

School can be challenging for many children. For kids who have been removed from their homes and placed into care in the child welfare system, it's even harder.

Past studies have shown that children in care in Manitoba tend to fare poorly in school. But while many children in the system struggle to do well, some have managed to thrive and succeed. A new report, “The Educational Outcomes of Children in Care in Manitoba” from the Manitoba Centre for Health Policy (MCHP) looks at how children in care do in school and why some of them do better than others.

This study couldn't have come at a better time. Manitoba has one of the highest rates in the world of children placed into care. According to Manitoba Family Services, in 2014, there were more than 10,000 Manitoba children in care. A disproportionate number of these children—almost 90 percent—were First Nation, Metis or Inuit.

There are many potential reasons why Indigenous children in Manitoba are at greater risk of ending up in the care of Child and Family Services (CFS): Indigenous people are often subjected to systemic racism, more likely to live in poverty and more likely to have health problems. The residential school system has had devastating effects on family structure and support systems in many communities, and these issues still affect the children born today.

The study begins

By linking the anonymous records of school performance, birth outcomes and CFS histories, the researchers could for the first time paint a clearer picture of children in care and how they are doing in school. The findings allowed them to look for where the trouble spots are, and where the success

stories are. Researchers were able to look at a variety of measures of school performance, across a range of ages—from kindergarten through high school—to see if children placed into care had different results than those who weren't in the system.

Researchers examined all Manitoba children under the age of 18 who have been in care for any length of time. They compared these children to those who had never been placed into care, but whose families had received services from CFS (for example, parent aide services). They also compared them to children who had no involvement with CFS.

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Who are the children in care

Before discussing their school outcomes, it is helpful to know some information about children in care:

- About one-third of the children who were in care between 2009 and 2012 first entered the system when they were less than a year old, and about half of these were placed at birth.
- The younger the age of the child, the longer his/her length of stay in care tends to be. About a quarter of children who are younger than 12 months when they enter into care stay at least 12 years. A quarter of children aged five and up who go into care stay at least three years.
- 22 percent of all First Nations children in Manitoba end up in the care of CFS at some point in their lives, compared to just over 1.5 percent of non-Indigenous children.

Table 1 compares the three groups on a number of important factors.

Table 1: How Children in Care Differ from those Who Were Never in Care

Description of Children	Children in care	Children with CFS support but never in care	Children never in care or had CFS
Born small for gestational age	11.0%	8.8%	7.6%
Developmental disability	11.0%	3.7%	1.5%
Mental disorder	32.0%	19.1%	7.7%
Family receiving income assistance	69.0%	67.5%	12.0%
Mother was under 18 at the birth of her first child	40.9%	31.5%	6.8%
Mother reported using alcohol and/or drugs during pregnancy	13.2%	4.8%	1.6%

Figure 1: Manitoba's Children in Care



Key findings

The results in Table 1 show that children in care were much more likely to face a variety of challenges. They were more likely than the other two groups to have a developmental disability (e.g., Autism, cognitive impairment, FASD) or a mental disorder (e.g., ADHD, mood disorder), or to be from a family living in poverty. They were also more likely to have been born to mothers who started having children at a younger age, and who reported using alcohol or drugs during pregnancy. All of these issues are also associated with lower rates of school readiness, poorer performance in key subject areas and lower graduation rates.

