

Manitoba Task Force on Educational Outcomes of Children in Care

Report for the Minister of
Education and Advanced Learning
and the Minister of Family Services



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Manitoba Task Force on Educational Outcomes of Children in Care

Co-chairs

Tammy Christensen Executive Director	Ndinawemaaganag Endaawaad Inc.
Kevin Lamoureux Instructor	Faculty of Education The University of Winnipeg

Task Force Members

We would like to acknowledge the contributions of the task force members for sharing their knowledge and expertise.

Susan Anderson	Winnipeg School Division
Gwen Birse	Seven Oaks School Division Representing Manitoba Association of School Superintendents (MASS)
Shari Block	Manitoba Education and Advanced Learning
Marni Brownell	Manitoba Centre for Health Policy (MCHP)
Diane Cadotte	Métis Child and Family Services Authority
Marie Christian	VOICES: Manitoba's Youth in Care Network
Candace Donaldson	First Nations of Northern Manitoba Child and Family Services Authority
Jennifer Fallis	General Child and Family Services Authority
Sara Gazan	Manitoba Teachers' Society (MTS)
Leona Huntinghawk	First Nations of Southern Manitoba Child and Family Services Authority
Ken Klassen	Manitoba Association of School Superintendents (MASS)
Darlene Klyne	Pathways to Education Community Education Development Association (CEDA)
Christine M'Lot	Task Force Assistant
Shawna Normand	Manitoba Foster Family Network (MFFN)
Bobbi Pampani	First Nations of Southern Manitoba Child and Family Services Authority
Rochelle Rands	Student Services Administrators' Association of Manitoba (SSAAM)

Jay Rodgers	Marymount
Paul Vincent	Manitoba Family Services
Josh Watt	Manitoba School Boards Association (MSBA)

Community Consultation Participants

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Ka Ni Kanichihk

Ma Mawi Wi Chi Itata Centre

Ndinawemaaganag Endaawaad

VOICES: Manitoba's Youth in Care Network

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INTRODUCTION

In June 2015, the Manitoba Centre for Health Policy (MCHP) released a report entitled *The Educational Outcomes of Children in Care in Manitoba* (Brownell et al.). The report, commissioned by the Manitoba government, provided descriptive and statistical analyses regarding children placed in the care of Manitoba Child and Family Services (CFS). The MCHP was asked to identify factors that contribute to the educational success of children in care in Manitoba and to make recommendations regarding what schools, school divisions, and Manitoba Education and Advanced Learning could do to contribute further to the educational success of children in care.

In June 2015, in response to the MCHP report, the Manitoba government launched a provincial Task Force on Educational Outcomes of Children in Care (the task force), bringing together education and family services experts to identify recommendations on both immediate and long-term actions the government, school divisions, and CFS Authorities and agencies can take to address the poor outcomes of children in care. This was no small task, considering the MCHP report's finding that children who had ever been in the care of CFS performed significantly worse than children who had not been in care in all areas the research analyzed.

Key highlights of the report reveal that only 47% of children in care were ready to enter school, compared to 76% of children who did not have contact with the CFS system, and that only 33% of children in care graduated from high school, compared to 89% of children who had never come in contact with the system, demonstrating overwhelmingly that children in care have fewer successes in school than children who have not been in care. This is particularly disturbing data considering Manitoba has a significantly high number of children in care—over 10,000 in March 2014.

The report called on the Manitoba government to recognize the high number of children in care is a clear indication that preventive services are lacking or inadequate, and recommended this lack of services be addressed as a priority by ensuring adequate resources for programs that promote family welfare. This is particularly true for Indigenous children and their families, who represent 87% of children in care—a staggering statistic considering Indigenous children make up only 26% of the Manitoba population.

The issue of the overrepresentation of Indigenous children in care is one that goes back to the residential school days. *Reclaiming Connections: Understanding Residential School Trauma Among Aboriginal People* (The Aboriginal Healing Foundation) best summarizes the residential school experience:

The purpose of residential schooling was to assimilate Aboriginal children into mainstream Canadian society by *disconnecting* them from their families and communities and severing all ties with languages, customs and beliefs. To this end, children in residential schools were taught shame and rejection for everything about their heritage, including their ancestors, their families and, especially, their spiritual traditions.

The impacts of disconnection and shaming were compounded by the physical and sexual abuse many children experienced at these schools, often by multiple perpetrators and many for the entire duration of their childhood.

The tools of cultural genocide are cultural shame, cultural disconnection and trauma. It is now understood that unresolved, multiple disconnections and historical trauma are directly responsible for many of the problems facing Aboriginal people today. (5)

The residential school experience was followed by the *Sixties Scoop*, a 20-year practice of the widespread removal of Indigenous children from their families and communities, who were then sent to non-Indigenous families for adoption across Canada and abroad. This practice accelerated the overrepresentation of Indigenous children in care, which continues to this day.

