CHILD AND YOUTH COUNSELLOR INITIATIVE EVALUATION

FINAL REPORT

ÉVALUATION DU PROGRAMME DE CONSEILLERS DES ENFANTS ET DES JEUNES

RAPPORT DÉFINITIF

"The wellness of our kids is our main priority."

« Le bien-être de nos enfants est notre priorité absolue. »

October/Octobre 2023

PREPARED BY

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DPRA

Creative People. Smart Solutions.

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LIST OF ACRONYMS

ASIST	Applied Suicide Intervention Skills Training
BDRSC	Beaufort-Delta Regional Subcommittee
CCP	Community Counselling Program
CEO	Chief Executive Officer
CYC	Child and Youth Counsellor
CYCC	Child and Youth Care Counsellor
CYCSC	Child and Youth Counsellor Steering Committee
CYCWG	Child and Youth Counsellor Working Group
ECE	Education, Culture and Employment
FMB	Financial Management Board
FSRSC	Fort Smith Regional Subcommittee
GNWT	Government of the Northwest Territories
HRHSSA	Hay River Health and Social Services Authority
HSS	Health and Social Services
IGO	Indigenous Government Organizations
MDI	Middle-years Development Instrument
MHCC	Mental Health Commission of Canada
MHFA	Mental Health First Aid
MOU	Memorandum of Understanding
NTHSSA	Northwest Territories Health and Social Services Authority
NWT	Northwest Territories
NCTS	Northern Counselling and Therapeutic Services
PST	Program Support Teacher
RCMP	Royal Canadian Mounted Police
RISC	Regional Inclusive School Coordinator
RSC	Regional Sub-Committee
SBST	School-Based Support Team
SCOSD	Standing Committee on Social Development
SEL	Social and Emotional Learning

TAMI Talking About Mental Illness

TCSA Tłı̨chǫ Community Services Agency

WAYC Western Arctic Youth Collective

KEY TERMS

CHILD AND YOUTH COUNSELLOR

The child and youth counsellor (CYC) plays an integral role in supporting children and youth with unique mental health needs, and their families, to live successfully within their home, school, and local community. The CYC is responsible for implementing specialized assessments and therapeutic programming within the daily life of children and youth.

The CYC position is part of a collaborative multi-disciplinary approach to the delivery of direct therapeutic services to support the needs of children, youth, and their families. The CYC is a member of the Community Counselling Program (CCP) and provides integrated and therapeutic mental health and behavioural programming in collaboration with school personnel and other health care providers and mental health and social services professionals. The CYC provides a wide range of services with an emphasis on developing therapeutic relationships with children, youth, and their families. During the school year, the CYC is based primarily in the school, but to align with the needs of children and youth, other locations may include the Community Counselling Program office, client family home or other appropriate community locations. As part of an interdisciplinary team approach, other services targeted to assist children and youth are provided, such as: community development, consultation, coordination, education and integrated services management.

This position ensures that therapeutic plans are developed, followed, and are meeting the individual needs of the child, youth, and family. The CYC provides direct client care including individual and environmental assessment (with an emphasis on strengths and assets rather than pathology), intervention planning, therapeutic individual, family and group counselling, and referrals to other relevant service providers and agencies within the community. The CYC collaborates with other community services including education staff, health, and social services professionals, Royal Canadian Mounted Police (RCMP), justice services, and local government organizations to provide a comprehensive, person- and family-centered approach to care.

The CYC may be required to work on-call and work a flexible schedule to ensure accessibility to members of the community. In addition, when a traumatic event occurs within the community or to an individual, the incumbent will often be called upon outside of work hours. (GNWT, 2023).

COMMUNITY COUNSELLING PROGRAM

The CCP, a program of the Department of Health and Social Services, delivers free community-based counselling for residents of all ages. Counsellors are employed by Health and Social Services Authorities. CYCs are members of the CCP team (ECE and HSS, 2021c).

CLINICAL SUPERVISOR

An experienced counsellor who assists the CYC with ongoing development of professional skills, knowledge and expertise as well as discussion of complex or challenging client issues (ECE and HSS, 2021c).

STEPPED CARE 2.0 © MODEL

The Stepped Care 2.0 © model is a key component of the GNWT Mental Wellness and Addictions Recovery Action Plan, which is intended to transform the Northwest Territories (NWT) mental wellness and addictions recovery system. Stepped Care 2.0 ensures all individuals living in the NWT (including children, youth and families) have access to the right care, at the right time for their own needs and preferences. Stepped Care 2.0 provides rapid, same day, flexible care options for mental wellness and addictions recovery supports. People can choose from a wider menu of options, including same-day drop-in appointments that can be accessed virtually, and/or in person or through e-mental health/online options. Individuals continue to have access to community-based supports and out-of-territory specialized services, as well as 24/7 help lines and mental health apps. It is an evidence-based approach that promotes care based on what each individual person wants and according to the least intensive and most effective options. The goal of this ongoing initiative is to increase access to mental wellness and addictions recovery services by: (1) reducing or eliminating waitlists for counselling; (2) expanding options of care; and (3) reducing barriers to care (GNWT, 2020).

- One-at-a-time: The one-at-a-time delivery model (a component of Stepped Care 2.0) allows providers to treat each encounter as a standalone and helpful interaction. Providers assume service users have strengths and that positive change can happen in one conversation. People can choose to come in for a single session whenever they need one, regular appointments over a longer period, or anything in between. They can also choose the format that works best for them: in-person, by phone, or online. (MHCC, 2023).

TIERED MENTAL HEALTH INTERVENTIONS

Thinking in tiers is common in education and is useful in school mental health. It can help to build understanding of the continuum of supports available, clarify the roles of various staff in supporting student mental health, and support the design and monitoring of services at the school and education system level.

- Tier 1: School mental health promotion for all (Tier 1) refers to activities to foster positive social, emotional and behavioural skills and the well-being of all students, regardless of whether they are at risk for mental health problems. Tier 1 supports well-being and educational success for all students and serves as a foundation for Tiers 2 and 3 mental health services and supports. Tier 1 activities may be implemented school-wide, at the grade level, and/or at the classroom level, and services may be delivered by both school- and community-employed professionals working within schools. Examples include school-wide mental health education lessons, school climate

improvement efforts, and classroom-based social emotional learning for all students. (NCSMH, 2020a).

- Tier 2: Mental health early intervention, or Tier 2 services, support students who have been identified as experiencing mild distress, mildly impaired functioning or at risk of a given problem or concern. Examples of early intervention include small group interventions for students with similar needs, brief individualized interventions (e.g., motivational interviewing, problem solving, mentoring, and/or low-intensity classroom-based supports such as a daily report card, or daily teacher check-in). (NCSMH, 2020b).

- Tier 3: Mental health treatment, or Tier 3 services, address mental health concerns for students who are already experiencing significant distress and impaired functioning. These supports are individualized to specific student needs. Tier 3 supports include services provided by school-based mental health professionals employed by the school or community organizations. Examples include individual, group, or family therapy for students receiving general or special education who have identified, and often diagnosed with, social, emotional, and/or behavioural needs. (NCSMH, 2020b).

TRAUMA-INFORMED PRACTICE

Trauma-informed practice is about creating a welcoming, caring, inclusive, and respectful environment for everyone while recognizing the power of relationships, culture, and sense of identity. It is a shared understanding about trauma and resilience while supporting all youth and adults in the school and community by creating learning environments that are calm, predictable, and supportive. The Four R's to a trauma-informed approach are realization, recognition, response, and resisting re-traumatization. Trauma-informed practice focuses on what youth and staff need to feel safe and valued, and celebrating the resilience that exists within our community and creating opportunities for youth to flourish as the capable people they are (ECE and HSS, 2021c).

EXECUTIVE SUMMARY

Introduction

Overview: The Child and Youth Counsellor (CYC) Initiative (previously known as the Child and Youth Care Counsellor (CYCC) Initiative) is a partnership initiative of the Department of Education, Culture and Employment (ECE), Department of Health and Social Services (HSS), Northwest Territories Health and Social Services Authority (NTHSSA), Tłı̨chǫ Community Services Agency (TCSA), Hay River Health and Social Services Authority (HRHSSA), ten regional Education Bodies and 49 schools. In total, forty-two (42) new CYC positions as well as seven (7) new clinical supervisor positions were created to support the initiative, with phased regional implementation occurring over a four-year period, from the 2018-19 academic year to the 2021-22 academic year. CYCs are assigned to NWT schools with more than 75 students, and a contracted itinerant mental health support team (Northern Counselling and Therapeutic Services or NCTS) is assigned to schools with fewer than 75 students.

Initiative Purpose: The purpose of the CYC Initiative is to provide direct mental health and wellness services within the school and community setting for children, youth and their families by supporting mental wellness and building coping skills and resilience. The Initiative is intended to facilitate timely access to quality mental health care, to deliver coordinated and integrated mental health services (i.e., seamless care pathway model), and provide services in a positive way that are responsive to the needs of children, youth and families. The initiative is an important part of a larger continuum of mental health and wellness services for children and youth and their families.

Evaluation Purpose: The Government of the Northwest Territories (GNWT) hired independent third-party contractor, DPRA Canada Inc., to lead an evaluation of the CYC Initiative. The purpose of the evaluation was to provide the GNWT and its partners with findings on the effectiveness of the CYC Initiative implementation and the extent to which the initiative achieved its intended outcomes. Evidence-based recommendations for Initiative improvements will be used to inform quality improvement across all regions of the NWT.

Evaluation Methodology

Four key methods of data collection were used for this evaluation:

Document and Data Review: Review and analysis of key CYC Initiative documents and data was conducted to support both the evaluation data collection activities and the evaluation findings.

Engagement: In total 250 individuals took part in the engagement activities.

1. **Focus Groups:**
    - 10 virtual focus group sessions were held with CYCs from across the territory as well as Regional Managers and Clinical Supervisors (33 participants)

- 4 in-person youth focus groups were facilitated by ECE staff during the Youth Forum on Education (16 participants)

2. Interviews:
   - 12 virtual individual and group interviews, conducted by ECE evaluation staff, were held with Indigenous Government Organization representatives and educators (principals, superintendents) (27 participants)
   - 28 virtual individual interviews held with parents/parent and child, youth, leadership, current and former educators/school counsellors/program support teachers, current and former healthcare professionals, NCTS counsellors (28 participants)
   - 76 written responses to interview questions received from parents, teachers, NCTS counsellors, children and youth, and Western Arctic Youth Collective (WAYC) members (76 participants)
3. Community Visits: Community visits to 3 regions – Beaufort Delta, Yellowknife and Tłı̨chǫ – and 6 communities: Inuvik, Aklavik, Tuktoyaktuk, Ndilǫ, Whatì, and Behchokǫ̀ (Rae/Edzo).
   - In-person interviews and focus groups held with children, youth and parents (59 participants)
   - In-person interviews with educators, CYCs and clinical supervisor, and community wellness staff (11 participants)

Key Findings and Recommendations

Overall, the evaluation found that the CYC Initiative has been quite successful in providing timely, coordinated and responsive counselling supports and in helping to build the coping skills and resilience of children and youth across the territory, particularly given it is a relatively new program in the early stages of maturation. Having CYC services available in the schools has not only improved access but has also increased the identification of mental health disorders that previously would have gone unnoticed and untreated in children and youth. Through the provision of primarily one-on-one counselling services, CYCs and itinerant counsellors have helped children and youth: achieve a greater understanding of themselves and their relationships with others; improve their awareness and utilization of personal strengths and assets; build their resilience; and support their ability to address problems and pursue personally meaningful goals.

The effectiveness of the CYC Initiative implementation has, however, been challenged by a variety of key factors including differing departmental understandings and expectations of the Initiative, restrictive information sharing protocols, insufficient levels of school integration, and disagreements concerning CYC qualifications and experience requirements, as well as the provision of services outside of the school environment.

Based on the analyzed findings, the following recommendations are presented to the Departments of Education, Culture and Employment and Health and Social Services for consideration.

HSS and ECE relationship be strengthened

For the CYC Initiative to be successful, it is essential that the partnership between HSS and ECE be strengthened and that the two departments and systems have a shared understanding and expectation of the Initiative's purpose, delivery and outcomes.

1. It is recommended that an external facilitator be hired to support effective ongoing discussions and to help resolve outstanding disagreements between ECE and HSS as they relate to the CYC Initiative.

2. It is recommended that the current MOU (ECE and HSS, 2018) be reviewed and revised to ensure that it accurately defines the relationship between ECE and HSS and outlines how the two systems will work together and align ideologies, goals and intentions to ensure the best possible outcomes for children and youth requiring mental health support. The MOU should also state the roles of the Education Bodies, schools, and Health and Social Services Authorities with respect to the CYC Initiative and outline a structure for school and regional staff to participate in issue identification, problem solving, and a way to communicate needs that require resolution to the departments.

The CYC Initiative be continued

Good mental and emotional well-being is an integral part of healthy development of children and youth. When this development is inhibited, counselling can be an effective and important resource. Targeted counselling services and supports, available in both the school and community, are essential to meet the mental health needs of children and youth in the NWT.

3. It is recommended that the Child and Youth Counselling Initiative continue to be delivered in the schools and communities by ECE and HSS.

CYC clinical qualifications and experience be maintained

Master's level clinical qualifications are required to sufficiently meet the severity and complexity of mental health disorders experienced by children and youth through the implementation of intensive (Tier 3) interventions. Lack of clinical qualifications will compromise the ability to effectively identify and respond to child and youth mental health needs and crises events.

4. It is recommended that the CYC qualifications and demonstrated experience with children and youth be maintained and that the CYCs focus their time on intensive interventions.

The CYC position remain with HSS

Child and youth counsellors are best placed with HSS because of the Tier 3 supports they are providing to children and youth, their need for clinical supervision, and their relationships with other mental health/health service providers who support continuous care.

5. It is recommended that CYCs continue to be employed by HSS and to report to supervisors in HSS.

Needs-based allocation of CYCs be implemented

Allocation of CYCs in schools and communities should be needs-based and support fair and equitable access to services. The student numbers-based approach to CYC allocation assumes need is greater in areas with a larger population size. It does not consider that the specific demographics (e.g., income, housing status, mental health service availability) and mental health characteristics of children and youth in smaller schools and communities may be greater due to the complexity of individual needs.

6. It is recommended that an alternative approach to the allocation of resources, one that incorporates aspects of efficiency and equity, be identified and implemented. Such an approach will require a needs assessment be conducted with specific criteria used to determine the level of need/unmet need. It will also require improved and ongoing administrative reporting and data collection at the school, community and regional levels to inform the allocation process. It is likely that such an approach will identify the need for additional human (CYCs and clinical supervisors) and financial resources.

CYC allocation in schools and communities be grade-based

Elementary, middle school and high school-aged children and youth require different types of services and supports. Elementary and middle school-aged children and youth are more likely to need and benefit from social, emotional and behavioural learning offered through 'whole of school,' classroom and group-based interventions. Some children and youth in this age group will also benefit from more intensive individualized counselling that could be provided in the community (or requests made for the CYC to come to the school to reduce access barriers) and may involve parents/guardians. These community-based CYCs would also be available to those children and youth not attending school. High school students benefit more from one-on-one counselling offered by CYCs in the schools. Rather than CYCs splitting their time between schools and communities, they would be assigned to one location making them more accessible. All communities should have access to the services of at least one full-time CYC to meet the immediate needs of children and youth.

7. It is recommended that CYCs be placed in schools with high school-aged students.
8. It is recommended that CYCs be placed in the community to address the needs of elementary (Junior Kindergarten to grade 5) and middle school (grade 6 to 8 or 9) -aged children and youth as well as those not attending school.
9. It is recommended that each school and community have access to a full-time CYC.

Role of itinerant counsellors be reassessed

Children and youth require the services of full-time, in-person counsellors to address their immediate and longer-term needs. Familiarity with and approachability of the school counsellor, which is essential to encouraging students to use the services, is limited when counsellors are not regularly available. Having

the itinerant counsellors visiting the communities three times a year is insufficient to meet both the needs and preferences of children and youth. Virtual and phone services to augment community visits are not the best option for those children and youth who require personal connections to build trusting relationships and for those who do not have access to the internet, a phone or long-distance minutes for their phone. Virtual accessibility further exacerbates issues of equity.

10. It is recommended that if iterant counsellors are retained, they be required to visit communities a minimum of once a month or their services only be used to fill CYC vacancies.

Social-Emotional Learning (SEL) teacher and coach positions be created

There is a need for a child and youth counselling model that supports the delivery of interventions of varying intensities. As such, in addition to one-on-one counselling, whole of school, classroom and group-based social, emotional and behavioural (preventive) supports need to be made available. Child and youth counsellors currently have limited capacity to deliver these services in addition to the more intensive, one-on-one counselling they currently provide. There is a need for a continuum of mental health supports (Tiers 1, 2 and 3) to be available to children and youth. The introduction of a Social-Emotional Learning (SEL) teacher position would allow for the provision of more universal and prevention-based approaches to mental health care. These types of supports are best suited for elementary and middle school-aged children and youth, while individualized counselling is better suited for high school students. This position would be filled by a teacher with experience in the area of social-emotional learning and/or restorative practices, including de-escalation strategies and trauma-informed practices. A developmental position – Social-Emotional Learning (SEL) coach – could also be created to provide an opportunity for community members who exhibit the right characteristics and are willing to take specific courses to develop their knowledge, skills and abilities. Preference for this position would be given to Indigenous hires who understand the community dynamics as well as Indigenous history and traditional practices. Schools should have the option to choose either an SEL Teacher or SEL Coach depending on their preference, need and school size. Both positions, along with working with the children and youth, would act as a resource for school staff and families.

11. It is recommended that ECE create a new SEL Teacher position that is placed in schools with elementary and middle school-aged children and youth.
12. It is recommended that ECE create a new developmental SEL Coach position intended for Indigenous community members that is placed in schools with elementary and middle school-aged children and youth.

CYC Initiative Coordinator positions be created

Child and youth counsellors spend a significant amount of time acting as a bridging or referral agent to other mental health and health and social services supports, time that could be spent providing counselling supports. Like the Child and Youth Mental Health Coordinator positions that manage the Telepsychiatry program and provide enhanced access, service coordination and specialized care to children and youth,

coordinator positions are needed for the CYC Initiative to help coordinate the necessary resources, referrals and follow-ups with community and outpatient programs and support administrative tasks such as data collection, report development, and Initiative review.

13. It is recommended that a CYC Initiative Coordinator position be created to coordinate resources, referrals and follow-up and to support day-to-day administrative tasks. To determine the number of positions required and the location of these positions, it is also recommended that a CYC caseload and workload analysis of CYCs be conducted.

CYC administrative supervision be provided by Regional Managers

Clinical supervisors currently assume dual and conflicting roles: (1) administrative supervision, which focuses on organizational and program functioning; and (2) clinical supervision, which relates to the safety and quality of counselling services by providing opportunities for case conferencing, enhancement of clinical competence, including integration of self-awareness, theoretical grounding and development of clinical knowledge and skills. Shifting administrative supervision away from the clinical supervisors and to the Regional Managers, Community Mental Health Services would allow CYCs to be more comfortable sharing challenges and concerns with the clinical supervisor without fear of negative employment implications.

14. It is recommended that CYC clinical supervisors focus on the clinical aspects of supervision and the administrative supervisory functions be shifted to the Regional Managers, Community Counselling Program. This will require a change to existing job descriptions for CYCs, CYC Clinical Supervisors and the Regional Managers, Community Counselling Program.

CYC roles and responsibilities be clearly communicated

Without a clear understanding of CYC professional mandates and job responsibilities, confusion leading to unrealistic expectations and in some cases fear, occurs. The role and responsibilities of CYCs must be clearly understood by, and communicated to, all parties involved in or using the services and supports. It is important that CYCs establish a clear professional identity and demonstrate how they contribute to the well-being of the children and youth in their care. It is also necessary for the role of the CYC to be differentiated from that of Child and Family Services staff to allow for the development of trusting relationships between CYCs and Indigenous parents/guardians. Better understanding and ongoing discussions of the CYC role and responsibilities can improve the effectiveness of the CYC Initiative.

15. It is recommended that communication materials be created that clearly and concisely describe the roles, responsibilities and services provided by the CYCs in both schools and communities. These materials should be in plain language and available in the official languages of the NWT.

