



APPENDICES

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EVIDENCE-BASED PRACTICE IN PLANNING FOR SAFE AND CARING SCHOOLS

There has been growing interest in and increased research directed toward understanding the complexity and significance of school bullying, finding effective ways to reduce bullying, and translating this research into effective practice to create safe and caring schools.

The Manitoba model illustrated in *Safe and Caring Schools: A Whole-School Approach to Planning for Safety and Belonging* presents an approach based on four evidence-based perspectives, which include the following:

- planning for safety and response as part of comprehensive school health
- using a three-tiered frame to address a range of identified needs
- identifying the social-ecological systems' risk and protective factors
- applying strengths-based practices as preventative and responsive strategies

These perspectives guide planning for schools that are safe and healthy places to learn (See Figure 1, page 13).

Defining Evidence-Based Practice

When educators and educational leaders use reliable research evidence and monitor data to inform decision making related to implementing “what works” practices, programming, and policies, they are engaged in evidence-based practice. School planning includes investigating evidence-based practices, implementing a plan with known effective strategies, and monitoring the impact.

This practice is described by Abbott:

A widely used adjective in education, “evidence-based” refers to any concept or strategy that is derived from or informed by objective evidence—most commonly, educational research or metrics of school, teacher, and student performance. Among the most common applications are *evidence-based decisions*, *evidence-based school improvement*, and *evidence-based instruction*. The related modifiers *data-based*, *research-based*, and *scientifically based* are also widely used when the evidence in question consists largely or entirely of data, academic research, or scientific findings.

In education, the connection and transfer between the research evidence and evidence-based school practices are complex. Evidence-based practice indicates a direct relationship between research findings that tend to be logical, sequential, quantitative, and broad. Educational practices in a particular school context are often creative, flexible, student-specific, and multi-layered. It is important to recognize that while large scale quantitative research findings can guide preventative planning and practices, addressing day-to-



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day challenges and needs of individual students in a school setting requires further understanding and expertise.

When educators bring their own expertise, engage in inquiry, review the research literature, and establish a professional practice where evidence is gathered, questioned, and used to support decisions, they are engaged in evidence-based practice. Exploring the evidence into what works supports educator expertise and empowers educators and leaders to make informed decisions. The goal is to implement proven and promising actions to address identified priorities and to monitor improved outcomes for children and youth.

Exploring Evidence-Based Practice

Educators can engage in evidence-based practice by doing the following:

- Collect available research evidence on a particular question or the effectiveness of a particular strategy.
- Look for reliable evidence where several studies have produced similar findings over different groups and through different methods.
- Explore summaries or meta-analyses of research.
- Search “best practices” sites.
- Look for consistency from multiple sources.
- Note high validity across settings.
- Determine how to apply evidence-based practice into an educational setting.
- Collaborate with colleagues.
- Partner with a post-secondary institution or a research group to conduct a randomized control trial or action research to determine programming effectiveness, to pilot a new program, and/or to evaluate the effectiveness of your implementation of the strategy.

Research Summaries



Promoting Relationships & Eliminating Violence Network (PREVNet). *Research*. 2015. www.prevnet.ca/research

Public Safety Canada. *Bullying Prevention: Nature and Extent of Bullying in Canada*. Ottawa, ON: Public Safety Canada, 2008. www.publicsafety.gc.ca/cnt/rsrscs/pblctns/blng-prvntn/blng-prvntn-eng.pdf

Research and evidence-based practices are useful when applied and made meaningful in the day-to-day functioning of a school. Evidence-based practice in the provision of safe and caring schools applies prevention and intervention practices known to address common issues in planning for school safety.



For instance, research supports the effectiveness of addressing school safety within the context of comprehensive school health.

Evidence-Based and Promising Practices

Meta-analytic reviews have confirmed evidence-based practice in preventing and responding to bullying behaviours. Promising practices have strong quantitative and qualitative data showing positive outcomes and are in the process of further research. Research continues to advance understanding and implications related to planning for and providing safe learning environments.

The following list was compiled from the research literature (see reference list at end of this appendix) on evidence-based and promising practices in planning and programming for safe and caring schools:

- Develop a positive school climate.
- Address school and school division context.
- Define and measure *bullying* and *victimization*.
- Sustain a whole-school approach to comprehensive school health through collaborative, tiered, multi-dimensional planning and implementation.
- Increase awareness and development of skills, knowledge, and attitudes related to the prevention of bullying behaviours and promotion of safety and wellness throughout the school community (e.g., students, parents/caregivers, school staff, and community).
- Use a high quality of standards through intensive and long-lasting implementation.
- Develop clear whole school policy to address bullying behaviours and related concerns (including digital citizenship/cyber-safety, diversity, healthy relationships, school-based mental health, school-based suicide prevention).
- Implement effective, consistent classroom behaviour management through the use of positive behaviour supports (e.g., clear rules, social architecture, positive norms, non-hostile and non-punitive methods, problem solving and positive action, and monitoring).
- Communicate clear expectations for behaviour in a positive school climate that provides safety, security, and support for students, and promotes positive relationships and student well-being (e.g., firm clear conversations to stop bullying behaviour, referral to the principal, individual skills training for students involved, formative consequences, goal setting, increased supervision, parental involvement).
- Facilitate student voice, participation, and contribution to a positive school climate.



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- Integrate social and emotional learning within curricula and learning processes (e.g., cooperative learning, classroom instruction, routines).
- Address safety enhancement of the physical school environment (e.g., supervision attention to high incident area, school as a safe place, gender-neutral bathrooms and change facilities).
- Build capacity and expertise through staff professional learning (e.g., early identification, solution-focused problem solving, classroom management).
- Provide counselling or strategy development for individual students and collaboration with specialized professional for support when appropriate (early intervention and support).
- Facilitate parent meetings, resources, partnership, and education.

