frequently among those who exhibit poor discipline, are less likely to continue to secondary and post-secondary education, and exhibit poorer psychological well-being.

Strategies and delivery models for students in care were first generated through a competitive process in 2013-14. Starting in 2014, Ontario’s Poverty Reduction Strategy provided the Ministry an additional $2.1 million annually for three years (2014-2017) to further support the innovative program pilots, which provide learning opportunities, supports and interventions to improve the educational achievement of children and youth in care, and endeavour to close the achievement gap between them and children and youth who are not in care. A focus on well-being in programs was explicitly introduced in the 2014-15 school year.

In 2016, The Ministry engaged *Directions* and Evidence Policy Research Group, LLP, to evaluate the impact of the first three years (2013-14, 2014-15, 2015-16) of programming on students in care of, or receiving services from, children’s aid societies (called students in care in this report). This evaluation examines the implementation, impact, and effectiveness of Ministry-supported programs and is designed to contribute to the development and refinement of a provincial strategy to support students in care. *Directions* took a mixed methods approach to this evaluation, undertaking a review of program documentation and data, a review of the research literature devoted to effective programming and supports for students in care, and site visits to 11 programs.

1.1.1. Findings from the literature

While the research literature on school-based programs for students in care is limited, key findings from the literature review are as follows:

- **Relationships matter**: Students in care need to develop stable and trusting relationships with peers and adults that provide a social network and support system.
• **Everyone can succeed**: Setting high expectations for students in care, encouraging them to push themselves, and designing safe, caring, and inclusive learning environments lead to better educational and well-being outcomes.

• **One size does not fit all**: The challenges and issues faced by students in care are multiple and diverse, which means that students in care require individualized services and supports.

• **Multiple supports are needed**: Programs often need to start with addressing basic needs and well-being issues that children and youth in care have before they can start engaging in academic activities.

• **Collaboration across agencies is necessary**: There is insufficient cooperation and communication across agencies. Inter-agency collaboration can be improved by establishing clear roles and responsibilities, providing cross-training, and resolving conflicting policies within and across systems. Partnerships with local organizations and communities can provide additional learning opportunities and engage students in experiential learning activities.

• **An educational liaison is required**: A designated educator located in the student’s school (an educational liaison or educational case manager) can provide much needed coordination across services and groups responsible for the student in care.

1.1.2. **Programs for students in care**

The Ministry-supported programs for students in care focused on supporting educational outcomes and well-being, providing experiential learning, and providing a caring environment. Programs were student-centred, supporting individualized opportunities for academic progress as well as providing socioemotional support to students. Programs were small, recruiting 10-15 students in care as well as students who were otherwise at risk (enrolled in secondary school but disengaged because of high levels of absenteeism, low levels of educational outcomes, and/or not on track to graduate). Students in the programs had complex, varied, and shifting challenges, including issues in mental health, substance use, socioemotional development, family dysfunction, unstable home environments, poverty, and encounters with law enforcement.

The programs varied in their staffing, location, duration, intake, and supports, and were supported by teachers and various other staff to meet the diverse needs of students. Most programs followed the congregated model, in which students in care were together in an off-site or on-site location and supported by a dedicated teacher; some programs used itinerant models in which a teacher or social worker travelled to meet students in their home school. Programs provided students with socioemotional
supports, mental health and addictions supports, healthy living supports, attendance supports (including transportation), academic learning and supports, pathways exploration and preparation, life skills development, and, in a few cases, cultural supports. Boards also forged relationships with children’s aid societies, facilitated by the Joint Protocol for Student Achievement, to recruit, share relevant information, and support students in care, and with community organizations to provide services and information for students in care.

Students and staff associated with the program felt strongly about the wide range of positive benefits of the programs. Students were extremely appreciative of the help they received from program teachers and staff. Many staff expressed surprise at how well students did, and how successful their program was with students where other approaches had failed. While outcomes were often difficult to quantify, anecdotal reports pointed to several impacts of the programs upon students:

- Increased engagement and improved attitudes towards learning and school
- Increased student attendance
- Strong attachments formed between students and caring adults (typically program teacher) as well as with peers
- Creation of a sense of safety within the program setting
- Development of socioemotional and life skills, improvement in mental health, decrease in substance use
- Academic achievement within a flexible, less-structured setting
- Development of pathways plans
- Formation of connections to community and community organizations

The timing of when benefits were noticeable and the type of benefit observed depended on the students’ needs when they entered the program. Given the diversity of student circumstances, success was defined individually for each student. For students that were particularly disengaged, benefits took longer to observe, and not all students experienced success. Some programs could not accommodate all of the varied needs that students had. Within some programs, particularly those in which the program setting was on-site in the home school, the perceived stigma of being identified as a student in care was an additional challenge that programs had to address.

The role of the teacher in these programs was multifaceted as they supported students in socioemotional issues and life management as well as teaching credit courses. There was a significant impact upon teacher practice as a result of being involved with students in care. Teachers and staff built warmth, sympathy, empathy, compassion, and patience for students in care, understanding that the care and well-being component
would almost always precede academic success. Teachers also learned how to do their job differently, learning different ways to evaluate and assess students, to structure the classroom, and to implement hands-on and student-led learning. They worked flexibly with student needs and instruction to adapt curriculum and create individualized lessons.

There were heavy demands placed upon the teachers, who had to negotiate a complex system of supports while providing emotional and academic supports. Some teachers were not initially prepared to support students’ diverse and complex non-academic needs. Teachers also needed the support of additional staff in the program given the breadth and depth of student needs. Some boards provided initial and/or ongoing preparation for teachers, other staff, and administration for working with students in care. Partnerships with community organizations were also built to provide services, supports, and connections for students that could not be provided solely within the program.

The impact of the programs for students in care on the staff in the home school was mixed, ranging from greater understanding of the needs of students in care to questioning why students in care required such a high level of support and accommodation. In general, program-related efforts were not focused on preparing the home school for the programs or creating connections for program participants with their home school. Thus, often these impacts on and connections with the home school were not particularly strong.

Relationships between school boards and local children’s aid societies were significantly improved in many boards as a result of the programs. While initial relationships were not strong (especially at the school level) in most boards, with time and effort, these relationships were strengthened, resulting in improved recruitment and referrals of students from children’s aid societies, improved information sharing, and improved monitoring of student progress. The establishment of the Joint Protocol for Student Achievement in 2015 helped strengthen school boards’ relationships with children’s aid societies, even in cases where there was already a relationship established.

1.1.3. Lessons learned from the evaluation

Students, schools, and school boards overwhelming reported that the programs made a strong and positive impact on the lives of students in care. Along the way, programs experienced both challenges and successes in planning, relationship building, staffing, program and student monitoring, and supporting student success. Key lessons learned and recommendations from the evaluation are:
• **Provide supports for multiple, diverse, and 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 very difficult to establish a program or action plan that can be applied to all or even a substantial proportion of students in care apart from some basic elements. Given this variability, it is likely beneficial to foster the development of programs for individual students rather than groups of students—that is, individual plans for improving well-being and educational outcomes. The program supports also need to be multifaceted to address the multiple and diverse challenges students in care face. Programs should provide support to the primary caring adult through additional staff, board, and community supports as appropriate for individual student needs. As well, students should be consulted in planning programs, as activities need to be meaningful to students in order to encourage their engagement.

• **Appoint case managers for students:** The varied and multiple needs of students in care demand equally varied and numerous interventions that must be coordinated, monitored and adjusted over time. Programs should establish a case manager at school or school board level to work with the children’s aid society case manager in order to coordinate supports for students in care. The case managers would establish a plan of supports and milestones (achievement and well-being) tailored to the individual circumstances of each student in care.

• **Provide time to plan for each student:** Programs need an initial period during which they can familiarize themselves with the students and their challenges and then plan and implement activities and supports that the specific students require.

• **Make provision for the timely exchange of information:** The timely exchange of information within the educational environment and with the children’s aid society is a central aspect of the case management process and pivotal to planning a program to improve the well-being and success of the student. Transfer of information between parties concerned for the welfare of each student should be facilitated through formal agreements such as the Joint Protocol for Student Achievement. The case manager should be authorized to receive and share information with the other professionals who are authorized to work with the student in care so long as they act responsibly and with regard the best interests of the student and his or her right to privacy.

• **Create an environment in which students feel safe:** Programs should create environments that psychologically and physically are free from bullying, harassment, and stigmatization. A comfortable environment includes fostering
interpersonal relationships in which students feel understood, respected, supported, and free to express their feelings to program staff and other students.

- **Staff teaching positions with caring adults that have a strong understanding of curriculum expectations, instruction, and assessment:** Program teachers play a multifaceted role in the lives of students in care, building trust, supporting students with social and emotional challenges, supporting students in day-to-day life management, and teaching credit courses flexibly to provide hands-on learning, cross-curricular linkages, and experiential learning. Programs should recruit teachers that have a demonstrable record of patience and compassion for students facing multiple emotional and academic challenges, and who can combine their understanding of students at risk with their broad subject and pedagogical knowledge to adapt curricula to the academic needs of the students.

- **Support teachers and staff:** Given the high demands of the position, teachers require multiple supports as well. Teachers of students in care and the staff that support them require help and professional development on a broad range of topics, including the challenges faced by students in care and how to address the social, emotional and academic needs of students in care. These opportunities should also be made available to a wider audience to build understanding among other teachers and staff who come into contact with students in care in school.

- **Strengthen relationships between school boards and children’s aid societies:** Partnerships between the school / school board and children’s aid societies are critical to program delivery, and reciprocal understanding and working relationships take significant time and effort to build and maintain. The Ministry should continue to encourage and support school boards in creating and strengthening a reciprocal and mutually beneficial relationship between boards and children’s aid societies, supported by the Joint Protocol for Student Achievement. The Ministry should also address any perceived privacy obstacles between children’s aid societies and school / school board that hinder the sharing of relevant information about the circumstances for students in care.

- **Strengthen relationships between school boards and community partners:** Community partnerships that were chosen purposefully provided additional supports for students. The Ministry should support the identification of partners from the community that could work with school boards to provide services and expertise to support students in care, provide a template to guide their partnerships, and help school boards and partners understand what potential obstacles there might be to working together and identify how these obstacles can be overcome or avoided.

- **Allow for a continuum of success over time:** Given the diverse, numerous, and intense challenges faced by students in care, the measure of success will be
different for each student. Programs need to recognize a continuum of success for students, develop individual education plans that specify the immediate interventions needed to help students, and incrementally define milestones for progress that are matched to the needs of students.

- **Provide stability in programming and staffing:** Uncertainties in program continuity and staffing turnover were destabilizing for students in care who had come to depend on the program for support and who were negatively impacted by the loss of relationships already formed with caring adults in the program. Programs for students in care should be stable in their existence and staffing.

- **Support students until graduation:** Students in care need different amounts of support depending on the nature of their needs, and should be provided with educational and related support for as long as it takes them to reach high school graduation.

- **Future research:** Improving the educational and well-being outcomes for students in care will be expensive given the severity and highly variable nature of their needs. Future research should include an investigation of the social returns on the investment of improving the educational and well-being outcomes for students in care.

### 1.1.4. Principles for supporting students in care

The findings of the evaluation and the literature review point to the following five principles for supporting students in care:

- Educational successes achieved by students in care will depend upon the relationships that educators establish between themselves and the students.
- Respect and caring are essential requirements for a relationship with students in care.
- Interventions must be tailored to meet the individual needs each of student in care and must be carefully managed, monitored, and adjusted as circumstances warrant.
- Student success is incremental and dependent upon the starting point.
- Support for specialized professional development and interagency collaboration must be ongoing.
2. Context

For more than 15 years, Ontario has pursued an education strategy that emphasizes:

- **Achieving Excellence**: Children and students of all ages will achieve high levels of academic performance, acquire valuable skills and demonstrate good citizenship. Educators will be supported in learning continuously and will be recognized as among the best in the world.

- **Ensuring Equity**: All children and students will be inspired to reach their full potential, with access to rich learning experiences that begin at birth and continue into adulthood.