Promotion of CYC services in the community be enhanced

Children and youth not attending school need to be made aware that CYC services are being offered in the community so they too can benefit from the provision of mental health supports. Increased communication of the CYC Initiative to community health and social services agencies will help to increase the promotion and reach of the Initiative.

16. It is recommended that increased outreach and communication to community-based organizations take place to help ensure that children and youth not attending school, and their families, are made aware of the CYC services.

Promotion of after-hours services be increased

Children and youth require access to mental health services after-hours and on the weekends when CYCs are not available. More promotion of the availability of CCP counsellor services and other supports after-hours is needed to ensure children, youth and families are aware of these options.

17. It is recommended that CYCs, in collaboration with HSS, promote the availability of after-hours and weekend Community Counselling Program (CCP) services.
18. It is recommended that CYCs, in collaboration with HSS and CCP services, promote the availability of other mental health supports such as the Strongest Families Institute and Kids Help Phone that are available after-hours and on the weekends.
19. It is recommended that CYCs reach out to child and youth program facilitators to form relationships that can become the basis of activities that support recreational, social and mental health needs.

CYC integration into the school be improved

"It is the responsibility of everyone in the school, under the leadership of the principal, to welcome the CYC as an integral part of the school community" (CYC Handbook, 2021). Principals play an integral role in paving the way for well-integrated CYCs. Their acceptance is critical to the implementation of counselling services that are beneficial to the students. Teachers' willingness to refer students to the CYCs can be influenced by the attitude of school leadership. Child and youth counsellors must also be open and willing to engage in meaningful ways with school staff and students if they are to be successfully integrated. Child and youth counsellors who maintain a visible presence in the school and take part in school and community events, can more easily begin to build connections and foster relational trust with children, youth and their families. Positive relationships between principals and CYCs, based on mutual respect of roles and responsibilities results in greater collaboration and cooperation, which in turn improves outcomes for students. Improved understanding of the CYC role and responsibilities by school staff, increased knowledge of school operational systems by CYCs, and greater information sharing by CYCs will support enhanced school integration.

20. It is recommended that HSS and ECE work together to review and revise the CYC Handbook to ensure key areas of collaboration, cooperation, responsibilities, and information sharing are clearly addressed.
21. It is recommended that an orientation for all relevant school staff and respective CYCs be delivered at the beginning of each new school year. This should be done as a group, not individually.

Information sharing protocols be created, shared and discussed on an ongoing basis

The ethical principle of confidentiality is at the core of all professional counselling, and its maintenance can be critical to the success of most counselling relationships. Outside of the duties to report instances of abuse or neglect, when a client is a danger to themselves or others, or on the order of a court, CYCs are beholden to the child, youth and/or family member to maintain confidentiality. It can be challenging for CYCs to balance privacy and confidentiality with the schools' interests in knowing how students are doing or even if the child is being seen by the counsellor. When principals and CYCs have different perceptions of what confidentiality means, this can lead to friction, which can negatively affect school counselling services. Maintaining confidentiality does not have to be an all or nothing approach. Child and youth counsellors can ask children and youth if there is some information they are comfortable sharing with specific individuals (e.g., teachers, principals, families) to enable them to provide additional supports. It is then up to the child or youth to decide if and what information will be shared. Additionally, while still maintaining individual confidentiality, there is nothing stopping CYCs from sharing more general information with school staff, or teaching school staff specific strategies, that would allow them to further support student mental health and improve their ability to make informed decisions regarding the mental wellness of students.

22. It is recommended that the Director, Mental Health and Community Wellness with support from the Regional Managers, Community Mental Health and Adult Services and the Clinical Supervisors, CYC Initiative prepare a confidentiality/information sharing protocol that is then shared with CYCs for review and discussion. Issues of confidentiality should be revisited on an ongoing basis during clinical supervision meetings. The Director and others involved in the development of this protocol should meet with key school staff to ensure they are aware of their concerns and needs so they can be incorporated (if possible) within the protocol.
23. It is recommended that the confidentiality/information sharing protocol be shared with school staff and reviewed and discussed on an ongoing basis.
24. It is recommended that communication materials on confidentiality and the sharing of information be provided to parents/guardians and that opportunities be made available for further discussions regarding this communication between CYCs and parents/guardians.

Type and frequency of CYC appointments be based on a person-centred approach

The type and frequency of CYC appointments should be based on a person-centred approach to care. While children and youth support drop-in appointments and scheduling appointments as needed, many children and youth also expressed a desire for regularly scheduled sessions. Regular appointments remove the onus from children and youth to always know when they need support and having to take the initiative to reach

out to the counsellor, as well as ensuring they have consistent care over time, especially for those with more complex mental health needs. It is likely that over time, the type and frequency of appointments may change.

25. It is recommended that CYCs work with children, youth and families to determine the most appropriate frequency for counselling services.

Hiring processes be improved

The professional and personal fit of child and youth counsellors in the schools and communities is integral to the success of the CYC Initiative. The inclusion of interview questions that allow for the collection of information on candidate suitability, in addition to academic and experience qualifications, and the involvement of school and/or community representatives in the hiring process will help to ensure that the right candidate is hired for the right school and the right community. The same hiring approach and recommendations should be applied to the SEL Teacher and SEL Coach positions.

26. It is recommended that the CYC hiring committee questions be revised to include questions that specifically address the suitability of candidates to work in specific schools and communities in the NWT. These would include questions that target the individual's emotional intelligence, and their ability to process their own and others' emotions, and to use information as a guide to thinking and behaving.
27. It is recommended that when candidate references are contacted, questions be asked about the candidate's emotional intelligence and their ability to add to the culture of the school/community as it relates with the job.
28. It is recommended that principals and/or Education Bodies representatives be included in all CYC hiring committees to help ensure the unique needs of children and youth in the respective school and community are adequately and appropriately met by the new hire.

CYC Initiative Handbook, guidelines and job descriptions be updated

It is necessary for the CYC Initiative Handbook, guidelines and job descriptions be reviewed based on the results of the evaluation and to be updated based on agreed content by HSS and ECE.

29. It is recommended that the CYC Initiative Handbook, guidelines and job descriptions be updated based on the results of the evaluation.

CYC consent form and process be improved

It is essential that parents/guardians understand the consent forms that they are being asked to review and sign and that they are able to easily communicate the information on the form to their child. Consent forms should be in plain language and available in all of the NWT's official languages. This also pertains to the CYC Initiative promotional information. Because written consent is considered a colonial practice in some circumstances, all CYC's should be made aware of and be comfortable using a verbal consent process.

30. It is recommended that CYC-specific consent forms be developed that are in plain language and available in all the NWT's official languages.
31. It is recommended that HSS ensure all CYCs are familiar with and following the Community Counselling Program Standards Manual, specifically the Informed Consent Standard that states that verbal consent to services is an acceptable clinical practice.

CYC summer work plans be prepared

Because CYCs work on a government schedule, they are available to provide services during the summer months. The current usefulness of those services is questionable given other community activities taking place. It is also recognized the majority of supports for children and youth are needed during the school year. Increased outreach and collaboration with existing community-based child and youth programming, development of summer work plans outlining the various activities to be offered (i.e., individual counselling, activities with other program partners), as well as a schedule of activities that is promoted would help to increase child and youth engagement and the provision of mental health supports during the summer months.

32. It is recommended that CYCs reach out to child and youth programs to form relationships that can become the basis of activities that support recreational, social and mental health needs.
33. It is recommended that a CYC work plan and schedule be developed, in collaboration with other CYCs in the community (if applicable) and used to promote partnerships with other organizations or community activities with a mental health service support component.

Computerized records management system be adopted

Child and youth counsellors need a computerized charting and filing system to ensure the safety and security of client files.

34. It is recommended that HSS assess the feasibility of introducing a computerized charting and filing system for CYC Initiative staff to help ensure that client files are safe and secure.

Mid-year financial review and reallocation of unspent resources be carried out

From 2019-2020 to 2021-2022, approximately $2 million of the CYC Initiative budget went unspent, while the mental health needs of child and youth across the territory were left unmet.

35. It is recommended that by the end of the second quarter, a review of current and projected spending occur for this program by each region. If it appears there will be lapsed funds, HSS will work with ECE to discuss and develop a plan for use of these funds (e.g., casual hire of additional counsellors, casual hire of qualified teachers who can provide Tier 1 or 2 supports in the school, program resources or other agreed upon needs). This may require funds from HSS to be made available to ECE.

CYC Initiative reporting be improved

Comprehensive administrative data is required by schools and NWT Education Bodies to inform planning and future decision-making regarding student mental health needs.

36. It is recommended that HSS and ECE work together to create an administrative data report template that includes key CYC Initiative performance indicators at the school, community and regional levels and to determine how frequently this information should be collected and disseminated.
37. It is recommended that the new CYC Initiative Coordinators (refer to Recommendation 13), with support from the Regional Managers, assume responsibility for preparing regular school-, community-, and regional-level data reports that present information on the CYC Initiative's key performance indicators. These reports should be shared with ECE, schools, Education Bodies, as well as NTHSSA, HRHSSA and TCSA.

CYC, SEL Teacher and SEL Coach orientation and training frameworks be developed

Child and youth counsellors, as well as SEL teachers and coaches, will require appropriate orientation and training to ensure they have the necessary knowledge and skills to meet the unique needs of their roles. In addition to professional skills training (e.g., de-escalation strategies or trauma-informed training), cultural training with support from Indigenous Elders and Knowledge Keepers is also encouraged. It is important that the orientation and training frameworks be developed and delivered in partnership between ECE and HSS.

38. It is recommended that a CYC orientation and training framework be developed to promote strong team cohesion and deliver integrated, timely and effective services at the appropriate intensity (stepping up and stepping down) to meet the treatment needs of children and youth within their given contexts and circumstances.
39. It is recommended that an SEL Teacher training framework be developed to support ongoing professional development.
40. It is recommended that a career pathway be developed for community members who are interested in assuming a developmental position as an SEL Coach.

Stepped Care 2.0 implementation training be repeated

While the Stepped Care 2.0 © model is intended to provide a structure, focus and outline for mental health intervention strategies, there are CYCs who do not understand there is "flexibility within fidelity" to the model, and that stepped care should be implemented in a way that best meets the individual needs of children, youth and families.

41. It is recommended that HSS offer additional training to CYCs on the implementation of the Stepped Care 2.0 © model.

Supervisory training be considered for clinical supervisors

Child and youth counsellors would benefit from clinical supervisors receiving supervisory training.

42. It is recommended that training for clinical supervisors in clinical supervisory methods be considered as an area for ongoing professional development.

SOMMAIRE

Introduction

Aperçu : Le Programme de conseillers des enfants et des jeunes (CEJ) (précédemment Programme de conseillers en soins à l'enfance et à la jeunesse) est le fruit d'un partenariat entre le ministère de l'Éducation, de la Culture et de la Formation (MECF), le ministère de la Santé et des Services sociaux (MSSS), l'Administration des services de santé et des services sociaux des Territoires du Nord-Ouest (ASTNO), l'Agence de services communautaires tłı̨chǫ, l'Administration des services de santé et des services sociaux de Hay River (ASSSSHR), dix administrations scolaires régionales, et 49 écoles. Au total, 42 nouveaux postes de CEJ et sept nouveaux postes de superviseurs cliniques ont été créés pour soutenir le programme, avec une mise en œuvre régionale progressive sur une période de quatre ans, de l'année scolaire 2018-2019 à l'année scolaire 2021-2022. Les CEJ sont affectés aux écoles des TNO comptant plus de 75 élèves, et une équipe itinérante de soutien en santé mentale (Services nordiques de counseling et de thérapie) est affectée aux écoles comptant moins de 75 élèves.

Objectif du programme : L'objectif du Programme de CEJ est de fournir des services de santé mentale et de bien-être directement aux enfants, aux jeunes et à leurs familles au sein de l'école et de la collectivité, en favorisant le bien-être mental et en renforçant les capacités d'adaptation et la résilience. Le programme vise à faciliter l'accès en temps utile à des soins de santé mentale de qualité et à fournir des services de santé mentale coordonnés et intégrés (selon un modèle de parcours de soins continus) et ce, de manière positive afin de répondre aux besoins des enfants, des jeunes et des familles. Le programme fait partie intégrante d'un spectre plus vaste de services de santé mentale et de bien-être destinés aux enfants, aux jeunes et à leurs familles.

Objectif de l'évaluation : Le gouvernement des Territoires du Nord-Ouest (GTNO) a chargé un tiers indépendant, DPRA Canada Inc., de mener une évaluation du Programme de CEJ. L'évaluation visait à fournir au GTNO et à ses partenaires des conclusions sur l'efficacité de la mise en œuvre du programme et à décrire dans quelle mesure il a atteint les résultats escomptés. Les recommandations fondées sur des données probantes qui ont été formulées serviront à améliorer la qualité des services dans toutes les régions des TNO.

Méthodologie de l'évaluation

Quatre méthodes principales de collecte de données ont été utilisées pour cette évaluation :

Examen des documents et des données : L'examen et l'analyse des documents et des données clés du Programme de CEJ ont servi à soutenir à la fois les activités de collecte de données et les résultats de l'évaluation.

Échanges : Au total, 250 personnes ont participé aux activités d'échanges.

1. Groupes de discussion :
    - Dix groupes de discussion virtuels ont été organisés avec des CEJ de tout le territoire ainsi qu'avec des responsables régionaux et des superviseurs cliniques (33 participants);
    - Quatre groupes de discussion en personne ont été animés par le personnel du MECF lors du Forum jeunesse sur l'éducation (16 participants).

2. Entretiens :
    - 12 entretiens virtuels individuels et de groupe, menés par le personnel d'évaluation du MECF, ont eu lieu avec des représentants d'organisations gouvernementales autochtones et des éducateurs (directeurs, surintendants) (27 participants);
    - 28 entretiens individuels virtuels ont été menés avec des parents ou des groupes parents-enfants, des jeunes, des dirigeants, des éducateurs ou des conseillers scolaires, des enseignants de soutien aux programmes, des professionnels de santé actuels et anciens, et des conseillers des Services nordiques de counseling et de thérapie (28 participants);
    - 76 réponses écrites à des questions d'entretien ont été reçues de parents, d'enseignants, de conseillers des Services nordiques de counseling et de thérapie, d'enfants et de jeunes, et de membres du Western Arctic Youth Collective (WAYC) (76 participants).

3. Visites de collectivités : visites dans 3 régions — Beaufort-Delta, Yellowknife et Tłı̨chǫ — et 6 collectivités : Inuvik, Aklavik, Tuktoyaktuk, Ndilǫ, Whatì et Behchokǫ̀ (Rae/Edzo).
    - Entretiens en personne et groupes de discussion avec des enfants, des jeunes et des parents (59 participants);
    - Entretiens en personne avec des éducateurs, des CEJ et des superviseurs cliniques, ainsi qu'avec le personnel chargé du bien-être de la collectivité (11 participants).

Principaux constats et recommandations

Dans l'ensemble, l'évaluation a montré que le Programme de CEJ a permis de fournir en temps utile des services de counseling coordonnés et adaptés et de renforcer les capacités d'adaptation et la résilience des enfants et des jeunes partout sur le territoire, d'autant plus qu'il s'agit d'un programme relativement nouveau qui n'en est qu'à ses balbutiements. Le fait que les services des CEJ soient disponibles dans les écoles a non seulement amélioré l'accès à ces derniers, mais a également permis de mieux cerner les troubles de la santé mentale chez les enfants et les jeunes qui, auparavant, seraient passés inaperçus et n'auraient pas été traités. En fournissant principalement des services de counseling individuels, les CEJ et les conseillers externes ont aidé les enfants et les jeunes à mieux se comprendre eux-mêmes et à mieux comprendre leurs relations avec les autres, à mieux connaître et utiliser leurs forces et leurs atouts personnels, à développer leur résilience et à renforcer leur capacité à résoudre leurs problèmes et à poursuivre des objectifs personnels importants.

L'efficacité de la mise en œuvre du Programme de CEJ a toutefois été mise à mal par divers facteurs clés : notamment, le fait que les ministères avaient chacun une conception différente du programme et des attentes divergentes vis-à-vis de celui-ci, les protocoles restrictifs d'échange d'informations, le manque

d'intégration des CEJ dans les écoles, ainsi que des désaccords concernant les exigences en matière de qualifications et d'expérience des CEJ et la prestation de services en dehors du milieu scolaire.

Sur la base des résultats analysés, les recommandations suivantes sont présentées au ministère de l'Éducation, de la Culture et de la Formation et au ministère de la Santé et des Services sociaux pour examen.

Renforcer les relations entre le MSSS et le MECF

Pour que le Programme de CEJ soit couronné de succès, il est essentiel que le partenariat entre le MSSS et le MECF soit renforcé et que les deux ministères et systèmes aient une conception commune du programme et partagent les mêmes attentes quant à son objectif, sa mise en œuvre et ses résultats.

1. Nous recommandons d'engager un facilitateur externe pour soutenir les discussions en cours et aider à résoudre les désaccords entre le MECF et le MSSS en ce qui concerne le programme.

2. Nous recommandons d'examiner et de réviser le protocole d'entente actuel (entre le MECF et le MSSS, 2018) pour s'assurer qu'il définit avec précision la relation entre le MECF et le MSSS et décrit comment les deux systèmes travailleront ensemble et aligneront leurs idéologies, leurs objectifs et leurs intentions afin de garantir les meilleurs résultats possibles pour les enfants et les jeunes qui ont besoin d'un soutien en santé mentale. Le protocole d'entente doit également préciser les rôles des organismes scolaires, des écoles et des administrations de santé et de services sociaux vis-à-vis du Programme de CEJ, en plus de définir une structure permettant au personnel des écoles et des régions de participer à la détermination et à la résolution des problèmes, ainsi qu'un moyen de communiquer les différents besoins aux ministères.

Poursuivre le Programme de CEJ

Le bien-être mental et émotionnel est déterminant pour un développement sain des enfants et des jeunes. Lorsque ce développement est entravé, le counseling peut être une ressource importante et efficace. Des services de counseling et des soutiens ciblés, disponibles à la fois à l'école et dans la collectivité, sont essentiels pour répondre aux besoins de santé mentale des enfants et des jeunes ténois.

3. Nous recommandons que le MECF et le MSSS continuent de mettre en œuvre le Programme de CEJ dans les écoles et les collectivités.

Maintenir les exigences en matière de qualifications et d'expérience cliniques des CEJ

La mise en œuvre d'interventions intensives (niveau 3) pour répondre à la gravité et à la complexité des troubles mentaux des enfants et des jeunes nécessite des qualifications cliniques équivalant à une maîtrise. L'absence de qualifications cliniques compromettrait la capacité du conseiller à déterminer les besoins en santé mentale des enfants et des jeunes et à y répondre efficacement, et à gérer les situations de crise.

4. Nous recommandons de maintenir les exigences en matière de qualifications et d'expérience avérée des CEJ auprès des enfants et des jeunes et de concentrer les activités des CEJ sur les interventions intensives.

Conserver le poste de CEJ au MSSS

Les conseillers des enfants et des jeunes ont davantage leur place au MSSS, car ils assurent des soutiens de niveau 3 aux enfants et aux jeunes, ils ont besoin de supervision clinique et ils entretiennent des relations avec d'autres professionnels de la santé ou de la santé mentale qui soutiennent la continuité des soins.

5. Nous recommandons que les CEJ continuent d'être employés par le MSSS et de relever des superviseurs du MSSS.

Affecter les CEJ en fonction des besoins

L'affectation des CEJ dans les écoles et les collectivités doit être fondée sur les besoins réels et favoriser un accès juste et équitable aux services. En répartissant les CEJ selon le nombre d'élèves, on suppose que les besoins sont plus importants dans les zones où la population est plus dense. On ne tient pas compte du fait que certaines caractéristiques démographiques (par exemple le revenu, le logement, la disponibilité des services de santé mentale) et les caractéristiques de santé mentale des enfants et des jeunes dans les petites écoles et les petites collectivités peuvent être plus décisives en raison de la complexité des besoins individuels.

6. Nous recommandons de déterminer et de mettre en œuvre une approche de l'affectation des ressources optimisant l'efficacité et l'équité des soins offerts. Il faudra pour ce faire évaluer les besoins sur la base de critères spécifiques afin de déterminer le niveau des besoins et de cerner les besoins non satisfaits. Il faudra par ailleurs produire des rapports administratifs améliorés et recueillir des données au niveau de l'école, de la collectivité et de la région, afin d'éclairer le processus d'affectation. Il est probable qu'une telle approche permettra de déceler des besoins en ressources humaines (CEJ et superviseurs cliniques) et financières supplémentaires.

