Evidence-informed policy development and enactment: A policy content evaluation of a provincial policy for improving the educational outcomes of youth in out-of-home care in Ontario

by

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Abstract

The dissertation explores the Joint Protocol for Student Achievement (JPSA) through a series of four interrelated papers. First, education data of 4,109 students were analyzed to understand the educational experiences of students living in out-of-home care (OHC) throughout Ontario during the year (2015–2016) the JPSA was released. Analyses revealed that students in OHC had higher short-term absentee rates, suspension and expulsion rates, special education placement, and rates of school transfers compared to their peers in the general population.

Second, a scoping review of scholarly and gray literature (N=69) was conducted to uncover the common components that support partnership working between youth-serving organizations. The scoping review identified four key themes (strategic planning, institutional structures, client-level supports, and implementation and evaluation) that were further disaggregated into 16 common components which may support partnerships.

Third, a jurisdictional scan was completed to identify and compare partnership working agreements between education and child welfare sectors located across Canada using the common components of partnerships uncovered during the scoping review. Including Ontario, five partnership protocols were uncovered. On average, protocols scored highly on factors related to strategic planning (80%), institutional structures (85%), and client-level supports (90%). However, protocols fell short on factors relating to implementation and evaluation (50%).

Finally, interviews (N=21) were performed with education and child welfare partners in order to understand the perspectives and experiences of developing and implementing the JPSA. Analysis of the qualitative data gathered from the interviews with education and child welfare.
stakeholders suggest that provincial working group played a critical role in designing the JPSA provincial template. At the local level, participants found that designing regional JPSA’s helped to develop new relationships between sectors or formalize already occurring partnership practices. Issues related to information sharing, implementation, and evaluation were also uncovered.

Recommendations for policymakers, practitioners, and researchers cover five key themes: (a) creation of new JPSA sections, (b) provision of implementation support, (c) development of information and data sharing structures, (b) development of capacity surrounding trauma-informed practice, (c) creation of common evaluation and performance measurement system.
Acknowledgments

I have been blessed with an exceptional mentor and researcher in my advisor – Dr. Amanda Cooper. The generosity she afforded with regard to time in order to discuss research ideas and articles in preparation has largely contributed to my success during the past four years. I have learned a tremendous amount about how to conduct research by “doing research” with her. I have truly enjoyed our relationship and appreciate Amanda’s patient investments in my development. I look forward to our ongoing work together.

I would also like to thank my dissertation committee members – Dr. Robert Flynn and Dr. Michelle Searle. Dr. Flynn has been instrumental in developing my capacities to conduct evaluations within the education and child welfare practitioner communities. Dr. Michelle Searle provided valuable feedback throughout the dissertation process. I was also most fortunate to have dissertation examiners Dr. Julia Brook and Dr. Vicky Ward who brought interesting insights to the examination.

Finally, this journey would not have been possible without the support of my family; thank you for your continuous and unparalleled love, help, and support. I am forever indebted to my grandparents for giving me the opportunities and experiences that have made me who I am. I would also like to acknowledge my husband, Farid, for his enduring support during my doctoral studies. I look forward to encouraging you in your future educational pursuits.

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Glossary of Terms

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<th>Definition</th>
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<td>Evidence-based Policymaking</td>
<td>Policymakers “mak[e] decisions based on knowing with an estimated degree of certainty what works, at achieving what outcomes, for which groups of people, under what conditions, over what time span, and at what costs” (University of Cape Town, 2014).</td>
</tr>
<tr>
<td>Evidence-Informed Policymaking</td>
<td>Policymaker rely “on transparent use of sound evidence and appropriate consultation processes which contribute to balanced policies and legitimate governance” (Head, 2015, p. 1). However, proponents of evidence-informed policymaking note that “policy making is an inherently political process, and decision-makers may not be able to translate [research] evidence into policy options… due to constraints” (UNICEF, 2008).</td>
</tr>
<tr>
<td>In Loco Parentis</td>
<td>Latin for “in the place of a parent.”</td>
</tr>
<tr>
<td>Joint Protocol for Student Achievement (JPSA)</td>
<td>A partnership working agreement aiming to improve the educational outcomes of youth in out-of-home (OHC) care in Ontario</td>
</tr>
<tr>
<td>Jurisdictional Scan</td>
<td>A research method used to “consider how problems have been framed in other regions, compare and evaluate options based on the action taken in other jurisdictions in response to similar problems, and identify and anticipate implied considerations associated with those options” (Kilian, Nidumolu, and Lavis, 2016, p. 2).</td>
</tr>
<tr>
<td>Key Informant Interviews</td>
<td>A qualitative research method with stakeholders who have first-hand knowledge of the issue being examined. In the context of this dissertation, key informants included professionals from the education and child welfare sectors who were responsible for developing and enacting Ontario’s JPSA.</td>
</tr>
<tr>
<td>Out-of-Home Care (OHC)</td>
<td>OHC is court-ordered care provided to children who are unable to live with their parents. OHC is an all-encompassing term for different types of care (e.g., family foster care, kinship care, group/residential care, or customary care) for children. Ontario, via a child welfare agency, stands in loco parentis (i.e., Latin for ‘in the place of a parent’) while residential service providers (e.g., foster parents or group homes) are responsible for the day-to-day care of the youth.</td>
</tr>
<tr>
<td>Partnership</td>
<td>“A collaborative relationship between entities to work towards shared objectives through a mutually agreed division of labor” (World Bank, 1998 in Compassion Capital Fund, 2010).</td>
</tr>
<tr>
<td>Policy Evaluation</td>
<td>The type of evaluation used when there is a need to “systematically investigate the effectiveness of policy interventions, implementation and processes, and to determine their merit, worth, or value in terms of improving the social and economic conditions of different stakeholders” (Her Majesty’s Treasury, 2011, p. 3).</td>
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- **Content evaluations** “focus on a number of different aspects of policy, including the evidence base supporting the policy’s strategy, the content of
similar policies, and the context of the policy’s development and enactment” (Center for Disease Control, 2013, p. 4).

- **Implementation evaluations** “examine components of a logic model, including the inputs, activities, and outputs involved in the implementation of a policy. It can also provide important information about stakeholder perceptions, and awareness, as well as barriers to and facilitators of implementation” (Center for Disease Control, 2013, p. 4).

- **Impact evaluations** “examine changes in key indicators that have occurred since the implementation of a policy and the extent to which changes can be attributed to the policy” (Center for Disease Control, 2013, p. 4).

<table>
<thead>
<tr>
<th>REACH Team Meetings</th>
<th>A component of the JPSA. Bi-yearly case planning meetings between key individuals (e.g., teacher, child welfare caseworker, student, caregivers).</th>
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<tr>
<td>Scoping Review</td>
<td>Scoping reviews use rigorous, transparent, and structured search strategies to synthesize “the literature on a particular topic or research area and provide an opportunity to identify key concepts; gaps in the research; and types and sources of evidence to inform practice, policymaking, and research” (Daudt, Van Mossel, &amp; Scott, 2013 in Pham et al., 2014).</td>
</tr>
<tr>
<td>Secondary Analysis</td>
<td>Secondary analysis is the reanalysis of data already collected from a previous research study (Payne &amp; Payne, 2004).</td>
</tr>
<tr>
<td>Stakeholder</td>
<td>A person with an interest or concern in something. In the context of this dissertation, stakeholders may include youth in care, education professionals, child welfare professionals, policymakers, and any other individual involved with the issue.</td>
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List of Abbreviations

This list is intended to assist the reader in understanding commonly used abbreviations used throughout the dissertation. Abbreviations are also integrated throughout the dissertation when terms are first introduced.

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<td>Children and Youth in Care</td>
</tr>
<tr>
<td>CWECT</td>
<td>Crown Ward Education Championship Team</td>
</tr>
<tr>
<td>EIPM</td>
<td>Evidence-Informed Policy Making</td>
</tr>
<tr>
<td>FASD</td>
<td>Fetal Alcohol Syndrome Disorder</td>
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<tr>
<td>JPSA</td>
<td>Joint Protocol for Student Achievement</td>
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<tr>
<td>MCYS</td>
<td>Ontario Ministry of Children and Youth Services</td>
</tr>
<tr>
<td>MoE</td>
<td>Ontario Ministry of Education</td>
</tr>
<tr>
<td>MoE-ESAB</td>
<td>Ontario Ministry of Education, Education Statistics and Analysis Branch</td>
</tr>
<tr>
<td>OEN</td>
<td>Ontario Education Number</td>
</tr>
<tr>
<td>OHC</td>
<td>Out-of-Home Care</td>
</tr>
<tr>
<td>PACY</td>
<td>Ontario Provincial Advocate for Children and Youth</td>
</tr>
<tr>
<td>QED</td>
<td>Quasi-Experimental-Designs</td>
</tr>
<tr>
<td>RCT</td>
<td>Randomized Control Trial</td>
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<tr>
<td>REACH Team</td>
<td>Realizing Education and Achievement for Children and Youth Teams</td>
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Chapter One:

General Introduction

The dissertation reports on the development and enactment of the Joint Protocol for Student Achievement (JPSA), a partnership working agreement between Ontario’s education and child welfare sectors to support youth living in out-of-home care (OHC). A four-phase mixed-methods policy evaluation was used to assess the extent to which evidence was included in the development of the partnership. In addition, results generated from the study were meant to inform the partnership’s continued improvement and “bridge the gap between the production of evidence and the capacity of policymakers to translate findings into policy improvements” (Burch & Heinrich, 2016, p. 6). The first phase of the evaluation was to examine the provincial context of the policy’s development and enactment through a secondary analysis of aggregated data of students living in out-of-home care (OHC). The second phase consisted of a scoping review of the research literature on partnership approaches between youth-serving organizations. Grounded on the findings of phase two, the third phase examined the content of similar partnership agreements located across Canada through a jurisdictional scan. Based on phases two and three, the final study examined the process by which the policy was developed by conducting key stakeholder interviews with education and child welfare professionals who were responsible for developing and implementing the partnership working agreement across Ontario.

Introduction to the Studies

Four issues require further discussion to introduce the studies: (1) the role of evidence in policymaking; (2) the purpose of the dissertation; (3) an introduction of the JPSA, and; (4) the methodological approach used for the dissertation.
The Role of Evidence in Policy-Making

Policymakers are increasingly looking for evidence to help them make decisions about which courses of action to take when addressing complex social problems (Janha, 2015). Using evidence across the policy process is an approach that “helps people make well informed decisions about policies, programmes and projects by putting the best available evidence… at the heart of policy development and implementation” (Davies, 2004, p.3). Discussion of evidence use in policymaking focusses around two key issues: (a) the different factors which influence policies, and (b) how evidence is incorporated into the policy process.

The different factors which influence policies. The degree to which evidence plays a role in the policy process lies on a continuum. In opinion-based policymaking, decisions rely heavily on the “views of individuals or groups based on particular ideological viewpoints, values, etc.” (UNICEF, 2008). The research literature which focuses on moving away from opinion-based policy-making and towards making decisions through the use evidence is divided into two main camps: evidence-based versus evidence-informed policymaking.

Proponents for evidence-based policymaking (e.g., see Banks 2009; Donaldson, Christie, and Mark 2009; Nussle and Orszag 2014) believe that policymakers should “mak[e] decisions based on knowing with an estimated degree of certainty what works, at achieving what outcomes, for which groups of people, under what conditions, over what time span, and at what costs” (University of Cape Town, 2014). In other words, policymakers are guided by program evaluations which identify causal relationships using a specific set of methods (i.e., randomized control trials). As such, evidence-based policymaking takes a narrow view regarding what counts as ‘valid’ evidence.
Advocates of evidence-informed policymaking (e.g., see Head, 2008; Pawson, 2006; Shillabeer, Buss, and Rousseau, 2011) argue that policymakers should rely “on transparent use of sound evidence and appropriate consultation processes which contribute to balanced policies and legitimate governance” (Head, 2015, p. 1). However, they also note that “policy making is an inherently political process, and decision-makers may not be able to translate [research] evidence into policy options… due to constraints” (UNICEF, 2008). For example, Dhaliwal and Tulloch (2012) note that political constraints, administrative capacity, technical feasibility, time pressures and limited finances need to be addressed when examining policy options. Therefore, proponents of evidence-informed policymaking argue decision-making should be informed by a more holistic assessment of evidence, of which research is but one factor. The researcher values a range of research evidence, from small scale studies rich in qualitative data to large scale randomized control designs. Therefore, she positions herself as sitting in the ‘evidence-informed’ camp.

Types of evidence. It is difficult to create agreement on what counts as evidence (Mayne et al., 2018; Nutley, Walter, & Davies, 2007). For this dissertation, five types of evidence are included: (i) system data on local context and environment, (ii) cross-jurisdictional policy learning, (iii) citizen input, (iv) practice-informed evidence, and (v) research evidence (Wills, Tshangela, Shaxson, Datta, & Matomela, 2016). Each of the types of evidence is often used concurrently as each has its own value.

System data on the local context. In order to better understand the complexity of social issues, governments have been engaged in developing data reporting and utilization systems to inform policymaking and improvement efforts (Nutley, 2012). In education, governments (e.g., Porter & Snipes, 2006) have developed systems to assess student achievement and to increase
understanding concerning the overall local contexts of specific school districts and schools. Data on the local context may include descriptive information on the prevalence of school dropouts and other measures of education success (Wills et al., 2016).

**Cross jurisdictional policy learning.** There have been several studies which have examined policy transfer (Dolowitz and Marsh, 1996; Benson & Jordan, 2011) over the past three decades. Most of these studies have focused on how and why information related to policies in other jurisdictions is used by policymakers for developing similar policies of their own. Bochel and Duncan (2007) argue that looking to other jurisdictions for policy helps policymakers:

> Envisage how a policy works, you can see it in action somewhere else; you can learn from any mistakes that the other jurisdiction may have made, or even plan improvements safe in the knowledge that the proposals are being based on a real operating model rather than abstract theory; and may of the details – how much a programme is likely to cost, whether it has any unintended consequences – can be identified.

Bochel and Duncan (2007) caution that policymakers cannot simply transfer a policy in another jurisdiction to forego the policymaking process. Rather, policies from other jurisdictions need to be adapted to fit the needs the local context.

**Practice-informed evidence.** The development of work-based knowledge is seen as crucial to continuous improvement of policies, programs, and organizational effectiveness. Practice knowledge “draws upon and makes explicit workers’ tacit knowledge…one developed in the work-place responding to the immediacy of practice” (Avis, 2003, p. 372). Practice-informed evidence may be expressed through stakeholder consultation or through evaluations of policies and practice (Wills et al., 2016).
Citizen input. Citizen participation in policymaking has been widely advocated for by policy scholars (Dahl, 1992; Berner, Amos, & Morse, 2011) and public sector practitioners (Ebdon & Franklin, 2004, 2006). Stivers (1990) argues that “through sharing in governance, citizens can choose actions that gradually reshape institutions in directions which they believe to be right” (p. 97). Like practice-informed evidence, citizen input can also be expressed through stakeholder consultation (Wills et al., 2016)

Research evidence. Finally, research evidence “is produced through a formal, comprehensive and rigorous process that uses primary and secondary data and adheres to accepted principles of quality” (Ademokun, Dennis, Hayer, Richards, Runceanu, 2016). However, ‘quality’ is a contested term, and once again there are two camps of scholars – those in favour of hierarchies of evidence based on study design and those who purport that hierarchies are not appropriate when examining social policy.

Hierarchies of evidence were originally developed to examine ‘what works’ in regards to health interventions (Hoffman, Bennet, Del Mar, 2013). The evidence hierarchy takes a top-down approach to locating ‘quality’ research evidence. Table 1 provides a hierarchy of methodological rigor for policy decision-making adapted from Ackley, Ladwig, Swan, and Tucker (2007).

Table 1

<table>
<thead>
<tr>
<th>Level of Evidence</th>
<th>Type of Research</th>
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<tr>
<td>I</td>
<td>Evidence from a systematic review or meta-analysis of all relevant randomized controlled trials (RCTs) or evidence-based clinical practice guidelines based on systematic reviews of RCTs or three or more RCTs of good quality that have similar results</td>
</tr>
<tr>
<td>II</td>
<td>Evidence obtained from at least one well-designed randomized control trial (large, multi-site)</td>
</tr>
</tbody>
</table>
The highest level of research evidence (level I) includes systematic reviews of all relevant RCTs in order to “examine the totality of evidence for a given program” (Ratcliffe, 2018, para. 15). Level II studies include RCTs, experiments that randomize treatment and control groups, “because (in principle) they can rule out most of the problems associated with less rigorous studies” (Ratcliffe, 2018, para. 12). Level III research, using a comparison group without randomization, has been argued as “the bare minimum, rock-bottom standard” (Sherman, 2013) required for evidence-informed policymaking. More simplistic research (Levels IV, V, VI, and VII) can point to interesting and promising practices that should be looked into further with more rigorous research. Commercially produced or non-peer reviewed research and reports are the least methodologically rigorous forms of evaluation evidence listed in hierarchies.

Other scholars (e.g. Bagshaw & Bellomo, 2008; Ogilvie, Hamilton, Egan, & Petticrew, 2005; Pawson, Greenhalgh, Harvey, & Walsh, 2005) have argued that there are several challenges to hierarchies based on study design. Nutley, Powell and Davies (2013) summarize these challenges:

- Hierarchies based on study design tend to underrate the value of good observational studies;
- Using such hierarchies to exclude all but the highest–ranking studies from consideration can lead to the loss of useful evidence;
- Hierarchies based on study design pay insufficient attention to the need to understand what works, for whom, in what circumstances and why (program theory);
Hierarchies based on study design provide an insufficient basis for making recommendations about whether interventions should be adopted. (p. 11)

Nutley, Powell, and Davies (2013) point to Petticrew and Robert’s (2003) development of an evidence matrix which rates research differently according to the type of research question being addressed (Table 2).

Table 2

*A matrix of evidence to address various types of research questions (adapted from Petticrew and Roberts, 2003, in Nutley, Powell, and Davies, 2013, p. 16)*

<table>
<thead>
<tr>
<th>Research Question</th>
<th>Qualitative research</th>
<th>Survey</th>
<th>Case-control studies</th>
<th>Cohort studies</th>
<th>RCTs</th>
<th>Quasi-experimental studies</th>
<th>Non-experimental studies</th>
<th>Systematic reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Effectiveness</strong></td>
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<tr>
<td>Does doing this work better than doing that?</td>
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<tr>
<td><strong>Process of service delivery</strong></td>
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<tr>
<td>How does it work?</td>
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<td><strong>Saliency</strong></td>
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<tr>
<td>Does it matter?</td>
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<tr>
<td><strong>Safety</strong></td>
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<tr>
<td>Will it do more harm than good?</td>
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<tr>
<td><strong>Acceptability</strong></td>
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<tr>
<td>Will service users be willing to or want to take up the service offered?</td>
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<tr>
<td><strong>Cost effectiveness</strong></td>
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<tr>
<td>Is it worth buying this service?</td>
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<tr>
<td><strong>Appropriateness</strong></td>
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<tr>
<td>Is it the right service for these people?</td>
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<tr>
<td><strong>Satisfaction with service</strong></td>
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<tr>
<td>Are users, providers, and other stakeholders satisfied with the service?</td>
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</table>
The more ‘+s’ a methodology has, the better suited it is for answering a specific type of research question. The table illustrates that for questions about process, salience, acceptability, appropriateness, and user satisfaction, qualitative research and surveys may be more important than RCT studies.

*The research evidence-policy gap.* While there is increasing interest in the role of evidence in policymaking, “an ongoing theme in the literature regarding research-informed policy is the apparent inability of academics to influence policy with the results of their research” (Wessels & Pauw, 2018, p. 862). Researchers studying the evidence-policy gap have identified barriers inhibiting evidence use (Oliver, Innvar, Lorenc, Woodman, &Thomas, 2014; Orton, Lloyd-Williams, Taylor-Robinson, O’Flaherty, & Capewell, S, 2011). For example, policymakers may lack research skills while researchers lack the time and support to engage in dissemination. Systematic reviews of evidence use by Innvaer, Vist, Trommald, and Oxman (2002), Orton et al. (2011), and Oliver et al. (2014) have argued that researchers can help bridge the evidence-policy gap by conducting and disseminating research that is relevant to policymakers and provides clear recommendations and practical managerial strategies.

**Using Evidence Throughout the Policy Cycle.**

A common approach to the study of public policy is to breakdown the process into a number of components.
Figure 1. The policy cycle (adapted from Young and Quinn, 2002)

During the agenda setting stage “awareness of and priority is given to an issue or problem” (Sutcliffe & Court, 2005, p. 5) while during policy formulation “the ways (analytical and political) options and strategies are constructed” (p. 5). Throughout policy enactment and implementation “the forms and nature of policy administration and activities are examined on the ground” (Sutcliffe & Court, 2005, p. 5) while monitoring and evaluation requires the evaluation of “policy need, design, implementation, and impact” (Sutcliffe & Court, 2005, p. 6). It is important to note that in the ‘real world’ policy processes are never as cyclical as implied by the model. However, looking at each of the components helps to elucidate how evidence can influence policy at any stage.

Oliver, Lorenc, and Innvaer (2014) have called for future research to examine the processes behind policy change. Oliver et al. (2014) and other researchers (see Bowen and Zwi,
2005; Dobrow, Goel, Upshur, 2004) have suggested future research should be exploratory in nature. This type of approach would take contextual factors into consideration and focus on developing an understanding how evidence is used. Most previous studies which have examined how evidence is used throughout the policy process have focused on the policy formulation phase without an analysis of its enactment and implementation (Strehlenert, Richter-Sundberg, Nystrom, & Hasson, 2015). As such, Oliver and colleagues (2014) also argue that in order to fully understand the policy process, the analysis should also include policy enactment and implementation.

**Purpose of Dissertation**

Given that:

- More exploratory research is needed to understand the contextual factors surrounding how evidence is used
- Additional analyses of policy enactment is needed to better understand the policy process
- Researchers can help bridge the research evidence-policy gap by conducting and disseminating relevant research to policymakers which provides clear recommendations and practical strategies

The purpose of this dissertation was to explore the development and enactment of the JPSA - a partnership working agreement aiming to improve the educational outcomes of youth in OHC in Ontario - through a policy content evaluation. Results generated from the study were meant to highlight the contextual factors surrounding how evidence was used throughout the JPSA’s policy cycle. In addition, the results were meant to inform the partnership’s continued improvement through practical recommendations and strategies. The following section provides
detailed information regarding the historical development of the JPSA. After which, Chapter One concludes with an overview of the general methodology used for the policy content evaluation.

**The Historical Development of the JPSA**

The current section presents a brief history on the development of the JPSA through the lens of the policy cycle. As previously noted, the policy cycle consists of four stages: agenda setting, policy formulation, enactment and implementation, and monitoring and evaluation. The current section presents a brief overview of the JPSA’s development and enactment through the lens of the policy cycle.

**Agenda setting.** OHC is an all-encompassing term for different types of care (e.g., family foster care, kinship care, group/residential care, or customary care) for children who are unable to live with their parents. Once children are placed in the care and custody of the province of Ontario, the province must fulfill obligations for children that would otherwise be the responsibility of a parent. There were 62,428 (Jones, Sinha, & Trocmé, 2015) children in OHC in Canada during 2012, approximately 17,000 of whom resided in Ontario (Provincial Advocate for Children and Youth, 2012).

The Ontario Provincial Advocate for Children and Youth (PACY) partnered with young people in care in 2011 to hold the *Youth Leaving Care Hearings*, which were “designed to address the issues faced by many of the 8,300 children and youth [who are in OHC] in Ontario” (YouthCAN, n.d., para 2). A year later, the final report from the hearings was released. The report, entitled *My REAL Life Book*, included personal insights into the care system as experienced by 183 individuals with a history of OHC. While many issues were raised, two were pertinent to the development of the JPSA. First, youth in OHC are vulnerable to underachievement in education, which increases the risk of future unemployment and
homelessness. Second, youth in OHC noted they are often left out of decision-making regarding their lives. As a result, one of the recommendations made was to commit to ensuring every child in OHC has ongoing education services.

Furthermore, the report stipulated that plans should be developed to provide the supports needed to help youth succeed in their life goals (Youth Leaving Care Hearings Team, 2012). These plans should be agreed upon by all key stakeholders, including the youth (other stakeholders may include health care providers, school, child welfare agencies, and caregivers). The Youth Leaving Care Working Group was established by the Ministry of Children and Youth Services (MCYS) in conjunction with the PACY later in 2012 to create an action plan to implement the recommendations made as a result of the hearings (Youth Leaving Care Working Group, 2013). The working group’s final report, Blueprint for Fundamental Change to Ontario’s Child Welfare System, was released in January 2013. Within the report, the working group emphasized partnerships and increased collaboration among ministries, provincial, and federal government and between sectors to share resources (Youth Leaving Care Working Group, 2013). One of the short-term education goals put forward by the Youth Leaving Care Working Group required the Ministry of Education (MoE) and MCYS to establish a working group to develop a provincial protocol template.

Policy formulation. The MoE and MCYS formed a working group of educators, child welfare workers, caregivers, and former youth in care to develop the JPSA provincial template in 2013 to support improved school outcomes for child and youth in OHC. In 2015 the JPSA provincial template was released. The JPSA “provide[s] a framework for collaborative practices and processes that support knowledge exchange, open dialogue, and academic success for
students” (Government of Ontario, p. 6). The JPSA states that “collaborative practices and processes include:

- Information sharing processes between child welfare agencies, school boards, and schools, consistent with applicable legislation
- Dispute resolution processes between child welfare agencies and school boards, including timelines for dispute resolution before escalation
- Planning for student achievement, including the establishment of Realizing Educational Achievement for Children/youth (REACH) teams to support and promote the educational achievement of students. (p. 6)
- Administrative processes to support a student transitioning into or out of a school

The JPSA’s process for information sharing allows child welfare agencies to “disclose information to a board or school staff regarding a student’s involvement” (Government of Ontario, 2015, p. 9) with a child welfare agency “for the purpose of supporting and improving a student’s education achievement” (Government of Ontario, 2015, p. 9). The JPSA outlines the process for information sharing: (a) the child welfare ‘lead’ person should provide the designated school board ‘lead’ person with a list of students who are eligible for support under the protocol; (b) the school board ‘lead’ person should verify the list of names against the names of students registered at the board; (c) the school board ‘lead’ should forward the list of verified names in each school to the applicable school ‘point’ person; (d) where legally authorized, the school board ‘lead’ should provide educational data to the CAS ‘point’ person (e.g., school report cards, standardized test results) (summarized from Government of Ontario, pp. 9-10).

The processes for dispute resolution state that all attempts for dispute resolution should first begin with the child welfare and school ‘point’ persons. If the dispute is not resolved within
15 working days, the matter is then referred to the child welfare and school board ‘lead’ persons. If the dispute continues to be unresolved after a further 10 working days, the matter should be referred to the signatories of the JPSA (summarized from Government of Ontario, 2015, p. 19).

The JPSA offers coordinated service delivery through REACH teams in three areas: case planning meetings, supporting school attendance, and school transitions. Point persons from the education and child welfare system must provide coordinated support to students in OHC by offering REACH team meetings. REACH teams may also include the student (dependent on age and capacity), caregiver, and community partners (e.g., mental health professional, justice worker, or First Nations, Metis, or Inuit Elder). REACH team meetings are used to develop educational success plans which identify a student’s strengths and needs and are used to set and track goals.

REACH teams are also responsible for minimizing disruptions to school attendance. REACH teams are responsible for determining strategies to keep youth in school, and to identify students at risk of leaving school, in order to take appropriate action. In the case of student dropout or extended absences, the REACH team support the youth’s return to school following extended absences, suspension, expulsion or dropout. Detailed information (i.e., defining the issues, sharing information and ideas, generating and exploring possible solutions, predicting likely consequences of each suggested solution, choosing a solution and developing a plan of action, following up on the agreed action) is provided in the JPSA on how to plan for the student’s transition back to school.

The JPSA provides ‘high level’ information regarding how to provide continuity for the youth within the education system, including hosting a ‘best interest’ meeting with individuals from the youth’s REACH team ad providing transportation arrangements to youth so they may
continue attending their school of origin. The purpose of the meeting is to decide whether it is in the student’s best interest to switch schools. No information is provided on the timeline for when a ‘best interest’ meeting should occur when a student changes placements or the process for determination of best interest. However, more detailed registration practices (e.g., the inclusion of timelines) when a child changes schools are outlined within the JPSA.

Policy enactment and implementation. When the provincial template was released in the spring of 2015, local flexibility in adaptation and implementation were encouraged. Peppered throughout the JPSA template are sections labelled ‘area(s) for local customization’ where district school boards and child welfare agencies can expand the protocol to reflect local needs. As the JPSA was being developed and enacted during the timeframe this dissertation was completed, a policy content evaluation (evaluation described within ‘General Methodology’) was conducted on the Ontario’s JPSA. Future research should include an implementation and impact evaluation of the protocol.

Monitoring and evaluation. The JPSA contains a provision for evaluating the protocol every two years to provide ongoing information on the strengths and weaknesses of the partnership. This is the first public facing evaluation of the JPSA.

General Methodology

There is an increasing emphasis for policymakers to rely on “transparent use of sound evidence...[that] contribute to balanced policies and legitimate governance” (Head, 2015, p. 472). The MoE (Ontario Ministry of Education, 2017) and MCYS (Ontario Ministry of Children and Youth Services, 2014) – in their official communications – have promoted the idea of evidence-informed policy and programs. Sanderson (2002) argues that “reflexive social learning informed by policy and program evaluation constitutes an increasingly important basis
for interactive governance” (p. 1). For the purpose of this dissertation, evaluation was defined as:

*Careful assessment of the merit, worth, and value of administration, output, and outcome of government interventions, which is intended to play a role in future, practical action situations.* (Vedung, 1997).

Further, program evaluation is defined as the use of research to measure the effects of a program in terms of its goals, outcomes, or criteria (Rossi, Lipsey, & Freeman, 2004), whereas policy evaluation is research to improve or assess the implications of a systems level policy-oriented intervention (Patton, 1990). A policy evaluation was determined to be more appropriate for this study as the JPSA is a policy-oriented program.

**Policy evaluation framework.** In line with the different phases of the policy process (i.e., agenda setting, policy formulation, policy enactment and implementation), there are three main types of policy evaluation, including policy content evaluation, policy implementation evaluation, and policy impact evaluation (Piric & Reeve, 1997). A 2013 overview of policy evaluation by the Center for Disease Control (CDC) highlights three types of policy evaluation each focused on a different phase of the policy process (Figure 2).

*Figure 2. Policy development phases and types of evaluation (adapted from the Center for Disease Control, 2013, p. 4)*
Areas of focus for each type of policy evaluation come from a guide on evaluating social and health policies by the CDC:

- **Content evaluations** “focus on a number of different aspects of policy, including the evidence base supporting the policy’s strategy, the content of similar policies, the process by which the policy was developed, and the local context of the policy’s development and enactment” (Center for Disease Control, 2013a, p. 3).

- **Implementation evaluations** “examine components of a logic model, including the inputs, activities, and outputs involved in the implementation of a policy. It can also provide important information about stakeholder perceptions, and awareness, as well as barriers to and facilitators of implementation” (Center for Disease Control, 2013a, p. 3).

- **Impact evaluations** “examine changes in key indicators that have occurred since the implementation of a policy and the extent to which changes can be attributed to the policy” (Center for Disease Control, 2013a, p. 3).

As the JPSA was being developed and enacted during the timeframe this dissertation was completed, a policy content evaluation was conducted on the Ontario’s JPSA.

**Research questions.** Consistent with the areas of focus for a policy content evaluation, the following research questions guided the evaluation:

1. What does secondary analysis of provincially collected data reveal about the local context regarding factors that are associated with poor education outcomes in four domains (i.e., absenteeism, disciplinary rates, special education placement, and school transfers)?

2. What does the literature reveal about the factors that support partnership working between youth-serving sectors?
3. What are the similarities and differences of education and child welfare partnership protocols across Canada?

4. What can the views of key internal informants from the education and child welfare sectors illuminate about how Ontario’s JPSA was developed and enacted?