- **Promoting Well-Being**: All children and students will develop enhanced mental and physical health, a positive sense of self and belonging, and the skills to make positive choices.\(^1\)

- **Enhancing Public Confidence**: Ontarians will continue to have confidence in a publicly funded education system that helps develop new generations of confident, capable and caring citizens.

Cognizant that an education system – even one that performs as well as Ontario’s – cannot accomplish those goals without complementary social policy, Ontario has pursued a two-phase poverty reduction strategy.\(^2\) The first strategy (2009-2013), designed to reduce the number of children living in poverty by 25 per cent over a 5-year period, monitored educational progress in terms of education and school readiness and high school graduation rates. In the next cycle of the strategy (2014-2019), Ontario recommitted to reducing poverty among children and youth through targeted investments and supports.

Strategies and delivery models for students in care were first generated through a competitive process in 2013-14. Starting in 2014, Ontario’s Poverty Reduction Strategy provided the Ministry of Education an additional $2.1 million annually for three years (2014-2017) to further support the innovative program pilots, which provide learning opportunities, supports and interventions to improve the educational achievement of Children and Youth in Care (CYIC)\(^3\), and endeavour to close the achievement gap.

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\(^1\) Although implicit in the original goals, promoting well-being was explicitly added to the Ministry’s goals in 2014 as part of the Ministry’s renewed vision for education: *Achieving Excellence: A Renewed Vision for Education in Ontario* (2014)


\(^3\) In Ontario, a significant population of children and youth in Ontario are in the care of or receiving services from Children’s Aid Societies (referenced in this report as students in care). In 2013-14, there
between them and children and youth who were not in care. Children and youth in care have poorer educational outcomes than their peers, lower motivations to succeed in school, are more frequently among those who face disciplinary actions (e.g., detention, expulsion), are less likely to complete secondary education and continue to post-secondary education, and exhibit poorer psychological well-being (e.g., emotion, mood, anxiety, behaviour challenges). 4, 5, 6, 7

The call for program pilots was a competitive process in 2013-14. School boards and school authorities were invited to develop programs and practices that support student achievement and were customized to meet local needs. A focus on well-being was explicitly introduced in the 2014-15 school year.

In 2016, The Ministry engaged Directions and Evidence Policy Research Group, LLP, to evaluate the impact of the innovative programming on students in care of, or receiving services from, children’s aid societies (called students in care in this report). This evaluation carried out by Directions examines the implementation, impact, and effectiveness of Ministry-supported programs and is designed to contribute to the development and refinement of a provincial strategy to support students in care.

3. Evaluation Approach

Directions took a mixed methods approach to this evaluation. Directions consulted extensively with the Ministry’s team to develop a comprehensive evaluation plan (Appendix A). It reviewed memos to school boards, calls for proposals, proposal adjudication criteria, program contracts and reports, Ministry documents, presentations on students in care and other project materials. A review of the research literature devoted to effective programming and supports for students in care was conducted (Appendix B). Qualitative and quantitative appraisals were made of documents and data provided by the Ministry of Education, participating school boards, and schools for the

were 23,241 children and youth in care during the year and 47,890 ongoing protection cases. Source: OACAS (2014)


years 2013-14, 2014-15, 2015-16 (Appendix C). Site visits were made to 11 programs to conduct interviews with board-level staff, focus groups with staff and community partners, and focus groups with participating students (Appendix D).

As is the case with most of its evaluative work, Directions adopted a decision-oriented approach and framework for the evaluation.8, 9, 10 This approach focuses on generating information that will be useful to decision makers and places emphasis on the provision of timely information and feedback to decision makers.

The evaluation framework, fully detailed in Appendix A, included an appraisal of the goals and objectives of the Ministry and the various funded programs, as well as a comparison of the planned (intended) and actual (observed): participants (e.g., students, school and school board staff, children’s aid societies, community partners); resources (e.g., funding); activities/processes (e.g., program activities, community partnerships, professional development); and outcomes (e.g., student academic achievement, student well-being, teacher understanding). The following were among the key questions addressed:

- How well were the Ministry’s goals for the initiative stated and refined into specific objectives, operations and outcomes for school boards, schools, and students?
- Were the participants, resources, activities, and outcomes the Ministry envisioned for the programs consistent with the goals the Ministry had articulated for the programs?
- Did the intended participants, resources, activities, and outcomes match the participants, resources, activities, and outcomes intended by the Ministry?
- In the absence of random assignment to (or subject-matching) comparison groups, is it reasonable to infer whether the participants, resources, and activities observed were responsible for the observed outcomes?

4. Literature Review

Directions reviewed academic and grey literature\textsuperscript{11} published in French and English between 2006 and 2016 to identify effective programming for students in care who were also at risk of not succeeding in school. The literature review provided a portrait of students in care, the challenges they faced, the outcomes they achieved, and the interventions employed to improve those outcomes, although there is very little empirical literature about interventions that are effective with this population.

4.1. Portrait of children and youth in care

Children and youth are placed in out-of-home care for a variety of reasons, including physical, sexual, psychological, or emotional abuse, deprivation, maltreatment, and neglect. The traumatic and challenging experiences that lead to placements, as well as challenges these children and youth experience while in care, often lead to negative short-term and long-term outcomes (Bruce et al., 2010; Courtney & Dworsky, 2006; Scherr, 2007)\textsuperscript{12}, including poor academic outcomes, poor mental health, and lack of resilience.

Determining the number of children and youth in care is challenging because of the variations in what is considered as out-of-home care as well as other methodological and reporting issues. Ferguson and Wolkow (2012), for example, estimate that there were approximately 85,000 children and youth under the protection of child and family services in Canada in 2012, while other researchers estimated the number of children and youth in out-of-home placements at 62,428 in 2013 (Jones, Sinha, & Trocmé, 2015a). In comparison, Statistics Canada reported that there were 47,885 children living in foster care in 2011 (Kirkey, 2012). The rate of children and youth in out-of-home care, measured as the number of students in care for every 1000 children and youth in the overall population, was estimated at 8.5 in 2013, compared to 5.5 children and youth in care per 1000 in 1990s (Jones et al., 2015a).

In Ontario, the Ontario Association of Children’s Aid Societies (OACAS) (2014) reported that, although the number is declining from prior years, in 2013-2014, the total number of children and youth in care was 23,341, a disproportionate number of whom were Aboriginal children in care, a trend similar to patterns in other provinces.

\textsuperscript{11} Grey literature refers to materials, often of a technical or research-based) that is not indexed in traditional academic bibliographic sources such as academic databases and indices. It is often produced by non-academic organizations.
\textsuperscript{12} Full references are provided in Appendix C: Literature Review.
4.2. Outcomes for Children and Youth in Care

National and international research shows that children and youth in care often have poorer educational outcomes than the general population of students of the same age (e.g., Australian Institute of Health and Welfare, n.d.; Barnow et al., 2015; Brady, 2014; Ferguson & Wolkow, 2012; Forsman & Vinnerljung, 2012; Trout et al., 2008a). Children and youth in care are more likely to repeat a grade compared with their not-in-care counterparts (Barnow et al., 2015; Cox, 2012; Ferguson & Wolkow, 2012). Children and youth in care also have lower grades and standardized test scores, and are often below their grade level in mathematics and reading (Cox, 2012; Leone & Weinberg, 2010; Zetlin et al., 2012). An analysis of children and youth in care in British Columbia revealed that “children in care arrive in school on average much less prepared to learn, fall further behind as they progress through school, and never recover to meet their graduation requirements” (Turpel-Lafond and Kendall, 2010, p. ix). A disproportionate number of children and youth in care are represented in special education (Cox, 2012; Zetlin et al., 2012).

Youth in out-of-home care are less engaged in schooling, have higher rates of tardiness, absenteeism and attendance, and have poorer graduation rates (Brady, 2014; Denecheau, 2011; Ferguson & Wolkow 2012; Reid, 2007; Pears, Kim, Fisher, & Yoerger, 2013; Trout et al., 2008a). These children and youth exhibit disorganization, poor social interactions, and an inability to concentrate (Cox 2012; Zetlin et al., 2012). Students in care receive more disciplinary actions and suspensions. They are less engaged in school activities, and, as a result, do not complete class and homework assignments (Barnow et al., 2015; Bruce et al., 2010; Cox, 2012; Denecheau, 2011; Ferguson & Wolkow, 2012; Zetlin et al., 2012). Students in care also tend to have more behavioural and mental health issues compared to their age group peers not placed in care (Akister, Owens, & Goodyer, 2010).

Children and youth in care also face challenges in accessing post-secondary education because of poor academic performance in high school, financial barriers, and personal barriers. They are less likely to enrol in college preparatory courses and post-secondary programs, and, if successful in gaining admission, are less likely to complete their programs of study (Barnow et al., 2015).

Poor educational outcomes tend to lead to negative outcomes later in life (Barnow et al., 2015; Ferguson & Wolkow, 2012). Studies and reports from Canada, the United States, Australia, and Europe consistently show that youth who have been in care have difficulty securing well-paid employment; have higher job and housing mobility rates; are more likely to experience homelessness, loneliness, financial difficulties, or live in poverty; are more likely to be victimized or be engaged in criminal activities; earn lower
wages; and are more likely to have physical and mental health problems (Barnow et al., 2015; Brady, 2014; Bruce et al., 2010; Courtney et al., 2007; Darmody, McMahon, & Banks, 2013; Ferguson & Wolkow, 2012).

4.3. Factors Affecting the Lives of Children and Youth in Care

The lives of children and youth in care and the outcomes they achieve are affected by a daunting number of complex and interacting factors (Bruce et al., 2010; Denecheck, 2011; Ferguson & Wolkow, 2012; Leone & Weinberg, 2012; McClung, & Gayle, 2010; Pecora, 2012; Reid & Dudding, 2006; Stoddart, 2012; Stone, 2007; Zetlin, Weinberg, & Shea, 2006a; Weinberg, Zetlin, & Shea, 2009), including:

- life experiences prior to admission to care (e.g., poverty, lack of educational or developmental experiences, trauma, maltreatment and neglect, low parental education);
- lack of supportive home environment;
- weak or absent supervision and engagement from parents;
- inconsistent social supports;
- age when the child was placed in care;
- type of placement;
- poor school readiness;
- lack of material and learning opportunities;
- school mobility and lack of placement stability;
- low expectations;
- low self-esteem and confidence;
- poor school attendance, disengagement from school and family, and high dropout rate;
- poor tracking and information sharing;
- lack of coordination and collaboration across groups and agencies providing services (e.g., issues of confidentiality, lack of mutual understanding across agencies, lack of a single person to advocate for a child/youth, lack of coordinated efforts to address child/youth needs);
- inappropriate school services (e.g., unnecessary referrals to special education) and poor quality education programs; and
- little accountability or monitoring of school outcomes.
4.4. Types of Educational Interventions

The empirical evidence on the effectiveness of educational interventions for students in care is scant. Researchers who have attempted to synthesize evidence about the effectiveness of educational interventions designed specifically for children and youth in care have also been limited by lack of evidence. As a consequence, they have often focused on strategies and programs that were found to be effective with at-risk or disadvantaged children and youth in general, rather than with children and youth in care specifically. However, it should be noted that children and youth in care are a specific subgroup of those who are disadvantaged or at-risk. The experience of being in care seems to both complicate and amplify the risks with regard to positive outcomes.

It is challenging to develop effective interventions and services for children and youth in care for a variety of reasons. Children and youth in care are not a homogenous group. They enter the system at different points in their lives and for different reasons, they have different experiences while in care, and the duration of their care varies (Coholic et al. 2012; Welbourne & Leeson, 2012). The challenge of developing effective interventions and services is compounded by the fact that children and youth in care are often exposed to multiple risks (Bruce et al., 2010; Denecheau, 2011; R. Jones et al., 2011) that require different responses.