Affecter les CEJ dans les écoles et les collectivités en fonction des classes d'élèves

Les enfants et les jeunes fréquentant l'école primaire, intermédiaire et secondaire ont besoin de différents types de services et de soutien. Les enfants et les jeunes fréquentant l'école primaire et intermédiaire sont plus susceptibles de profiter d'un apprentissage social, émotionnel et comportemental offert au moyen d'interventions à l'échelle de l'école tout entière, de la classe et du groupe. Certains enfants et jeunes de cette tranche d'âge tireront par ailleurs profit d'un counseling individualisé plus intensif qui pourrait être dispensé dans la collectivité (ou pour lequel on pourrait demander au CEJ de se rendre à l'école afin de réduire les obstacles à l'accès) et qui pourrait impliquer les parents ou les tuteurs. Les services de ces CEJ communautaires seraient également accessibles aux enfants et aux jeunes qui ne fréquentent pas l'école. Les élèves du secondaire profiteront davantage du counseling individuel offert par les CEJ dans les écoles. Plutôt que de partager leur temps entre les écoles et les collectivités, les CEJ seraient affectés à un seul

endroit, ce qui rendrait leurs services plus accessibles. Toutes les collectivités devraient avoir accès aux services d'au moins un CEJ à temps plein pour répondre aux besoins immédiats des enfants et des jeunes.

7. Nous recommandons que les CEJ soient placés dans des écoles accueillant des élèves de niveau secondaire.

8. Nous recommandons que les CEJ soient placés dans la collectivité pour répondre aux besoins des enfants et des jeunes fréquentant l'école primaire (de la prématernelle à la cinquième année) et l'école secondaire (de la sixième à la huitième ou à la neuvième année), ainsi que de ceux du même âge qui ne fréquentent pas l'école.

9. Nous recommandons que chaque école et chaque collectivité ait accès aux services d'un CEJ à temps plein.

Réévaluer le rôle des conseillers externes

Les enfants et les jeunes doivent avoir accès à des services de conseillers à temps plein et en personne pour satisfaire leurs besoins immédiats et à plus long terme. Si les conseillers ne sont pas disponibles de façon régulière dans l'enceinte de l'école, ils deviennent moins accessibles pour les élèves, qui les connaissent moins et qui sont découragés de faire appel à leurs services. Le fait que les conseillers externes se rendent dans les collectivités trois fois par an ne suffit pas à répondre aux besoins et aux préférences des enfants et des jeunes. Les services virtuels et téléphoniques destinés à compléter les visites dans les collectivités ne sont pas la meilleure option pour les enfants et les jeunes qui ont besoin de contacts personnels pour établir des relations de confiance et pour ceux qui n'ont pas accès à Internet, à un téléphone ou aux appels interurbains. L'accessibilité virtuelle exacerbe encore davantage les problèmes d'équité.

10. Si les services des conseillers externes sont maintenus, nous recommandons de leur demander de se rendre dans les collectivités au moins une fois par mois ou de ne recourir à leurs services que si des postes de CEJ sont vacants.

Créer des postes d'enseignants et d'accompagnateurs en apprentissage socioaffectif

Il faut mettre en place un modèle de counseling pour les enfants et les jeunes qui permette de réaliser des interventions d'intensité variable. Ainsi, en plus du counseling individuel, il est nécessaire de mettre à la disposition des enfants et des jeunes des soutiens sociaux, émotionnels et comportementaux (préventifs) à l'échelle de l'école, de la classe et du groupe. La capacité actuelle des conseillers à fournir ces services en plus du counseling individuel plus intensif est imitée. Il faut mettre à la disposition des enfants et des jeunes un spectre de soutiens en santé mentale (niveaux 1, 2 et 3). L'introduction d'un poste d'enseignant en apprentissage socioaffectif permettrait d'adopter des approches de santé mentale plus universelles et axées sur la prévention. Ces types de soutien conviennent mieux aux enfants et aux jeunes fréquentant l'école primaire et secondaire, tandis que le counseling individuel est mieux adapté aux élèves du secondaire. Ce poste serait occupé par un enseignant ayant de l'expérience dans le domaine de l'apprentissage socioaffectif ou des pratiques réparatrices, notamment des stratégies de désamorçage des

conflits et des pratiques tenant compte des traumatismes. Un poste de perfectionnement — accompagnateur en apprentissage socioaffectif – pourrait également être créé pour des membres de la collectivité qui démontrent les bonnes aptitudes et sont prêts à suivre des cours pour développer leurs connaissances et leurs compétences. La préférence serait donnée à des Autochtones qui comprennent la dynamique de la collectivité ainsi que l'histoire et les pratiques traditionnelles autochtones. Les écoles devraient avoir la possibilité de choisir un enseignant ou un accompagnateur dans ce domaine selon leurs préférences, leurs besoins et la taille de l'établissement. Les deux titulaires, en plus de travailler avec les enfants et les jeunes, seraient des personnes-ressources pour le personnel de l'école et les familles.

11. Nous recommandons que le MECF crée un nouveau poste d'enseignant en apprentissage socioaffectif dans les écoles primaires ou intermédiaires.
12. Nous recommandons que le MECF crée un nouveau poste de perfectionnement d'accompagnateur en apprentissage socioaffectif, destiné aux membres autochtones de la collectivité, dans les écoles primaires et intermédiaires.

Créer des postes de coordonnateurs du Programmes de CEJ

Les conseillers des enfants et des jeunes passent beaucoup de temps à faire le lien avec d'autres services de santé mentale ou de santé et de services sociaux, ou à orienter les enfants vers ces services, alors qu'ils pourraient consacrer ce temps à fournir des services de counseling. À l'instar des coordonnateurs des services cliniques de santé mentale pour les enfants et les jeunes qui gèrent le programme de télépsychiatrie et assurent un meilleur accès aux services, ainsi qu'une meilleure coordination des services et des soins spécialisés aux enfants et aux jeunes, des coordonnateurs sont nécessaires pour le Programme de CEJ afin d'aider à coordonner les ressources, les aiguillages et les suivis nécessaires avec les programmes communautaires et ambulatoires et de soutenir les tâches administratives telles que la collecte de données, l'élaboration de rapports et l'évaluation du programme.

13. Nous recommandons de créer un poste de coordonnateur du Programme de CEJ pour coordonner les ressources, les aiguillages et le suivi et pour soutenir les tâches administratives quotidiennes. Pour déterminer le nombre de postes à créer ainsi que les lieux d'affectation, il est également recommandé de procéder à une analyse des cas et de la charge de travail des CEJ.

Demander aux responsables régionaux d'assurer la supervision administrative des CEJ

Les superviseurs cliniques assument actuellement des rôles doubles et contradictoires : (1) la supervision administrative, qui se concentre sur le fonctionnement organisationnel et le programme; et (2) la supervision clinique, qui porte sur la sécurité et la qualité des services de counseling, et qui comporte des occasions de conférences de cas et d'amélioration des compétences cliniques, notamment l'intégration de la conscience de soi, l'ancrage théorique et le développement des connaissances et des compétences cliniques. Le fait de déléguer la supervision administrative aux gestionnaires régionaux des services de santé mentale communautaires plutôt qu'aux superviseurs cliniques permettrait aux CEJ d'être plus à l'aise pour

faire part de leurs difficultés et de leurs inquiétudes au superviseur clinique sans craindre des conséquences négatives sur leur emploi.

14. Nous recommandons que les superviseurs cliniques des CEJ se concentrent sur les aspects cliniques de la supervision et que les fonctions de supervision administrative soient transférées aux gestionnaires régionaux du Programme de counseling communautaire. Pour ce faire, il faudra modifier les descriptions de poste des CEJ, des superviseurs cliniques des CEJ et des gestionnaires régionaux du Programme de counseling communautaire.

Communiquer clairement les rôles et les responsabilités des CEJ

Si les responsabilités et les mandats professionnels des CEJ ne sont pas compris correctement, la confusion peut s'installer, entraînant des attentes irréalistes et, dans certains cas, des craintes. Les rôles et les responsabilités des CEJ doivent être clairement énoncés et communiqués à tous les prestataires et tous les utilisateurs des services et soutiens. Les CEJ doivent impérativement établir une identité professionnelle claire et démontrer comment ils contribuent au bien-être des enfants et des jeunes dont ils s'occupent. Il faut en outre différencier le rôle du CEJ de celui du personnel des services à l'enfance et à la famille afin de permettre le développement de relations de confiance entre les CEJ et les parents ou tuteurs autochtones. Une meilleure compréhension et des discussions continues sur le rôle et les responsabilités des CEJ peuvent améliorer l'efficacité du Programme de CEJ.

15. Nous recommandons de créer du matériel de communication décrivant de façon claire et concise les rôles et les responsabilités des CEJ ainsi que les services fournis par ces derniers dans les écoles et les collectivités. Ces documents devraient être rédigés dans un langage simple et disponibles dans les langues officielles des TNO.

Améliorer la promotion des services des CEJ au sein de la collectivité

Les enfants et les jeunes qui ne vont pas à l'école doivent savoir que des services des CEJ sont proposés dans la collectivité, afin qu'ils puissent eux aussi bénéficier d'un soutien en santé mentale. Une meilleure communication entre les responsables du Programme de CEJ et des organismes de santé et de services sociaux de la collectivité contribuera à promouvoir le programme et à accroître sa portée.

16. Nous recommandons d'intensifier les activités de sensibilisation et de communication auprès des organismes communautaires afin de s'assurer que les enfants et les jeunes qui ne fréquentent pas l'école, ainsi que leurs familles, sont au courant de l'existence des services des CEJ.

Promouvoir davantage les services en dehors des heures d'école

Les enfants et les jeunes doivent pouvoir accéder à des services de santé mentale après les heures d'école et pendant les fins de semaine, lorsque les CEJ ne sont pas disponibles. Il faut promouvoir davantage la disponibilité des services de conseillers du Programme de counseling communautaire et d'autres services

de soutien en dehors des heures d'école afin de s'assurer que les enfants, les jeunes et les familles sont au courant des services offerts.

17. Nous recommandons que les CEJ, en collaboration avec le MSSS, fassent la promotion de l'offre de services du Programme de counseling communautaire en dehors des heures d'école et pendant les fins de semaine.
18. Nous recommandons que les CEJ, en collaboration avec les services du MSSS et du Programme de counseling communautaire, fassent la promotion de l'offre d'autres soutiens en santé mentale, comme l'Institut des Familles Solides et de la ligne téléphonique Jeunesse, J'écoute, qui sont disponibles après les heures d'école et les fins de semaine.
19. Nous recommandons que les CEJ communiquent avec les animateurs des programmes pour enfants et jeunes afin d'établir des relations qui peuvent devenir la base d'activités soutenant les besoins récréatifs, sociaux et en santé mentale.

Améliorer l'intégration des CEJ dans les écoles

Il incombe à tous les membres de l'école, sous la direction du directeur, d'accueillir les CEJ comme membres à part entière de la communauté scolaire (tel qu'indiqué dans le Manuel des CEJ, 2021). Les directeurs d'école jouent un rôle capital en s'assurant que les CEJ sont bien intégrés. Leur acceptation est essentielle à la mise en œuvre de services de counseling bénéfiques aux élèves. L'attitude de la direction de l'école peut influencer la volonté des enseignants d'orienter ou non leurs élèves vers les CEJ. Ces derniers doivent également être ouverts et désireux d'échanger de manière significative avec le personnel de l'école et les élèves s'ils veulent vraiment être intégrés. Les CEJ qui maintiennent une présence visible dans l'école et participent aux événements scolaires et communautaires sont plus susceptibles d'établir des liens et des relations de confiance avec les enfants, les jeunes et leurs familles. Des relations positives entre les directeurs d'école et les CEJ, fondées sur le respect mutuel des rôles et des responsabilités de chacun, se traduisent par une collaboration accrue qui, à son tour, améliore l'efficacité des services fournis aux élèves. Si le personnel de l'école comprend bien le rôle et les responsabilités des CEJ, et si les CEJ, à leur tour, saisissent bien les systèmes de fonctionnement de l'école et transmettent adéquatement l'information, cela favorisera leur intégration au sein de l'école.

20. Nous recommandons que le MSSS et le MECF travaillent ensemble à l'examen et à la révision du Manuel des CEJ afin de s'assurer que les principes clés de la coopération, des responsabilités et de l'échange d'informations sont clairement abordés.
21. Nous recommandons d'organiser, au début de chaque nouvelle année scolaire, une séance d'orientation à l'intention de l'ensemble du personnel scolaire concerné et des CEJ respectifs. Cette orientation doit se faire en groupe et non individuellement.

Élaborer et partager les protocoles d'échange d'informations et en discuter de façon continue

Le principe éthique de la confidentialité est au cœur de tout counseling professionnel, et son maintien peut être essentiel au succès de la plupart des relations ainsi établies. En dehors de l'obligation de signaler les

cas de maltraitance ou de négligence, lorsqu'un client représente un danger pour lui-même ou pour autrui, ou sur ordre d'un tribunal, les CEJ sont tenus de respecter la confidentialité des renseignements fournis par l'enfant, le jeune ou le membre de la famille. Il peut être difficile pour les CEJ de trouver un équilibre entre le respect de la vie privée et la confidentialité des renseignements qu'on leur confie, d'une part, et l'intérêt des écoles à savoir comment vont les élèves ou même si l'enfant est vu par le conseiller, d'autre part. Lorsque les directeurs d'école et les CEJ ont des perceptions différentes de la confidentialité, cela peut entraîner des frictions, ce qui peut avoir des répercussions négatives sur les services de counseling scolaire. Le maintien de la confidentialité des renseignements ne doit pas se faire sur la base d'une approche « tout ou rien ». Les CEJ peuvent demander aux enfants et aux jeunes s'il y a des informations qu'ils sont prêts à partager avec des personnes spécifiques (par exemple les enseignants, les directeurs d'école, les familles) pour leur permettre de leur fournir un soutien supplémentaire. C'est ensuite à l'enfant ou au jeune de décider si des informations seront partagées, et lesquelles. En outre, tout en maintenant la confidentialité individuelle, rien n'empêche les CEJ de partager des informations plus générales avec les membres du personnel de l'école ou de leur enseigner des stratégies spécifiques les outillant à mieux soutenir la santé mentale des élèves et à améliorer leur capacité à prendre des décisions éclairées quant au bien-être mental des élèves.

22. Nous recommandons que le directeur des Services de soutien en santé mentale et en mieux-être communautaire, avec le soutien des gestionnaires régionaux des Services communautaires de santé mentale et services aux adultes et des superviseurs cliniques du Programme de CEJ, prépare un protocole de confidentialité et d'échange d'informations qui sera ensuite communiqué aux CEJ aux fins d'examen et de discussion. Les questions de confidentialité doivent être réexaminées en permanence lors des réunions de supervision clinique. Le directeur et les autres personnes participant à l'élaboration de ce protocole doivent rencontrer les principaux membres du personnel de l'école pour s'enquérir de leurs préoccupations et de leurs besoins, afin qu'ils puissent être intégrés (si possible) au protocole.
23. Nous recommandons que le protocole de confidentialité et d'échange d'informations soit communiqué au personnel de l'école et qu'il fasse l'objet d'un examen et d'une discussion de façon continue.
24. Nous recommandons de fournir aux parents et aux tuteurs du matériel sur la confidentialité et le partage d'informations et de prévoir des occasions supplémentaires d'aborder la communication entre les CEJ et les parents ou tuteurs.

Établir le type et la fréquence des rendez-vous avec le CEJ en fonction d'une approche centrée sur la personne

Le type et la fréquence des rendez-vous avec le CEJ devraient être basés sur une approche de soins centrée sur la personne. Bien que les enfants et les jeunes soient favorables aux consultations sans rendez-vous et à la prise de rendez-vous en fonction des besoins, de nombreux enfants et jeunes ont également exprimé le souhait de bénéficier de consultations régulières. Les rendez-vous réguliers dispensent les enfants et les jeunes de la responsabilité de déterminer quand ils ont besoin d'aide, et ils n'ont pas à prendre l'initiative

de faire appel au conseiller; cela leur garantit en outre une prise en charge cohérente dans le temps, en particulier pour ceux dont les besoins en santé mentale sont plus complexes. Il est probable qu'au fil du temps, le type et la fréquence des rendez-vous changent.

25. Nous recommandons que les CEJ travaillent avec les enfants, les jeunes et les familles pour déterminer la fréquence la plus appropriée des services de counseling.

Améliorer les procédures de recrutement

Pour que le Programme de CEJ soit une réussite, les écoles et les collectivités doivent faire appel à des conseillers des enfants et des jeunes qui ont leur place, autant sur le plan professionnel que personnel. Les questions d'entretien doivent également permettre de recueillir des renseignements sur les aptitudes du candidat, en plus des qualifications scolaires et de l'expérience; par ailleurs, la participation de représentants de l'école ou de la collectivité au processus d'embauche aidera à choisir le bon candidat pour l'école et la collectivité en question. La même approche et les mêmes recommandations en matière d'embauche devraient être appliquées aux postes d'enseignant et d'accompagnateur en apprentissage socioaffectif.

26. Nous recommandons de retravailler les questions du comité d'embauche des CEJ afin d'y inclure des questions portant spécifiquement sur l'aptitude des candidats à travailler dans des écoles et des collectivités précises des TNO. Il s'agirait notamment de questions ciblant l'intelligence émotionnelle de la personne et sa capacité à gérer ses propres émotions et celles des autres, et à utiliser l'information comme guide de réflexion et de comportement.
27. Nous recommandons de poser des questions sur l'intelligence émotionnelle du candidat et sur sa capacité à contribuer à la culture de l'école ou de la collectivité dans le cadre du poste, lorsque l'on communique avec les personnes qui ont fourni des références sur le candidat.
28. Nous recommandons que les directeurs d'école ou les représentants des organismes scolaires fassent partie de tous les comités d'embauche des CEJ afin de s'assurer que les besoins particuliers des enfants et des jeunes de l'école et de la collectivité concernée sont dûment satisfaits par le nouvel employé.

Mettre à jour le manuel, les lignes directrices et les descriptions de poste du Programme de CEJ

Il faut revoir le manuel, les lignes directrices et les descriptions de poste du Programme de CEJ en fonction des résultats de l'évaluation et les mettre à jour sur la base du contenu convenu par le MSSS et le MECF.

29. Nous recommandons de mettre à jour le manuel, les lignes directrices et les descriptions de poste du Programme de CEJ en fonction des résultats de l'évaluation.

Améliorer le formulaire et le processus de consentement pour les CEJ

Il est essentiel que les parents et les tuteurs comprennent les formulaires de consentement qu'on leur demande d'examiner et de signer et qu'ils soient en mesure de communiquer facilement les informations

contenues dans le formulaire à leur enfant. Les formulaires de consentement doivent être rédigés dans un langage simple et être disponibles dans toutes les langues officielles des TNO. Ceci s'applique également aux informations promotionnelles du Programme de CEJ. Étant donné que le consentement écrit est considéré comme une pratique coloniale dans certaines circonstances, tous les CEJ devraient être sensibilisés au processus de consentement verbal et être à l'aise pour l'utiliser.

30. Nous recommandons d'élaborer des formulaires de consentement propres aux activités des CEJ, rédigés dans un langage simple et disponibles dans toutes les langues officielles des TNO.
31. Nous recommandons que le MSSS s'assure que tous les CEJ connaissent et respectent le Manuel des normes du Programme de counseling communautaire, en particulier la norme sur le consentement éclairé qui stipule que le consentement verbal aux services est une pratique clinique acceptable.

Préparer des plans de travail d'été des CEJ

Comme les CEJ travaillent selon un horaire gouvernemental, ils fournissent également des services pendant les mois d'été. L'utilité actuelle de ces services est discutable compte tenu des autres activités organisées au sein de la collectivité. Il s'avère par ailleurs que la majorité des soutiens aux enfants et aux jeunes sont nécessaires pendant l'année scolaire. Une sensibilisation accrue et une collaboration renforcée avec les programmes communautaires existants destinés aux enfants et aux jeunes, l'élaboration de plans de travail estivaux décrivant les diverses activités proposées (counseling individuel, activités avec d'autres partenaires du programme), ainsi qu'un calendrier des activités offertes permettraient de favoriser la participation des enfants et des jeunes et d'améliorer la prestation de services de soutien en santé mentale pendant les mois d'été.

