

PRACTICE GUIDANCE

Return to School

As guardians, Children's Services Child Intervention Practitioners make decisions based on the best interests of the children in our care. Alberta's Chief Medical Officer of Health (CMOH) Dr. Hinshaw and the American Academy of Pediatrics indicate it is best for children's and youth's overall health and well-being to physically return to school.¹ Child Intervention has considered the evidence of the importance of returning to school in supporting a child's socialization, their developmental health and positive educational outcomes. We have also considered the potential risks to children and caregivers of children returning to school, along with the extra health protection measures to be taken by schools in reducing those potential risks. Alberta's *Education Act* requires children and youth between the ages of 6 and 16 attend school. Meeting all these requirements are part of the intent of Alberta Education's [Return to School Plan](#) (the Plan). Dr. Hinshaw (CMOH) and the Education Minister have both indicated, however, that changing circumstances may influence the Plan.

We will update our Practice Guidance as necessary to reflect any changing circumstances or guidance from Alberta Health or Alberta Education.

POSSIBLE RETURN TO SCHOOL SCENARIOS:

Educators and school divisions have roles to play and the ability to make decisions about what type of schooling they will offer and how they will deliver it. Although many caregivers have the delegated responsibility and may enroll a child or youth in school or vocational training, our standard practice does not adequately cover our current circumstances. As a result, guardians and caregivers will need to collaborate on making decisions about the best school option for the children and youth in our care.

Possible return to school scenarios for children:

In-Class Learning – students return to class physically with extra health protection measures in place. (Preferred for the majority of children.)

At-Home Learning – some school divisions are offering the option of on-line learning at home provided by the school and regular teachers. (Possible exception to physical return to school. Requires manager approval.) This is *NOT* Home Schooling.

¹ “[t]he AAP strongly advocates that all policy considerations for the coming school year should start with a goal of having students physically present in school. The importance of in-person learning is well-documented, and there is already evidence of the negative impacts on children because of school closures in the spring of 2020. Lengthy time away from school and associated interruption of supportive services often results in social isolation, making it difficult for schools to identify and address important learning deficits as well as child and adolescent physical or sexual abuse, substance use, depression, and suicidal ideation. This, in turn, places children and adolescents at considerable risk of morbidity and, in some cases, mortality. Beyond the educational impact and social impact of school closures, there has been substantial impact on food security and physical activity for children and families.” <https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/>

In-Class Learning – Children physically attend school

Children have not been in a structured learning program for six months. The learning needs and well-being of the children in care are the priority in supporting their return to school. For many of our children, the specific supports they receive in school are an important part of their well-being. As guardians, Children's Services Child Intervention supports the decision that, in most circumstances, students should physically return to school this fall. We must also be aware, however, that *CS Child Intervention is not always the sole guardian of the children in our care*. Parents (and others) may also play a role in the decision of children returning to in-class learning in some cases.

Caseworkers and caregivers who have concerns about Alberta Education's [Return to School Plan](#) and their school's specific options should speak with the individual school(s) about their concerns. They should explore the specific options available. While caseworkers need to be sensitive to the caregivers' concerns, the legal requirement is that children between 6 and 16 must attend school. Decisions about a child in care's schooling and its method of delivery are not delegated to caregivers, but are the responsibility of CI as the child's guardian. The caregivers' and other guardian's input and opinions, however, are both valuable and necessary and will factor into the decision about the school program choice.

The caseworker's role is to assist caregivers in managing their concerns sufficiently to ensure our children receive the schooling they require and are entitled to receive. Preventative health measures at Alberta schools are available here: <https://open.alberta.ca/publications/covid-19-information-parents-guide-2020-21-school-year> Open discussions about what is expected of caregivers in September as well a realistic assessment of risks and requirements should help alleviate most concerns. Foster and kinship support caseworkers should understand what the return to school options are for the children in the homes of their caregivers. Caseworkers should also be familiar with the various return to school options offered by the school divisions in their area. Each school division has made their return to school plan available on line.

The following link contains useful general information on returning to school from the American Pediatrics Academy: <https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Return-to-School-During-COVID-19.aspx>

Last Updated: 8/11/2020 **Source:** American Academy of Pediatrics (Copyright © 2020)

EXCEPTION:

At-Home Learning – Programming provided by school, teacher led, at home, online

Not all school divisions will offer at-home learning. For those divisions that do offer it, at-home learning for children and youth in care is an *exception* to the expectation that they physically return to in-school learning. *Any exception to children and youth in care physically returning to school requires a manager's approval.*

If there are special circumstances (medically or immuno-compromised children or developmental, behavioural or other significant concerns) caregivers will need to bring those

situations to the attention of their caseworker(s) and the school(s). While caregiver risks must be assessed and mitigated and their concerns considered, the best interests of the child are paramount.

