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STUDENT CARE: IS IT TAKEN CARE OF?

A qualitative study of student care at
secondary schools in Sint Maarten

MASTER THESIS

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Masters program 'Maatschappelijke
Opvoedingsvraagstukken'
(Youth, Education & Socialization)

Utrecht University

Commissioned by the Inspectorate of
Education, Culture, Youth & Sports, Sint
Maarten

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June 2016

Abstract

The Inspectorate of Education, Culture, Youth & Sports (ECYS) in Sint Maarten requested a research of the current student care at the secondary schools in Sint Maarten. In collaboration with Student Support Services Division (SSSD) this research was conducted with the purpose of establishing performance indicators for an inspection framework for the Inspectorate to assess the quality of student care. A qualitative study was conducted with the use of semi-structured interviews, questionnaires and focus groups. For this study, 337 participants from different levels of the school system were involved, both within and outside the schools. The results demonstrate that the structure of student care differs per schools and that the opinions about effective student care vary. Various needs such as more professionals, more trainings and more resources were expressed by the participants. It is therefore recommended to define student care, conduct internal evaluations of student care and to improve relationships with the external institutions.

student care – qualitative study – secondary schools – inspection framework – Sint Maarten

Samenvatting

The ‘Inspectorate of Education, Culture, Youth & Sports (ECYS)’ in Sint Maarten heeft verzocht om een onderzoek naar leerlingenzorg op middelbare scholen in Sint Maarten. In samenwerking met de ‘Student Support Services Division (SSSD)’ is onderzoek uitgevoerd naar de organisatie van de leerlingenzorg. Het doel van het onderzoek was het vaststellen van indicatoren voor een toezichtkaart, die de Inspectie kan gebruiken om toezicht te houden op de kwaliteit van leerlingenzorg. Het onderzoek maakte gebruik van verschillende kwalitatieve methoden om een beeld te krijgen van de zorg op scholen. Er is gebruik gemaakt van semigestructureerde interviews, vragenlijsten en focusgroepen. Voor deze studie zijn 337 participanten uit verschillende systemen van de schoolomgeving betrokken. De resultaten lieten zien dat de structuur van de leerlingenzorg in Sint Maarten erg verschilt en dat de meningen over effectieve leerlingenzorg verdeeld zijn. Er zijn verschillende behoeften vanuit de scholen geuit zoals meer professionals, meer bijscholing en meer hulpmiddelen. Het is daarom aanbevolen om een definitie te ontwikkelen van leerlingenzorg, een zelf-evaluatie door de scholen laten uitvoeren en relaties met externe instanties te verbeteren.

Leerlingenzorg – kwalitatieve studie – middelbare scholen – toezichtkaart – Sint maarten

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1. Introduction

A student knocks on the door and comes in. “We need you now.” “You mean right now?” “Yes, right now.” My first interview is being paused after ten minutes and another appointment is made. After that, the counsellor is gone in a second. I suppose that is the deal when you are dealing with student care.

The Inspectorate of Education, Culture, Youth and Sports (ECYS) of the Ministry of Education, Culture, Youth and Sports (ECYS) in Sint Maarten wants to get a clear picture of the student care at secondary schools. This study will investigate the organization of student care. With the results and the current available literature performance indicators for an inspection framework will be established to give the Inspectorate of ECYS the possibility to monitor student care.

1.1 General information of Sint Maarten

Sint Maarten is an island of 87 square kilometers located in the Caribbean area. The northern part of the island is part of France (Saint Martin; 53 square kilometers), the southern part (34 square kilometers) was part of the Netherlands until October 2010. After that, it became a constituent country within the Kingdom of the Netherlands and now it has a government and a parliament of its own. The Netherlands remains responsible for defence and foreign affairs. Sint Maarten has officially 37,132 inhabitants (2014) and the official languages are Dutch and English. Because of the high number of immigrants, several other languages such as Spanish and Creole are common. The economy of Sint Maarten is primarily driven by tourism, with over two million visitors per year (Department of Statistics, 2014). There are subsidized, public and private schools. In the school year of 2013-2014, 4812 children went to primary school. In secondary education, 2957 children were enrolled in this school year. The educational system consists of primary, secondary and tertiary education. The elementary schools start in group 1 and end with group 8. The students of group 8 sit the national FBE Exams for the subjects Dutch, English, Mathematics and General Knowledge in order to determine the kind of secondary education that they will receive. Secondary education is either based on the school system of the Netherlands or on the Caribbean, Canadian and other international examination programs. Most usual are the Caribbean Examination Council (CXC) programs, British education that is adapted to the islands in the Caribbean area. Depending

on the education program and level, students get a diploma or certificate to continue their studies or to start working (Inspectorate of Education, Culture, Youth & Sports, 2015).

Children on this island face several problems due to poverty: not all children have breakfast before they go to school, not all children have a home, and many parents cannot be sufficiently involved due to being occupied by more than one job. These problems have an impact on children and on their development which can affect their academic achievement and mental health (Hair, Hanson, Wolfe & Pollak, 2015; DeCarlo Santiago, Kaltman & Miranda, 2013). Schools are the major providers of mental health care services, but due to inattention in the scientific literature until 2000, little is known about the types, the amount, the quality and the effectiveness of prevention and treatment services. However, there is enormous attention for problems within the school environment, such as learning disabilities and psychological issues. Therefore, it is remarkable that there is lack of attention to services that can address these issues (Rones & Hoagwood, 2000). Therefore, more research in this area is desirable. Through providing student care, schools can support their students in order to reinforce their development. In Sint Maarten the school boards have 'bevoegd gezag' (authorized authority). This means that they are in charge of the organization of the schools that belong to them. As a consequence, school boards have their own student care policy. This results in different organizations of student care, which could lead to different quality of student care within the schools. To address this issue, the Inspectorate of ECYS has the aim to develop an inspection framework to monitor student care in general.

2. Theoretical framework

2.1. The ecological systems model of Bronfenbrenner integrated in the school environment

In student care, it is important to recognize the value of the context wherein the children live. The issues that children experience (e.g. social-emotional problems) or expose (e.g. violent behaviour) are not single factors, but influenced by the child and the environmental context of the child. Providing support cannot be understood without considering these different systems and the processes in these systems that affect the development of children (Bronfenbrenner, 1979a). The ecological systems model of Bronfenbrenner (1979b) stresses the bio-ecological perspective on human development and the context of children. According to this model, the world consists of different systems which interact, see Figure 1. The microsystem is the most immediate

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environment, which is the family for children. This environment is the most crucial for children to learn about the world. Next are the exosystems, which have a direct impact on us. It means that persons might not be in the environment physically, but still affect other persons. For example, children can experience the stress that its parents have at their work, without being physically present in that place (Swick & Williams, 2006). The macrosystem is the larger system which involves cultural believes, politics, norms and values and the community. This system promotes our development and relationships with others and provides us protection. Mesosystems connect different systems whereby the different persons in the systems can interact. This system makes up the connection of the community and goes beyond the dyadic relationships. Finally, chronosystems are the historical contexts in which the previous systems occur (Bronfenbrenner, 1995). The systems in this model are dynamic and interactive and help us to understand the contexts of children and their families (Swick & Williams, 2006). Systems influence and are being influenced by other systems. Policy in the educational field should take these different systems into account (Johnson, 2008).

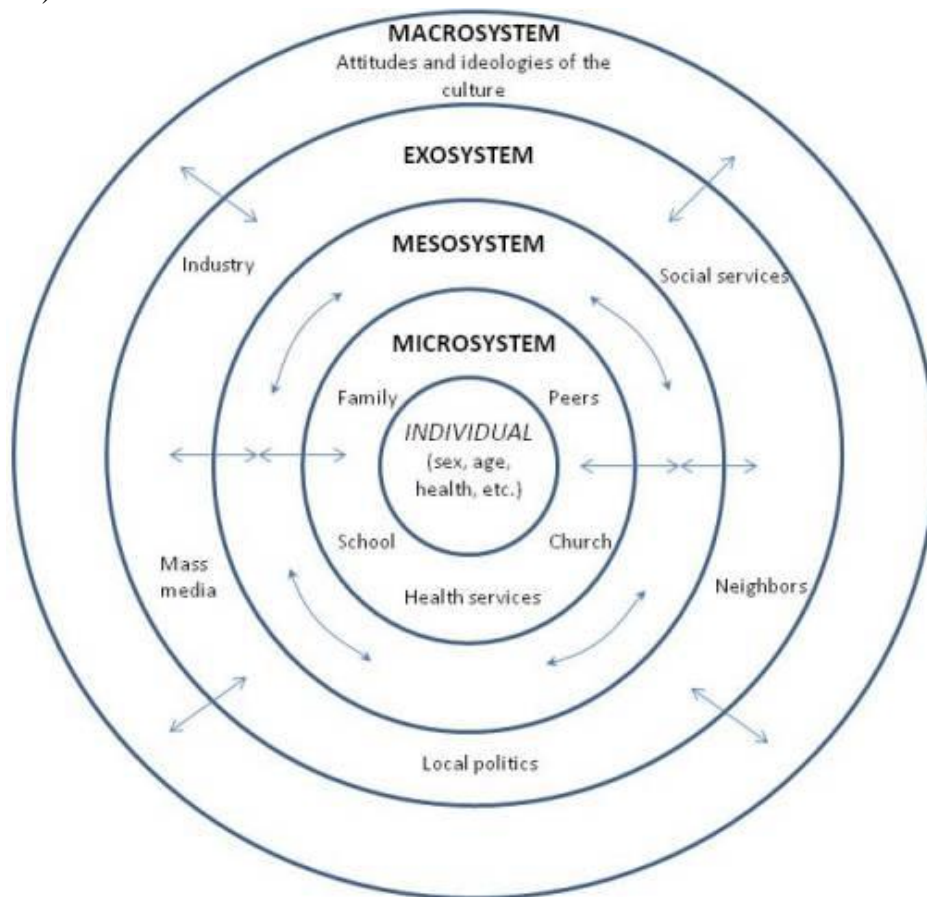


Figure 1: The ecological systems model by Bronfenbrenner (1979)