32. Nous recommandons aux CEJ de communiquer avec les responsables des programmes destinés aux enfants et aux jeunes afin de nouer des relations qui pourront servir de base à des activités répondant aux besoins récréatifs, sociaux et relatifs à la santé mentale.
33. Nous recommandons d'élaborer un plan de travail et un calendrier des activités des CEJ, en collaboration avec d'autres CEJ de la collectivité (le cas échéant), et de s'en servir pour promouvoir des partenariats avec d'autres organisations ou activités communautaires ayant une composante de soutien aux services de santé mentale.

Adopter un système de gestion des dossiers informatisé

Les conseillers des enfants et des jeunes ont besoin d'un système informatisé de consignation et de classement pour assurer la sécurité des dossiers des clients.

34. Nous recommandons au MSSS d'évaluer la faisabilité de l'introduction d'un système informatisé de consignation et de classement des dossiers pour le personnel du Programme de CEJ afin de garantir la sécurité des dossiers des clients.

Effectuer un examen financier semestriel et réaffecter les ressources non dépensées

De 2019-2020 à 2021-2022, environ 2 millions de dollars du budget du Programme de CEJ n'ont pas été dépensés, alors que les besoins en santé mentale des enfants et des jeunes sur l'ensemble du territoire n'ont pas été satisfaits.

35. Nous recommandons que, d'ici la fin du deuxième trimestre, chaque région procède à un examen des dépenses actuelles et prévues pour ce programme. Si tous les fonds risquent de ne pas être utilisés, le MSSS travaillera avec le MECF pour discuter et élaborer un plan d'utilisation de ces fonds (p. ex. embauche occasionnelle de conseillers supplémentaires, embauche occasionnelle d'enseignants qualifiés qui peuvent fournir des soutiens de niveau 1 ou 2 dans l'école, ressources du programme ou autres besoins convenus). Il se peut que des fonds du MSSS doivent être mis à la disposition du MECF.

Améliorer les rapports sur le Programme de CEJ

Les écoles et les organismes scolaires des TNO ont besoin de données administratives complètes pour éclairer la planification et la prise de décision future concernant les besoins des élèves en matière de santé mentale.

36. Nous recommandons que le MSSS et le MECF collaborent à la création d'un modèle de rapport de données administratives comprenant les principaux indicateurs de rendement du Programme de CEJ à l'échelle de l'école, de la collectivité et de la région, et qu'ils déterminent la fréquence à laquelle cette information devrait être recueillie et diffusée.
37. Nous recommandons que les nouveaux coordonnateurs du Programme de CEJ (voir recommandation 13), avec le soutien des responsables régionaux, assument la responsabilité de la préparation de rapports réguliers au niveau de l'école, de la collectivité et de la région, présentant des données sur les principaux indicateurs de rendement du Programme de CEJ. Ces rapports devraient être communiqués au MECF, aux écoles, aux organismes scolaires, ainsi qu'à l'ASTNO, à l'ASSSSHR et à l'ASCT.

Élaborer des cadres d'orientation et de formation pour les CEJ, les enseignants et les accompagnateurs en apprentissage socioaffectif

Les conseillers des enfants et des jeunes, ainsi que les enseignants et les accompagnateurs en apprentissage socioaffectif, auront besoin d'une orientation et d'une formation appropriées afin de s'assurer qu'ils possèdent les connaissances et les compétences nécessaires pour répondre aux besoins uniques de leurs rôles. Outre une formation aux compétences professionnelles (stratégies de désamorçage des conflits ou formation tenant compte des traumatismes), une formation culturelle avec l'aide des aînés autochtones et des détenteurs du savoir est également encouragée. Il est important que les cadres d'orientation et de formation soient élaborés et diffusés dans le cadre d'une collaboration entre le MECF et le MSSS.

38. Nous recommandons de développer un cadre d'orientation et de formation pour les CEJ afin de promouvoir la cohésion au sein des effectifs et de fournir des services intégrés, opportuns et efficaces d'intensité appropriée (par paliers) pour répondre aux besoins de traitement des enfants et des jeunes dans des contextes et des circonstances donnés.
39. Nous recommandons d'élaborer un cadre de formation des enseignants en apprentissage socioaffectif pour soutenir le perfectionnement continu.
40. Nous recommandons d'élaborer un cheminement de carrière pour les membres de la collectivité qui sont intéressés à assumer un poste de perfectionnement en tant qu'accompagnateur en apprentissage socioaffectif.

Reconduire la formation à la mise en œuvre de Stepped Care 2.0

Alors que le modèle Stepped Care 2.0© est destiné à fournir structure et orientation aux stratégies d'intervention en santé mentale et un aperçu de celles-ci, certains CEJ ne comprennent pas qu'on peut être fidèle au modèle tout en étant flexible, et que les soins par étapes doivent être mis en œuvre d'une manière qui réponde au mieux aux besoins individuels des enfants, des jeunes et des familles.

41. Nous recommandons que le MSSS offre une formation supplémentaire aux CEJ sur la mise en œuvre du modèle Stepped Care 2.0©.

Envisager une formation à la supervision pour les superviseurs cliniques

Les conseillers des enfants et des jeunes gagneraient à ce que les superviseurs cliniques reçoivent une formation à la supervision.

42. Nous recommandons de considérer la formation des superviseurs cliniques aux méthodes de supervision clinique comme activité de perfectionnement professionnel continu.

1.0 OVERVIEW OF THE INITIATIVE

The Child and Youth Counsellor (CYC) Initiative (previously known as the Child and Youth Care Counsellor (CYCC) Initiative) is a partnership initiative of the Department of Education, Culture and Employment (ECE), Department of Health and Social Services (HSS), Northwest Territories Health and Social Services Authority (NTHSSA), Tłı̨chǫ Community Services Agency (TCSA), Hay River Health and Social Services Authority (HRHSSA), ten regional Education Bodies and 49 schools.

A CYC Steering Committee (CYC SC) is comprised of Assistant Deputy Ministers for ECE and HSS, Chief Executive Officers (CEOs) of the NTHSSA, TCSA and HRHSSA, and key territorial-level coordinators, directors and managers responsible for mental health and addictions functions as a decision-making body. This Committee directs the development, implementation and delivery of the CYC Initiative. The CYC Working Group (CYCWG) supports the implementation of the Initiative by acting as a liaison between Regional Sub-Committees and the CYC SC, by encouraging collaboration and partnerships between key stakeholders, and by generating and implementing solutions to barriers that influence service delivery. Regional Sub-Committees are responsible for the regional implementation and operations. [1]

As a joint initiative, both ECE and HSS are responsible for funding the CYC Initiative. CYCs are HSS employees and are paid through core funding provided to the Health and Social Services Authorities. Itinerant mental health services are managed financially through a service contract between ECE and a travelling provider.

Through the initiative, CYCs are placed in NWT schools and communities to provide direct mental health and wellness services within the school and/or community setting to facilitate enhanced access to mental health support for school-aged children, youth and their families. CYCs are assigned NWT schools with more than 75 students, and a contracted itinerant mental health support team is assigned to schools with fewer than 75 students. The contracted itinerant mental health support team provides three one-week visits per year to schools in small communities with virtual counselling in between visits. Itinerant mental health services are also used to cover vacant CYC positions.

In total, forty-two (42) new CYC positions as well as seven (7) new Clinical Supervisor positions were created to support the initiative. The CYC Initiative's initial regional implementation occurred over a four-year period, starting in the 2018-19 academic year. As of the 2021-22 academic year, all NWT education regions had completed initial implementation. Table 1 identifies the number of positions assigned to each region and the planned phased implementation.

[1] GNWT. (November 2021). Child and Youth Care Counsellor Steering Committee Implementation and Program Guidelines.

Table 1: CYC Initiative Regional Phased Roll-Out of Positions

Phase/Fiscal Year	Phase 1 2018-19		Phase 2 2019-20		Phase 3 2020-21	Phase 4 2021-22	Total
Region	Dehcho	Tlicho	Beaufort Delta	Sahtu	Yellowknife	South Slave	
CYCs	3.0	4.0	7.0	4.0	15.0	9.0	42.0
Clinical Supervisor	1.0	1.0	1.0	1.0	2.0	1.0	7.0
FTE Positions	4.0	5.0	8.0	5.0	17.0	10.0	49.0

Source: GNWT. (November 2021). Child and Youth Care Counsellor Steering Committee Implementation and Program Guidelines.

The CYCs are an important part of a larger continuum of mental health and wellness services for children and youth and their families, including HSS community staff such as social workers, medical professionals, allied health professionals, community counsellors, youth centre staff, and clinical supervisors. Access to CYC services is by self-referral, parental/ guardian referral, referral by education staff, referral through the School-based Support Team, or by referral from another health and social services professional.

2.0 EVALUATION METHODOLOGY

2.1 Evaluation Rationale

As per the CYC Initiative Monitoring and Evaluation Plan (revised in 2022), the CYC Initiative must undergo an evaluation during the 2022-2023 academic year (August 2022 – July 2023). Evaluation of the CYC sites were originally scheduled to be undertaken by ECE three years after full implementation of the CYC Initiative in their respective regions. However, to address informational needs, to respond to public scrutiny, and to enhance access to services and quality of service delivery, a decision was made to instead conduct the territorial evaluation of all regions during the 2022-2023 academic year instead of 2025-2026 (GNWT, 2022). The purpose of the evaluation is to provide the GNWT and its partners with findings on the effectiveness of the implementation and the extent to which intended outcomes have been achieved. Evidence-based recommendations for Initiative improvements will be used to inform quality improvement across all regions of the NWT.

2.2 Guiding Evaluation Questions

The evaluation was conducted with reference to the CYC Monitoring and Evaluation Framework and the approved Evaluation Matrix (refer to Appendix B). Guidance on the evaluation and engagement processes were provided by the:

- GNWT CYC Evaluation Project Team (with representation from both ECE and HSS)
- Evaluation Steering Committee (with representation from both ECE and HSS)
- Western Arctic Youth Collective (WAYC)
    - The WAYC formed the Territorial CYC Evaluation Youth Advisory Committee (Committee), which provided guidance to the contracted evaluation firm, DPRA Canada Inc., in conducting the territorial evaluation of the CYC Initiative. More specifically, the Committee helped to inform and guide the evaluation project with respect to:
        - Culturally safe and strengths-based engagement with NWT children and youth on their perspectives with the CYC program;
        - Interpreting what NWT children and youth share about the CYC program to best reflect the perspective of NWT children and youth (GNWT, ECE, 2022).

The evaluation of the CYC Initiative is two-fold. The evaluation was intended to assess: (1) to what extent the CYC Initiative has improved access to mental health and wellness counselling services for children, youth, and their families in all NWT communities; and (2) to what extent the CYC Initiative has contributed to improving mental wellness, coping skills, and resilience among children and youth in NWT communities.

The key questions guiding the evaluation were as follows:

CONTEXT QUESTION

- Prior to CYC implementation, what was pre-initiative access to mental health support for children, youth and educators at each site?

PROCESS QUESTIONS

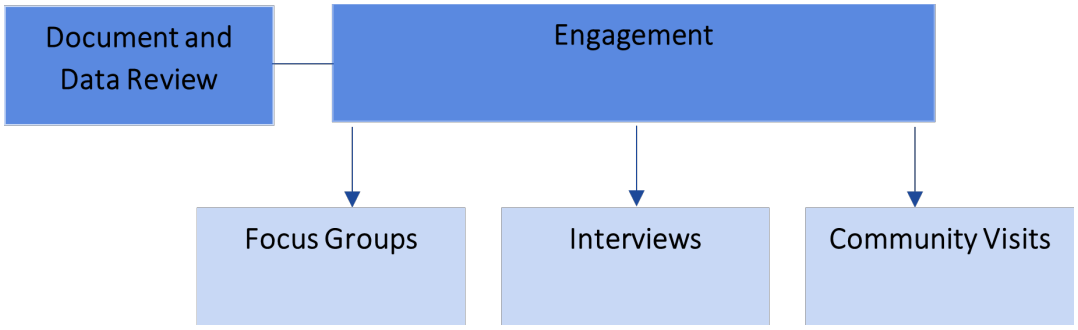
- Were the CYC initiatives implemented as outlined in the CYC Handbook and Program Guidelines? Were there any adjustments or modifications?
- To what extent were potential service users (students, youth outside school, and families) aware of CYC Initiative services?
- How accessible were CYC/NCTS services in the schools? How accessible were CYC services in communities?
- To what extent was there evidence of the inclusion of culturally safe services within the CYC Initiative?
- What are the baseline need profiles of the children and youth in the region who received CYC and NCTS services?
- What were lessons learned or best practices identified from implementing the CYC Initiative that could be used to improve or change the CYC service delivery model?

OUTCOME QUESTIONS

- Were children, youth, families, communities and schools satisfied with the service and support received from CYC and NCTS personnel?
- To what extent did the CYC Initiative contribute to timely access and provision of mental health support for children and youth in and out of schools?
- What changes in mental well-being and resilience were observed or documented throughout the implementation?
- Were there any unintended positive or negative results of the regional CYC Initiative?

2.3 Data Collection Methods, Procedures and Instruments

Four key methods of qualitative and quantitative data collection were implemented for this evaluation:



Data collection took place from September 2022 to May 2023. Each method is described in more detail below.

2.3.1 Document and Data Review

A review and analysis of key Initiative documents and data was conducted to support both the evaluation activities and the evaluation findings. The materials reviewed included:

- Program administrative documents
- Program monitoring and evaluation reports
- Monitoring data sets
- Briefing notes
- Funding submissions
- Meeting minutes
- Summaries of stakeholder feedback
- Background reports

Refer to the Appendix A: Document Library section for a full list of materials.

2.3.2 Engagement Communications and Activities

ENGAGEMENT COMMUNICATIONS

The GNWT created an Advertisement Plan for the CYC Initiative evaluation to inform the public, educators, families and students about the evaluation of the CYC program and how they could participate. Information was also provided to Intergovernmental Leadership, education leadership and NTHSSA staff to inform them about community visit planning.

The plan detailed the following communications activities:

Tactic	Publication
Planned Release	Public Service Announcement
Radio and Digital (In 9 languages, including 7 Indigenous languages)	Cabin Radio Digital Ad CKLB, English and Indigenous languages Radio Taiga and True North FM
Email	Emails sent to superintendents, including a bilingual info package they could send to schools and to IGOs to distribute in community offices: ▪ Social posts for schools ▪ E- and paper newsletters ▪ TV/newsletter text for schools ▪ Photos they can use ▪ Posters for in school
Social Media (Paid and Organic)	GNWT Corporate Facebook posts (English and French)
Website	Bearnet (GNWT internal news bulletin) Web banner on ECE website New web content, with fact sheet or FAQ
Phone and Computer	A 1-800 number for respondents to call into An email address for respondents to ask for an interview

ENGAGEMENT ACTIVITIES

In total approximately **250 individuals** took part in engagement activities.[2]

FOCUS GROUPS

CYCs / Clinical Supervisors / Regional Managers

Virtual focus group sessions were held with CYCs from across the territory as well as Regional Managers and Clinical Supervisors. Focus group sessions were organized by the Territorial Lead, Mental Health and Community Wellness and facilitated by the DPRA Team. The question set was distributed to participants

[2] The total number of participants is higher because input on CYC improvements was received from a group of students (number not provided) from Tulita.

ahead of their session. The focus group sessions lasted from one to two hours. In total 10 sessions took place with a total of **33 participants**:

1. CYC Regional Managers and Clinical Supervisors (n=6)
2. Beaufort Delta CYCs (n=2)
3. Beaufort Delta CYCs (n=3)
4. Dehcho CYCs (n=1)
5. Fort Smith CYCs (n=2)
6. Hay River CYCs (n=1)
7. Sahtu CYCs (n=2)
8. Tłı̨chǫ CYCs (n=3)
9. Yellowknife CYCs (n=9)
10. Yellowknife CYCs (n=4)

A follow-up interview was conducted with one CYC from Yellowknife, additional written feedback was provided by two other CYCs from Yellowknife.

Youth Forum on Education in the NWT Focus Group

The youth forum was an opportunity for the ECE Minister to hear directly from students about education issues that matter to them. The students' perspectives and recommendations, particularly around the delivery and modernization of education, can assist the Minister to develop youth-centered policy and initiatives. This initiative also empowers youth to get involved, have a voice and be change-makers in their schools and communities. The forum was held on April 25, 2023.

As a component of the forum, youth were asked to participate in in-person focus groups to provide feedback on child and youth counselling services. Four focus groups with four students each (total of **16 participants**) were facilitated by ECE staff and notes were taken during the 45-minute timeframe. The focus groups were guided by a set of questions modified from the full question set to accommodate the limited time. Prior to the focus groups, ECE staff took part in an engagement training session to cover basic principles of introductions, creating safe spaces, going through consent, active listening techniques, prompting, etc. The engagement notes were provided to DPRA for inclusion with other respondent information for review and analysis.

INTERVIEWS

Virtual / In-person Interviews

Virtual (Microsoft Teams and telephone) and in-person interviews were conducted by the DPRA Team, the Manager, Research and Evaluation, ECE and the Senior Evaluation and Performance Analyst, ECE.

Interview participants were made aware of the evaluation and requests for them to take part using a variety of methods including: public service announcement; radio and digital advertisements (Cabin Radio, CKLB, - English and Indigenous languages); Radio Taiga and True North FM; email sent to superintendents with bilingual information packages to be sent to schools (included: social posts, posters); social media (GNWT and ECE Facebook posts - English and French); GNWT website content; and word of mouth.

GNWT ECE undertook virtual interviews with 27 individuals representing the following groups:

- Indigenous Government Organizations (IGOs) (n=4)
  - K'atl'odeeche First Nation (1)
  - Tłı̨chǫ Government (2)
  - Inuvialuit Regional Corporation (1)
- Principals (n=7)
  - Yellowknife (6)
  - Fort Providence (1)
- Superintendents (n=2)
  - Yellowknife (1)
  - Sahtu (1)
- School representatives (mixed group) (n=16)
  - Sahtu (RISC-Norman Wells, Superintendent, Assistant Superintendent, Principals-Deline, Norman Wells, Fort Good Hope, Coville Lake, Chief-Tulita) (8)
  - Tłı̨chǫ (Regional Principal, Principals) (4)
  - Beaufort Delta (Superintendent, Principals) (4)

The DPRA Team conducted virtual and in-person interviews with 28 individuals representing the following groups:

- CEO, Tłı̨chǫ Community Services Agency (1)
- Parents (Tulita (1), Fort Smith (1), Yellowknife, (8))
- Parent and child (Yellowknife) (2)
- Youth (Yellowknife) (1)
- Recently graduated high school student (Yellowknife) (1)
- Former CYC (Inuvik) (1)
- Dietician (Yellowknife) (1)
- Former educators/School counsellors (Yellowknife current location) (3)
- Program Support Teachers (Norman Wells, Yellowknife) (2)
- NTHSSA (Yellowknife) (3)
- Teacher (Norman Wells) (1)
- NCTS (Tsiigehtchic, Fort Resolution) (1)
- Territorial Psychiatrist (Yellowknife) (1)

Written Interview Responses

Written responses to targeted interview question sets were received from **76 individuals** representing the following groups:

- Parents
  - Location unknown (1)
  - Fort Smith (1)
- NCTS staff (Yellowknife, Tlicho and Dehcho) (1)
- Children and Youth[3] (still attending school) (n=62)
  - Fort Smith (1)
  - Inuvik (5)
  - Łutselk'e (3)
  - Ndilǫ (1)
  - Tuktoyaktuk (7)
  - Tulita (1)
  - Ulukhaktok (36)
  - Yellowknife (8)
- Youth (not attending school but still using services) (n=11)
  - Behchokǫ̀ (2)
  - Fort Smith (1)
  - Inuvik (2)
  - Tuktoyaktuk (1)
  - Tulita (1)
  - Ulukhaktok (2)
  - Yellowknife (2)

Some of the written responses (noted above) received from youth (n=6) came through WAYC.

Additionally, a teacher from Tulita sent along student suggestions for improvement to the CYC Initiative (number of students not provided).