The overrepresentation of Indigenous children in care is addressed in the first Call to Action in the Truth and Reconciliation Commission (TRC) of Canada's 2015 *Calls to Action* report, which states:

We call upon the federal, provincial, territorial, and Aboriginal governments to commit to reducing the number of Aboriginal children in care by: . . . Providing adequate resources to enable Aboriginal communities and child-welfare organizations to keep Aboriginal families together where it is safe to do so, and to keep children in culturally appropriate environments, regardless of where they reside. (Call to Action 1.ii, 1)

While the role of the task force has been to address the educational outcomes of all children in care, both Indigenous and non-Indigenous, it is imperative that the call for the Manitoba government and Indigenous governments to work together to reduce the number of Indigenous children in care and instead provide more effective early intervention and prevention supports to Indigenous families be a priority.

KEY ACTION AREAS

The task force committee members identified the following 10 key action areas as being immediately relevant to the educational outcomes of children in care:

- Communication and Data Sharing
- Family Connection
- Measuring Indicators of Success
- Student Voice
- Mental Health and Well-Being
- Indigenous Insights, Education, and Awareness
- School Connectedness
- Professional Training and Education
- School Placement and Continuity
- Student Transitions and Interdepartmental Cooperation

The task force prepared recommendations in these 10 key action areas in the hope that they will be fully implemented within three years of the release of this report. We believe that three years is an appropriate and realistic time frame for full implementation. It is also our sincere hope that the Office of the Children's Advocate will consider taking on the task of monitoring the progress of implementing these recommendations and report annually to the public.

This report also includes quotations that speak to the action areas from children in care who were interviewed in preparation for this report.

Communication and Data Sharing

In its report *The Educational Outcomes of Children in Care in Manitoba*, MCHP indicated that government departments and community organizations must continue to work together to alleviate the conditions that lead to children going into care.

"I had a good relationship with my social worker, but it got changed and it is awkward with the new one. I don't feel comfortable with the new one, but they feel comfortable with me. They come in as if they already know you and are already friends with you—but you feel like 'no, I don't know you.'" (child in care)

Key findings within the report highlighted that more than half (53.2%) of the children in care in the study had experienced two or more episodes in care and that within a single episode in care, a little less than half (44.6%) experienced two or more placements within a single episode.

Children in care often experience frequent changes within their time in care, including changes in social workers, multiple placements, and school transiency, which may result in a lack of current information

on the child, as well as gaps in school records. In many cases, the educational needs of children in care are not consistently tracked between child and family services and education systems, increasing the likelihood that a child's educational needs will not be addressed by either system.

Interagency communication and collaboration where both the child and family services and education systems share information and data with each other, and work collectively to analyze and document both their successes and areas for improvement, is vital to fostering better outcomes for children in care. The sharing of communication between child and family services and education systems, as well as caregivers and family members, is critical to determine goals and necessary supports, and to monitor ongoing student progress to ensure that a child's needs are being met both at home and at school.

Recommendations

The task force recommends that an information-sharing protocol be jointly established between the child welfare (including both provincial and federal child welfare authorities) and education systems. The protocol would identify the manner in which educational needs of children in care are reported between child and family services and education systems, both federally and provincially, and with caregivers. An immediate step towards this recommendation would be to mandate that school records be attached to a child's Child and Family Services Information System (CFSIS) file, and to amend legislation to ensure that service providers are sharing relevant information between the child welfare and education systems (both federally and provincially), as well as with caregivers, where appropriate, to ensure the needs of the child are being met.

In addition, it is recommended that the education liaison positions that previously existed within CFS be reviewed to explore the potential role these positions may play in a communication strategy. For example, this role could help with the registration process, be a suitable designate for school meetings, support participation of caregivers, ensure the CFSIS is updated, and help with student success plans.

Family Connection

Children who experience apprehension often experience trauma and loss, in being separated from their parents and losing contact with siblings, other family members, friends, and community members who may have been involved in their lives. This further places the children at risk of negative outcomes. To quote an editorial in the *Canadian Medical Association Journal*, "Children who have a government as their parent, no matter how well-intentioned or necessary that arrangement is, are often damaged by it" (Trupin et al., as cited in Eggertson et al. 1).

Family based care models that recognize the importance of existing relationships between the child, family, and community can provide an effective alternative to the current system. Customary care and kinship care,

“She felt stronger and more focused when the family was together. When they were apart, it was harder to focus. Her mind would wander and she would worry about how her brothers were doing.”
(child in care)

long practised by Indigenous communities, acknowledge responsibility for the care and safety of children is a collective responsibility that extends beyond the immediate and extended family to the community as a whole. Family based care ensures that the child’s connection to his or her family, culture, values, and traditions is maintained.

Family based care models are supported by recommendations made by the TRC’s *Calls to Action*, by the Assembly of Manitoba Chiefs (AMC) 2014 report entitled *Bringing Our Children Home*, and by the Hughes report on the Phoenix Sinclair inquiry entitled *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children*.

Recommendations

Based on the understanding that a family and a community provide the most beneficial environment for raising a child, the task force recommends that the Manitoba government further pursue kinship care and customary care legislation, including a requirement that this be the first placement option explored by CFS Agencies if children must be separated from their parents, either voluntarily or by court order, and that these efforts be fully funded, supported, and reviewed. Services and supports for kinship and customary care caregivers should be guided by principles of family centred practice and cultural competence, with the necessary resources to strengthen the kinship and customary care caregivers’ and a community’s capacity to provide a safe, nurturing home for the child.