The majority of interventions described in the literature provide multiple services to address the multiple challenges faced by children and youth in care. As a consequence it is challenging to categorize programs as being of one particular type as they tend to provide a combination of academic support, mentoring, life skills workshops, and other supports. Nonetheless, the primary types of supports described in the literature include:

- **Literacy and numeracy**: Children and youth in care often have poor skills in literacy and numeracy and are behind in reading and math compared to their peers not in care. Literacy and numeracy programs are offered by a range of program providers, including schools, volunteer organizations, children’s aid societies, and universities (Osbourne, Alfono, & Winn, 2010).
- **Tutoring**: Tutoring is provided by a person with proficiency in a particular subject to individuals who are having problems acquiring certain concepts or are behind in their studies. This type of support is often provided to at-risk or disadvantaged students through in-school and out-of-school programs.
- **Mentoring**: The importance of stable relationships with adults and peers and the role these relationships play in child and youth development are extensively discussed in the literature (Avery, 2010; Avery, 2011; Gallegos & Roller White, 2013; Greeson, 2015). Greeson argues that “the enduring presence of at least
one caring, committed adult in the life of a young person may serve protectively
to ameliorate many of [the] risks” faced by foster children and children at risk in
general (p.140). However, children in care and young adults transitioning out of
care may experience what Samuels called “psychological homelessness” as
these youth often lack stable positive relationships, a permanent “home,” or a
connection to a “parent” (Samuels, 2008, as cited in Avery, 2011). Thus, as
noted by Avery (2010), “the pursuit of enduring relationships, alongside the
delivery of support services, is essential in “permanency oriented” child welfare
services” (p. 401). This can be achieved through a natural mentoring process
when foster youth develop connections with a supporting non-parental adult
whom they select themselves from their social network or through more formal
mentoring programs initiated by schools and child welfare services (Greeson,
2015; Greeson & Bowen, 2008).

- **Post-secondary and employment preparation**: Youth in care often face
challenges during their transition to independent life, including access to and
readiness for higher education (Kirk & Day, 2011). The literature describes a
number of initiatives and approaches designed to assist youth in out-of-home
care in their transition to post-secondary education or employment.

- **Skills and behaviour interventions (behavioural, well-being, living skills,
and resilience)**: Resilience is seen as a collection of factors, skills, and
capabilities that help individuals to adapt and overcome challenges in life and to
identify and effectively use personal and community resources. Children and
youth who are resilient tend to have a positive self-concept; good interpersonal,
problem-solving, conflict-management, and communication skills; and the ability
to manage stress and properly express emotions (Coholic, Fraser, Robinson &
Lougheed, 2012). However, children and youth in care often demonstrate more
behaviour and mental health issues and poorer skills and capabilities when
compared to students who are not in care. Drapeau et al. (2007) identified
several processes that can be used to foster resilience, including: the
development of self-esteem and self-efficacy; fostering risk assessment, self-
management strategies and reduction of risk taking behaviours; and accessing
new opportunities and experiencing positive changes in the areas of family,
school, social life and personal behaviour.

- **In-home supports and learning material distribution**: Other factors that might
positively influence the educational and well-being outcomes achieved by
students in care are parental involvement and the establishment of a positive
home literacy and learning environment (Cheung et al, 2012). In particular, a
child’s exposure to reading materials, access to books, and book reading
practices are moderately to strongly correlated to academic outcomes (Mol &
Bus, 2011). Having a book routine and sharing books and stories was found to contribute to children’s language and comprehension skills.

- **Educational liaison**: Inter-agency and cross-system collaboration among individuals and agencies responsible for children in care, including foster parents, schools, child welfare, and juvenile services are critical to the well-being and success of children in out-of-home care (Zeltin et al., 2004). Agencies need to collaborate to “develop a comprehensive system to provide the necessary supports and procedures to overcome educational hurdles that hinder school progress” (Zeltin et al., 2004, p. 432). Vulin-Reynolds, Lever, Stephan, and Ghunney (2008) suggest that integrated supports can be achieved by establishing a specialist within the school or in the child welfare office who would coordinate services, help solve timetabling issues, assist children in keeping up with their assignments, facilitate the process of school mobility and transition, and advocate on behalf of children.

### 4.5. Challenges in Interpreting the Literature

The literature devoted to children and youth in out-of-home care is voluminous, but the literature suffers from serious methodological flaws and exhibits a number of gaps. In the absence of a pan-Canadian body such as the Council of Ministers of Education Canada that would establish national standards and procedures for data collection, the provincial and territorial information about children and youth in care is inconsistent and incomplete. While we know that children and youth in care tend to fall behind their not-in-care peers in many areas, including education, health, and well-being, there are few longitudinal studies tracking their progress. The studies that exist use different definitions, indicators, and samples, making comparisons over time and across jurisdictions difficult. Other methodological flaws include the voluntary nature of some of the programs, lack of randomization, lack of control/comparison groups, and selection bias. While some studies reviewed did use control groups, the non-intervention students were receiving other types of services that might have affected the validity of the evaluation results.

Research that examines the effectiveness of educational school-based interventions is very limited. As a result, reviewers often use interventions developed for other at-risk populations, extrapolating their potential effects to children and youth in care. While those assertions might be accurate, we did not find any studies that examine whether a particular program would have the same effect on children and youth in care as it did on other at risk students.
Definitional imprecision or ambiguity is a major problem in the literature. For example, Roth et al. (2010) identify five dimensions of participation, including intensity (i.e., frequency of attendance), duration (i.e., years of attendance), total exposure (i.e., frequency of attendance over multiple years), breadth (i.e., involvement in different types of program activities), and engagement (i.e., effort and interest in program activities). None of studies examined in this review attempted to tease out the role of engagement or program breadth on the educational outcomes of children and youth in care.

Studies make use of relatively poor and narrow conceptualizations of educational experiences, issues, and outcomes. Stone (2007) notes that “the literature focuses on fairly traditional outcomes (test scores, grades, grade retention, and dropout) with little emphasis on their interrelationships” (p. 157). Studies tend to report on relatively short-term outcomes, often without controlling for prior achievement or experience.

The diversity of the characteristics of children and youth in care and the environmental conditions that might influence their outcomes are not easily taken into account. The literature acknowledges and highlights the heterogeneity of the population. It is quite diverse both in terms of children and youth’s characteristics as well as their experiences before, during and after being in care; in other words, there is heterogeneity “both within and across the permanent outcomes of adoption, reunification, subsidized guardianship, and emancipation” (Cushing, Samuels, & Kerman, 2014, p. 75).

Children and youth in care often are faced with multiple, overlapping challenges, making the interpretation of the evidence quite challenging. While studies often provide information about demographic characteristics of students, few researchers actually use that information in the analysis of the effectiveness the interventions, instead treating students in care as a homogeneous group. To address this complexity, some authors call for a “person-oriented” ecological approach that takes into account a range of factors that might moderate program-related effects.

4.6. Lessons Learned from the Literature

The empirical evidence supporting the effectiveness of school-based or school-age educational interventions specifically for students in care is scant, making it difficult to draw strong conclusions. Nonetheless, there are several program features and strategies in the literature that we believe deserve to be highlighted.
4.6.1. Relationships matter

Almost every paper reviewed placed emphasis on the importance of helping children and youth in care develop stable, trusting relationships with peers and adults in their lives. Since many of these children and youth experience “relational homelessness” and desire a stable “home” and connection to a “parent,” positive relationships are regarded as critical for their development and well-being because they can provide children and youth with a much needed social network and support system. Adults and near-peers can be role models, provide support, give advice, and assist the student in care. They can share experiences and information, and support aspirations that children and youth in care have. Long-term mentoring, natural mentoring, and mentoring provided by individuals with experiences similar to those of children and youth in care are recommended.

4.6.2. Everyone can succeed

Children and youth in care often have lower aspirations and self-confidence than their not-in-care peers. Caregivers and teachers often do not expect these children and youth to achieve. Setting high expectations for children and youth in care, encouraging them to push themselves, and designing safe, caring, and inclusive learning environments are thought to lead to better educational and well-being outcomes.

4.6.3. One size does not fit all

The challenges and issues faced by children and youth in care are multiple and diverse, which means that different children and youth in care require individualized services and supports. Child- and youth-centered, integrated, and flexible programs that address individual needs are recommended, including tutoring, mentoring, and skills workshops. A number of researchers specifically emphasize the importance of an integrated approach where a combination of services and a personal educational plan are developed to address the needs of children and youth.

4.6.4. Multiple supports are needed

To improve educational outcomes, schools often need to start with addressing other needs and issues that children and youth in care have before they can start engaging in the school activities. Program providers and educators in the interventions presented above supported students in care with a number of services that exceeded their job descriptions; for example, they provided transportation to school or learning sites,

13 In natural mentoring, a mentor is selected by the child from their social network.
ensured that children and youth had food or a place to live, walked children to school, and attended their graduation and other ceremonies (often doing what a parent would do).

4.6.5. Collaboration across agencies is necessary

One of the problems identified in the literature is insufficient cooperation and communication across agencies. Inter-agency collaboration can be improved by establishing clear roles and responsibilities, providing cross-training, and resolving conflicting policies within and across systems. Partnerships with local organizations and communities can provide additional learning opportunities and engage students in experiential learning activities.

4.6.6. An educational liaison is required

A designated educator located in the student’s school (an educational liaison or educational case manager) can provide much needed coordination across services and groups responsible for the student in care. An educational liaison or educational case manager can coordinate timely information sharing and services, advocate for the student, help the student to address school problems, and communicate with the student’s teachers and caregivers. A case management information system might be established to record and monitor students’ programs and share and transfer information among the professionals who are entitled to possess such information.

5. Implementation of Programs for Students in Care

5.1. Ministry Call for Pilot Programs

In the first (2013-14) call for proposals, the Ministry sought pilot programs for a cohort of 10-15 students in care or otherwise at risk that emphasized bundled credits; hands-on-learning, cross-curricular linkages, and experiential learning; content addressing career exploration, essential skills, and certifications; delivery in a student-centred caring environment; and tracking mechanisms to support success for participating students. These pilots were to be guided by an advisory group (e.g., school administration, Student Success Team, attendance and guidance counsellors, children’s aid society staff, program staff, students in care) to ensure support beyond the classroom that engaged community partners and incorporated processes for sharing relevant student information between school boards and children’s aid societies.
In the second year of programming (2014-15), the Ministry renewed programs from the first year for boards that were willing and able to continue and also invited new proposals for secondary pilots to run in the second semester (February – June 2015) and summer programming pilots for secondary and/or elementary students to be offered in 2015. A notable change in the second call for proposals was the addition of a focus on well-being outcomes in addition to educational outcomes. This addition brought the call for proposals in line with the recently released Achieving Excellence: A Renewed Vision for Education in Ontario (2014) that included a fourth goal for education: Promoting well-being: All children and students will develop enhanced mental and physical health, a positive sense of self and belonging, and the skills to make positive choices.

In the third year of programming (2015-16), boards with existing programs that were able to enrol a minimum of 10 students in care were invited to submit a proposed budget for program renewal. New program proposals were not invited at this time.

5.1.1. Joint Protocol for Student Achievement

The Joint Protocol for Student Achievement template (JPSA, released February 2015 by the Ministries of Education and Children and Youth Services) was developed to address the issue of information sharing between school boards and children’s aid societies. The development of the template was guided through an external working group with representation from school boards, children’s aid societies, the Ontario Association of Children’s Aid Societies (OACAS), youth formerly in the care of a children’s aid society, and staff from both ministries. Not all school boards and children’s aid societies had strong relationships and processes to help them collaborate and share information to support students. The JPSA template was designed to facilitate collaboration between partnering children’s aid societies and school boards in their efforts to enable Kindergarten to Grade 12 students in care to benefit from the learning opportunities and supports available in schools. Elements in the JPSA template included: information sharing, administrative processes, planning for student achievement, dispute resolution, and monitoring and evaluation of the protocol. The JPSA template defined procedures to support students while respecting student confidentiality and was designed to support the development of local protocols between school boards and children’s aid societies.