COMMUNITY VISITS

With support from both HSS and ECE, community visits were organized in three regions – Beaufort Delta, Yellowknife and Tłı̨chǫ – in the following six communities: Inuvik, Aklavik, Tuktoyaktuk, Ndilǫ, Whatì, and

[3] For the purposes of this report, children were defined as 12 years and younger, and youth as 13 to 30 years old.

Behchokǫ̀ (Rae/Edzo). During those visits, local schools were visited and with the assistance of the CYCs and Principals, interviews and one focus group were arranged with children, youth, and parents/guardians.

DPRA Team members conducted interviews and a focus group with **59 individuals** representing the following groups:

Regions	Communities	Children/Youth	Parents	Total
Beaufort Delta Region	Inuvik	14 (with 1 not attending school but still using CYC services)	1	15
	Aklavik	2	1	3
	Tuktoyaktuk	12 (focus group of 8)	-	12
Yellowknife Region	Ndilǫ	12	-	12
Tłı̨chǫ Region	Whatì	5	-	5
	Behchokǫ̀ (Rae/Edzo)	12	-	12

Additionally, while in the schools and communities, formal interviews and informal discussions were conducted with **11 individuals** by DPRA Team members with:

- Principals/Vice Principals (n=6)
  - Beaufort Delta Region (5)
  - Tłı̨chǫ Region (1)
- Program Support Teacher (Beaufort Delta Region) (1)
- Supervisor, Community Wellness (Beaufort Delta Region) (1)
- Community Wellness Worker (Beaufort Delta Region) (1)
- CYC Clinical Supervisor (Beaufort Delta Region) (1)
- CYC (Tłı̨chǫ Region) (1)

2.3.3 Analytical Approach

Overall, a systematic qualitative analytical process was used to identify key themes that responded to the guiding evaluation questions and corresponding indicators. The data collected from each method was analyzed individually, then combined, triangulated and presented in Section 3.

A content analysis of documents was completed using NVivo, a qualitative data analysis software program. A deductive coding approach, based on qualitative indicators identified in the evaluation matrix (refer to Appendix B), was used to identify content within documents relevant to each evaluation question. HSS administrative data used for the annual monitoring of the CYC Initiative was provided in MS Excel data tables. Where data was unavailable from this administrative data set, it was extracted from relevant monitoring reports when possible. Available data was analyzed and aggregated based on the quantitative indicators identified in the evaluation matrix. Interviews, focus group and written responses were also

analyzed using the deductive coding approach based on the qualitative indicators identified in the evaluation matrix.

2.4 Strengths and Limitations

The strengths and limitations of the evaluation are listed below.

TRIANGULATION AND SATURATION

The analytical approach used multiple lines of evidence to achieve triangulation and thematic saturation, which is critical in qualitative research to produce credible and reliable findings and interpretations.

PHASED EVALUATION APPROACH

Evaluation of the CYC sites were originally scheduled to be undertaken by ECE three years after full implementation of the CYC Initiative in their respective regions with a final NWT-wide evaluation to be completed in 2025-2026. However, to address informational needs, to respond to public scrutiny, and to enhance access to services and quality of service delivery, a decision was made to instead conduct a territorial evaluation of all regions during the 2022-2023 academic year instead of 2025-2026. This change in evaluation timeline means that the regions phased in most recently – South Slave 2021-2022 and Yellowknife (comprised of Yellowknife, Dettah and Ndilǫ) – have had limited time to implement the initiative.

EVALUATION ENGAGEMENT PROMOTION

Although a variety of methods were used to promote the evaluation and opportunities to take part (refer to Section 3.2.2 Engagement Communications for a detailed description), some individuals indicated they only found out about the project through word of mouth and not through any other means. There were some delays in distribution of promotional packages in the schools. This lack of awareness and delay may have influenced the overall participation rate.

INFORMATION CONFIDENTIALITY

Concern was expressed regarding confidentiality, which might have negatively impacted willingness of participants to share information. To contact the contractor, interested individuals had three options: email, text, or phone. Each of these options meant that the contractor was privy to an individual's personal emails and phone numbers. To address this issue specifically, and confidentiality more generally, the following actions were undertaken:

- No one other than the contractor's team members had access to the contact information, and all findings are presented in a manner that retained confidentiality.

- Text was included in the child, youth and parent/guardian tools explaining that the interview was anonymous and voluntary and that the contractor would not record their name.
- Child, youth and parent/guardian participants were told that their CYC would not see their responses.

Additionally, the contractor let children, youth and parents/guardians know that the interview was voluntary so they did not need to participate, they could stop at any time, and they could skip any questions at any time. The contractor also explained that the information was being gathered for the purposes of the evaluation and that the evaluation would help the GNWT figure out how much the services and supports provided by the CYCs are improving the mental wellness, coping skills, and resilience of NWT children, youth and their families. After explaining the purpose of the evaluation, the voluntary nature of the engagement and confidentiality, each participant was asked if it was okay for the contractor to use their information in the report. If they said yes, the engagement continued.

DATA AVAILABILITY

The following indicator data is missing and as such effected the ability of this report to respond fully to some of the evaluation questions.

- Only expenditure data is available for amounts budgeted by NTHSSA for the CYCs per region in 2019-2022.
- Cultural competency training data for NCTS counsellors is missing.
- Average weekly hours for time spent in the community is not presented in the monitoring reports.

DATA RELIABILITY

The Community Counselling Program (CCP) does not have a formal information system so there is a need to view the data with caution as it is prone to human error and duplication. Additionally, the data included in this report represents the data available at the time of retrieval and may be subject to change due to late submissions.

EVALUATION MATRIX SOURCES

Prior to conducting the evaluation, an evaluation matrix was prepared. One component of the matrix identifies the methods and sources to be used to answer each of the key questions and sub-questions (areas of inquiry). Best practice dictates that multiple sources be employed to answer a question to enhance the reliability and credibility of the findings. Because there were a considerable number of questions that required answering, it was determined that participants would not be able to respond to all the questions within their specific engagement session. As such, questions were prioritized and some of those identified as answerable through document and data information were not asked of specific participants. For example, CYC and clinical supervisor/regional manager focus groups were intended to be

two hours in length, but because of time constraints, the sessions were only one hour (except for one group that went the entire two hours).

CHILDREN AND YOUTH NOT ATTENDING SCHOOL

Due to challenges connecting with children and youth not attending school, there was limited information on their experiences with CYC services and their opinions on if, or how, CYC services could be more accessible to those not attending school.

3.0 FINDINGS

Aligned with the evaluation matrix (Appendix B), the findings of the evaluation are presented for each key evaluation question and specific areas of inquiry by data methodology:

- Document and Data Review
- Engagement

The document and data review findings are presented independently from the engagement results. Apart from findings from children/youth and parents/guardians, which are presented separately, engagement findings from all other stakeholder groups are aggregated under the headings – Health and Social Services, Education and IGOs. Direct quotations are provided throughout the report to help retain the specific sentiments shared by participants.

Document and data review information is presented by region (as per the annual reports). To maintain confidentiality, given the small number of total engagement participants from each school and community, engagement findings are not presented at the school or community levels. While consideration was given to presenting information by: schools in communities, schools in regional centres, and schools in the capital city (Yellowknife) – since findings were found to be quite similar, and again, because of confidentiality issues due to low numbers, a decision was made not to present findings in this manner. Because the experiences of small schools relying on itinerant counsellors or shared CYCs, were different than schools with full-time counsellors, these findings are specifically identified.

Question #1 - Prior to implementing the CYC Initiative, what was pre-initiative access to mental health support for children, youth and educators at each site?

AREAS OF INQUIRY:

- C1. Prior to implementing the CYC Initiative, describe the level of access children and youth had to mental health support services.
  - To what extent were mental health needs being met by pre-initiative services?
- C2. Prior to implementing the CYC Initiative, to what extent were CYC stakeholders ready to embrace the CYC Initiative?

C1. Prior to implementing the CYC Initiative, describe the level of access children and youth had to mental health support services. To what extent were mental health needs being met by pre-initiative services?

PRE-INITIATIVE ACCESS

Document and Data Review

Table 2 identifies the continuum of community-based mental health options and supports available to children, youth, and their families prior to the implementation of the CYC Initiative in 2017 (Health Canada, n.d. – a; Health Canada n.d. – b; ECE, 2017, April 20; August 22; September 8).

Table 2: Community-based Mental Health Programs

Community-based Mental Health Programs	Description/Location
Healthy Families Program	Provides families with children from birth to age six with support and information to improve knowledge, attachment, and bonding.
Community Counselling Program (CCP)	Provides community-based mental health and addictions services in all the regions to all NWT residents regardless of age. Services include assessment, crisis intervention, referrals for facility-based addictions treatment programs, counselling, follow-up, and aftercare. The CCP also provides Mental Health First Aid (MHFA) and Applied Suicide Intervention Skills Training (ASIST) to community members and front-line staff to improve awareness and capacity to support individuals dealing with mental health problems and thoughts of suicide. Some regions also have capacity to deliver Safe TALK.

Territorial Treatment Facilities	In-territory treatment centres for children and youth were provided at: ▪ Territorial Treatment Centre (Yellowknife) ▪ Trailcross Treatment Centre (Fort Smith) [Both facilities are now closed.]
Out of Territory Treatment Facility Services	Provide children, youth and families with specialized psychiatric and intensive mental health care. Some of the programs contracted by the GNWT include: ▪ Ranch Ehrlo Society (Pilot Butte, Saskatoon, and Prince Albert, Saskatchewan) ▪ Parkland Community Living and Supports Society (Red Deer, Alberta) ▪ PLEA Community Services (Vancouver, British Columbia) ▪ Catholic Social Services (Red Deer, Alberta) ▪ EXCEL Society (Edmonton, Alberta) ▪ YWCA (Edmonton, Alberta) ▪ Woods Homes (Calgary, Alberta) ▪ Ranch Ehrlo Society – Family Specialized Services
Residential School Resolution Health Support Program	Provides cultural support, emotional support, and mental health counselling services in the following communities: ▪ Aklavik ▪ Fort McPherson ▪ Inuvik ▪ Paulatuk ▪ Sachs Harbour ▪ Tsiigehtchic ▪ Tuktoyaktuk ▪ Ulukhaktok ▪ Yellowknife (includes communities in the Dehcho)

Tables 3 and 4 describe the mental health education and promotion programs available to students and staff in NWT schools prior to implementation of the CYC Initiative in 2017.

Table 3: School-based Mental Health Promotion – Student Focused

School-based Mental Health Promotion	Description
Mental Health High School Curriculum Guide	The mental health curriculum resource for grades 8-11 aims to improve teachers' and students' mental health literacy. The Career and Life Management Course in Grade 10 also includes mental health curriculum.
Kindergarten to Grade 7 Health Curriculum	Provides age-appropriate mental health content for every grade level.

Mind Up	Provides pre-kindergarten to middle school classroom lessons that delivers a set of social, emotional, and self-regulatory strategies and skills.
Talking About Mental Illness (TAMI)	Is an "anti-stigma" program that includes lessons on 'what is mental health' and a presentation by a person with lived or living expertise.
The Fourth R	Is a program that engages students in developing healthy relationships and decision-making to provide a solid foundation for their learning experiences.
Regional Self-Regulation Initiatives	Supports for regional self-regulation initiatives with resources and on-site implementation support and mandated curriculum that addresses the history and legacy of residential schools were provided by ECE. In addition, culture-based programming to support identity, such as Trails of our Ancestors, help youth in developing a respectful relationship with the land, Tłı̨chǫ spirituality, ancestors, and to foster personal growth.
Itinerant Model of Mental Health Supports Pilot	In 2017, ECE was at the end of a two-year pilot project focused on an itinerant model of mental health support in eight small community schools that are not large enough to warrant a full-time counsellor on location. Reported feedback on this pilot noted that the model was preferred due to the complexity of community dynamics, confidentiality, and ability to match counsellor expertise with need (ECE and HSS, 2017, May 17).
School Counsellors	Provides behavioural, social, emotional and mental health supports to children and youth through development and implementation of teaching strategies, class presentations, classroom activities, group work and/or individual counselling (Yellowknife Catholic Schools, n.d.; NWT, 1993, January 1).

Table 4: School-based Mental Health Promotion – Educator Focused

School-based Mental Health Promotion	Description
Go-To Educator Training	An intensive one-day training session (developed by Teenmentalhealth.org), Go-To Educators help identify mental health problems and mental disorders in the school setting and refer students at risk to the expertise needed. Go-To Educators can be a combination of teachers, school psychologists, guidance counsellors, or other school staff.
Starling Minds	Is an online program that educates teachers and their family members how to better manage stress, anxiety, and depression.
Mental Health First Aid (MHFA) Northern Peoples	Is a three-day program that introduces the most common types of mental illness and provides participants with tools to be 'first responders.'

Applied Suicide Intervention Skills Training (ASIST)	Is a two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.
The Legacy of Residential Schooling	Is mandatory awareness training that ensures that all teachers in the NWT learn about residential schools and their impact.
Online supports for teachers	Includes training on mindfulness fundamentals and curriculum, in addition to an online book club for educators which focuses on self-regulation.

Engagement

Prior to the roll-out of the CYC Initiative, school/guidance counsellors were located in schools across the territory. These positions were funded by ECE, reported to the principal and worked on the school calendar. School/guidance counsellors were only able to provide services in the school and only to students and families registered at the school. Except for communities that have accessed external funding (e.g., Community Wellness Fund and Jordan's Principle funding) to maintain these positions, the school/guidance counsellor position was terminated with the introduction of the CYC Initiative.

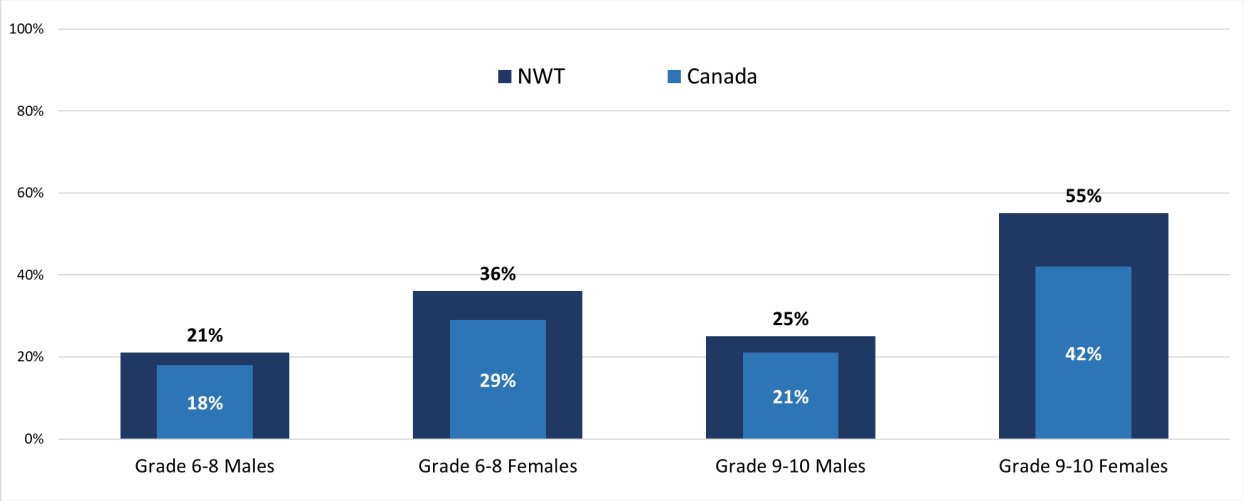
PRE-INITIATIVE MENTAL HEALTH NEEDS

Document and Data Review

In the NWT, the legacy of colonization, residential schools and the resulting loss of culture and tradition have led to higher rates of many social issues, including family violence, unemployment, homelessness and a high reliance on social assistance programs. Intergenerational trauma is identified as the root cause of the mental health crisis affecting Indigenous children and youth. Factors such as student disengagement with school, behavioural challenges, high drop-out rates, as well as poor academic results and youth wellness indicators, which directly or indirectly affect all learners, point to the critical need for the GNWT to address the underlying causes of these challenges (ECE and HSS, 2017, May 17).

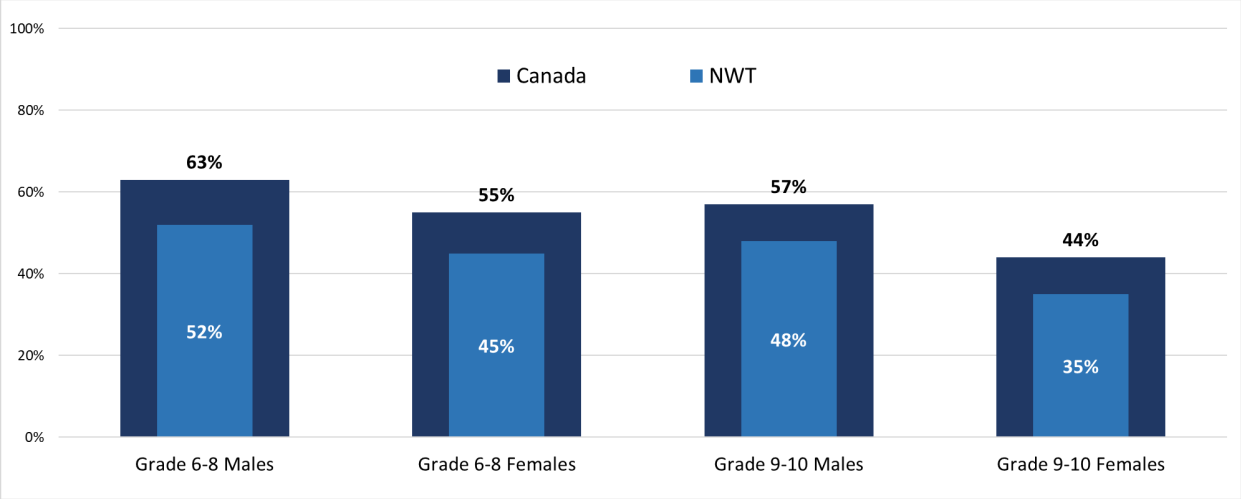
The ECE and HSS Financial Management Board (FMB) submission described data collected in 2015-16 through the Middle-years Development Instrument (MDI), in which 32% of NWT Grade 7 students reported not being able to identify a significant adult at their school with whom they have a meaningful bond (ECE and HSS, 2017, May 17). This FMB submission further noted higher rates of NWT youth who experience sadness and hopelessness (refer to Figure 1) and lower rates of life satisfaction compared to statistics among youth across Canada (refer to Figure 2).

Figure 1. Students who reported that during the last 12 months, they felt so sad or hopeless almost every day for two weeks in a row that they stopped doing some usual activities.



Source: Health Behaviours of School-aged Children, NWT Report, 2014 as cited in GNWT (2017)

Figure 2. Students who rated life satisfaction 8-10 out of 10



Source: Health Behaviours of School-aged Children, NWT Report, 2014 as cited in GNWT (2017)

In the summer of 2016, HSS conducted extensive consultations with over 60 youth from all regions across the NWT. The focus was on the issues youth face that impact their mental wellness. Youth were described as struggling with substance misuse, violence, poverty, racism, bullying and crime daily in their homes and communities. While youth said they were doing their best to cope with these stressors, they noted that they lacked adequate support because adults in their lives struggle with these same issues and therefore, are unable to provide the support and care they need. Youth also reported feeling very alone in their efforts, which they indicated was taking a toll on their mental health and wellness (ECE and HSS, 2017, May 17).

PRE-INITIATIVE CAPACITY TO PROVIDE MENTAL HEALTH SUPPORTS

Document and Data Review

Education Bodies reported they were struggling to meet the mental health needs of students. Schools in the NWT were described as not having the funding necessary to employ the mental health counsellors needed to meet this need, and only a handful of schools in the NWT were reported to have wellness counsellors on staff. Teachers were described as filling the role of the mental health counsellor (ECE and HSS, May 17, 2017).

Although Education Bodies received funding for school community counsellors and wellness counsellors based on enrolment, prior to the launch of the CYC Initiative there were only two school community counsellors in the NWT education system. Education Bodies stated they were not utilizing funding provided for these positions for its intended purpose (FMB, September 26, 2017).

Access to community-based mental health support programs was described as limited by wait times and a lack of care-provider expertise in the specialized needs of children and youth. HSS reported they lacked the resources and expertise necessary to provide additional support to children, youth, school or other community staff (FMB, September 26, 2017).