It should be noted the Manitoba government has taken a step towards this, as announced on December 2, 2015 (“Province to Introduce Proposed Amendments”), in proposing changes to legislation to introduce customary care as an option and approach that would benefit Indigenous children in need of protection while maintaining cultural ties with their home community.

Measuring Indicators of Success

The 2013 report *Broader Measures of Success: Measuring What Matters in Education* (People for Education) highlighted

achievement in two main areas—literacy and numeracy—which has become shorthand for measuring the success of our education system. . . . Yet as these measures have increasingly become drivers of policy and practice in schools, it has also become clear that we need to tackle the challenges of articulating and measuring progress towards goals that reflect schools’ role in fostering a fuller range of children’s development and potential. (7–8)

While schools cannot fully address the range of social issues faced by children in care, schools can make important contributions, and it is important to be able to articulate, measure, and report on those contributions.

“Many youth cited that sports, music, theatre, interest clubs provided a place where youth can be active and fully participate—just being themselves, allowing them to forget their troubles and their differences for a while.”
(children in care)

The MCHP report referenced two literature reviews that focused on interventions aimed at improving the educational achievements of children in care, both of which identified a distinct absence of research on the results of programs designed to improve the outcomes of children in care.

While not specific to children in care, examples of additional programs shared by the task force committee to be researched and evaluated for promising strategies include school/learning models such as Niji Mahkwa School, Songide’ewin, Children of the Earth, MET School, Pathways to Education, Morningstar Program, and the Circle of Courage.

Recommendations

The task force recommends that a working group be created to explore the implementation of the recommendation, made by the Honourable Ted Hughes in the 2013 report *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children*, that composite reviews, such as those produced by the General Authority, be published annually by the CFS Authorities for children in care, reporting on a range of well-being domains, including the educational status for children in care (Section 13.5, recommendation 6, 384). The working group would be tasked with identifying the domains of well-being and related indicators of success, to be tracked among children in care and reported on in the composite reviews.

In addition, it is recommended that further research and evaluation be undertaken on existing programs to explore and identify promising practices in improving educational outcomes of children in care.

Student Voice

All children in Canada are rights holders. The *United Nations Convention on the Rights of the Child* provides for a broad range of rights to the health, safety, well-being, and education of children. Included in the Convention is a provision that introduced the right of all children capable of forming a view to be heard and to be taken seriously. Outlined in Article 12 of the Convention, the provision states that the child who is capable of forming his or her own views has the right to express those views freely in all matters affecting the child, and that the views of the child be given due weight in accordance with the age and maturity of the child.

Despite this provision, children in care often have minimal say in the course of their experiences, as they are not routinely included in discussions

“I don’t know if this is possible, but having an after school study program, especially for those people who may not have a stable environment. An unstable environment does not really provide you with an opportunity to focus on your studies after school. Somewhere for someone to study after hours.”
(child in care)

surrounding the services they receive. VOICES: Manitoba’s Youth in Care Network consulted with the youth in care community for the purposes of this task force report to discuss their experiences in the school system. It was clear that while their individual specific situations may be different, their needs unite in a powerful way around common themes. One such theme was “being heard.” Consistently, feedback from youth in care suggested that feeling their voice was being heard and their opinions about their own lives were taken seriously was of the utmost importance. Many do not have this, and are actively seeking to find it.

Recommendations

The task force recommends that child and family services and education systems acknowledge children’s right to have a voice and to participate in decision making that has an impact on their own lives by adopting and implementing a policy requiring that children in care, based on their age and developmental abilities, are provided the necessary information, resources, and opportunities to be actively involved in all planning and decision-making processes related to their care. Children in care should be informed of these rights as a matter of course.

An example is the legislation/creation of a student success plan for children in care (similar to an individual education plan [IEP]), which would address academic, social/emotional, behavioural, and cultural factors that may impact and support educational success, as well as support post-secondary planning. Student voice is essential in this process. It could entail a meeting with students at the beginning and end of terms to set and review goals. Students may also want the opportunity to join a school club centred on being in care.

Mental Health and Well-Being

Healthy emotional and social development forms the foundation for mental health and resilience in childhood and throughout life. Children in care, however, are likely to have been exposed to multiple traumatic events. Child abuse, neglect, and witnessing violence are some of the most common sources of child trauma resulting in children being taken into care. Secondary trauma resulting from children being removed from their family and community further compounds their trauma. These traumatic events can lead to behavioural and mental health issues.

Trauma Informed: The Trauma Toolkit (Klinic Community Health Centre) defines trauma as “A traumatic event [that] involves a single experience, or enduring repeated or multiple experiences, that completely overwhelm the individual’s ability to cope or integrate the ideas and emotions involved in that experience” (9). Forms of traumatic events affecting children and families throughout Manitoba include developmental trauma (sexual, physical, and psychological abuse, neglect, and witnessing violence in the home); intergenerational trauma stemming from colonization and the residential school system; trauma from civil war atrocities experienced by refugee children and their families; and poverty, oppression, and discrimination.