5.2. School Board Planning Approach

The initial approach to the design of pilot programs was top-down. Board- and school-level staff (e.g., superintendent, Student Success lead, principal, Student Success
teacher, guidance head) designed programs based on their understanding of the needs of students in care, but in the absence of knowledge of a specific student cohort. Community partners were occasionally engaged in the planning process. The programs approved by the Ministry named multiple partners, including children’s aid societies; Crown Ward Education Championship Teams (partnerships among local school boards, children’s aid societies, community partners); 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 to be guided by an advisory group typically composed of individuals representing different partner organizations. On occasion parents, guardians, and caregivers were also members of the advisory committee.

School boards explicitly made efforts to engage children’s aid societies in program planning, although many relationships between school boards and children’s aid societies were not initially as strong as required to communicate about individual student challenges.

Very few programs reported seeking student or parent/caregiver/guardian input in the initial design of programs. Student needs and input became an important part of program design as staff came to recognize the idiosyncratic nature of the challenges students faced and to understand what worked and did not work.

Program supports were also adapted to meet the needs of each cohort of students and the individual students within each cohort. Adaptations included additional staff supports for student needs (e.g., social work, addictions and mental health support); modification of experiential learning activities based on student needs or interest; and recruitment of partners who could provide further supports for students.

5.3. Pilot Program Goals: The Importance of Well-Being

School boards aligned their program goals with those stated in the Ministry calls for proposals, focusing on supporting educational outcomes and well-being, providing experiential learning, and providing a caring environment. Program were designed to support individualized opportunities for academic progress as well as provide socioemotional support to students for challenges such as mental health and substance use. Some programs stated specific goals such as coordination of the efforts of the numerous professionals involved with students in care, providing support for improved physical and mental health, helping students transition to post-secondary education or to employment, and helping students integrate into the community.
Social and emotional supports for students were essential ingredients in supporting students’ academic achievement. For many students, addressing mental and physical needs was an essential prelude to addressing their academic needs. Many students were quite disengaged from school and learning (some students were not attending school at all) and exhibited numerous challenges to their well-being (e.g., hunger, mental health and addictions issues, socioemotional problems). Staff had to work with students to achieve a sense of trust and safety before addressing the students’ academic needs.

5.4. Student Recruitment

Initial recruitment for the programs was largely conducted by or in conjunction with children’s aid society staff. In some cases, recruitment was also done by group home workers, principals, and guidance counsellors. A few programs gave students a chance to meet with the program team (program staff and children’s aid society worker) at the site to see if the program would be a good fit for them.

Recruitment of students to the programs was a challenge, particularly where relationships with children’s aid societies were not well developed. Many programs struggled with recruiting 10 students in care and recruited other students considered at-risk to supplement the student numbers.

Student recruitment did become easier throughout the life of each program as relationships with children’s aid societies improved. As program successes became known in the wider community, recruitment occurred through word-of-mouth, particularly by students who had experienced success in the program. Some programs even had waiting lists of students who wanted to participate.

5.5. Who Were the Students?

Pilot programs were to recruit 10-15 students in care. Boards were advised that students who 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 addition to recruiting students that met the Ministry criteria, several programs recruited students who were not attending school, who were living in group homes, who were living on their own (even under the age of
18), or who had need for more specialized supports (e.g., a program for girls that would also address the socioemotional problems they faced, programs for indigenous students that provided cultural supports, programs for parents or expecting parents that addressed childcare and parenting issues, a program for students with fetal alcohol spectrum disorder).

Students in the programs had complex challenges. There were students who were drug addicted, who faced mental health challenges (e.g., anxiety and depression), who were oppositional or defiant, who had experienced trauma (e.g., abuse, sexual assault) or lived with dysfunctional families. There were students who were transient (e.g., changing foster homes or homeless), lived in impoverished circumstances, had encounters with law enforcement, or had been incarcerated.

Students also had socioemotional challenges, with poor relationship and communication skills, low self-esteem, low motivation, and little to no support from their home environment to succeed. Many of them had difficulty trusting adults and authority figures based on their past experiences, and were initially wary of the new learning environment. Some students would come to school sleep-deprived and hungry, and without basic care they could not concentrate on school activities. The challenges students faced were often ongoing and often unpredictable, impacting students’ well-being and ability to engage in the programs. What happened the night before at home would affect a student’s ability to engage today.

5.6. What Did the Programs Look Like?

5.6.1. A personalized, student-centred approach to programming

All programs for students in care could be characterized as being personalized or student-centred. 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 integrated or cross-curricular learning because content from subjects that, for the majority of students, were taught in separate courses were combined for the students in care.

The programs varied in their staffing, location, duration, intake, and supports. Programs were supported by teachers and various other staff to meet the diverse needs of students. Programs were provided in: a dedicated space that was onsite in students’ home schools; a dedicated space that was offsite in a community location; or a combination of onsite and offsite program delivery. Some students were enrolled in full-day programs while other students were enrolled in partial-day programs. 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.

5.6.2. Program staffing

Program structures followed two basic models. Most programs followed the congregated model, in which students in care were together in an off-site location or in a setting within their home school and primarily supported by a dedicated teacher available to the student throughout the program. Itinerant models provided support through a teacher or social worker that travelled to meet students in their home school. In at least one itinerant program, students also had a staff member at their home school designated as their caring adult.

Programs also made use of supporting staff such as educational assistants, child and youth workers, career and guidance counsellors, school board social workers, school support and attendance counsellors, re-engagement teachers, Student Success team members, Lighthouse Team Members, indigenous curriculum consultants, mental health nurses, and community organization members. Therapists provided individual and group counselling to students in several programs.

Several programs found initially that they did not have enough staff support for the primary caring adult, so they added additional staff (e.g., educational assistant, social worker, child and youth worker) to support the needs of the students. Many board and program staff informants in the site visits emphasized that the more staff support there was to meet the students’ varied needs, the better, because it was difficult for one individual to provide the breadth and depth of support required by students. Additional staff not only supported the students’ various needs, but relieved some of the support demands on the primary caring adult.

Because many students had difficulty trusting adults and took time to create trusting bonds with staff, staff turnover would cause a negative reaction in students and would also require that the bonds be recreated with someone new. The majority of programs in the site visits, however, did not have stability of staffing. Staffing disruptions were largely related uncertainty about program funding, although there were other factors cited such as illness, caregiver fatigue, and maternity leave. Given the level of instability in the lives of students in care, stability in staffing was critically important.
5.6.3. Program activities and supports

Programs provided students with socioemotional supports, mental health and addictions supports, healthy living supports, attendance supports (including transportation), academic learning and supports, pathways exploration and preparation, life skills development, and, in a few cases, cultural supports.

Socioemotional, mental health, and addictions supports were 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, strategies for addressing them, and community supports through guest speakers and workshops. Some programs had a mental health worker or nurse associated with the program. Programs also provided celebrations for students (e.g., birthdays and other milestones), awards for achievements, and incentives for success.

Healthy living 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 as were social activities such as playing board games.

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 (bus tickets, bus passes, taxis, or drivers) so that students could attend the program.

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.
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, and 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 and 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.

Cultural supports, such as visits from First Nations elders, were also provided in some programs.

5.7. Partnerships

5.7.1. Children’s Aid Societies

In recognition of the importance that collaboration with children’s aid societies plays in supporting students in care, the Ministry sought to support opportunities for the
education sector and children’s aid societies to work together to support students in care and to share relevant information for the benefit of students in care.

The relationships with children’s aid societies varied in strength from program to program. Some boards already had a good rapport with the relevant children’s aid societies and the program gave them an opportunity to build upon that relationship. In other boards, the relationships were not well-established and had to be developed over time. Because some boards relied heavily on children’s aid societies to recruit students to the program, weak relationships posed a barrier to recruitment of students in care and the effective management of their cases.

5.7.2. Community organizations

Most programs did not have a solid network of pre-existing relationships with community organizations. Establishing relationships and building consensus with community organizations was challenging. To build effective relationships some programs found it was necessary to explain the benefits of student participation and clearly define the role and responsibilities of different partners.

As programs were established and evolved, boards built new relationships with community organizations to provide supports such as guest speakers, socioemotional training, drug rehabilitation, employment-related experience, and other experiential learning opportunities to students, as well as to help students gain awareness of what community organizations were available to support them.

5.8. Monitoring Student Progress

Programs were required to provide interim and final reports to the Ministry for each year of programming. In all years, reporting requirements for secondary programs included:

- Details of the structure of the pilot, key outcomes, lessons learned and resources used.
- Data that measure the student progress: quantitative and qualitative information and statistics related to number of students in the program, including demographics (age, gender distribution), credits attempted/achieved, skill development (e.g. certifications), and student testimonials.

In the first year of programming, school boards were provided with numerous and lengthy data reporting templates. These data collection requirements were reduced in the second year of programming in response to school board feedback. The amount of
reporting that was initially required was too great and difficult for program staff to manage. Student attendance, in particular, was extremely difficult to track. Conversations with staff during the site visits suggested that student attendance is not a case of absence versus presence. For example, with the agreement of staff and administration, some students attended irregularly at the beginning, or part-time. Challenges in students’ lives (e.g., housing crises, mobility between schools) also made it difficult to track and monitor the attendance of some students.

Program and school board staff also found that simple monitoring measures such as daily attendance and credit accumulation did not adequately capture the student progress. Attending once a week, three times a week, or for a partial day could be a significant success, particularly for those students who were not attending school at all before the program.

In addition to the Ministry requirements, programs developed their own approach to monitoring student progress, which allowed them to evaluate whether the supports were appropriate or sufficient for the students as well as staff. Many programs helped students develop a success plan and conducted routine academic reviews with students. The frequency with which student progress was monitored varied from daily or weekly “check-ins” with students to a more formal review of progress once or twice a semester. In some cases, regular team meetings were convened to coordinate the efforts of everyone (school board personnel, children’s aid society 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. Above and beyond Ministry requirements, some 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.

6. Experiences and Impacts

Students and staff both felt strongly about the wide range of positive benefits of the programs. Students were extremely appreciative of the help they received from program teachers, educational assistants, child and youth workers, and other staff. Many staff expressed surprise at how well students did, and how successful their program was with students where other approaches had failed.

Many of the positive outcomes were difficult to quantify, so they were reported anecdotaly through the program reports and expressed during site visits to selected
programs. The diverse set of challenging circumstances faced by students meant that student progress looked different for different students.

6.1. Program Structure

6.1.1. Congregated classrooms

In congregated models where participating students were together for partial or full days, students felt like they were in a safe place, reporting that they formed strong bonds with staff and fellow students that they described as family bonds. In programs where students were congregated offsite from their home school, staff and administration felt being offsite allowed students to avoid the influence (e.g., drugs, truancy) of negative peers and bullying, and exposure to teachers who were not sensitive to the vulnerable nature of these students and who did not understand the nature and impact of students’ home situations. Many of the students who were congregated offsite expressed their appreciation in having the setting away from a regular high school and recommended having such programs in a dedicated space. Some program informants felt that, for students who did not feel safe in a regular program, an offsite location was preferable. However, if programs were offsite, care had to be taken in choosing a location that was accessible to students because transportation was a challenge for many students.

In programs where students were congregated (particularly offsite), staff and administration believed that students benefitted from an alternative setting that was not structured like a regular school. Staff were more tolerant of student behaviour (e.g., students not punished for swearing, students not suspended or expelled except for serious infractions). In these settings, students appreciated feeling like they were not in a regular school, as they were no longer exposed to the physical setup of a regular classroom, rigid timetables, and bells signalling the beginning and end of classes. Students also valued the sense of an open door policy, such that they were welcomed back into the classroom even after an absence. The students spoke approvingly of a supportive, non-judgemental, and non-threatening atmosphere where they were not asked why they were struggling.

At the same time, a subset of students did not identify as Crown Wards and did not want to be separated from friends by being in a separate classroom or a separate site. These students felt a perceived stigma from being potentially identified as Crown Wards through separation. As well, some students did not want to lose contact with friends by being in a segregated program, and still others wished to take courses that were not available within the program for students in care. Various accommodations were made
for students who wanted the support of the students in care program but did not want to be exclusively within the program. (See related section on stigma on p. 41).