Engagement

Health and Social Services / Education

Prior to the CYC Initiative, there were limited counselling options available for children and youth and there was typically a six-month to one-year wait for children and youth to be seen by specialists in the community. This wait was described by one healthcare provider as unacceptable. Sometimes, the child or youth would get discouraged and not even attend the appointment because they had to wait so long. In some instances, the child or youth was prescribed psychiatric medication prior to counselling (best practice is for an individual to receive counselling prior to the prescription of medication) because adult counsellors had limited availability and because there were very few child and youth counsellors in the territory.

> "I come from the era when we had no counselling help in the schools whatsoever. As a principal my number one priority each day was time set aside to deal with mental health emergencies with youth. You could find days where hours of your day were filled with counselling, and I had no counselling role. At the time, the only way the principals in the [region] could survive was to have good relationships with the health centres and call on them. But often it was the PST [program support teacher], or a teacher, dealing with mental health crisis." (Principal)

C2. Prior to implementing the CYC Initiative, to what extent were CYC stakeholders ready to embrace the CYC Initiative?

Document and Data Review

Strategic background documents produced by ECE and HSS indicated a shared understanding of the need to provide strengthened school-based support for student mental health. The *Education Renewal Framework* (ECE, 2014) identified a commitment to student wellness,

> "The GNWT will do its part to ensure that student wellness and the development of a positive sense of identity are promoted and embedded in school experiences, programming, and environments" (pg. 30).

The *Child and Youth Mental Wellness Action Plan* (HSS, 2017) identified a full continuum of services that would need to be in place to ensure optimal mental wellness for children and youth in the NWT and included a joint commitment by ECE and HSS to establish 42 CYC positions and seven Clinical Supervisors throughout the majority of NWT schools, communities and regional centres over four years.

Furthermore, following an evaluation of the alignment of the CYC Initiative with Education Renewal commitments and other assessments (ECE, 2019), the *Action Plan to Improve JK-12 Student Outcomes in the NWT* identified "improv[ing] mental health counselling services to children and youth" (ECE, 2020, p. 21) as an action to improve student supports.

In November 2017, ECE presented the CYC Initiative and the proposed funding approach to the Education Body chairpersons and superintendents, during which all Education Bodies expressed support for the Initiative (ECE and HSS, 2018, August 23). In a subsequent discussion, superintendents expressed concern about transferring the funds from ECE to HSS and asked for some governance structures to be implemented. They also expressed the desire to have principals involved in their schools' oversight and supervision of the CYCs.

Superintendents had the opportunity to review and provide feedback on the draft CYC job description along with staff from ECE, HSS and the NTHSSA (ECE and HSS, August 23, 2018). Four main concerns were identified:

- Lack of a reporting relationship between the School Principal and the CYC;
- Requirement for CYCs to have a master's degree-level qualification may limit the applicant pool;
- Requirement for CYCs to have experience working with children and youth may limit the applicant pool; and
- Lack of assurance that the majority of CYC time is spent in schools.

Irrespective of these concerns, a Memorandum of Understanding (MOU), Handbook and Program Guide were developed and vetted though the relevant parties to help ensure a shared understanding of the role of CYCs and how the two systems could work together and address challenges that might come up.

The 2017 FMB submission highlighted two concerns identified by the Standing Committee on Social Development (SCOSD) regarding the implementation of the CYC Initiative (ECE and HSS, 2017, May 17). The SCOSD: 1) disagreed with the region-by-region rollout of the Initiative and felt that counsellors should be made available in all regions as soon as possible; and 2) questioned how the proposed implementation schedule was determined. The FMB's recommendation also noted that the staffing levels requested for each location were based solely on student population and did not consider other existing resources available in each community (FMB, 2017, September 26). As a result, funding was approved for implementation in the Dehcho and Tłı̨chǫ regions; implementation funding beyond 2018-19 was subject to further substantiation, and a monitoring and evaluation plan was requested.

Engagement

Health and Social Services / Education

Prior to implementation of the CYC Initiative, the understanding of both Education and Health was that CYCs would focus on the provision of Tiers 1, 2 and 3, recognizing that all three levels of interventions were required to successfully address child and youth mental health needs. Upon implementation, CYCs realized that Tier 3 needs were the most pressing, demanding and time-consuming, thus resulting in limited time to provide Tier 1 and 2 supports.

Since the understanding was that the CYCs would provide a suite of counselling supports - whole of school, classroom, group-based and individual – the existing school/guidance counsellors, many of whom were longstanding employees, were terminated. Because most did not have the required clinical qualifications, they were unable to apply for the newly created CYC positions. This series of outcomes and events resulted in many schools going without or with limited whole of school, classroom, and group-based counselling supports.

Evaluation Question #2 - Were the CYC initiatives implemented as outlined in the CYC Handbook and Program Guidelines? Were there any adjustments or modifications?

AREAS OF INQUIRY:

- P1. How were the CYC services implemented?
  - Were there any adjustments or modifications to its implementation?
  - Why were modifications necessary?
  - How did modifications affect service delivery?
  - What challenges were encountered during implementation?
  - How were challenges addressed?
  - What strengths/assets helped with implementation?
- P2. Was there consistency between CYC regional site goals, implementation activities, and the overall CYC logic model framework? What areas of convergence and divergence were noted?
- P3. When a position was left vacant, where were those funds reallocated?
- P4. How were annual data collection and analysis activities used to support continuous improvement and refinement of CYC services?

P1. How were the CYC services implemented?

Document and Data Review

IMPLEMENTATION OF SERVICES

This section presents information on the following service implementation topics:

- CYC services and supports
- Consent, confidentiality and information sharing
- Referrals to CYCs
- CYC office space
- Clinical supervision
- CYC training

For context and to allow the reader to understand the extent to which implementation occurred, each topic area begins with excerpts from the Handbook describing the requirement/responsibility.

CYC services and supports

Handbook for the Child and Youth Care Counsellor (CYCC) Initiative (ECE and HSS, 2021c)

Child and Youth Counsellors Role within Schools:

- Psychotherapeutic services to children and youth with social/emotional/behavioural needs, their families and caregivers.
- Supporting school staff around strategies in working with mental health concerns and participating in relevant school teams and staff.
- Leadership and facilitation in integrated care for delivery of services for children and youth with complex needs (with a focus on mental health) and their families (ECE and HSS, 2021c).

In 2019, data was collected from educators, principals, CYCs, clinical supervisors, and regional managers in the Tłı̨chǫ and Dehcho, who identified the following CYC Initiative activities having taken place (ECE, 2019).

- Collaborative and consultative interactions with school staff (e.g., trauma-informed practices)
  - Consultations with program support teachers and/or participation as members of School-based Support Teams
  - Attendance at staff meetings when possible and provision of consultation support to teachers
  - Case conference meetings with school personnel
- One-on-one and group counselling sessions with students related to issues such as social-emotional learning, conflict resolution and other emerging or escalating mental health needs
- Consultations with parents and family members, and other service providers
- Outreach and engagement as necessary to connect with children or youth not attending schools
- Completing operational and clinical reporting requirements

These activities were primarily described as being responsive, with CYCs receiving referrals or requests from children, youth, families or school team members. As of 2021-2022, all regions had planned drop-in group activities for children and youth during the summer months.

Program support teachers (PSTs) noted a need for consultation and collaboration with CYCs on universal or preventive supports to create healthy school environments; however, this level of proactive collaboration was not widely undertaken (ECE, 2019), likely as a result of the high need for Tier 3 supports and the need for CYCs to prioritize and triage. Similar issues related to providing professional development to teachers on common themes were noted in CYCWG minutes (CYCWG, 2018, November 22).

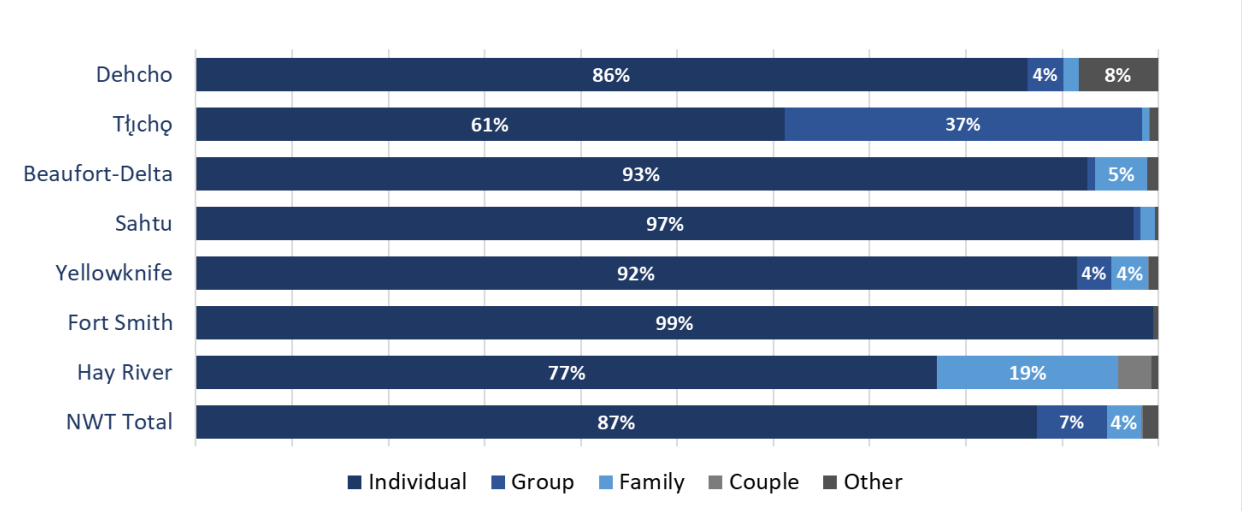
Overall, 20,106 mental health support sessions were provided across all five regions from 2019 to 2022 (refer to Table 5 and Figure 3). Individual sessions (87%) were the most frequent type of session, followed by group (7%) and family (4%) sessions. Other attended sessions included School-based Support Teams (SBSTs), screening and early intervention, and case management, which made up 2% of sessions.

Table 5. Number of CYC mental health support session type by region, 2019-2022

Region	Individual	Group	Family	Couple	Other	Region Total
Dehcho	1640	72	30	0	157	**1899**
Tłı̨chǫ	1623	987	19	2	24	**2655**
Beaufort-Delta	2194	20	129	0	27	**2370**
Sahtu	1436	10	22	0	6	**1474**
Yellowknife	9945	390	418	1	112	**10866**
Fort Smith	350	0	0	0	2	**352**
Hay River	419	0	102	19	4	**544**
NWT Total	**17607**	**1479**	**720**	**22**	**332**	**20160**

Source: HSS Administrative Data, 2019-2022

Figure 3. Percent of CYC mental health support session type by region, 2019-2022



Source: HSS Administrative Data, 2019-2022

Child and youth counsellors offered 909 training/educational workshops across all regions (refer Table 6). An average of 14 individuals attended each workshop session (refer to Table 7).

Table 6. Number of training / educational workshops, by year and region

Region	2019-2020	2020-2021	2021-2022	Region Total
Dehcho	24	52	117	117
Tłı̨chǫ	10	84	31	31
Beaufort-Delta	11	28	80	80
Sahtu	48	9	62	62
Yellowknife	-	102	215	215
Fort Smith	-	-	33	33
Hay River	-	-	3	3
Total NWT	**93**	**275**	**541**	**909**

Source: HSS Administrative Data, 2019-2022

Table 7. Average number of attendees at training /educational workshops, by year and region

Region	2019-2020	2020-2021	2021-2022	Region Average
Dehcho	21	12	9	14
Tłı̨chǫ	10	22	7	13
Beaufort-Delta	17	22	15	18
Sahtu	14	13	11	13
Yellowknife	-	12	9	10
Fort Smith	-	-	18	18
Hay River	-	-	0	0
Average NWT	**16**	**16**	**10**	**14**

Source: HSS Administrative Data, 2019-2022

Workshop topics were related to a wide range of mental health problems and varied annually. Overall, the most frequent topics addressed at educational/training workshops included social and emotional learning (149), mental health literacy (117) and healthy relationships (110), coping skills (83) and self-esteem/self-efficacy (76) (refer to Table 8).

Table 8. Five most frequent training/education workshop topics, by region and year

Region	2019-2020	2020-2021	2021-2022	Total
Dehcho				
Social Emotional Learning	1	8	63	**72**
Self Esteem/Self Efficacy	0	0	16	**16**
Mental Health Literacy	1	1	1	**3**
Healthy Relationships	2	11	1	**14**
Coping Skills	3	5	10	**18**
Total	**7**	**25**	**91**	**123**
Tłı̨chǫ				
Social Emotional Learning	0	14	4	**18**
Self Esteem/Self Efficacy	0	5	0	**5**
Mental Health Literacy	0	0	8	**8**
Healthy Relationships	8	6	9	**23**
Coping Skills	0	4	0	**4**
Total	**8**	**29**	**21**	**58**
Beaufort-Delta				
Social Emotional Learning	0	1	11	**12**
Self Esteem/Self Efficacy	2	1	7	**10**
Mental Health Literacy	0	0	26	**26**
Healthy Relationships	2	5	2	**9**
Coping Skills	0	3	8	**11**
Total	**4**	**10**	**54**	**68**
Sahtu				
Social Emotional Learning	22	0	12	**34**
Self Esteem/Self Efficacy	2	0	1	**3**
Mental Health Literacy	2	1	8	**11**
Healthy Relationships	3	0	9	**12**
Coping Skills	3	5	5	**13**
Total	**32**	**6**	**35**	**73**
Yellowknife				
Social Emotional Learning		1	12	**13**
Self Esteem/Self Efficacy		20	22	**42**
Mental Health Literacy		13	44	**57**
Healthy Relationships		26	23	**49**
Coping Skills		14	13	**27**
Total	**0**	**74**	**114**	**188**
Fort Smith				
Social Emotional Learning			0	**0**
Self Esteem/Self Efficacy			0	**0**
Mental Health Literacy			12	**12**
Healthy Relationships			3	**3**
Coping Skills			10	**10**
Total	**0**	**0**	**25**	**25**
Hay River				
Social Emotional Learning			0	**0**
Self Esteem/Self Efficacy			0	**0**
Mental Health Literacy			0	**0**
Healthy Relationships			0	**0**
Coping Skills			0	**0**
Total	**0**	**0**	**0**	**0**

Source: HSS Administrative Data, 2019-2022

Consent, Confidentiality, and Information Sharing

Handbook for the Child and Youth Care Counsellor (CYCC) Initiative (ECE and HSS, 2021c, p. 10-11)

Consent

All individuals receiving counselling services, including children/youth or family members, must provide informed consent before the counselling can proceed. To give informed consent, the person receiving counselling must understand the risks and benefits of the counselling, including that in limited circumstances, their right to confidentiality may have to be broken, clearly stating what those circumstances are. Consent must be documented in accordance with the Community Counselling Program Standards. Where a person is able to give informed consent, they are said to have capacity to consent.

Confidentiality

NWT laws strictly protect the right of individuals, through the *Health Information Act*, to have personal information kept private and securely stored. Different, but similar, rules apply to HSS compared to other GNWT departments.

In a counselling situation these rules will mean that nothing should be disclosed without the consent of the person being counselled, except in the following circumstances:

- Where the counsellor suspects abuse or neglect of a child or other vulnerable person;
- To protect their clients who are a danger to themselves; and
- To protect others who are in danger (either from the client or a third person the client or a third person the client refers to during counselling)
- Where there is a court order

In 2019, it was noted that pulling students from class to attend appointments worked well when teachers were aware that the students would be called out, but the process was less well received when teachers were not made aware of the appointments (ECE, 2019). Child and youth counsellors were described in CYCWG minutes as calling the classroom to ask the teacher to send a specific student to the main office and then meeting the child or youth in the main office before walking with them to the counselling office (CYCWG, 2019, April 3). The importance of clarifying the child or youth's preference for accessing appointments on intake was also noted. Some students were anxious and wanted the CYC to meet them at their classroom, and others did not want to have contact with the CYC in the hallway.

During the initial implementation of the CYC Initiative, issues regarding confidentiality and scheduling were identified (CYCWG 2018, November 22; CYCSC 2019, January 8; ECE, 2019). School staff were not always aware when a student was at an appointment with a CYC. Schools are required to know where students are at all times for safety reasons so the establishment of formal processes to track student appointment times was recommended (ECE, 2019).

In 2022, HSS stakeholders reported that relying on schools to schedule appointments was inefficient and challenging, particularly when school staff were busy with other tasks. Concerns were also expressed about the CYC's ability to maintain students' privacy and confidentially with school partners. For example, principals wanted to know the specific students attending CYC services, including the nature of the support provided (ECE and HSS, 2022c). Confidentiality and scope of practice concerns were also discussed by the CYCWG (CYCWG 2022, February 02). These meeting minutes described that school staff were:

- Requesting intensive case management from CYCs for matters such as medication management, coordinating medical care, and social service-like coordination.
- Requesting personal diagnostic information from CYCs.
- Overlooking students' capacity for consent for students who were of the appropriate age (i.e., mature minor status).
- Not respecting the boundaries and scope of practice of the CYC.

At a later CYCWG meeting, the minutes indicated that clarifying confidentiality expectations between teachers and CYCs was an improvement area and identified the following parameters (CYCWG, 2022, September 28):

- Any communication that is about a specific student requires student consent.
- Teachers and CYCs are encouraged to communicate about general themes.
- CYCs should go through the school receptionist to contact specific students to best maintain confidentiality.

Referral to a CYC

> #### Handbook for the Child and Youth Care Counsellor (CYCC) Initiative (ECE and HSS, 2021c, p. 12)
>
> Referral will be a standardized process, based on HSS models and in negotiation with ECE. This will have some flexibility to take account of the needs and resources of each school / community. It is expected that the following will generally apply:
>
> - A student may self-refer;
> - A parent / guardian / caregiver may refer their child;
> - School staff may refer a student;
> - Some other professionals may refer a student (for example, nurse, medical practitioner, social worker);
> - The child/youth and/or parent/guardian/caregiver has consented to the referral being made.
>   - Whenever possible, referrals should be discussed with the child/youth and/or their parent/guardian/caregiver prior to referring to the CYCC.
>   - School staff are encouraged to speak with the CYCC for guidance on how best to discuss CYCC services to a student or caregiver.

Students and youth were referred to CYCs by teachers, principals, the community health centre, probation services, or other community counsellors through either referral forms or emails. Principals or school receptionists forwarded requests for services coming from students themselves (ECE, 2019). In 2019, CYCs described referral processes as including initial screening, completion of an HSS intake template and consent documentation, updating of service logs, completion of risk assessments, compiling monthly statistics, and descriptions of presenting problems (ECE, 2019).

Health and Social Services stakeholders noted that CYC referrals from the school and families were not meeting the criteria for counselling, suggesting that other support resources may have been more appropriate for student needs (ECE and HSS, 2022c).

CYC Office Space

> #### Child and Youth Care Counsellor Steering Committee Implementation and Program Guidelines (ECE and HSS, 2021a, p. 7)
>
> ECE is responsible for working with Education Bodies to identify suitable space in the schools for CYCCs to utilize in delivering services. The Health and Social Services Authorities - Tłı̨chǫ Community Services Agency (TCSA), Hay River Health and Social Services Authority (HRHSSA), and the Northwest Territories Health and Social Services Authority (NTHSSA) – are responsible for identifying office space within the applicable communities for CYCCs to use outside of school and when school is not in session (e.g., summer holidays). The Health and Social Services Authorities (TCSA, HRHSSA, and NTHSSA) will also be responsible for identifying office space for the Clinical Supervisors associated with this initiative.

The CYC Steering Committee described infrastructure inventories and needs assessments as being completed to facilitate office space allocations in both schools and communities (CYCSC 2019, 2020). In the *Clarificative Evaluation Repor*t, CYC spaces within schools were described as varied across regions, with some offices located central to general school activities and others in more isolated sections of the school (ECE, 2019). Central spaces were described as resulting on more occasions in which CYCs saw children and youth.

Responsibility for the assignment of school spaces was mentioned as an issue in need of leadership and clarification. In some schools, spaces traditionally used for school-wide support were reallocated to CYCs under the direction of HSS, which was seen as a challenge for maintaining whole-school interventions and programming (ECE, 2019).

The availability of community spaces was documented in CYCWG minutes as a greater challenge than the allocation of space in schools. Some CYCs were provided office space in community health centres, while others did not have community office space allocated to them. Community space was often noted as a concern over the summer months when schools were closed (CYCWG 2018, December 6; CYCSC, 2019, January 8, February 27, April 24, September 25, July 3; CYCSC, 2021, December 2, April 4, June 2; CYCSC, 2022, July 7, June 24).