“I think that high schools should focus on mental health as well—I didn’t even have a health class. I think that having classes on wellness and learn about different resources—learning ways to enjoy life more. Learn how to be healthy and make healthy choices in a holistic way.”
(child in care)

Every child in care in Manitoba should have access to a range of mental health services, treatment, and supports as soon as the need for these services arises. The 2012 report for the Office of the Children’s Advocate, *Youth in Care with Complex Needs* (Burnside), stated that in Manitoba, there are insufficient supports for children and youth who have been traumatized by adverse childhood experiences. The report, based on literature reviews estimating that 10% of all youth in the general population are youth with complex needs, estimated that among children in care in Manitoba, 25% to 30% of youth in care

age 13 to 17 have complex needs. This same report identified key barriers to comprehensive service delivery for this vulnerable population, such as fragmentation of services, “siloism,” service gaps, and lack of coordination across services.

The Mental Health Commission of Canada’s 2013 report *School-Based Mental Health in Canada* reported that children who have social or emotional difficulties perform less well in school, and suggested that “given that children and youth spend a substantial part of each day within the school setting, these communities become a natural and important venue for mental health service delivery (National Research Council and Institute of Medicine, 2009; WHO, 1994)” (1). The report further states: “The recently released Mental Health Strategy for Canada is explicit in highlighting the importance of schools for universal mental health promotion, and stigma reduction, as well as for early recognition of mental health problems (Mental Health Commission of Canada, 2012)” (1).

Recommendations

The task force recommends that a working group focusing on children in care who have been traumatized by adverse childhood experiences be developed, with adequate funding to create a comprehensive, coordinated range of culturally safe, holistic treatment and healing responses to meet the social, emotional, and mental health needs of children in care.

It is further recommended that the working group explore the recommendation set out in the Mental Health Commission of Canada's report *School-Based Mental Health in Canada*, which recognizes the link between mental health and academic performance and which recommends increasing "comprehensive school health and post-secondary mental health initiatives that promote mental health for all students and include targeted prevention for those at risk" (1).

This working group should be inclusive of cultural groups such as Indigenous leadership, Elders, youth, representatives from the youth in care community, caregivers, families, and community partners.

Indigenous Insights, Education, and Awareness

MCHP's report states that "it is . . . well-known that there is an over-representation of Indigenous children in care in Manitoba. Although they compose about 26% of the child population in Manitoba, almost 90% of the children in care in Manitoba are Indigenous" (85).

The Truth and Reconciliation Commission (TRC) of Canada's 2015 *Calls to Action* report contains several recommendations that focus on the need for education and awareness of Indigenous Peoples and histories, of the legacy of residential schools, and of Canada's Treaty obligations. It recommends that "governments . . . commit to reducing the number of Aboriginal children in care by: . . . Ensuring that social workers and others who conduct child-welfare investigations are properly educated and trained about the history and impacts of residential schools" (Call to Action 1.iii, 1). It also states: "We call upon the Council of Ministers of Education, Canada to maintain an annual commitment to Aboriginal education issues, including: Developing and implementing Kindergarten to Grade Twelve curriculum and learning resources on Aboriginal peoples in Canadian history, and the history and legacy of residential schools" (Call to Action 63.i, 7).

On December 2, 2015, in response to the TRC's recommendations, the Manitoba government announced "new proposed legislation that would mandate the *First Nations, Métis and Inuit Education Policy Framework* to ensure all Manitoba students and teachers would learn about the histories and cultures of Indigenous peoples, the legacy of residential schools and the significance of treaties in the present day" ("Province Acts on Recommendations").

Recommendations

The task force recommends that every school division in Manitoba create a working group to explore the implementation of the *First Nations, Métis and Inuit Education Policy Framework*, which would be mandated by this proposed legislation.

Furthermore, we suggest that Manitoba Education and Advanced Learning partner with key educational organizations such as the Manitoba School Boards Association (MSBA), Manitoba Association of School Superintendents (MASS), Manitoba Teachers' Society (MTS), Student Services Administrators' Association of Manitoba (SSAAM), and other key stakeholders to explore the creation of a conference focused on the implementation of this proposed legislation, the fulfillment of the TRC's recommendations, and an exploration of how these efforts might be best supported by existing strategies and realities in Manitoba education.

We also suggest that Manitoba Child and Family Services, along with each of the four CFS Authorities (First Nations of Northern Manitoba CFS Authority, First Nations of Southern Manitoba CFS Authority, Métis CFS Authority, and General CFS Authority), seek out partnerships with Manitoba Education and Advanced Learning to explore mutual opportunities to provide education for staff in line with the TRC's recommendations. Further, we recommend that best practices in these existing strategies be highlighted and shared.

Finally, we suggest that the Manitoba government widely share and promote its success in developing and providing these professional development opportunities as a model for other organizations to emulate in their own work towards fulfilling the recommendations of the TRC.

School Connectedness

School connectedness can be and should be a protective factor in the lives of children in care. School connectedness is the belief of students that adults and peers in school care about their learning and about them as individuals.

The report put forward by MCHP described the limited successes many children in care have experienced in public schools despite the best efforts of supportive professionals. The authors of the MCHP report suggest that simply being in CFS care may not be the sole cause of these children's educational challenges, and acknowledges that the data sets used are not able to speak to how the root causes of children being placed into care may also impact school achievement. Neither do these data sets provide information on protective factors outside of school experiences, or identify possible metrics to assess the efficacy of the many efforts being made to support school engagement and belonging for children in care across Manitoba.