2.2. The importance of student care

The social wellbeing of children is of concern of the different systems in their context (e.g. parents, schools, the community) and an important aspect of their mental health in school. Schools play a critical role in the academic and social development of students by providing a supportive and caring environment (Faas, Sokolowska & Darmody, 2015). Students who are at risk for emotional and behavioural problems face various negative outcomes compared to students who do not experience emotional and behavioural problems. Examples of negative outcomes of these problems are lower academic achievement (Nelson et al., 2004; Reid et al., 2004), high rates of absenteeism (Lane et al., 2006), and problems with the justice system (Wagner et al, 2005). Therefore, it is important that the social and academic needs of these children are met by interventions (Lane, 2005). Because of the adverse consequences and the high amount of time students spend in school, it is important to address these issues within school. A challenge is that most teachers are not trained to provide support to these students (Lane, 2005). They are not trained to prevent and deal with this type of behaviour. Moreover, they believe that they should focus on the academics and not on the emotional and behavioural issues (Kern, 2015). Nevertheless, teachers have a crucial role in the promotion of mental health and wellbeing of students; they have to facilitate education about mental and emotional problems, identify students with these problems and provide support to them as well. It is clear that teachers feel overburdened by the mental needs of their students, do not feel confident to handle these issues in the classroom, have problems with identifying students with mental issues and discussing this with the student. This role as a first tier calls upon different responsibilities that teachers do not feel comfortable with and are not prepared for enough to take (Kidger, Gunnell, Biddle, Campbell & Donovan, 2010).

2.3. Providing student care within schools

In order to deal with the mental health of their students, secondary schools have an increasing interest in promoting mental health care within schools, globally (Kutcher & Wei, 2012). Current research in this domain can be divided in two main areas: studies which assess the effect in individual students and studies that assess the change within the whole school. The first group focusses on class interventions which consist of therapeutic techniques, the second group stresses the prevention of mental disorders through improvement of the school environment and by involving communities. These two different approaches lead to uncertainty about what schools

should provide concerning student care (Kidger et al., 2010). More specifically, to meet the social and academic needs, schools in the United States show more interest in managing emotional and behavioural problems in a more proactive and preventative way since different organizations such as American Psychological Association, Center for the Study and Prevention of School Violence and Center for Positive Behavioral Interventions and Supports focused on positive and pro-social behaviour in school in order to prevent bad outcomes of student issues. These positive behaviours could be promoted through the increase of academic engagement and school connectedness. An important factor in the relationship between engagement and connectedness, and positive and pro-social behaviour is the fulfilling of basic psychological needs of students. It is therefore recommended that schools promote the satisfaction of psychological needs in combination with increasing academic engagement. This would lead to better social-emotional development and behaviour (Saeki & Quirk, 2015). Social and emotional skills are considered protective factors which can prevent children from engaging in problematic behaviour (Sklad et al., 2012). Prevention programs, i.e. programs that improve these skills, are proven to have beneficial effects in several areas: positive social behaviours and skills, the reduction of negative behaviour and of emotional problems, improvement in self-confidence and self-esteem, more bonding with the school and improved academic achievement (Weare & Nind, 2011). Moreover, so called ‘caring and supportive’ schools provide both academic and pedagogical support to all students of the school. The combination of these types of support lead to positive outcomes for students in academic and social development. For example, a supportive climate can encourage more school engagement of the students, which can prevent bullying. These results are achieved through the empowerment of students and encouraging the participation of students (Faas, Sokolowska & Darmody, 2015).

A study of student support in secondary ‘VMBO’ (lower vocational education) schools in the Netherlands has led to three features of what good student support consists of. Schools which developed these features, were able to achieve excellent learning outcomes through student support. This research shows that systematic treatment and evaluation, parental involvement and internal attribution are important factors in academic achievement and student support as well.

1. The school treats and evaluates educational and support needs of students in a systematic manner. This means that a recurring sequence of activities and a construct in time are

present. Student support is about signalling, diagnosing, planning of actions, executing these actions and evaluating.

2. Parents are involved as partners. This means that parents are not only informed, but they are listened to, get the opportunity to think along and might be involved in the decisions concerning the support that their child gets. Parents can also participate in the execution of this support.
3. Internal attribution is present in the school. This means that teachers attribute the success and failure of support for students to themselves. This is an important factor, because internal attribution leads to motivation to adapt strategies. This is due to the fact that people's own influence on processes and results is being recognized (Meer et al., 2013).

2.4. The role of mental health care providers in providing student care

To achieve this proactive and preventative approach, school psychologists and other mental health care providers should take a leading role in social and emotional learning (SEL). SEL refers to “the development of and applying knowledge and skills that are necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships and make responsible decisions” (Collaborative for Academic, Social, and Emotional Learning (CASEL)). Mental health care providers have a crucial role in helping students to develop within school. Students are supported in their development by care providers who develop and implement educational and career plans, focus on the behaviour of the student and deal with the personal problems that students face during their secondary school years (Schneider and Stevenson, 1999 in Lapan, 2011).

The need for integrated SEL in the curriculum in the United States keeps increasing where the opportunity arises to redefine the role of mental health care providers, because of occurring problems such as a medical model paradigm and the increasing number of student problems (Ross, Powell & Elias, 2002). Different frameworks for change were proposed, for example an ecological model where behaviour is interpreted as a function between the individual and the environment (Sheridan & Gutkin, 2000). Within this ecological model for care providers there is more focus on prevention and promoting wellness rather than identifying problems within school. Care providers should be leaders in promoting SEL, which means that they can be involved in facilitating SEL and activities for students. Another function of care providers in this model is that they monitor

the implementation of SEL programs and execute an evaluation of the impact of these programs (Ross, Powell & Elias, 2002).

Nevertheless, research indicates that students show avoiding behaviour with regard to help seeking. Confidentiality is an important factor for students to feel discouraged to seek support. Students are afraid that there is lack of confidence within counselling, meaning that counsellors will tell others personal information about them. Moreover, there is a stigma around mental problems whereby students avoid seeking support. Another factor that can cause inhibition of seeking support is flexibility. This includes aspects such as that the counsellor did not have time for the student or was not present (Chan & Quinn, 2012).

3. Current study

This study will involve all eight secondary schools of Sint Maarten. The aim of this study is to get an overview of the current student care at the schools. The structure (i.e. the organization) will be assessed, the type of student care will be examined, and positive aspects and challenges that are experienced by the involved people will be discussed. With both the results and current literature, an inspection framework to monitor student care will be developed. The inspection framework will be part of a larger framework that the Inspectorate of ECYS is developing now. Student care will be one of the domains that will be monitored by the Inspectorate of ECYS. This study will use qualitative methods to obtain information about student care in different systems that schools involve. This study will be a follow up on the study in 2009, when student care was assessed in the vocational secondary schools. The main recommendations for the schools were that schools need to develop a student care policy, that the student care system has to be reintroduced/restructured in secondary education, that the philosophy, procedures and structure at the school should be documented by the management and student care providers and that an evaluation of this system should be carried out (Salmon, 2009).

3.1. Research questions

The Inspectorate of ECYS requested a research to investigate the current student care with the purpose to develop an inspection framework of student care. The following research questions are formulated for this study: *How is student care organized at secondary schools?* And: *Which*

performance indicators can be identified that determine the quality of student care in such a way that they can be used for the inspection framework of the Inspectorate?

4. Methodology

For this study qualitative data are collected. The purpose was to collect information from different levels of the schools. The main method was the use of semi-structured interviews. Participants who were involved in student care were interviewed. Questionnaires with open questions and multiple-choice questions were also tools to collect data. These were used for mentors and homeroom teachers and for students. Finally, two different focus groups were organized in order to collect information for the development of an inspection framework to assess student care. The research is executed in collaboration with the Student Support Services Division (SSSD), which is a department of the Ministry of Education, Culture, Youth and Sports (ECYS) that deals with the prevention, intervention, transition and follow-up services for students and families.

4.1. Procedure

There are eight secondary schools in Sint Maarten, all of them participated in the research. Since school have different procedures for student care, all schools had to be involved in order to get complete information. The principals of the schools were for an interview. Student care providers at the schools were reached directly by calling of indirectly via the principal. Two different interviews were set up for the principals and for the student care providers. It was also the purpose to get data from mentors and homeroom teachers of the schools, since they are the first line of student care and work closely with the students. Mentors are supposed to guide the students who are allocated to them and to signal problems with students in order to refer them to student care. Homeroom teachers are comparable in their tasks to a mentor. Questionnaires were provided to the total number of mentors at each school. The mentors were reached via the principal, who selected an employee of the school who was held responsible for providing and returning the questionnaires.

When information from the directors and the student care providers was obtained, it became clear that information from students and external support institutions was missing, because they are key elements in student care. For that reason it was decided to include these participants in the research. Students can provide important information about student care, since they are the

target group. Furthermore, external institutions which had a connection with the schools were approached for an interview. The focus groups were organized by calling the principals to select two mentors for a specific date and time. The student care providers were reached directly with an invitation for the focus group. A day before the focus groups, the schools were called to confirm the presence of the mentors and the student care providers.

4.2. Participants

In total seven principals were interviewed, two vice-principals, 15 student care providers, six coordinators and six employees of external institutions. From the 175 mentors at secondary schools, 99 questionnaires were returned from all schools. Also, at three schools a total of 42 students in groups were interviewed about their experience of the school and student care. At four other schools questionnaires with open questions were provided to the students. In total 144 students returned the questionnaire. Finally, two focus groups were organized. One focus group was with mentors from the secondary schools. In total, 12 mentors participated from seven different schools. The focus group was based on three main questions about the monitoring of student care. In the other focus group participated student care providers. From five different schools, nine care providers were present. This focus group was based on the same questions as the other one.