(Australia Ministerial Council for Education, Early Childhood Development and Youth Affairs; Ttofi and Farrington, "Effectiveness"; Durlak et.al.; PREVNet, *Choosing*; Cowan, et al.; Bradshaw, "Translating")

Ineffective Practices

Along with the growing body of evidence on what works, there is also evidence regarding what does not work. The following are examples of practices that have proven to be ineffective in preventing and responding to bullying-related behaviours:

- selecting resources based on single studies or studies conducted by the promoter of the resource or program as more likely to promote positive evidence (see *Canadian Best Practices Portal* link below)
- quickly adopting "programs" (see *Choosing an Evidence-Based Bullying Prevention Program* by PREVNet before whole school implementation link below)
- moving from new "glossy" program to program (instead, select resources and support whole-school implementation and Manitoba curricular learning outcomes)
- simple, quick fix, short-term reactive solutions (instead, review evidence and apply whole-school perspectives to proactive planning and response)
- telling children/youth to ignore bullying (instead, provide connections with safe adults, teach help-seeking strategies, attend to bullying-involved behaviours)
- providing simplistic assertiveness training: telling children and youth to "stand up" to people, in a perceived power imbalance, who intentionally and repeatedly hurt, humiliate, and/or cause them fear (this requires confidence and understanding of basic human rights, awareness of bullying behaviours, skills in intervention, clear reporting process, safe and supportive adults, and self-care strategies)



- addressing “bullying” with one-time motivational assembly (not shown to have long-term impact unless part of comprehensive whole-school plan)
- providing mediation/conflict resolution/peer mediation meant for “equal” participants (while mediation has been shown to be effective in resolving conflict between equal parties, bullying behaviours indicate a power imbalance requiring skilled intervention)
- applying interventions only for individual children/youth with bullying involvement (instead, all students need the awareness, coping skills, and help-seeking strategies to deal with hurt and harmful behaviours through whole-class instruction)
- providing group treatment (e.g., anger management, self-esteem enhancement, social skills) for children/youth identified as “bullies” (instead, provide classroom-based instruction along with one-to-one intervention for identified students to gain self-awareness, to set and monitor goals for safety, and to avoid labelling)
- administering “Zero Tolerance”: punitive discipline that mandates suspension without support, flexibility, or follow-up (this is not shown to have long-term effectiveness)
- banning social media and forms of technology to resolve electronic bullying (instead, develop information and communication technology ethics, responsibilities, and safety)
- ignoring adult bullying behaviour (instead, model healthy relationships and problem solving)

(Australia Ministerial Council for Education, Early Childhood Development and Youth Affairs; Ttofi and Farrington, “Effectiveness”; Durlak et.al.; PREVNet, *Choosing*; Bradshaw, “Translating”)

Selecting evidence-based resources/programs:



PREVNet, and Ontario Ministry of Education. *Choosing an Evidence-Based Bullying Prevention Program—Fact Sheet*. (Working Draft). 2013. <https://docushare.rainbowschools.ca/dsweb/Get/Document-151661>

Public Health Agency of Canada. “Preventing Violence.” *Canadian Best Practices Portal*. <http://cbpp-pcpe.phac-aspc.gc.ca/category/behaviour-related-risk/preventing-violence/>

Blueprints for Healthy Youth Development. Home page. www.blueprintsprograms.com/

Collaborative for Academic, Social, and Emotional Learning (CASEL). *The CASEL Guide: Effective Social and Emotional Learning Programs*. www.casel.org/guide/



Appendix A

References

For more information on evidence-based practices and supporting research, the following references for Appendix A are provided:

Abbott, Stephen E. (ed), Great Schools Partnership. "Hidden Curriculum." *The Glossary of Education Reform*. 26 Aug. 2014. <http://edglossary.org/hidden-curriculum> (26 Apr. 2016).

American Educational Research Association. *Prevention of Bullying In Schools, Colleges, and Universities: Research Report and Recommendations*. Washington, DC: American Educational Research Association, 2013.

Australian Education Authorities. Safe and Supportive School Communities Working Group. "National Safe Schools Framework (NSSF)." *Bullying. No Way!* <https://bullyingnoway.gov.au/PreventingBullying/Planning/Pages/National-Safe-Schools-Framework.aspx> (25 Nov. 2016).

Australian Government. Department of Education and Training. Ministerial Council for Education, Early Childhood Development and Youth Affairs. *National Safe Schools Framework: Resource Manual*. 2011. <https://docs.education.gov.au/documents/national-safe-schools-framework-resource-manual>.

Bradshaw, Catherine P. "Translating Research to Practice in Bullying Prevention." *American Psychologist* 70.4 (2015): 322–332. <http://dx.doi.org/10.1037/a0039114>

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Durlak, Joseph. A., Roger P. Weissberg, Allison B. Dymnicki, Rebecca D. Taylor, and Kristen B. Schellinger. "The Impact of Enhancing Students' Social and Emotional Learning: A Meta-Analysis of School-Based Universal Interventions." *Child Development* 82.1 (2011): 405–432.

Farrington, Camille A., Melissa Roderick, Elaine Allensworth, Jenny Nagaoka, Tasha Seneca Keyes, David W. Johnson, and Nicole O. Beechum. *Teaching Adolescents to Become Learners. The Role of Noncognitive Factors in Shaping School Performance: A Critical Literature Review*. Chicago, IL: University of Chicago Consortium on Chicago School Research, 2012.