Steps Necessary Prior to Manager Approving an Exception

Step 1 – A request is made by the caregiver, bio-parent or other guardian to the caseworker to exempt a child or youth in care from physically attending school.

Step 2 – The caregiver, bio-parent or other guardian sets out *in writing* (point form is fine) their worries or concerns for the specific child if the child returns to in-class learning. Caseworkers can do a three-column Signs of Safety® document to assist with this. It is important to both hear and acknowledge caregivers' worries. Writing these out helps to organize thoughts and clarify feelings as it makes these more concrete and therefore able to be responded to appropriately.

As indicated above, the caseworker's role is to assist caregivers in managing their concerns sufficiently to ensure our children receive the schooling they require and are entitled to receive.

Step 3 – A respectful and thorough discussion of the specific worries that result in the requested exception is necessary. What are their worries? Why are they taking that position? The voices of all concerned or involved parties should be heard as part of this discussion. These parties should include the child (if developmentally appropriate), the child's caregiver(s) and support network, any other guardians, as well as the school and teacher(s). The child's medical doctor, mental health practitioner or other healthcare or professional support practitioner *may* be engaged by the caseworker, if required. Workers should be mindful of their own biases during these conversations and present only unbiased and evidence-based information.

Some things to consider (there are others!) if a caregiver requests a child do at-home learning:

- What are the barriers to the child returning to in-school learning?
- What is the specific risk for the child in physically returning to school?
- What part of that risk is not adequately addressed through the guidance provided by CMOH and the school board?
- Who has determined that the risk has not been adequately addressed?
- How will the child's social, emotional, mental and physical well-being be supported?
- What time-period is being considered for at-home learning? (Full year? Quarterly? Other?)
- What supports would the child need to be successful in at-home learning?
- How would caregivers support that?
- What capacity to support at-home learning do the caregivers have?

- What are the caregivers' expectations for other supports? For themselves? The child?
- Are there any extra costs associated with in-home learning?
- How will those costs be covered?
- How specifically will the well-being of both the caregiver(s) and the children be supported?
- When does this decision need to be made and communicated to the school?
- When and how often will this decision be reviewed?

It is important to remember with at-home learning that children do not have the benefit of a definitive break between home and school. This definitive break often allows them to process their day and learn to deal with good or bad experiences. Caregivers also benefit from the separation of the recognized time-periods for different activities. It is important that caregiver well-being be supported as a method of supporting children in care and preventing placement breakdown.

Step 4 – What actions can be taken, and by whom, to mitigate these worries about this child? For a specifically compromised child, we will want to confirm with the child's physician for the child or youth that the means recommended by the CMOH and the local school board cannot protect this child.

Step 5 – Caseworker reviews the request for an exception with the caregiver. After considering the best interests of the child and mitigating the concerns raised, does the caregiver still wish the child to participate in at-home learning?

Step 6 – Caseworker documents the content and results of their discussion with the parties involved or concerned in the electronic information system. Attach any supporting documentation and refer to the manager for a decision on the exception request.

Manager's Considerations

As always, decisions will need to focus on the overall well-being and safety of the child.

Following these discussions among the concerned or involved parties, the *manager* will review the request for an exception to allow at-home learning. The *manager* will then decide based on all the information whether to grant the exception allowing the child or youth to participate in at-home learning. The manager will document this decision in the electronic information system.

Home Schooling (*NOT* at-home learning; generally not the option of choice for children in care):

Home Schooling is a formal program requiring the caregiver take full and complete responsibility for delivery of the child's education in accordance with the *Education Act* and applicable Regulations. They must plan and deliver appropriate education to the child(ren) in question. There is no teacher involvement, however, the school division must

approve any plan the parent creates. Demands on the caregiver as educator are very high and requirements are stringent.

Pure home schooling relies entirely on the caregiver and not on teachers creating lesson plans, providing readings or sending homework to be completed. Any extra supports are the responsibility of the home-schooler. As a result, home schooling is usually not considered the best option to meet the needs of children in care. Should home schooling be considered for a particular child in care, ongoing discussions with Education about specific home schooling requirements are necessary. These discussions will include the caseworker(s), as well as the caregiver(s) and others. Generally, CI does not support home schooling for children in care, as it is difficult to meet any extra educational and well-being support needs. Information in this Practice Guidance does not affect children already being home-schooled.

As previously stated, we will update this Practice Guidance as new evidence emerges.