6.1.2. Itinerant support

In the itinerant models, it was clear that the students felt supported and formed attachments to the caring adult assigned to them. Students had a sense of consistency and individual support. However, staff and students did not speak of the sense of safety, family, and community that was strongly expressed by students in a congregated classroom. Staff in the strictly itinerant models suggested that students should have access to a quiet, dedicated place in their school that felt like their own, similar to the one that students in a congregated setting had.

Programs with itinerant teachers expressed the need for time to develop trusting relationships with school staff across multiple schools, something that was more challenging for them as a consequence of the itinerant model.

6.1.3. Support delivered in the home school

Where students received itinerant support or had partial or full integration in their home school, respondents felt it was beneficial to integrate students into regular classes because students did not experience the stigma of being in a separate setting dedicated to students in care. Programming in one’s home school allowed students in care to develop a sense of community with their home school by fostering connections between students in care and other staff and students. Programs delivered in the home school made the transitions between the pilot and regular programming smoother. For programming delivered in the home school, there was the added benefit of a stronger impact on the non-program teaching staff (e.g., greater understanding of the issues faced by students in care). When programming was delivered offsite from the home school, students did not develop connections with their home school.

Programming in the home school was not uniformly beneficial. Students with high anxiety about being in a large and/or traditional school environment, for example, did not find the integrated home school model comfortable. Some programs changed their setup significantly over the life of the program in response to student needs. For instance, in one program, a combination of off-site programming and regular participation at the home school did not work because it was disruptive to home school participation and because students wanted to have one teacher and one location. In subsequent years of the program, students ended up transferring schools to the program location so that they did not have to change locations midday.
Another program that was located within a larger school context found that the initial approach of tying students to specific credit-granting classes within the students in care program did not work; students wanted the flexibility to take different classes based on their needs and also be mixed in classes with students who were not in care because this was less stigmatizing. The solution was to continue to offer credit courses within the program, but provide increased flexibility to individual students.

6.2. Students

Students are getting credits and have some structure to their lives and their day. They have a real sense of belonging. They have a future story or are beginning to develop a future story. They have built relationships with adults, which is one of the biggest barriers in their lives. They don't trust adults and they don't trust the system. They've been rejected everywhere they've gone. Even their own families have rejected them … And it's really interesting because they will always push barriers and it's almost to test you, “do you still care about me?” (Board staff)

6.2.1. Engagement and attitudes towards learning and school

I was amazed by how much I enjoy coming here. I get up in the morning and actually want to go to school. (Student)

I really hated high school and I really struggled with going, related to the school and also mental health. But coming into this program, it’s enjoyable, it’s fun, I get to do art which I love and it’s also a very safe space for everybody. (Student)

Students reported that participating in the programs had changed their attitudes, their relationship toward education, and their view of their own abilities. Students went from feeling that school was not appropriate for them, with some not even attending school, to reporting that they liked or loved coming to school, which some called fun and an exciting experience in which they were no longer afraid to engage; their attitudes towards school were more positive and they were more engaged in their own learning.

In some programs, students did not leave school at the end of the day, feeling that the program was a place where they belonged. They also expressed a sense of hope that they could learn, graduate, and succeed in life. One student said that participation in the program enabled her to see a future, and that her view of school changed from “a place you had to go” to “a place to learn that was important to achieving [her] future”. Students also felt that they had a voice in their own programming, which contributed to their
sense of engagement. Staff experiences echoed the strong sense of engagement that students had in the program.

6.2.2. Attendance

Attendance improved for many students, and for almost all of the students who participated in the focus groups. Students were also appreciative of the flexibility of being able attend when they could. Several staff commented that they were surprised by the level of student attendance, which exceeded their own initial expectations.

Attendance improvements varied among students; improvements included attending for a few hours a day, some days of the week, most days, or all days. Considering that some students were not even attending school beforehand and some had significant anxiety about attending school, even partial program attendance was a significant success.

Even with successes for some students, attendance was still an ongoing challenge for programs. It became difficult or impossible for students to continue to attend a program when they were living in unstable housing situations that required them to change residences during a semester. Other reasons for poor attendance included socioemotional, mental health, and substance abuse challenges, or simply a lack of transportation to the program location. Poor attendance would in turn reduce students’ engagement with the program.

Programs implemented various supports to ensure that students attended school, including providing student transportation, attendance counsellors, wake-up calls and texts, and reminders to attend. Some programs equipped teachers with cell phones so that they could regularly communicate with students to encourage attendance. Some programs also established attendance expectations and contracts with students.

Transportation from the student’s home or home school was seen as a critical part of supporting attendance, particularly for programs that were not centrally located. Boards provided transportation planning assistance and arranged for bus tickets, taxis, and drivers (sometimes the teacher), finding that different methods of transportation worked for different students and locations. For instance, bus service was infrequent, inconvenient, or unavailable in some locations; some students were anxious about taking the bus; or other students would get on the bus but not get off at school. Some programs even 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 used materials created by the Independent Learning Centre or created their own learning modules that students could complete independently and 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.

6.2.3. Importance of caring adults and peers

*Being in this community, it's almost like it's a family.* (Student)

*It's more of a family than a school.* (Student)

Students formed strong attachments to their teacher or caring adult in both the itinerant and non-itinerant models. One student reported that he/she had “never had someone stick by me like that before...without her help I wouldn’t be graduating.” This sentiment reflects the sense of advocacy and support that students felt from the caring adult. Staff reported that the trust that was formed was especially remarkable given that many students had previously lacked positive, trustworthy relationships with adults in their lives. In congregated classrooms, students reported a sense of belonging to a family and a community, feeling liked, welcomed, and happy that they were surrounded by caring individuals. Some students wanted their parents/guardians to meet their teachers. Teachers were sometimes surprised by the strength and depth of caring and attachment that they felt for their students.

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.

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.

Students also formed strong attachments and friendships with their peers in the program, who could serve as a source of mentorship to “teach you the ropes” and serve as positive influences. In one program with mixed grade levels, staff observed that:

…the students form their own organic learning community, where senior students or more academic students will take on a leadership or mentorship role and younger students will then look up to those students. (Program staff)

Opportunities to learn and eat together played a significant part in helping students build a sense of connection to a caring adult and to their peers.

However, when new students were introduced to an existing cohort, either through continuous intake or in a 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.

6.2.4. Safe environment

…coming here into an environment that was safe for me to be me, safe for me to present as myself and be, hey, this is me and still get an education and still be accepted and cared for. (Student)

Within the context of developing strong attachments to the caring adults and peers in the program, students across many programs reported that they felt safe within the program setting. Students felt safe because they would not be judged, bullied or stigmatized. Many had a strong sense of being understood, respected, and supported, and also felt that they could express their feelings within this safe environment.

6.2.5. Socioemotional development, mental health, substance use, and life skills

Students reported a greater feeling of self-worth, self-confidence, and self-motivation. They felt that their program helped them build skills in a variety of socioemotional domains such as relationship management, problem-solving, communication, and self-advocacy. Staff observed improved behaviour, self-regulation, maturity, and autonomy in students. Both students and staff reported a reduction in students’ anxiety,
depression, and substance use. In addition, students learned life and self-management skills (e.g., financial literacy, independent living skills); this was particularly important for students who lived on their own. Students even indicated that their own family trusted them more.

Students also had improved health and wellness practices, such as knowledge of and practice in healthy eating, regular participation in physical activity, and self-care.

6.2.6. Academic achievement within flexible, less-structured setting

Students and staff reported success with credit accumulation, academic achievement, and progress toward graduation within the different programs. Students appreciated the one-on-one support for their learning, the flexibility of the teacher to work with their own learning styles, and the hands-on learning approach. A high percentage of participating students were identified as having various learning needs and had individualized learning plans. One student stated that the teacher “will find a method for me to learn if the current one isn’t working.” Students also felt that they were not being pushed through the system, appreciative of the ability to earn credits at their own pace. In many programs, all efforts toward achieving a credit were celebrated – a quarter, a half, to a full credit was noted in order to build the students’ confidence. In some cases, students went from not attending school to gaining credits and being on track to graduation.

Not all students showed achievement in credit accumulation, and this was related to the number and severity of the challenges faced by students. It would be unwise, however, to judge the success of a particular program on the basis of credit accumulation, as the complexity and severity of the students’ needs varied so greatly.

Many students appreciated feeling like they were not in a structured, regular school (reported by those who were in an alternative setting). This feeling of less structure was encouraged in some sites with features such as the design of the space (e.g., comfortable couches), the lack of school bells, and more lenient rules (e.g., no punishment for swearing). Students also found a small class setting calmer and easier to focus within, while at the same time giving them the space to express their emotions.

6.2.7. Pathways planning

Reflecting a sense of hope, several students felt like they had a road to the future, able to see graduation, plan for post-secondary education, or plan a pathway toward career and employment. Students felt supported in planning for post-secondary education and navigating application processes. They also felt they had gained employability skills for
the future, completing job-related certifications, gaining employment-related experience, or even securing employment.

6.2.8. School and community connections

Students’ connections to their home school were variable across programs. Within some programs that were situated within a larger school setting, students formed connections to the larger school. Students participating in an itinerant model were fully integrated with the school. At the same time, students attending programs situated in a larger school gave mixed reports of feeling supported or not supported by teachers in the larger school.

Students who were congregated offsite from their home school had little or no connection with their home school. In one board, the program would connect students to their home school through visits from the guidance counsellor to do credit counselling, but in general the links were not strong. In another board, an early implementation model involved having students congregated offsite in the program for a half day and then in their home school for the remainder of the day, but this was not successful in establishing a connection to their home school. Some students and staff stated that it was preferable to have one site all day so that the students would not be tempted to leave after the congregated morning program.

Students reported positive connections to community agencies and the services they provide, with increased awareness and connections to community supports such as various social service organizations. Students were also 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.

6.2.9. Other benefits

Students were appreciative of the food provided. Many programs involved the students in food purchase and breakfast/lunch preparation as opportunities to earn credits and gain valuable life skills. Students also appreciated cultural supports such as visits from First Nations elders and the opportunity to participate in First Nations ceremonies. Field trips, many of which offered students opportunities for recreation, to socialize, or become acquainted with community resources, were reported by many students to be valuable. At the same time, students in other programs were not ready for a large number of field trips.
6.2.10. Timing and duration of benefits

Program staff reported that students began to benefit from program participation anywhere from immediately to over the course of a year or two. The timing depended much on the students’ needs when they entered the program, as well as the type of benefit. Some improvement in social skills and self-esteem was reported within a month, but, in general, because of the time that it takes for students and teachers to create a trusting bond, the benefits emerged over a longer period of time. For students that were particularly disengaged, benefits took longer to observe, and not all students experienced success.

Some students suggested the program should be at least a year long for benefits to become evident and endure. In recognition of a program’s benefit and the time required to experience success, several students and staff expressed the desire to see the programs continue over more than one year and recommended that their program be a permanent part of school funding.

Both students and staff expressed the belief that the benefits from the programs would be lifelong. While not enough time has passed to observe the long-term benefits of the programs, students and staff felt that the benefits would endure because students had developed non-academic competencies in areas such as socioemotional development, life skills, and employment, as well as a sense of hope for the future.

6.2.11. Transitions

Transitions of various kinds were challenging for students. A program that initially had students transition between offsite programming and ‘regular’ school found that students had difficulty engaging in the regular school and preferred not to have such a jarring transition midday. Also, as some students approached the end of their time in care, they would act out because they felt unprepared for the absence of the care system.

Students in care are often mobile or transient, and transitions in students’ home lives posed challenges for students’ ability to engage at school. A move to live with a different foster parent or family member could take a student out of a school’s catchment area, or out of the board completely. In some cases, school personnel and children’s aid society workers have work to ensure that students who wanted to remain in the familiar environment could do so.
6.2.12. Stigma

The stigma of participating in a program for students in care was not mentioned in every program visited, but it was a factor in some programs. If a program was seen by students as being exclusively for Crown Wards, some students felt stigmatized. Mixing students in care with other at-risk students in a congregated program was seen as a possible solution to reduce stigma. At the same time, in programs where students remained in their regular classrooms, students sometimes reported feeling stigmatized and stereotyped by their classmates and teachers.