Clinical Supervision

Handbook for the Child and Youth Care Counsellor (CYCC) Initiative (ECE and HSS, 2021c, p. 12)

> A clinical supervisor meets regularly with the counsellor to ensure standards of practice are met and to support the development of professional skills, knowledge, and expertise. The supervisor is bound by the same confidentiality rules as the counsellor and provides a forum for discussion of difficult issues. Clinical supervision of the CYCC is provided by the HSSAs as part of the CCP program, standards, and HSSA operational procedures.

In 2019, CYCs described meeting with their clinical supervisors weekly, providing check-ins and updates, and discussing administrative procedures and health and safety issues. Weekly meetings also allowed for open time to discuss client cases and for CYCs to discuss interventions and supports. Having qualified clinical supervisors who are readily available and have the experience and expertise to guide and advise the counsellor through challenging situations was described as important by CYCs (ECE, 2019).

In 2022, two-thirds of CYCs (65%, n=13) reported receiving clinical supervision bi-weekly or weekly, with half of the CYCs (55%, n=11) receiving clinical supervision weekly. These meetings provided an opportunity to: debrief with the supervisor; discuss approaches to interventions; and receive support with case planning, clinical consultation, and case management. A few CYCs reported receiving support regarding management of their relationships with school staff, as well as crisis intervention support and support with self-care and burn-out. Supervisors and regional managers described providing CYCs with consultative support such as client consultation, case consultation, case reviews, and consultation on ethical dilemmas facing CYCs (ECE and HSS, 2022c). A few counsellors (15%, n=3) reported receiving clinical supervision less often than monthly. In one instance, the lack of support was attributed to not having a clinical supervisor (ECE and HSS, 2022c).

The differences in reported clinical supervision between 2019 and 2022 should not be comparative due to the phased implementation of the CYC Initiative throughout the territory.

CYC Training

Handbook for the Child and Youth Care Counsellor (CYCC) Initiative (ECE and HSS, 2021c, p.14-15)

> CYCCs will attend orientation session(s) with HSSAs, HSS and ECE, which will provide an introduction to our systems and our context in the NWT, including residential schools training. Participation in school staff meetings, events, and professional development and in-service initiatives will also be an important part of relationship building and learning how to work effectively within the school setting.
>
> CYCCs will participate in HSS and HSSA training events for counsellors, such as the annual CCP conference, and will have the opportunity for professional development through PDI (Professional Development Initiative) linked to their annual individual learning plans.

In 2019, training and orientation processes were identified as an area for continued development. The development of a CYC training framework was recommended to promote strong team cohesion and deliver integrated, timely and effective services at the appropriate intensity (stepping up and stepping down) to meet the treatment needs of children and youth within their given contexts and circumstances. Training for clinical leads and supervisors in supervisory methods was also considered an area for ongoing professional development in individual and group supervision approaches (ECE, 2019).

CYCs and other CCP counsellors had access to professional development funding through NTHSSA[4], including online coursework, in-person coursework, conferences, etc. (CYCSC 2019, October 23). A written summary of educational and professional development opportunities for CYCs was created and informed by data collected from staff based on community needs and related skills. The CYCSC discussed the need for standardization of the qualifications of CYCs and the use of therapeutic tools, including baseline training or certification for all CYCs.

In 2022, most CYCs reported having the requisite knowledge and skills to meet the needs of the populations they serve. The few that reported gaps in knowledge and skills identified the need for more trauma and crisis training before starting the position, more training during the onboarding process, and more training in psychotherapy, attention deficit hyperactivity disorder (ADHD) and autism (ECE and HSS, 2022c).

CYCWG meeting minutes noted the need for the following training and orientation activities (CYCWG, 2019, 2020, February 5, April 29, September 02; 2021, March 03; 2022, January 2, March 3, April 27, July 21, November 9):[5]

- Mature minor and consent training
- Development of orientation packages and materials
- Formalizing onboarding processes
- Virtual care practices
- NCTS orientation
- Communications training during orientation
- Regulation strategies for children and youth

[4] There was no mention made of professional development funding for Hay River HSSA or Tłı̨chǫ Community Services Agency.
[5] CYCWG meeting minutes did not indicate whether the noted training was provided.

SERVICE DELIVERY STRENGTHS AND CHALLENGES

This section below presents implementation information on:

- Service delivery strengths
- Service delivery challenges

Service Delivery Strengths

HSS and ECE stakeholders were asked to identify elements of the CYC Initiative that work well in their school or region (ECE and HSS, 2022c). Both stakeholder groups identified the following strengths:

- Availability and accessibility of counselling options for children and youth, with the drop-in approach noted as particularly beneficial
- Flexibility in the service delivery model allows services to be adapted to school needs
- Collaboration between health professionals allows flexibility when a CYC has a conflict of interest or a particular area of expertise
- Supportive and collaborative relationships between CYCs and school staff
- CYC participation in SBSTs
- Flexibility of the service delivery environment in helping students to understand their mental health (e.g., CYC interaction with students in classrooms, common areas and in the community)

Service Delivery Challenges

A variety of service delivery changes were identified in the documents including:

- Recruitment and retention
- Client needs
- Administrative processes
- Other

Recruitment and Retention

Child and youth counsellor retention and a lack of consistent CYC services were identified as critical in the *Clarificative Evaluation Report* and the *What We Heard Report* (ECE, 2019; ECE and HSS 2022c). The challenge of attracting and retaining qualified mental health clinicians in the more remote regions of the NWT was described as ongoing in numerous CYCSC and CYCWG meeting minutes and noted as a key concern in Education Leaders meeting minutes (ECE, 2022, June 8). This challenge is not unique to the CYC Initiative, as similar difficulties were described with the recruitment and retention of teachers (ECE, 2019).

The factors identified as contributing to recruitment and retention challenges included:

- Lack of housing
- Lack of mental health support for clinical staff in remote communities

- Education requirements (i.e., Master's degree or equivalent for CYCs)
- Experience requirements (i.e., a minimum of three years of clinical supervision experience for clinical supervisors)
- Not having local and traditional knowledge recognized as a qualification for the position
- Lack of flexibility when requesting leave during school breaks
- Culture shock
- Employee burn-out

The overall vacancy rate for CYC positions varied between regions, from 6% in Dehcho to 83% in Fort Smith (refer to Table 9). This data should be interpreted with caution due to variability in the available data, year to year.

Table 9. Average vacancy rate (%) of CYC positions by region and year

Region	2019-2020	2020-2021	2021-2022	Region Average
Dehcho	11%	7%	0%	**6%**
Tłı̨chǫ	33%	25%	13%	**24%**
Beaufort-Delta	71%	40%	21%	**44%**
Sahtu	33%	15%	31%	**27%**
Yellowknife	-	16%	30%	**23%**
Fort Smith	-	-	83%	**83%**
Hay River	-	-	72%	**72%**
NWT Average	**37%**	**21%**	**36%**	**31%**

Source: HSS Administrative Data, 2019-2022

Notes: 2021-2022 data for Decho, Beaufort Delta, Sahtu, Yellowknife, and Fort Smith based on Jul-2021, Dec-2021, Mar-2022, Jun-2022 vacancy rates as a vacancy analysis was not completed in NTHSSA for Sept-2021.

Turnover rates refer to the percentage of employees that voluntarily leave an organization over time. The overall NWT turnover rate for CYCs between 2019 and 2022 was 20%. Regions with low turnover rates, such as Beaufort-Delta (3%) and Fort Smith (10%), are explained by relatively high degree of unfilled positions thus should be interpreted with caution.

Table 10. Average turnover rate (%) of CYC positions by region and year

Region	2019-2020	2020-2021	2021-2022	Region Average
Dehcho	50%	0%	10%	**20%**
Tłı̨chǫ	0%	33%	20%	**18%**
Beaufort-Delta	0%	0%	10%	**3%**
Sahtu	50%	0%	10%	**20%**
Yellowknife	-	67%	40%	**53%**
Fort Smith	-	-	10%	**10%**
Hay River	-	-	0%	**0%**
NWT Average	**25%**	**20%**	**14%**	**20%**

Source: HSS Administrative Data, 2019-2022

Client Needs

The demand for CYC services and the intensity of support required were described as beyond the capacity of CYCs (ECE, 2019; 2022). In 2019, CYCs identified supporting children with intensive needs and adapting to the new processes and practices for working with children who have experienced trauma as a key challenge. In 2022, CYCs reported that the demand for same-day services and the variety of activities they were expected to deliver in the school was challenging, particularly in communities or schools with high needs. School staff also indicated that CYCs appeared to be spread too thin to fully meet their schools' needs.

Administrative Processes

Child and youth counsellors reported that administrative processes impacted their work. While details of administrative processes were not described in detail, CYCs indicated that these affected their ability to efficiently record required information in the CYC database and schedule sessions with children, youth, and families (ECE and HSS, 2022c).

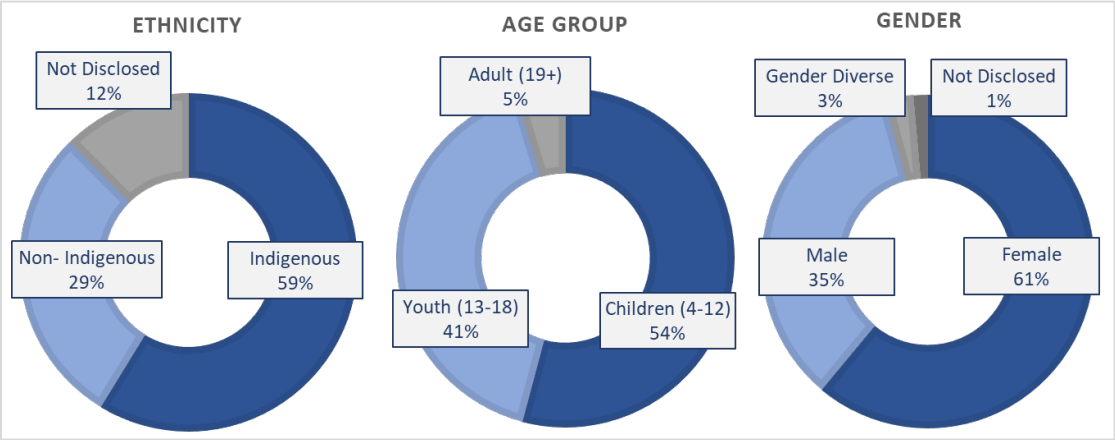
Other Challenges

Other challenges related to client needs, described elsewhere in this report, included risks related to privacy and confidentiality in schools, barriers to family involvement in counselling, and referrals not meeting the criteria for counselling.

CLIENT PROFILE

Figure 4 provides an overview of the demographic profile of individuals reached by CYCs from 2019 to 2022. Overall, 61% of service users who received services were female and 59% identified as Indigenous (First Nation, Inuit, or Métis). The gender and ethnic identity representation were similar to the regional distribution of these demographic characteristics. Most individuals who received services identified as Indigenous in the Tłı̨chǫ (97%), Beaufort-Delta (86%), Sahtu (80%), and Fort Smith (80%) regions. In the Dehcho, 57% identified as Indigenous and 41% did not disclose their ethnicity. The proportion of individuals who identified as Indigenous in Yellowknife (40%) was higher than the average proportion of the Indigenous population in that region (25%) from 2020-2022 (NWT Bureau of Statistics, 2022). Overall, just over half (54%) were children aged 4 to 12, and 41% were youth ages 13 to 18. Service users aged 19 and older (5%) included parents and caregivers and youth up to age 21 as defined by the *Education Act.*

Figure 4. Demographic profile of CYC service users, NWT, 2019-2022



Source: HSS Administrative Data, 2019-2022

Table 11 provides a detailed breakdown of demographic characteristics and the estimated number of unique individuals seen by CYCs per month by region from 2019 to 2022. Across all regions, CYCs had an average 296 services users per month over three years.

Table 11. Number and monthly average of CYC service users, by demographic characteristic and region, 2019-2022

	Dehcho		Tłı̨chǫ		Beaufort-Delta		Sahtu		Yellowknife		Fort Smith		Hay River		NWT	
	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$	n	$\bar{x}$
Total	**938**	**26**	**1390**	**39**	**1487**	**41**	**777**	**22**	**5630**	**156**	**175**	**5**	**265**	**7**	**10662**	**296**
Gender																
Female	463	13	884	25	828	23	535	15	3549	99	93	3	155	4	6507	181
Male	371	10	504	14	600	17	214	6	1852	51	78	2	90	3	3709	103
Gender Diverse	26	1	0	0	13	0	23	1	227	6	4	0	5	0	298	8
Not Disclosed	78	2	2	0	46	1	5	0	2	0	0	0	15	0	148	4
Ethnicity																
First Nation	440	12	1333	37	304	8	596	17	1813	50	87	2	81	2	4654	129
Inuit	44	1	10	0	959	27	1	0	211	6	17	0	4	0	1246	35
Metis	46	1	2	0	10	0	23	1	222	6	35	1	22	1	360	10
Non-Indigenous	26	1	39	1	149	4	91	3	2613	73	36	1	128	4	3082	86
Not Disclosed	382	11	6	0	65	2	66	2	771	21	0	0	30	1	1320	37
Age Group																
Children (4-12)	438	12	612	17	712	20	254	7	3499	97	121	3	77	2	5713	159
Youth (13-18)	397	11	621	17	662	18	489	14	2041	57	47	1	87	2	4344	121
Adult (19+)	23	1	152	4	108	3	34	1	89	2	7	0	81	2	494	14
Not Reported	80	2	5	0	5	0	0	0	1	0	0	0	20	1	111	3
Grade																
Junior Kindergarten	8	0	3	0	23	1	4	0	78	2	4	0	0	0	120	3
Kindergarten	13	0	7	0	52	1	2	0	115	3	3	0	1	0	193	5
1	25	1	23	1	57	2	5	0	239	7	10	0	4	0	363	10
2	17	0	31	1	60	2	10	0	362	10	12	0	1	0	493	14
3	59	2	59	2	61	2	21	1	515	14	23	1	1	0	739	21
4	74	2	93	3	122	3	33	1	544	15	21	1	6	0	893	25
5	82	2	84	2	123	3	44	1	497	14	19	1	8	0	857	24
6	57	2	149	4	121	3	79	2	506	14	25	1	27	1	964	27
7	109	3	127	4	159	4	95	3	440	12	13	0	0	0	943	26
8	64	2	152	4	148	4	151	4	444	12	6	0	13	0	978	27
9	51	1	140	4	131	4	127	4	512	14	9	0	10	0	980	27
10	84	2	162	5	181	5	83	2	413	11	16	0	7	0	946	26
11	73	2	73	2	77	2	47	1	326	9	2	0	5	0	603	17
12	60	2	63	2	41	1	43	1	273	8	4	0	9	0	493	14
University	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3	0
Not Enrolled	24	1	93	3	74	2	23	1	52	1	1	0	0	0	267	7
Not Reported	138	4	130	4	57	2	10	0	312	9	7	0	173	5	827	23

Source: HSS Administrative Data, 2019-2022

Table 12 identifies the estimated number of unique individuals seen by CYCs per month by region from 2019 to 2022. The table shows an increase in all regions in 2020-2021 and a decrease in 2021-2022 in all regions except the Beaufort Delta.

Table 12. Average of number of individuals seen by CYCs per month, by region and year

Region	2019-2020	2020-2021	2021-2022	Region Average
Dehcho	26	35	17	**26**
Tłı̨chǫ	34	46	36	**39**
Beaufort-Delta	10	48	66	**41**
Sahtu	14	31	20	**22**
Yellowknife	-	247	222	**235**
Fort Smith	-	-	15	**15**
Hay River	-	-	22	**22**
NWT Average	**84**	**406**	**398**	**296**

Source: HSS Administrative Data, 2019-2022

The demographic characteristics of NCTS service users from 2019-2020 and 2021-2022 are provided in Table 13. Information was not made available for 2020-2021.

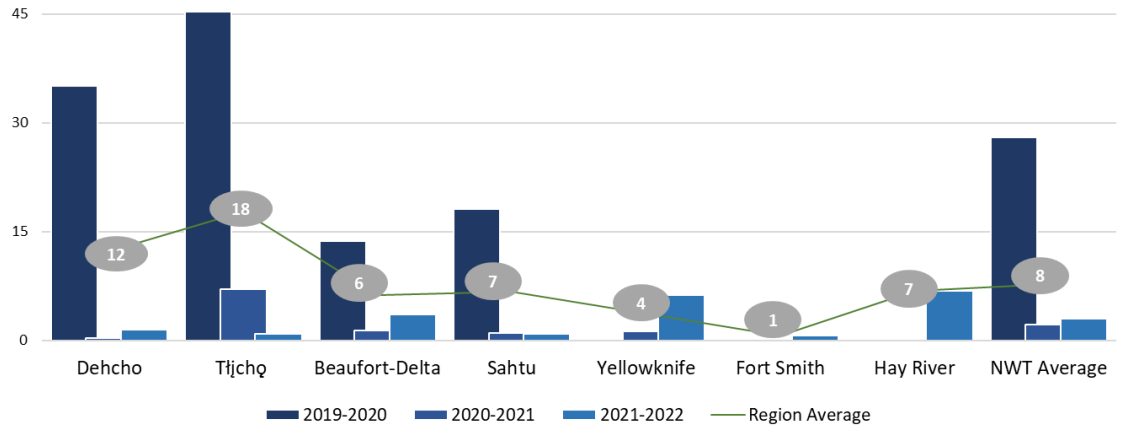
Table 13. Demographic profile of NCTS service users, 2019-2020 and 2021-2022

	2019-2020	2021-2022
Total Individuals	**12**	**11**
Gender		
Female	6	9
Male	6	2
Gender Diverse	0	0
Not Disclosed	0	0
Ethnicity		
First Nation	-	10
Inuit	-	0
Metis	-	0
Non-Indigenous	-	0
Not Disclosed	-	0
Age		
Children (4-12)	6	5
Youth (13-18)	5	6
Adult (19+)	1	0
Not Reported	0	0

Source: HSS Administrative Data, 2019-2020 and 2021- 2022; Note: Data was not collected in 2020-2021

Figure 5 describes the regional average number of family and community members seen by CYCs per month from 2019-2022. The average number of family and community members seen by CYCs per month ranged from one in Fort Smith, to 18 in the Tłı̨chǫ region. In 2019, the Dehcho (35), Tłı̨chǫ (43), Beaufort-Delta (14) and Sahtu (18) regional CYCs saw more family and community members per month than in subsequent years.

Figure 5. Number of family and community members who accessed CYC services per month by region, 2019-2022



Source: HSS Administrative Data, 2019-2022

Engagement

CYC SERVICES AND SUPPORTS

Children/Youth

While most children and youth indicated they took part in one-on-one sessions with their CYC, a few mentioned they had participated in group discussions. In addition to talking about their problems, how they were feeling and developing strategies, students also said they played games, played with fidget toys and sand, drew, coloured, painted, knitted, beaded, journaled, and did exercises (e.g., iceberg, coping, grounding, negative thinking, self-love, mindfulness, creating plans and goals) to practice their strategies.

> "I talk about how I feel about stuff. We figure out strategies. She listens really well. I'm glad for that." (Youth 14)

> "Always individual sessions. I wouldn't want to be in a group setting." (Youth 15)

Parents/Guardians

The majority of parents/guardians indicated their child/children took part in one-on-one counselling. One parent said their children took part in a weekly lunchtime group activity. Some parents commented that they were unaware there were other CYC service options aside from one-on-one counselling.

Health and Social Services/ Education

SERVICE DELIVERY CHALLENGES

CYC Model

Although the Handbook was intended to accommodate regional differences, several educators spoke about the rigidity of the CYC Initiative in a number of different ways including structure, qualifications, and job descriptions. They commented that the inflexibility of the Initiative limited the ability for local and regional contextual differences to be addressed in implementation thereby removing the opportunity for school-based or even community-based decision making.

School/Guidance Counsellor Position

A number of educators also spoke about the loss of longstanding school counsellors who did not have the qualifications necessary to take on the CYC role or had the qualifications but did not wish to take on a position that was not a direct hire under ECE. Many also spoke about the loss of Tier 1 and Tier 2 supports in the schools.