- Hanish, Laura D., Catherine P. Bradshaw, Dorothy L. Espelage, Philip C. Rodkin, Susan M. Swearer, and Arthur Horne. "Looking Toward the Future of Bullying Research: Recommendations for Research and Funding Priorities." *Journal of School Violence* 12.3 (2013): 283–295.
- Horner, Robert H., George Sugai, and Cynthia M. Anderson. "Examining the Evidence Base for School-Wide Positive Behavior Support." *Focus on Exceptional Children* 42.8 (2010): 1–14. <https://www.pbis.org/Common/Cms/files/pbisresources/horner%20sugai%20anderson%202010%20evidence.pdf>
- Michael, Shannon L., Caitlin L. Merlo, Charles E. Basch, Kathryn R. Wentzel, Howell Wechsler. "Critical Connections: Health and Academics." *Journal of School Health* 85.11 (2015): 740–758.
- PREVNet, and Ontario Ministry of Education. *Choosing an Evidence-Based Bullying Prevention Program—Fact Sheet*. (Working Draft). 2013. <https://docushare.rainbowschools.ca/dsweb/Get/Document-151661> (16 Nov. 2016).
- Thapa, Amrit, Jonathan Cohen, Shawn Guffey, and Ann Higgins-D'Alessandro. "A Review of School Climate Research." *Review of Educational Research* 83.3 (2013): 357–385.
- Ttofi, Maria M., and David P. Farrington. "Effectiveness of School-Based Programs to Reduce Bullying: A Systematic and Meta-Analytic Review." *Journal of Experimental Criminology* 7.1 (2011): 27–56. http://sinohacesnadasosparte.org/Download/english/02_METAANALISIS_2011.pdf
- Ttofi, Maria M., and David P. Farrington. "What Works in Preventing Bullying: Effective Elements of Anti-Bullying Programmes." *Journal of Aggression, Conflict and Peace Research* 1.1 (2009): 13–24.
- Vreeman, Rachel C., and Aaron E. Carroll. "A Systematic Review of School-Based Interventions to Prevent Bullying." *Archives of Pediatric and Adolescent Medicine* 161.1 (2007): 78–88.



Appendix B

SOCIAL-ECOLOGICAL SYSTEMS: PROTECTIVE FACTORS CHART

Planning through a social-ecological systems perspective identifies and strengthens the development of protective factors and encourages resiliency. This chart highlights common protective factors across the multi-systems that contribute to school safety, well-being, and success.

"A student's resilience is fostered when his or her *internal* and *environmental protective factors* are strengthened. These protective factors can buffer, ameliorate, and mitigate the effects of risk and stress, propelling the student to academic and life success." (O'Dougherty Wright, Masten, & Narayan, cited in Henderson 22)



Social-Ecological Systems Perspective Protective Factors in Building Resilience

Where solutions are found

Student (Individual)	Parents (Relational)	Teacher/ Classroom	School	Community (Society)
<ul style="list-style-type: none"> ■ positive relationships ■ sense of identity, achievement, and belonging ■ empowered with choice ■ hopefulness/ optimism ■ social, emotional, and physical well-being ■ supportive family ■ meaningful contribution ■ connection to culture and community ■ personal and safety resources ■ spirituality 	<ul style="list-style-type: none"> ■ responsive, caring, competent caregivers ■ clear, reasonable expectations ■ structure and monitoring ■ healthy sibling relationships ■ celebrated family history and culture ■ positive peer culture ■ parental engagement with school ■ community/ family support and connection ■ socio-economic security ■ spirituality 	<ul style="list-style-type: none"> ■ educator expertise ■ effective classroom practices ■ collaborative practice ■ supportive, caring student-adult and adult-adult connections ■ healthy relationship skills ■ solution-focused problem solving ■ positive mental health ■ critical literacy ■ digital citizenship ■ safe spaces/ cyber-safety ■ social justice/ human rights/ diversity ■ home-school communication 	<ul style="list-style-type: none"> ■ positive school climate ■ tiered planning for student success ■ comprehensive school health ■ respect ■ a range of extra-curricular opportunities ■ connection to health and community services ■ transition planning: early childhood to post-secondary educational, employment, and/or contributing-to-community options 	<ul style="list-style-type: none"> ■ community support of education ■ opportunities for community involvement ■ safe neighbourhoods ■ affordable, safe housing ■ access to support services ■ access to special interests (clubs, recreation, cultural, spiritual, nature, entertainment)



WHOLE-SCHOOL APPROACH CHART

Proactive Strategies and Responsive Actions: Planning for Comprehensive School Health

This chart provides a sample of practices and strategies organized by the four planning perspectives applied in a whole-school approach: comprehensive school health, three-tiered planning, social-ecological systems, and strengths-based practices. Also see the comprehensive school health strategies on pages 20 to 21.



Comprehensive School Health: Safe and Caring Schools

Social-Ecological Systems	Three-Tiered Planning		
	<p>Primary: Proactive and responsive strategies for all students school-wide for the most impact</p>	<p>Secondary: Proactive and responsive strategies for early intervention and support for identified children and youth</p>	<p>Tertiary: Strategies developed, implemented, and assessed to minimize the immediate consequences of an issue</p>
Student	Strengths-Based Practices		
	<ul style="list-style-type: none"> ■ Identify individual strengths and interests. ■ Develop positive interpersonal relationships and social supports. ■ Understand academic and behavioural expectations. ■ Participate in opportunities for involvement, voice, and leadership. ■ Develop help seeking awareness. ■ Access health and safety resources. ■ Develop and contribute to positive, caring, and supportive relationships. ■ Identify any comprehensive school health issues affecting student safety: mental health, cyber-safety, sexuality, gender identity, peer/school/family relationships. 	<ul style="list-style-type: none"> ■ Focus support on identified needs of individual students. ■ Identify emotional, social, behavioural, psychological, and/or physical safety needs. ■ Ensure safety with minimum interruption to learning environment. ■ Identify strengths and meaningful contributions. ■ Provide immediate and direct intervention. ■ Identify learning needs and implement restorative strategies (e.g., formative consequences, individual support, classroom-based instruction, literacy-based instruction, peer support). ■ Identify risk factors (e.g., bully/victim, cognitive ability, disability status, gender, age/grade, sexual identity/orientation, socio-economic status, advanced/low social skills, relational style). 	<ul style="list-style-type: none"> ■ Advocate for student. ■ Assemble student team with family and other service providers with a designated case manager. ■ Explore personal strengths and available resources. ■ Engage student in solutions and goal setting. ■ Attend to educational needs and programming in addition to physical, mental health, or safety needs. ■ Provide individual support in developing coping strategies. ■ Develop safety plan and/or re-entry plan.