One school was hard to reach leading to missing information from the principal and the students. However, the social worker at this school was interviewed and the majority of the mentors filled in the questionnaire.

4.3. Materials

The interviews were semi-structured, which means that questions were prepared before the interview but there was room for spontaneous questions to obtain more concrete information. The interviews for the principals, the student care providers and the external institutions can be found in appendix 8.1. The questionnaire for the mentors and homeroom teachers is developed for the research and approved by the Inspectorate of ECYS and SSSD. The purpose of the questionnaire is to collect information about their opinion of student care within their school. The questionnaire can be found in appendix 8.2. The questionnaires and interviews for the students were developed to collect information about their opinion of student care within their school. These can be found in appendix 8.3. Finally, the questions of the focus groups were based on what the Inspectorate of

ECYS needs to know to develop an inspection framework. These questions can be found in appendix 8.4.

5. Results

5.1. Data analysis

The data of this study are analysed in multiple ways. The interviews with the principals, the student care teams and the external institutions were analysed in the program NVivo 11. The interviews were recorded and written out later. These files were imported into the program. Afterwards, the information was labelled under different categories. The subjects which were discussed most at the schools will be discussed in this section. The results of the questionnaires for mentors and homeroom teachers and the questionnaires for students were calculated and the student interviews were analysed by using NVivo 11 as well.

At first, results of the questionnaires and interviews with students will be provided. Next, a summary of the type of problems that students show and face will be given. After that, the structure of student care is described per school. General descriptions of the schools can be found in appendix 8.5. Moreover, the results of the different categories will be described. These results come from the interviews with the principals and the student care providers of the schools. They are themes that were an important issue when talking about student care. The themes include: the number of students in care and the caseload (i.e. the number of cases handled by the student care providers), positive aspects of student care, components of effective student care, evaluation, parental involvement, needs in schools and external referrals and needs. Finally, the results from the questionnaire for the mentors and homeroom teachers, from the external institutions and from the focus groups will be provided.

5.2. Components of student care on micro level

5.2.1. Students

Students were being involved in this study through questionnaires and interviews. At four schools an anonymous questionnaire with open questions was provided which were filled in immediately in different classes (SMVTS, PSVE, MPC, MAC-secondary). The questionnaire was given to 144 students in total, but not all questionnaires were filled in completely and not all information was useful to this research. At three other schools, students were interviewed (SMA-AC, SDHS and CBA). Sundial was not included in these data, due to lack of response of the school.

The data from the questionnaires of the 144 students from the different schools were combined in the results. The majority of the students feel that they can approach their mentor when facing an issue (79.9%). Of those who are not able to approach their mentor, 51.7% mentioned that they do not trust their mentor. Moreover, 35.4% of all students felt like that they cannot go to someone else within school if they have a problem. Of those, 52.9% stated that the main reason for this is lack of trust. A little more than half of the students get support from (one of) the counsellor(s) at school (52.8%). Furthermore, 67.4% of the students has positive experiences with the support from a counsellor or mentor. The students mentioned that the mentor or counsellor listens to them, tries to solve the problem, gives them advice and understands them. Nevertheless, 39.6% pointed out that student care within school could be improved. Those students stated a need for more listening, more attention, and more talking.

The students who were interviewed gave positive feedback about the counsellor at their schools. They find them overall trustworthy and understanding. An aspect that needs improvement, is solving problems. Currently, it remains on the surface. Also, some students pointed out that there is lack of confidentiality of information that they share. Moreover, the students mentioned that more understanding of mentors and homeroom teachers is needed. Most feel most comfortable to approach the counsellor directly.

5.3. Components of student care on meso level: school's principals and care providers

5.3.1. Type of problems in the schools

Similarities in the problems that schools experience with students are visible, but there are also discrepancies. In appendix 8.6, the type of issues per school are shown. This information is obtained through the interviews with the principals and the student care providers. The use and dealing of drugs is one of the main issues, island wide. Other common problems are social problems, social-emotional issues, behavioural problems, academic difficulties and learning problems. Anxiety, separation issues and bullying are problems that are mentioned by one or a couple of schools. The type of problems are relatively similar, however some issues are more concrete. For example, academic difficulties are mentioned by one school, whereas 'motivation problems' is mentioned by another, which can be perceived as a part of academic difficulties (see Appendix 8.6).

5.3.2. Structure and internal referral

Schools with a student care policy in use

Four out of eight secondary schools have developed a student care policy which they use to structure their student care. At these schools, the mentors are the ones responsible for the referral of students to student care. They refer the students to a year coordinator or a general coordinator. Students are allowed to go to the student care team themselves at the schools. Sint Maarten Academy – Preparatory Secondary Vocational Education (PSVE) uses an American model for school counselling (the ASCA model), which is a framework that provides principles and tools to organize school counselling. Furthermore, the structure consists of student care consists of a management team, a student care coordinator and two counsellors. The school also has three remedial teachers who are seen as part of the student care team. The referrals are received by the student care coordinator. The coordinator will then make an appointment with the student and one of the counsellors. Sundial and Milton Peters College (MPC) share the same school board which has developed a student care policy for these two schools. It set up a care team which consists of a ‘general educationalist’ (a professional who deals with the testing and treatment of students with learning disabilities and difficulties) and a school psychologist (a professional who takes care of the neuropsychological testing of students). Sundial and MPC have their own social worker at the school who are both part of the care team. The student care team and the coordinators have a meeting about the referrals every two or three weeks. Saint Dominic High School (SDHS) follows the student care policy of the Catholic school board, which focuses on theories of the development of children. The structure of student care consists of a coordinator and two counsellors. One of them is a fulltime counsellor, the other one is part-time counsellor and part-time teacher. The social-emotional issues are dealt with by the fulltime counsellor. The part-time counsellor supports the other counsellor, especially in cases with boys since he is a male.

Schools which do not have a student care policy in use

The four other secondary schools do not have a student care policy in use. Two of these have a draft, nevertheless those are either not in use or have to be approved by the school board first. All schools see the urgency of such a policy and have the desire to have one. At these schools the mentors are supposed to refer students to student care as well, but it seemed that they are less strict in this referral stream than the schools who do have a policy in use. Mentors do not refer to a coordinator, but directly to student care. Sint Maarten Vocational Training School (SMVTS) has

developed a draft in 2010, but this policy is never used. The student care team consists of 6 persons: the principal of the school, the coordinator of the other campus of the school, the vice-principal, the career guidance counsellor and two counsellors. Because everyone in the care team has its own expertise, the student will be referred to the person that is most suitable for handling the issue and with whom the student is comfortable with. There is no structure in appointments, because the student care team believes that this does not work in the school. Sint Maarten Academy – Academic (SMA-AC) has a draft of a student care policy also based on the ASCA model which still has to be adapted and be approved by the school board before it will be used. There is a student care department which consists of three members. One of the members is the head of the department, the other two are counsellors for the lower forms (1 and 2) and the upper forms (3, 4 and 5). Everyone can refer students by using a referral form that is received by the head of the department. Methodist Agogic Center Comprehensive Secondary School (MAC-secondary) is a relatively new school that started in 2013. It does not have a policy, but does have one part-time counsellor, who is also a teacher and a mentor at the same school. The counsellor deals with personal counselling and guidance classes for all the students. Because of the interpersonal relationships between the different employees, the referral is not documented. Charlotte Brookson Academy (CBA) is a new school as well, which opened its doors in 2012. The school currently does not use a student care policy, as it does not offer appropriate student care anymore. At the moment there is a counsellor for one day in the week. The school expressed a desire for a policy and for student care. Since the school is growing and developing, they feel a need for a fulltime counsellor to deal with the issues of students.

5.3.3. Number of students in care and the caseload

In general, schools stated that they experience a high caseload in dealing with student issues. Most schools mention that the caseload is too heavy: SMVTS, SMA-PSVE, MPC, SMA-AC, SDHS and CBA. The number of students that receive support from student care is mentioned per school in appendix 8.7. At these schools the student care teams are tied up with handling crisis daily and it is hard to see students on a regular basis. The schools feel like the caseload is not manageable at the moment. One of the counsellors stated: “There is no way that I can see all those students every week.” The high caseload is not only for the counsellors, but is also experienced by the coordinators of the schools. Schools stated that they need more time to counsel or need more

professionals to deal with cases efficiently. A big issue within student care at SMA-AC is prioritizing, because various problems can arise during the day, but the time and number of available professionals are limited. At the other schools, Sundial and MAC-secondary, the number of students is manageable at the moment. Nevertheless, the counsellor of Sundial stated that he does not want it to be more than it currently is.

5.3.4. Positive aspects of student care

The important and positive aspects of the current student care mentioned by the schools vary. A common mentioned important aspect is trust. According to the schools (SMVTS, SMA-PSVE, MPC, SMA-AC, CBA) it is important that a student can trust someone within the school before the student can be supported. This can be anyone within the school, it does not have to be someone within student care necessarily. Furthermore, the team effort within the school was one of the main positive aspects within student care. This was the case for SMVTS, PSVE, MPC and SDHS. More specifically, these schools feel like they have a good team with expertise, have good communication, collaboration and coordination within the team, that they can spread the burden of the caseload and can support each other with cases. Moreover, by having a team, tasks and responsibilities can be divided, which is seen as positive. Another common mentioned aspect was that of documentation and finding solutions (PSVE, MPC, SMA-AC, SHDS, MAC-secondary, CBA). Referrals and cases are documented in order to provide efficient student care. CBA stated that the students who get support from the counsellor all have an individual education plan. Also, several schools stated that they find solutions with the students, teachers and parents and try to find and treat the cause of the issues that the students show. Finally, schools are student-focused which means that they advocate for the student and try to support in a way that makes the student feel comfortable (PSVE, MPC, SMA-AC, SDHS). The schools have attention for the students, have a personal approach and are dedicated to the students. Moreover, they do a follow up with the student and build upon the strengths of their students.