Staff noted that programs that were onsite in a home school did not always have wide acceptance from non-program staff, who sometimes perceived that students in the program were treated differently (e.g., disciplined more leniently). There was wider acceptance of the program when there was active communication between school administration, students-in-care program staff, and non-students-in-care teachers and staff about the purposes and reasons for specific supports and approaches for students in care.

Some programs offered professional development to help program and non-program staff understand the complex situations and needs of students in care and to see themselves as agents of change in these students’ lives. These programs were received positively.

A worker from one children’s aid society felt that schools in the local board saw alternative programs (including the students in care program) as “places to send kids who don’t fit”, suggesting that the school felt relieved of its responsibility for the students by sending them to alternative, off-site programs.

Other sites indicated that students were free from stigma because they were in an offsite program and had no contact with students or teachers from their home school. In some programs, students appeared to respond well to an open acknowledgement inside the students in care program of their connection to children’s aid society services. As well, within an itinerant model, students appreciated the discretion used by the itinerant teacher when pulling them out of regular classes for appointments.

6.2.13. Do the programs reach all students involved?

Staff observed student success to varying degrees. Given the diversity of student circumstances, success was defined individually for each student. The successes varied from one student to the next (e.g., increased attendance, improved self-confidence, improved life skills, reduced anxiety, credit accumulation, graduation).
The programs did not benefit all students that it tried to reach. Some students were not emotionally ready to participate. Some students had significant challenges that impaired their ability to participate in the programs such as struggling with mental health and/or addictions challenges, living on the street, ongoing encounters with the law, being on probation, or living in correctional facilities. Students who moved from foster home to foster home also had difficulty participating in some programs, although some programs reported that these students continued to attend if their children’s aid society workers ensured that their foster home continued to be located within the school site boundary area.

Some programs could not accommodate all of the varied needs that students had. For instance, while the small setting of programs worked well for many students, some students needed an even smaller setting. Programs that had a particular topical focus (e.g., arts) did not successfully engage students who did not have that interest, although some programs were sufficiently flexible to provide alternatives.

Concern was expressed by program and children’s aid society staff that the program may not be appropriate for students who manifested behavioural difficulties or who were violent. A concern was also expressed about whether it was appropriate to integrate older students that had been “hardened” in the group homes with younger ones who had just arrived. The composition of the congregated classes, however, did work well when there was open communication between the students’ case worker, the parents and foster parents, and the school staff.

6.3. Teachers

Teachers reported a significant impact upon their practice as a result of being involved with students in care. Several teachers felt that they were now better teachers, with greater of awareness of and empathy for the needs and challenges of students in care. Teachers also learned to adjust their assessment strategies to be more holistic, as well as understand how to integrate several subjects and grade levels within one class.

6.3.1. Multifaceted and flexible roles

Teachers found that their role in students’ lives was multifaceted. In addition to teaching credit courses, they helped students with management of social and emotional issues (e.g., building confidence, teaching communication skills), and supported students in life management (e.g., dealing with housing and finances). As the foundation for this support, they had to build trust with each student and act as the caring adult. Teachers
needed to balance student needs and the curriculum expectations while simultaneously supporting both the well-being and the academic achievement of students.

Within programs, teachers were given flexibility from their school boards in deciding how they worked with students. Teachers did not have to abide by traditional rules in the classroom such as taking disciplinary actions for swearing or breaking a dress code. Furthermore, teachers had the flexibility to teach, work with curricular expectations, and conduct assessment in different ways according to the needs of the students. Teachers sometimes faced challenges in adjusting from a traditional classroom setting to a more hands-on setting. With time, however, they became more adept at behaviour management and at finding opportunities for cross-curricular experiential learning.

6.3.2. Increased understanding and compassion

Several staff reported that they did not have awareness of students in care in their educations system before the programs existed. Teachers came to understand the challenging life experiences of students in care, including issues of mental health, addictions, and homelessness. Staff also had to be sensitive to the different cultural backgrounds of the students, and not impose their own values on the students. In order to support student well-being and achievement, teachers first had to build a trusting relationship with each student. Previous experiences had led many students to expect rejection from adults, requiring teachers to learn to be patient with students pushing their boundaries. Teachers allowed students to express their needs and emotions and listened to students without making judgements. Through the programs, teachers and staff built warmth, sympathy, empathy, compassion, and patience for students in care, understanding that the care and well-being component would almost always precede academic success.

Students also reflected that teachers came to understand their lives and also treated them better. In their roles, teachers developed strong and deep bonds to students, which could be quite rewarding because teachers felt they were making a difference in students’ lives.

6.3.3. Impact on teaching and assessment practice

Several teachers reported that they learned how to do their job differently, learning different ways to evaluate and assess students. Teachers also learned different ways to structure the classroom. They came to understand the importance of hands-on and student-led learning to support students in care, as well as the importance of individualized lessons and curriculum adapted to student needs. Some students expressed appreciation for the sense that they were being assessed holistically.
Because teachers and staff had to be able to work flexibly with student needs and instruction, they required and had the autonomy to individualize programming for students.

6.3.4. Demands upon teachers

While teachers found their experiences in the program to be valuable to their practice as a teacher and for understanding of the needs of students in care, there were also enormous demands placed upon the teachers. Teachers felt they had to negotiate a complex system of supports and provide emotional support in addition to academic support. Some teachers were not initially prepared to support students' diverse and complex non-academic needs. The found themselves tested by students pushing their boundaries of trust to see if the teacher would still remain by their side. They had to learn how to listen, understand, and respond to student behaviours and outbursts. Teachers had to be flexible with students, both in welcoming the students without judgement and in their approach to teaching and assessment. Often, teacher and staff relationships with students did not end with the school day (e.g., supporting a student who had no place to sleep) and could be overwhelming for the teacher who had to determine where boundaries should be drawn.

Several programs noted the benefits of recruiting teachers and staff who had experience with and understanding of students at risk, guidance, and alternative education, as well as having a deep understanding of education. A few program informants noted that this role was not for inexperienced teachers, surplus teachers, or those who preferred a more rigid approach to teaching. Having a relevant background, such as foster parent training and intervention training, was also seen as valuable for program staff.

A low ratio of students to staff was also seen as a necessary element because of the level of attention and support that students required. To allow for a smaller program, some school boards made adjustments to the school wide teacher-student ratio to accommodate the program for students in care.

6.3.5. Reliance on support

Teachers found that they could not support the students on their own given the breadth and depth of student needs. Teachers learned to rely on other staff at the program, school, and board level to support and complement them in their roles.
Having a second adult in the program was identified as extremely helpful, particularly when managing a student in crisis while keeping the program going for others. As such, teachers and principals repeatedly emphasized that the identification of additional staff such as a child and youth worker or an educational assistant was a key component for teacher success and retention. Some programs brought on additional staff (e.g., social worker, retired teachers employed as tutors, educational assistants, child and youth workers) to support the teacher in the classroom. This was important for at least two reasons: the presence of the second adult made a big difference in the behaviour management challenges that could be presented, and having more than one adult mitigated the effects of staff turnover. Because of staff turnover, it was also important to have more than one person familiar with the program and the students in case a staff member left the program for any reason. Continuity and consistency of the adults mattered a great deal to the students in care.

Boards built upon partnerships with community organizations to support some student needs (e.g., socioemotional skill development, employment preparation) and interests. Teachers grew to value these connections to community partners and to children’s aid society workers, as they provided other avenues of support for the students in care.

6.3.6. Professional development

Some boards provided initial and/or ongoing preparation for teachers, other staff, and administration for working with students in care. The training addressed issues such as abandonment, commitment, mental health and addictions, social skills development, providing stability, providing a safe and caring environment, sensitivity training, and working with trauma. Some professional development was also provided to staff to help them manage their own stresses and “compassion fatigue.” Regular meetings with board staff responsible for the program also helped teachers navigate the many demands.

Within some boards, curriculum consultants supported teachers in how to provide experiential learning. Student Success Leaders worked with teachers on how to rethink teaching and deconstruct curricular expectations to evaluate students in a non-traditional manner.
6.4. School and school board

6.4.1. Impacts on home schools

The programs’ impact on students’ home schools was mixed from program to program. For some programs that were situated such that students also had contact with their home school, there was training provided to non-program staff in the school about the unique needs of students in care in the hopes of fostering greater understanding of these students’ needs, as well as introducing them to the program for students in care. In some cases, program staff reported that greater empathy for students in care was built within the rest of the staff, creating greater belief in the possibility of success for these students. Some programs also reported that the demonstrated success of students helped increase school administration’s support for the program. Where there was strong administrative support and commitment within the school housing the program, there appeared to be greater acceptance, interest and integration of the program and students.

In other cases, program staff reported that other teachers in the school were not aware of the program. In a few cases, program staff perceived that the rest of the school staff tended to view the program and its students as “other students” rather than also being “their students”, pointing to the need for wider support and understanding for students in care and their needs from teachers and staff outside the program.

In general, program-related efforts were not concentrated on preparing the home school for the programs or creating connections for program participants with their home school. Some staff felt that there was room for improvement in fostering relationships between the program and students’ home schools. In programs within offsite congregated classrooms, many students reported having had negative experiences with the home school and were grateful for the fresh start offsite.

6.4.2. Relationship building

Within school boards, programs initially had to build relationships amongst different staff to clarify roles and responsibilities. As programs began to show successes, they could become flagship programs for their board, raising the profile for an alternative platform for learning for students in care. As well, in some cases the programs increased relationships between boards and improved inter-board coordination to support students who moved frequently between boards due to instability in their family or housing situations.
Community partnerships were also built, providing services and support to students to complement the supports available within the programs.

6.4.3. Children’s aid society connections

A significant benefit for many boards was an improved relationship with their local children’s aid societies. Initially, some program staff had the view that the children’s aid societies did not understand educational processes. At the same time, many program staff were not well-acquainted with children’s aid societies and their operations. Children’s aid societies place a priority on protecting the privacy and confidentiality of children and youth and, thus, are very careful about the disclosure of student information. However, for the most part, with time and effort, boards and schools built stronger relationships with their local children’s aid societies that resulted in stronger working relationships and information sharing. Building such relationships took hard work and trust on the part of individuals (school, children’s aid societies and community). Attention will be required to maintain these relationships as personnel change.

Where stronger relationships were built between school boards and children’s aid societies, the benefits included more effective recruitment and referrals of students, as well as involvement of the children’s aid society in monitoring students’ progress. For instance, some programs involved children’s aid society workers in regular team meetings about student progress. In such cases, this enabled teachers and a student’s children’s aid society worker to jointly monitor and discuss how to best serve the student. At least one board made annual presentations to local children’s aid society staff to inform them about the program being offered and its potential benefits to students in care. Where children’s aid societies were actively involved with the boards, they collaborated with the program staff to support different student needs (e.g., finding tutors and mentors for students, helping with basic needs), to arrange activities for students (e.g., summer camps), and to coordinate communications and permissions with parents/guardians.

Several boards noted that the establishment of the Joint Protocol for Student Achievement in 2015 helped strengthen their relationship with children’s aid societies, even in cases where there was already a relationship established. One board commented that the Joint Protocol for Student Achievement codified the work that they had already been doing to build a relationship with their local children’s aid society.

Program staff noted cases where students and parents/guardians held strongly negative views about children’s aid societies and their role in the students’ lives. Some programs responded by making concerted efforts to involve children’s aid society workers in
meetings with students, parents/guardians, and program staff, and/or holding information sessions where children’s aid society staff had an opportunity to explain their role and answer questions from students. Where programs involved parents/guardians through regular contact (e.g., daily, weekly), staff reported that parents and guardians were more engaged and supportive of students.

7. Lessons Learned from the Evaluation

Students, schools, and school boards overwhelming reported that the programs made a strong and positive impact on the lives of students in care. Along the way, programs experienced both challenges and successes in planning, relationship building, staffing, program and student monitoring, and supporting student success.

This section summarizes the lessons learned and the recommendations that arise from them.