(continued)



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Comprehensive School Health: Safe and Caring Schools

Social-Ecological Systems	Three-Tiered Planning		
	Primary: Proactive and responsive strategies for all students school-wide for the most impact	Secondary: Proactive and responsive strategies for early intervention and support for identified children and youth	Tertiary: Strategies developed, implemented, and assessed to minimize the immediate consequences of an issue
Strengths-Based Practices			
Student <i>(continued)</i>		<ul style="list-style-type: none"> ■ Individualize and monitor (student may require more or less direction/guidance). ■ Support development of protective factors. ■ Develop individual intervention/behaviour/ or safety plan working with student(s), staff, and family where appropriate. ■ Communicate plan. 	
Family/ Caregivers	<ul style="list-style-type: none"> ■ Welcome parents into the school community. ■ Use communication strategies to bridge information among the school, students, and parents. ■ Communicate code of conduct and procedures to address incidents. ■ Invite parent voices to assess policies, code of conduct, processes, and supports related to school safety (e.g., parent council, follow-up, forum, focus group, survey). ■ Model respectful communication and solution-focused problem solving. ■ Facilitate opportunities for families and students to share their culture. 	<ul style="list-style-type: none"> ■ Engage parents in proactive safety plan. ■ Determine communication process with parents as part of safety plan. ■ Address risks and support development of protective factors. ■ Identify appropriate community supports, and facilitate access if needed (e.g., youth groups, special interest groups, service providers). ■ Review/revise safety plan with student and parents. ■ Monitor for resolution. ■ Offer supportive strategies to parents of child/youth distressed by bullying and to parents whose child is exhibiting bullying behaviours. ■ Support parents in accessing additional services. 	<ul style="list-style-type: none"> ■ Involve student, parents, other service providers in collaborative planning for high risk/vulnerable students. ■ Identify protective factors and strengths of family. ■ Link family to support services (e.g., self-help groups, family resource centres, cultural and community organizations). ■ Include parents and other service providers in collaborative planning. ■ Ongoing connection with families (home visits, preparation for meeting, invite them to bring an advocate). ■ Link families to additional resources if needed (have a "Resources in the Community" contact sheet available).

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Comprehensive School Health: Safe and Caring Schools

Three-Tiered Planning			
Social-Ecological Systems	<p>Primary: Proactive and responsive strategies for all students school-wide for the most impact</p>	<p>Secondary: Proactive and responsive strategies for early intervention and support for identified children and youth</p>	<p>Tertiary: Strategies developed, implemented, and assessed to minimize the immediate consequences of an issue</p>
	Strengths-Based Practices		
Family/Caregivers <i>(continued)</i>	<ul style="list-style-type: none"> Provide parents with resources and supports (e.g., information about child/youth development, supporting student learning, school initiatives, bullying-involved behaviours, cyber-safety, positive mental health, healthy relationships). Identify and plan strategies to overcome barriers to parent involvement (e.g., communication formats, translator, transportation, child care, meeting location). Create an orientation package for new families that register mid-year. 	<ul style="list-style-type: none"> Develop opportunities to engage or re-engage resistant or reactive parents/caregivers. 	
Classroom/Educators	<ul style="list-style-type: none"> Assume primary proactive role and responsibility. Develop and facilitate class guidelines for a respectful learning community. Set high expectations for student learning and behaviour. Develop reflection and critical thinking practices. Integrate social and emotional Manitoba curricula learning outcomes (Kindergarten to Grade 12). Connect with students as individuals at every opportunity. Use student conferencing to get to know students—their learning goals, interests, strengths, and concerns. 	<ul style="list-style-type: none"> Note students who seemingly lack networks, interests, or involvement, and make a point of connecting with them and/or refer them to student support services. Provide explicit teaching, modelling, and practice for students who require additional support. Intentionally organize student interactions to structure positive and to prevent negative experiences (e.g., flexible grouping, “social architecture”). Communicate “open-door” approachability (e.g., before class, lunch hour, breaks). 	<ul style="list-style-type: none"> Plan collaboratively for students with complex needs (with student, family, other service providers involved). Access school-based or divisional specialists. Clearly communicate positive behavioural expectations. Consistently enforce school-wide codes of conduct. Refer and participate in functional behavioural assessment to plan proactive strategies, intervention, and stabilization.

(continued)



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Comprehensive School Health: Safe and Caring Schools

Social-Ecological Systems	Three-Tiered Planning		
	Primary: Proactive and responsive strategies for all students school-wide for the most impact	Secondary: Proactive and responsive strategies for early intervention and support for identified children and youth	Tertiary: Strategies developed, implemented, and assessed to minimize the immediate consequences of an issue
Classroom/Educators <i>(continued)</i>	Strengths-Based Practices		
	<ul style="list-style-type: none"> ■ Model active listening. ■ Build upon students' strengths. ■ Embed principles of respect, equity, diversity, and inclusion into learning and classroom practices. ■ Provide opportunities for students to explore a diverse world of identities and cultures. ■ Use "teachable moments" to support positive relationships and problem solving. ■ Teach developmentally appropriate personal safety and help-seeking strategies. ■ Recognize children and youths' ability to learn and correct their behaviour. ■ Notice and acknowledge students for caring about and including others in a positive manner. ■ Refuse sarcasm, negativity, and demeaning jokes. ■ Plan collaboratively with colleagues and student support services. ■ Identify and intervene on bullying behaviours. ■ Respond with support to all students involved in bullying incidents, identify the issue, provide early intervention, and facilitate resolutions. ■ Communicate with and involve parents. 	<ul style="list-style-type: none"> ■ Structure transitions, recess, and/or lunch for students needing more guidance/direction. ■ Identify appropriate support for student. ■ Facilitate meaningful contributions that meet student's identified needs (e.g., attention, belonging, leadership). ■ Include a check point as part of the student's safety plan to review goals, track positive behaviour, and/or identify areas to review. ■ Communicate with parents on progress and strategies in place (e.g., positive behaviour). 	<ul style="list-style-type: none"> ■ Prepare proactive safety plan for responding to severe, high risk, emotional escalation behaviour (who, when, where). ■ Implement, monitor, adjust strategies. ■ Document and track behaviour, interventions, and assessment.