**Approaches to data collection.** In general, there are three approaches to data collection: quantitative, qualitative, and mixed methods. Each approach and epistemological underpinnings are briefly summarized before describing the approach used for the dissertation.

*Quantitative approaches.* In quantitative research phenomena are explained “by collecting numerical data that are analyzed using mathematically based methods” (Aliaga & Gunderson, 2002 in Muijs, 2010, p. 1). A quantitative researcher’s underlying epistemology is described as ‘realist’ or ‘positivist’. A realist ‘take[s] the view that what research does is uncover an existing reality… it is the job of the researcher to use objective research methods to uncover the truth” (Muijs, 2010, p. 4). Positivism is a more extreme form of realism – “according to positivism the world works according to fixed laws of cause and effect… [and] by developing reliable measurement instruments, we can objectively study the physical world” (Muijs, 2010, p. 4). In other words, quantitative researchers are seeking to confirm a hypothesis about a phenomenon (Creswell, 2013).

*Qualitative approaches.* In contrast, Merriam and Grenier (2019) explains that qualitative research uses non-numerical data to answer questions about the meaning of an event, activity, or phenomenon. In this approach, the researcher makes knowledge claims based on ‘subjective’ perspectives. In contrast to the realist or positivist view that there is “a true reality out there that we can measure completely objectively” (Muijs, 2010, p. 4), subjectivists purport people develop subjective meanings of activities and that these views are influenced by several
dynamic factors. As such, researchers must focus on the experiences developed through social interaction in the unique context of the study (Schwandt, 2014).

**Mixed-method approaches.** There are many definitions of mixed methods available in the research literature (e.g., see Johnson, Onwuegbuzie, & Turner, 2007). For the purpose of this dissertation, mixed methods research was defined as

*The type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and corroboration.* (Johnson et al., 2007, p. 123)

In a mixed methods approach, researchers build knowledge on pragmatic grounds. In the SAGE Handbook of Mixed Methods in Social & Behavioral Research, Biesta (2010) writes that “rather than starting from particular philosophical assumptions or convictions, the choice of a pragmatic approach is seen as one that should be driven by the very questions that research seeks to answer” (p. 95). For the purpose of this dissertation, the researcher positions herself a ‘pragmatist’.

**A mixed-method approach to data collection.** The rationale for using mixed methods is that neither qualitative or quantitative methods are adequate by themselves to answer complex issues, such as supporting the education needs of youth in OHC through partnerships (Patton, 1990). In further support of this argument, Palinkas et al. (2015) argues that mixed-methods research is needed to evaluate “efforts to implement evidence-based practices (EBPs) in statewide systems where relationships among key stakeholders extend both vertically (from state to local organizations) and horizontally (between organizations located in different parts of a
Given that the purpose of the dissertation is to examine the development and enactment of a cross-systems partnership and the range of research questions addressed, a mixed-methods approach was used.

Creswell, Klassen, Plano Clark, and Smith (2018, p. 54) suggest three issues to consider when designing a mixed methods study:

1. Using a fixed or emergent design
2. Identifying an approach to use
3. Matching a design to the study’s areas of inquiry, data collection instruments, data collection questions, and sources.

Each of the issues are discussed in the subsections below.

**Using a fixed or emergent design.** Mixed methods designs can be fixed or emergent. Fixed methods designs are studies where the methods are “predetermined and planned at the start of the research process” (Creswell and Plano Clark, 2018, p. 54). Emergent designs “occur when a second approach (qualitative or quantitative) is added after the study is underway because one method is found to be inadequate” (Creswell and Plano Clark, 2018, p. 54). This study utilized a fixed design.

**Identifying an approach to use.** Leech and Onwuegbuzie (2009) provide a three dimensional typology of mixed-methods approaches: partially or fully mixed; concurrent or sequential, and; equal or dominant status of quantitative and qualitative data. Table 3 provides a description of each component within the typology and highlights how the components of the typology are utilized within the present dissertation.
Table 3

Typology of mixed-methods approaches

<table>
<thead>
<tr>
<th>Typology Component</th>
<th>Description</th>
<th>Dissertation Utilization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partially or fully mixed design</td>
<td>In a fully mixed study qualitative and quantitative methods are mixed within or across stages. While with partially mixed methods, both the quantitative and qualitative elements are conducted either concurrently or sequentially.</td>
<td>This dissertation used a partially mixed design. Each phase of the dissertation is performed separately and is mixed only when the results are discussed and interpreted in the conclusion chapter.</td>
</tr>
<tr>
<td>Concurrent or sequential</td>
<td>In concurrent combinations, “each method is conducted in its entirety, separately from the other methods” (USAID, 2013, p. 4). With sequential combinations, “methods are employed one after the other, with the findings from methods used earlier in the evaluation informing the design and implementation of methods used later in the evaluation” (USAID, 2013, p. 4).</td>
<td>This dissertation used both concurrent and sequential combinations. Data collection and analysis for RQ 1 was conducted at the same time, but separately from RQs 2, 3, 4. Findings from RQ2 of the dissertation informed the design and implementation of methods used to address RQs 3 and 4.</td>
</tr>
<tr>
<td>Embedded or dominant status of quantitative and qualitative data</td>
<td>In a dominant design one strand is primarily in a supportive role to the other strand. In an embedded design, qualitative and quantitative data are given equal weight.</td>
<td>This dissertation used a dominant design, where qualitative data played a supportive role to the quantitative analysis.</td>
</tr>
</tbody>
</table>

This dissertation utilized a partially mixed, combined concurrent and sequential embedded - QUAL(quan) – approach.

Matching the design to the study’s research questions, data collection instruments and data sources. Forman and Damschroder (2008) argues that mixed-method evaluation requires the researcher determine which methods will be used to address the study’s research questions, including data sources, data collection instruments, sampling strategies, and analysis techniques. Table 4 includes a brief description of these components.
Table 4

Mixed-method evaluation design matrix

<table>
<thead>
<tr>
<th>RQ#</th>
<th>Type of Evidence</th>
<th>Data Collection Method</th>
<th>Data Source</th>
<th>Data Collection Instrument</th>
<th>Sampling Strategies</th>
<th>Analysis Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>System-level data</td>
<td>Secondary analysis of provincially collected student (N=4109) outcome data</td>
<td>Children and Youth in Care Data Reports supplied to all (N=72) Ontario district school boards.</td>
<td>Excel data collection form organized by district school board and education outcome.</td>
<td>n/a</td>
<td>Descriptive statistics and chi-squared tests using SPSS statistical software package.</td>
</tr>
<tr>
<td>2.</td>
<td>Research evidence</td>
<td>Scoping review of scholarly and gray literature using Arksey and O’Malley (2005) framework</td>
<td>Research and gray literature (N=69) of partnership working</td>
<td>Excel data collection form organized by document and general characteristic, definitions, methodological characteristics, inhibiting factors of partnerships, common elements of partnerships, and outcomes of partnerships.</td>
<td>Eligibility requirements: • Considered the impact of partnership working on clients, professionals, organizations, or systems; • Discussed guidelines of practice for service coordination; and • The collaborative partnership was between the health, education, child welfare, social care/work, or other</td>
<td>Descriptive statistics from excel data collection form and inductive and emergent coding using NVivo qualitative coding software.</td>
</tr>
</tbody>
</table>
3. How is the content of the JPSA similar to or different from that of other partnership protocols between education and child welfare that exist across Canada?

<table>
<thead>
<tr>
<th>Cross-jurisdictional policy learning</th>
<th>Using framework for jurisdictional scanning by Kilian et al. (2016), a scan of education/child welfare partnership protocols across Canada was conducted.</th>
<th>Provincial protocols (N=5) from Ontario, Alberta, British Columbia, Manitoba, and Nova Scotia</th>
<th>Content Matrix</th>
</tr>
</thead>
<tbody>
<tr>
<td>- The partnership protocol was intended to improve collaborative processes between the education and child welfare sectors to improve the educational outcomes of youth in OHC;</td>
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<tr>
<td>- The partnership protocol was intended to promote collaborative processes between education and multiple youth-serving sectors (must include child welfare) to improve the educational outcomes of all youth; and</td>
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<tr>
<td>- The partnership protocol was from a Canadian jurisdiction (British Columbia, Alberta,</td>
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</table>

- a) Policy content matrix - protocols measured whether or not a protocol offered a particular element (where ✓ was 'yes', X was 'no').

- b) Inductive and emergent coding using NVivo qualitative coding software.
| 4. What can the views of key internal informants from the education and child welfare sectors illuminate about how Ontario’s JPSA was developed and enacted? | Practitioner evidence | Semi-structured interviews (N=21). | Interview transcripts | Interview protocol (Appendix #). | Purposive sample (N= 21) of key education and child welfare professionals involved in developing and enacting Ontario’s JPSA | Inductive and emergent coding using NVivo qualitative coding software. |
Opinion input from youth in OHC was not included for this dissertation. The vulnerable nature of this student group meant that accessing this population would have been difficult for a doctoral student. Therefore, due to the time limits of the dissertation, this group was left out from the evaluation. However, future research on the JPSA should include youth and caregiver voice.

**Significance of Dissertation**

This dissertation explores the JPSA – a systemic effort to bridge Ontario’s education and child welfare systems so they can partner for student success – through four interrelated papers. First, this dissertation examines the available literature on partnership working between public sectors (education, child welfare, social service, and health) to develop a framework that highlights the enabling factors of successful partnerships across a variety of contexts. Second, the dissertation maps publicly available partnership frameworks between the education and child welfare sectors across Canada – using the framework developed during the scoping review – to determine the strengths, barriers, and gaps associated with current partnership delivery practices in Ontario’s JPSA. Third, the development and implementation of the JPSA is examined through interviews with key stakeholders from the education and child welfare sectors. Fourth, it provides a provincial view of how students in OHC were faring in relation to the rest of the student population during the year (2015–2016) the JPSA was released. Information from this study may help education and child welfare professionals and policymakers know how to support the continued implementation and monitoring of the JPSA. Additionally, other provincial ministries may find interest in the study if they plan to pursue similar partnerships. Finally, the study provides baseline data on the educational outcomes of youth in OHC. Therefore, the proposed research will help increase knowledge on an under-researched area,
which has urgent importance to a vulnerable population in our school system as well as for policymakers and professionals.

**Overview of Thesis Structure**

This doctoral thesis uses a multiple-paper format that consists of an introductory chapter, a collection of four related papers, and a final concluding chapter. Chapter One provides a provincial-wide analysis of the academic data on the youth in OHC who attended Ontario’s public school system during the year the JPSA was released (2015–2016). Chapter Two frames the four interrelated studies by providing the context of the study and introduces the JPSA, outlines the purpose of the research study, the significance of the proposed research, and includes a summary of the literature concerning the variables in the conceptual frameworks. Chapter Three explores crucial aspects of partnerships that influence their effectiveness and contribute to improved outcomes for clients through a scoping review of 69 documents. Chapter Four compares Ontario’s JPSA to other publicly available partnership protocols designed to increase collaboration between the education and child welfare sectors across Canada to understand better how the partnership approaches in each of these jurisdictions differs from Ontario. Chapter Five examines Ontario’s JPSA through qualitative interviews to understand better how key internal informants from the education and child welfare sectors perceived the protocol’s development and implementation. The final chapter summarizes the conceptual and empirical contributions of all four papers and discusses the limitations and future areas of study for each. Finally, it includes recommendations and implications for researchers, policymakers, and practitioners across the education and child welfare sectors. Ultimately, this chapter discusses how the study and its findings provide a distinct contribution for education field, especially regarding understanding the role of collaboration with other youth-serving sectors.
Note: Sections in each paper that were originally addressed within the introductory chapter are copied using a blue font to denote repetition. One comprehensive reference list is provided at the end of the dissertation including references from the four papers.
Chapter Two:

Painting a Picture with Data: Examining the factors which predict education outcomes of Ontario students in OHC

Abstract

Purpose. Previous research literature has exhibited that students in OHC are at risk for experiencing many challenges in school. This manuscript presents the findings from a provincial-wide analysis to compare the educational outcomes of youth in OHC with the general student population during the 2015–2016 school year.

Method. As part of Ontario’s Joint Data Sharing Agreements for Children and Youth in Care between the MoE and 43 child welfare agencies, data were collected on 4,422 school-aged (K-12) foster children who were attending school in one of Ontario’s 72 district school boards during the 2015–2016 school year. A Freedom of Information access request was made to the Ontario MoE to obtain the educational data provided to every Ontario school board. Descriptive statistics and chi-squared tests were used to examine whether the education outcomes of youth in OHC were significantly different from their peers in the general student population. The alpha level was set at $\alpha = .05$. Any findings with p-values greater than .05 were not significant.

Findings. Demographic measures revealed that approximately one in every 450 students resided in OHC during the 2015–2016 school year, and proportionally, school boards located in Northwestern Ontario served much higher levels of youth in OHC than boards in other regions of the province. Over half (53.28%) of the foster student population was in secondary school during 2015–2016. Analyses of the factors that contribute to academic success revealed that students in OHC had higher short-term absentee rates, suspension and expulsion rates, special
education placement, and rates of school transfers compared to their peers in the general population.

Conclusion. The provincial analysis provided insights into the educational needs of youth in OHC. Coordinated case planning between the education and child welfare sectors should occur in order to build upon student strengths and address their needs as they arise.

Introduction

Over the past 10 years, the Ontario education and child welfare sectors have been working in partnership to improve the educational outcomes of children and youth in OHC. However, until recently, district school boards across Ontario were not provided with data related to the educational experiences of youth in OHC. The reporting of educational rates of students in OHC was made possible through data sharing agreements between the MoE and child welfare agencies.

The Children and Youth in Care (CYC) data sharing project was initially piloted from 2009 to 2011 with MCYS and MoE co-chairing the Education Data Collection Working Group. Representatives from seven child welfare agencies and seven school boards also participated in the working group. After the conclusion of the pilot project, the working group recommended to expand the initiative and collect data from all child welfare agencies to determine the educational achievement of children and youth in care at a provincial level. The large-scale CYC Data Sharing Project was in place from September 2015 until June 2018. (Ontario Association of Children’s Aid Societies Conference, personal notes, November 2016).

Child welfare agencies across Ontario provided basic data on children and youth that are in OHC to Education Statistics and Analysis Branch of the MoE (MoE-ESAB) for the purposes of validating the child data from child welfare agencies with the Ontario Education Number
(OEN) registry. Producing a dataset with the OENs made it possible for MoE-ESAB to pull the relevant data concerning students in OHC during the 2015-16 school year.

Educational data reports on children and youth in OHC were provided to every (N=72) district school board for the first time during the summer of 2017 for the previous academic year (2015–2016). The statistics from the reports represent student counts based on the district school board that the student attended, however disaggregated student data is not available by district or school because the identification of students in OHC occurred through child welfare agencies (Ontario Association of Children’s Aid Societies Conference, personal notes, November 2016). In addition, school boards were not provided with overall provincial trends for each of the measures as a way to compare their results.

Therefore, the purpose of this paper is to present a secondary analysis to reveal these provincial trends using the original reports supplied to Ontario school boards. Moreover, this paper provides the first public-facing analysis of the reports generated from the CYC Data Sharing Agreements. It is hoped that the findings will provide useful data to inform debate and engagement within the education and child welfare communities and, further, to establish an empirical benchmark against which to conduct future outcome and impact studies of Ontario’s efforts to improve the educational outcomes for youth living in care.

**Research Question**

The overarching research question guiding the study is as follows:

1. What does secondary analyses of provincially collected data reveal about the local context regarding factors associated with poor student outcomes in four key domains (i.e., absenteeism, disciplinary rates, special education placement, and school transfers)?
Interventions in Ontario that aim to improve educational outcomes need to be accompanied by a vigorous, ongoing cycle of research, demonstration, evaluation, and program improvement. Answers to questions such as these are vital to practitioners, managers, policy makers, and researchers who wish to improve the educational outcomes of youth in care.

**Youth in OHC are less Likely to Experience Academic Success**

Education planning is vital for every youth in OHC as research has demonstrated that this group of young people are at a significant disadvantage compared to general youth. Canadian (Brownell et al., 2010; Flynn & Biro, 1998; Flynn et al., 2004; Mitic & Rimer, 2002) and international studies (Berridge, 2007; Crozier & Barth, 2005; O’Higgins et al., 2015) have found that youth in OHC perform worse in school across a number of areas, including academic, social, and behavioural adjustments. In a recent review of research literature, Pears, Kim, and Brown (2018) developed a model of factors that affect the educational outcomes for youth in OHC (Table 5).

Table 5

*A model of factors that affect the educational outcomes of youth in OHC.*

<table>
<thead>
<tr>
<th>Prekindergarten Readiness for School</th>
<th>Youth in OHC in Elementary through High School</th>
<th>Long Term Educational Outcomes for Youth in OHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factors Resulting in Poor Educational Outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Deficits in pre-academic and social skills</td>
<td>• Poor academic, behavioural, and social functioning</td>
<td>• Low rates of high school graduation and college attendance/completion</td>
</tr>
<tr>
<td>• Deficits in regulatory systems</td>
<td>• Lack of caregiver involvement</td>
<td>• Continuing effects of caregiver involvement and school mobility</td>
</tr>
<tr>
<td>• Lack of access to high-quality early childhood education</td>
<td>• School mobility</td>
<td>• Support services</td>
</tr>
</tbody>
</table>

*The Buffering Effects of Better Educational Outcomes*

| • Better pre-academic and social skills reduce negative effects of school mobility | • Caregiver involvement improved educational outcomes | • The higher the level of educational attainment the more likely it is that youth |

31
Using the model developed by Pears, Kim, and Brown (2018), I summarize the findings presented by Pears et al. (2018) and add literature to the evidence base in each of the areas. Preference is given to Canadian literature where possible.

**Deficits in pre-academic and social skills.** The literature review by Pears, Kim, and Brown (2018) highlights that early literacy and numeracy skills “are essential for school readiness and continuing school success” (p. 5) but note that youth in OHC often experience deficits across these domains.

**Poor pre-academic skills.** Pears, Kim, and Brown (2018) point to a study by Pears, Heywood, Kim, and Fisher (2011) which examined the pre-reading skills of 63 children in OHC and found that the children “exhibited pre-reading deficits with average pre-reading scores that fell at the 30th to 40th percentile” (p. 140). The authors point to a study on the impact of neglect on the initial adaptation to school by Manly, Lynch, Oshri, Herzog, and Wortel (2013), which showed children in care were less likely to be taught critical pre-academic skills by their parents due to experiencing neglect. Other researchers – not included in Pears, Kim, and Brown’s review – suggest that poor early academic and social skills are partly explained by the trauma experienced from abuse and neglect (Berridge, 2007; O’Higgins et al., 2015). For example, many researchers have shown that cognitive impairment may be associated with abuse during childhood (Beers & De Bellis, 2002; Bremner et al., 1995; Crozier & Barth, 2005; De Bellis et al., 2009; Goodman et al., 2010; Mezzacappa et al., 2001; Savitz et al., 2007). In a systematic review of 17 articles that sought to assess the impact of child maltreatment on cognitive functioning, Irigaray et al. (2013) found that overall, individuals exposed to childhood abuse...
performed poorly on tasks meant to assess verbal episodic memory, working memory, attention, and executive functions. A study by Jacobson, Moe, Ivarsson, Wentzel-Larsen, and Smith (2013) investigated the cognitive development and socio-emotional functioning of 60 two and three-year-old children in OHC and their potential to catch up with their peers at age three. Findings from the study revealed “foster children performed less well developmentally at the age of 2 and 3 years compared to the children in the comparison group, and were unable to close the gaps in most of the measured developmental scales and domains” (p. 673). Other researchers have shown that young persons who experience trauma are likely to exhibit less creativity and problem solving skills, as well as experience delays in language development and lower IQ scores (Cook et al., 2005; Gabowitz et al., 2008).

Children who experience abuse and neglect are a unique population with disproportionately increased rates of developmental disabilities and mental health issues that “might interfere with youth’s abilities to learn new skills at the same rate as non-maltreated youth” (Pears et al., 2018, p. 214). Within the Public Health Agency of Canada’s (2008) report, *The Canadian Incidence Study of Reported Child Abuse and Neglect*, it was revealed that in 9.5% of maltreatment-related investigations the child had a developmental disability. Less than 1% (0.6%) of youth in the general population have been diagnosed with a developmental disability (Bizier et al., 2015). Negative consequences from abuse may begin in utero for some children if the mother exposes the fetus to alcohol or other drugs. Individuals born with Fetal Alcohol Syndrome Disorder (FASD) experience “a broad array of physical defects, cognitive, behavioural, emotional, and adaptive functioning deficits, as well as congenital anomalies, such as malformations and dysplasia of the cardiac, skeletal, renal, ocular, auditory, and other systems” (Popova et al., 2014). Canadian studies from Manitoba reveal that 11-17% of children
in OHC were diagnosed or suspected to have FASD (Fuchs et al., 2007, 2010; Fuchs & Mudry, 2005). When only examining those children in care that have been diagnosed with a disability, 34% (Fuchs et al., 2007, 2010; Fuchs & Mudry, 2005) had FASD. An Alberta-based study has likewise found that 50% of children in its OHC system have FASD (Hutson, 2006). The incidence rate for FASD in the general population is estimated to be 0.9% (Fetal Alcohol Spectrum Disorder Ontario Network of Expertise, n.d., para 4.). Evidence also reveals that exposure to trauma early in life significantly increases the risk for mental health disorders such as post-traumatic stress, depression, bipolarity, and schizophrenia. These mental health disorders can have a wide result in a variety of issues, including deficits in episodic memory, attention deficiency, low processing speed and executive functioning, and psychomotor impairments (Gould et al., 2012). When researchers from the University of Victoria interviewed former youth in care during a three year longitudinal study it was discovered that nearly half of youth formally in care had received a psychiatric diagnosis (Rutman et al., 2007). The incidence rate for those diagnosed with mental health-related disabilities in the general population across Canada was 3.9% (Statistics Canada, 2012).

**Deficits in social skills and regulatory systems.** In their literature review, Pears et al. (2018) point to four studies (Almas et al., 2012; Harden et al., 2014; Leve et al., 2007; Pears & Fisher, 2005), which show that pre-school-aged children in OHC lack key social skills such as the ability to recognize and interpret the emotions of others and once children in OHC enroll in school, they typically score lower on ratings of social skills compared to their peers in the general population. The review by Pears et al. (2018) also highlight numerous studies (N=18) that have examined the emotional and behavioural self-regulation and inhibitory control abilities of children in OHC. These findings are consistent with a Canadian study by Stein, Evans,
Mazumdar, and Grant (1996) of 248 children in OHC, which found that 70% of the youth sampled had a history of emotional or behavioural problems while only 22% of youth in community samples faced this issue.

Lack of access to high-quality early childhood education. Educational outcomes are also mediated by SES, with lower SES status being positively correlated with poor outcomes. Canadian researchers such as Thomas (2006) and Phipps and Lethbridge (Phipps & Lethbridge, 2006) examined income and education outcomes using data from the National Longitudinal Survey of Children and Youth. Both studies concluded that children who come from families living in poverty score significantly lower on cognitive, behavioural, health, social, and emotional measures. Findings from the literature review conducted Pears et al. (2018) revealed that “in low income youth, school readiness deficits have been linked to the lack of quality early childhood programming” (p. 216). Pears et al. (2018) points to research by Barth, Wildfire, and Green (2006) that suggests that children are more likely to be involved in the child welfare system if they come from a family living in poverty. As such, Pears et al. (2018) argue that these youths also experience a lack of early learning experiences. In addition, Pears et al. (2018) argue that children in OHC are less likely to have early childhood education experiences as they are a highly mobile population.

Youth in OHC in elementary through high school. Pears et al. (2018) point to research that has shown that youth in OHC have poorer academic, behavioural, and social functioning than their peers in the general student population which negatively effects their educational outcomes throughout elementary and high school.

Poor academic, behavioural, and social functioning. The review by Pears et al. (2018) included international literature that showed youth in OHC were more likely to receive special
education programs and services, be held back a grade than their peers, and experience school disciplinary measures. In Ontario, 82% of youth in OHC have a special needs diagnosis (Youth Leaving Care Hearings Team, 2012). A 2017 report conducted by Richard and released by the Representative for Children and Youth in British Columbia found that 55.1% of students in OHC had a special needs designation, while only 10% of students in the general population during the 2014–2015 school year had such needs. The report further disaggregates the prevalence of special needs among students living in OHC throughout British Columbia. Table 6 has adapted the findings from the report to list the special needs categories from most to least prevalent.

Table 6

*Prevalence of special needs among students living in OHC throughout British Columbia during 2014-2015 (adapted from Richard, 2017)*

<table>
<thead>
<tr>
<th>Special Needs Categories</th>
<th>OHC #</th>
<th>OHC %</th>
<th>Non-OHC #</th>
<th>Non-OHC %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Disability or Chronic Health Impairment</td>
<td>875</td>
<td>27.3%</td>
<td>8,031</td>
<td>1.3%</td>
</tr>
<tr>
<td>Intensive Behaviour Interventions or Serious Mental Illness</td>
<td>395</td>
<td>12.3%</td>
<td>7,162</td>
<td>1.1%</td>
</tr>
<tr>
<td>Learning Disability</td>
<td>113</td>
<td>3.5%</td>
<td>19,921</td>
<td>3.2%</td>
</tr>
<tr>
<td>Moderate Behaviour Support/Mental Illness</td>
<td>101</td>
<td>3.2%</td>
<td>5,666</td>
<td>0.9%</td>
</tr>
<tr>
<td>Autism Spectrum Disorder</td>
<td>97</td>
<td>3.0%</td>
<td>8,649</td>
<td>1.4%</td>
</tr>
<tr>
<td>Moderate to Profound Intellectual Disability</td>
<td>76</td>
<td>2.4%</td>
<td>1,811</td>
<td>0.3%</td>
</tr>
<tr>
<td>Mild Intellectual Disability</td>
<td>54</td>
<td>1.7%</td>
<td>2,143</td>
<td>0.3%</td>
</tr>
<tr>
<td>Physically Dependent</td>
<td>28</td>
<td>0.9%</td>
<td>556</td>
<td>0.1%</td>
</tr>
<tr>
<td>Deaf or Hard of Hearing</td>
<td>16</td>
<td>0.5%</td>
<td>1,249</td>
<td>0.2%</td>
</tr>
<tr>
<td>Visual Impairment</td>
<td>6</td>
<td>0.2%</td>
<td>335</td>
<td>0.1%</td>
</tr>
<tr>
<td>Deafblind</td>
<td>8</td>
<td>0.2%</td>
<td>71</td>
<td>0.0%</td>
</tr>
<tr>
<td>Gifted</td>
<td>0</td>
<td>0.0%</td>
<td>5,757</td>
<td>0.9%</td>
</tr>
<tr>
<td>No special needs designation</td>
<td>1442</td>
<td>44.9%</td>
<td>568,861</td>
<td>90.3%</td>
</tr>
</tbody>
</table>

More than a quarter (27.3%) of the foster youth had a physical disability or chronic health impairment designation and 12.3% had an intensive behaviour or serious mental illness designation, compared to 1.3% and 1.1% in the general population respectively. For students in the general population, the two most common special needs categories were learning disabilities (3.2%) and Autism Spectrum Disorder (1.4%). In addition to collecting achievement data of
youth in OHC, surveys (N=1,184) were conducted with stakeholders (teachers, principals, school district staff, social workers, and caregivers) and focus groups with 105 youths who are in or were from care were conducted (Richard, 2017). The professionals in the education and child welfare systems reported that while many students in OHC do require special education supports, others with “complex learning, behavioural, or mental health needs” (p. 57) are not adequately served by “special needs criteria and supports offered through the school system” (p. 57). For example

_survey respondents were concerned about lack of access to clinical mental health supports, which are necessary for assessing and diagnosing mental illness. Others highlighted that there are not appropriate tools, special needs designations or funding for supports related to learning challenges resulting from trauma. (p. 58)

Finally, schools had challenges identifying and assessing special education needs as frequent school moves delayed assessments that were used to diagnose special needs and guide learning supports. The review also found that assessments were often only available for youth displaying the highest needs and long wait times to access assessments meant that many youth in care were not receiving the supports they needed to be successful in a school environment.

Challenging behaviour can also affect school outcomes. For some youth, “this may result in their being removed from school rather than properly supported to attend” (Richard, 2017). Being able to identify these risks and the contexts in which these risks are mitigated will help tailor initiatives for students in OHC and promote their overall success in the education system. The study from the British Columbian Representative for Children and Youth found that:

_Social workers expressed concerns about how some schools lack the capacity to appropriately respond to the behaviour needs of many children and youth in care. For_
some children and youth, this may result in their being removed from school rather than properly supported to attend. (Richard, 2017, p. 36)

No statistics were provided on the frequency of suspensions or expulsions for British Columbian students living in OHC (Richard, 2017). However, a meta-analysis of articles related to special education (N=24), grade retention (N=16), and discipline rates (N=10) of foster youth found between 15% to 36% of youth were suspended or expelled, with students in OHC being three times more likely to face disciplinary actions compared to their peers in the general population (Scherr, 2007). Training on trauma and how to support students affected by it is listed as one way to positively affect educators’ abilities to support the education of youth in OHC (Ahrens et al., 2012)

The literature review conducted by Pears et al. (2018) showed children in OHC experience high rates of school mobility (moving from one school to another which is not dictated by a typical transition point such as a change from elementary to high school) due to frequent placement changes while in care. Canadian reports that focused on children in care in Ontario (Miller & Flynn, 2014) and Newfoundland and Labrador (Fowler, 2008) found that the average number of transitions was between three and six per child. Children in care who experience multiple (3+) placements are significantly impacted in terms of school progress (Altshuler, 2003; Fries et al., 2016; Mason et al., 2003). A meta-analysis of 26 studies by revealed that students lose between four to six months of academic progress every time they change schools (Mehana & Reynolds, 2004). A 2017 report released by the Representative for Children and Youth in British Columbia reported on provincial achievement data of youth in OHC and surveyed and conducted focus groups with teachers, principals, school district staff, social workers, caregivers, and youths who are in or were from care to learn about their
experiences. Provincially collected achievement data showed that 30% of students in OHC moved schools in 2016. In surveys focusing on youth in and formally in care (N=57), youth spoke about “the emotional instability they felt when they moved into government care or they changed placements” (p.30). School progress is impacted due to school transfers that often result in long periods of un-enrollment due to ineffective file transfers between schools (Conger & Finkelstein, 2003). Youth in care end up missing many school days while in transition because many schools will not enroll students whose paperwork is missing and incomplete, and there are often delays in transferring school and health records (Conger & Finkelstein, 2003). Schools in different districts can offer different classes and use different methods of calculating full and partial course credits. Thus, school changes may result in the loss of earned and partially earned credits for the coursework they completed at previous schools.

The frequent mobility of youth in care, court hearings, and medical health appointments negatively affects school attendance (Conger & Finkelstein, 2003). Chronic absenteeism and truancy negatively impact academic success and is a predictor of dropout rates (Henry et al., 2012). Section 21 of Ontario’s Education Act (Government of Ontario, 1990) requires compulsory school attendance of young people ages six to 18. However, this compulsory attendance does not apply to any child excused by their parent or guardian before the absence (s. 21.2). The Education Act defines any intentional, unjustified, or illegal habitual absence from compulsory education as truancy (s. 30.5). Young people struggling with abandonment, physical or sexual abuse, or substance abuse may exhibit anti-social behaviours and be more likely to be truant (Ahrens et al., 2012; Bolger et al., 1998; Sousa et al., 2011; Stein et al., 1996).

Pears et al. (2018) note that limited research examines caregiver involvement in school for youth in OHC. However, they draw attention to two studies that revealed that most
caregivers do not participate in school activities, attend teacher conferences, or volunteer (Beisse & Tyre, 2013; Blome, 1997).