7.1.1. Provide supports for multiple, diverse, and individual student needs

As the literature review makes clear, students in care do not perform as well academically or enjoy the same level of well-being as their peers not in care. The complexity of issues faced by many students in care makes them unlike other groups of students with special needs for whom it is possible to prescribe a limited range of practices that are known to be beneficial or have promise of being beneficial. 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 very difficult to establish a program or action plan that can be applied to all or even a substantial proportion of students in care apart from some basic elements that we shall address below. A further challenge to establishing a program is that the short-term intended objectives of any intervention must be tailored to the circumstances that each student in care faces. In other words, while the long-term objective – school success and enhanced well-being – may be the same for all students, the short-term objectives vary with each student in care.

Recommendations: Given the variability among students, it is likely beneficial to foster the development of programs for individual students rather than groups of students—that is, individual plans for improving well-being and educational outcomes. The program supports also need to be multifaceted (e.g., socioemotional, mental health, addictions, life skills, healthy living, attendance supports) to address the multiple and diverse challenges that students in care face. Programs should provide support to the
primary caring adult through additional staff, board, and community supports as appropriate for individual student needs.

Students should be consulted in planning programs, as activities need to be meaningful to students in order to encourage their engagement.

The term “innovative” should not be used when referring to the programs for students in care. What students in care and other students who are at risk need are programs and practices that established evidence has indicated will enable them to succeed. There is ample evidence of the efficacy of specific practices that are linked to improved educational and well-being outcomes. The demand for “innovative” programming detracts from efforts to make use of the evidence for improving the outcomes for these students. Thus, the Ministry should encourage the compilation of evidence upon which professionals may draw to address the specific needs that an individual student manifests in such areas as literacy, numeracy, self-regulation, stress reduction, harm reduction, etc.

7.1.2. Appoint case managers for students

The literature devoted to students in care makes clear that they need caring adults with whom they can form a relationship. Their varied and multiple needs demand equally varied and numerous interventions that must be coordinated, monitored and adjusted over time. For these reasons, individual students in care would benefit from having a designated case manager who has overall responsibility for the student’s education.

The case manager (or dedicated teacher) would have overall responsibility for the coordination and provision of the student’s educational program. This would likely include ensuring that each student’s needs were assessed, a plan was developed to meet those needs, the plan was monitored and adjusted as circumstances required, and that the needs, plan, monitoring and outcomes were carefully documented. The case manager would convene meetings of staff with students to review the plan and would encourage student agency by helping them to make informed decisions and, where necessary, showing the student how to advocate on her or his own behalf.

**Recommendation:** Establish a case manager at school or school board level to work with children’s aid society case manager in order to coordinate supports for students in care. The case managers would establish a plan of supports and milestones (achievement and well-being) tailored to the individual circumstances of each student in care.
7.1.3. Provide time to plan for each student

One of the lessons from the literature and from the site visits is that it is not possible to develop a program in the absence of knowledge of student needs ("one size does not fit all"). The number and extent of the challenges faced by students in care are many and varied. Unless program planners have specific information about the students and the challenges they face in advance of the program’s starting date, they will require an initial period during which they will need to familiarize themselves with the students and their challenges before they can plan and implement activities that the specific students require.

Many programs provided insufficient start-up 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. Program staff found themselves challenged with the amount of time they had available to understand the needs of each student and to plan appropriately. Teachers in the programs were engaged with children’s aid society workers, community agencies, and the students themselves. In some cases they were also advocates on behalf of the students in the school. In addition they were trying to teach in a highly individualized environment, requiring sophisticated approaches to instruction and assessment. Program staff expressed a desire to have more time to plan for the needs of each group of incoming students. Staff burnout will be inevitable if there is not sufficient time provided.

**Recommendations:** Provide sufficient time for program staff to conduct needs assessment for each student and to plan supports tailored to those needs.

7.1.4. Make provision for the timely exchange of information

The timely exchange of information within the educational environment and with the children’s aid society is a central aspect of the case management process and pivotal to planning a program to improve the well-being and success of the student. Given concerns about breaching privacy from the children’s aid societies, some programs faced an additional challenge of not having enough information from children’s aid societies to understand the circumstances of the students enrolled. Better transitions were facilitated for the students as relationships were built between schools and children’s aid societies. Adequate and timely transfer of school records between boards was also a problem when students in care transferred between boards.

**Recommendations:** Transfer of information between parties (children’s aid societies, school boards) concerned for the welfare of each student should be facilitated through formal agreements such as the Joint Protocol for Student Achievement. The case
manager should be authorized to receive and share information with the other professionals who are authorized to work with the student in care. All such professionals should be deemed to have a position of qualified privilege, permitting them to share information about the student in care so long as they act responsibly and with regard the best interests of the student and his or her right to privacy.

7.1.5. Create an environment in which students feel safe

The programs typically provided a safe place, one that was free from bullying, harassment, and stigmatization that was more typical in a regular classroom or a home school setting. Many programs made provision for students to feel comfortable by relaxing standards of behaviour and dress, and avoiding unnecessary judgement of students in care.

A few programs noted that having cohorts that were a mixture of students currently involved with children’s aid societies and those that were otherwise at risk was beneficial. Staff perceived that the mixed cohorts reduced the stigma of attending the program and that students in care would not feel surrounded by the children’s aid system. Staff in a few programs also noted that the programs would also be beneficial to at-risk students because many other students (e.g., former students in care; Indigenous youth; street-involved youth; Lesbian, Gay, Bisexual, Trans, or Questioning youth) face challenges similar to those faced by students in care and could benefit from a safe environment and similar supports. Thus, as some of these programs evolved, they opened their recruitment to more at-risk students.

Recommendation: Create safe and comfortable environments for students in care, environments that psychologically and physically are free from bullying, harassment, and stigmatization. A comfortable environment includes fostering interpersonal relationships in which students feel understood, respected, supported, and free to express their feelings to program staff and other students. Providing such an environment may require a separate classroom or offsite location.

7.1.6. Staff teaching positions with caring adults that have a strong understanding of curriculum expectations, instruction, and assessment

Teachers for students in care require patience and compassion for students and their circumstances, as well as competence and flexibility in their teaching practice. Program teachers play a multifaceted role in the lives of students in care, building trust, supporting students with social and emotional challenges, supporting students in day-to-day life management, and teaching credit courses flexibly to provide hands-on learning,
cross-curricular linkages, and experiential learning. These teachers must possess broad experience and emotional maturity.

Teachers need to be able to build a trusting relationship with students first and foremost. One staff member said that “the stronger the connection is, the more success we see in every child.” Because teachers are working with students with diverse learning needs and in some cases with students across multiple grades, they require a solid understanding of curriculum expectations, instruction, and assessment in order to understand how to adapt these elements to meet the needs of each student.

**Recommendations:** Recruit teachers to programs for students in care who have a demonstrable record of patience and compassion for students facing multiple emotional and academic challenges. These programs should be staffed with individuals who can combine their understanding of students at risk with their broad subject and pedagogical knowledge to adapt curricula to the academic needs of the students.

### 7.1.7. Support teachers and staff

Given the high demands of the position, teachers required support from other staff, such as child and youth workers, educational assistants, and social workers as well as emotional support from their peers and supervisors.

Program staff also benefitted from professional learning that helped them understand the different issues faced by students in care, as well as the means to support students in handling these issues. Program staff also benefitted from professional learning that helped them to address the emotional demands of working with such vulnerable students.

For some programs, acceptance from the wider school was a challenge, as non-program staff perceived that students in care were treated more leniently or did not have a good understanding of the numerous and intense challenges faced by students in care.

**Recommendations:** Teachers of students in care and the staff that support them require help and professional development. They would benefit from opportunities for professional learning on a broad range of topics, including the challenges faced by students in care and how to address the social, emotional and academic needs of students in care. These opportunities should also be made available to a wider audience to build understanding among teachers and staff who, though they do not work directly with students in care, come into contact with them in school.
7.1.8. Strengthen relationships between school boards and children’s aid societies

It took time for boards and children’s aid societies to build a reciprocal understanding of one another’s processes to support students, an understanding that was positively facilitated by use of the Joint Protocol for Student Achievement that was introduced in 2015, halfway through the second year of pilot programming. Boards reported that the JPSA made a significant, positive impact on the relationships between boards and children’s aid societies.

The partnerships between the school / school board and children’s aid societies were critical to program delivery. If good working relationships were not established with local children’s aid societies, school boards had difficulty both recruiting students and coordinating with the children’s aid societies to support students and monitor their progress. As relationships developed, recruitment, understanding, and support of students in care were enhanced.

In many cases, students in care and their families had strongly negative views of children’s aid societies that were a barrier to their full engagement with available programming and supports. Programs that created opportunities for children’s aid societies to discuss their role with students in care and their families in information sessions or joint case meetings increased acceptance the role of children’s aid societies and presumably enabled the children’s aid societies to work more effectively to support students and their education.

Recommendations: The Ministry should continue to encourage and support school boards in creating and strengthening a reciprocal and mutually beneficial relationship between boards and children’s aid societies. The use of the Joint Protocol for Student Achievement has been successful in facilitating collaboration between partnering children’s aid societies and school boards, and should continue to be used in supporting relationships. In particular, the Joint Protocol for Student Achievement can be helpful in defining procedures to support students while respecting student confidentiality, which is a significant concern of children’s aid societies. The Ministry should address any perceived privacy obstacles between children’s aid societies and school / school board that hinder the sharing of relevant information about the circumstances for students in care.

Programs should foster an understanding of the role of children’s aid societies for students in care and their families to respond to lack of trust and understanding that students in care and families sometimes have toward the role of children’s aid societies. Regular meetings and communications that include school board / program staff and
children’s aid society staff can facilitate the development of mutual understanding of one another’s goals, facilitate information transfer about students, and plan and implement supports based on each student’s needs.

7.1.9. **Strengthen relationships between school boards and community partners**

Community partnerships that were chosen purposefully (i.e., partners who believed in alternative forms of education and were willing to support the lives of students in care) provided additional supports for students, such as field trips, guest speakers, pathways exploration opportunities, employability skills, and socioemotional supports. Some sites visited during the current students in care program evaluation had very strong relationships between organizations, and where this was the case, the supports for students were stronger.

**Recommendation:** Identify partners from the community that could work with school boards to provide services and expertise to support students in care. Provide a template to guide their partnerships. Cognizant of the key features of a positive working relationship—understanding the respective jurisdictions of the partners, understanding the mandates of partners, identifying the points of intersection between the mandates and the jurisdictions of the respective partners, answering the questions of how each of the agencies in the partnership complement the work of the other agencies to support the students, identifying champions from each partner that would lead the development of the working relationship—the Ministry should help school boards and partners understand what potential obstacles there might be to working together and identify how these obstacles can be overcome or avoided.

7.1.10. **Allow for a continuum of success over time**

Many site visit respondents emphasized that credit accumulation and graduation for students in care was secondary to addressing their mental and physical well-being. Even as mental and physical needs were addressed and achievement became more of a focus, there was still a need to address the non-academic stressors in students’ lives.

In understanding student needs and the diverse and numerous challenges that students faced, program staff recognized that the measure of success was not going to be the same for each student. For a student recently coming into care as a consequence of emotional, physical or sexual abuse, attending school could be considered a relevant first achievement milestone, attending school regularly might be a second, completing assignments on time another, etc. In some cases, credit accumulation was slower than anticipated, as teachers worked to understand how to meet curriculum expectations while meeting individual student needs. 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. Even credit accumulation is not straightforward, as a partial credit may be a significant success for a student who was not even attending school to begin with. The indicators of success depend on where the student started and what they are ready to take on while in the program.

**Recommendations:** Programs need to recognize a continuum of success for students and incrementally define milestones that are matched to the needs of students. An initial focus might be on attendance, improved health, and improved well-being, whereas a later focus could be on credit accumulation and graduation. Students in care are in many ways students with special needs and, thus, require individual education plans that specify the immediate interventions needed to help them and the benchmarks by which progress may be judged.