5.3.5. Effective student care

“Effective student care is being able to assist a child in all the means: emotionally, psychologically, academically. In every way you can understand the student, emphasize and handle every issue that is thrown at you.”

Schools had different views of what effective student care is, but several categories can be distinguished. First, student care can only be effective when the structure is in place (PSVE, MPC, SMA-AC, SDHS, MAC-secondary). That means for the schools, having a policy, a clear flow of internal referral, availability of student care providers, that different services within school are connected, that the tasks of the student care providers are clear and that an evaluation of the student is being executed to assess this continuous process of support. These different components were mentioned by the schools separately, which means that they view student care differently from each other. Also, it was mentioned that teachers and mentors need to be sensitive and be able to understand the needs of the students. Especially, student care would be most effective when mentors are able to signal a problem and deal with it by themselves, because the circle of involved people would then be smallest (according to MPC). Moreover, the development of the students provides a good indicator to determine if student care is effective or not (PSVE, Sundial, MPC, SDHS, CBA). Schools look at the change in the student (grades, mood, behaviour), if the outcome is the desired outcome, if goals are reached, if the student can continue without support and if student care is promoting optimal functioning. It is dealing with all the developmental aspects to support the child, therefore a holistic approach is important. Finally, the involvement of the community is needed to support students effectively. Without the involvement of parents, schools state, it is difficult to support the students in a way that is satisfying for the school and the student.

“Student care is when there is a safe environment that is conducive to learning, so students can function optimally. It is about personal development and social-emotional needs.”

5.3.6. Evaluation of student care

Student care is not being structurally evaluated in general. An evaluation is structural when student care is assessed both structurally and systematically, for instance at the end of each school year. Most schools evaluate the progression of each individual student, but not student care as a whole (MPC, Sundial, CBA). The grades, the behaviour, the mood and the resilience are being evaluated by the student care teams. Students are being discussed by the team and improvements to the care strategies will be made when the result is not satisfying. According to SMVTS, there is lack of an evaluation process in the entire educational system, meaning that schools are not being evaluated from a higher system. Because of this, counsellors do not know if they function properly. Some schools evaluate student care in a structural way (MPC, PSVE). These schools discuss

student care as a whole at the end of the school year and evaluate their policy and their own functioning. PSVE will do this according to the ASCA model, which provides tools for an evaluation of school counselling. There are no data available about evaluation of student care for the schools Sundial, SMA-AC and MAC-secondary due to lack of request.

5.3.7. Parental involvement

On overall, the parental involvement is perceived as sufficient to low by the schools. Half of the schools experience the parental involvement as very low (SMVTS, SMA-PSVE, Sundial, MPC). The schools perceive achieving parental involvement as one of the biggest challenges. The main problem is neglect from parents in supporting their children. This applies to both academic and personal support. Reaching the parents can be challenging for the schools, but getting the cooperation of the parents is even more difficult to accomplish. According to the schools, parental involvement is needed to support students, not only within student care. They mentioned that important factors of this lack of involvement seem to be that parents do not take their responsibility as a parent and that having multiple jobs makes it difficult to be much involved for parents. Other schools experienced sufficient involvement of parents, meaning that they are involved when requested by the schools. Nevertheless, parents are more involved when an issue is more severe. For example, they can be more involved when the child participated in a fight at school than when a child skipped a class. Even though parental involvement is sufficient, schools still view it as something difficult to accomplish and stated that assistance is needed at home to improve the situation of the student.

5.3.8. Needs in the schools

A range of needs within the schools were mentioned. A few needs were common, but most needs were specific for a school. Appendix 8.8. provides an overview of the needs that the schools had. The most common mentioned need is that of more professionals. Most of the schools want to have more professionals within school, for example an extra social worker, remedial teachers, psychologists, a therapist, a discipline coach and a curriculum specialist. They need the extra personnel in order to give more attention to individual students and to deal with issues more effectively. Another need is that of trainings for teachers, mentors and student care providers. SMVTS, SMA-PSVE, MPC, SMA-AC and SDHS find this important for their personnel. With

trainings to improve knowledge and skills, schools should be able to handle issues more effectively according to the schools. These trainings could be about the different issues that students face or show and how to deal with those. A third need that is mentioned commonly is the understanding of teachers and mentors concerning student care. This was mentioned by SMVTS, MPC, SMA-AC and SDHS. As SDHS stated: “Teachers find their lessons important, of course, but sometimes, a student can’t be in class because of some issue. Not all teachers understand that.” Schools felt that teachers need to know what they are providing regarding student care and that teachers need to understand the students more, not only concerning their academic achievements. Finally, almost half of the schools would like to see more of a preventative approach when it comes to the different issues that students face (PSVE, MPC, SDHS). Schools at primary level should achieve more in prevention of problems that students experience and show before they escalate in secondary school. The secondary schools would also like to do more in a preventative way, for example providing guidance classes for students. For instance, guiding students in academic skills but also providing workshops in order to cope with problems.

5.3.9. External referrals and needs

The island has several external institutions where schools can refer students to when necessary. These institutions include Court of Guardianship (CG), Miss Lalie Center (MLC), Turning Point (TP) and Mental Health Foundation (MHF). For a description of these institutions, see appendix 8.9. Schools have experience with referrals to external institutions, but their perspective of the relationship with these institutions differs between the schools. The experience of the relationships differs also within the schools. Nevertheless, there is overall agreement between all of the schools that external referrals take a long time, especially for CG and MHF. This results in a challenge for schools, because the school has to deal with the issue in the meantime, whereas the student could be supported better with the help of an external facility. As SMA-AC stated: “Sometimes we feel like they [the external institutions] don’t have the urgency that we have. It takes a long time and the burden still lays on the counsellor.” According to Sundial, external institutions lack manpower and funding to support students in an effective way.

Another common complaint is lack of feedback from external institutions (SMA-PSVE, Sundial, MPC, CBA). The schools miss feedback about the progress of the students at the institution. Schools have the experience that if they refer a student, they do not get feedback

automatically about the agreements that are made and the progressions that students make. This is a challenge, because they do not know how to connect the school services with that of the external institution. According to the school, there is need for improvement of this aspect. Schools expressed further needs for external referrals, see appendix 8.10.

5.4. Components of student care on meso level: mentors

To include the mentors and homeroom teachers in the research, an anonymous questionnaire with multiple choice questions was provided to the schools. The purpose of the questionnaire was to get an overview of the issues that mentors face with students and what their opinion is about the student care within their school. Finally, there was room for comments and recommendations for student care. Of the 275 mentors at the secondary schools, 99 of them filled in the questionnaire. The response rate differed per school from 34.0% to 84.6%. The overall response rate was 56.6%. For the response rates per school, see appendix 8.11. Some participants did not fill in all of the questions. Those questions were removed in the results. A summary of the results is given in this section, see Table 1 for more results.

The results demonstrate that vast majority (90.9%) of the mentors or homeroom teachers first talk with the student when an issue is noticed. The others first go to the student care team or to the management team. According to the majority of the mentors, the system (i.e. the procedure of referral) is neither clear nor unclear. The functions and the tasks of the student care team are clear neither unclear for the most mentors. Regarding the effectiveness of student care, 52.7% of the mentors thinks that the care within their school is neither effective nor ineffective. When it comes to organizational aspects, 41.4% has the opinion that the policy regarding student care is not poor, neither well organized, although a significant part (28.7%) thinks that the policy is well organized. The communication within student care is not poor, neither well organized according to 36.5% of the mentors. Finally, almost half of the mentors thinks that the execution of student is neither poor nor well organized. Concerning parental involvement, around half of the mentors experiences sufficient involvement of parents (55.2%), while 39.6% stated that parental involvement is a big problem in most cases. The rest experienced highly involved parents. In appendix 8.12. recommendations from mentors and homeroom teachers for student care can be found.

STUDENT CARE IN SINT MAARTEN

Aspect	1	2	3	4	5
System	5.0%	12.1%	40.6%	28.1%	13.1%
Function/tasks	5.0%	13.1%	37.5%	29.5%	13.1%
Effectiveness	3.0%	15.1%	52.7%	21.5%	7.1%
Communication	4.0%	20.8%	36.5%	22.9%	11.1%
Execution	4.0%	17.2%	46.2%	25.8%	6.1%

Table 1. NB: the scale was 1 to 5, with 1: not clear/effective/well organized at all, 3: neutral and 5: entirely clear/effective/well organized. Note: not all questionnaires were completely filled in, with the result that these percentages do not add up to 100% per aspect.

5.5. Focus groups on meso level with mentors and student care providers

The focus group with mentors consisted of 12 participants from all the secondary schools except SDHS. The focus group with the student care providers consisted of nine participants from five different schools. One school does not have a student care provider, one school sent the student care provider as a mentor in the first focus group and care personnel of one school was not available. In both focus groups, opinions about how student care should be defined were variable. Some said that student care is taking care of children, but not in the academic area. Others said it was also academic. Eventually, most mentors agreed with that student care means to take care of students on a social, emotional and academic level. The behavioural aspect is mainly seen as a consequence of other issues. The student care providers agreed with the following area that student care needs to address: it has to involve the academic, social-emotional and career area. They agreed that student care takes care of the need of the student within the school institution. One care provider stated that it is about extra support for the student to achieve developmental goals. It was also mentioned that there is no overall definition of student care, it can differ per school. The mentors expressed a desire for solution-oriented workshops, so that they can deal with the issues in class. The mentors and the student care providers believed that a redefinition of their role and tasks within student care should be made. Furthermore, they believed that the island needs special education and that parents should be more involved with their children. There are no data collected about performance indicators for assessing student care. The participants also agreed that the presence of a structure is important for student care. Moreover, they would appreciate a skeleton of an inspection framework from the Inspection of ECYS and then add their opinion representing their school.