"Most of the time school isn't always easy—it is a good feeling when you complete it. You feel like you have accomplished something. Glad I managed to do this."
(child in care)

While we have limited information on this area in Manitoba, we do know that students in general are more likely to engage in healthy behaviours and succeed academically when they feel connected to school. Research has found school connectedness to be the strongest protective factor for both boys and girls against substance use, school absenteeism, early sexual initiation, violence, and risk of unintentional

injury (e.g., drinking and driving, not wearing seat belts), as well as a strong protective factor against emotional distress, disordered eating, and suicidal ideation and attempts (Blum, McNeely, and Rinehart; Resnick et al.; Resnick, Harris, and Blum).

Strategies for boosting the school connectedness of young people in care may prove beneficial to interrupting and preventing the educational trajectories of disengagement and low academic attainment. Every effort should be made to keeping young people at school, so they have the opportunity to enjoy the social and intellectual rewards that positive schooling experiences can offer.

The following factors are suggested as important for increasing school connectedness for children in care:

Behavioural Factors

- Creating opportunities for successes (of all types) within the school environment
- Ensuring appropriate management of peer difficulties, such as bullying and teasing
- Providing inclusive, non-punitive responses to externalizing behaviours of students who have been maltreated as children

Emotional Factors

- Recognizing school as a venue for providing stability, safety, and enjoyment
- Attending to social skills so that children can develop friendships at school
- Expanding horizons, raising education and work aspirations
- Having caregivers provide students with support, mentoring, and guidance in goal setting
- Ensuring involvement and assistance with education from children's caseworkers
- Offering support from teachers and other school staff

Learning Factors

- Providing appropriate learning supports for young people who require extra assistance
- Developing clear pathways, and providing assistance to map pathways, towards education and employment goals
- Recognizing and cultivating the personal motivation and engagement of young people
- Tailoring school curricula to the particular level and learning needs of young people (Tilbury et al.)—for example, using individual education plans (IEPs) to ensure that children are able to engage with curriculum successfully

Recommendations

The task force recommends that school divisions continue to develop and prioritize deliberate responses to existing barriers to and opportunities for increased school connectedness for children in care. School connectedness can and should be a protective factor in the lives of children in care. Given the limitations of this task force and its mandate, it is important that school divisions acknowledge that opportunities exist to improve services in support of children in care that focus on school connectedness. Within such an acknowledgement there is a responsibility to develop and prioritize a deliberate response to existing barriers to and opportunities for increased school connectedness for children in care. We suggest that these divisional responses be formalized and made available to the public as quickly as possible.

It would be beneficial to give explicit attention to the behavioural, emotional, and learning dimensions of school connectedness for children in care. This could involve the following:

- Regular and purposeful conversations with children about their perceptions of school and their motivations and aspirations. Recognition that young people's own motivations and determination can be fundamental to their connectedness underscores the importance of exploring life goals and motivations with young people, and ensures case planning is oriented towards their future goals.
- Provision of continuing professional development and support for teachers and other school staff to enable them to meet the diverse cognitive, academic, emotional, cultural, and social needs of children and adolescents in care.
- Provision of education and other opportunities to enable family services workers and foster families/caregivers to be actively involved in these children's academic and school life.
- Furthermore, at the level of superintendents of education and chief executive officers of CFS Authorities (and CFS agency directors), efforts should be made to explore strategies within existing realities to bring systems together in developing the most efficient, responsible, and mutually advantageous working relationships possible. These efforts at cross-sectoral cooperation and collaboration (also recommended in the Phoenix Sinclair inquiry report) should be prioritized and supported by Manitoba Family Services and Manitoba Education and Advanced Learning, and by Manitoba school boards.

Professional Training and Education

During its short mandate, this task force was able to speak with many professionals from both Manitoba Child and Family Services and Manitoba Education and Advanced Learning who work with a meaningful empathy for the experiences of children in care, and a strong understanding of the practical, systemic, and socio-emotional needs and barriers that many of these children face.

As indicated by the MCHP report,

Addressing these complex problems requires innovative solutions and inter-sectoral approaches. Manitoba has been a leader in inter-sectoral policies and programs, exemplified by the work of the Healthy Child Committee of Cabinet (HCCC). Programs that show promise for improving outcomes for children and their families include: the Families First Home Visiting program, which involves supporting parents with young children and has been shown to be effective at decreasing the number of children taken into care (Chartier et al., 2014); the Towards Flourishing project, which has successfully embedded a mental health promotion component within the Families First Home Visiting program and connected families to needed resources and services (Chartier, Volk, Cooper, & Towards Flourishing Team, 2014); and the Healthy Baby program, which has, with a small prenatal income supplement, resulted in improved birth outcomes for babies born into low-income households (Brownell et al., 2014). (87)

The experiences of children in care are diverse and complex in ways that will require continuing efforts at cross-sectoral cooperation and efficiency, and continuing efforts to equip all professionals who work with children with the most empowering and efficacious understandings possible.