*Risk and protective factors as predictors of educational success.* Tessier, O’Higgins, and Flynn (2018) conducted a cross-sectional hierarchical regression analysis of youth (N=3659) in OHC between the ages of 11 to 17 who had experienced neglect, in order to test which risk and protective factors were predictors of educational success. The factors used in the analysis were determined from a previous systematic review conducted by Tessier (2015). The regression analysis found the following:

- **Female gender, youth educational aspirations, caregiver educational aspirations for youth, time with current caregiver, internal developmental assets, and positive mental health were associated with better educational success.**
- **Neglect, grade retention, special educational needs, ethnic minority status, behavioural problems, and soft-drug use were associated with poorer educational outcomes.** (Tessier, O’Higgins, and Flynn, 2018, p. 1)

In addition, the regression analysis by Tessier et al. (2018) demonstrated that a youths’ educational achievement decreased between the ages between the ages of 11 to 15 years. The authors concluded the analysis by suggesting future interventions by schools and child welfare agencies, focusing on increasing youth and caregivers’ academic goals. In addition, they note that preventative and remedial efforts need to be devoted to limiting soft-drug use, behavioural problems, and special educational needs.

*Long–term educational outcomes for youth in OHC.* Pears et al. (2018) demonstrated that high-school graduation and pursuing post-secondary education are affected by school mobility and caregiver involvement. More specifically, higher number of school changes experienced by the youth decreases the likelihood that they will graduate from high school. In
addition, young people formally are more likely to succeed during the transition to adulthood when they perceive themselves as having strong support systems to rely on. In Ontario, youth formally in OHC have “reported feelings of isolation; that no one was really there for them” (Youth Leaving Care Hearings Team, 2012). Another Canadian study by Stein (1994) also noted that youth often experience loneliness and isolation which negatively interacts with academic and career goals.

An Ontario-based report from the PACY (2012) found 44% of youth in OHC graduated from high school compared to 81% of the general student. One study from British Columbia found that youth in OHC were 20 times less likely to enroll in post-secondary education compared to their peers who were never in OHC (Turpel-Lafond, 2007). Evidence reveals that youth in OHC who do not experience academic success (as defined by achieving a high school diploma) are at a greater risk for experiencing negative life outcomes. For example, these youth are challenged by limitations in education and job training when trying to procure ‘good jobs’ (Courtney et al., 2001) and are thus often chronically unemployed (Cashmore & Paxman, 2006). A Canadian study that sampled 210 former foster youth, aged 23-31, found that 46% were unemployed and only 32% of the participants reported full-time employment (Tweddle, 2007). Another Canadian study estimated that former youth in OHC would earn about $326,000 less income over their life compared to their peers who were not involved in the child welfare system (Bounajm et al., 2014). Higher rates of unemployment and lower earnings resulted in provincial governments in Canada making high social assistance payments and collecting lower tax revenues, which total a collective $126,000 per person or $8.44 billion Canada-wide (Bounajm et al., 2014).

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1 $126,000 multiplied by the estimated 67,000 youth in OHC residing in Canada (Jones, Sinha, & Trocmé, 2015). Original reference located on p. 3.
et al., 2014). An earlier study by Bowlus, McKenna, Day, and Wright (2003) reported the estimated costs of child abuse to Canada’s health, social welfare, and justice systems was over $15.7 billion in 1998, or over $22 billion when adjusted for inflation in 2019.

Pears et al. (2018) drew attention to the fact that youth who experience “better academic, social, and behavioural outcomes and contextual factors at any one stage can help to buffer youth against negative outcomes in later stages” (p. 222). More specifically, children with higher pre-academic and social skills were less likely to experience negative consequences from transferring schools. In addition, in instances where caregivers were involved in a child’s schooling during kindergarten, youth were more likely to perform better throughout elementary school. Finally, youth who attend post-secondary education are more likely to be employed and earn more, as well as they are less likely to experience unstable housing or homelessness or be involved in the justice system.

**Method**

A Freedom of Information request was submitted to the ESAB-MOE in July 2017 to receive the CYC reports supplied to all (N=72) district school boards. The request was fulfilled in August 2017; however, the requested reports did not contain the counts of children in care per district school board, which limited the ability to analyze the findings. A follow-up request was submitted in August 2017 and an Excel file that included the counts of students by the school board was provided by October 2017.

**Data provided in CYC reports.** While the literature demonstrates that several factors produce or predict outcomes of students over time, the data in the CYC reports included a small subset of the above factors. Table 7 includes a description of the information included in the CYC reports and whether it was included in the secondary analysis.
Table 7

*Information included in the CYC reports.*

<table>
<thead>
<tr>
<th>Data Type</th>
<th>Information Included</th>
<th>Included/Reason for Exclusion</th>
</tr>
</thead>
<tbody>
<tr>
<td>School Board CYC</td>
<td>Overall counts of the youth in care population for all district school boards</td>
<td>Yes</td>
</tr>
<tr>
<td>Profile</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grade</td>
<td>Grade range (JK to Gr3, Gr 4-6, Gr 7-8, Gr9-10, Gr11-12) of the youth in care population for all district school boards</td>
<td>Yes</td>
</tr>
<tr>
<td>Age</td>
<td>Ages (8 or less, 9, 10, 11, 12, 13, 14, 15, 16, 17 or more) of the youth in care population for all district school boards</td>
<td>No – this data was not include as the researcher believed the previous ‘grade’ dimension provided similar contextual data.</td>
</tr>
</tbody>
</table>
| Special Education  | a. Special education placement counts for OHC youth by school board and counts for general student population by school board.  
                      | b. Special education breakdown by exceptionality (giftedness, language impairment, learning disability, mild intellectual disability, multiple exceptionalities, physical disability, speech impairment, and non-identified) of the youth in care population. | Yes                                                                                         |
| Course Types       | Counts of OHC students groups by course delivery types (regular day or e-learning) throughout Gr-9-12. | No – this data was not included as a contributing factor which affects educational outcomes for youth. |
| French as Second   | Counts of OHC youth by type of French program (i.e., core, extended, or immersion)    | No – this data was not included as a contributing factor which affects educational outcomes for youth. |
| Language           |                                                                                       |                                                                                             |
| Suspension and     | Suspension and expulsion counts for the youth in care population and counts for general student population by school board. | Yes                                                                                         |
| Expulsion Rates    |                                                                                       |                                                                                             |
| Absence            | Counts of the OHC by absence rates (0-10 days, 11-20 days, 21-30 days, 31-40 days) for all district school boards and counts for general student population by school board. | Yes                                                                                         |
| Mobility           | Counts of the OHC by mobility rates) for all district school boards and provincial total. | Yes                                                                                         |
| Grade 9 and 10     | Percentages of OHC youth that passed prerequisite subjects (Math, English, Science) in grades 9 and 10 | No – While grades in prerequisite high school classes have been found to predict graduation (Easton, Johnson, and Sartain, 2017) pass rates of courses were only provided in percentage form, limiting the ability of the researcher to analyze across districts. |
| Pass Rates         |                                                                                       |                                                                                             |
It is important to note that disaggregated student data such as demographic characteristics (e.g., race, gender, or SES status) or academic information (i.e., attendance rates, special education placement, discipline rates, and mobility rates) of specific students were not included. Instead, the overall counts of students (by district school board) that had a specific attribute were supplied concerning absentee rates, special education placement rates, and suspension and expulsion rates.

**Sample.** The ESAB-MOE reported that 4,422 students were residing in OHC during the 2015–16 school year. However, due to the low number of students in OHC who attended 26 of the 72 Ontario school boards, the ESAB-MOE repressed the counts of students within these boards using section 21 of the Freedom of Information and Protection of Privacy Act to minimize the likelihood that the students attending schools in these boards could be identified. Therefore, using the 2015-2016 reports, I analyze data from 46 (72 – 26 = 46) school boards.

**Data analysis.** To test the differences on relevant academic (i.e., discipline rates, special mobility rates, and attendance rates) factors between the OHC student population and youth in the general student population, chi-square analyses were conducted using the SPSS statistical software package. Chi-squared analyses test the null hypothesis that two variables do not differ from each other (Muijs, 2010). The alpha level was set at $\alpha = .05$. Any findings with p-values greater than .05 were not considered significant. As the counts for students in the general population were not available by school board for the mobility factor, chi-square tests could not
be performed; however, descriptive statistics are provided on this measure. Descriptive statistics on the proportion of children in OHC within Ontario district school boards and the grade range of students in OHC are also provided.

**Findings**

Findings are presented in relation to OHC youth enrolment across district school boards, grade range of students in OHC, absentee rates, rates of special education placement, school discipline, and school mobility.

**OHC youth enrollment across district school boards.** Children in OHC made up a fraction of a percent of the population across most school boards, with the average proportion of students in care across boards being 0.47% (Table 8).

Table 8

*Proportion of children in OHC within Ontario district school boards.*

<table>
<thead>
<tr>
<th>School Board</th>
<th>Children in Care</th>
<th>Total Enrollment</th>
<th>% of students in care within board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Algoma DSB</td>
<td>37</td>
<td>9,201</td>
<td>.40</td>
</tr>
<tr>
<td>Algonquin and Lakeshore Catholic DSB</td>
<td>45</td>
<td>11,327</td>
<td>.40</td>
</tr>
<tr>
<td>Avon Maitland DSB</td>
<td>88</td>
<td>15,154</td>
<td>.58</td>
</tr>
<tr>
<td>Bluewater DSB</td>
<td>70</td>
<td>15,915</td>
<td>.44</td>
</tr>
<tr>
<td>Brant Haldimand Norfolk Catholic DSB</td>
<td>26</td>
<td>9,462</td>
<td>.27</td>
</tr>
<tr>
<td>Catholic DSB of Eastern Ontario</td>
<td>64</td>
<td>12,652</td>
<td>.51</td>
</tr>
<tr>
<td>DSB of Niagara</td>
<td>156</td>
<td>35,640</td>
<td>.44</td>
</tr>
<tr>
<td>Dufferin-Peel Catholic DSB</td>
<td>65</td>
<td>81,321</td>
<td>.08</td>
</tr>
<tr>
<td>Durham Catholic DSB</td>
<td>35</td>
<td>21,098</td>
<td>.17</td>
</tr>
<tr>
<td>Durham DSB</td>
<td>194</td>
<td>68,778</td>
<td>.28</td>
</tr>
<tr>
<td>Grand Erie DSB</td>
<td>130</td>
<td>25,720</td>
<td>.51</td>
</tr>
<tr>
<td>Greater Essex County DSB</td>
<td>155</td>
<td>34,807</td>
<td>.45</td>
</tr>
<tr>
<td>Halton DSB</td>
<td>53</td>
<td>61,658</td>
<td>.09</td>
</tr>
<tr>
<td>Hamilton-Wentworth Catholic DSB</td>
<td>77</td>
<td>28,316</td>
<td>.27</td>
</tr>
<tr>
<td>Hamilton-Wentworth DSB</td>
<td>152</td>
<td>48,557</td>
<td>.31</td>
</tr>
<tr>
<td>Hastings &amp; Prince Edward DSB</td>
<td>76</td>
<td>14,678</td>
<td>.52</td>
</tr>
<tr>
<td>Kawartha Pine Ridge DSB</td>
<td>120</td>
<td>31,264</td>
<td>.38</td>
</tr>
<tr>
<td>Lakehead DSB</td>
<td>109</td>
<td>8,637</td>
<td>1.26*</td>
</tr>
<tr>
<td>Lambton Kent DSB</td>
<td>68</td>
<td>21,433</td>
<td>.32</td>
</tr>
<tr>
<td>Limestone DSB</td>
<td>116</td>
<td>19,183</td>
<td>.60</td>
</tr>
<tr>
<td>London District Catholic School Board</td>
<td>21</td>
<td>18,512</td>
<td>.11</td>
</tr>
</tbody>
</table>
## School Board

<table>
<thead>
<tr>
<th>School Board</th>
<th>Children in Care</th>
<th>Total Enrollment</th>
<th>% of students in care within board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Near North DSB</td>
<td>63</td>
<td>9,814</td>
<td>.64</td>
</tr>
<tr>
<td>Niagara Catholic DSB</td>
<td>78</td>
<td>21,960</td>
<td>.36</td>
</tr>
<tr>
<td>Ottawa Catholic DSB</td>
<td>46</td>
<td>35,548</td>
<td>0.13</td>
</tr>
<tr>
<td>Ottawa-Carleton DSB</td>
<td>115</td>
<td>69,590</td>
<td>0.17</td>
</tr>
<tr>
<td>Peterborough V.N.C. Catholic DSB</td>
<td>37</td>
<td>14,455</td>
<td>0.26</td>
</tr>
<tr>
<td>Rainbow DSB</td>
<td>64</td>
<td>12,761</td>
<td>0.50</td>
</tr>
<tr>
<td>Rainy River DSB</td>
<td>66</td>
<td>2,307</td>
<td>2.86****</td>
</tr>
<tr>
<td>Renfrew County Catholic DSB</td>
<td>35</td>
<td>4,526</td>
<td>0.77</td>
</tr>
<tr>
<td>Renfrew County DSB</td>
<td>56</td>
<td>9,038</td>
<td>0.62</td>
</tr>
<tr>
<td>Simcoe County DSB</td>
<td>159</td>
<td>50,658</td>
<td>0.31</td>
</tr>
<tr>
<td>Simcoe Muskoka Catholic DSB</td>
<td>51</td>
<td>20,258</td>
<td>0.25</td>
</tr>
<tr>
<td>Sudbury Catholic DSB</td>
<td>35</td>
<td>5,927</td>
<td>0.59</td>
</tr>
<tr>
<td>Superior-Greenstone DSB</td>
<td>27</td>
<td>1,344</td>
<td>2.01***</td>
</tr>
<tr>
<td>Thames Valley DSB</td>
<td>209</td>
<td>72,473</td>
<td>0.29</td>
</tr>
<tr>
<td>Thunder Bay Catholic DSB</td>
<td>74</td>
<td>7,571</td>
<td>0.98*</td>
</tr>
<tr>
<td>Toronto Catholic DSB</td>
<td>56</td>
<td>88,652</td>
<td>0.06</td>
</tr>
<tr>
<td>Toronto DSB</td>
<td>179</td>
<td>240,960</td>
<td>0.07</td>
</tr>
<tr>
<td>Trillium Lakelands DSB</td>
<td>64</td>
<td>15,884</td>
<td>0.40</td>
</tr>
<tr>
<td>Upper Grand DSB</td>
<td>93</td>
<td>32,918</td>
<td>0.28</td>
</tr>
<tr>
<td>Waterloo Catholic DSB</td>
<td>39</td>
<td>20,963</td>
<td>0.19</td>
</tr>
<tr>
<td>Waterloo Region DSB</td>
<td>148</td>
<td>61,196</td>
<td>0.24</td>
</tr>
<tr>
<td>Windsor-Essex Catholic DSB</td>
<td>35</td>
<td>20,223</td>
<td>0.17</td>
</tr>
<tr>
<td>York Region DSB</td>
<td>125</td>
<td>120,688</td>
<td>0.10</td>
</tr>
</tbody>
</table>

Note: School boards where proportions of students in care are above 1, 2, 3, and 4 standard deviations above the mean are marked by *‘*’, ‘**’, ‘***’, and ‘****’ respectively.

During the 2015–2016 school year, over 4,422 – or about one of every 450 – students in Ontario were residing in OHC. Many school boards served only a small number of these students, but for 14 districts, at least 100 students in care were enrolled. In order to uncover if any school boards contained above or below average proportions of students in care, I calculated the standard deviation (0.50) of the sample. Two school boards, Thunder Bay Catholic DSB and Lakehead DSB, had student populations that were one standard deviation away from the mean. While an additional two school boards, Superior-Greenstone DSB and Rainy River DSB, were three and four standard deviations away from the mean, respectively. Figure 3 illustrates where the school boards are located geographically throughout Ontario.
Figure 3. School boards with high proportions (> 1 standard deviation) of youth in OHC

As can be seen in Figure 3, the school boards with higher proportions of children in OHC are located in Northwestern Ontario.

**Grade range of students in OHC.** Students in OHC were also organized by grade range and were compared to their peers in the general population (Figure 4) using data from the FOI request and overall population statistics as released by the MoE (Government of Ontario, 2016). Statistics on the grade range for students in the general population across the 46 school boards were not provided in the FOI request and, therefore, could not be included in the below figure.
Figure 4. Grade range of students in OHC compared to students in the general population.

Figure 4 displays that over half (53.28%) of the student in care population was in secondary school during 2015–2016. The inverse was the case for students in the general population, with over half (54.48%) of this population being in elementary school.

**Measures that are associated with academic success.** Outcomes measured include absentee rates, suspension and expulsion rates, special education placement, and rates of grade/course failure.

Absentee rates. Table 9 demonstrates how often elementary students in OHC (N=1,920) are absent compared to their peers (N=984,461) in the general population.

Table 9

**Absence of elementary students by range in days**

<table>
<thead>
<tr>
<th>Range in days</th>
<th>% of students in OHC Across 46 SBs (N= 1,920)</th>
<th>% of all students Across 46 SBs (N= 984,461)</th>
<th>Significance level χ²</th>
</tr>
</thead>
<tbody>
<tr>
<td>1–10 days</td>
<td>66.75</td>
<td>60.36</td>
<td>(df=1) = 32.71, p &lt; 0.0001</td>
</tr>
<tr>
<td>11–20 days</td>
<td>21.67</td>
<td>29.16</td>
<td>(df=1) = 52.06, p &lt; 0.0001</td>
</tr>
<tr>
<td>21–30 days</td>
<td>5.24</td>
<td>6.73</td>
<td>(df=1) = 6.78, p &lt; 0.0092</td>
</tr>
<tr>
<td>31–40 days</td>
<td>2.02</td>
<td>2.13</td>
<td>(df=1) = .11, p &lt; 0.7387</td>
</tr>
</tbody>
</table>
Students in OHC have significantly (P<0.0001) higher short-term (1-10 days) absence rates compared to students in the general population. However, students in care have significantly (P<0.0001, P<0.0092) lower mid-range (11-20 days and 21-30 days) absences than their peers in the general population. Long-term (31-50+ days) absences for students in care are not significantly different than for those students in the general population.

**Suspension and expulsion rates.** Table 10 shows the suspension and expulsion rates for K-12 students in care (N=4,109) compared to their peers (N=1,751,173) in the general population. Students in OHC were 10 times more likely to be suspended than their peers in the general student population.

Table 10

<table>
<thead>
<tr>
<th></th>
<th>% of Students in OHC Across 46 SBs (N= 4,109)</th>
<th>% of All Students Across 46 SBs (N= 1,751,173)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suspended</td>
<td>20.27</td>
<td>2.78</td>
</tr>
<tr>
<td>Expelled</td>
<td>0.17</td>
<td>0.0041</td>
</tr>
</tbody>
</table>

We can reject the null hypothesis that students in OHC and students in the general population are likely to be suspended at an equal rate, $\chi^2$(df=1) = 4574.364, p < 0.0001. The null hypothesis for expulsion rates can also be rejected, $\chi^2$(df=1) = 251.387, p < 0.0001. Thus, the suspension and expulsion rates are significantly different. Figure 5 shows the proportion of students in OHC suspended per school board. A similar figure was not created for expulsion rates as only five boards had expelled students during the 2015–2016 school year.
Figure 5. Proportion of students suspended per school board
Figure 5 demonstrates that 25 school boards were below the provincial average, with Renfrew Country Catholic District School Board having the lowest proportion of students suspended.

**Special education placement.** Table 11 shows the proportion of students in care receiving special education services or programs compared to their peers in the general population.

Table 11

<table>
<thead>
<tr>
<th>% of students receiving special education services or programs</th>
<th>% of Students in OHC Across 46 SBs (N = 4,109)</th>
<th>% of All Students Across 46 SBs (N = 1,751,173)</th>
</tr>
</thead>
<tbody>
<tr>
<td>59.26</td>
<td>17.27</td>
<td></td>
</tr>
</tbody>
</table>

We can reject the null hypothesis that students in OHC and students in the general population receive special education services or programs at an equal rate, $\chi^2$ (df=1) = 4871.128, $p < 0.0001$. Thus, the special education placement rates are significantly different. Figure 6 shows the proportion of students receiving special education programs and services per analyzed school board.
Figure 6. Proportion of students receiving special education programs and services by school board
Figure 6 displays that 22 school boards were below the provincial average, with Ottawa Catholic District School Board having the lowest proportion of students receiving special education services. Figure 7 further disaggregates the prevalence of special needs among students living in OHC throughout Ontario.

![Pie chart showing special education breakdown by exceptionality](image)

**Figure 7.** Special education breakdown by exceptionality

Most (37%) students in care were not identified as having an exceptionality but were receiving special education programs or services during the 2015–16 school year. No information was provided on the number of students in the general student population identified by each exceptionality.

**Rates of school transfers.** Table 12 provides the proportion of mobile (non-grade, transition-related) students in OHC compared to all of the students in the province. No data were available for the general population of students that are mobile within the 46 analyzed
school boards; therefore, chi-squared tests could not be run. However, the CYC reports did include the percentage of mobile students across all of Ontario.

Table 12

Rates of school transfers

<table>
<thead>
<tr>
<th>% of mobile students (non-grade transition related)</th>
<th>Students in OHC Across 46 SBs (N=4109)</th>
<th>All Students in Province (N=1993432)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>24.02</td>
<td>8.7</td>
</tr>
</tbody>
</table>

Students in OHC are three times more likely than to experience mobility than the general student population.

Discussion

Two areas for discussion arose from the findings. First, supporting youth in OHC is important (not-withstanding their small numbers across district school boards). Second, using system data assists and encourages informed decision making regarding appropriate intervention strategies for youth in OHC.

The importance of supporting youth in OHC (not-withstanding their small numbers across district school boards). The data shows that, as a group, students residing in OHC have higher: suspension and expulsion rates, special education placement rates, short term absentee rates, and rates of school mobility when compared to their peers in the general student population. Researchers have found that suspensions, attendance, school mobility, and special education (especially those students with behavioral or emotional challenges) are all factors which predict school disengagement (Henry, Knight, & Thornberry, 2012; Kauffman, 2005; Lagenkamp, 2014). School disengagement, in turn, predicts dropout, delinquency, future substance use, and homelessness in youth (Henry et al. 2012; van den Bree et al., 2009)
Youth who earn high school and post-secondary school diplomas have significantly better outcomes as adults. For example, on measures of health, individuals with higher levels of education have lower rates of chronic illness and longer life expectancy (Cutler & Lleras-Muney, 2006). With regard to annual income, a Canadian high school diploma is associated with $70,000 to $123,000 in additional earnings (Frenette, 2014). Despite these correlations, only 46% of Ontario youth in foster care graduate from high-school (Provincial Advocate for Children and Youth, 2012). Youth are challenged by limitations in education when trying to procure ‘good jobs’ (Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001) and are thus often chronically unemployed (Cashmore & Paxman, 2006) and become reliant on social assistance programs (Godsoe, 2000). As previously mentioned in the literature review, the estimated yearly costs of failing to adequately support Canadian youth in OHC is between $8 to $22 billion. Therefore, while youth in OHC make up a small fraction of the total students found within school boards, failure to support these young persons “has lasting negative consequences for the individual, his or her family, and society at large” (Henry et al., 2012). Henry et al. (2012) argues that “once youth drop out of school, they leave the control of the school environment and they are often difficult to reach in the community. As a result, it is a challenge to provide appropriate services to them and their families” (p. 156). Therefore, it is important that schools are able to recognize early school disengagement in order to identify appropriate intervention strategies to prevent future dropout. The process of identifying students and providing appropriate intervention supports is reliant on the ability of schools to track school record data (such as the data captured in the CYC reports).
System data assists and encourages informed decision making regarding appropriate intervention strategies for youth in OHC. Education data about youth in OHC can motivate large-scale system reform through the identification of key areas where policy or programs are needed (Fullan, 2009). Local cross-agency data sharing can support collective action and accountability among school boards and child welfare agencies (Gonsoulin & Read, 2011). For example, cross-agency data systems can help identify and support students by providing personalized, data-based interventions (Gonsoulin & Read, 2011).

**Provincial-level data.** Provincial-level frameworks and structures must be built to systematically support school districts and child welfare agencies in addressing barriers that impede the education of students in OHC. A major step in this work involves establishing a baseline of how students in OHC are faring. This has been a challenge in the past because the ESAB-MoE did not report or disaggregate data on students in OHC. Therefore, the CYC data sharing agreements between the ESAB-MoE and child welfare agencies marks the first time that the ESAB-MoE is able to identify possible areas for policy reform. While it is impossible to state with certainty that the CYC reports have led to changes in policy (as interviews with provincial policymakers did not occur), a few months following the release of 2015-2016 CYC reports, the ESAB-MoE dedicated $21 million so that if a student in OHC changes placements in Ontario, extra funding will be provided to the student’s school of origin in order to bus the student from their new home (Government of Ontario, 2017).

**Collective-action amongst district school boards and child welfare agencies.** Kania and Kramer (2011) argue that large-scale impact requires organizations move from an ‘isolationist’ to a ‘collectivist’ mindset and practice as “there is little evidence that ‘isolated impact’ can actually achieve large-scale solutions” (p. 38). In addition, Carlson, Hernàndez, Edmond-
Verley, Rotondaro, Feliz-Santana, and Heynig (2011) maintain that closing the achievement gap for students “requires genuine sharing of sensitive private data among organizations partnering for greater social good”. As previously mentioned in the introduction, CYC data sharing agreements did not provide district school boards with disaggregated student data. For example, data on the reasons for suspension or absences were not provided within the reports. Therefore, going forward collective action amongst child welfare agencies and district school boards may enable a more nuanced understanding of the education experiences and outcomes of students residing in OHC. In order to support this effort, the MoE and MCYS released the JPSA provincial template in 2015 to serve as a guide for district school boards and child welfare agencies to follow when developing regional partnership and data sharing efforts.

Kramer, Parkhurst, and Vaidyanathan (2009) argue that in addition to developing partnerships, “we must… track the performance of the non-profit sector as a whole through shared measurement processes” (p. 3). Evaluation is important to developing and sustaining a partnership. Rieker (2011) notes that it can serve multiple purposes:

- Build capacity within the partnership and community
- Determine progress toward achieving outcomes
- Improve partnership interventions
- Provide accountability to community, funding agencies, and stakeholders
- Increase community awareness and support. (p. 9).

The JPSA has yet to undergo evaluation. The purpose of the larger dissertation is to evaluate the JPSA by documenting how the protocol developed over time and generate lesson learned to help guide stakeholders working with the JPSA or similar protocols.

**Conclusion**
This study adds to the growing body of research that reflects the educational needs for children and youth in OHC, most of which indicates that this group of students face significant educational barriers. A commitment to evidence-informed policymaking and practice is urgently needed to support youth in OHC living throughout Ontario. The CYC reports will provide valuable trend data to over time to understand better how students in OHC are faring across the province. School boards should utilize the provincial reports and other regionally collected data in decision-making processes to determine targeted supports, services, and intervention practices at the regional level. The education and child welfare fields must continue to invest in developing the practices and policies that support the professionals working to improve the educational outcomes of youth in care to ensure future students in OHC are resilient and able to succeed in school. By investing in data collection and research, we will be able to build a body of evidence on the effectiveness of these approaches for this vulnerable group of young people.
Chapter Three:

A Scoping Review of Partnership Working across Youth-Serving Sectors

Abstract

Purpose. The development of partnerships as a way to share knowledge and improve service delivery is a promising practice-based approach across youth-serving organizations. This paper reports on a scoping review of the literature on partnerships across education, child welfare, health, and social care sectors. It aims to contribute knowledge of the foundational principles of partnership strategies.

Method. The scoping review was conducted using the five-stage model created by Arksey and O’Malley (2005). A search was conducted in three bibliographic databases (ERIC, JSTOR, and Summons) and two search engines (Google and Google Scholar) to identify peer-reviewed journal articles and gray literature. A list of common search terms and filtering methods were formulated to guide the search strategy.

Findings. The search identified 69 documents published between 1997 to 2018. The documents varied in terms of purpose and methodology; however, qualitative approaches (43.48%) were most prominent. Most documents were descriptive in nature and addressed common components of partnerships (95.65%) or inhibiting factors of partnerships (75.36%), while significantly fewer documents discussed positive (34.78%) or negative (14.49%) outcomes for clients, professionals, organizations, or sectors involved in the partnership. The relative absence of outcomes in the selected literature resulted in findings that focused on process-oriented aspects of partnerships. The scoping review identified four key themes (strategic planning, institutional structures, client-level supports, and implementation and evaluation) that were further disaggregated into 16 common components, which may support partnerships; however,
more experimental research is needed to determine whether these factors are essential components that improve partnership functioning.

**Conclusion.** The scoping review generated insights into the enabling factors that may influence partnerships. A conceptual framework was developed to support youth-serving organizations in developing and implementing partnerships across contexts. The review also highlighted the limited empirical evidence on the outcomes of partnerships for clients, professionals, organizations, and systems and an over reliance on methodologically weak research to inform partnership efforts. Future partnerships should embed evaluation and improvement planning efforts that utilize quasi-experimental or randomized control designs to examine partnership efforts.

**Introduction**

A large body of research has established that programs which attempt to address complex social problems within the youth population can benefit from partnerships across a wide range of sectors, including: education, child welfare, health, and social care (Janha, 2015; S. M. Brown, Klein, & McCrae, 2014; Forsman & Vinnerljung, 2012; Richard, 2017; Stone, 2007; WestEd Center for Teaching & Learning, 2014; Zetlin, Weinberg, & Shea, 2010). For the purpose of this study, a partnership is defined as “a collaborative relationship between entities to work towards shared objectives through a mutually agreed division of labor” (World Bank, 1998 in Compassion Capital Fund, 2010). These efforts have also been referred to as cross-sector collaborations (Bryson, Crosby, & Stone, 2006), multi-agency working (Daniels et al., 2007), and networked professions (Frost, 2017), among others.

A rich variety of policies have emerged across Canada and internationally which support and encourage partnerships. While public sector organizations are under political pressure to
collaborate, they must contend with organizational factors such as divergent mandates, power structures, and identities (van Den Steene, van West, Peeraer, & Glazemakers, 2018). The creation and role of partnerships are also highly dependent on social factors, such as the local needs and circumstances of the target clientele (Lucas, 2017). Despite growing political pressure and literature that argues that partnership working is a ‘good’ thing, only some partnerships manage to improve outcomes, whereas others make no difference and some even result in negative outcomes for clientele (Abbott, Watson, et al., 2005; Andrews & Entwistle, 2010; Dickinson & Glasby, 2010).

Positive outcomes of partnership working for clients include easier or improved access to services, improved outcomes, and increased participation in services (Fehrer & Leos-urbel, 2016). Professionals have reported enhanced working relationships and increased knowledge as a result of participating in a partnership (Potochnik et al., 2016). Researchers have also reported that the development of partnerships have resulted in improvements in service provision and effectiveness for organizations (Maier et al., 2017).

However, other researchers have found partnerships have resulted in negative outcomes. For example, Abbott and colleagues reported that the quality of services was not improved for some clients, and in some instances, it had actually decreased as a result of a partnership between health and social care sectors in the United Kingdom. Cleaver et al. (2004) found that professionals involved in partnerships experienced increased work or pressure. Finally, Marsh (2006) reported that social work and health organizations suffered a loss of efficiency when implementing a partnership to promote children’s welfare.

Although partnerships between youth-serving organizations is an area of practice which is seen as “the way forward”, many studies have revealed implementing and managing effective
partnerships has proven to be challenging. Dickenson and Glasby (2010) argued poor partnership outcomes may be due to stakeholders having an unclear understanding of “what kinds of partnerships can deliver what sorts of outcomes, for which kinds of services user groups and when; but additionally, in doing so, which kinds of support mechanisms and processes need to be in place in order for this process to be successful” (p. 826). As noted by Dickenson and Glasby, a consistent conceptual framework or model for partnership working has yet to be accepted. Clarity on definitions and essential ingredients of partnership working is a prerequisite for developing empirical evidence evaluating partnerships and for ensuring fidelity when it is implemented. Therefore, the purpose of this study is to use Arksey and O’Malley’s scoping review methodology to map the extent and nature of peer-reviewed and gray literature on partnership models.