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Comprehensive School Health: Safe and Caring Schools

Social-Ecological Systems	Three-Tiered Planning		
	Primary: Proactive and responsive strategies for all students school-wide for the most impact	Secondary: Proactive and responsive strategies for early intervention and support for identified children and youth	Tertiary: Strategies developed, implemented, and assessed to minimize the immediate consequences of an issue
Strengths-Based Practices			
Classroom/ Educators <i>(continued)</i>	<ul style="list-style-type: none"> Understand that children and youth exhibiting bullying behaviours do respond to interventions. Model and teach solution-focused problem solving. Teach about the impact of bullying behaviour and skills to correct behaviour. 		
School	<ul style="list-style-type: none"> Assess comprehensive school health. Review disciplinary policies and protocols to reflect and reinforce strengths-based practice. Communicate Safe and Caring School Plan. Implement safe school initiatives: code of conduct, reporting processes, policies. Focus on positive norms (e.g., 97% of students in our school believe in treating others with respect). Track and show evidence that the majority of students respond to intervention, communication processes, and consequences outlined in the school's code of conduct. Facilitate students-students, students-staff, staff-staff, and school-home connections. Facilitate collaborative structures for educator planning, capacity building, and implementation (e.g., professional learning communities, team meetings, collaborative/appreciative inquiry, staff meeting time). 	<ul style="list-style-type: none"> Define needs of specific groups of vulnerable students as indicated in school data (e.g., repeated office referral, "bully-victims" pattern of interaction, group labelling/friction, gender/grade interactions). Schedule staff training on awareness and early identification (e.g., bullying/cyberbullying, suicide, mental health, physical health, abuse reporting/child protection). Use proactive plan interventions to interrupt the potential to escalate. Restore sense of safety. Reaffirm goals for personal and/or school success. Collaboratively program and monitor, with family involvement, to shorten duration, lessen impact, or stabilize (e.g., functional assessment, referral, safety plan). Determine programming (e.g, individual skills instruction, increased monitoring, daily positive feedback on behavioural goals, academic support, individual counselling, structured transitions). 	<ul style="list-style-type: none"> Promote a safe, inclusive, and caring school climate. Develop bullying/risk prevention and response plans. Track and use evidence for informed decision making. Engage and communicate with parents. Determine and support student's protective factors. Address complex needs of students who exhibit behaviours that are harmful and/or disruptive to others, themselves, and the school environment. Identify co-existing concerns affecting behaviour such as learning problems, substance abuse, trauma, relational/family issues. Refer for additional support services. Engage multi-disciplinary team/inter-agency services.

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Comprehensive School Health: Safe and Caring Schools

Social-Ecological Systems	Three-Tiered Planning		
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Strengths-Based Practices			
School <i>(continued)</i>	<ul style="list-style-type: none"> ■ Schedule supervision safety plan for identified hot spots (e.g., adequate adult connection and supervision). ■ Identify concerning issues (e.g., “bullying,” conflict, friendship changes, mental health, harassment). ■ Build staff capacity to prevent and respond to concerning behaviours (e.g., early identification, non-violent intervention, dealing with conflict). ■ Implement a model of early identification of academic, behavioural, and/or emotional student needs. ■ Use proactive, restorative disciplinary practices (e.g., non-reactive, non-punitive, solution-focused problem solving, formative consequences, skills/strategy building, and monitoring). ■ Implement a comprehensive and developmental school guidance and counselling program. ■ Facilitate transition planning (entrance through graduation). ■ Document and collect data. 	<ul style="list-style-type: none"> ■ Include check point in plan to review goals, track positive behaviour, identify areas to review, or close file. 	<ul style="list-style-type: none"> ■ Develop supportive programming toward increased self-knowledge, strengthening support networks, and increasing resiliency skills to decrease the potential for repeated crises. ■ Attend to chronic needs (e.g., mental health needs). ■ Review and update emergency preparedness plans/response protocols (e.g., crisis response, suicidal intentions/actions, self-harming behaviours, harassment, stalking, threats, cyber-crime, weapons, sexual exploitation/pornography).

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Comprehensive School Health: Safe and Caring Schools

Social-Ecological Systems	Three-Tiered Planning		
	Primary: Proactive and responsive strategies for all students school-wide for the most impact	Secondary: Proactive and responsive strategies for early intervention and support for identified children and youth	Tertiary: Strategies developed, implemented, and assessed to minimize the immediate consequences of an issue
Community	Strengths-Based Practices		
	<ul style="list-style-type: none"> ■ Share school’s code of conduct and behavioural expectations with the school community. ■ Liaise with community resources and organizations to develop a shared commitment about safe and caring schools and community. ■ Connect to community activities that promote positive relationships (volunteering, physical activity, spiritual health, social and cultural gatherings). ■ Invite community members/services to bring learning into classrooms and schools as part of study units (e.g., integrate social and emotional learning outcomes, Artists in the Schools, Manitoba Theatre for Young People, Public Health Initiatives, Kids in the Know, Roots of Empathy). ■ Develop relationships with key service providers. ■ Connect with community partners to build the skills to identify and address identified needs (e.g., shared professional development and resources). ■ Identify and use resources and services within the community (e.g., Teen Talk, Red Cross, Sexuality Education Resource Centre, Rainbow Society, Suicide Prevention, Positive Mental Health). 	<ul style="list-style-type: none"> ■ Work with personnel from child protection agencies and justice in prevention and response planning for youth experiencing abuse, aggression, violence, or cyber-exploitation. ■ Validate the positive, health-focused, strength-based perspective in community contribution to school projects. ■ Facilitate a series of information-sharing sessions—invite community specialists to breakfast/luncheon for conversation and awareness. 	<ul style="list-style-type: none"> ■ Facilitate mentorship programming. ■ Demonstrate value and support of education and school community. ■ Emphasize social and cultural norms that support safety. ■ Advocate for legislation and policy that supports safety (child protection services, human rights, mental health). ■ Plan proactive three-tiered prevention and response. ■ Clearly define boundaries for safety and protection (e.g., no acceptance for aggression or violence). ■ Use <i>Wraparound Protocol for Children and Youth with Severe to Profound Emotional and Behavioural Disorders</i>. ■ Facilitate transition planning for youth with mental health/youth justice-related absences from school.