Recommendations

The task force recommends that understandings of trauma-informed practice, as discussed in the Mental Health and Well-Being section of this report, should be part of a larger effort to create awareness, understanding, and empathy for children in care. Building upon the excellent training and workshops that CFS and school employees already receive, we recommend that all partners across the CFS and school sectors continue to maintain focus on trauma-based training, with potential consideration for the establishment, subject to available resources, of a community of practice for trauma-informed practice, whose role would be to promote the enhanced delivery of workshops, classes, and professional development opportunities for all employees. It is also recommended that this community of practice establish working relationships with each of Manitoba's faculties of education and social work programs, to facilitate pre-employment workshops to all program candidates nearing graduation. It is envisioned that this recommendation would serve to enhance the education, training, and professional development that employees already receive, while also helping post-secondary graduates to build their experiential and professional portfolios when submitting applications to relevant career openings across the CFS and school systems.

In the spirit of TRC's Call to Action 63.iii, which calls for a commitment to educational issues, including "building student capacity for intercultural understanding, empathy, and mutual respect" (7), we suggest that school division administrators and CFS agency directors commit to developing and sharing strategies for the joint delivery of professional development that builds capacity for understanding, empathy, and meaningful support of children in care, inclusive of caregivers and other supports.

We suggest that every professional working in CFS and education should have a working knowledge of the 2013 publication *Education and Child and Family Services Protocol for Children and Youth in Care* (Healthy Child Manitoba).

Another recommendation from the task force is that post-secondary education and training for both social workers and educators should include

- an introduction to trauma-informed care and practice
- an introduction to *Education and Child and Family Services Protocol for Children and Youth in Care*
- education to increase understanding, empathy, and meaningful support of children in care

Furthermore, the task force recommends that the government ensure all future policies and legislation related to children in care is trauma-informed. This recommendation is grounded in the guiding principles outlined in *Education and Child and Family Services Protocol for Children and Youth in Care* (Section 4.3, 9), which should serve as a guideline for future decision making.

School Placement and Continuity

School transiency and instability are risk factors too often imposed on children in care in Manitoba. At the same time, CFS agencies have an obligation to make every reasonable effort to minimize moves of children in care, to the extent practical, focusing on supporting continuity in school and community.

In Manitoba, youth in care may experience multiple home placements. As stated in *Blueprint for Change: Education Success for Children in Foster Care* (Legal Center for Foster Care and Education),

When youth move, they often are forced to change schools. Studies indicate that frequent school changes negatively affect students' educational growth and graduation rates. Youth in care are entitled to educational stability, and efforts must be made to keep them in their same school whenever possible. School may be the one place the youth has had (and can continue to have) consistency and continuity.

Further, organizational bureaucracy and differing cultures among systems can create barriers that interfere significantly with the child's education. For example, there may be delays in forwarding school or health records, or unclear expectations regarding procedures for enrollment.

Efforts must be made to keep children in the same school whenever possible, when it is in the best interests of the children. When there is ineffective communication between agencies, or confusion regarding the roles of agencies, a child's best interests may not be served.

Recommendations

The task force recommends that the schools of choice legislation be amended to prioritize school continuity and access to transportation for children in care when appropriate, adopting a student-centred model that takes into account the student's own voice and best interest. Funding should be made available for children to remain in the same school when such continuity is in their best interest, particularly with regard to transportation. This recommendation is grounded in the belief that children in care are entitled to transportation to their school of origin when that is their choice.

Another recommendation from the task force is that agencies, schools, and their respective systems (including caregivers and other supports) continue to work cooperatively with a greater emphasis on and awareness of the document *Education and Child and Family Services Protocol for Children and Youth in Care* (Healthy Child Manitoba) to support continuity and stability in school and in placements to the extent possible for children in care. These efforts must include both provincial and federal child welfare and education systems.

Student Transitions and Interdepartmental Cooperation

Transitions between systems, homes, schools, and/or caseworkers can be potentially damaging for children in care. As the Hughes report *The Legacy of Phoenix Sinclair: Achieving the Best for All Our Children* recommends, "every effort [should] be made to provide continuity of service by ensuring that, to the extent reasonably possible, the same worker provides services to a family throughout its involvement with the child welfare system" (Section 10.15, recommendation 4, 371). This same report also recommends providing support to any child receiving services at age 18 under *The Child and Family Services Act* until age 25 to assist in the transition to adulthood (Section 19.1, recommendation 1, 415). Similarly, young children in care entering school should receive the support required on an a priori basis to help ensure healthy development and readiness for school.

For too many children in care, navigating through life often involves interacting with different social or governmental systems, services, or agencies. While there is no shortage of caring, competent, and dedicated professionals across the public sector, working within those systems often involves navigating complex structures, policies, and limitations. These challenges are further complicated when trying to work between or across systems where policies or structural differences may force inefficiencies or inconsistent service delivery.

Furthermore, for many children in care, the transitions between homes, schools, or systems (whether entering school for the first time, entering a new school, or exiting care at age 18) represent a looming reality that can be very stressful, discouraging, and challenging. These transitions may not only be emotionally disruptive, but may also demand that children interface with systems that involve different bureaucratic expectations, terminologies, and limitations. We believe that these challenges are a significant factor in considering the educational outcomes of children in care.