Method

Scoping reviews use rigorous, transparent, and structured search strategies to synthesize “the literature on a particular topic or research area and provide an opportunity to identify key concepts; gaps in the research; and types and sources of evidence to inform practice, policymaking, and research” (Daudt, Van Mossel, & Scott, 2013 in Pham et al., 2014). Although scoping reviews are similar to systematic reviews in some respects (e.g., structured search strategies), there are several key differences. Systematic reviews are typically conducted to examine the effectiveness of interventions or programs and therefore ask precisely defined, narrow questions. However, scoping reviews are useful when the “body of literature…exhibits a complex or heterogeneous nature not amenable to a more precise systematic review of the evidence” (Peters et al., 2015). As such, scoping reviews are exploratory in nature, address broader questions, and are meant to identify key concepts, types of evidence, and gaps in
research related to defined area of field (Colquhoun et al., 2014, p. 1292-94). Additionally, while systematic reviews include critical appraisals or risk of bias assessments (Peters et al., 2015), scoping reviews do not evaluate studies for quality. As the purpose of this study was exploratory in nature (i.e., to map the extent and nature of peer-reviewed and gray literature on partnership models), a scoping review was determined to be a more appropriate methodology than a systematic review.

The scoping review was conducted using the five stage model created by Arksey and O’Malley (2005): (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, and (5) collating, summarizing, and reporting the results.

**Research question.** The review was guided by an overarching research question and five sub-questions:

1. What does the literature reveal about the factors that support partnership working between youth-serving sectors?
   a. What are the general characteristics of the documents included in the review?
   b. How are partnerships conceptualized and defined?
   c. What are the methodological approaches and rigor of evaluating partnerships?
   d. What are the common components of partnerships?
   e. What factors have been found to inhibit partnerships?
   f. What are the positive and negative outcomes of partnerships?

**Data sources and search strategy to identify the relevant studies.** Search strategies created from keyword synonym sets (Table 13) were applied systematically in Boolean searches.
Table 13

**Keyword synonyms for systematic searches of databases and search engines**

<table>
<thead>
<tr>
<th>Sector</th>
<th>Collaborate Synonyms</th>
<th>Guideline Synonyms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health</td>
<td>Collaborat*</td>
<td>Guideline</td>
</tr>
<tr>
<td>Education</td>
<td>Partner*</td>
<td>Promising practice</td>
</tr>
<tr>
<td>Child welfare</td>
<td>Cross-sector</td>
<td>Framework</td>
</tr>
<tr>
<td>Social care OR Social work</td>
<td>Multi-agency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Integrat*</td>
<td></td>
</tr>
</tbody>
</table>

Three databases (ERIC, JSTOR, and Queen’s University Summon), and the Google and Google Scholar search engines were used in consultation with research librarians at Queen’s University to uncover empirical and gray literature.

**Study selection.** The search strategy was run without date, language, content, or subject limits. In addition, gray literature searches were conducted within the Google search engine. As such, the literature searches resulted in a very large number of ‘hits’. Therefore, a decision was made to screen the first 200 hits (as sorted by relevance by the databases and search engines) due to the time constraints of the study and because it was believed that “further screening was unlikely to yield many more relevant articles” (Stevinson and Lawlor, 2004 in Pham et al., 2014, s 2.2, para 2). The first 200 items (1000 total) of each database and search engine were examined for relevance by screening the title and abstract to identify potential articles for inclusion. Studies were eligible for inclusion if they fulfilled the following requirements:

- Considered the impact of partnership working on clients, professionals, organizations, or systems;
- Discussed guidelines of practice for service coordination; and
- The collaborative partnership was between the health, education, child welfare, social care/work, or other youth serving sectors.
All relevant citations were imported into the Mendeley bibliographic manager, and duplicate citations were removed using software’s data deduplication tool. After deduplication and title and abstract screening, 77 citations met the inclusion criteria and were chosen for full-text article retrieval and further screening of the full texts. The flowchart of the study selection process is shown in Figure 8.

Figure 8. Flowchart of the study selection process.

After the full-text screening, 69 articles remained and were included in the analysis. A bibliographic list of the 69 documents is included in Appendix A.

**Charting the data.** The process of designing a data extraction coding manual is described in Brown, Upchurch, and Acton (2003) and Brown et al. (2013). The development of the coding manual includes four steps: (a) select a random subset of documents that meet the inclusion criteria, (b) review and list variables of interest within these documents, (c) pilot test the coding manual on a separate subset of documents, and (d) add or substitute variables to the coding manual and reorganize the variables “for a logical flow and ease of extracting the data”
(Brown et al., 2013, p. 4). A random sample of 10 percent (N=7) of documents were uploaded into NVivo (a qualitative coding software) and coded in an emergent fashion to develop the variables for the data extraction coding manual. A second random sample (N=7) of documents was used to pilot test the data extraction manual and further refine it if necessary.

**Collating, summarizing, and reporting results.** Full data extraction occurred in Microsoft Excel and NVivo. Frequencies and percentages were used to describe the nominal data. It was possible for each document to discuss several variables within the coding manual. For example, a document may have discussed barriers and enabling factors of partnerships or both positive and negative outcomes of a partnership. Each variable found within the document was recorded; as such, adding up percentages for some findings will result in the reader getting over 100%.

**Findings**

The results of the review are presented in five sections, each reflecting one of the five sub-questions the review set out to address.

**General characteristics of included documents.** The general characteristics of included documents are reported in Table 14.

Table 14

*General characteristics of included documents (N=69)*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency (N=)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Publication year</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2015-August 2018</td>
<td>25</td>
<td>36.23</td>
</tr>
<tr>
<td>2010-2014</td>
<td>19</td>
<td>27.54</td>
</tr>
<tr>
<td>2005-2009</td>
<td>16</td>
<td>23.19</td>
</tr>
<tr>
<td>2000-2004</td>
<td>7</td>
<td>10.14</td>
</tr>
<tr>
<td>&lt;1999</td>
<td>2</td>
<td>2.90</td>
</tr>
<tr>
<td><strong>Publication country</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>United Kingdom</td>
<td>34</td>
<td>49.28</td>
</tr>
<tr>
<td>United States</td>
<td>25</td>
<td>36.23</td>
</tr>
<tr>
<td>Characteristic</td>
<td>Frequency (N=)</td>
<td>Percentage (%)</td>
</tr>
<tr>
<td>------------------------</td>
<td>----------------</td>
<td>----------------</td>
</tr>
<tr>
<td>Canada</td>
<td>3</td>
<td>4.35</td>
</tr>
<tr>
<td>Australia</td>
<td>3</td>
<td>4.35</td>
</tr>
<tr>
<td>Finland</td>
<td>2</td>
<td>2.90</td>
</tr>
<tr>
<td>Belgium</td>
<td>1</td>
<td>1.45</td>
</tr>
<tr>
<td>New Zealand</td>
<td>1</td>
<td>1.45</td>
</tr>
</tbody>
</table>

Publication type
- Journal article: 49, 71.01%
- Research report: 10, 14.49%
- Gray literature: 7, 10.14%
- Book chapter: 2, 2.90%
- Dissertation: 1, 1.45%

Involved sectors*
- Social care/work: 45, 65.22%
- Health: 30, 43.48%
- Education: 29, 42.03%
- Child welfare: 15, 21.74%
- Other: 34, 49.28%

Note*: Since documents discussed partnerships between multiple sectors and could include both outcomes and factors, the percentages for these subsections add up to over 100%

All included documents were published between 1997 and 2018, with 36.23% published after 2014. The majority of documents were published by researchers located in the United Kingdom (49.28%). Journal articles (71.01%), research reports (14.49%), gray literature (10.14%), book chapters (2.90%), and a dissertation (1.45%) were included in the analysis. The majority of the included documents involved the social care sector, making up 65.22% of the documents. Other youth-serving organizations (49.28%) involved in partnership working included the following: police, justice, community and voluntary organizations, faith-based organizations, housing, labor, and city council. Factors that influence partnership working (68/69) and outcomes of partnership working (66/69) were discussed across almost all of the documents. Factors and outcomes are further disaggregated in later sections.

**Terminology used to describe partnership working.** The conceptualizations and definitions used to describe partnership working are provided in Table 15.
Table 15

*List of terminology used to describe partnership working (N=69).*

<table>
<thead>
<tr>
<th>Term</th>
<th>Frequency (N=)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-agency</td>
<td>17</td>
<td>24.64</td>
</tr>
<tr>
<td>Cross-sector</td>
<td>12</td>
<td>17.39</td>
</tr>
<tr>
<td>Collaboration</td>
<td>11</td>
<td>15.94</td>
</tr>
<tr>
<td>Partnership</td>
<td>9</td>
<td>13.04</td>
</tr>
<tr>
<td>Community school/coalition</td>
<td>7</td>
<td>10.14</td>
</tr>
<tr>
<td>Interagency</td>
<td>4</td>
<td>5.80</td>
</tr>
<tr>
<td>Interprofessional</td>
<td>3</td>
<td>4.35</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>8.70</td>
</tr>
</tbody>
</table>

The included documents varied widely in terms of the terminology used to describe working across institutional boundaries. ‘Multi-agency’ was the term most often used to describe partnership working, which was reported in 24.64% (17/69) of included documents. An explicit definition or description of what the authors meant by the term was reported in 49.28% (34/69) of articles. Please see Appendix B for examples of these definitions.

**Methodological characteristics of included documents.** The methodological characteristics of included documents are reported in Table 16

Table 16

*Methodological characteristics of included documents (N=69)*

<table>
<thead>
<tr>
<th>Methodological Characteristic</th>
<th>Frequency (N=)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>General approach</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Qualitative</td>
<td>30</td>
<td>43.48</td>
</tr>
<tr>
<td>Mixed methods</td>
<td>13</td>
<td>18.84</td>
</tr>
<tr>
<td>Quantitative</td>
<td>6</td>
<td>8.70</td>
</tr>
<tr>
<td>Secondary research</td>
<td>6</td>
<td>8.70</td>
</tr>
<tr>
<td>Non-empirical research</td>
<td>13</td>
<td>18.84</td>
</tr>
<tr>
<td>Practice guideline</td>
<td>3</td>
<td>4.35</td>
</tr>
<tr>
<td>Strategy/Data collection technique **</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviews</td>
<td>28</td>
<td>40.58</td>
</tr>
<tr>
<td>Case study</td>
<td>20</td>
<td>28.99</td>
</tr>
<tr>
<td>Survey</td>
<td>16</td>
<td>23.19</td>
</tr>
<tr>
<td>Observation</td>
<td>11</td>
<td>15.94</td>
</tr>
<tr>
<td>Focus groups</td>
<td>10</td>
<td>14.49</td>
</tr>
<tr>
<td>Document analysis</td>
<td>9</td>
<td>13.04</td>
</tr>
</tbody>
</table>
A qualitative approach was the most popular method for conducting evaluations of partnership working, with 43.48% (30/69) of documents reporting qualitative methodologies. Case studies of established partnerships were the most commonly employed research strategy. A wide variety of data collection techniques were utilized by researchers, with the most common techniques including, interviews (40.58%; 28/69), surveys (23.19%; 16/69), and observation (15.94%, 11/69).

**Common components of partnerships.** Components of partnerships were discussed in 66 documents. Four overarching themes emerged during the analysis (strategic planning, institutional structures, client-level supports, and implementation and evaluation (Table 17).

Table 17

<table>
<thead>
<tr>
<th>Common Components: Overarching themes (N=66)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Components of partnerships*</td>
</tr>
<tr>
<td>Strategic planning</td>
</tr>
<tr>
<td>Institutional structures</td>
</tr>
<tr>
<td>Client-level supports</td>
</tr>
<tr>
<td>Implementation and evaluation</td>
</tr>
</tbody>
</table>

Note*: Since documents could include multiple types of factors, the percentages for these subsections add up to over 100%

The overarching themes were disaggregated into 16 components:

- Strategic planning (joint planning group, common and clear purpose, commitment of resources, and local adaptability);
• Structures (a written document that provides guidance, information sharing mechanisms, an outline of key roles and responsibilities, and dispute resolution processes);
• Services (point person role, joint treatment planning, client involvement in care provision, and client-centered case plan); and
• Implementation and evaluation (professional development, data tracking, accountability, and data sharing).

The following subsections provide more detail about the components included within the themes of strategic planning, institutional structures, client-level services, and implementation and evaluation practices to support partnership working.

**Strategic planning.** Partnership building benefits from a planned, strategic approach. Out of the 66 documents that reported components of partnerships, 47 included items related to strategic planning. Table 18 further disaggregates strategic planning into individual components.

<table>
<thead>
<tr>
<th>Enabling factors</th>
<th>Frequency (N=#)</th>
<th>Percentage (#/47)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint planning group</td>
<td>39</td>
<td>82.97%</td>
</tr>
<tr>
<td>Common and clear purpose</td>
<td>34</td>
<td>72.34%</td>
</tr>
<tr>
<td>Commitment of resources</td>
<td>24</td>
<td>51.06%</td>
</tr>
<tr>
<td>Local adaptability</td>
<td>14</td>
<td>29.79%</td>
</tr>
</tbody>
</table>

Note*: Since documents could include multiple types of factors, the percentages for these subsections add up to over 100%

Authors such as Percy-Smith et al., (2010) and Timonen-Kallio, Hämäläinen, and Laukkanen, (2017) suggest that a joint planning group should be developed to undertake planning discussions and provide ongoing strategic leadership. Frost (2017) writes that a joint planning group should be composed of a variety of stakeholders who would be affected by the proposed
partnership. For example, service directors, managers, and clients may be included as key partners in the process of developing the strategy for the partnership.

During the initial meetings, Cleaver and Walker (2004) suggest that potential partners examine whether there is need for the arrangement and if necessary resources are available. Percy-Smith and colleagues (2010) recommend that the planning group conducts a systematic audit of structures (governance arrangements, activities, outcomes, and assessment) already in place to support the partnership and the gaps (in partnerships or in terms of services) that exist, which may serve as potential barriers. In addition, Bryson et al. (2006) propose that the group should acknowledge if there are outside forces that require the partnership (e.g., mandated, or voluntary) to understand and deal with any power imbalances.

Committing resources ensures a level of ownership by all partnership organizations (Compassion Capital Fund National Resource Center, 2010). A guidebook developed by the Compassion Capital Fund National Resource Center (2010) puts forth that partnership agreements should “ensure transparency and awareness in the financial and non-monetary resources each partner brings to the partnership” (p. 8). Organizations can share costs by having one partner provide certain resources and other partners provide different resources (Compassion Capital Fund National Resource Center, 2010).

Once the planning group agrees that there is a need for the partnership and that there are adequate resources to support it, Cigno and Gore (1999) and Moles (2008) suggest the joint planning group undertake the task of developing a clear and common purpose. Mathias et al. (2015) maintain that developing a shared purpose, goals, and objectives helps to build trust and leads to improved coordination of policies and service delivery.

In addition to developing a shared vision of the partnership, Maier et al. (2017) suggest
the joint planning group define institutional structures (information sharing mechanisms, methods for dispute resolution, and information on key roles and responsibilities) to ensure consistent implementation across different sites. More information about institutional structures can be found in the following section.

Finally, successful partnerships do not all look alike. Morris and Wates (2006) and Morrison and Glenny (2012) argue that effective plans are locally adaptable to address cultures and contexts. Once the protocol has been rolled out at the local level, Chavis (2001) recommends key individuals should be identified to form a regional planning group. This group would then be responsible for developing a local plan that contains the actionable steps that need to occur in order to fulfil the objectives of the protocol and the criteria used to evaluate its effectiveness.

**Institutional structures.** Partnerships require a high degree of interdependence between agencies. Collaborative behaviour can be encouraged through organizational structures to provide oversight and direction as well as to facilitate partnership working. Out of the 66 documents that reported enabling factors of partnerships, 43 included items related to institutional structures. Table 19 disaggregates institutional structures into four components (information sharing mechanisms, roles and responsibilities, written documents, and dispute resolution processes).

Table 19

**Common components: Institutional structures (N=43)**

<table>
<thead>
<tr>
<th>Enabling factors</th>
<th>Frequency (N=#)</th>
<th>Percentage (#/43)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information sharing mechanisms</td>
<td>32</td>
<td>46.38</td>
</tr>
<tr>
<td>Outline of key roles and responsibilities</td>
<td>21</td>
<td>30.43</td>
</tr>
<tr>
<td>Written document that provides procedures and guidance</td>
<td>14</td>
<td>20.29</td>
</tr>
<tr>
<td>Dispute resolution processes</td>
<td>7</td>
<td>10.14</td>
</tr>
</tbody>
</table>

Note*: Since documents could include multiple types of factors, the percentages for these subsections add up to over 100%.
Authors included in the scoping review have suggested that structures should include the general and specific actions for information sharing, defined roles and responsibilities of professionals, and methods for dispute resolution.

Regular communication between agencies is the foundation of good partnerships and can be built by creating structures for information sharing (Compassion Capital Fund National Resource Center, 2010). Hillier et al. (2010) and Morris and Wates (2006) suggest that information sharing processes address gaps in communication. While the Supported Accommodation Assistance Program (2001) and National Council of Voluntary Organizations, (2006) advise for timeframes for interagency visitations and meetings and methods for notifying partners of changes to policy or procedures. Yee et al. (2016) notes that establishing mechanisms for communication across sectors is also beneficial if the client’s needs rapidly change.

Authors included in the scoping review also note that partnerships should provide clarity about the roles and responsibilities of key professionals involved in the implementation of the protocol. This might include providing up-to-date reference information about contacts and resources (Morris & Wates, 2006), using an interagency liaison to address gaps that emerge when working across agencies (Zetlin, Weinberg, & Kimm, 2004), and clarifying roles and boundaries in working with mutual clients (National Council of Voluntary Organizations, 2006). Steps to resolve disputes should be designed when the partnership is first formed (Hillier et al., 2010). Morris and Wates (2006) recommend that partnerships “acknowledge[e] areas of professional anxiety and the realities of practice” (p.97) and offer solutions in order to “make protocols both authoritative and useful” (p. 97), which increases a document’s credibility among practitioners. While a written document that provides procedures and guidance about
partnership practice is not required, many authors have suggested that it may be beneficial to support decision-making (Fehrer & Leos-urbel, 2016; Kaehne, 2015; Mathias et al., 2015; Webber et al., 2013).

**Client-level supports.** Many partnerships are providing intervention practices to support the needs of clients. Out of the 66 documents which reported common components of partnerships, 40 included items related to client-level supports (Table 20).

Table 20

<table>
<thead>
<tr>
<th>Common components: Client-level supports (N=40)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enabling factors</strong></td>
</tr>
<tr>
<td>Coordinated treatment planning</td>
</tr>
<tr>
<td>Point person role</td>
</tr>
<tr>
<td>Client involvement</td>
</tr>
<tr>
<td>Client-centered case plan</td>
</tr>
</tbody>
</table>

*Note*: Since documents could include multiple types of factors, the percentages for these subsections add up to over 100%.

With the informed consent of the client, many authors report that agencies provide coordinated treatment planning based on client goals (Godsoe, 2000; Hillier et al., 2010; Soan, 2006; Yee et al., 2016; Young & Gardner, 2002). Morris Wates (2006) suggest flexible meetings which address the needs and strengths of the client. In addition, the authors advise that the client be included as an active participant in the decision-making process. In a review of integrated student support models, Moore and Emig (2014) note that a point-person is often designated to facilitate the ongoing coordination. Guidebooks developed by the National Council of Voluntary Organizations (2006) and Supported Accommodation Assistance Program (2001) recommend that during meetings, case plans should be made to provide support in a coordinated manner by a range of service providers in order to ensure seamless service provision.

**Implementation and evaluation.** Implementation and evaluation are a continuous process to assess if progress is made in achieving expected results, to spot issues in carrying out the
partnership and highlight the (intended or unintended) effects of a partnership and its activities (Rossi, Lipsey, & Freeman, 2004). Out of the 66 documents that reported common components of partnerships, 39 included items related to implementation and evaluation (Table 21).

Table 21

*Common components: Implementation and evaluation (N=39)*

<table>
<thead>
<tr>
<th>Enabling factors</th>
<th>Frequency (N=#)</th>
<th>Percentage (#/39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional development</td>
<td>28</td>
<td>40.58</td>
</tr>
<tr>
<td>Data tracking</td>
<td>18</td>
<td>26.09</td>
</tr>
<tr>
<td>Accountability</td>
<td>17</td>
<td>24.64</td>
</tr>
<tr>
<td>Data sharing</td>
<td>7</td>
<td>10.14</td>
</tr>
</tbody>
</table>

*Note*: Since documents could include multiple types of factors, the percentages for these subsections add up to over 100%.

To ensure success, an ongoing culture of professional development needs to be established (Morris & Wates, 2006). Morris and Wates (2006) support the use of joint training of all relevant personnel on the action plan. Additionally, staff development and awareness raising sessions should focus on increasing the understanding of each agency’s perspective, skills, and legal frameworks. Hillier et al. (2010) report that providing joint training, role clarification, and opportunities to meet regularly strengthens connections between the involved sectors. Training resources should be made during the development of the protocol (Compassion Capital Fund National Resource Center, 2010).

The National Council of Voluntary Organizations (2006) suggests that during the development of the partnership, stakeholders should agree on the timeline for future evaluations, what data will be tracked to measure progress, and mechanisms for how data will be shared between partners. Hillier et al. (2010) advise for evaluation and tracking of outcome measurements to occur early and regularly, with sufficient resources allocated. Hillier and colleagues also note that evaluation should include monitoring of structures and supports and client feedback and consultation with the other relevant stakeholders to the protocols. A
guidebook from the Supported Accommodation Assistance Program (2001) argues that the information gathered for the evaluation should be used to improve any structures further and supports that will enhance the quality of services to clients. In addition, regularly reporting on the partnership’s progress and creating annual plans would assist in keeping the partnership on track and accountable to its stakeholders.

**Inhibiting factors affecting partnerships.** Fifty-three documents outlined inhibiting factors that negatively affect partnerships. Four overarching themes emerged during the analysis of inhibiting factors (systems, organizations, professionals, and clients) (Table 22).

Table 22

*Inhibiting factors: Overarching themes (N=53)*

<table>
<thead>
<tr>
<th>Inhibiting factors affecting partnerships*</th>
<th>Frequency (N=#)</th>
<th>Percentage (#/53)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systems</td>
<td>47</td>
<td>88.68%</td>
</tr>
<tr>
<td>Organizations</td>
<td>32</td>
<td>60.38%</td>
</tr>
<tr>
<td>Professionals</td>
<td>37</td>
<td>69.81%</td>
</tr>
<tr>
<td>Clients</td>
<td>13</td>
<td>24.53%</td>
</tr>
</tbody>
</table>

*Note*: Since documents could include multiple types of factors, the percentages for these subsections add up to over 100%.

The overarching themes were disaggregated into 19 inhibiting factors:

- **Systems** (lack of or limited funding; procedural issues with information sharing; legislation; how to evaluate service provision; political; absence of or limited input from key decision makers at all levels of decision-making; and geographic area)
- **Organizations** (different agenda’s, responsibilities, and strengths; recruitment and retention of staff; support of management; and limited training)
- **Professionals** (values, priorities, judgement, and work language; time and workload constraints; status differentials; role boundary conflicts; distrust; limited knowledge of other professionals’ roles; and mixed loyalties)
- **Clients** (absence of client's voice in all levels of decision-making; distrust of, and
The following subsections provide more detail about the inhibiting factors included within the themes of systems, organizations, professionals, and clients.

**Systems.** System barriers were the most prevalent, with 47 documents discussing inhibiting factors grouped within this category (Table 23). Table 16 further disaggregates systems issues into individual barriers.

Table 23

**Inhibiting factors: Systems (N=47)**

<table>
<thead>
<tr>
<th>Inhibiting factors affecting partnerships*</th>
<th>Frequency (N=#)</th>
<th>Percentage (#/47)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of or limited funding</td>
<td>25</td>
<td>53.19%</td>
</tr>
<tr>
<td>Procedural issues with communication or information sharing</td>
<td>24</td>
<td>51.06%</td>
</tr>
<tr>
<td>Legislation</td>
<td>20</td>
<td>42.55%</td>
</tr>
<tr>
<td>How to evaluate service coordination</td>
<td>14</td>
<td>29.79%</td>
</tr>
<tr>
<td>Political</td>
<td>9</td>
<td>19.15%</td>
</tr>
<tr>
<td>Absence of, or limited input from, key stakeholders in all levels of decision-making</td>
<td>8</td>
<td>17.02%</td>
</tr>
<tr>
<td>Geographic area</td>
<td>5</td>
<td>10.64%</td>
</tr>
</tbody>
</table>

Note*: Since documents could include multiple types of factors, the percentages for these subsections add up to over 100%.

The top three inhibiting factors were as follows: limited funding, procedural issues with communication or information sharing between organizations, and legislation that typically outlined the confidentiality requirements of certain organizations.

**Organizations.** Thirty-two documents included organizational factors that impede the successful implementation of partnerships. Table 24 highlights the organizational barriers that interfere with the successful implementation of partnerships.

Table 24

**Inhibiting factors: Organizations (N=32)**

<table>
<thead>
<tr>
<th>Inhibiting factors affecting partnerships*</th>
<th>Frequency (N=#)</th>
<th>Percentage (#/32)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Different agenda’s responsibilities, and strengths</td>
<td>23</td>
<td>71.88%</td>
</tr>
<tr>
<td>Recruitment and retention of staff</td>
<td>17</td>
<td>53.13%</td>
</tr>
<tr>
<td>Support of management</td>
<td>8</td>
<td>25.00%</td>
</tr>
</tbody>
</table>
Limited training | 7 | 21.88%

Note*: Since documents could include multiple types of factors, the percentages for these subsections add up to over 100%.

Having different organizational agenda’s, responsibilities, and strengths was the most frequently cited barrier in this section, followed by difficulties in recruiting and retaining staff.

**Professionals.** Thirty-seven documents included barriers concerning at the individual practitioner level. Table 25 highlights the inhibiting factors that affect partnerships at the practitioner level.

Table 25

*Inhibiting factors: Professionals (N=37)*

<table>
<thead>
<tr>
<th>Inhibiting factors affecting partnerships*</th>
<th>Frequency (N=#)</th>
<th>Percentage (#/37)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional values, priorities, judgement, and work language</td>
<td>16</td>
<td>43.24%</td>
</tr>
<tr>
<td>Time and workload constraints</td>
<td>15</td>
<td>40.54%</td>
</tr>
<tr>
<td>Status differentials</td>
<td>13</td>
<td>35.14%</td>
</tr>
<tr>
<td>Role boundary conflicts</td>
<td>12</td>
<td>32.43%</td>
</tr>
<tr>
<td>Distrust</td>
<td>8</td>
<td>21.62%</td>
</tr>
<tr>
<td>Limited knowledge of other professionals’ roles</td>
<td>5</td>
<td>13.51%</td>
</tr>
<tr>
<td>Mixed loyalties</td>
<td>2</td>
<td>5.41%</td>
</tr>
</tbody>
</table>

Note*: Since documents could include multiple types of factors, the percentages for these subsections add up to over 100%.

There were several inhibiting factors at the individual practitioner level, with the two most popular barriers being differences in professional values and time and workload constraints.

**Clients.** Thirteen documents included inhibiting factors concerning clients. Table 26 further disaggregates these factors.

Table 26

*Factors that inhibit successful partnership working (N=13)*

<table>
<thead>
<tr>
<th>Inhibiting factors</th>
<th>Frequency (N=#)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absence of client’s voice in all levels of decision-making</td>
<td>12</td>
<td>92.31%</td>
</tr>
<tr>
<td>Distrust of, and disengagement with, services</td>
<td>2</td>
<td>15.38%</td>
</tr>
</tbody>
</table>

Note*: Since documents could include multiple types of factors, the percentages for these subsections add up to over 100%

A smaller percentage of documents discussed barriers at the client-level. Most documents highlighted that the absence of client’s voice from decision-making (from developing the partnership to individual case planning) was a key barrier in developing a successful partnership.
Moreover, two documents further noted that leaving clients out of decision-making can result in clients distrusting and disengaging from the services provided by the partnership.

**Reported outcomes of partnership working.** Thirty-one documents reported outcomes of partnership working. Of these, 16 reported only positive outcomes and 15 reported a mix of positive and negative outcomes. Four overarching themes emerged during the analysis of outcomes (systems, organizations, professionals, and clients) (Table 27).

Table 27

<table>
<thead>
<tr>
<th>Outcomes of partnerships*</th>
<th>Frequency (N=#)</th>
<th>Percentage (#/31)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systems</td>
<td>15</td>
<td>48.39%</td>
</tr>
<tr>
<td>Organizations</td>
<td>9</td>
<td>29.03%</td>
</tr>
<tr>
<td>Professionals</td>
<td>17</td>
<td>54.84%</td>
</tr>
<tr>
<td>Clients</td>
<td>18</td>
<td>58.06%</td>
</tr>
</tbody>
</table>

*Note*: Since documents could include multiple types of outcomes, the percentages for these subsections add up to over 100%.

The following subsection provides more detail about the positive and negative outcomes included in the themes of systems, organizations, professionals, and clients. Outcomes were often assessed using interviews with stakeholders and self-report surveys.

**Clients.** Just over one-half of documents reported on outcomes experienced by clients (58.06%). Positive outcomes for clients included improved access to a broader range of services and expertise. Holistic service provision was shown to reduce the need to consult with multiple service providers and resulted in the creation of tailored supports to meet individual needs. Accordingly, clients participate in programming at higher rates, and this participation is associated with improved academic and behavioural outcomes. Improved academic outcomes include lower absentee and discipline rates, academic achievement, and increased high school graduation rates (Fehrer & Leos-urbel, 2016; Maier et al., 2017; Moore et al., 2014). Social and behavioural outcomes include decreased problematic behaviour and improved functioning.
(Maier et al., 2017). Some studies (Abbott, Townsley, & Watson, 2005; Abbott, Watson, et al., 2005; Cigno & Gore, 1999; Morrison & Glenny, 2012) uncovered adverse outcomes for clients. For example, Abbott and colleagues (2005) found no significant impact on the social and emotional needs of the clients (children and families) through interviews with stakeholders across 30 U.K. partnerships and in-depth case studies of six partnerships.

**Professionals.** Outcomes for professionals were discussed in 54.84% of documents. Positive impacts of partnerships for practitioners included a raised awareness of how other agencies and professionals work, commitment to multi-agency working, and learning new skills and knowledge. Moreover, sometimes service quality decreased. A literature review of U.K partnerships by Morrison and Glenny (2012) reported that “increased inter-service coordination decreased the quality of provision for children” (p. 379) due to professionals shifting their attention away from individual clients towards service integration. A few studies have also exposed negative outcomes for practitioners – more specifically, having to deal with increased workloads and pressure from needing to bring their practice into line with the new demands of the partnership.

**Systems and organizations.** Systems and organizational outcomes were discussed in 48.39% and 29.03% of documents, respectively. Improved outcomes for systems included increased networking, coordination, and collaboration between services. The included studies addressed no negative system-level outcomes. Positive outcomes for organizations include improvements in service provision (Andrews & Entwistle, 2010; Atkinson et al., 2002; Flaxman, 2009; Maier et al., 2017). However, some studies brought attention to organizations dealing with a lack or loss of efficiency when setting up the new partnership (Abbott, Townsley, et al., 2005; Abbott, Watson, et al., 2005; Daniels et al., 2007; Marsh, 2006; van Den Steene et al., 2018).
Discussion

An overview of partnership working identified in the gray and published literature was provided in this paper. Based on the findings, two items arose that warrant further discussion. First, there is a need to conduct outcomes research in partnership settings. Second, four elements (strategic planning, organizational structures, client-level services, and implementation and evaluation) may enable partnership working.

A need to conduct outcomes research in partnership settings. Findings from the scoping review revealed that the existing literature emphasises on describing partnership models along with some narratives of exemplary practice via qualitative research methods. Qualitative research has many strengths that make it an appropriate choice for measuring partnership working. For example, case study designs allow researchers to build rich descriptions and deep understanding of a particular partnership under investigation (Weick, 2007). Moreover, “qualitative methods are typically more flexible – that is, they allow greater spontaneity and adaptation of the interaction between the researcher and the study participant (…) the strength of qualitative research methods is that participants may provide an answer in their own words, whereas in quantitative research they are usually forced to select one of the fixed responses” (Hashemnezhad, 2015, p. 56).