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Comprehensive School Health: Safe and Caring Schools

Social-Ecological Systems	Three-Tiered Planning		
	<p>Primary: Proactive and responsive strategies for all students school-wide for the most impact</p>	<p>Secondary: Proactive and responsive strategies for early intervention and support for identified children and youth</p>	<p>Tertiary: Strategies developed, implemented, and assessed to minimize the immediate consequences of an issue</p>
Community <i>(continued)</i>	Strengths-Based Practices		
	<ul style="list-style-type: none"> Work with community partners and service providers to establish consistent response protocols. Establish key contacts to facilitate timely service or referral for students/families (e.g., emergency, specialized, legal, medical). Use solution-focused problem solving and protective factors in program planning. 		



PLAN FOR SAFE AND CARING SCHOOLS—TEMPLATE

Purpose: This template provides an outline to document a five-step planning process in the development of a new plan or to update the implementation of an existing plan. The plan records expected outcomes, implementation strategies, and monitoring to address priority areas identified by the coordination committee.

Step 1: Coordination Promote and facilitate leadership and responsibility.

Coordination Committee Members	Roles and Responsibilities	Meeting Dates

Step 2: Needs Assessment

Select and interpret evidence to identify needs and establish priorities.

Highlights of Evidence:

School Priorities (Select 1 to 3):

- 1.
- 2.
- 3.

Step 3: Evidence-Based Plan Develop plan for identified priorities.

3.1 Plan Statement:

3.2 Outcomes for Safe and Caring School Plan

Expected Outcomes: Clear statement of expected short- and/or long-term results as measured by changes in skills, knowledge, and behaviour of adults and/or students (SMART: specific, measurable, achievable, relevant, time-related)	Strategies: What and how outcomes are achieved: implementation strategies, steps, resources, responsibilities	Indicators: Indicators of success or evidence of progress towards achieving the outcomes	Data: Data collection to measure impact or change over time
Outcome(s) for each priority: 1.			
2.			
3.			

(continued)



Appendix D

Step 4: Implementation

Build capacity and engage school community through collaborative action.

How will implementation strategies reflect a whole-school approach?

Management and resource allocation (e.g., model application, professional development, classroom resources)

Timeline(s) (calendar of implementation)

Communication to school community (e.g., staff meetings, report to the community, forum, parent council meeting, newsletter)

Step 5: Monitor, Reflect, and Evaluate

Review plan, reflect on evidence, and identify next steps.

Expected Outcomes: progress/results/accomplishments (data highlights, status, anecdotal evidence):

Recommendations:

Next Steps:

Strategy to Report on Plan to School Community:



PLAN FOR SAFE AND CARING SCHOOLS—SAMPLE

Step 1: Coordination Promote and facilitate leadership and responsibility.

Coordination Committee Members	Roles and Responsibilities	Meeting Dates
Principal:	Lead—facilitator, implementation chart, PD schedule, data collator, restorative disciplinary practices PD	School Year _____ Committee Meeting Dates:
School Counsellor	Lead—Comprehensive School Health goal: school-based mental health and early identification staff PD, comprehensive guidance and counselling program, parent resource list, support SEL integration	May: Needs Assessment (compile data); involve school community June—Committee Strategy Session to develop Plan
Health/PE Teacher:	Lead—Comprehensive School Health: curriculum connections, SEL outcomes integration/ strategies/ Team planning	September—Staff awareness and implementation session
Teacher:	Co-Lead—Connection and Community goal: developing sense of belonging	January—Meeting to monitor and report on outcomes
Positive Behaviour Support Lead Teacher	Co-Lead—Connection and Community: Tiered programming for identified students, continued professional development PBS strategies	May—Plan review and next steps
Three student representatives	Student voice, Co-leads on calendar activities for student body, student leadership	
Two parent council members	Parent voice, home/school connection strategies, parent council connection	

Step 2: Needs Assessment

Select and interpret evidence to identify needs and establish priorities.

Highlights of Evidence:

Tell Them From Me data

- Feel safe at school 89%, on way and after school 85% (clarify 10–15% feel unsafe)
- Tell a Parent 56%; Tell a Teacher 43%; tell a friend 41% (explore adult skills for responding)
- Response: Comfort victim 70% (strength); Stand up 69% (build upon help-seeking behaviours)
- Data reflects previously known where and when (outside, halls, locker rooms; less supervised time)
- Type: Verbal 35%; Social 30%; Physical 21%; Cyber 7% (focus on SEL)
- **Advocacy in School: 3/10 students indicate sense of advocacy from an adult at school (increase staff-to-student connections)**

Manitoba Youth Health Survey data:

Positive Mental Health (56% of students reported flourishing mental health; 38% report moderate mental health; 6% reported languishing mental health, in 2009, and in 2012, 52% of students reported flourishing mental health; 40% report moderate mental health; 8% reported languishing mental health)
*slight drop from 2009 to 2012 for flourishing



Appendix E

School and Community Connectedness (safety strength confirmed, 15–20% may benefit from connection)

- 82% of students feel close to people at their school
- 88% of students feel they are part of their school
- 84% of students are happy to be at their school
- 90% of students feel safe at their school
- 96% of students feel safe in their community
- 98% of students feel safe in their home
- 90% of students have at least one close friend to share things with
- 95% of students feel their family supports them
- 59% of students feel involved in their community

Fall Guidance Survey: (Grades 5, 7, and 9) identified the following areas related to comprehensive school health: developing positive friendships, dealing effectively with conflicts, dealing with anxiety, skills for healthy romantic relationships, cyber-safety awareness and skills

School Data Chart of reported bullying/cyberbullying incidents:

- increase in reports of “conflicts” resulting in emotional upset, school avoidance (parent referrals, friendship changes, disagreements) to school counsellor (up by 5%)
- decrease in physical “bullying” reports over last 5 years (down by 20%)
- Increase in verbal and social “bullying” incidents (name calling, ostracism, “female” group dynamics) (up 5%)
- decrease of out-of-school suspensions and increase of in-school resolution
- cyber-safety (incident reports up by 3%) identified as area to continue to develop in whole-school plan (track incidents, develop staff awareness and skills for responding; LICT integrated including safety, clarify legal and privacy issues)