Recommendations

The task force recommends that all departments, agencies, and publicly funded organizations that provide services for children in care be supported at the provincial level to meet together to explore ways to streamline inter-agency support and mutual professional development.

A further recommendation from the task force is that schools and agencies responsible for children in care should meet as early as possible to ensure students are properly registered and prepared to begin school with as few interruptions as possible. These same efforts should be made whenever a child must transfer to another school.

We suggest that every effort be made by all publicly funded departments, agencies, and organizations to ensure children are able to remain in the same school throughout the school year, when appropriate for the child. Furthermore, we suggest that every effort be made to reduce child placements that might be unnecessarily traumatic for the children, for example moving them from urban to rural environments where cultural connections, belonging, or important social connections may be lost.

We believe that, in addition to school-age transitions (changes to school and home placements), two key transitions requiring strategic and demonstrable attention are: that family services and its partners in early childhood development work to ensure the healthy development and school readiness of young children in care and that those exiting care at age 18 be supported, as recommended in the Hughes report. Furthermore, we suggest that current administrative barriers to extensions of care should be removed that may be preventing youth from remaining in care and/or receiving support until the age of 25 when requested by the youth. Youth who may have originally declined extensions of care (or ongoing support) should be granted such if later requested before the age of 25.

This task force also supports the recommendation made in the Hughes report “that *The Child and Family Services Act, Personal Health Information Act, Freedom of Information and Protection of Privacy Act* and any other legislation as may be necessary, be amended to allow service providers to share relevant information with each other and with parents (or caregivers) when necessary for the protection, safety, *or best interests of a child*” (emphasis added) (Section 10.15, recommendation 9, 372).

A further recommendation from this task force is that a Manitoba Education and Training (MET) number should be assigned to every child born in Manitoba at birth and should facilitate sharing of information between departments, agencies, organizations, and both provincial and federal systems. We recommend that any related future task force explore ways to streamline and ensure the timely and appropriate sharing of relevant file/case information and data for the benefit of children in care in full consideration of existing privacy laws.

FUTURE DIRECTIONS

This task force consisted of individuals from both Manitoba Education and Advanced Learning and Manitoba Family Services. There was representation from the four Child and Family Services Authorities (First Nations of Northern Manitoba CFS Authority, First Nations of Southern Manitoba CFS Authority, Métis CFS Authority, and General CFS Authority); Ndinawemaaganag Endaawaad Inc.; Marymount; VOICES: Manitoba's Youth in Care Network; Winnipeg School Division; The University of Winnipeg; Community Education Development Association (CEDA); Manitoba Centre for Health Policy (MCHP); Manitoba Foster Family Network (MFFN); Student Services Administrators' Association of Manitoba (SSAAM); Manitoba Association of School Superintendents (MASS); Manitoba School Boards Association (MSBA); and Manitoba Teachers' Society (MTS).

In addition to receiving contributions from these amazing individuals, we were able to connect with professionals and concerned individuals from across Manitoba, representing a very wide range of organizations whose mandate brings them into contact with children in care. Through Marie Christian and VOICES, we were able to consult with a large number of youth whose opinions are represented in these recommendations. We were able to speak with teachers, guidance counsellors, social workers, school and family services administrators, researchers, academics, non-profit organizations, community members, and Elders. Through all these consultations, it became very clear that there is no shortage in Manitoba of caring and extremely capable individuals and organizations that care very deeply about children in care.

Given the findings described in the report published by MCHP, it quickly became clear to us that the source of the shortcomings in educational outcomes of children in care was not a shortage of professionals committed to the well-being of these children. Certainly, we were told stories of schools, placements, and individuals that made very suspect decisions regarding children in care. Indeed, one of the recommendations we have made is that every professional who comes into contact with children in care have at least basic professional development in the area of trauma-informed practice to promote empathy and responsible decision making with regard to such vulnerable children. This recommendation is borne partly out of a recognition that some existing policies and practices in both Manitoba Education and Advanced Learning and Manitoba Family Services do not currently reflect the value that children who have been taken into care deserve the highest degree of care and compassion from every publicly funded institution with whom they come into contact. We are not universally there yet across Manitoba, but it is our hope that the professional development we have recommended will continue to move us socially in that direction.

Having said that, it remains important to recognize that the helping professions surrounding children in care are overwhelmingly populated by individuals who routinely go above and beyond the call of duty to provide

their wards with the best opportunities and support possible. The difficulty many of them face, however, is in helping children navigate a path to success that so often involves not only systemic barriers, but a need for healing from traumatic experiences as well. The message we received from professionals was that educational outcomes of children in care will improve when policies and practices are consistent with the understanding that these children, like all children, require healthy, stable, consistent environments of belonging, achievement, growing independence and voice, and generosity.