While describing partnership efforts were a focus of most of the documents included within the scoping review, much of the literature was not constructed, with a few exceptions, to identify the components that were most associated improved outcomes for clients. Of those that did identify components, interagency leadership and coordination, prioritizing data collection and analysis to inform decision-making, and having a strong organizational capacity to support implementation were reported as influencing positive outcomes. This is a drawback of
qualitative research - it largely relies on perceptions of stakeholders and program documents to gather process data about whether the partnership has demonstrated success by adhering to a set of standards “rather than upon demonstrating positive outcomes for children, or, equally, whether outcomes might have been better/worse/the same had different ways of working been applied” (Morrison & Glenny, 2012, p. 380). As such, “partnerships are well described not well evaluated” (Winters et al., 2016). The lack of experimental research to guide implementation is problematic, particularly given the growing funding and increasing numbers of partnerships in this country. Specifically, more research is needed across three areas:

- Determining the essential components of partnerships;
- Examining structures, services, and processes of service delivery and practice, and;
- Evaluating the impact of partnership compared to the regular practice.

Due to the unique circumstances of each partnership, there is not one way to approach evaluation (Fitzpatrick, 2012; Rossi, Lipsey, & Freeman, 2004). Rossi, Lipsey, and Freeman (2004) argue that evaluators must consider “the circumstances surrounding specific programs, and particular issues the evaluator is called to addressed” (p. 17) when matching “research procedures to the evaluation questions” (p. 17). Randomized control trials are difficult to implement when studying partnerships due to ‘real-world’ constraints (e.g., practical, ethical, social, or logistical), which limit the ability to randomly allocate participants (Rossi, Lipsey, & Freeman, 2004; Weiss, 1972).

As such, some researchers have called for the use of quasi-experimental designs that utilize control groups when examining interventions occurring within complex systems (Handley, Lyles, McCulloch, & Cattamanchi, 2018). In addition, collecting and analyzing both quantitative (outcome) and qualitative (process) data will allow researchers to understand better
interventions in complex systems for which one methodology is not sufficient (Handley et al., 2018).

**Four elements that may enable partnerships.** The data collected from this study identified general elements (strategic planning, organizational structures, client-level supports, and implementation and evaluation) that may enable partnerships. Using these elements, a framework to guide partnership planning was developed (Figure 9).

![Figure 9](image_url)

*Figure 9.* Enabling factors that encourage successful partnership working.

The conceptual framework provides insight into the way partnerships are being planned and implemented across public service sectors. The framework has the potential to inform research as it has been developed through a structured review of the partnership literature.
However, it is important to reiterate that most of the studies focused on describing the processes used in individual partnerships and did not examine which components resulted in improved outcomes for clients. Therefore, due to the lack of evaluation and outcomes focused studies that examine the efficacy of these factors, making firm recommendations about which processes support improved outcomes is challenging. More rigorous research using better evaluation designs and larger sample sizes is needed to examine specific types of partnership configurations and explore their relationship with group and individual outcomes longitudinally. Finally, while this framework provides common elements found across partnerships, further refinement of the conceptual framework may be needed to better fit the contexts of the particular sectors involved within the partnership (e.g., education and child welfare partnerships may have different elements than child welfare and criminal justice partnerships).

**Strengths and Limitations of this Scoping Review**

This scoping review used a highly structured search method that attempted to minimize bias through transparent and reproducible search strategies and explicitly stated inclusion criteria. The search strategy included three electronic databases and two internet search engines to ensure a broad search of the literature. This review was not meant to be exhaustive and so may not have identified all relevant published and gray literature despite attempting to be as comprehensive as possible. The Boolean searches included five different terms to describe partnership working; however, other terms may exist. In addition, as the scoping review failed to uncover RCTs or quasi-experimental evaluation designs, using these terms within the search strategy may have produced higher-quality results. As the researcher is an Anglophone, the search was only conducted using English terms and documents were only included if they were written in English. Some relevant articles may have been missed as only the first 200 hits from
each database and search engine were screened for inclusion.

Furthermore, due to time constraints of the study, the reference list of included articles were not examined for relevancy and possible inclusion. Researchers or experts were not contacted for additional literature that may have been missed. As this scoping review was undertaken as a part of a doctoral dissertation, only one researcher reviewed the potential documents for inclusion within the study. Finally, it was not within the remit of this scoping review to assess the methodological quality (i.e., level of evidence, relevance to question asked, magnitude of any observed effect, and direction of support or otherwise for the hypothesis) of individual studies included in the analysis. Therefore, the effectiveness of the conceptual framework developed from this scoping review needs to be critically appraised using more rigorous research methods.

Conclusion

This scoping review of partnership working characterized and described the nature of partnership working in the published and gray literature. The purpose, definitions, methodological process, and reporting of partnership working have been highly variable, which is partially due to the unique context each is situated within. However, this review has shown that while each partnership is unique, common elements of partnerships have been reported. Next steps for partnerships and researchers include moving beyond describing the partnership towards measuring the outcomes of the partnership for clients, professionals, organizations, and systems.
Chapter Four:

A Jurisdictional Scan of the Programs and Services Available to Support the Educational Outcomes of Youth Living in OHC across Canada

Abstract

Purpose. There is a lot to learn from education and child welfare colleagues across Canada with whom we share a vision and the responsibility for improving educational outcomes for youth in OHC even though our contexts are different. This jurisdictional scan looks to provinces and territories across Canada to understand the similarities and differences of education and child welfare partnership protocols across Canada.

Method. Government websites from across all 13 Canadian provinces and territories were searched for protocols between the education and child welfare sectors to improve the outcomes of youth living in OHC. Based on a previously developed conceptual framework which details 16 enabling factors of partnerships across four dimensions (strategic planning, organizational structures, client-level supports, and implementation and evaluation), protocols were ranked (Excel) and coded (NVivo) in an inductive and deductive fashion uncover common and disparate themes.

Findings: Including Ontario, five partnership protocols were uncovered. Alberta’s framework included the most (15/16) factors, followed by Ontario (14/16), Nova Scotia (12/16), British Columbia (10/16), and Manitoba (9/16). On average, protocols scored highly on factors related to strategic planning (80%), institutional structures (85%), and client-level supports (90%). However, protocols fell short on factors relating to implementation and evaluation (50%). Moreover, inductive coding revealed additional themes not included in the conceptual framework, which are as follows: tools to support implementation and evaluation, celebrating success, minimizing student discipline and dropout and concluding in care status.
Conclusion. The jurisdictional scan generated insights into how partnerships between the education and child welfare sectors are framed across Canada. The scan confirms the need for institutions to adapt pre-existing or develop new tools to support implementation and evaluation frameworks to examine partnership practices at the local, provincial, and cross-jurisdictional levels.

Introduction

Scholars have called for increased partnership between youth-serving organizations to better support youth with multi-faceted service needs, such as youth in OHC. As such, there is growing political pressure for youth-serving sectors to collaborate. For example, in Ontario, the MoE and MCYS released the JPSA provincial template to help support child welfare agencies and school boards in providing “greater in-school support for youth” (Beacon Herald, 2015, para 1). While are multiple explanations in the literature of the way partnerships between youth-serving sectors develop, most do not examine which components resulted in improved outcomes for youth (Forrer, Kee, & Boyer, 2014; Grudinschi, Hallikas, Kaljune, Puustinen, & Sintonen, 2015; Grudinschi et al., 2013; Carnwell & Buchanan, 2008).

Clarification on the common components of partnerships are essential to inform partnership development, practice, and its subsequent evaluation. As part of a larger dissertation, the author conducted a scoping review of the literature to develop a conceptual framework that identifies common components of partnerships between youth-serving sectors (see Chapter 2). In the framework, constructs that include strategic planning (i.e., joint planning group, clear purpose and goals, commitment of resources, local adaptability), organizational structures (i.e., written document that provides guidance, information sharing mechanisms, dispute resolution processes, outline of key roles and responsibilities), client-level service (i.e., coordinated case conferencing, client involvement in decision-making,
strengths and needs focused case plan), and implementation and evaluation (i.e., professional
development, data sharing, data tracking, and accountability) are posited to influence the
effectiveness of partnerships. While development of the conceptual framework through a
scoping review of the research and gray literature on partnerships represents the first step in
for ensuring fidelity when it is implemented, further refinement is needed to better fit the
framework to the unique needs of school boards and child welfare agencies working in
partnership across Canada.

There have been calls for a process of mutual learning between jurisdictions with
regard to establishing an environment in which partnerships can flourish (Asheim, 2001;
Chapman & Fullan, 2007; Evans & Killoran). This process of mutual learning has commonly
involved governments seeking to identify successful policy initiatives in other jurisdictions
that can be transferred to their own contexts (Lingard, 2010). This paper details how a
jurisdictional policy scan was used to further refine the conceptual framework by examining
the similarities and differences of education and child welfare partnership protocols across
Canada. A secondary objective of the jurisdictional scan was to understand the strengths,
barriers, and gaps associated with current partnership delivery practices in Ontario’s JPSA.

A Summary of the Literature in Support of Conceptual Framework

As a part of a larger dissertation study of the JPSA, a scoping review was conducted
to uncover the common elements that may enable partnerships across youth-serving sectors
(i.e., health, education, child welfare, and social care). In total, 69 documents were included
in the analysis. A model for understanding the common components of partnership working
between youth-serving sectors emerged from the scoping review (Figure 10). Findings from
the scoping review revealed 16 common components that were grouped into four dimensions:
strategic planning, structures, service, and implementation and evaluation.
Strategic planning requires leaders from across institutions to participate in a joint planning group, which explores processes and strategies needed to develop the effort. Stakeholders vary by system, but key partners in planning discussions may include policymakers, service directors, managers, clients, and community members (Clarke & Fuller, 2010). Central to this planning phase is the identification of common and clear goals (e.g., improving graduation rates) and a commitment of resources (Mathias et al., 2015). Once the protocol has been rolled out at the policy level, Percy-Smith et al. (2010) notes that local managers and other key individuals should be identified to form a regional planning group in order to adapt the protocol to fit regional needs.

*Figure 10.* A conceptual framework of common components of partnership working.
A written document to support partnership working (e.g., a joint protocol) can enable collaborative behaviour through outlining the institutional structures that provide oversight and direction as well as facilitate partnership working (Webber et al., 2013). Frost (2017) notes that structures should include mechanisms for information sharing between agencies. The Compassion Capital Fund National Resource Center highlights that protocols should include the clarification of roles and boundaries for partners working with mutual partners (such as up-to-date reference information about contacts and resources). MacHura (2016) also notes that protocols should include methods for dispute resolution.

Many collaborations provide client-level supports such as coordinated treatment planning (Soan, 2006), client involvement in care provision (Godsoe, 2000), and the use of a case plan (Young & Gardner, 2002). Finally, there needs to be an ongoing culture of training all relevant personnel on the joint protocol to ensure successful implementation (Morris & Wates, 2006). Evaluation is “critical to ensuring cross-sector service provision produces the desired effect” (Yee et al., 2016, p. 15). During the development of the protocol, stakeholders should agree on what measures will be used to track progress, mechanisms for how data will be shared between partners, and which stakeholders the partners must be accountable to (e.g., reports) (NCVO, 2006). Outcomes of the partnership serve a potential criterion of the effectiveness of partnerships. However, as the larger dissertation was focused on examining the development of the JPSA, outcome indicators were not included in this conceptual framework.

**Research Question**

The following research question guided the study:

1. What are the similarities and differences of education and child welfare partnership protocols across Canada?
Method

Brown and Weiner (1985) define jurisdictional scanning as “a kind of radar to scan the world systematically and signal the new, the unexpected, the major and the minor” (p. ix). More specifically, Kilian, Nidumolu, and Lavis (2016) state that jurisdictional scans are used for the following purpose:

- Considering how problems have been framed in other regions;
- Comparing and evaluating options based on action taken in other jurisdictions in response to similar problems; and
- Identifying and anticipating implementation considerations associated with options (p. 2).

In a systematic review of jurisdictional scans, Kilian et al. (2016) found that “data collection methods were varied [and] inconsistent” (p. 8). The authors argue for the inclusion of four elements to strengthen jurisdictional scans: literature review, examine policy options, standardized data collection, and stakeholder interviews.

**Literature review.** First, a literature review “facilitates framing of the problem [and] allows comparison of evidence to practice” (Kilian et al., 2016, p. 9). The conceptual framework guiding the present jurisdictional scan was based on a scoping literature review of partnerships between youth-serving sectors (education, child welfare, health, and social care) to uncover common factors that enable partnership working.

**Examine policy options.** Second, policy options should be evaluated to inform best practice. Relevant protocols were identified using keyword searches in the Google search engine (Table 28).

Table 28

*Keyword synonyms for systematic searches of the Google search engine*

<table>
<thead>
<tr>
<th>Sector identifiers</th>
<th>Client identifiers</th>
<th>Partnership synonyms</th>
<th>Working synonyms</th>
<th>Protocol synonyms</th>
</tr>
</thead>
</table>

91
Three inclusion criteria guided document selection, which are as follows:

- Partnership protocol was intended to improve collaborative processes between the education and child welfare sectors to improve the educational outcomes of youth in OHC;
- The partnership protocol was intended to promote collaborative processes between education and multiple youth-serving sectors (must include child welfare) to improve the educational outcomes of all youth; and
- The partnership protocol was from a Canadian jurisdiction (British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec, Newfoundland & Labrador, Nova Scotia, New Brunswick, Prince Edward Island, Nunavut, Northwest Territories, and the Yukon).

Protocols were uncovered in five Canadian jurisdictions: Alberta, British Columbia, Manitoba, Ontario, and Nova Scotia.

**Standardized data collection.** Third, standardized data collection should occur across all jurisdictions included in the scan. For this jurisdictional scan, a policy content matrix and document analysis were used to analyze the protocols (Elo & Kyngäš, 2008).

**Policy content matrix.** In a conceptual article on the different approaches to examine education policy, Edwards (2012) puts forth that policy content evaluations enable one to trace “specific policy provisions as they appear in various types of documents” (p. 137). He further argues:

*The advantage is that one can clearly array many bits of data from a multitude of texts and then analyze the data display for insights and/or trends which emerge. This type of matrix also provides a means through which to visually demonstrate to others*
the extent to which certain [jurisdictions] may have favored a particular set of policy provisions across one or many documents, while others perhaps did not.

The conceptual framework for the study was used to develop a matrix to assess the presence of 16 common components of partnerships across the protocols. Protocols were measured using a binary variable, representing whether or not a protocol offered a particular element (where ✓ was ‘yes’, X was ‘no’). The collected information was captured in the matrix to facilitate data management and sorting and to aid the analysis process.

**Document analysis.** Bowen (2009) writes that “document analysis is a systematic procedure for reviewing or evaluating documents—both printed and electronic (computer-based and Internet-transmitted) material” (p. 27). Bowen also notes that “document analysis requires that data be examined and interpreted in order to elicit meaning, gain understanding, and develop empirical knowledge” (p. 27). Since the data are text-based, the cornerstone of analyzing these data is the coding process.

Miles and Huberman (1997) note that codes are “tags or labels for assigning units of meaning to the descriptive or inferential information compiled during a study” (p. 56). Using NVivo (a qualitative coding software), a deductive and inductive coding approach were used to examine the data. Using a deductive approach, pre-set coding schemes identified in the conceptual framework were applied to the protocols. In addition, codes were also derived from the data. These inductive codes were developed and modified throughout the coding process in an iterative fashion. Conducting document analysis is crucial, as careful coding and repeated examination of the data allow for more nuanced information incisiveness throughout subsequent analyses which rely on this first step. The initial analysis contributes to the identification of emergent themes which can be explored and refined as additional information is incorporated into data analysis.
Stakeholder interviews. Finally, when possible, those conducting jurisdictional scans should contact stakeholders from jurisdictions being examined. Due to the time limits of this study, this final phase was not undertaken for the present jurisdictional scan.

Strengths and Limitations of Jurisdictional Scan

A few limitations of this process are as follows: (1) there might be additional efforts happening that are not represented in the policies, (2) some of what is represented on the policies might not actually be happening. However, since no empirical work exists comparing these policies across Canada, this jurisdictional scan contributes baseline data necessary to explore implementation further. This approach was needed for a few reasons: first, the researcher was looking to have a broad overview of the Canadian landscape of education-child welfare partnerships since little is known about this area. Hence, while the policy content matrix and document analysis does not reveal implementation efforts of jurisdictions, the systematic approach still illuminates the landscape of education and child welfare positions in relation to the educational success of youth in OHC.

Findings

Five provinces had joint protocols between education and child welfare sectors to support the educational needs of youth in OHC: British Columbia (Joint Educational Planning and Support for Children and Youth in Care), Alberta (Success in School for Children and Youth in Care: Provincial Protocol Framework), Manitoba (The Education and Child and Family Services Protocol), Ontario (JPSA), and Nova Scotia (Schools Plus). Hyperlinks to each protocol can be found in Appendix C.

Background information. Background information is presented on each protocol to provide the essential context needed to understand better the development of education/child welfare partnerships across Canada.
**Nova Scotia.** Except for Nova Scotia, almost all protocols had a dedicated purpose of improving the educational outcomes for youth in OHC. The goal of Nova Scotia’s *Schools Plus* initiative was more comprehensive in scope, focusing on improving the educational outcomes for all vulnerable youth through partnerships with community organizations. Youth in OHC was a sub-population covered by this initiative, and child welfare agencies were included as key education partners. The Schools Plus’s initiative evolved out of the *Nunn Commission* in 2005, which inquired into Nova Scotia’s youth criminal justice system. The commission recommended improved coordination in the delivery of programs and services for children, youth, and families. Schools Plus was developed by the *Ministry of Education and Early Childhood Development* and piloted in three school boards during 2008 “as one of several initiative in the province in response to the Nunn Commission’s recommendation” (Crinean, Donelley, & LeBlanc, 2011, p. 18). A report on Schools Plus pilot program indicates that $2.5 million was devoted to its continuation and expansion in 2011. The Schools Plus program has continued to be funded in each yearly budget, and as of 2018, the program was serving 73% of Nova Scotia’s students (Education and Early Childhood Development, 2017).

**Ontario.** Ontario’s *JPSA* evolved out of the *Youth Leaving Care Hearings* in 2011, which inquired into the outcomes of youth and former youth in OHC. The report from the hearings recommended coordinated life planning for youth in OHC across a variety of sectors. In 2013, a working group of stakeholders from across the education and child welfare systems was compiled to develop a joint protocol template to guide educational planning for children in youth in OHC and promote consistency of practice across the province between education and child welfare workers. In 2015, the template was released, and local school boards and child welfare agencies were encouraged to develop local protocols based on the template. Although technically not associated with the JPSA, $21
million was pledged to fund transportation and educational liaisons to support student outcomes and decrease student mobility, which are primary objectives of the protocol (Government of Ontario, 2017). Interview participants from a related study on the JPSA noted that $50,000 was supplied to each region to develop and implement regional protocols (for more information see Chapter Four).

**Manitoba.** Manitoba’s *Education and Child and Family Services Protocol for Children and Youth in Care* was developed by the Healthy Child Committee of Cabinet (HCCC). The HCCC is “responsible for the interdepartmental protocols which direct government departments and related agencies to work collaboratively in several specific areas” (p. 3). This 2013 protocol replaces the previous 2002 *Guidelines for School Registration of Students in Care of Child Welfare Agencies*. A 2016 report on the educational outcomes of Manitoban youth in OHC recommended that “greater emphasis on the awareness of the...[protocol]…is needed to support continuity and stability in school and placements to the extent possible for children in care” (p. 21). No information was uncovered of commissions or hearings that promoted the development of Manitoba’s protocol or the costs of implementing the protocol.

**Alberta.** Alberta’s *Success in School for Children and Youth in Care Provincial Protocol Framework* was released in 2010 in response to “current education data, research and literature in the field, as well as consultation and experience.” No information was uncovered about what stakeholders were involved in the consultation. No data was uncovered on the costs of implementing the protocol.

**British Columbia.** British Columbia’s *Joint Educational Planning and Support for Children and Youth in Care* was developed by a cross-ministry project team composed of policymakers within the Ministry of Children and Family Development, Ministry of Education, and child welfare and school board representatives. The 2016 protocol replaced a
previous 2008 version of a protocol with the same name. The protocol was updated after reports from the Representative for Children and Youth recommended “further improving the tracking and follow-up of school absences of at risk children and youth, in order to continue to improve the percentage of children and youth in care who hold a high school graduation credential at 19” (Government of British Columbia, 2017). No details were uncovered on the cost of implementing the protocol throughout the province.

**Content matrix.** Table 29 presents the content matrix that measures the partnership protocols across Canadian jurisdictions. The remaining subsections are presented in relation to the components of the conceptual framework: strategic planning, structures, service, and implementation and evaluation.
Table 29

Content matrix to measure partnership protocols across Canadian jurisdictions

<table>
<thead>
<tr>
<th>Region</th>
<th>Initiative</th>
<th>Strategic Planning</th>
<th>Structures</th>
<th>Service</th>
<th>Implement &amp; Evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Joint planning group</td>
<td>Purpose &amp; goals</td>
<td>Commitment of resources</td>
<td>Local adaptability</td>
</tr>
<tr>
<td>Alberta</td>
<td>Success in School for Children and Youth in Care: Provincial Protocol Framework (2010)</td>
<td>✓ ✓ X ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 15</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>Schools Plus</td>
<td>✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>British Columbia</td>
<td>Joint Educational Planning and Support for Children and Youth in Care (2017)</td>
<td>✓ ✓ X ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Manitoba</td>
<td>The Education and Child and Family Services Protocol (2013)</td>
<td>✓ ✓ X X ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ 9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Factor Subtotal (out of 5)

| Alberta | 5 5 1 4 5 5 3 4 5 5 5 3 3 3 1 3 |
| Ontario | 5 5 1 4 5 5 3 4 5 5 5 3 3 3 1 3 |
| Nova Scotia | 5 5 1 4 5 5 3 4 5 5 5 3 3 3 1 3 |
| British Columbia | 5 5 1 4 5 5 3 4 5 5 5 3 3 3 1 3 |
| Manitoba | 5 5 1 4 5 5 3 4 5 5 5 3 3 3 1 3 |

Dimension Total % (#/20)

| Alberta | 75% (15/20) |
| Ontario | 85% (17/20) |
| Nova Scotia | 90% (18/20) |
| British Columbia | 50% (10/20) |
| Manitoba | 50% (10/20) |
Strategic planning. The strategic planning dimension received a high score of 75% (15/20). All jurisdictions noted that joint planning groups had developed their partnership strategies at the provincial level. Stakeholders involved in these groups included policymakers, education and child welfare practitioners, education and child welfare organizational decision makers, educational associations, indigenous groups, young persons, and caregivers. Strategic planning would have received a higher score if ‘commitment of resources’ (a potential five marks) was removed from the dimension as only Nova Scotia mentioned expectations around how their collaborative efforts would be resourced (i.e., dedicated funds from their respective governments). All regions articulated a common and clear purpose for supporting young persons in care and almost all regions (5/6), highlighting the necessity of efforts to be flexible and adaptable to fit local contexts.

Structures. The structures dimension received the second highest score (85%, 17/20). Alberta, Ontario, Nova Scotia, Manitoba, and British Columbia have created formal partnership protocols to support front-line service delivery and collaborative processes at the broader government policy and administration level. Alberta and Ontario’s partnership protocols received perfect scores (4/4) across all of the factors under the structures dimension (written document, information sharing, dispute resolution, and outline of roles and responsibilities).

Mechanisms to support information sharing were most likely to be included (5/6). Items discussed under the heading of information sharing focused on consent and student registrations. For example, Ontario’s JPSA outlines that information sharing will “require different levels of consent based on varied circumstances” (Government of Ontario, 2015, p. 9). Child welfare agencies and school boards can share information if the student is in OHC (because the child welfare agency is considered the legal guardian/education rights holder). However, for those students who are receiving services from a child welfare agency but are
still residing with their parents, school boards and child welfare agencies must gain consent from the student’s legal guardian. Finally, “students age 12 or older must be asked to provide consent, if capable of providing a valid consent” (Government of Ontario, 2015, p. 9) before coordinated team planning can begin. Ontario, British Columbia, Alberta, and Manitoba also included information sharing and planning processes (such as school registrations) for when children and youth in OHC are experiencing a transition (i.e., change in school or living arrangement).

Dispute resolution processes were mentioned in partnership protocols by Alberta, Ontario, and Manitoba. Methods for informal dispute resolution (i.e., speaking directly with the child welfare worker responsible for the young person and using case conferences to raise issues) and procedures for formal escalation (i.e., speaking with direct supervisors, organizational decision makers, and branch leaders) were included. Roles and responsibilities of agencies were discussed by four jurisdictions (Alberta, Ontario, British Columbia, and Manitoba).

Service. The service dimension received the highest score (90%, 18/20). All jurisdictions highlighted the need for coordinated case conferencing, student involvement in decision making, and developing a case plan that focused on a student’s strengths while simultaneously addressing their needs. Jurisdictions noted that case conferencing teams were composed of appropriate school staff, the young person’s caseworker, caregivers (e.g., foster parent or biological parent where appropriate), the child, and other identified partners such as justice workers, cultural advisors, youth workers, medical specialists, and so on. Ontario’s JPSA noted that students should be involved in decision-making “as appropriate to his/her age, developmental level, and cognitive abilities” (Government of Ontario, 2015, p.13). British Columbia’s partnership protocol provides more nuanced information as to why students should be included:
Usually children and youth in care have the most complete knowledge of their own history, including their successes, worries, concerns, hopes and aspirations. For that reason, including student input leads to better plans and decisions. In addition, when a child or youth in care is involved in planning and decision-making, they are more likely to support the final decision, increasing the likelihood of successful outcomes. Furthermore, involving the student enhances their maturity and development by giving them structured, supported occasions to participate in and practice responsible planning and decision making. (Government of British Columbia, 2017, p. 61)

Case plans were required to promote the student’s educational achievement, build on a students’ strengths and needs, outline the services and supports needed to reach the students’ goals, and be outcomes based. Case plans were also required to identify relevant personnel involved in the team and “provide mechanisms that enable stakeholders to communicate and take joint action” (Government of Ontario, 2015, p. 15). Three jurisdictions created specific point person roles to serve as boundary spanning actors between organizations. Dedicated ‘lead’ or ‘point’ persons in schools boards, schools, and child welfare agencies were found across Alberta, Ontario, and Nova Scotia. Ontario’s JPSA states that a ‘lead person’ is designated by the school board or child welfare agency to:

facilitate effective cooperation...for all processes related to the implementation of this protocol. The responsibilities of the designated leads include but are not limited to ensuring implementation of the protocol, ensuring appropriate collection and dissemination of information, protecting personal privacy, intervening when requested where procedures are not followed or organizational barriers are identified, and developing strategies to address these barriers. (Government of Ontario, 2015, p. 29)
While ‘point persons’ were defined as “are primary contacts…for all processes involving the student” (Government of Ontario, 2015, p. 29). Alberta’s partnership protocol was unique as it was the only one to outline the roles and responsibilities of a ministry point person to support the implementation of the partnership. The ministry point persons were responsible for developing data tracking mechanisms to measure the educational outcomes of young persons in care, ensuring the implementation of information sharing procedures across school boards and child welfare agencies, measuring the effectiveness of the protocol in improving student achievement, and acting as a facilitator and support mechanism to help regions “identify and address challenges or barriers to implementing the regional agreements” (Alberta, 2010, p. 1–4).

**Implementation and evaluation.** The implementation and evaluation dimension received the lowest score (50%, 10/20). Professional development was discussed throughout most Canadian jurisdictions (4/6). Ontario’s JPSA provincial template reports that school boards and child welfare agencies should “facilitate appropriate… training” (JPSA, p. 18) to improve child welfare caseworkers, teachers, school staff, school board personnel, parents/legal guardians, and caregivers’ “understanding of how to advocate for and support the student’s success” (Government of Ontario, 2015, p. 18). School boards and child welfare agencies are also required to “review the responsibilities of participants identified in the protocol” (Government of Ontario, 2015, p. 21) with school principals, child welfare managers and supervisors, child welfare caseworkers, and school staff.

Factors related to evaluation (data tracking, 3/6; data sharing, 1/6; and accountability, 3/6) were not found across half of the jurisdictions. Ontario’s JPSA states that regional protocols should be reviewed and evaluated every two years. The template also reports that the following:
Quantitative and qualitative measures should be determined at the local level and should be used to evaluate the protocol and serve as the basis for revisions.

Examples of educational outcome measures include EQAO [provincial standardized test] results, high school credit accumulation, and high school graduation (p. 20).

Originally developed in 2009, Nova Scotia’s Schools Plus program was the longest running partnership discovered during the jurisdictional scan. As such, the program had already undertaken a process and outcomes evaluation during 2012.

Emergent themes not included in the conceptual framework. The conceptual framework was developed from a scoping review of 69 documents that focused on partnership working (see Chapter Two). While the framework was able to accurately predict most of the factors that were found across Canadian jurisdictions, four themes arose that were not included in the initial framework, which are as following: tools to support implementation, celebrating success, student discipline and dropout, and concluding in-care status. See Appendix C for a table with hyperlinks to these documents.

Tools to support implementation and evaluation. Alberta’s provincial government released appendices to their partnership protocol to support implementation. The appendices included a flow chart that outlined the processes for developing, reviewing, and evaluating case plans for individual students. Diagrams of the case planning team and point person relationship were also included. In addition, a sample template of a case planning form was developed. The case planning template included sections to note the student’s educational needs; attendance and discipline tracking; and educational successes, challenges, and support arrangements under five domains (social, academic, physical, cultural, and other). Sections to promote communication (a contact and responsibility agreement) and regular review were also included. The Alberta government also supplies tip sheets for child welfare workers, educators, and caregivers. British Columbia’s provincial protocol included a hypothetical
case to “illustrates some of the actions and responsibilities previously listed in these guidelines, and the possible flow of inter-agency planning and collaboration” (Government of British Columbia, 2017, p.10). In addition, British Columbia also released a table of protective factors that includes “some examples of information sharing” (Government of British Columbia, 2017, p.17) and “supports and actions that position children and youth for success in school and the community” (Government of British Columbia, 2017, p.17).

Resources from Manitoba include:

- A reference list for school staff of example strategies to support children and youth in care in the school environment;
- Collaborative planning and information sharing checklists for changes in school or living arrangements;
- A sample procedure for school districts and child welfare agencies to follow when children are moved from one school district to another; and,
- Tips for coordinated treatment planning teams, teachers, caregivers, student engagement, and child welfare workers.

Manitoba’s provincial framework included web links to tools, strategies, and resources for student planning and support. A sample template for a school registration form for children in care was also provided. See Appendix C for a table with hyperlinks to these documents.

**Additional requirements of case conferencing teams: Celebrating success,** minimizing student absences, reducing student discipline, transition planning, and concluding in care status. Ontario, British Columbia, Alberta, and Manitoban protocols highlight the need of case planning teams notify each other about school accomplishments “so that the child or youth’s successes are appropriately recognized” (Manitoba’s Healthy Child Committee, 2013, p. 20). Alberta, British Columbia, and Ontario include sections to support teams in how to identify “alternatives or interventions if there are signs the child or
youth in care is at risk of being suspended, expelled, or of dropping out of school” (Alberta, 2010, p. 2-13) and how to minimize disruptions to school attendance in case the student faces a disciplinary action. Alberta, British Columbia, Ontario, and Manitoba also include sections devoted to transitions planning. Topics surrounding transition planning include: providing advance notification to the youth’s case planning team, conducting a ‘best interest’ meeting to determine if the student should remain at the school of origin, developing necessary transportation arrangements as required, and school registration procedures. Finally, protocols from Alberta and Manitoba include a section that outlines the process case planning teams are to follow once a young person’s in-case status ends (returned to the biological parent or adopted).