5.6. Components of student care on meso level: external institutions

To complete information for the research, external institutions Court of Guardianship, Miss Lalie Center, Turning Point and Mental Health Foundation were approached for an interview about their work and their relationship with the schools.

5.6.1. Court of Guardianship (CG)

Youths who are in touch with CG can have convicted a crime. According to the director, the biggest challenge with schools is the placement after these children served their sentence. Schools claim to be full with the result that these children end up on the street with no education. The director pleads for more collaboration between the involved parties. As she stated: “Schools underestimate the relationship between criminal behaviour and education.” The relationship with the schools differ, some schools are more cooperative than other with providing information about students, but in general she experiences good relationships with the secondary schools. Furthermore, CG gives feedback to school when they call, but it could be more proactive in this aspect. The director stated: “We have to give more information to schools about how to deal with those type [extreme behavioural issues] of cases.” CG is not satisfied with the suspensions that the schools give to students, because it would not be effective. According the director, a program is needed for these children so that they still receive education, but not at their own school.

5.6.2. Miss Lalie Center (MLC)

MLC is a Youth Care and Rehabilitation Center. The facility experiences good relationships with the principals and the counsellors of the schools. The coordinator of MLC is also being invited to speak at information meetings. A challenge is the placement of the youths back into the school. Collaboration can also be challenging, because of the confidentiality of the cases. Students are not removed from the school, but are written out because they missed school for too long. According to the coordinator it is important that schools focus on a preventative approach, starting at primary level. Moreover, there is a need for more student care staff at the schools.

5.6.3. Turning Point (TP)

TP is a drug rehabilitation for youths and adults. The facility stated that they work closely with the counsellors and the principals of the schools. The schools share information and refer to TP for drug testing. They experience a good relationship with the schools. The facility shares information with the schools about the procedure after referral. There is also a support group where youths and adults are mixed. The meetings are every other Tuesday with the purpose of sharing experiences. When needed, TP provides family counselling. This is the case when there is a clear relationship between the drug use and family issues. The most ideal situation for TP is to start a prevention program in primary school to all students that should continue in secondary school.

5.6.4. Mental Health Foundation (MHF)

This facility is a psychiatric care unit which works with adults and youths. When a youth comes in, first a diagnostic assessment is done. After that, a report will be made which will be sent to the school. Permission from the parents and the youth is needed to share this information with the school, which can be a challenge. The procedure at MHF takes a long time, approximately three months resulting in dropouts. It can be difficult for the youth that many people are involved in the assessment, because it can be confronting to explain issues to multiple care providers. The relationship with schools can be challenging. According to one of the psychologists, it is not clear who the contact person is at the secondary schools. It would be appreciated if schools could make a list with which persons they can reach and how. Also, confidentiality is an important factor. When a school calls, MHF is without permission only allowed to say if the client went to an appointment or not. All the other information that the school wants, permission has to be asked first. Moreover, the psychologist believes that the procedure of MHF is not entirely clear for the schools.

6. Discussion

The aim of this study was to investigate the current state of student care at the secondary schools in Sint Maarten. There was a study that investigated student care at secondary vocational schools in 2009. Now the Inspectorate of ECYS wants to assess the quality of student care at all secondary schools and it needs an inspection framework to accomplish this. Therefore, different systems of the educational system are involved in this study. This study shows that the different

ecological systems (Bronfenbrenner, 1979) in the educational system of Sint Maarten do not share the same opinions with regard to student care.

6.1. Analysis based on the ecological systems model

6.1.1. Micro level

At micro level, students themselves experience overall good support within school. Most of them feel comfortable to approach their mentor or someone else within school when they need support. Positive relationships between teachers and students are important in providing support. Emotional (i.e. caring about the student) and instrumental (i.e. access of information or someone) support by teachers can benefit social-emotional outcomes and the well-being of secondary school students (Tennant et al., 2015). It is suggested that the support of teachers can help in preventing negative outcomes with students (Sudo et al., 2009). Nevertheless, of those who do not feel comfortable to approach their mentor, the majority mentioned to have trust issues. The main trust issue is that they do not believe that the information that they share is being kept between them and the involved person. This lack of trust is an inhibiting factor in seeking support (Chan & Quinn, 2012). Most students who get support from one of the counsellors at school have good experience with this support. However, while a part of the students stated that the care providers are understanding and trustworthy, another part mentioned that these aspects should be improved. One way to view social trust is as an individual property which is learned in early childhood. These experience determine trust in later life (Delhey & Newton, 2003). The contradiction in the findings of this study can be caused through different experience of trust of students. Schools stated that trust is needed in order to support students. Therefore, this issue should be addressed.

6.1.2. Meso level

Relations between parents and school are present in the mesosystem of children, but parents are not involved in this study. It was the aim to involve them, but it was very difficult to reach the parents. Especially those who could provide important information, for instance the parents whose child(ren) receive(s) student support at school. Moreover, the Inspectorate of ECYS did not cooperate to reach parents, since it is difficult to reach the parents for this division for their own purposes. The question is, why are parents not involved enough at school although that is important for adolescents (Tennant et al., 2015; Hornby & Lafaele, 2011; Meer et al., 2013)? The evidence

from this study shows that a lot of parents are occupied with two or three jobs, which makes it hard for parents to be involved (Ryan & Cooper 2010, in Dekker & Kleijn, 2012). Another explanation could be caused by the great cultural diversity in Sint Maarten. Parents and schools can have own goals and methods to teach children, which causes confusing cultural discontinuity for children (Nieuwboer & van 't Rood, 2016). Cultural differences and poor socio-economic conditions can lead to the isolation of families from the school which can result in miscommunication between the parents and the school (Delgado-Gaitan, 1991). Moreover, evidence shows that there is a significant gap between the beneficial effects of parental involvement in education and the practices schools utilize to achieve these effects, meaning that schools fail to achieve the involvement of the parents of their students (Hornby & Lafaele, 2011).

Schools and external institutions provided relevant information although their opinions of their cooperation differed from each other. Not all schools have a student care policy in use and the structure (i.e. the organization) of the student care differs per school. At all schools mentors or homeroom teachers are the first tier to provide support which is accordance with previous research (Kidger et al., 2010) and all of the schools except for one have at least one counsellor who provides support. Most school are satisfied with the team effort, the documentation and the student-focused approach. Effective student care is seen as every activity that supports the student in more than one area, such as the academic, social and psychological domain. Evidence shows that it is important to meet the needs of students in these domains through providing support services (Lane, 2005) and promoting mental health within schools (Kidger et al., 2010). Moreover, schools expressed the need for more student care providers for effective student care, trainings for their personnel, more understanding of teachers and mentors and a more preventative approach in dealing with student issues. According to the literature, there is increasingly more interest of such an approach (Saeki & Quirk, 2015). The external institutions and the schools shared complaints about their relationships, mainly about the lack of sufficient communication. However, interventions in school can only be effective when collaboration with environmental resources such as external institutions is established (Preiser, Struthers, Mohamed, Cameron & Lawrence, 2013; Husky, Sheridan, McGuire & Olfson; 2011).

6.1.3. Macro level

Finally at macro level, the cultural believes, norms and values and the community are relevant components in student care. Although these components are not assessed directly, from the results it is clear that these are relevant in order to support children. It was stated by the schools that the community is very important to support students optimally. The school, parents, the neighbourhood and the government should collaborate to support them in their development. This in accordance with the 'educative civil society'. To strengthen this society, parents, schools and parenting experts should cooperate more. A preventive surveillance state should be involved as well (De Winter, 2012). Important for the development of children and adolescents is the social capital in a community: the norms, the social networks and the relations between adults and children. This type of capital promotes parental involvement and other wider environments (Putnam, 2001). The schools, health system and the involved communities are part of a complex system according to the eco-holistic systems approach (Mukoma and Flisher, 2004). They are not isolated components but are connected through dynamic interactions with each other, other systems and other environments (Preiser, et al., 2013). Student care is not the responsibility of the schools only, but that of the macro system of Sint Maarten. The government of Sint Maarten should make guidelines for student care where these systems are involved in order to improve the development of students and improve learning.

6.2. The organization of student care and performance indicators

The first research question was: *How is student care organized at secondary schools?* In conclusion, student care is organized differently at secondary schools. Half of the schools have a student care policy in use. These schools have a student care team that deals with internal referrals from the mentor to the coordinator to the student care team. The team has meetings with the coordinators to discuss the referrals. The other half does not have such a policy in use. The internal referral begins at the mentors and go straight to the student care team. The teams discuss referrals and cases. The second research question was: *Which performance indicators can be identified that determine the quality of student care in such a way that they can be used for the inspection framework of the Inspectorate?* For this research question performance indicators are established and formulated in an inspection framework. In appendix 8.13. the proposal of the inspection framework of student care can be found. These indicators are established with the results of this

study and the inspection frameworks of other countries (e.g. Aruba, Curacao, New Zealand and the Netherlands), in consultation with the Inspectorate. The indicators stress the need for counselling services, the function of mentors as first tier and the tasks of the student care teams. The inspection framework will be discussed with the schools before the start of the school year of 2016-2017 when the inspection framework will be in use.