The recommendations made here by this task force represent a consolidation of existing recommendations made in other related reports, as well as the beginnings of a conversation that should continue between stakeholders. Furthermore, these recommendations address only very specific concerns regarding the educational outcomes of children in care in Manitoba, as described in the MCHP report. The topic of children in care is one of great importance to many Manitobans, and one that rightfully involves many strong feelings and opinions. This should come as no surprise, considering that this topic involves some of Manitoba's most vulnerable citizens. Given the urgency of this topic, and the high profile nature of many related stories in the news, it is important that the recommendations made here be kept in the very specific context for which they were prepared. The mandate of this task force did not ask for recommendations on prevention, emergency placements, screening for caregivers, or methods for measuring success in Manitoba schools. These areas of concern, and many more not listed here, deserve very thorough and deliberate consideration, but they were not the focus of this task force. It is our hope that future governments will continue to support appropriate investigations into such matters, and that issues relating to children in care will continue to have a high profile in the media. We encourage the public to keep the well-being of children in care a key political and social issue.

Looking into the future, we know there are many areas of research, investigation, and discussion that should be initiated or continued.

- Another working task force should be created to continue the work begun here. This task force should explore ways to assess the successful implementation of recommendations made here, continue exploring relevant issues, topics, and policies that were beyond the scope of this task force, and continue making new recommendations based upon changing circumstances.
- Given the finding from the MCHP report that large differences exist between children in care and children not in care in developmental vulnerability at school entry, and also the finding that the majority of children in care in Manitoba first entered care as infants or toddlers, there is a need for government to focus more resources on prevention. If we are to be serious about improving educational outcomes of Manitoba children, then the root causes of why children are taken into care need to be addressed. In allowing for the need for the very specific recommendations made here, let us not lose sight of the bigger picture. This broader focus is consistent with

the first five recommendations of the Truth and Reconciliation Commission on Child Welfare.

- With the re-establishment of education liaison positions within the CFS Authorities, efforts should be made to track the development of their services to ensure they are being used to their maximum efficiency.
- Our recommendation for Family Connection states that “services and supports for kinship and customary care caregivers should be guided by principles of family centred practice and cultural competence, with the necessary resources to strengthen the kinship and customary care caregivers’ and a community’s capacity to provide a safe, nurturing home for the child.” Future task force work should explore the logistics of what “necessary resources” means for customary caregivers and develop strategies for effective training, education, and resource sharing.
- Manitoba Education and Advanced Learning (*Mandate, Mission, Vision, Overarching Goals and Priority Action Areas*) currently identifies six Priority Action Areas for Kindergarten to Grade 12 education:
 1. Numeracy and Literacy
 2. Education for Sustainable Development
 3. Education in Low-Income Communities
 4. Aboriginal Education
 5. Education in Rural Manitoba
 6. Education in Northern Communities

It is possible that the current measures of success such as graduation rates at the age of 18, provincial academic testing, and standardized tests do not provide a complete indication of growth or success in all areas related to the well-being of children in care. Programs, initiatives, and philosophies intended to support inclusive education should continue to be evaluated, and future task forces or working groups should consider how these may be used as indicators of success, where appropriate.

- All future discussions regarding children in care should continue to include the children themselves as part of the discussions and decision making.
- There has been a growing awareness of the need for awareness and support of mental health and well-being in both Manitoba Education and Advanced Learning and Manitoba Family Services. These efforts should continue as a high priority for all involved in the well-being of children in care.
- Ensuring professionals have access to training in trauma-informed practice (while respecting teachers’ autonomy in professional development) will require that skilled individuals are trained to provide such training themselves. Possibilities for providing such training include supported special area groups, conferences, and workshops.

- Ongoing cooperation between Manitoba Education and Advanced Learning and Manitoba Family Services should be supported as fully as possible, beginning at the level of post-secondary education. At one time, The University of Winnipeg's Education ACCESS program and the University of Manitoba's Social Work ACCESS program were housed in the same building. Opportunities for cooperation and mutual training such as that should be considered by policy makers and future task forces.
- Efforts should be made to find ways to track the success of school-based interventions and programs in a way that would allow comprehensive models of best practice to be established in Manitoba.
- Consideration should be given to the possibility of developing an online resource for those who work with children in care. Such a resource might assist with school registrations, sharing policies, linking organizations and families to each other, and consolidating existing supports into one central hub.
- Future task force work should focus on the differences between federally and provincially funded children in care. The realities of working between these two systems require further discussion and recommendations.
- It is our hope that school divisions will be able to share their strategic responses to the barriers facing children in care pursuing school connectedness in a time frame befitting the urgency suggested by the MCHP report. We hope that both Manitoba Education and Advanced Learning and Manitoba Family Services will be able to publicly support efforts made by superintendents of education and chief executive officers of CFS Authorities (and agency directors) to work together in developing cross-sectoral working relations and strategies.
- The task force recommends that a strategy be developed and implemented, with full funding and support, to provide mentoring and training for foster parents to support the educational experiences of children in their care.
- Finally, we encourage all Manitobans, and all Canadians, to read the final report of the TRC, particularly the 94 *Calls to Action* released in 2015. We also encourage our fellow citizens to read the findings of the Commission of Inquiry into the Circumstances Surrounding the Death of Phoenix Sinclair led by the Honourable Ted Hughes, Commissioner. These reports, and their recommendations, speak to the need for all citizens to become part of the journey towards healing from difficult histories and the legacy of cultural genocide. Manitoba children, including children in care, deserve to live under a government responsible to an informed citizenry committed to social justice, change, truth, and reconciliation.

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