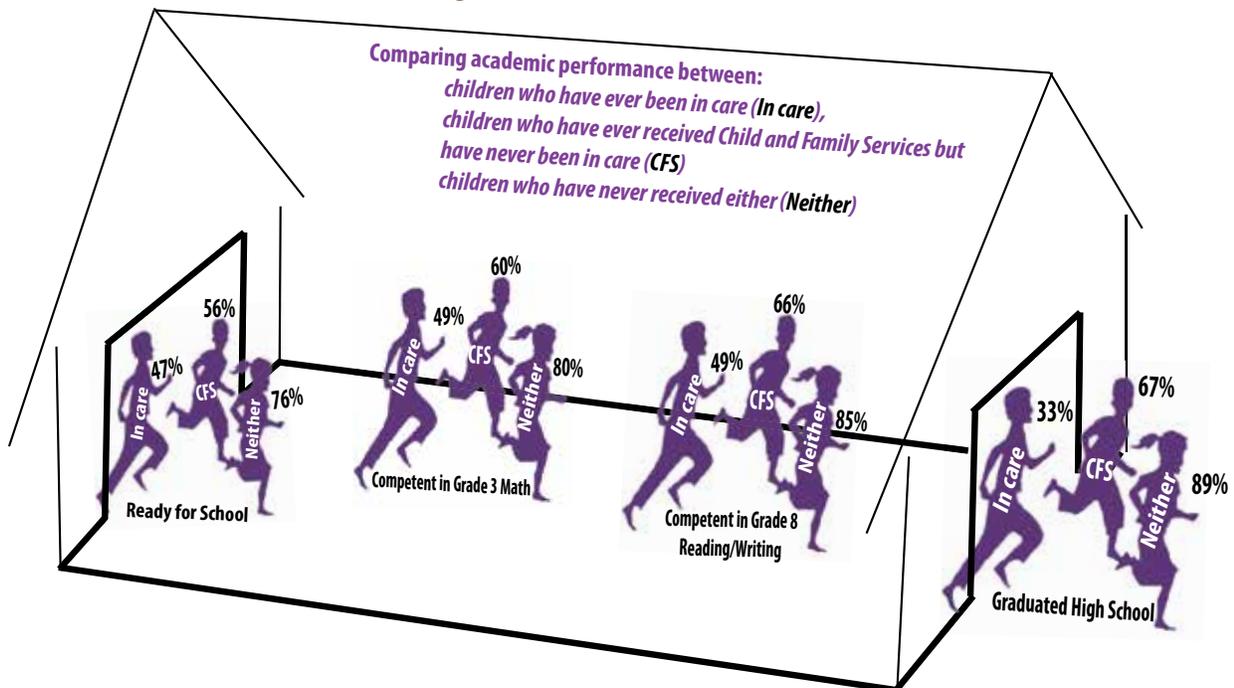
Problems with school begin at an early age. Among kids in kindergarten, children in care are less likely to be “ready” for school learning than those who aren’t in care. The results reveal that over half of the children in care were not “ready” for school in at least one of five different areas (language and cognitive development, physical health and wellbeing, communication skills and general knowledge, social competence, and emotional maturity). In fact, children in care were twice as likely to not be ready for school in one or more areas compared to children who had never been involved with CFS (53% for children in care compared to 24% for children with no CFS involvement).

Children in care were also less likely to perform well in math and reading assessments done in Grades 3, 7 and 8, and in achievement tests taken in Grade 12. They were also less likely to graduate from high school than children who weren’t in care (see Figure 2).

It’s important to note that not all children in care had poor educational outcomes. That said, the researchers had difficulty identifying common factors amongst the children who did well (those who were ready for school in kindergarten, had adequate knowledge in key subject areas in middle school, and who had graduated from high school). This is partly because the data used in this study did not include information on the programs offered to children in care to support them in school.

The MCHP report describes some of the studies that have been done in Canada and abroad on educational programs and projects aimed at improving test scores and graduation rates for children in care, as well as their success rates.

Figure 2: How are the Children in Care doing in School?



What happens next?

Indigenous children make up about a quarter of Manitoba's child population but account for the vast majority of children in care. The overall high rate of children in care shows that Manitoba needs more effective prevention and family support services, including better housing programs, anti-poverty programs, parenting classes and social services aimed at addressing the challenges these families are facing.

The very factors that lead to children entering into the care of CFS, from neglect to abuse to exposure to violence, are the same ones that put them at risk for poor outcomes throughout school.

The Child and Family Services system is an important one—it protects children at risk of neglect or abuse and ensures they are removed from potentially unsafe conditions. However, the residential school experience has shown us that removing Indigenous children from their families doesn't eliminate the issues of racism, insufficient housing, and poverty in the Indigenous communities. Without changing the living conditions and challenges faced by these families, the problems are likely to continue into future generations. Resolving these complex issues will require the collaborative effort of Indigenous peoples, provincial and federal government departments, local communities, and society at large.

This report clearly shows that on average, children in care in Manitoba are not doing as well as others in school. Strategies aimed at addressing the root causes, so children can be nurtured and cared for within their own families, would seem to have the best chance of success.

This study on children in care does not translate into ready-to-use classroom interventions. However, it does pinpoint the children in care who may need the most attention and support to help them succeed in school, including those with developmental disabilities or mental disorders. Educational planners and policy makers can use the findings in this report to tailor programs to help these children achieve greater success as they progress through school and enter the work force.

These results beg the question: would children and their families be better served by receiving intensive in-home support, rather than removing the children from their homes and placing them into care? It's a complex proposal and one that will continue to be examined.

In January 2015, the Manitoba government announced it was revising the funding model of CFS to expand support for families with the goal of keeping children in their homes and communities rather than placing them into care. It's a positive first step.

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The Manitoba Centre for Health Policy at the University of Manitoba's College of Medicine, Faculty of Health Sciences, conducts population-based research on health services, population and public health and the social determinants of health.

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