A few important aspects should be taken into consideration with regard to these research questions. During the research, it was remarkable how the opinions of student care varied between the schools and even within the schools. Because of this, the structure of student care differed per school and responsibilities within school differed. For example, MPC noticed that some mentors take more responsibilities within student care than others. To provide effective student care, it is important that personnel within a school shares the same idea of what student care is, what it consists of and what the school offers. Second, there is lack of a definition of student care on all levels within the educational system. Some schools do have a definition, but this is only known by the personnel involved in student care and management, not by the students and the parents. On governmental level, there is no definition of student care formulated for secondary schools. This needs to be established first before student care can be effectively assessed. The performance indicators are now established based on the definition that will be proposed in the recommendations.

6.3. Recommendations

Recommendations for improving student care at secondary schools in Sint Maarten will now be provided, based on the current available literature and the needs and opinions of the participants of this study. The recommendations are practical, in the sense that they connect with the situation in Sint Maarten. The main recommendations of Salmon (2009) are partly followed: half of the schools have a student care policy now and the philosophy, procedures and structure are documented by several schools. However, the student care system is not restructured as a whole and an evaluation of this system is not completely carried out. These recommendations are still appropriate.

At first, this research shows that it is important to establish a definition of student care. It is recommended to leave room for additions or adjustments by schools. In order to assess student care in an effective manner, the Inspectorate should presume an overall definition. The following

definition is being proposed based on the results of this study and the needs of students (Lane, 2005): *‘student care is every activity in the social-emotional, social, psychological, career or academic domain which supports the student in order to be able to develop to their full potential academically, but also social-emotionally.’* It can be noticed, that this definition does not only include student care providers. Teachers and other school personnel are relevant players as well. It is important for the Inspectorate to find agreement with the schools about the definition in order to accomplish mutual cooperation.

Secondly, for the schools which do not have a student care policy at the moment, it is important to develop one to clarify tasks, responsibilities and procedures in student care (Salmon, 2009). Providing a systemic structure is feature one of effective student care in the Netherlands (Meer et al., 2013). Moreover, policy is needed to promote the well-being of students in schools (Ecclestone, 2012). Two schools are both relatively new in the educational system, nevertheless they should develop a policy. For SMVTS, it is strongly recommended to develop a student care policy as soon as possible, since the draft of 2010 is not in use. Policies cannot be beneficial for positive outcomes without consistent implementation (Rones & Hoagwood, 2000).

Thirdly, on student care level, intervision is desired by some care providers. Intervision can be defined as “a method of learning from one another in a self-orienting way within a group of colleagues and professionals regarding everyday work issues. It also means a moment of rest and reflection in a work environment that demands much more adaptation due to current cutbacks and reorganizations” (Barnhoorn, n.d.). It is therefore recommended to organize meetings with different care providers, to share cases and ideas how to deal with different cases. Through educational intervision, solutions and coping strategies are promoted through sharing of experiences (Franzenburg, 2009).

Fourthly, desires for trainings for professionalization and improving of knowledge and skills were expressed by different levels of the schools for teachers, mentors and student care providers. As became clear earlier, teachers do not feel confident to function as a first tier in student care (Kidger et al., 2010), yet student care can only be effective when they are properly trained (Wei & Kutcher, 2014). By following training, teachers can support their students better (APA Achievement Awards, 2015). These trainings should emphasize on the knowledge of different issues such as drug abuse, coping problems, socio-emotional problems and social problems (e.g.

poverty) and on the acquisition to develop skills to deal with these issues. It is therefore recommended to the Ministry of ECYS of Sint Maarten to provide trainings.

As a fifth recommendation it is stressed to the schools and to the external institutions to improve their relationships. Student care goes beyond the schools and a good collaboration and cooperation between the schools and the external institutions is needed in order to provide effective student care (Preiser, Struthers, Mohamed, Cameron & Lawrence, 2013). It is noticed that there were complaints from both the schools and the external institutions, especially in the area of communication. Both felt that they did not get the appropriate information from each other. This could be improved by starting conversations with the involved parties and set up protocols and agreements. This could also clarify the procedures that both the schools and the external institutions execute.

Sixthly, both schools and external institutions plead for a more preventative approach of issues that secondary schools are dealing with, through introducing guidance classes for all students. It was clear from the literature that this is beneficial in promoting positive behaviours and skills (Saeki & Quirk, 2015; Weare & Nind, 2011). This approach would start in primary school level, where issues can be tackled before they escalate at a later point of time (e.g. anger issues that cause fights). Because of this, it is recommended to the Ministry of ECYS to look into the possibilities to stimulate and facilitate such an approach.

Last but not least, schools should carry out internal evaluations. The following definition of school's self-evaluation is recommended: 'the type of evaluation where the professionals that carry out the programme or core service of the organization carry out the evaluation in their own organization.' (Scheerens, 2002). Moreover, countries have to 'encourage school self-evaluation as a method of creating learning and improving schools.' (Recommendation of the European Parliament and Council on European Cooperation in Quality Evaluation in School Education, 2001). In the Netherlands, a proper self-evaluation by the schools indicates the autonomy of the schools and is an aim from the Inspectorate in the Netherlands to encourage improvements (Janssens & van Amelsvoort, 2008). Therefore, schools should execute their internal evaluation at the end of each school year in order to improve student care. It is recommended to consider the ASCA model for school counselling. If this model fits PSVE and SMA-AC it might be beneficial for other schools through providing a clear structure for counselling and self-evaluation,

6.4. Limitations

There are a few limitations in this study that need to be taken into account. First, some of the questions in the mentors and homeroom teachers questionnaire, consisted of a scale. This scale had options from 1 to 5. As a consequence, 3 is a neutral option. There is a human tendency to choose the neutral option, which was the case with this questionnaire as well. This issue could be prevented by the use of a scale with four options, instead of five. In that case, participants have to choose a less neutral answer, which provides more nuanced information. Second, due to lack of time and the fact that it was extremely difficult to reach parents, information of families is missing. Parents could have provide their opinion about student care and their needs for care within school. Finally, the purpose of the focus groups was to get information about an appropriate definition of student care and good performance indicators for assessing student care. The focus groups were mostly about the experiences of the mentors and student care providers in student care. Because of that and the lack of examples of performance indicators, explicit information about a definition and performance indicators for student care was not provided.

6.5. Suggestions for further research

It is recommended to involve parents in a creative way in research of student care and the development of children. This could be done through empowerment (Delgado-Gaitain, 1991). Moreover, the possibility to leave work for an important meeting at school should be assessed by the government. Moreover, it was mentioned by the schools that poverty affects the life of the children in a negative way. It is therefore important to investigate this impact. Another point being made by the participants, is lack of insurance. A consequence is lack of external support for children and other inhabitants. It should be investigated by the government of Sint Maarten how this issue can be addressed. Finally, research of the execution of the recommendations should be conducted in order to measure the development of student care.

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8. Appendixes

8.1. Interviews

INTERVIEW WITH SCHOOL DIRECTORS

1. How long have you functioned in this position?
2. What kind of problems with students are present at your school?
3. Who were all involved in the development of the student care policy?
4. What is the structure of student care at your school? (This question can be removed when the school (board) has sent a student care policy).
5. What are the reasons to organize it this way?
6. How has student care developed over the years in this school?
7. How many students receive care at this school?
8. How is it determined which students need support?
9. Which interventions are currently used in student care?
10. Who are involved in the student care?
11. What are their functions?
12. Which tasks do they have?
13. What do you think about the case load of the care providers?
14. What is your opinion about the communication between the involved people?
15. Do student care providers get trainings in student care; which?
16. Which trainings were given in the past?
17. What is your opinion about the current student care?
18. What is effective student care in your opinion?
19. What are the positive aspects of the student care system as it is right now?
20. What are the challenges the school face with student care?
21. What should/can be improved and how?
22. What does the school need to realize these improvements?
23. How are parents involved when there is a problem with their child?
24. Do you evaluate student care; how?

INTERVIEW WITH CARE TEAM MEMBERS

1. How long have you functioned in this position?
2. What kind of problems with students are present at your school?
3. How were you involved in the development of the student care policy?
4. What is the structure of student care at your school? (This question can be removed when the school (board) has sent a student care policy).
5. What are the reasons to organize it this way?
6. How has student care developed over the years in this school?
7. How many students receive care at this school?

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8. How is it determined which students need support?
9. Which interventions are currently used in student care?
10. Which tasks do you have?
11. What do you think about the case load?
12. What is your opinion about the communication between the involved people?
13. Do you get trainings in student care; which?
14. Which trainings were given in the past?
15. What is your opinion about the current student care?
16. What is effective student care in your opinion?
17. What are the positive aspects of the student care system as it is right now?
18. What are the challenges the school face with student care?
19. What should/can be improved and how?
20. What you need to realize these improvements?
21. How are parents involved when there is a problem with their child?

Interview with Voogdijraad Tuesday March 29th

1. What is your function and for how long?
2. What are the tasks that you have?
3. How are cases usually handled (what is the procedure)?
4. What do you think of the case load?
5. Positive Parenting Programme
6. Which are the institutions that Voogdijraad works with?
7. Is the procedure well known by the institutions?
8. How would you define your relationship with the secondary schools?
9. What is your idea about the cooperation of the schools?
 - Positive aspects
 - Improvements

Interview with Miss Lalie Center Thursday March 31th

10. What is your function and for how long?
11. What are the exact tasks of Miss Lalie center?
12. What is the target group of MLC?
13. What are the tasks that you have?
14. How are cases usually handled?
15. What do you think of the case load?
16. Which are the institutions that MLC works with?
17. Is the procedure well known by the institutions?
18. How would you define your relationship with the secondary schools?
19. What is your idea about the cooperation of the schools?

- Positive aspects and improvements

Interview with Turning Point Monday April 4th

20. What is your function and for how long?
21. What are the exact tasks of Turning Point?
22. What is the target group of TP?
23. What are the tasks that you have?
24. How are cases usually handled?
25. What do you think of the case load?
26. Which are the institutions that TP works with?
27. Is the procedure well known by the institutions?
28. How would you define your relationship with the secondary schools?
29. What is your idea about the cooperation of the schools?
 - Positive aspects
 - Improvements
30. What do you do about prevention?