Qualitative:

- Student council interest/proposal to go to *Sources of Strength* youth conference/training, two advisors
- Grade area teams indicate increase in students exhibiting signs of anxiety/stress (not sure of underlying factors or specific number)
- Student services team members have identified students who are vulnerable (3% of student population—15 to 20 students: isolated, report repeated exhibiting bullying behaviours/receiving bullying behaviours, or both)
- School counsellor and administrative data on number of students with reports of bullying behaviour/unacceptable behaviour/follow-up, family contacts, AFM referrals, self-harming behaviours, suicide ideation/attempts, and mental health referrals

Identified strengths: Leadership and staff cohesion, strengths-based (PBS), social and emotional learning outcomes integrated in several classroom, general parent support in school and response to incidents

School Priorities (Select 1 to 3):

1. Connection and Community

- sense of belonging and connection for all students
- collaborative and focused planning for identified students (exhibiting and/or receiving bullying behaviours, early identification of mental health needs)
- restorative disciplinary practices (strengths-based practice)

2. Comprehensive School Health

- curriculum connections
- early identification and intervention
- address student, family, classroom/school, and community needs

3. Social and Emotional Learning and PBS/Strengths-Based (continue)

- continue and support integration of SEL MB learning outcomes Kindergarten to Grade 12
 - continue and expand positive behaviour support
 - explore, gather, and share resources for Kindergarten to Grade 12 classroom implementation
-



Step 3: Evidence-Based Plan Develop plan for identified priorities.

3.1 Plan Statement:

This Safe and Caring School Plan is a whole-school approach to planning for the provision of a safe school. Our school is committed to working with all students, school staff, families/caretakers, and community partners to prevent and respond effectively to issues that have an impact on school safety. In consultation, facilitated by our coordinating committee and led by our school administrator, our school has established a plan with priorities that focus on building connection and community, addressing comprehensive school health, and supporting student well-being.

3.2 Outcomes for Safe and Caring School Plan

Expected Outcomes: Clear statement of expected short- and/or long-term results as measured by changes in skills, knowledge, and behaviour of adults and/or students (SMART: specific, measurable, achievable, relevant, time-related)	Strategies: What and how outcomes are achieved: implementation strategies, steps, resources, responsibilities	Indicators: Indicators of success or evidence of progress towards achieving the outcomes	Data: Data collection to measure impact or change over time
<p>Outcome(s) for each priority:</p> <p>1. Connection and Community</p> <p>a. Increase reported student sense of staff advocacy and school connection from 30% to 90% (advocacy TTFM) by spring of ____ .</p> <p>b. By implementing secondary and tertiary tiered practices and programming for identified “vulnerable” students, students will increase positive connections to other students and staff.</p> <p>c. After receiving school-based training on restorative discipline and tiered PD, 100% of staff will indicate understanding and application of skills by June 20__.</p>	<p>Cross-grade advisory team time and activities</p> <p>Multi-grade integrated learning projects</p> <p>Increase supervision in identified areas and times</p> <p>Collaborative team planning and intervention for identified vulnerable students</p> <p>Three-tiered programming and professional development</p> <p>Track professional development for classroom teachers on strengths-based practices: cooperative learning strategies, building protective factors, and restorative practices</p> <p>Partner with regional health authority on Sources of Strength project (building protective factors)</p>	<p>Implementation of cross-grade advisory groups</p> <p>Student participation in extracurricular groups and activities</p> <p>Increase in student indication of staff as contacts for reporting</p> <p>Student and staff participation in Sources of Strength training, track student and staff involvement year to year</p> <p>Staff survey indicating strategies adopted to develop connections (students, family, colleagues, and community)</p> <p>Assessment of disciplinary incidents through follow-up—track effective interventions</p>	<p>Tell Them From Me (Advocacy at School measure)</p> <p>Manitoba Youth Health Survey</p> <p>What did you do in school today?</p> <p>School Guidance Survey</p> <p>Attendance data</p> <p>Student focus groups</p> <p>Ongoing staff feedback</p> <p>Year-end staff summary survey</p>



Appendix E

<p>2. Comprehensive School Health</p> <p>a. By spring of _____, based on school health survey results related to safety and mental well-being, students reporting flourishing mental health will increase from 57% to 80% (curriculum connections).</p> <p>b. After school-based training for all staff on early identification of risks, intervention, and response protocols, 100% of teachers will indicate understanding and application by June _____ (positive relationships, positive mental health, suicide prevention, safety/cyber-safety).</p> <p>c. A tiered comprehensive school health resource list will be developed linking students, parents, and educators to community and regional resources by June _____.</p>	<p>Integrate SEL outcomes into curricula areas and learning processes for all students (Primary, Kindergarten to Grade 12)</p> <p>Engage staff in whole-school, comprehensive school health planning (strategic professional development, collaborative inquiry, self-directed PD)</p> <p>Training for all staff (yearly updates for new staff) on identification, intervention, and programming (tiered training)</p> <p>Involvement of students, families, school staff, and community in identifying needs</p> <p>Supporting parents with resources and information (proactive contact, information sessions, school website)</p>	<p>SEL whole-school curriculum connections implementation chart</p> <p>Early identification and support training schedule</p> <p>Student access and referral to services</p> <p>School community familiar with process, contact for support/reporting</p> <p>Resource list available on school website, brochures available for students and parents, emergency contacts updated in emergency preparedness file</p>	<p>School Health Survey</p> <p>Yearly Guidance Survey</p> <p>Grade area team feedback</p> <p>Student groups feedback</p> <p>Student Services data report/caseload summary</p> <p>Year-end staff summary survey</p> <p>Parent survey of information needs</p>
<p>3. Social and Emotional Learning—continue to support integration of SEL and positive behaviour support.</p>			

Step 4: Implementation

Build capacity and engage school community through collaborative action.