Discussion

The results of the jurisdictional scan taken together – suggest that while most protocols include many of the common elements highlighted by the conceptual framework, the next iterations of the framework (and Ontario’s JPSA) can be improved by drawing on the processes of other jurisdictions across Canada. In particular, two items arose from the findings that warrant inclusion in the conceptual framework: tools and resources to support implementation and the provision appropriate trauma-informed support (which includes, celebrating success, minimizing student absences, transition planning, and concluding in care status). The section concludes with a discussion of the limited attention jurisdictions paid to evaluation.

Tools and resources to support implementation. The first emergent theme not included in the original conceptual framework is the development of tools and resources to support practitioners in the implementation of partnerships. Spillane and Thompson (1997) argue that in order to be successful, school partnerships require governmental and organizational leaders to provide support to practitioners. According to Mitchell and Raphael
(1999) policy creation followed by continual direction and guidance can result in implementation efforts having a positive impact. McLaughlin (1992) found organizational leaders involved in the partnership also play a role in building organizational and individual capacity to support the partnerships implementation. McLaughlin argues that providing direct support, in combination with continual monitoring and review of the partnership, can significantly influence the quality with which reforms are implemented. As practitioner action is ultimately required to improve the educational outcomes for youth in OHC, mechanisms are needed to equip practitioners with the tools to support such action.

While other jurisdictions included various tools to guide their protocol’s implementation the JPSA provincial template only provided high-level information regarding most sections and left how to actualize the protocol to individual school boards and child welfare agencies. Therefore, regions across Ontario may have varying tools to support and guide the JPSA’s implementation (e.g., case planning forms for students) and evaluation (frameworks, process measures, etc.) In a related study of Ontario’s JPSA, the researcher interviewed 21 education and child welfare professionals regarding their perceptions about developing and implementing regional partnership protocols across the province (see Chapter 4 for more information). Interviewees mentioned they had developed tools to support its implementation and evaluation at a regional level (e.g., training resources and forms for case planning meetings and student registration) and had hosted professional development workshops for school leaders. However, interviewees noted they would have appreciated if the provincial government had a process for sharing best practices across regions.

McLaughlin, Botelho, Cushin, Lawson, and McIntyre (2016) suggest that building the capacity of school leaders requires more than protocols, tools, and professional development workshops. Hulme, Raushenberger, and Haines (2018) argues for the development of professional networks can provide individuals with peer assistance and support, reduce
fragmentation in service provision, develop a collaborative culture across organization and sector boundaries, promote collective responsibility for outcomes, and provide rich professional development opportunities. In short, “effective networks can broaden views on practice and leadership, expand their professional communities, and engage them in the construction and dissemination of field-based knowledge” (Sanders, Sheldon, Epstein, 2005; p. 25). Therefore, a pan-Ontario network of decision makers in the education and child welfare systems should be developed to support horizontal linkages and foster coherence across education and child welfare partnership protocols. The partnership would aim to facilitate information sharing among all jurisdictions and disseminate information and tools regarding best practices to support the education outcomes of children and youth in OHC. The network could also encourage processes for developing, implementing, evaluating, and updating partnership initiatives across Canada. In addition, the network would create cross-jurisdictional opportunities to research the comparative cost-effectiveness and scalability of various partnership approaches.

**Case conferencing teams that provide appropriate trauma-informed support.**

Many youths in OHC have experienced traumatic events due to exposure abuse or neglect (Salazar, Keller, Gowen, & Courtney, 2013). Moreover, some youth continue to experience trauma while in care due to placement instability or being subjected to further abuse while in care (Bruskas, 2008). As such, young people in OHC are likely to have “elevated risk for symptoms associated with trauma exposure” (Salazar, Keller, Gowen, & Courtney, 2012, p. 545). Youth react to trauma with a variety of internalizing (e.g., depression, withdrawal and isolation, academic decline, suicidal thoughts, somatic complaints) and externalizing (e.g., interpersonal conflicts, aggression, school truancy, substance abuse, antisocial behaviour) behaviours (Perry, 2009). As such, services for these youth need to “involve the integration of understanding, commitment, and practices organized around the goal of successfully
addressing the trauma-based needs of young people in care” (Jim Casey Youth Opportunities Initiative, 2015, p. 6). In addition, trauma-informed services have the following components:

- An understanding of trauma that includes an appreciation of its prevalence among young people in foster care and its common consequences;
- Individualized support for the young person
- Maximizing the young person’s sense of trust and safety
- Assisting the young person in reducing overwhelming emotion
- Strengths-based service (Jim Casey Youth Opportunities Initiative, 2012, pp. 6-7)

While trauma-informed care was not specifically mentioned across protocols, protocols included some elements of trauma-informed practice. For example, case conferencing teams provided encouragement, individualized support, and strengths-based services to students. Protocols also reported that case conferencing teams are to work one-on-one with students to resolve education barriers like school transitions and disciplinary action.

While the supports found within protocols are in-line with many of the aspects of trauma-informed practice, it was not within the scope of this study to examine whether these components are being implemented. Cavanaugh (2016) notes that “while research and theory has been put forth in the mental health and social services fields regarding trauma-informed practices, the discussion of trauma-informed practice in schools is less common” (p. 42). Supporting this claim, a recent report released by the British Columbia for Children and Youth found that “some schools lack the capacity to appropriately respond to the behaviour needs of many children and youth in care. For some children and youth, this may result in their being removed from school rather than properly supported to attend” (Richard, 2017, p. 36). This report highlights an apparent disconnect between the trauma-informed components mentioned within the partnership protocol and what is happening in practice across British Columbia.
Cavanaugh (2016) and Barrow, McMullin, Tripp, and Tsemberis (2012) argue the following actions can help support the development of trauma-informed schools:

- Commitment across all levels of the education system;
- Providing, supervision, ongoing technical assistance, and continual professional development for teachers to learn on subjects such as brain development and trauma, challenging emotional or behavioural needs;
- Developing professional learning communities which provide teachers with an opportunity to examine resources related to trauma, trauma-informed practice, and personal stress management;
- Funding of school based clinicians (e.g., counsellors, social workers, and psychologists) to support the emotional needs of youth.

While these changes are easier said than done – examples successful trauma-informed schools can be found. For example, an evaluation which examined the implementation of a trauma-informed intervention at Lincoln High School in Walla Walla, Washington during the 2010-2011 school year found that there was an 85% reduction in suspensions, a 40% reduction in expulsions, and a 50% reduction in written referrals when compared to the previous year (Walkley & Cox, 2013). These statistics show the promising results of developing a trauma-informed education system. Out of the evaluation, tools were developed to support other school districts wanting to undertake similar initiatives. The Heart of Learning and Teaching: Compassion, Resilience, and Academic Success (Wolpow, Johnson, Hertel, & Kincaid, 2011 in Walkley & Cox, 2013) is a freely available guidebook that schools can download. In addition, the guidebook was expanded in 10 Principles of Compassionate Schools to provide schools with more information (Washington State Superintendent of Public Instruction Office, 2011 in Walkley & Cox, 2011).
Revised conceptual framework. Based on the findings from the jurisdictional scan, the conceptual framework developed from the scoping review was further refined.

![Revised conceptual framework diagram](image)

**Figure 11. Revised conceptual framework**

New items were added to the service and implementation and evaluation elements of the conceptual framework. Under service, case conferencing teams were modified to include the provision that they provide trauma-informed support. In addition, those developing partnerships between education and child welfare sectors should consider having case conferencing teams: that celebrate student success, minimize student absences, work to reduce student discipline, and support transition planning. Those developing partnerships may also want to include procedures in how to support youth that conclude in-care status.

While many protocols did not include information regarding their evaluative efforts, these components are not removed in this updated version of the conceptual framework. I argue that this oversight does not mean that evaluation efforts are not worthwhile.
Evaluations promote better use of data in policymaking (UNICEF, 2008) and help program service providers focus their efforts on that which is necessary to make judgments about their program (UNICEF, 2008).

**Limited attention to evaluation.** Evaluations are a useful tool to “study, appraise, and help improve social programs, including the soundness of the programs’ diagnoses of the social problems they address, the way the programs are conceptualized and implemented, the outcomes they achieve, and their efficiency” (Rossi et al., 2004, p. 3). While the JPSA requires bi-yearly evaluation, a lack of information was provided to guide education and child welfare professionals on how to plan their evaluation efforts. The purpose of a future JPSA evaluation should be two-fold: (1) to assess the extent to which the protocol is implemented as intended (through a process evaluation), and (2) gauge the extent to which the JPSA produces the intended improvements to the educational outcomes for youth in OHC (through an outcomes evaluation). The Schools Plus program underwent a process and outcomes evaluation in 2012, including the “development and implementation of a system for data collection and analysis” (p. 20) which could serve as a useful guide for Ontario-based education and child welfare professionals to follow when evaluating the JPSA. The final report of the Schools Plus evaluation includes a table that includes the types of process data that were collected. Table 30 provides a sample of the process data collected and adapts it for the Ontario context.

Table 30

**Potential process evaluation questions and data sources (adapted from Schools Plus Evaluation by Crinean, Donelley, & LeBlanc, 2011)**

<table>
<thead>
<tr>
<th>Area of Inquiry</th>
<th>Research Question</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral/Intake</td>
<td>How many students living in OHC are being referred to REACH teams as required by the JPSA?</td>
<td>REACH team reports</td>
</tr>
<tr>
<td>Comprehensive service plans</td>
<td>How are the youth’s caregivers and other key stakeholders (such as school, social)</td>
<td>Interviews/surveys with key stakeholder groups</td>
</tr>
</tbody>
</table>
workers, community organizations) included in the development of the youth’s educational success plan? Is this changing over time?

<table>
<thead>
<tr>
<th>Interagency collaboration</th>
<th>What progress has been made to address barriers to collaboration? Have any new barriers been identified?</th>
<th>Interviews/surveys with JPSA officials from school boards and child welfare agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved access to services</td>
<td>Are youth receiving quicker access to services through the JPSA?</td>
<td>Reports from REACH team meetings and other documents from school boards and child welfare agencies</td>
</tr>
<tr>
<td>Systems Level - Differences and similarities between sites</td>
<td>What similarities and differences exist between the activities that are occurring between regions implementing the JPSA?</td>
<td>Site visits and interviews with JPSA senior officials</td>
</tr>
<tr>
<td>Systems Level - Knowledge mobilization</td>
<td>Are opportunities for knowledge mobilization within and between regions occurring?</td>
<td>Interviews with JPSA senior officials</td>
</tr>
<tr>
<td>Systems Level – Information Sharing</td>
<td>What progress has been made around implementing information sharing mechanisms between school boards and child welfare agencies?</td>
<td>Interviews with JPSA senior officials</td>
</tr>
</tbody>
</table>

In addition to the process-oriented data collected by the evaluators, some outcome related data was collected using baseline data forms that tracked student progress. A survey was also conducted of school staff and students to gather judgements about the changes in “academic, disciplinary, and attendance outcomes” (p. 27) of students. While the Schools Plus program may serve as a useful guide to JPSA signatories, every evaluation must be tailored to the local context so that it will be capable of providing trustworthy and valuable answers to the questions being addressed while ensuring there are sufficient resources available to conduct the evaluation (Rossi, Lipsey, & Freeman, 2004).

**Conclusion**

This jurisdictional scan uncovered five partnership protocols that included the education and child welfare sectors across Ontario, British Columbia, Alberta, Manitoba, and Nova Scotia. All protocols contained common process-related factors that may enable partnership working. Some also included additional guides and tools to support practitioners in implementing the protocol. Most protocols failed to include information about how the
protocol would be evaluated. To ensure that these protocols are achieving their intended outcomes, more systematic thought needs to be devoted on how best to evaluate these protocols.
Chapter Five:
The Design and Implementation of Ontario’s Joint Protocol for Student Achievement from the Perspectives of Education and Child Welfare Professionals

Abstract

Purpose. School boards and child welfare agencies across Ontario have signed Joint Protocols for Student Achievement, which consolidates their joint commitment to coordinating services to support the educational needs of children and youth in OHC. The purpose of this paper is to report on how the protocol was designed and implemented from the perspectives of professionals involved in Ontario’s education and child welfare sectors.

Method. Semi-structured interviews were conducted with 21 individuals who were involved in the development of provincial and regional JPSA partnership protocols. Interviews were held over the telephone from May 2017 to March 2018. Transcripts were uploaded into qualitative coding software (NVivo) where portions of text were assigned codes and organized into themes to address the research questions.

Findings. Analysis of the qualitative data gathered from the interviews with education and child welfare stakeholders suggest that designing the protocol allowed participants to develop new relationships between sectors or formalize already occurring partnership practices. However, growing pains related to information sharing, implementation, and evaluation were also experienced.

Conclusion. The paper concludes with a discussion of the current status of the JPSA and details what next steps are required for the ongoing successful implementation and improvement of the protocol.
Introduction

To date, many nations (including Canada) have been challenged in responding adequately to the range of educational needs of youth in OHC (Selsky, & Parker, 2010). Provincial research demonstrates that children in OHC are at high risk of dropping out of school. While students in the general population were graduating at a rate of 81% in 2012, the graduation rate for students in OHC was 44% (Provincial Advocate for Children and Youth, 2012). Partnerships between the education and child welfare sector have been touted by several researchers as an appropriate way to improve educational outcomes (Collins-Camargo, Armstrong, McBeath, & Chuang, 2013; Lips, O’Neill, & Eppel, 2011). However, historically, the systemic structures of the education and child welfare sectors have not taken “the full spectrum of needs of children in out of home care” (Godsoe, 2000, p. 84) into account. Godsoe (2000) further articulates that:

*There are few bridges between the systems: social workers may see their job as placing a child and trying to stabilize their home life, whereas teachers may envision their job as ending at the school house door. Both overlook the complex interrelationship between a child's home and school needs and care. Despite the clear disjunct between these systems... little attention has been paid to this problem either by child welfare or [by]...education personnel* (p. 84).

Without partnerships between these two systems, a student can subsequently use multiple different services, with each service ignorant of what the others are doing. At best, this means that services are working independently from each other; at worst, their advice, support, and goals may conflict. Therefore, full involvement of the education and child welfare community is required to ensure that appropriate supports are provided to those who need them. An example of one such effort at partnership is Ontario’s JPSA, which provides a framework and structure to support schools, school boards, and child welfare agencies in
addressing barriers that impede the education of students in OHC. The purpose of the current study was to explore education and child welfare stakeholder perceptions of the development and implementation of the JPSA across Ontario.

Research Question

1. What can the views of key internal informants from the education and child welfare sectors illuminate about how Ontario’s JPSA was developed and implemented?

The Evidence in Support of the JPSA

The JPSA is a partnership working agreement which intends to “facilitate collaboration between partnering CAS [child welfare agencies] and school boards in their efforts to enable… students who are in the care of, or receiving services from, a CAS [child welfare agency] to… achieve academic success” (Joint Protocol for Student Achievement, 2015 p. 2). Prior to the data collection for this study, a conceptual framework of partnership working was developed based on a scoping literature review and further refined based on the findings of a jurisdictional scan which examined education and child welfare partnership protocols available across Canada. Sixteen common components of partnership working were identified and were grouped into four overarching themes related to strategic planning, structures, service, and implementation and evaluation. Figure 12 shows presents the conceptual framework of common partnership components between education and child welfare sectors.
Figure 12. Conceptual framework of common partnership components between education and child welfare sectors

The key concepts identified through the scoping review and jurisdictional scan are discussed in relation to the JPSA.

**Strategic planning.** Four components are housed within the larger theme of strategic planning: joint planning group, clear purpose and goals, commitment of resources, and local adaptability.

**Joint planning group.** At the government level, working groups are convened to develop policy that mandates, encourages, or allows partnership working between youth-serving sectors (Andrews & Entwistle, 2010). Establishing a working group enables practitioners, policymakers, and community members to come together to contribute their expertise and lived experiences to help develop and implement partnership strategies (Uribe,
The PACY partnered with young people in care in 2011 to hold the *Youth Leaving Care Hearings*, which were “designed to address the issues faced by many of the 8,300 children and youth who are Crown Wards in Ontario” (YouthCAN, n.d., para 2). A year later, the final report from the hearings was released. The report, entitled *My REAL Life Book*, included personal insights into the care system as experienced by 183 individuals with a history of OHC. While many issues were raised, two were pertinent to the present study. First, foster youth are vulnerable to undereducation, which increases the risk of future unemployment and homelessness. Second, foster youth noted they are often left out of decision-making regarding their lives. As a result, one of the recommendations made was to commit to ensuring every child in OHC has ongoing education services.

Furthermore, the report stipulated that plans should be developed to provide the supports needed to help youth succeed in their life goals (Youth Leaving Care Hearings Team, 2012). These plans should be agreed upon by all key stakeholders, including the youth (other stakeholders may include health care providers, school, child welfare agencies, and caregivers). The *Youth Leaving Care Working Group* was established by the MCYS in conjunction with the PACY later in 2012 to create an action plan to implement the recommendations made as a result of the hearings (Youth Leaving Care Working Group, 2013).

The working group’s final report, *Blueprint for Fundamental Change to Ontario’s Child Welfare System*, was released in January 2013. Within the report, the working group emphasized partnerships and increased collaboration among ministries, provincial, and federal government and between sectors to share resources (Youth Leaving Care Working Group, 2013). One of the short-term education goals put forward by the Youth Leaving Care Working Group required the MoE and MCYS to establish a joint planning group to develop a provincial protocol template. Later in 2013 the MoE and MCYS formed a joint planning
group of educators, child welfare workers, caregivers, and former youth in care to develop the JPSA provincial template to support improved school outcomes for child and youth in OHC.

**Clear purpose and goals.** Cigno and Gore (1999), Moles (2008), and Mathias et al. (2015) argue that ensuring partnerships are guided by a clear purpose and goals helps to build trust and improves policy coordination and service delivery. Prior to the release of the provincial template in 2015, a 2014 press release by the MoE stated the purpose of the JPSA is to improve the educational outcomes of children and youth in care by:

1. creating joint principles and priorities that place the needs and circumstances of the child/youth at the center of school board and CAS decision-making;
2. establishing “care teams” to form a circle of support around the student that acts to promote the student’s interests and reflects the child/youth’s own views and wishes;
3. promoting greater understanding of the educational supports available to children and youth in care; and,
4. identifying mechanisms to allow for children and youth in care or entering care to remain in their school of origin when their residence changes to ensure stability and continuity (Ministry of Education, 2014, p. 4).

These goals show that the JPSA has been based, since its conception, on a multi-level, partnership approach.

**Commitment of resources.** A guidebook on partnership working released by the Compassion Capital Fund National Resource Center (2010) argues the success of partnerships is, in part, reliant on the level of financial and non-monetary resources devoted to its implementation. No information is provided within the JPSA regarding how the partnership will be resourced.
**Local adaptability.** Emerging research literature has found that effective partnerships are locally adaptable to address regional needs (Hillier et al., 2010). When the provincial template was released in the spring of 2015, local flexibility in adaptation and implementation of the JPSA was encouraged by highlighting areas where local customization could occur.

**Structures.** The structures dimension is further disaggregated into four components: written document that provides procedures and guidance, information sharing mechanisms, outline of key roles and responsibilities, and dispute resolution processes.

**Written document.** Some researchers have noted that documents which outline procedures can support decision-making in partnerships (Fehrer & Leos-urbel, 2016; Kaehne, 2015; Mathias et al., 2015; Webber et al., 2013). The JPSA document outlines collaborative practices and processes of the partnerships between district school boards and child welfare agencies across Ontario.

**Information sharing mechanisms.** In a study of the partnership between health and social care agencies in the United Kingdom, Morris and Wates (2006) found that effective partnerships included information sharing processes that address gaps in communication and notify partnering agencies of relevant legislation. The JPSA outlines that information sharing “will require different levels of consent based on varied circumstances, as follows” (Government of Ontario, p. 9):

- Students in the care of a CAS [child welfare agency]: A CAS may exchange personal information with school boards respecting children and youth in its care.
- Students receiving services from a CAS: A CAS and a school board must obtain the consent of the parents/legal guardians or customary caregiver before exchanging information
For all cases when a student is over 12 years of age: Students age 12 or older must be asked to provide consent, if capable of providing consent (Government of Ontario, p, 9).

The JPSA also includes a detailed process for information sharing between education and child welfare agencies. This process includes having the child welfare agency provide the school board with a list of students eligible for support through the JPSA, and the education data (e.g., school board reports or standardized test results) school boards should release to the child welfare agency. Finally, the JPSA includes administrative processes (such as school registrations) for when youth in OHC change schools.

**Dispute resolution processes.** Hillier (2010) found that steps to resolve disputes should be included within documentation that outlines the partnership. The JPSA includes a dispute resolution process within timelines for escalation if the problem is not resolved.

**Outline of roles and responsibilities.** A partnership guideline by the National Council of Voluntary Organizations (2006) states that having clarity about roles and responsibilities of key professionals can enable partnership working. Morris and Wates (2006) suggest that information about roles and responsibilities might also include contact information of key individuals. The JPSA states that there should be ‘lead’ persons identified to facilitate effective coordination between child welfare agencies and school boards. In addition, ‘point’ persons should also be identified – these individuals are the primary contact at the school or child welfare level for all processes involving the student.

**Services:** Coordinated case conferencing, point person, client involvement, and strengths and needs focused case place. Researchers have called for coordinated case conferencing which includes the client as an active participant within the decision-making process (Godsoe, 2000; Hillier et al., 2010; Soan, 2006; Yee et al., 2016; Young & Gardner, 2002). In addition, researchers have reported that case conferencing meetings should focus
on the strengths and needs of the client (e.g., Moore and Emig, 2014 or Morris and Wates, 2006).

The JPSA requires that point persons from the education and child welfare system provide coordinated support to students in OHC by offering REACH team meetings. REACH teams may also include the student (dependent on age and capacity), caregiver, and community partners (e.g., mental health professional, justice worker, or First Nations, Metis, or Inuit Elder). REACH team meetings are used to develop educational success plans which identify a student’s strengths and needs and are used to set and track goals.

REACH teams are responsible for minimizing disruptions to school attendance, determining strategies to keep youth in school, and identifying students at risk of leaving school in order to take appropriate action. In the case of student dropout or extended absences, the REACH team support the youth’s return to school following extended absences, suspension, expulsion or dropout. Detailed information (i.e., defining the issues, sharing information and ideas, generating and exploring possible solutions, predicting likely consequences of each suggested solution, choosing a solution and developing a plan of action, following up on the agreed action) is provided in the JPSA on how to plan for the student’s transition back to school.

The JPSA provides ‘high level’ information regarding how to provide continuity for the youth within the education system, including hosting a ‘best interest’ meeting with individuals from the youth’s REACH team. The purpose of the meeting is to decide whether it is in the student’s best interest to switch schools. No information is provided on the timeline for when a ‘best interest’ meeting should occur when a student changes placements or the process for determination of best interest. However, more detailed registration practices (e.g., the inclusion of timelines) when a child changes schools are outlined within the JPSA.
Implementation and evaluation. Professional development and capacity building are needed to assist professionals in implementing the requirements of the partnership (NCVO, 2010). While the JPSA states that educators and child welfare professionals should undergo training, no detailed information is provided about how training (e.g., joint or siloed training) should occur or the frequency it which it should happen (e.g., at the start of every year). Finally, partnerships should be continually evaluated to ensure that the partnership is being implemented as intended and is achieving its intended purpose (Hillier et al., 2010).

The JPSA contains a provision for evaluating the protocol every two years to provide ongoing information on the strengths and weaknesses of the partnership. Moreover, Hillier et al. (2010) also argues that evaluation should explicitly link educational processes to individual and aggregate educational outcomes. While the JPSA provides some examples of educational outcome measures (i.e., standardized test results, credit accumulation, and high school graduation rates), a detailed evaluation framework is not provided.

Common elements which hinder partnerships. The literature on partnership working supports the multi-level partnership approach of the JPSA. However, research (Dickinson & Glasby, 2010) has highlighted that implementing partnerships can be a challenge due to a “lack of attention to how implementation is organized” (Crosby, 1996, p. 1403). Common governance barriers include a lack of or limited funding (Cornelius & Wallace, 2010) and an absence of input from key stakeholders (Higham & Yeomans, 2010). Procedural issues with information sharing (Frost, 2005) and limited training (Cleaver & Walker, 2004) across organizations can also negatively affect partnerships. Poor care coordination can result from professionals not including client voices in case planning decisions (Bryan, Austin, Hailes, Parsons, & Stow, 2006). Finally, partnerships that pay limited attention on how to measure the activities and outputs of the partnership are challenged in evaluating its performance and effectiveness (Lips, 2011).
Methods

School boards and child welfare agencies across Ontario are governed by the JPSA. To ensure optimum effectiveness and implementation the JPSA needs to be periodically reviewed. Srivastava & Thomson (2009) and Ritchie and Spencer (2002) highlight that there has been a notable growth in the use of qualitative research methods to assess a policy’s development, enactment, and implementation and to provide actionable outcomes. Creswell (1998) defines qualitative research as follows:

*What qualitative research can offer the policy maker is a theory of social action grounded on the experiences-the world view-of those likely to be affected by a policy decision or thought to be part of the problem.* (p. 19)

In qualitative research qualitative data is collected and analyzed using qualitative data analysis methods. Patton (2002) argues that qualitative data provide in-depth depictions of contextual conditions, individuals, behaviours, attitudes, and beliefs from people who have knowledge or experience of the phenomena being studied. Castillo-Montoya (2016) further argues that individual experiences are best analyzed through interviews.

**Sample.** According to Robinson (2014) “purposive sampling strategies are non-random ways of ensuring that particular categories of cases within a sampling universe are represented in the final sample of a project” (p. 35). Patton (2002) notes purposeful sampling allows the researcher to identify and select individuals who are knowledgeable about or experienced with a phenomenon of interest in order to develop information-rich cases which yield insight and in-depth understanding. As the objective of this study was to examine the development and enactment of the JPSA, a purposive sample of education and child welfare stakeholders who were involved in the development of the JPSA were sought.

Potential participants were recruited at an event targeted towards education and child welfare stakeholders involved in partnerships across Ontario in May 2017. Contact
information was gathered from those who expressed interest in the study (N=41). Potential participants were emailed an introduction to the study along with a combined information and consent form (Appendix E) and were asked to choose a date and time to participate in the telephone interview. Twenty-one individuals responded to the introductory emails and were amenable to participate in the telephone interview. Table 31 includes a breakdown of the individuals interviewed for the study. Ethical clearance from Queen’s University was obtained prior to recruitment and data collection (Appendix D).

Table 31

**Breakdown of individuals included in study**

<table>
<thead>
<tr>
<th>Representative Type</th>
<th>Description</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>School board</td>
<td>Individuals responsible for the development and implementation of the school board's policies, plans and programs.</td>
<td>11</td>
</tr>
<tr>
<td>Child welfare</td>
<td>Individuals responsible for the development and implementation of the child welfare agency’s policies, plans, and programs.</td>
<td>6</td>
</tr>
<tr>
<td>External facilitators</td>
<td>A neutral third party hired to support representatives from school boards and child welfare agencies in developing the JPSA.</td>
<td>3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>21</strong></td>
</tr>
</tbody>
</table>

Participants lived across the province, with representatives from Northern, Southern, and Eastern Ontario and the Greater Toronto Area. Demographic data is not presented to assure confidentiality.

**Data collection.** There are three different types of interviews: structured, unstructured, and semi-structured. In a structured interviewed, close-ended questions are asked in a set order. The interviewer can not deviate from the interview questions or probe for further detail. Structured interviews are based on questions that are asked of each and every participant. There is no variation in the questions between participants (Patton, 2002). Unstructured interviews are more flexible and the researcher does not use a predetermined set of questions (Patton, 2002). In the unstructured interviews the questions are open ended.
thus not limiting the participant’s choice of answers (Gubrium & Holstein, 2001). Semi-structured interviews fall in between the structured and unstructured interview styles. Open-ended questions are used to elucidate descriptive answers about the topic(s) the interviewers want to explore. As such, interview protocols are developed to guide the interview. However, not every participant is required to provide information on every question since the intention is to allow participants to focus on issues they consider to be the most important and on which they had an opinion. Semi-structured interviews were conducted over ten months from May 2017 to March 2018. An interview guide was designed to reveal the experience of developing and implementing joint protocols (see Appendix F).

**Reliability.** To ensure reliability of collected data, audio recordings were taken for each interview barring consent from each participant (Saldana & Omasta, 2017). Nineteen participants provided permission for the interview to be audio recorded while two participants provided consent for notes to be taken during the interview. Transcripts of each interview were prepared and given to each participant for validation (Creswell, 2013). In some instances, transcriptions were edited by participants to improve clarity or further

**Data analysis.** Transcripts were uploaded into qualitative coding software (NVivo). A hybrid approach to data analysis was taken, where segments of text were first assigned codes based on a priori themes (e.g., Figure 12 – systems, structures, supports, and implementation and evaluation). Sub-themes were added as the data emerged from subsequent inductive analysis (Creswell, 2013).

**Reporting of qualitative data.** There is a longstanding lack of consensus concerning how to report qualitative data (Miles, 1979; Hannah & Lautsch, 2011). One area of contention is “assigning numbers to data that are in non-numerical form” (Hannah & Lautsch, 2011; p. 14). Some qualitative researchers have argued that using counts within qualitative research can provide more evidence that the findings were derived from rigorous
analysis and that the resulting discussion offers valid, persuasive arguments (Hannah & Lautsch, 2011). On the other hand, other qualitative researchers have highlighted that counting runs counter to the underlying assumptions and goals of qualitative research, and therefore reduces the quality of qualitative research (Hannah & Lautsch, 2011). As this study is part of a larger mixed-methods dissertation examining the JPSA, frequencies of qualitative data were counted to corroborate the conclusions from the larger dissertation and to demonstrate “why one should have confidence in the findings of the qualitative analysis” (Hannah & Lautsch, 2011, p. 17).

Findings

Findings are presented concerning the four nested levels of the JPSA (governance that encourages partnerships, organizational structures that support partnerships, coordinated delivery of services by practitioners, monitoring and evaluation). Subheadings within each level address the common elements of partnership working addressed within the literature review. In addition, while examining the outcomes of the JPSA was not the intention of the study, some participants spoke about positive short-term outcomes they perceived, which were the result of developing and implementing the JPSA. These findings are provided in the section titled ‘Impact’.

**Provincial governance that encourages partnerships.** Categories that emerged as significant influences on governance were as follows: uneven provincial capacity as an impetus for developing the JPSA, the critical role of the provincial JPSA working group, and provincial funding support and restrictions.

**Different views of the underlying intent and purpose of the JPSA.** One essential step in building a partnership is to ensure that everyone involved knows what the partnership is about, who is doing what, and which outcomes are expected. However, when partners do not share the same values and interests making agreements on partnership goals can be difficult.
Findings from the interviews suggest different partners had diverse views of the underlying intent and purpose of the JPSA. Participants characterized the JPSA as a framework to improve capacity across three areas: system (four participants), information (five participants), and service (seven participants). System capacity included the collection of partnership processes at the provincial and regional decision-making level. For example, one participant noted that following:

*I think that the weight behind it provincially and the weight behind it from having the directors of [child welfare agencies] and boards of education signing off on it gives it some weight. Then there is the consistency of it. I think that having it on paper and saying that we are committed to this and that this is an issue and we are going to make this work.* (school board, participant 14)

Participants were also hopeful that the JPSA would improve the capacity of school boards and child welfare agencies in meeting each others’ particular information needs. For example, one school board representative noted: “so, it’s about straightforward information sharing, about what could we do in our respective ministry and organization” (school board, participant 18). Improved service capacity was discussed the most by participants, with seven participants reporting the overarching purpose of the JPSA is to reduce “gaps in student achievements” (child welfare, participant 10) and that this would be achieved by ensuring “that any child who comes here for education or any child who leaves here to another jurisdiction get the same service” (child welfare, participant 10). Participants were hopeful that implementing the JPSA would improve partnership capabilities so that system capacity, information capacity, and service capacity would be improved.