Interview with Mental Health Foundation April 21st

31. What is your function and for how long?
32. What are the tasks that you have?
33. What is the target group of MHF?
34. How are cases usually handled (what is the procedure)?
35. What do you think of the case load?
36. Is the procedure well known by the schools?
37. How would you define your relationship with the secondary schools?
38. What is your idea about the cooperation of the schools?
 - Positive aspects
 - Improvements
39. What do you think schools can do to improve student care?

8.2. Questionnaire for mentors and homeroom teachers

QUESTIONNAIRE ABOUT THE STUDENT CARE SYSTEM AT YOUR SCHOOL

Dear mentors/homeroom teachers,

In order to get more information about student care at different secondary schools, I would like you to fill in this questionnaire. The questions are about your experience and opinions of the student care at your school. With your collaboration, the Inspectorate can develop criteria for an inspection framework to monitor the quality of the student care in Sint Maarten. The results will also be used for a research report about the current state of student care at secondary schools. I would appreciate your cooperation!

Thank you in advance,

Emma Bruinenberg

Student at Utrecht University, the Netherlands

Intern at Inspection of ECYS, Sint Maarten

1. On what education level are you a mentor/homeroom teacher (e.g. PKL)?

.....

2. How long have you been a teacher in total?

- a. 0-2 years
- b. 3-5 years
- c. 6-8 years
- d. 9-11 years
- e. 12+ years

3. What are the most common problems that you experience with students in your class (one answer allowed)?

- a. Inappropriate behavior (e.g. lack of respect, authority problems)
- b. Learning difficulties (i.e. problems in specific subject(s))
- c. Academic difficulties (e.g. poor motivation, poor planning)
- d. Psychological problems (e.g. disorders, grief, depression)
- e. Substance abuse (e.g. use, trafficking)
- f. Problems at home (e.g. abuse, neglect, poverty)

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- g. Social (e.g. violence, bullying)
 - h. Other
4. How often do you experience problems with students in your mentor class?
- a. Never
 - b. 2 times a month
 - c. Once a week
 - d. 2-4 times a week
 - e. Every day
5. How many students do you have in your mentor class who get support from student care?
- a. 0
 - b. 1-3
 - c. 4-6
 - d. 7-9
 - e. 10+
6. Indicate how disturbing these problems are for your mentor hour. 1= not disturbing, 5 = extremely disturbing.
- 1 2 3 4 5
7. How is the program of the mentor hour organized?
- a. There is a school program for the organization of the mentor hour
 - b. Mentors make their own program for the class
 - c. Other
8. Which activities do you do during mentor hour?
- a. I help students with academic tasks (e.g. planning)
 - b. I talk about different subjects relevant for students
 - c. We discuss homework
 - d. I use the hour for solving problems students face
 - e. Other
9. How do you usually handle problems with your students?
- a. I first handle it with the student him-/herself
 - b. I first get in touch with the student care team
 - c. I first go to the school management
 - d. Other
10. Indicate how clear the structure of the student care **system** in your school/department is in your opinion (i.e. procedure of referral is clear). 1 = not clear at all, 5 = totally clear
- 1 2 3 4 5

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11. Indicate how clear the structure of the student care **team** in your school/department is in your opinion (i.e. functions and tasks are clear). 1 = not clear at all, 5 = totally clear

1 2 3 4 5

12. How effective is student care at your school in your opinion? 1 = not at all effective, 5 = highly effective

1 2 3 4 5

13. Indicate how well certain aspects of the student care system are organized. 1 = really poor, 5 = really well

- Policy	1	2	3	4	5
- Communication	1	2	3	4	5
- Execution	1	2	3	4	5

14. What do you think of the communication between different people within the student care system?

- a. Excellent
- b. Good
- c. Neutral
- d. Poor
- e. Really poor

15. How well are parents involved with their child when there are problems?

- a. Lack of parental involvement is a big problem in most cases.
- b. In most cases there is sufficient involvement of parents.
- c. In most cases parents are highly involved.

16. What are your recommendations for student care at your school?

17. Other remarks

THANK YOU SO MUCH FOR YOUR COOPERATION!

8.3. Questionnaire and interview for students

Anonymous questionnaire for students

1. Can you go to your mentor to talk about a problem? Why (not)?
2. Can you go to someone else to talk about a problem? Why (not)?
3. Do you get support from one of the counselors?
4. What do you like about the support that you get from your mentor/counselor?
5. How could the support that you get from your mentor/counselor be better?

Interview with students

1. What do you think about the school?
2. Do you know where you can go to when you have a problem?
3. Do you trust someone with your problem?
4. Do you see the counsellor?
5. What do you think about the support you get from the counsellor?
6. What could be better about the support?
7. Do you need extra support from the school, and what?

8.4. Questions for focus groups

Questions for focus group mentors and student care teams

1. What would be a sufficient definition of student care?
2. What would be part of student care?
3. How can student care be monitored? What are the performance indicators that can be assessed?

8.5. Descriptions of the secondary schools

Sint Maarten Vocational Training School (SMVTS)

SMVTS is a vocational schools which offers Labor Market Oriented Education (LMOE) and a general program. Students receive a school diploma if they comply with the program demands. These levels are comparable to the education levels ‘Basis’ and ‘Kader’ in secondary vocational education. Caribbean education is offered: Caribbean Certificate of Secondary Competence (CCSLC). This school is a public school, which falls under the governmental department DPES: Division of Public Education Services. The school consists of two campuses, because currently there is not enough space for the amount of students of the school. In the school year of 2015-2016 the school had 249 students. The school faces a lot of issues with student absenteeism and behavioural issues.

Sint Maarten Academy – Preparatory Secondary Vocational Education (PSVE)

PSVE is a vocational school on the PBL/PKL level with 464 students in the school year of 2015-2016 It falls under the school board FAVE: Foundation of Academic and Vocational Education. The school has a high amount of Spanish speaking immigrant students, which leads to several problems because those students do not master the English language.

Sundial

Sundial is a vocational school as well, offering education on the level of PBL/PKL. The school collaborates with MPC, both schools fall under the school board SVOBE: Stichting tot Bevordering Voortgezet Onderwijs Bovenwindse Eilanden. Sundial offers different sectors in PBL/PKL than MPC does, meaning that students can switch schools. The school has 321 students in the school year of 2015-2016.

Milton Peters College (MPC)

This school falls like Sundial under the school board SVOBE. MPC is the biggest school on the island, with 872 students in the school year of 2015-2016. It is the only secondary school that offers Dutch education with the Dutch language as instruction language. The school offers education at all levels of education: PBL/PKL, TKL (‘Theoretisch Kadergerichte Leerweg’,

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comparable to the Dutch ‘VMBO’), and havo/vwo. The havo/vwo level is the same as that of the havo/vwo in the Netherlands, with the same lesson materials and the same final exams, translated for Sint Maarten.

Sint Maarten Academy – Academic (SMA-AC)

This school falls under the school board FAVE and is the academic section of Sint Maarten Academy. It offers Caribbean education: Caribbean Examination Council (CXC). This type of education is developed for island in the Caribbean, because other educational systems did not fit the islands. It also offers Caribbean Advanced Proficiency Examinations (CAPE), a pre-university program for students who finished secondary education and want to continue their studies. The school has 538 students in the school year of 2015-2016.

Saint Dominic High School (SDHS)

SDHS is an academic school, offering CXC and International Baccalaureate (IB). The IB program is a two-year pre-university program to allow academic students to continue their secondary education. It consists of six subject groups and students have to choose one subject in each group. The school has 346 students in the school year of 2015-2016.

MAC Comprehensive Secondary Education (MAC-secondary)

This school falls under the school board Methodist Agogic Center (MAC) and is a relatively new school, starting in 2013. It had 125 students in the school year of 2015-2016. It offers a preparatory program for CXC: Caribbean Certificate of Secondary Education (CCSLC). It is an academic school at the moment, but it wants to offer vocational courses as well in the future.

Charlotte Brookson Academy of the Performance Arts (CBA)

CBA is an experimental secondary education school which started in 2012. It offers a combination of academic education with an art program. In the morning, students receive academic education. The Performance Arts courses are given in the afternoon, meaning that the school day of these students last longer than those of students from other schools. The school is now located in the University of Sint Maarten (USM), but it is searching for its own building.. The school has 127 students in the school year of 2015-2016.

8.6. Type of problems mentioned per school

School	Type of problems
SMVTS	Drugs abuse and trafficking, fights/violence, stealing, bullying, social-emotional problems
PSVE	Social problems, poverty, behavioural issues, academic problems, anger issues, drugs abuse and trafficking, motivation issues, social issues, separation issues, pregnancy
Sundial	Absenteeism, organisational problems (e.g. problems with planning), drugs abuse and trafficking, social-emotional issues
MPC	Fear of failure, behavioural issues, disorders (autism, ADHD), social, poverty, depression, family dysfunction, social-emotional issues, drugs abuse and trafficking, learning problems, cutting
SMA-AC	Emotional issues, family problems, depression, cutting
SDHS	Behavioural issues, depression, social-emotional issues, cutting, academic issues, learning problems, anxiety
MAC-secondary	Family problems (mother-daughter relationships), behavioural issues, coping and study problems
CBA	Behavioural and emotional issues

8.7. Amount of students in care per school

School	Amount of students in student care compared to total amount of students at the school
SMVTS	Unknown (according to the counsellor: “It feels like half of the school”) / 249
PSVE	96 / 464
Sundial	83 / 321
MPC	Yet unknown (190) / 872 (these are students who are discussed and supported by the care team in the entire school year of 2015-2015)
SMA-AC	24 / 538
SDHS	Around 45 / 346
MAC-secondary	Around 15 / 125
CBA	No counsellor (5 at the part-time counsellor) / 127

N.B. These numbers are the current amounts at time of requesting (April 2015), except for MPC.