How will implementation strategies reflect a whole-school approach?

- tiered implementation chart developed with school staff (strengths and needs)
- school-wide roles and responsibilities defined (students, families, classroom, school, and community)
- tiered professional development
- coordination committee members facilitate and support
- staff year-end summary reports related to outcomes

Management and resource allocation (e.g., model application, professional development, classroom resources)

- Adapt and build upon Positive Behaviour Support model and training.
- Target tiered PD and resources to address comprehensive school health outcomes (Mental Health First Aid, ASIST training, staff meeting mini sessions facilitated by divisional resource persons, self-directed exploration/inquiry group).



Timeline(s) (calendar of implementation)

Year One:

May ____—Facilitate school staff awareness session, parent forum, student focus groups.
 June ____—Develop and share Plan for Safe and Caring School.
 September to March ____—Implement strategies; provide tiered professional development (school-based and to targeted staff).
 April to May ____—Monitor and evaluate short-term outcomes (data collection, feedback).
 June ____—Report and plan forward (revise and update).

Year Two:

Continue supported implementation.
 Track identified evidence and collate.

Year Three:

Monitor and evaluate long-term outcomes (restorative disciplinary practices, student sense of connection, linking to community resources).

Communication to school community (e.g., staff meetings, report to the community, forum, parent council meeting, newsletter)

Communicate positive norms to students, update and mini-sessions at staff meeting, parent resources on school website, include in report to the community, parent council meeting agenda, newsletter, school division/school website

Step 5: Monitor, Reflect, and Evaluate

Review plan, reflect on evidence, and identify next steps.

Expected Outcomes: progress/results/accomplishments (data highlights, status, anecdotal evidence):

Recommendations:

Next Steps:

Strategy to Report on Plan to School Community:



Appendix F

RESOURCES

National Resources

- **Canadian Centre for Child Protection**
 - Kids in the Know: www.kidsintheknow.ca
 - Cybertip.ca: www.cybertip.ca
 - Commit to Kids: www.commit2kids.ca
 - Missing Kids.ca: www.missingkids.ca
 - Need Help Now: www.needhelpnow.ca
 - *Self/Peer Exploitation: It's Not OK: A Resource Guide for Families Addressing Self/Peer Exploitation*
https://www.cybertip.ca/pdfs/SPEX_FamilyGuide_Web_en.pdf
- **Canadian Red Cross's Respect Education Programs**
www.redcross.ca/how-we-help/violence--bullying-and-abuse-prevention/educators
- **Centre for Suicide Prevention**
<https://suicideinfo.ca>
 - *Teen Suicide Resource Toolkit (Updated and Expanded)*.
<https://suicideinfo.ca/wp-content/uploads/2016/08/Teen-Resource-Toolkit-Web.pdf>
 - *Not A Child: Children Suicide Resource Toolkit*.
https://suicideinfo.ca/wp-content/uploads/2016/08/Childrens-Toolkit_Print.pdf
 - *Gay & Suicidal: Sexual and Gender Minorities and Suicide: Resource Toolkit*.
https://suicideinfo.ca/wp-content/uploads/2016/08/LGBTQ-Resource-Toolkit_Print.pdf
 - *Aboriginal (First Nations, Inuit, Métis) Suicide Prevention Resource Toolkit*
https://www.suicideinfo.ca/wp-content/uploads/2016/08/Indigenous-Toolkit_Print.pdf
- **Kids Help Phone**
1-800-668-6868
www.kidshelpphone.ca
- **Mental Health First-Aid, Canada**, Mental Health Commission of Canada
www.mentalhealthfirstaid.ca



- **Pan-Canadian Joint Consortium of School Health**
 - *Pan-Canadian Joint Consortium of School Health: Positive Mental Health Toolkit* www.jcshpositivementalhealthtoolkit.com/
 - *Schools as a Setting for Promoting Positive Mental Health: Better Practices and Perspectives* www.jcsh-cces.ca/upload/PMH%20July10%202011%20WebReady.pdf
- **Promoting Relationships and Eliminating Violence (PREVNet)**
<http://prevnet.ca>

Manitoba Resources

- **Klinic Community Health Centre**
870 Portage Avenue
Winnipeg
204-784-4090
www.klinic.mb.ca
- **24-Hour Telephone Services**
 - Manitoba Suicide Line: 1-877-435-7170
 - Crisis Line: (204) 786-8686 / Toll-free 1-888-322-3019
 - Sexual Assault Crisis Line: (204) 786-8631 / Toll-free 1-888-292-7565
 - TTY Deaf Access Counselling: (204) 784-4097
 - Manitoba Farm & Rural Support Services: 1-866-367-3276
- **Healthy Child Manitoba and Manitoba Education and Advanced Learning**
 - *Best Practices in School-based Suicide Prevention: A Comprehensive Approach* www.gov.mb.ca/healthychild/ysp/ysp_bestpractices.pdf
- **Manitoba Healthy Schools**
 - *Manitoba Healthy Schools* www.gov.mb.ca/healthyschools/
 - *Mental Health Promotion in Schools: Support Mental Health Promotion in Manitoba Schools* www.edu.gov.mb.ca/k12/spcedu/smh/mh_resource.pdf
 - *What is Comprehensive School Health?* www.gov.mb.ca/healthyschools/csh.html
- **Manitoba Parent Zone**
www.manitobaparentzone.ca/



Appendix F

- **Sexuality Education Resource Centre Manitoba (SERC)**
www.serc.mb.ca/
- **Teen Talk**
<http://teentalk.ca/>

Manitoba Data Sources

- Early Development Instrument, Healthy Child Manitoba
www.gov.mb.ca/healthychild/edi/
- *Manitoba Provincial Report Tell Them From Me: Bullying and School Safety 2013/2014* www.edu.gov.mb.ca/k12/safe_schools/ttfm/index.html
- *Manitoba Youth Health Survey Report 2012–2013*
http://partners.healthincommon.ca/wp-content/uploads/2014/11/2012-13-Manitoba-YHS-Report_FINAL.pdf