*The critical role of a provincial working group in co-designing the JPSA template.*

At the provincial level, the MoE and MCYS invited a wide array of education and child welfare stakeholders to participate in a workgroup to design a template to guide school
boards and child welfare agencies in developing regional JPSA partnerships. One member of the joint working group noted the composition of the group:

They [MoE and MCYS] wanted a combination of people from the education field or child welfare field, some people that were in the schools, in the child welfare agencies, people who were at the administrative level, board offices or higher positions at child welfare agencies and also people from both ministries... they [the MoE and MCYS] knew that we need to have some people at the table on one side or the other...everybody was there for a reason (provincial writing team, participant 7)

The member of the provincial writing team did not believe any researchers or evaluators were a part of the writing team; however, the member was unsure if this assumption was correct. The member from the writing team also reported that policymakers from the MoE and MCYS “were serious about helping youth in care...I give them [the MoE and MCYS] credit. It was the right group of people. People in that hall were very passionate about why we were there and what we’re doing” (provincial writing team, participant 7). The member of the provincial writing team noted that policymakers brought jurisdictional scan data regarding the status of partnership protocols that were already operating throughout Ontario and across Canada as well as a summary of research literature on the educational outcomes of youth in care. However, the participant brought attention to the fact the working group was responsible for developing the content of the JPSA template:

They didn’t tell us a lot about what they wanted in the protocol; they were actually very open to the people around the table. And okay so, we’re going to give you broad strokes, but we really need you guys to put your brains to work and let us walk through the details. So, they didn’t really bring anything that was already done; everything that was done, we did in 2 days. All the wording, like anything that was in
the template that was sent out, that was the wording that we came up with as we were sitting around the table (provincial writing team, participant 7)

These quotes highlight how the MoE and MCYS brought commitment and leadership to the workgroup to co-produce an evidence-informed provincial template with key education and child welfare stakeholders. Policymakers provided backbone support to the workgroup, facilitated discussions, cultivated community engagement, and served as a broker for the many stakeholders involved in the initiative.

**Provincial implementation support and restrictions.** Co-produced, evidence-informed policymaking allows government leaders to achieve the best possible outcomes by combining scientific evidence with democratic governance principles. The way in which these policies are implemented, however, plays a critical role in whether they are successful. The member of the provincial working group noted that stakeholders involved in the group were concerned about the level of ministry support to guide the JPSA’s implementation:

*And the people who were there, not just me but we kept saying well what about implementation? You know, there are so many things that come out of the Ministry, and they devote a lot of resources to put it together but they don’t really think through the implementation. And unfortunately, as I say again, they didn’t think through their implementation. So it’s kind of frustrating because we spent 2 very long days putting it together basically like a constitution and the implementation is going to suffer because of the process they put in place to actually get it done (provincial writing team, participant 7).*

The above quote speaks to the perceived implementation support, or lack thereof, by the provincial government as perceived by the working group. However, it is important to note that some provincial support was provided to school boards and child welfare agencies during regional JPSA development. Two participants pointed out that the MoE and MCYS
held four web conferences with regional decision makers during the development of local protocols to provide support and guidance. In addition, the MoE and MCYS committed financial resources to fund the development of local JPSAs and the training required for its implementation. Seven interviewees reported they were provided with $25,000 to develop the JPSA and a further $25,000 to support its implementation. Five interviewees mentioned that the level of funding provided for the JPSA’s implementation limited the ability of their respective organizations to adequately support their desire to train educators and child welfare workers. For example, a school board representative noted the following:

When they [local child welfare agency] first started talking about this, they wanted us to do a full 1 or 2 day training in the schools, but the reality is that it is really hard to get professional development time for teachers. So some of the initiatives that were being put forward were just not really realistic in terms of being able to work in a school setting where we have very limited time for professional development. I know it sounds funny because we do have PD days but most of those PD days are preassigned as per… teachers are part of a union and federation so we have to work within what they will allow. So every time we pull teachers out of class, it costs us a lot of money to pull them out of their regular day. I think the budget we were told we had wouldn’t have covered even a good proportion of our staff. (school board, participant 9)

As such, education stakeholders spoke to the need for policy funding to include release time needed for teacher training. One participant also noted that they would like it if the ministry provided “some clarity…and a consistent approach…instead of leaving that to regions” (school board, participant 14) regarding how to implement the JPSA.

Inconsistent government communication. Three participants noted that there was inconsistent communication from the MoE and MCYS during the development of the
protocol. Specifically, while the MCYS had stressed the importance of the JPSA, the MoE provided limited communication to school boards. One child welfare representative noted that the following:

*I wish that the Ministry of Education would put a bit more emphasis on the JPSA in regards to school boards. ...The ministry isn’t putting any of that pressure. Maybe its importance isn’t significant enough? I feel like it should start at the top and go downwards* (child welfare, participant 20).

Accordingly, participants noted that school board officials were not placing a high priority on developing the JPSA, which lengthened the process.

*So I think that the decision makers didn’t see it as a rush. So I think the people at my board were waiting to see what was happening at the other boards. There was kind of a “if they aren’t going to sign it, I am not going to sign.” Not feeling the need because they aren’t getting that message that they needed to be pioneers in this area* (school board, participant 12)

One stakeholder from child welfare reported that they “would like to see more free flowing data sharing between the ministry and between the school boards and [child welfare agencies]” to identify best practices and share resources (child welfare, participant 10).

These quotes speak to misalignments between decisions, actions, and communication at the provincial level.

**Organizational structures.** Findings revealed that partnership brokers were used to facilitate open discussion and co-production of regional protocols. Moreover, school boards and child welfare agencies were empowered to build consensus and resolve conflicts. However, there were multiple barriers (i.e., geographic, language, political, and competing organizational demands) affecting the development and implementation of JPSAs.

*Using brokering to facilitate open discussion and co-production of regional*
protocols. Seven interviewees reported that the funding to develop and implement the JPSA was used to hire a partnership broker. The purpose of the partnership broker was to facilitate partnership arrangements and local implementation plans. One interviewee said that using a broker was important in “advanc[ing] the discussion by asking hard questions to peel back root of the problem” (Facilitator, participant 2). One child welfare representative explained their role as follows:

[Facilitator name] visited all of the directors or CEOs and got some ideas about where they were coming from. I scheduled a meeting where everyone could be there, there was a representative from each school board and children’s aid, with the exception of one school board who had to cancel and delegated to a neighboring school board on their behalf. We sat down and had a half-day brainstorming session. After that, I crafted what was brainstormed into a draft document, sent it to the representatives for their input and any changes or modifications. Then it was taken to each of the boards for passing, and finally a signature by the director or CEO in each case. (child welfare, participant 8)

This quote speaks to the importance of partnership brokers consulting and engaging with representatives from school boards and child welfare agencies to co-produce regional protocols based on the needs of the community.

School boards and child welfare agencies were empowered to communicate, build consensus, and resolve conflicts. Ten participants reported developing regional JPSAs allowed for partners to understand each other’s organizations’ needs and allowed them to ask questions, listen, and debate about what the joint protocol should include; for example, one of the interviews stated the following:

I did a lot of advocating on behalf of the Board to have them include specific things like having them notify the school within 24 hours at least by phone if a child has
been placed in protective services or moved locations or things like that…. [the] child protection agency [will now] notify a school within 24 hours and possibly before the end of the day if a child has been removed from a home so that we can arrange transportation. So that’s been a huge gain because that was and has been an issue before the JPSA… you know sending kids home when they weren’t supposed to.

(school board, participant 2).

Education and child welfare workers also worked together to identify their regional JPSA’s target audience. The JPSA provincial template notes that the target of the JPSA is to increase the educational outcomes for all youth involved with child welfare agencies, including young persons in OHC and those receiving services but still living with their biological family. However, eight participants noted that their regional planning teams had debated whether or not to include the latter group of students who were receiving services from a child welfare agency but were not residing in OHC. Six participants disclosed that their regions had determined to focus solely on students living in OHC due to issues regarding the child welfare agency’s duty to protect their client’s confidentiality and gaining consent from the student’s biological parents. One school board representative explained:

*I think for them [child welfare agency] to provide information about kids who are crown wards, because they have the right to, versus kids who are receiving their services …then they need to have more permissions around that* (school board, participant 13).

Two interviewees (facilitator, participant 4; child welfare, participant 5) reported that while they were going to begin by focusing on students in OHC, they had plans to involve the wider population of young persons receiving services from child welfare agencies and a further two participants reported their regions would provide support as needed.
Technical issues when establishing information and data sharing mechanisms.

Four participants from regional teams reported developing the protocols helped to establish information sharing mechanisms. However, more importantly, eight participants revealed developing and implementing the protocol brought technical issues with information sharing to light.

*It was really hard to get the names of the youth shared with the board and not because [child welfare agency] was reluctant, it’s just the type of computerized system that they have to try to extract that type of information. It took almost 4 months to get that information shared.* (school board, participant 6)

Another participant also noted technical difficulties in setting up their information sharing system:

*We started to pilot some of it and try to get some of the data and we got a couple of month’s worth of lists from our local [child welfare agency], but for the purposes for the school boards, the integrity of that data just wasn’t there. There were kids that were listed where their ages were wrong. So we called a time out and said that we couldn’t take this forward when there were this many mistakes in the data – it doesn’t make sense.* (school board, participant 14)

The above quotes highlight numerous challenges associated with the sharing of information, including obstacles to releasing information and data integrity.

**Siloed training.** Twelve interviewees discussed the process of training professionals within their respective organizations. One interviewee who worked in a region with a long history of partnership between the education and child welfare sectors reported that training would occur during a semi-annual conference where professionals from both sectors meet to discuss joint initiatives. However, it was more likely for training to be conducted separately, with the remaining 11 interviewees stating that education and child welfare professionals
were trained independently. Two participants reported that they had initially planned to conduct joint training; however, the limited funding provided by the province would not cover the expense. One child welfare participant mentioned that they would appreciate receiving joint training on trauma-informed practice (child welfare, participant 11).

**Care coordination by practitioners.** During the timeframe interviews were conducted, most regions were still in the early stages of implementation, with the training of educators and child welfare workers being the most pressing concern for the participants that were interviewed. However, the importance of REACH teams to provide services to youth in OHC and brokering activities were discussed as crucial factors affecting the coordinated delivery of services by education and child welfare practitioners.

**The importance of timely and continuous delivery of services that are comprehensive and appropriate through interprofessional teams.** Regular team meetings create the requisite infrastructure to improve student experiences and, ultimately, outcomes. A systematic review by Moore and Emig (2014) of individual student support models – which included coordinated case planning meetings and comprehensive wrap-around supports for vulnerable student groups – revealed emerging evidence that these models can help increase academic achievement and attendance. Six participants reported that REACH case planning meetings for individual students were already happening. A school board representative discussed the types of people that have typically been invited to these meetings:

*You will have administration; you will have your students and such; you will have your learning resource teachers; you will have your caseworkers; you might have a youth worker associated with the Crown Ward youth. I’ve had probation; I’ve had attendance groups; I’ve even had police and a first nations group at some of the meetings... and you have to have permission from the parent and caregiver, which*
sometimes is a combination of foster parent and a caseworker; sometimes it often includes a biological parent, too. (school board, participant 6)

Another participant reported that these meetings “give an opportunity for the teacher and the worker to connect together to talk about what needs to be done for that particular student” (school board, participant 15). One participant spoke about involving the student during REACH team meetings and the benefit of using a strengths-based approach to case planning:

_The idea that when a student is in a time of transition or in a time of need, that there is an immediacy to having a meeting with important people there to talk about, in a strength-based way. And ours is based on strength-based. You know, what strengths does the student have, how can we support, who is taking responsibility, who is that contact, that point person? Because I feel like in working with children and youth in care, sometimes they feel like ghosts, like invisible people, who aren’t really understood. Sometimes they want some anonymity, but sometimes they do need that support, they do need those resources. So the intentionality and the immediacy of it and the care that goes into having those conversations and making that plan and having to review that plan. All those things can’t help but help, do you know what I mean? Those are all good things._ (school board, participant 19)

This quote highlights the importance of students receiving high-quality support that reflects services and programs that are comprehensive and appropriate. In addition, it emphasises the importance of professionals working together to the full scope of their practice to optimize student supports.

_The use of an education liaison to support and advocate for youth in OHC._ Three participants noted that the role of an ‘education liaison’ was developed in their region to support the implementation of the JPSA partnership, whereas five participants reported that this position did not yet exist but was needed in order to “move stuff forward” (school board,
participant 15). The role of the education liaison is to act as a point person to coordinate and advocate for educational supports for children and youth in care.

**Evaluation.** Participants brought attention to two evaluation-related categories: lack of attention paid to evaluation and how to assess the value of the JPSA partnership

*Lack of attention paid to evaluation.* Three participants noted that their region had not started planning for the JPSA’s final evaluation. One participant reported this was because “oftentimes there are only three people at the [JPSA planning] meetings, so it just keeps getting deferred” (school board, participant 9). Another participant brought attention to the fact that the bi-yearly review requirement of the JPSA was too burdensome due to the intensive resource and time commitments an evaluation would take. Additionally, one participant highlighted that they would have appreciated more guidance from the provincial template regarding what process and outcome measures to track.

*How to assess the value of the JPSA partnership.* Eight participants reported that they were tracking systems, processes, and individual measures to evaluate the JPSA (Table 32).

**Table 32**

*Types of data tracking measures.*

<table>
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<tr>
<th>Measure Type</th>
<th>Indicator</th>
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| System       | • How aware actors are of the JPSA across both systems  
              | • Appropriateness of information sharing processes |
| Process      | • Number of case planning meetings over the school year  
              | • Where case planning meetings took place  
              | • The number youths participated in case planning meetings  
              | • Types of goals that have been set  
              | • How many goals are being met |
| Individual   | • Credit accumulation  
              | • Suspension and expulsion data  
              | • Attendance data  
              | • Individual Education Plan  
              | • Action and Assessment Record |
These measures display that JPSA stakeholders are triangulating perception data (e.g., appropriateness of information sharing processes) with quantitative measures and indicators (e.g., number of case planning meetings over the school year).

**Impact of JPSA.** Conditions for scale and impact have been created across Ontario regions by developing and implementing the JPSA. All participants were optimistic that the JPSA would improve collaborative processes and practices between child welfare agencies, school boards, and schools, which would then, in turn, improve the outcomes for students living in OHC. Although this study was not intended to analyze the outcomes of the JPSA, 10 participants spoke about the positive short-term outcomes of developing the JPSA. Positive outcomes for clients include improved access to services for students and increased participation in services. For example, one participant reported that the connections made as a result of the JPSA had resulted in one student’s increase in school attendance:

*Kids are in school longer as a result of those connections...The integration almost full-time of a child in grade one who was not attending school for long periods of time to going in a short period of time for about one and a half hours, two hours a day... with support. I know there are different things at play here, but the moment they got a sense of what it is, they’re willing to give a little bit more, along with everyone else in the student’s life. They’re getting a completely different mark, with almost full day attendances for a kid that had never been in school full time. It's things of that nature.* (child welfare, participant 11)

Positive outputs for professionals include a raised awareness of how other professionals and agencies work, an increased commitment to multi-agency working, better understanding of client needs, increased relational trust, and enhanced working relationships. One participant noted the following:

*So, I’m not sure how to put that in words other than it’s really brought it to the*
forefront that we’re paying more attention and realizing, oh, my gosh, yeah, actually, these are the kids who are struggling in school or these are the kids who don’t feel life for themselves after high school. So, it’s just kind of definitely awareness has been the biggest. (school board, participant 18)

Participants also explained that school boards, schools, and child welfare agencies have seen improvements in service provision, and participants have noted increased networking, coordination, and collaboration between services across the system. For example, one participant noted the following:

*We have made excellent connections with people in the school board we would not otherwise meet such as the resource departments, guidance, student success, VP, principals and board office based programs.* (child welfare, participant 1)

These quotes suggest the importance of implementing the JPSA for students, professionals, and child welfare systems.

**Discussion**

The findings from the interviews uncovered the development and implementation process as perceived by key informants from across the education and child welfare sectors. Four themes (diversity of goals, limited provincial implementation support, technical problems with information sharing, and the importance of using a partnership broker) arose, which warrant further discussion.

**Diversity of goals.** Hora and Millar (2012) note that creating a shared vision is one of the first steps of partnering which then leads to goals congruence among partners while diverse goals of partner organizations lead to confusion and conflict. As highlighted in the preceding literature review, the overarching purpose of the JPSA improve the educational outcomes of youth in OHC. The protocol includes several areas to achieve this outcome, including the provision of information sharing mechanisms and individual client level
supports through REACH team meetings. Findings from the interviews revealed that partners seem to focus on separate areas of the JPSA – some viewed the main goal as being the facilitation of information sharing between school boards and child welfare agencies while others focused on the importance of REACH team meetings. It is important to note that two goals are not in opposition to each other – in fact, the implementation of information sharing mechanisms supports the ability of REACH teams to have a holistic understanding of the youth’s particular context and education needs. However, the interviews suggest that education and child welfare partners need to continue to develop a common understanding of the vision, mission, and objectives, and goals of the partnership.

Some participants viewed the JPSA provincial template as an indicator of further system (or policy) level coordination. However, interviewees noted frustration at the perceived lack of systems level coordination and support that was provided during the development and implementation of regional JPSA’s. The need for systems level cooperation is compelling as poor outcomes for youth in OHC continue to confound the efforts of program service providers due to the mismatch between the traditional and disjointed tiers of government (i.e., separate ministries for education and child welfare) and the transboundary nature of supporting a young person’s needs. Policymakers at the system level can move beyond simply launching or encouraging partnerships (such as the JPSA) to intentionally sustaining a collaborative culture by committing to bring “formally siloed experts together to share good practices, provide technical guidance, and collaboratively design open government solutions” (World Resource Center, n.d., para. 3). Going forward, policymakers at the MoE and MCYS may want to consider how to:

- Oversee ministry actions related to the JPSA;
- Champion effective responses to the educational needs of children and youth in care;
- Devise mechanisms to track educational outcomes of children and youth in care;
• Implement processes to determine the effectiveness of the JPSA in facilitating achievement of the identified outcomes;

• Support district school boards and child welfare agencies in fostering school success for children and youth in care;

• Communicate with and support child welfare agencies and school boards to identify and address challenges or barriers to implementing regional JPSA agreements.

(adapted from Government of Alberta, 2010).

More information regarding how the provincial government can support the implementation of the JPSA is provided in an upcoming section.

**Limited provincial implementation support.** The participants reported that while the provincial government provided some support (by way of funding and web conferencing) to school boards and child welfare agencies, they would have appreciated more funding and other types of implementation support to assist in the delivery of the JPSA. A lack of funding (Lips et al., 2011) and implementation support (Hudson, 2002) are commonly reported as barriers to establishing effective partnerships. A report by the PEW MacArthur Foundation (2017) argues for the formation of implementation support centers, stating that these centers can be internal government mechanisms or offered by external intermediary organizations. Implementation support centers provide three types of support to local organizations to effectively implement the JPSA program:

• Provide training and technical assistance on how to deliver evidence-informed practice;

• Create tools and processes to strengthen implementation oversight by education and child welfare agencies; and

• Help regions to identify needs and select appropriate interventions (summarized from PEW MacArthur Results First Initiative, 2017).
Although the provincial government is clearly invested in developing a policy to support the education needs of youth in OHC, there is still a struggle to implement the JPSA effectively. Reports by Mettrick, Harburger, Kanary, Lieman, and Zabel (2017) and Franks and Bory (2015) have shown that implementation support centers are a promising approach in eliminating barriers to executing policies and disseminating evidence-informed practices, which will help to ensure that the benefits of the JPSA are realized.

**Technical problems hindering information sharing.** The present study highlights challenges school boards faced in knowing which students were in OHC throughout their regions due to a lack of or incorrect information from child welfare agencies. Moreover, participants also highlighted the need for improved information sharing between the ministries and JPSA partners. Sharing information on the education of children in OHC “across systems allows us to track trends, deficits, and improvements for children in OHC. It can help shape education and child welfare policies, programs and practices and support increased funding for effective programs” (Legal Center for OHC & Education, 2008b, p. 1).

A report released by the American Child Welfare and Education Learning Community highlighted that a “lack of reliable, real-time information on factors such as academic progress, attendance, child welfare services, and court dates make it especially difficult to adequately support educational stability and achievement” (Langworthy & Robertson, 2015). A more structured and streamlined process of information sharing between JPSA partners would allow improved, relevant, and continuous data to flow between organizations. A how-to guide on collecting and sharing information between education and child welfare sectors was developed by the Legal Center for OHC and Education (2008), which provides tools to support the process of developing data collection and information sharing systems. The tools include self-assessment checklists to guide education and child welfare agencies for the following purposes:
• Defining the agency’s data collection goals;
• Identifying the child welfare population;
• Assessing the agency’s data sharing, and;
• Evaluating the agency’s data collection.

An additional checklist is provided for the education and child welfare agencies to complete together. The collaborative checklist includes sections cover the following aspects:

• Identification of goals and players;
• Building the information sharing mechanism;
• Protecting confidentiality, and;
• Governance and maintenance of the system.

In another 2008 publication by the Legal Center for Foster Care and Education, two common methods of data sharing between education and child welfare partners were cited. First, data matching requires child welfare agencies to provide the basic information (name, date of birth, address, and student identification number) to the school board, which will allow the board to ‘match’ the same information from their records. This will then allow for disaggregated education data on students in OHC attending each school board (Legal Center for Foster Care & Education, 2008a). Second, a data system may be developed to exchange information between school boards and child welfare agencies. While a data system can be a powerful tool and help automate information sharing processes, privacy protections must be established so that only the information that can be legally shared can be accessed. Finally, all education and child welfare agencies should be supported at the provincial level to meet together in order to explore ways to streamline information sharing (Legal Center for Foster Care & Education, 2008a).

The importance of utilizing a partnership broker. The study illuminated the critical part played by brokers in convening and facilitating productive interaction between
representatives from school boards and child welfare agencies in order develop local JPSAs. There has been growing interest in understanding the role of brokers in supporting multi-stakeholder partnerships (Brouwer & Hundal, 2013; Burke, 2013; Hundal, 2014). In the case of the JPSA, brokers were contracted on a short-term basis to develop protocols on the behalf of school boards and child welfare agencies. However, Brouwer and Hundal (2013) make a case for utilizing partnership brokers throughout the entire lifespan of the partnership as they can add value to the assessment and evaluation process.

A broker can facilitate them to work through the evaluation process, share an understanding of what is needed to maximize the potential of the partnership, and take ownership of how the findings are acted upon. Done well, evaluation can foster a climate where partners feel they can be more confident, innovative and ambitious (para. 3).

Since three participants noted that little thought had been given to evaluating the JPSA, a broker could support the partners in “plan[ning] and assess[ing] the extent to which they are achieving their partnering objectives and the partnership relationships” (Burke, 2013). The MoE and MCYS should consider financially supporting school boards and child welfare agencies in hiring a broker during the evaluation process in order to support the evaluation of the JPSA. The partnership broker’s association notes that a broker can serve as an advisor, facilitator, or advocate within the evaluation process. For example, a broker can serve as a facilitator by helping partners evaluate the partnership’s effectiveness, efficiency, or perceived value of the partnership to partners. The broker may also serve in an advisory capacity by tracking activity, contributions, and performance or by estimating the impact of partnership activities. Finally, the broker may play the role of an advocate by comparing the partnership to other options and evaluating the impact of the policy on systems (Burke, 2013).
Conclusion

Findings from this qualitative study revealed that the capacity to support the JPSA’s implementation was mixed. The use of provincial funds to support brokering positions served to facilitate open discussion and co-production of regional JPSAs. Participants in the study requested additional financial support for training education and child welfare practitioners. Technical issues with information sharing were also addressed by representatives from school boards and child welfare agencies. However, even with experiencing implementation difficulties, participants noted the positive impact the protocol has already had on students, practitioners, and organizations. Further planning and support needs to occur around information sharing systems, professional development, and evaluation in order to ensure the continued success of the partnership.
Chapter 6:

Conclusion

In 2015, the Ontario MoE and MCYS released the JPSA. School boards and child welfare agencies were encouraged to develop local JPSA’s using the template provided by the government. The protocol template outlined processes (e.g., information sharing, school registration, monitoring and evaluation, and dispute resolution) to support partnership working between the education and child welfare sectors. The template also included practices to support individual students living in OHC. More specifically, the JPSA asserts that all foster youth should have an education team to work collaboratively to develop and support an individualized education success plan based on the student’s strengths and needs. The purpose of the dissertation was to explore the design, development, and implementation of the JPSA through a series of four interrelated papers. In this final chapter, a summary of the findings is provided in relation to each of the four research questions. The chapter concludes by providing implications of this research in three areas: training and capacity building, policy support, and evaluation and performance measurement.

What Does the Literature Reveal About the Factors which Support Partnership Working Between Youth-Serving Sectors?

A key focus of recent education policy is improving partnership working across youth-serving organizations to improve the educational outcomes for students involved with multiple systems. However, there is limited evidence to suggest which factors support collaborative working between these sectors. Therefore, Paper One aimed to explore what key components enable the success of partnerships. Using the methodological framework suggested by Arksey and O’Malley (2005), a scoping review of studies relating to partnership working between youth-serving sectors (education, child welfare, health, and social care) was undertaken. Three electronic databases and a search engine were used to uncover potential
journal articles and gray literature published up until August 2018. Of the 1,200 documents initially identified, 69 met the inclusion criteria. The findings revealed a lack of methodologically rigorous research, with most empirical studies utilizing one-off measures with no comparison sites or groups, qualitative case studies, or non-systematic literature reviews. As such, much of the literature was descriptive in nature and failed to measure the outcomes of the partnership. The descriptive data highlighted four elements that may support partnership working:

- Strategic planning (joint planning group, common purpose and goals, commitment of resources, and local adaptability)
- Institutional structures (the written document that provides guidance, information sharing mechanisms, dispute resolution processes, and the outline of key roles and responsibilities)
- Client-level services (brokering or liaison role, coordinated treatment planning, client involvement in decision-making, and strengths & needs focused case plan)
- Implementation and evaluation (professional development, data tracking, data sharing, and accountability)

Future research should collect data on the perspectives of practitioners and clients regarding partnership working across youth-serving organizations and develop an appropriate performance measurement strategy that would allow the partnerships to communicate its overall objectives more efficiently and report on its results in the following outcome evaluation.

How Is the Content of the JPSA Similar to or Different from that of Other Partnership Protocols Between Education and Child Welfare that Exist across Canada?

A review of other Canadian jurisdictions was completed to understand better the current policy environment related to partnership working across the education and child
welfare sectors to compare Ontario’s JPSA. All Canadian jurisdictions were included in the scan (British Columbia, Alberta, Saskatchewan, Manitoba, Quebec, Nova Scotia, New Brunswick, Newfoundland, Prince Edward Island, Nunavut, Northwest Territories, and the Yukon). In addition to Ontario, the scan revealed four other jurisdictions with comparable partnership working agreements (British Columbia, Alberta, Manitoba, and Nova Scotia). The contents of the partnership working agreements were measured against the 16 enabling factors of partnership working uncovered during the scoping review. All provinces utilized promising practices of partnership working to varying degrees, with Alberta having the most comprehensive (93.75%) partnership protocol and Ontario coming in second (87.5%). The scan revealed that, on average, jurisdictional agreements scored highly across three dimensions related to partnership working: coordinated client-level services (90%), institutional structures to support partnership working (85%), and strategic planning processes (80%). The lowest mark belonged to the implementation and evaluation dimension, with a score of 50%. This finding supports the earlier discovery from the scoping review, which revealed that few partnerships had dedicated efforts towards measuring the impact and outcomes of partnership working. The jurisdictional scan also uncovered four emergent themes not included in the conceptual framework: tools to support implementation, celebrating success, student discipline and dropout, and concluding in-care status. Ontario’s provincial JPSA template did not include tools to support its implementation, while Alberta, British Columbia, and Manitoba did include a variety of resources to support practitioners. Ontario, Alberta, British Columbia, and Manitoban agreements emphasised the importance of recognizing and celebrating the accomplishments of young persons in care. Finally, Alberta and Manitoba included sections on how to support students at risk of facing disciplinary action and the processes to follow once a student leaves care. The results from the jurisdictional scan reveal that the processes included in Ontario’s JPSA are supported by the
research literature on partnership working. However, future iterations of the JPSA can continue to be improved by developing common tools to support its implementation and an evaluation strategy.

**What Can the Views of Key Internal Informants Illuminate about the Development and Implementation of the JPSA?**

Interviews with 21 education and child welfare professionals – who were responsible for the design and development of Ontario’s JPSA – were conducted to learn about the development and implementation of the protocol across Ontario. Interview participants suggested that designing the protocol allowed for the development of new relationships between school boards and child welfare agencies or the ratification of already occurring partnership practices. Barriers related to capacity building and training practitioners were brought to the attention by several interview participants. Participants noted that specific training on trauma-informed practice and opportunities for joint training between education and child welfare practitioners would be welcome. Moreover, implementation barriers were brought to attention during the study. Although some stakeholders had developed regional evaluation frameworks and metrics to measure the outcomes their JPSAs, it was more likely that an evaluation plan had not been established. The paper concludes by detailing the next steps required for the ongoing successful implementation and evaluation of the protocol.

**What Does Secondary Analyses of Provincially Collected Data Reveal about the Local Context Regarding Factors that Have Been Associated with Poor Student Outcomes in Four (i.e., Absenteeism, Disciplinary Rates, Special Education Placement, and School Transfers) Key Domains?**

The underlying reasoning for Ontario’s JPSA is that students living in OHC are less likely to experience educational success than their peers in the general population, and as such, they require coordinated and sustained support from practitioners in the education and
child welfare system to support their needs. Research from other Canadian jurisdictions and international studies have revealed that students living in OHC experience higher levels of absenteeism, disciplinary rates, special education placement, and course failure. However, similar data for Ontario has not been publicly released to date. The purpose of the final study was to provide empirical data about the educational needs of 4,109 youths living in OHC throughout Ontario during the school year the JPSA provincial template was released (2015-2016). The findings revealed that, in 2015–2016, elementary (K-Grade 6) students in care were more significantly higher short-term (1-10 days) absentee rates compared to their peers in the general student population. Moreover, students in OHC were 10 times more likely to be suspended, three times more likely to receive special education services or programs, and three times more likely to transfer schools than their peers in the general student population. These findings support the need for Ontario’s JPSA and underline the importance of its continued implementation across Ontario.

The JPSA is an Evidence-Informed Policy

The overarching purpose of this dissertation was to examine how evidence was used and incorporated across the development and enactment of the JPSA. As previously discussed in the introduction, the level of evidence used within policies lies on a continuum. At one end of the continuum, opinion-based policymaking occurs when policymakers make decisions based off of instinct and ideological reasons. At the other end of the continuum, evidence-based policies include practices that have repeatedly and consistently demonstrated positives outcomes through application of experimental research methods. Couched in the middle is evidence-informed policy, which “recognizes that policy making is an inherently political process, and that decision-makers may not be able to translate evidence into policy options according to quality standards due to constraints” (National Collaborating Centre for Methods and Tools, 2011). As such, different types of information from a variety of sources
may be included. In evidence-informed policy research evidence, evidence from practice, cross-jurisdictional policy learning, citizen input, and system level data from the local context may be used to make decisions. What is clear from the dissertation is that the JPSA was informed and influenced by a wide breadth of evidence. As such, the JPSA should be considered an evidence-informed policy.

**Research evidence.** Policymakers depend on research evidence in making decisions. Timely access to good quality and relevant research evidence has been demonstrated to facilitate the use of evidence by policymakers (Oliver, Innvar, Lorenc, Woodman, & Thomas, 2014). Findings from the scoping review revealed an abundance of descriptive, process-oriented studies on partnerships. The descriptive data uncovered from the review revealed 16 common elements of partnerships. The jurisdictional scan – using these elements as a conceptual framework – disclosed that Ontario’s JPSA included most common partnership components as highlighted in the available research literature.

While process data on partnerships is not lacking, research that examines which different elements of partnerships improve outcomes for youth was lacking. As such decision makers cannot be confident about which elements of the JPSA are essential for improving outcomes.