8.8. Needs in schools per school

School	Needs within the school
SMVTS	Resources: space (bigger campus, classrooms for guidance and recreational purposes, care room with multimedia equipment and for guidance, workshops and counselling), material (to assist counselling and guidance, books, games, computer programs, data bases), trainings (ongoing training in new techniques, upgrading of the care team and staff in new methods to aid in student care), more focus on practical education, change of curriculum, appropriate teaching staff (more practical teachers), identify and establish what kind of school SMVTS is and who is the target group, more care team professionals,, more understanding of teachers and mentors, feedback of the management team
PSVE	More professionals, more trainings for care team, mentors and teachers, replacement for care team members when absent, more trust of the students, counselling of teachers, more prevention, focus on vocational courses and connection with the society
Sundial	More professionals, more feedback from the management team, health insurance for students, more support from outside, more awareness within school of student care, more structure in reporting, more specialisms within school
MPC	More space, more professionals (social worker/psychologist), more materials (especially to fit the language of the students), more understanding of teachers and mentors, more training for the staff, more time for administration, more flexibility, supervision, guidelines for external referrals, more prevention
SMA-AC	More professionals (a therapist), more understanding of teachers, more trainings for the staff, more trust from students, more activities on campus and tracking of students,

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	guidelines for external referrals, more accessibility of the counsellors
SDHS	More understanding of teachers, more trainings for the staff, more prevention, guidelines for external referrals, more time for the students
MAC-secondary	More space for individual and groups counselling, need for student care policy
CBA	More professionals (fulltime counsellor, discipline coach, remedial teachers, curriculum specialist), need for student care policy, treatment plans for students within care

8.9. Descriptions of the external institutions

Court of Guardianship

This institution is responsible for two tasks: youth probation and protection measures (translation!) when the home situation is not safe for the child. Sint Maarten has a duty to report abuse for the OM, the police and for schools. Moreover, everyone can call the CG for advice. In both cases a judge is involved. It is therefore important that there is documentation from the school. The case load is absurd for CG. There is lack of manpower which leads to inefficiently handling cases. One social worker at CG deals with 65 cases per year and probably more because of the lack of manpower. They need at least two more social workers and two employees for the youth probation.

Miss Lalie Center

MLC is a closed facility for boys from age 12 to 17 who are placed on a penal basis or because of severe behavioural issues. The boys are involved in an education program which is meant for rehabilitation. After their placement, they should go back to school. The coordinator of this program is the liaison between the facility and the schools. Because the reintegration is a challenge, the facility decided to focus mainly on the education within the facility. Another challenge is that it is not clear who is responsible for the facility. The Minister of Education was supposed to get the responsibility for the education program, but this was not approved. This uncertainty leads to a lack of materials. There are several teachers and also remedial teacher who are part of the teaching staff.

The facility expresses different needs like expansion of the facility, improvement of the education program and more student care staff for the schools.

There is a need for more structure and more professionals on the island. As the coordinator stated: “A better structure is needed. Too many [children] slip through the cracks.”.

Turning Point

Turning Point is a rehabilitation center for youths and adults. Students can be tested on drug use. When tested positive, the student receives counselling from the facility. After testing, there will be an intake to explore possible other issues. Subsequently, a plan will be made together with the family. TP also has a prevention program for primary and secondary schools. The prevention

program is for classes in general and a specific program is provided to students who are being suspected of using drugs.

What needs improvement is the social structure of the island, the funding and the accountability. As one of the employees stated: “When schools refer, but the kid is not coming, who is then accountable for that?”. The testing was done by schools themselves before, but according to TP there should always be a third party in that. The purpose is not to justify suspensions or expulsions. Because the school has a bias, the responsibility for testing should be somewhere outside of the school. The most ideal situation for the director is a prevention program that starts from primary school in the first grade, that it is part of the curriculum. Therefore, teachers need to be trained so they have the knowledge and the skills to handle drug issues, or external experts have to be hired. For that, material is needed to make it visual to the kids and to raise awareness. There should also be activities to involve the students. After that, each students should be reviewed. This continues in secondary schools, but with more focus on relapse prevention. Only, this cannot be achieved due to lack of funding.

Mental Health Foundation

MHF is a facility that provides counselling for youths and adults who experience psychological issues. The services are mainly for adults of 18 years and older. The crisis team is for youths under the age of 18. In this team is a nurse and the team is 24 hours a day available. For assessments, youths needs to have insurance, which poses a challenge. Youths can also make use of the clinic, where testing and counselling is provided. The clinic is occupied by three psychologists, five psychiatrists and nurses. There is also an employee who deals with the information about and prevention of psychological issues.

Because MHF experiences a high case load, it would be a solution to work with a preventative approach. It would be beneficial if students can get programs where they can develop social and coping skills. The employee advices to make this program a separate subject in school.

8.10. External needs mentioned by the schools

School	External needs
SMVTS	Expertise center like St. Eustatius has, improvement of permission procedure of DPES, family therapy, involvement of the community, involvement of SSSD, supervision and guidance of the counsellors, evaluation process island wide, resources for external institutions, more external institutions
PSVE	More external institutions for behavioural issues, better working relationship with MHF, more feedback from external institutions
Sundial	More funding and manpower at external institutions, better communication with those, facilities for girls, social security for the inhabitants of the island
MPC	Facilities for girls, more external mental care, family counselling, more financial resources for the island, separate educational facility for students with special needs, involvement of SSSD, psychologists on the island
SMA-AC	Psychologists on the island, programs for regular meetings for students and external help
SDHS	No data
MAC-secondary	No data
CBA	More specialisms on the island, better distribution of financial resources

8.11. Response rate of the mentors questionnaire per school

School	Response rate mentors questionnaire
SMVTS	35.3%
PSVE	84.6%
Sundial	56.5%
MPC	34.0%
SMA-AC	83.3%
SDHS	62.5%
MAC-secondary	50.0%
CBA	71.4%

8.12. Recommendations made by the mentors and homeroom teachers for student care

SMVTS:

"A strategic plan created between the Care Team and the community to develop programs that will benefit all stakeholders involved."

" Necessary resources, clear policy, total involvement (home, school, community)."

PSVE:

"To be more interactive with the students and teachers. Be clear about what their function and policy is here at the school (student care team). Create more programs for students and teachers. Get involved!"

"That they be more visible/active especially with students who have behavioural problems."

Sundial:

"Participation with mentors and other teachers and strictly following the assigned program for the student."

"Try involve parents more and make them aware of problems. More contact mentor-student and care."

"Certain information has to stay within the student care team and not being discussed with others outside the student care team."

MPC:

"More feedback after a child is referred to the student care team. In case of psychological or social issues a child need immediate help. Normally the home situation doesn't change so the student is in a 'viciouze cirkel'."

"The care team needs to act more quickly in some cases. Sometimes time is of the essence and referrals take too long."

"Bring everyday life issues in the program, no focusing on the academics."

STUDENT CARE IN SINT MAARTEN

SMA-AC:

"We need to find a way of testing students with learning disabilities and coaching them. Student care is doing well with social and psychological problems but many of our students have learning problems which spills over into behaviour issues. We need to find ways of helping these students instead of just send them to PSVE."

" Support is not only for students. There should be support for teachers also."

" Outline the areas/policies/structure that mentors are expected to be governed by - e.g. actual roles of student care team, the purpose of the program, clearly defined tasks of each student care team member and for mentors to ... their tasks. Set specific tasks for mentors, meaning these tasks must be within the confines of mentors' job as a teacher, not counsellor. Relegate, delegate and disseminate info in an effective way not to disrupt teaching hours."

SDHS:

"Teachers should be informed as to what is happening on a regular basis and not in crisis only! Communication is very poor and needs improvement!"

"Clear details/methods for teachers and students. We hardly know what's going on!"

MAC-s:

-

CBA:

"Expansion; there is too much involved for one person on part-time basis."

" The first problem is that our school does not have a formal student care system in place (at the moment)."

8.13. Proposal for the inspection framework for student care

4. Student care secondary education		1	2	3	4
	Structure and referral				
4.1	The school offers a guidance program and/or counseling services				
4.2	The school has developed a student care policy which is in use				
4.3	The school has qualified care personnel (at least one counselor or social worker)				
4.4	The school has a clear structure of student care which is known to the personnel of the schools, the students and the parents				
4.5	Student care is easily accessible for students/Students feel comfortable to ask for support				
4.6	The approach is structured (not ad hoc) and is laid down in procedures				
	Mentors or homeroom teachers are the first line of care				
4.7	Mentors and homeroom teachers are trained to deal with tasks concerning student care (trust person, early detection of problems, talk to the student, referral and follow up)				
	The care team remediates				
4.8	Student care focuses on different (developmental) areas: social-emotional, social, behavioral, psychological and academic and career				
4.9	Each student within student care has a 'care plan' which is made together with the student and is based on an intake				
4.10	The team documents in a proper way, from referral to follow up				
4.11	Sufficient materials to deal with testing and treatment are present: in the area of cognitive, social-emotional, psychological, academic and career				
4.12	Confidentiality is dealt with in a proper way and students know this				
4.13	There is good communication between the different stakeholders (mentors – coordinators – care team – management – student – parents). The involved people know what they should know and that it is being reported				
4.14	The student care team recognizes when problems can be handled at school level and when a student should be referred externally				
	The school offers a preventative approach				
4.15	The school provides guidance classes for all students to encourage the development of children: classes for anti-bullying, self-esteem, relationships, study skills, social skills, anti-drugs, sexual orientation				
		Total			
1. Poor	2. Insufficient	3. Sufficient	4. Good		