7.1.11. Provide stability in programming and staffing

Many programs experienced significant uncertainty from year to year as to whether they could continue the program, as it is not clear that any of the boards would have had the resources to sustain or even initiate programs for students in care on their own. However, instability in programs was disruptive and distressing for students in care who had come to depend on the program for support.

Staffing turnover also had a negative impact on students, as many students in care experience significant instability in their lives and have difficulty forming trusting bonds with adults. Changes in staff, both in the dedicated teacher and support staff, disrupted the relationships already built.

The year-to-year nature and timing of the Ministry's funding announcements and funding approval process were frequently cited as sources of instability for the programs. Programs felt inhibited in their ability to plan ahead and ensure staffing stability. Given the time and investment it took each program to build trust with students and partner organizations and the benefits to students from program and staff continuity, the instability of the funding was seen as a destabilizing factor.

**Recommendation:** If the Ministry believes the pilot programs were sufficiently successful that they should be continued, it should ensure stability of programs and their staffing.
7.1.12. Support students until graduation

Personal success, economic productivity and citizen engagement are influenced by successful completion of high school, an imperfect proxy for the literacy and numeracy skills that influence labour market performance and income. High school completion also reduces criminal activity. As Lochner and Moretti (2001) report, “research suggests that additional years of secondary schooling reduce the probability of incarceration, with the greatest impact associated with completing high school.”

The effective duration of programming is highly dependent on the characteristics of each student. Students need different amounts of support depending on the nature of their needs. In addition to requiring support in their well-being and achievement while in the program, students require support to transition into the next steps in their life (e.g., return to home school, post-graduation). Many students and staff expressed the desire to see the programs continue over more than one year and that the program be a permanent part of school funding.

Recommendation: Provide educational and related support for students in care as long as it takes for them to reach high school graduation.

7.1.13. Future research

Improving the educational and well-being outcomes for students in care will be expensive given the severity and highly variable nature of their needs. In the long run even costly interventions should provide a strong return on investment in terms of reduced costs of criminal justice, health, addictions, unemployment and the like.

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15 The estimated social externalities from reduced crime are sizeable. A 1% increase in the high school completion rate of all men ages 20-60 would save the United States as much as $1.4 billion per year in reduced costs from crime incurred by victims and society at large. Such externalities from education amount to $1,170-2,100 per additional high school graduate or 14-26% of the private return to schooling. It is difficult to imagine a better reason to develop policies that prevent high school drop out (p. 26). Lochner, L. and E. Moretti (2001) The Effect of Education on Crime: Evidence from Prison Inmates, Arrests, and Self-Reports. http://files.eric.ed.gov/fulltext/ED463346.pdf Retrieved November 10, 2016
Recommendation: Future research should include an investigation of the social returns on the investment of improving the educational and well-being outcomes for students in care.

8. Theory of Change and Logic Model

A theory of change for a program defines the needs to be addressed by a program, the actions taken to address the needs, and the outcomes that are expected from the activities undertaken to address the identified needs. A general theory of change and logic model have been developed for the students in care initiative, characterizing the inputs/resources and activities/processes across programs that were associated with successes, as well as observed near-term outcomes and expected long-term outcomes. A number of key observations in the evaluation have guided Directions in its development of the theory of change and logic model.

The locus of decision-making about the appropriate interventions must rest with the professionals at the site level because of the significant heterogeneity among the needs of the students, the timing of their entry to programs, the level of their engagement in the programs, and the duration of their participation. One implication of this is that no two programs will look the same, nor will any given program look the same from year to year. A second implication is that this must be reflected in the theory of change and logic model without missing what we believe are features that must be present in every program:

- Creating a safe, comfortable, and stable environment for students;
- Establishing a trusting relationship with students;
- Assessing individual student’s needs and designing interventions to meet them;
- Appointing a case manager for students.

The main implication for the Ministry is that it must continue to make provisions for the following inputs:

- Providing funding;
- Providing a protocol template (i.e., the JPSA); and
- Establishing a framework for monitoring and support of school initiatives.

A second implication for the Ministry is that it must continue to issue calls for proposals with clear criteria by which proposals will be judged, receive and adjudicate the
proposals in light of those criteria, fund, and monitor and support the implementation of the projects that are funded.

The logic model that follows has several levels: Ministry, School Board, School, Teacher, and Student. The diagram differentiates among inputs/resources, activities/processes, near-term outcomes, and long-term outcomes. We have indicated the inputs, activities, and outcomes that correspond to each level. The arrow on the right side of the logic model simply indicates that one should read the diagram from top to bottom. At the student level, we have tried to indicate by their sequential arrangement (top to bottom and left to right) the outcomes that are expected occur for most students.

The logic model encompasses the different models of establishing support that we observed in this evaluation, ranging from initiatives that had a dedicated teacher in a congregated classroom, onsite or offsite from the home school, to those with an itinerant staff member that provided support to students in their home school. In congregated classroom or itinerant support models, the types of inputs/resources and activities/processes required to support students are the same. Looking specifically at the school level where the implementation takes place, both congregated and itinerant models require case management for students, a safe and comfortable environment for students, establishment of a trusting relationship with a caring adult, student-centered needs assessment and design of supports, monitoring of student progress, and partnerships with community agencies to support students. The desired outcomes for students, teachers, schools, and school boards are also the same. Depending on the characteristics of the programs, however, the strength of the outcomes will differ. For example, the level of improvement in teacher understanding and instruction of students in care will likely depend upon the numbers and visibility of students in care to the teacher(s) and the extent of contact among teachers, students, and case managers.

The theory of change and logic model are intended to be tools that the Ministry and school boards can use in the ongoing conceptualization and implementation of programs for students in care, while preserving an appropriate level of discretion at the board and school level as well as responsibility for monitoring programs and student outcomes.

Detailed Ministry-level elements for the logic model are presented as part of the evaluation plan in Appendix A. Sample outcome indicators for the logic model are presented following the logic model in this report.
<table>
<thead>
<tr>
<th>Theory of Change for Students in Care of, or Receiving Services from, Children's Aid Societies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>We know and believe that</strong>&lt;br&gt;(What are the needs?)</td>
</tr>
<tr>
<td>The Ministry of Education is cognizant that it cannot completely fulfill its goals for education (achieving excellence; ensuring equity; promoting well-being; and enhancing public confidence) without addressing the challenges that negatively affect the well-being or impede the school achievement of students in the care of, or receiving services from, children's aid societies.</td>
</tr>
<tr>
<td>Students in the care of, or receiving services from, children's aid societies are typically deprived of the support of their natural families and face a variety of challenges that impede their school achievement and negatively affect their well-being in comparison with students who are not in the care of, or receiving services from, children's aid societies.</td>
</tr>
<tr>
<td>The Ministry of Education is cognizant that it cannot meet the challenges faced by students in the care of, or receiving services from, children's aid societies without the support and assistance of those children's aid societies.</td>
</tr>
</tbody>
</table>
**LOGIC MODEL**

**Ministry Level**
- Provide funding
- Provide protocol template (JPSA)
- Establish framework for monitoring and support

Issue call for proposals, establish criteria by which proposals will be judged, receive and adjudicate proposals in light of criteria, and fund projects.

**School Board Level**
- Appoint case manager(s) for student(s).*
- Establish projects in school boards.
- Recruit and orient staff with the skills and dispositions for working with students in care.
- Recruit students in the care of, or receiving services from, children’s aid societies.
- Plan and provide for students whose socioemotional development, academic and life skills are typically less well developed than their age peers and who may require support for addressing mental health and substance use challenges.
- Establish and sign JPSA agreement between school boards and CASs.
- Establish partnerships with community agencies.*
- Establish monitoring and support systems for programs.

**School Level**
- Create a safe, comfortable, and stable environment for students.
- Caring adults establish a trusting relationship with students.
- Assess student needs, plan supports, and monitor progress.

**Outcomes: Student**
- Student attendance, engagement, and self-confidence improve.
- Student socioemotional and life skills improve.
- Student learning improves.
- Incidence and severity of mental health and substance use challenges diminishes.
- Student behaviour improves.
- Student achievement and credit accumulation improve.
- Graduation rate improves.
- Students pursue work or further study.
- Students have improved mental health and decreased substance use.
- Labour force performance and income improve and involvement in criminal justice declines.

**Teacher**
- Teacher understanding and instruction of students in care improve.

**School**
- Relationships with CASs and community agencies improve for the benefit of students in care.

*Activities can occur at the school board or school levels.*
8.1. Sample Indicators for Near-term and Long-term Outcomes

For each of the outcomes listed in the logic model, the following list presents sample indicators could be used to measure progress.

8.1.1. Near-term Outcome Indicators

*Student level*

**Student attendance, engagement, and self-confidence improve**

- Student absences from school decline (attendance records)
- Students enroll in more courses (number and types of courses)
- Students have greater engagement (participation, effort and interest in class, school, and afterschool activities) (teacher report and student self-report)
- Students have greater self-confidence in ability to complete tasks and achieve goals, improved interest and attitudes toward school and learning (teacher report and student self-report)
- Students have increased self-attribution of accomplishments and pride in achievement (student self-report)

**Student socioemotional and life skills improve.**

- Students have improved socioemotional skills (communication, relationship management, problem-solving, self-advocacy) (teacher report and student self-report)
- Emotional regulation improves (teacher report and student self-report)
- Student life skills improve (Student inventory of resume preparation, ability to write a business letter, use a bank machine, plan meals, career planning, etc.)
- Students have increased hope for their future (employment, post-secondary education, community involvement) (student self-report)
- Students have increased sense of self-worth and belonging (student self-report)
- Students develop prosocial skills and behaviors (teacher report and student self-report)
- Students develop positive connections with peers, teachers, staff, caregivers (teacher report and student self-report)
- Students have improved planning and self-management (e.g., students manage own schedules, get self to school on time) goal setting; forward planning; increase self of purpose; taking responsibility for actions (teacher report and student self-report)

**Student learning improves.**

- Students complete assignments with higher frequency, quality, and in a more timely fashion (teacher report)
- Students spend greater time studying and completing assignments and projects (student self-report)
• Course marks improve
• Decreased grade repetition
• Teacher evaluations of students improve (report cards)
• Pass rates for Ontario Secondary School Literacy Test improve

*Incidence and severity of mental health and substance use challenges diminishes.*
• Depression, anxiety, other mental health challenges decrease (teacher report and student self-report)
• Substance use decreases (student self-report)

*Student behaviour improves.*
• Students have decreased number of suspensions, expulsions, disciplinary incidents and referrals
• Students have decreased number of behavioural or criminal issues (student self-report)

*Student achievement and credit accumulation improve.*
• Increased grades
• Increased course completion and credit accumulation

*Graduation rate improves.*
• Graduation rate gap between CYIC and non-CYIC is diminished

*Teacher understanding and instruction of students in care improve.*
• Teachers have greater understanding of the issues for students in care (teacher self-report)
• Teachers have ability to adapt pedagogical approaches for students in care (teacher self-report)

*Relationships with CASs and community agencies improve for the benefit of students in care.*
• School boards, CASs, and community agencies have improved relationships and ability to cooperatively support students in care

8.1.2. **Long-term Outcome Indicators**

*Students pursue work or further study.*
• Former students in care engage in employment and/or post-secondary studies (student self-report):

*Students have improved mental health and decreased substance use.*
• Former students in care have decreased mental health symptoms and substance use
Labour Market Performance & Criminal Justice Involvement

- Former students in care have improved performance in the labour market.
- Former students in care have decreased involvement in the criminal justice system.
9. Principles for Supporting Students in Care

It is difficult to effectively summarize an evaluation as multifaceted and complex as this one has been. Rather than making such an attempt we offer instead five principles that were confirmed by both the evaluation and the arguments and evidence advanced in the literature Directions reviewed:

- Educational successes achieved by students in care will depend upon the relationships that educators establish between themselves and the students.
- Respect and caring are essential requirements for a relationship with students in care.
- Interventions must be tailored to meet the individual needs each of student in care and must be carefully managed, monitored, and adjusted as circumstances warrant.
- Student success is incremental and dependent upon the starting point.
- Support for specialized professional development and interagency collaboration must be ongoing.