**Practice-informed evidence.** Evidence-based on professional experience, understanding, skill, and expertise of practitioners should also be taken into account in the policymaking process. Findings from the key informant interviews revealed mixed findings about the level of practice-informed evidence that went into developing the JPSA. During the development of the provincial JPSA template, a selected group of 20 practitioners from across the education and child welfare sectors were invited to a two-day event to provide input on the template. Findings from the interviews demonstrated practitioners played a critical role in co-designing the JPSA template with provincial policymakers. However, a
practitioner who attended the event noted that policymakers did not listen to advice concerning providing implementation support to regions responsible for enacting the protocol. Findings from regional representatives from across the education and child welfare fields also highlighted a lack of implementation support as a key concern and pointed out that a system to share promising practices from other school boards and child welfare agencies would be appreciated.

**Citizen input.** The background information provided in the introductory chapter regarding the public inquiries by PACY in 2011 spurred the development of the JPSA provincial protocol template in 2013. In addition, former youth in care were also in attendance with practitioners during the two-day event to develop the protocol template. As such, citizen input was a key source of evidence within the development of the JPSA.

**System level data and cross-jurisdictional policy learning.** Findings from the secondary analysis of the provincial outcome data for youth in OHC revealed many issues that were not addressed within Ontario’s JPSA. First, the analyses revealed youths in OHC were 20 times more likely to be suspended than their peers during the 2015–2016 school year. The jurisdictional scan revealed that Ontario did not include a section on how to support REACH teams in identifying alternatives or interventions if the student is at risk of facing disciplinary action and how to minimize disruptions in school attendance if a student is suspended. Second, the secondary analyses revealed youth in OHC were three times more likely to change schools than their peers. Although details about the process of transferring school records was outlined in the JPSA, other important information regarding school transfers was left out. Research has shown a negative correlation between the number of school transfers and educational outcomes for youth in OHC. As such, Clemens, Helm, Myers, Thomas, and Tis have (2017) argued youth in OHC must remain in their home school after a placement change (e.g., from biological parents into care or from care placement to
care placement) unless a change of schools is in the youth’s best interest (e.g., it will likely result in a social, emotional, or academic improvement). In 2017, the MoE has dedicated funds to help school boards pay for busing so youth in OHC will not have to switch schools when they move placements. However, no information is provided in the JPSA to support school boards and child welfare agencies in making decisions on whether a change in schools is in the youth’s best interest. Third, youth in OHC were found to be placed in special education programs at three times the rate of youth in the general population.

Moreover, 37% of students receiving special education programs or services had not been identified by an Identification, Placement, and Review Committee. A Canadian report out of British Columbia by Richard (2017) found that due to “missed school days and changes in school supports resulting from school moves…make it difficult for school staff to identify special needs of children and youth in care” (p. 55). In addition, Richard noted “school moves delay psychoeducational assessments that are used to diagnose learning disabilities” (p. 55). As such, many British Columbian youths in care were not receiving learning supports they needed. The United States Department of Education (2013) outlines that highly mobile students, including children in OHC, should receive timely and expedited evaluations. A similar clause in Ontario’s JPSA was not present. Finally, results from the secondary analysis demonstrated that students in OHC were significantly more likely to experience short-term absences (1–10 days) than their peers in the general population. No guidance was provided in the JPSA in how to reduce the number of school absences. Future iterations of the JPSA could take note from Washington State. For example, absences from school due to required court appearances or participation in court-ordered activities, including family visitation and therapy are excused in Washington State. In addition, Washington State law requires school districts to monitor unexpected or excessive absences of youth in OHC.
Finally, Washington schools are required to proactively support the student’s school work, so the student does not fall behind.

**Areas of discordance between evidence and the JPSA.** While I argue that the JPSA is an evidence-informed policy, the dissertation also uncovered areas of discordance and the JPSA, including the following: (a) unclear understanding of which partnership components are most associated improved outcomes for clients, (b) failure to integrate wisdom from practitioners on how to implement the policy, (c) and not utilizing government collected data to inform policy creation for the local context. Going forward more work is needed across many systems to support improvements to the JPSA.

A first overarching step to addressing this discordance is having the research community focus on conducting more outcomes-focused research studies in order to improve our understanding of which partnership components are associated with improved outcomes for clients. Funding agencies and scientific journals could work together on both ends of the research production pipeline by giving preference to outcomes focused research. Academic institutions can train more experts in methods that support outcomes-focused evaluations of education and social work. Training experts in the field of knowledge mobilization may also narrow the gap between research to policy action (Campbell & Fulford, 2009). Knowledge mobilization is the field aimed at moving the latest evidence into policy and practice. Researchers with experience in knowledge mobilization are better able to interact with diverse stakeholders to effectively communicate scientific evidence (Campbell & Fulford, 2009).

The second step to improving evidence-informed practice is ensuring policymakers and researchers listen to the ‘voice’ of the practitioner community. Findings from the key informant interviews highlighted that professionals were of the opinion that policymakers should facilitate lateral relationships between regions to build collective capacity. In Canada
and abroad, practitioner engagement has been a key level or building system-wide capacity for change (Harris et al., 2013). In addition, practitioners noted that cross-sector training – which included a component on trauma-informed practice – would have been beneficial but was not possible with the current funding provided by policymakers. Research literature has also highlighted these components as promising practices for educators and child welfare caseworkers working together in partnership (Lang, Campbell, Shanley, Crusto, & Connell, 2016; Yee et al., 2016).

The third element for improving evidence-informed policymaking is ensuring that the government collected data that informs policy action. The CYC Data Sharing Project has been running since 2009; however, it appears that the findings from this provincial data were not used to develop the JPSA as key components related to special education, school discipline, and student absences were not included within the protocol. Although the CYC Data Sharing Project and JPSA both fall under the purview of the Ontario MoE, they fall under the responsibility of separate branches. As such, there may have been a lack of organizational awareness of what data are collected across departments. Going forward, ministries should develop procedures on how departments can more readily access and share information.

**Recommendations for Improving the JPSA**

Evidence-informed policymaking and practice in education and child welfare offer a way to improve the efficiency, credibility, and sustainability of both systems. However, barriers persist in the production and use of evidence. Based on the scoping literature review, jurisdictional scan, input from JPSA stakeholders, and assessment of the educational needs of Ontario’s youth residing in OHC, five recommendations are made related to updating the JPSA, providing implementation support, developing information sharing infrastructure, building capacity of education and child welfare professionals, and embedding an evaluation
framework. To address these issues, it necessary to consider how knowledge is produced and used and the mechanisms and “group of activities and interaction mechanisms that foster the dissemination, adoption and appropriation of the most up-to-date knowledge possible for use in professional practice and in…management” (Lemire, Souffez, & Laurendeau, 2013). This systemic approach in moving knowledge into policy and practice is referred to as knowledge mobilization. Lavis, Robertson, Woodside, McLeod, & Abelson (2003) recommend five components to consider when mobilizing knowledge:

- What should be transferred to decision makers (the recommendation)?
- To whom should the knowledge be transferred (the target audience)?
- By whom should the knowledge be transferred?
- How should knowledge be transferred (the knowledge-transfer processes and supporting communication infrastructure)?
- With what effect should knowledge be transferred (evaluation)?

Table 32 outlines the components required to address each of the issues raised from the dissertation.
Table 33

*Knowledge mobilization plan*

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<tr>
<th>The Recommendation</th>
<th>Target Audience</th>
<th>The Messenger</th>
<th>The Process</th>
<th>Evaluation</th>
</tr>
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</table>
| **Recommendation 1:** Include new sections of JPSA | • Provincial government  
• School boards  
• Child welfare agencies | • Researcher(s) | • Meeting with ministry officials to discuss results from the dissertation | Changes to relevant sections of JPSA are made |
| **Recommendation 2:** Provide implementation support to assist in the delivery of JPSA across Ontario | • School boards  
• Child welfare agencies | • Provincial government  
• Established research brokering organizations (e.g., PART) | • Use websites and mailing lists to disseminate tools and resource  
• Exchange of information between decision makers | Support is provided by an organization with the provincial scope |
| **Recommendation 3:** Develop information and data sharing structures to support the delivery of JPSA, monitor implementation, and develop appropriate interventions for students | • Education professionals  
• Child welfare professionals | • School boards  
• Child welfare agencies | • Interactive small workgroups to develop information sharing structures | Child welfare and education decision makers report information sharing system allows for gathering, distilling, and analysing many types of information to track implementation |
| **Recommendation 4:** Address gaps in knowledge to build capacity and create supportive environments that address the unique needs of youth in OHC. | • Education professionals  
• Child welfare professionals | • School boards  
• Child welfare agencies  
• Established research brokering organizations | • Educational outreach | Education and child welfare practitioners report increased confidence in abilities to carry out requirements of JPSA |
| **Recommendation 5:** Embed a standard evaluation and performance measurement framework in the JPSA to support cross-site learning and inform implementation | • School boards  
• Child welfare agencies | • Provincial government  
• Established research brokering organizations (e.g., PART) | • Interactive workgroups with education and child welfare representatives from across Ontario to develop common framework and measures | The evaluation framework is established  
• Cross-site evaluation of JPSA is undertaken |
**Recommendation 1: Include new sections of JPSA**

The development of the JPSA is an essential first step in establishing partnerships between school boards and child welfare agencies. Based on the findings from this dissertation, the following recommendations are provided:

- Develop internal procedures for regularly sharing provincial CYC data collected by the ESAB-EDU with the ministry branch responsible for the JPSA;
- Organize a provincial writing group including key stakeholders (researchers, practitioners, policymakers, and former youth in care);
- Share CYC data with the provincial writing group in order to inform decisions about potential new JPSA sections which cover the following:
  - Expedited special education placement;
  - Reducing student absences;
  - Procedures for when a student is at risk of disciplinary action;
  - Procedures to determine whether it is in a student’s best interest to remain at their school of origin; and
  - Identify funding to support students for transportation, as well as JPSA implementation.
- Revise and release protocol template; and
- Provide funding to school boards and child welfare agencies to update regional JPSA policies.

The US Department of Education (2016) has developed a protocol that includes sections on educational stability, school of origin, best interest determinations, and transportation, which may be of interest when developing an updated JPSA.
Recommendation 2: Provide implementation support to assist in the delivery of JPSA across Ontario

Forming and supporting a provincial leadership team to guide and leverage the implementation of the JPSA across regions, districts, and schools. The implementation team should include three to five individuals who have time allocated to engage in implementation development. Implementation team members should have expertise in evidence-informed practices. The following action items are recommended:

- Determine whether the government or outside agency will provide leadership and support to JPSA signatories across Ontario;
- Provide dedicated funding and other resources (e.g., staff) to provide continual implementation support through the creation of a JPSA leadership team; and
- The leadership team should do the following:
  - Maintain regular contact with JPSA signatories and address concerns as they arise;
  - Arrange cross-site evaluation and data-based decision-making;
  - Arrange training and coaching; and
  - Disseminate tools to support implementation.

The implementation team will communicate feedback across the education and child welfare partners to uncover local, district, regional, and provincial issues. The implementation team may or may not include individuals from the provincial writing team. An example of an education and child welfare partnership that utilizes a state leadership team is Foster-Ed (http://foster-ed.org/about/).

Recommendation 3: Develop information and data sharing structures to support the delivery of JPSA, monitor implementation, and develop appropriate interventions for students
Although the provincial CYC data sharing agreements collect anonymized longitudinal information on students from kindergarten to grade 12 across the province, regional cross-sector integrated data systems go even further by providing more nuanced administrative data. Access to real-time student-level data is important for those practitioners working to provide services to youth in OHC and inform decision making at the broader regional level. Members of the student’s REACH team need up-to-date information about school enrollment history, course enrollment records, grade point average, standardized test scores, attendance records, and disciplinary records in order to develop their educational success plans and support student success. The following action items are suggested:

- Obtain funding to develop technical capacity to build the data warehouse;
- Create a regional leadership team that incorporates high-level staff from school boards, child welfare agencies, front-line staff, and researchers from and local universities;
- Provide the panel with the opportunities to strengthen learning and enhance implementation of knowledge gains regarding the following issues:
  - Privacy concerns (e.g., will parents or students have the right to access their own information, could records be used in unanticipated ways, will sharing information result in stigmatization, and will researchers be able to access the data?); and
  - Development issues (e.g., how to construct the algorithms to match student data from the education and child welfare systems, how to make data shareable in real-time for educators and child welfare practitioners as well as establish appropriate security protocols?).
- Jointly create a tracking system that allows school boards and child welfare agencies to gather, share, and use information in flexible ways; and
• Aggregate data regularly to maintain system accountability and promote evidence-informed practice.

One example of a real-time data sharing system is in Ohio. Cincinnati Public Schools, Hamilton County Juvenile Court, and the Legal Aid Society of Greater Cincinnati have partnered on developing a data warehouse to improve communication between service providers and schools about youth in OHC. The funding for the infrastructure building project was provided by a 17-month Children’s Bureau Grant. Decreased student absences were listed as a short-term positive outcome from implementing the study (Children’s Bureau, 2013).

**Recommendation 4: Address gaps in knowledge to build capacity and create supportive environments that address the unique needs of youth in OHC.**

Addressing the education needs of youth in OHC requires the integration of education, child welfare, and other youth serving organizations. As such, a committed effort needs to occur to build and sustain capacity on how to work within a partnership and to provide trauma-informed practice.

• Support professional development by providing release time for participation
• Provide professional development opportunities that build upon professionals’ skills, attitudes, and knowledge of trauma-informed practice and ways to connect across sectors
• Encourage professional development opportunities that allow education and child welfare professionals’ serving the OHC population to participate together

One example of an education and child welfare partnership that includes capacity building is Foster-Ed. This partnership utilizes communities of practice across regions and systems to integrate continual learning within their project (http://foster-ed.org/communities-of-learning/).
**Recommendation 5: Embed a common evaluation and performance measurement framework in the JPSA to support cross-site learning and inform implementation**

Increased data on the impact of the JPSA can strengthen the evidence base for the practice and further facilitate system’s change. While understanding processes that the JPSA may adopt to achieve desired outcomes are important, JPSA signatories should also produce accurate and reliable outcome measures. The following action items are suggested:

- Obtain funding to develop provincial oversight committee and support regional evaluations;
- A provincial evaluation oversight body (stakeholders may include researchers, policymakers, and high-level education and child welfare professionals) could provide JPSA signatories with guidance to hold JPSA signatories accountable, which would serve the following purpose:
  - Develop a common set of process and outcome measures for JPSA signatories to use across Ontario regions to allow for cross-site comparisons;
  - Identify the data elements needed to produce process and outcome measures;
  - Identify the strategies needed to overcome obstacles to sharing data among education and child welfare agencies; and
  - Guide school boards and child welfare agencies conducting regional evaluations.
- Conduct regional evaluations of JPSA based on the evaluation framework developed by the provincial oversight body; and
- Use data from evaluations to inform decisions at the policy and practice level.

The oversight committee may or may not contain individuals from the provincial writing team or provincial implementation support team. Foster-Ed ([http://foster-ed.org/data-and-technology/program-improvements/](http://foster-ed.org/data-and-technology/program-improvements/)) is an example of an education and child welfare...
partnership that has integrated evaluations to track the evolution of the project. The project receives funding from the Mind Trust and Lilly Endowment. The partners use the funds for the project to hire an external evaluator to conduct yearly investigations. The evaluations use a mixed methods design and collect process and outcome data using surveys, interviews, case management data, and education data.

**Future Research**

Future research should include a process and outcomes evaluation of the JPSA to understand how the partnership is working and whether it is positively impacting students. Moreover, Leone and Weinberge (2012) highlight that “while much has been made in recent years about the poor educational outcomes of youth in OHC…little attention has been focused on specific interventions that show evidence of changing the trajectory for those youth” (p. 33). A scoping literature review by the Directions Evidence and Policy Research Group (2017) also revealed that “the number of school-based programs and interventions described in the literature is limited” (p. 16). Therefore, researchers should examine the effectiveness of school-based educational interventions targeted toward youth in OHC.

**Implications Policy.** The main implications for policy is that the MoE and MCYS must provide dedicated funding for the continual improvement, implementation, and evaluation of the JPSA. In addition, they must continue to serve as an active stakeholder within implementation and evaluation efforts.

**JPSA partners.** School boards, schools, and child welfare agencies must establish information and data sharing mechanisms to support the implementation JPSA. This may include the establishment of a shared database of educational outcome data for students within the region. JPSA partners should also work to build practitioner and evaluation capacity with support and guidance from the province.
Practitioners. Education and child welfare professionals must work together to assess student needs and support students in reaching success. In the end, the JPSA is just a written document. Education and child welfare professionals must commit to providing REACH team meetings and other collaborative practices outlined within the JPSA in order to have a positive effect on children in OHC.

Conclusion

Professionals working in the education and child welfare systems all care about improving the lives of children and youth in OHC. As such, we have realized the importance of strengthening relationships between the two sectors to support students in care. The establishment of the JPSA has facilitated the partnership between child welfare agencies and school boards in their effort to improve the educational outcomes for children and youth living in OHC. The protocol is a well-designed document that utilizes many of the common elements that enable partnership working. Although some barriers to its implementation were uncovered, continued commitment from schools, school boards, child welfare agencies, and ministry partners will increase the likelihood of successful implementation.


http://doi.org/10.1093/jopart/mup045

http://doi.org/10.1080/1364557032000119616


of foster care youth and a matched group of non-foster care youth. *Child and Adolescent Social Work* 1, 14(1), 41–53.


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http://doi.org/https://doi.org/10.1111/puar.12475


http://doi.org/10.1007/s10964-011-9665-3


http://doi.org/10.1108/JICA-11-2015-0044


http://doi.org/10.1080/03003930.2013.861819


Langworthy, Sara; Robertson, Lauren. (2014). Get the Data, Share the Data, Use the Data


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https://doi.org/10.1057/s41599-018-0176-7


http://doi.org/10.1016/j.childyouth.2003.11.004


http://www.oecd.org/sti/inno/policyevaluationinnovationandtechnologytowardsbestpractices.htm

http://doi.org/10.1007/s10566-013-9226-x


groups-comprehensive-toolkit


INTRODUCTION


https://doi.org/10.1177/10534512060410050301


Appendix A:
List of References Used in Scoping Review


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John W. Gardner Center for Youth and Their Communities. (2015). *Organizational structures to support Oakland community schools*. Stanford, CA: John W. Gardner Center for Youth and Their Communities.


Young, N. K., & Gardner, S. L. (2002). Navigating the pathways: Lessons and promising practices in linking alcohol and drug services with child welfare (SAMHSA Publication No. SMA 02-3752). Rockville, MD: Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.
## Appendix B:
### Definitions of Partnerships and Related Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Sample Definition</th>
<th>Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrated student supports</td>
<td>“Integrated student supports (ISS) are a school-based approach to promoting students’ academic success by developing or securing and coordinating supports that target academic and non-academic barriers to achievement” (Moore et al., 2014, p. 1)</td>
<td>Moore, K. A., &amp; Emig, C. (2014)</td>
</tr>
<tr>
<td>Interprofessional practice</td>
<td>Interprofessional practice describes “where two or more professions are working together as a team with a common purpose and commitment” (Hillier et al., 2010, p. 4)</td>
<td>Hillier, S.L., Civetta, L., &amp; Pridham, L. (2010); Marsh, P. (2006)</td>
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<tr>
<td>Network profession</td>
<td>“A network profession – one that is largely situated in co-located settings and/or in working closely with other related professionals” (Frost, 2017, p. 174)</td>
<td>Frost, N. (2017)</td>
</tr>
</tbody>
</table>
# Appendix C:
## Provincial Partnership Protocols and Companion Documents

<table>
<thead>
<tr>
<th>Region</th>
<th>Protocol Name</th>
<th>Type of Document</th>
<th>Description</th>
<th>Weblink</th>
</tr>
</thead>
<tbody>
<tr>
<td>British Columbia</td>
<td>Joint Educational Planning and Support for Children and Youth in Care: Cross-</td>
<td>Protocol</td>
<td>This document includes an introduction (rationale, purpose of the protocol, and background information on children and youth in care), guiding principles, guidelines (collaborative planning, information sharing, and roles and responsibilities), a case study of collaborative planning, glossary of common terms, resources for the child/youth’s care team (protective factor, examples of strategies to support children and youth in care in the school environment, collaborative planning and information sharing checklist, school transition out of school district planning form, and tips for stakeholders), and references (relevant legislation)</td>
<td></td>
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<td></td>
<td>Ministry Guidelines</td>
<td></td>
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<td><a href="https://www2.gov.bc.ca/gov/content/education-training/administration/kindergarten-to-grade-12/children-in-care">https://www2.gov.bc.ca/gov/content/education-training/administration/kindergarten-to-grade-12/children-in-care</a></td>
</tr>
<tr>
<td>Alberta</td>
<td>Success in school for children and youth in care</td>
<td>Protocol</td>
<td>This document provides background information on the protocol, sharing information, outcome objectives, core values of the protocol, common definitions, the role of the ministries, roles and responsibilities, registration procedures, case plans, celebrating success, student dropout or discipline, concluding in care status, monitoring outcomes, issue resolution, and processes for implementation and continuous improvement.</td>
<td><a href="https://open.alberta.ca/dataset/5078944">https://open.alberta.ca/dataset/5078944</a></td>
</tr>
<tr>
<td>Alberta</td>
<td>Success in school for children and youth in care</td>
<td>Appendices to support</td>
<td>This document includes information on the following issues: responsibilities and procedures by roles, common definitions and acronyms, relevant legislation, education case plan template, processes and diagrams which visualize how to conduct the partnership, detailed information on the types of information to be provided to schools by the caseworker upon student registration, and a list of resources and programs to help students transitioning to employment</td>
<td><a href="https://open.alberta.ca/dataset/5078944">https://open.alberta.ca/dataset/5078944</a></td>
</tr>
<tr>
<td></td>
<td>support implementation</td>
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<tr>
<td>Alberta</td>
<td>Success in school for children and youth in care</td>
<td>Tip sheets</td>
<td>These documents provide guidance to caregivers, caseworkers, educators, group care staff, school leadership teams, and students affected by the protocol. Tip sheets cover topics such as engaging positively with young people in care, working together, and self-advocacy (for students)</td>
<td><a href="https://open.alberta.ca/dataset/5078944">https://open.alberta.ca/dataset/5078944</a></td>
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<td>Region</td>
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<td>Manitoba</td>
<td>Education and Child Family Services Protocol for Children and Youth in Care</td>
<td>Protocol</td>
<td>This document includes background information, the purpose of the protocol, guiding principles, common definitions, roles and responsibilities, information sharing processes, collaborative planning, registration at school, ongoing joint case planning, celebrating success, concluding in care status, and issues resolution.</td>
<td><a href="https://www.edu.gov.mb.ca/k12/specedu/programming/transition_care.html">https://www.edu.gov.mb.ca/k12/specedu/programming/transition_care.html</a></td>
</tr>
<tr>
<td>Manitoba</td>
<td>Education and Child Family Services Protocol for Children and Youth in Care</td>
<td>Companion document</td>
<td>This companion document includes supports and actions that promote a supportive environment for children and youth, relevant legislation, school registration guidelines, collaborative planning and information sharing checklists, school transfer forms, and strategies to support youth in care in the school environment</td>
<td><a href="https://www.edu.gov.mb.ca/k12/specedu/programming/transition_care.html">https://www.edu.gov.mb.ca/k12/specedu/programming/transition_care.html</a></td>
</tr>
<tr>
<td>Ontario</td>
<td>Joint Protocol for Student Achievement</td>
<td>Protocol</td>
<td>This document includes information sharing processes, administrative processes to support youth transitioning schools, collaborative planning, dispute resolution processes, and monitoring and evaluation of the protocol</td>
<td><a href="http://www.edu.gov.on.ca/eng/policyfunding/memos/feb2015/JPS">www.edu.gov.on.ca/eng/policyfunding/memos/feb2015/JPS</a> A2015appA.pdf</td>
</tr>
<tr>
<td>Nova Scotia</td>
<td>Schools Plus</td>
<td>Website</td>
<td>The Schools Plus website includes background information on the initiative, participating schools, news releases, and resources. In addition, documentation concerning information sharing, information release consent forms, and an evaluation of the program are also included.</td>
<td><a href="https://www.ednet.ns.ca/schoolsplus/">https://www.ednet.ns.ca/schoolsplus/</a></td>
</tr>
</tbody>
</table>

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Appendix D:
Research Ethics Approval

May 6, 2017

M. Samantha Shewchuk
Ph.D. Candidate
Faculty of Education
Queen’s University
Duncan McArthur Hall
511 Union Street West
Kingston, ON, K7M 5R7

GRED Ref #: GEDUC-851-17, TRAQ # 600766
Title: “GEDUC-851-17 A Process Evaluation of the Joint Protocol for Student Achievement: An integrated student support initiative designed to increase educational outcomes of youth in foster care”

Dear Ms. Shewchuk,

The General Research Ethics Board (GREB), by means of a delegated board reviewer, has cleared your proposal entitled “GEDUC-851-17 A Process Evaluation of the Joint Protocol for Student Achievement: An integrated student support initiative designed to increase educational outcomes of youth in foster care” for ethical compliance with the Tri-Council Guidelines (TCPs 2, 2014) and Queen’s ethics policies. In accordance with the Tri-Council Guidelines (Article 6:14) and Standard Operating Procedures (405:001), your project has been cleared for one year. You are reminded of your obligation to submit an annual renewal form prior to the annual renewal due date (access this form at http://www.queens.ca/traq/simon.html by clicking on “Events” under “Create New Event” click on “General Research Ethics Board Annual Renewal/Closure Form for Cleared Studies”). Please note that when your research project is completed, you need to submit an Annual Renewal/Closure Form in Romeo/traq indicating that the project is ‘completed’ so that the file can be closed. This should be submitted at the time of completion; there is no need to wait until the annual renewal due date.

You are reminded of your obligation to advise the GREB of any adverse event(s) that occur during this year period (access this form at http://www.queens.ca/traq/simon.html by clicking on “Events” under “Create New Event” click on “General Research Ethics Board Adverse Event Form”). An adverse event includes, but is not limited to, a complaint, a change or unexpected event that alters the level of risk for the researcher or participant or situation that requires a substantial change in approach to a participant(s). You are also advised that all adverse events must be reported to the GREB within 48 hours.

You are also reminded that all changes that might affect human participants must be cleared by the GREB. For example, you must report changes to the level of risk, participant characteristics, and implementation of new procedures. To submit an amendment form, access the application by at http://www.queens.ca/traq/simon.html click on “Events”; under “Create New Event” click on “General Research Ethics Board Request for the Amendment of Approved Studies”. Once submitted, these changes will automatically be sent to the Ethics Coordinator, Ms. Gail Irving, at the Office of Research Services for further review and clearance by the GREB or GREB Chair.

On behalf of the General Research Ethics Board, I wish you continued success in your research.

Sincerely,

[Signature]

John Freeman, Ph.D.
Chair
General Research Ethics Board

cc: Dr. Amanda Cooper, Supervisor
Dr. Richard Reeve, Chair, Unit REB
Ms. Erin Wickham, Dept. Admin.
Appendix E:
Combined Letter of Information and Consent Form

Study Title: A Process Evaluation of the Joint Protocol for Student Achievement

Name of Student Researcher: Samantha Shewchuk, Faculty of Education, Queen’s University

Name of Supervisor: Dr. Amanda Cooper, Faculty of Education, Queen’s University

I am Samantha Shewchuk, a doctoral candidate in the Faculty of Education, working under the supervision of Dr. Amanda Cooper. This study aims to examine how the Joint Protocol for Student Achievement functions in practice. If you agree to take part, the study will require a telephone interview of approximately one (1) hour in length to take place during a mutually agreed upon time.

There is no obligation for you to say yes to take part in this study. You don’t have to answer any questions you don’t want to. You can stop participating at any time without penalty. You may withdraw from the study up until March 15, 2018, by contacting me at s.shewchuk@queensu.ca. If you choose to withdraw from the study, any previously collected data will be destroyed.

There are minimal physical, psychological, economic, or social risks associated with this study. The information being gathered will not place you at risk of criminal or civil liability or be damaging to your financial standing, employability, or reputation. Additionally, your confidentiality will be protected to the extent possible by replacing your name with an alphanumeric code for all data and in all publications (such as my dissertation, academic journals, and conferences). I will do my best to ensure quotes used in future publications do not include information that could indirectly identify participants. However, due to the specific nature of your job, there is a minimal risk that quotes used for future publication may inadvertently result in your identification. During the interview, please let me know if you say anything you do not want me to quote. The code list linking real names with pseudonyms will be stored separately and securely from the data. I will keep your data securely for at least five years, after which it will be destroyed. Other than me, only my Ph.D. supervisor Dr. Amanda Cooper will have access to any of the data.

There are no direct benefits to participating in this research, but I hope that what is learned as a result of this study will help us to understand better how issues of child welfare are being addressed in Ontario school boards. You will not receive any compensation for participating in this research.

If you have any ethics concerns, please contact the General Research Ethics Board (GREB) at 1-844-535-2988 (Toll-free in North America) or chair.GREB@queensu.ca.

If you have any questions about the research, please contact me at s.shewchuk@queensu.ca or 343-333-2822.
This Letter of Information provides you with the details to help you make an informed choice. All your questions should be answered to your satisfaction before you decide whether or not to participate in this research study. Keep one copy of the Letter of Information for your records and return one copy to the researcher, Samantha Shewchuk.

I agree to participate in a 60 minute telephone  
Yes/No

I agree to have my responses recorded via an audio device  
Yes/No

By signing below, I am verifying that I have read the Letter of Information and all of my questions have been answered.

Name of Participant: ___________________________________

Signature: ____________________________________________

Date: ________________________________________________
Appendix F:

Interview Protocol

Have you read the letter of information I sent you prior to our discussion today? YES/NO

Do you have any questions before we get started? YES/NO

Have you signed and returned the consent form? YES/NO

1. I’d like to start by asking if a JPSA has been signed in your region.
2. Why did you decide to participate in the JPSA?
   a. How are you involved/what is your role?
   b. What did you hope to achieve by joining the JPSA?
   c. What benefits did you expect to receive as a result of participating in the JPSA?
   d. When you joined, were you looking for a solution to a specific problem or were you more broadly interested in expanding your knowledge or expertise around child welfare and education issues?
3. What are your general impressions of the JPSA?
   a. From your perspective, what is the main purpose of the JPSA?
4. Which aspects of developing and enacting the JPSA met your expectations?
5. Which did not meet your expectations?
6. Do you think JPSA had any impact on creating or improving connections with other people, organizations, or regions?
   a. If Yes
      i. What types of connections and with whom?
      ii. What is it about the JPSA that enables it to have an impact?
   b. If No
      i. Why do you think that is?
      ii. What would need to be different for it to have an impact?
7. Can you think of anything the JPSA could do differently to address the challenges or barriers that might keep people from participating fully?
   a. What improvements could be made?
8. How would you describe the overall success of the JPSA?
9. In your opinion, what are the most important outcomes or benefits that have resulted from the JPSA?
10. Are there other factors or circumstances that you think contributed to the success (or failure) of the JPSA?
11. Did you experience any challenges or barriers (e.g., competing priorities, organizational challenges, job role changes, and technological challenges) that kept you from participating in the JPSA at the level that you would have liked to participate?
12. Has funding for resources and training materials been provided? By whom was it provided?
13. Have you been able to develop any knowledge product(s) (e.g., tutorials, documents, toolkits, guidelines) for the training and implementation of the JPSA?
   a. In what way(s) do you think the new knowledge products or resources that you have been able to use will benefit individuals, organizations, and the child welfare and education sectors in general?
14. Have you begun planning for the regional evaluation of JPSA?
   a. Has an evaluation framework, indicators, or metrics been established to evaluate the program?
15. Can you think of ways in which your organization has benefitted from the new connections made through the JPSA? If so, please explain how.
16. Do you think the new connections have had (or will have) an impact on the educational outcomes of youth in care? If so, please explain how.
17. Assuming there is always room for improvement, what advice would you give the people who designed and implemented the program about how to make it effective?
18. Lastly, provided that I’m trying to figure out how and why aspects of the program worked (or didn’t work) in different contexts, is there anything else it would be helpful for me to know?