Trust and Respectful Relationships

The relationship between HSS and ECE was identified as the key challenge and barrier of the CYC Initiative. It was suggested by CYCs and other healthcare providers that some educators do not trust that CYCs are doing their job because they are not in the schools all day and because they are not helping school staff deal with specific student problems such as behavioural issues. Some educators feel that representatives from the HSS system are "invading their turf" without the knowledge required to work effectively within the education system.

> "If Education went into Stanton [Territorial Hospital] without COO knowledge, security would lead them out. It seems like the same thing is happening in the schools." (Leadership)

Some CYCs, supervisors/regional managers and healthcare providers spoke about a lack of collaborative and respectful relationships between HSS and ECE systems and about high conflict relationships between CYCs and principals which cause undue stress.

Understanding of CYC Services

It was suggested by some healthcare providers that there was a lack of sufficient discussion (and understanding) between HSS and ECE about the actual operationalization of the CYC Initiative. At the roll-out, there were not enough conversations about what services and supports CYCs were going to provide or what the expectations were of each department. As a result, there was a clear disconnect between what ECE was expecting and what HSS was planning to deliver (even though they were providing the type of services that children and youth had identified wanting). For example, there was an expectation that behavioural interventions were within the scope of the CYCs practice but CYCs have questioned whether behavioural problems (e.g., dysregulation) are a mental health issue and some have elected not to provide supports in this area. There are concerns by CYCs that if they were to spend time addressing student regulation, that it would compromise the time they spend with students on mental health problems. It was noted that clarity regarding what is a behavioural issue and what is a mental health issue is needed and that one person cannot be responsible for dealing with both behavioural issues and mental health problems, that it is too much. Related to this issue, some CYCs feel that school staff regard counselling as a punitive outcome to misbehaviour with counselling being part of a suspension plan. Counselling is intended for those who want to come and is based on developing trusting relationships with students, which is difficult when they've been forced to come as a consequence of bad behaviour (e.g., not following the rules). Additionally, some CYCs feel that educators do not always understand the seriousness of issues that CYCs are dealing with, that there are times they need to leave the school to provide support, and that they do not realize that the loudest child or youth or the one acting out the most, is not necessarily the one who needs the most support.

> "Schools don't understand the magnitude of what the counsellors are dealing with. Sometimes a child needs to be escorted to the RCMP or CFS [Child and Family Services] to

> report an incident. These are the kids that don't stand out. They're silently suffering, have lots of anxiety and stress, but don't stand out in the classroom. They're not on the education radar because they are not loud. But seeing a counsellor helps them come out of their shell." (Healthcare Provider)

> "Kids come from homes with neglect and abuse. They present as happy but the CYCs are able to identify kids in need. Teachers have too many kids to see the behaviours that suggest a problem. We don't know what is going on behind closed doors." (Healthcare Provider)

These misunderstandings and lack of effective communication have continued to hinder the relationship and have impeded the success of the Initiative. While HSS feels they have engaged in collaborative efforts – "We felt we were bending over backwards but ECE kept telling us that we were not being collaborative" – ECE does not feel that same level of partnership.

Stepped Care 2.0 Model

The roll-out and implementation of the Stepped Care Model was described as problematic by some healthcare providers who felt that it was not well explained or understood. In particular, the one-at-a-time approach to counselling, was perceived by many CYCs to mean they could not/should not be scheduling follow-up appointments but instead should refer children, youth, and families to other resources and/or leave it up to them to request additional counselling if they felt it was needed. They did not understand that the model has flexibility in how it is implemented based on the needs of the client.

> "Staff take it [the Stepped Care model] very literally and believe they can't see people, or if they do see people, they fudge it." (Healthcare Provider)

Confidentiality and Lack of Information Sharing

Many educators commented on the fact that Principals are responsible for all the students in the school but with the lack of information sharing in the part of the CYCs, they sometimes have no idea where students are, how they are doing and what teacher and/or Principal supports could be provided to further help a student.

Confidentiality and lack of information sharing was identified as the greatest frustration of educators. While it appears that most CYCs are sharing very limited/if any information, there were CYCs and healthcare professionals who commented that this rigid, all or nothing approach to confidentiality was not necessary. They suggested that many CYCs are not asking the child or youth if some information can be shared, they are making the decision themselves. They noted that CYCs can have a discussion with the child or youth and explain why they would like to share information with their parent/guardian and/or teacher, identify the information they would like to share and then determine specifically what information the child or youth is comfortable with. If they are not comfortable, then no information is shared.

> "CYCs need to know how to manage confidentiality in the sense that they can get permission to share information. They just need to ask the child or youth what they can share. For example, a CYC may say 'I would like to tell your parents this. Are you okay with that?'" (Healthcare Provider)

It was recommended by healthcare providers and educators that there be some type of directive addressing the sharing of information.

Office Space

The lack of appropriate office space – size and location - is a barrier to successful implementation for some CYCs (e.g., office is located in a closet or office with windows everyone can look into). While CYC offices located in more general areas supports increased student awareness and access to services, offices located in very public areas can also be problematic for those students who do not want their peers knowing they are receiving counselling. Some offices did not have space to safely store client files. This meant that some CYCs were obliged to carry the client records back to the office used in the CCP. Files should not leave the schools. Files need to be double locked — secured in a lockable cabinet in a room with a door that locks — which was not always possible. Some CYCs worked with the principal to find a secure space for their files.

> "We have thought about applying for a full time Jordan's Principle position, but for one thing, there is no housing and for another, there is no office space." (Superintendent)

CYC Allocation

The allocation of CYCs is numbers-based. This means that CYCs were distributed across the NWT based on the number of students enrolled in the schools, with larger schools being allocated more CYCs and those schools with less than 75 students receiving supports from itinerant counsellors. This approach does not account for the actual need in schools and communities.

> "Not enough thought was given to the needs of the community." (Healthcare Provider)

CYC Onboarding

Because the CYC Initiative was new, it required the hiring and onboarding of 49 CYCs and clinical supervisors. New people needed orientation and mentoring, especially if they were new in their career and/or new to the North. This was a considerable undertaking that did not always work out because new hires were not always an appropriate fit for the job (i.e., did not have enough experience working with high needs children and youth), the school (i.e., placed in an elementary school when their personality was better suited for high school students) and/or the community (i.e., too remote)

SERVICE DELIVERY ADJUSTMENTS AND MODIFICATIONS

Although changes to priorities in each region were assessed regularly and adjusted to meet the regional needs, the time constraints due to high level of need for Tier 3 services challenged the ability of CYCs to

provide more Tier 1 and Tier 2 services. It was suggested that educators were not expecting the primary, or sole, focus to be Tier 3 interventions. While most educators acknowledge the importance of one-on-one (Tier 3) counselling, to align more closely with education approaches to student supports, they would have liked to see interventions that addressed whole of school, classroom, group, art therapy and health promotion types of supports. One region turned to Jordan's Principle funding to hire additional staff who are trained, to provide Tier 1 and Tier 2 services in the schools, in addition to the Elders they already use to support school-based counselling. Because none of ECE's request for changes were adopted during the roll-out phases, they commented that there is now a need for a full re-design of the Initiative and discussions regarding future funding. It was recommended that as a component of the CYC Initiative re-design, the program be split in two: (1) Tier 1 and Tier 2; and (2) Tier 3.

One change to the CYC Initiative is the change in the name of the Initiative and position. At the start, it was the Child and Youth Care Counsellor (CYCC) Initiative. The 'Care' was dropped because HSS was unable to hire Master's level candidates with that word in the position title. They were not attracting the types of candidates they wanted. This required changing 49 CYCC job descriptions as well as the job descriptions of CYCC clinical supervisors.

Another change to the Initiative was the introduction of the Stepped Care 2.0 model that was rolled out across the territory in 2020 with the support of the Mental Health Commission of Canada (MHCC) and Stepped Care Solutions. Stepped Care 2.0 provides rapid, same day, flexible access to mental wellness and addictions recovery supports that include e-mental health apps, online self-help services, and skill-based programming options. It is an evidence-based system that organizes care based on what each individual person wants, according to the least intensive and most effective options. The goal of Stepped Care 2.0 is to increase access to mental wellness and addictions recovery services by reducing or eliminating waitlists for counselling, expanding options for care, and reducing barriers to care.

P2. Was there consistency between CYC regional site goals, implementation activities and the overall CYC logic model framework? What areas of convergence and divergence were noted?

Document and Data Review/Engagement

As described in P1, the administrative data demonstrates that implementation of CYC activities (i.e., individual, group and family counselling sessions, educational workshops) was relatively consistent across sites. A key area of divergence across sites was the CYC vacancy and turnover rates. While there are various factors that influenced implementation across regions, as discussed throughout Section 3, they could not be analyzed by region. A synthesis of key factors that influenced implementation across the territory is provided in Section 4.0.

Regional-specific goals were not identified.

P3. When a position was left vacant, where were those funds reallocated?

The CYC Initiative used a phased approach to implement the project over four years, beginning in 2018-2019 and covering all regions by 2021-2022. The number of CYC positions available in each region from 2019 to 2022 is provided in Table 14. Implementation monitoring began in 2019.

Table 14. Number of CYC positions available by region and year

Region	2019-2020	2020-2021	2021-2022
Dehcho	3	3	3
Tłı̨chǫ	4	4	4
Beaufort-Delta	5	7	7
Sahtu	4	4	4
Yellowknife	-	15	17
Fort Smith	-	-	3
Hay River	-	-	4
NWT Total	**16**	**33**	**42**

Source: HSS Administrative Data. 2019-2022

Table 15 describes the annual budget and expenditures that health authorities allocated for CYC positions from 2019-2022. The 2019-2020 budget for the Dehcho, Sahtu, and Beaufort Delta regions and the 2020-2021 budget for Yellowknife were unavailable for this evaluation.

The Dehcho reported a funding deficit of $10,599 in 2020-2021 and a $121,750 deficit in 2021-2022. From 2019 to 2022, the Dehcho had a CYC position vacancy rate of 6%, the lowest of all regions (refer to Table 9)

In 2019-2020, the Tłı̨chǫ region reported a surplus of $117,410 and did not distribute any funds to contracted services to fill in for vacancies in CYC positions. However, in 2020-2021 and 2021-2022, the Tłı̨chǫ region allocated approximately 2% of its budget to contracted services and reported a surplus of $44,533. In 2021-2022, 20% was allocated to contracted services. Over the three years, Tłı̨chǫ had a vacancy rate of 24% and reported a surplus of $309,017.

The Beaufort-Delta region received funding for 5 CYC positions in 2019-2020 and 7 positions in 2020-2021 and 2021-2022. This region had an overall vacancy rate of 44% over the implementation period. $36,267 was allocated in 2021-2022 to contracted services to fill in vacancies in CYC positions. The Beaufort-Delta reported a total surplus of $315,218 for 2020-2021 and 2021-2022.

The Sahtu region received annual funding for 3 CYC positions from 2019 to 2022. A combined surplus of $530,335 was reported for 2020-2021 and 2021-2022. The Sahtu had an overall vacancy rate of 27%. No funds were allocated to contracted services.

Yellowknife received $1,729,934 in funding for 15 CYC positions in 2020-2021 and $1,729,934 for 17 positions in 2021-2022. There was a vacancy rate of 23% over this period. In 2021-2022, Yellowknife reported $26,159 in contracted services and a $425,200 surplus.

In 2021-2022, Fort Smith received funding for 3 CYC positions, and Hay River was funded for 4 CYC positions. These regions had the highest vacancy rate of all regions, at 83% and 72%, respectively. Fort Smith reported a surplus of $216,207 and Hay River reported $316,422. There were no expenditures for contracted services in these regions.

It is not clear from the financial reports where unspent funds were reallocated.

Table 15. Budget and expenditures for CYC positions by region and year

Year/Region	Budget	Expenditures			Variance
	CYC Positions	CYC Positions	Contracted Services	Total	
2019-2020					
Dehcho	N/A	$ 62,399.13	$ -	$ 62,399.13	N/A
Tłı̨chǫ	$ 650,000.00	$ 532,589.74	$ -	$ 532,589.74	$ 117,410.26
Beaufort-Delta	N/A	$ 105,849.36	$ -	$ 105,849.36	N/A
Sahtu	N/A	$ 41,904.24	$ -	$ 41,904.24	N/A
2020-2021					
Dehcho	$ 445,457.03	$ 456,056.24		$ 456,056.24	$ (10,599.21)
Tłı̨chǫ	$ 650,000.00	$ 463,215.17	$ 142,251.20	$ 605,466.37	$ 44,533.63
Beaufort-Delta	$ 932,105.76	$ 762,089.85		$ 762,089.85	$ 170,015.91
Sahtu	$ 620,406.09	$ 327,620.60		$ 327,620.60	$ 292,785.49
Yellowknife	N/A	$ 1,046,806.36		$ 1,046,806.36	N/A
2021-2022					
Dehcho	$ 516,573.00	$ 638,327.00	$ -	$ 638,327.00	$ (121,754.00)
Tłı̨chǫ	$ 696,000.00	$ 424,427.12	$ 124,499.49	$ 548,926.61	$ 147,073.39
Beaufort-Delta	$ 1,065,609.00	$ 884,139.00	$ 36,267.00	$ 920,406.00	$ 145,203.00
Sahtu	$ 674,391.00	$ 436,841.00	$ -	$ 436,841.00	$ 237,550.00
Yellowknife	$ 2,181,293.00	$ 1,729,934.00	$ 26,159.00	$ 1,756,093.00	$ 425,200.00
Fort Smith	$ 359,221.00	$ 143,014.00	$ -	$ 143,014.00	$ 216,207.00
Hay River	$ 465,624.00	$ 149,181.68	$ -	$ 149,181.68	$ 316,442.32

Source: Financial data provided by NTHSSA (Dehcho, Beaufort-Delta, Sahtu, Fort Smith, Yellowknife) TCSA (Tłı̨chǫ), HRSSA (Hay River), 2019-2022

Note: N/A – Not Available

P4. How were annual data collection and analysis activities used to support continuous improvement and refinement of CYC services?

Education

Some educators spoke about previous CYC administrative data reports they had received from the regional managers. These reports were described as lengthy, detailed, and provided information by community which allowed principals to get some idea of the stressors the students were experiencing and provided insight into interventions that could be implemented by teachers to address less serious issues. Current administrative data reports were described as vague, lacking in meaningful data, and not providing school-specific information.

> "The new reports are definitely below the expectations compared to what we used to get. Those reports were really meaningful. What we get now is, quite honestly, totally useless." (Superintendent)

> "I have to say, the report is so vague, it's almost like it's designed to avoid accountability. No one has any idea what's going on in the program from those reports." (Principal)

Evaluation Question #3 - To what extent were potential service users (students, youth outside school, and families) aware of CYC Initiative services?

AREAS OF INQUIRY:

- P5. How aware were service users (students, youth outside of school, and families) of CYC services?
  - What methods were used to communicate CYC and NCTS services to students, youth outside school, families, and community service providers?
  - What communications worked well? What could be improved?

P5. What methods were used to communicate CYC and NCTS services to students, youth outside school, families, and community service providers? How aware were service users (students, youth outside school, and families) of CYC services? What communications worked well? What could be improved?

Document and Data Review

Across numerous meetings each year, the CYCSC, CYCWG and regional sub-committees identified numerous communication activities that took place to support CYC Initiative implementation (CYCWG 2019, January 17, March 6, September 18; 2020, February 5, 2021, July 7; 2022, January 19, June 8; CYCSC, 2019, August 14; BDRSC, October 6; FSRSC, June 19). These activities included the following:

- Community engagement presentations
- Development of communication plans
- Distribution of materials such as posters, handouts, handbooks, etc.
- Communication of services available throughout the summer
- CYC Initiative rebranding
- NCTS coverage communications
- Parent information evenings
- CYCs attendance at school gatherings, mingling with students and staff

The *Clarificative Evaluation* (2019) noted that families within each community may not yet be aware of the availability of services with the CYC Initiative. It was noted that a communication plan to inform the regions of the purpose and scope of services would be helpful (ECE, 2019). Information collected during the evaluation did not indicate if this plan had been created.

Engagement

Children / Youth

Most children and youth said they found out about CYC services at school (e.g., posters) and through their teachers/program support teachers/principals and/or by the CYC coming to their classroom or being in the hallways.

> "She told us where she was and invited us to her room and told us what she does." (Child 10)

> "They are always in the hallways, so everyone pretty much knows they are there." (Child 12)

Other children and youth found out about the services from their parents/guardians, from friends, from school newsletters, during counselling sessions outside of the school, were referred by a healthcare professional, and/or asked an educator if counselling was available in the school.

When asked how the counsellors could reach more students in the school, many children and youth said that they were already doing a good job and that most students know they are available. Other students identified the following methods to increase the awareness and reach of the CYCs including:

- holding assemblies
- making announcements
- putting up more posters
- posting on Facebook
- handing out letters
- hanging out in the hallways more
- having counsellors visit the classrooms more often and educate students about mental health
- doing more group counselling sessions
- getting teachers to talk about the counsellors more and referring more students to them

> "Teachers could recommend to kids if they're stressed out to go there and talk it out." (Child 12)

> "The counsellor could do more classroom presentations and be more social. Students are aware they are there, but it might be good if they walked around, watched, and sat in on classes. We need to know she is there to help us." (Youth 15)

They also suggested that counsellors reach out to all the students in the school to see if they need support just in case they are too scared to ask for help, and that they increase the privacy of the office space.

> "Go up to kids who seem to need help and ask them if they want to see her whenever they feel down and unsafe." (Youth 18)

> "Do an individual check up on each student, like an appointment, so even the kids who are nervous to come could at least get a feel for what it's like." (Youth 17)

> "Reach out to those [students] who look like they're struggling." (Youth 20)

Students also commented that normalizing counselling services would help to increase the reach of CYCs.

> "Kids need to know that it's okay to go see a counsellor. People need to realize they can ask for help and stand up for themselves." (Youth 15)

Parents / Guardians

Parents/guardians indicated that the CYC Initiative was well promoted through mechanisms such as: school staff; referrals from healthcare providers; emails, newsletters; Facebook; friends.

> "There is lots of communication from the school."

Health and Social Services / Education

Some healthcare providers commented that the CYC Initiative was successfully promoted through methods such as posters, open houses, Facebook, school messaging, and classroom visits. The high volume of children, youth and families seeking CYC support spoke to the effectiveness of the promotion. Some, however, thought that there were aspects of the CYC Initiative (e.g., summer services), that were not well communicated to parents/guardians.

Some educators noted that unlike the previous school counsellors, CYCs are not connecting with students informally during the school day (e.g., lunch time, recess). This was viewed as a missed opportunity to develop and/or build relationships.

It was suggested that more creative methods of outreach be used such as Instagram, texts, other social media platforms, and that visiting child and youth sports and recreation groups and hosting cooking or art classes might provide an opportunity to build relationships and let children and youth know more about the CYC services.

There were concerns that children and youth not attending school or those attending alternative schools might not be aware that CYCs services are available to them in the community. It was suggested that communications about the services be disseminated to general practitioners/pediatricians, Child and Family Services, Home Base, Route 51, and during grand rounds[6] at the hospitals. It was also suggested that promotion of CYC services should be ongoing to address staff turnover.

[6] Grand rounds refer to clinician meetings during which patient treatment and care is discussed.

Evaluation Question #4 - How accessible were CYC and NCTS services in schools and communities? How accessible were CYC services in communities?

AREAS OF INQUIRY:

- P6. What barriers and facilitators have children, youth and families experienced when accessing the CYC and NCTS services in the schools? CYC services in the communities?
  - How were barriers addressed?
- P7. How were trusting relationships developed by CYC counsellors / NCTS personnel and students and families? CYC counsellors and children/youth and families outside of school?
  - How successful were these activities at building relationships?
- P8. How well were the CYC services integrated into schools and communities?
  - Are school stakeholders satisfied with the level of integration?
  - Are community stakeholders satisfied with the level of integration?
- P9. From a supervisory perspective, how appropriate is the CYC model for enabling integration into schools and communities?
  - How can its structure be improved to enable better integration in schools and communities?

P6. What barriers and facilitators have children, youth and families experienced accessing the CYC services? How were barriers addressed?

Document and Data Review

No information available.

Engagement

Children / Youth

More than three-quarters of students who had accessed support from the CYC program had only used CYC services in the school. Most of the remaining students used CYC services in both the school and community. Students identified having CYCs available in the school as a benefit because it facilitated easy access. They said it is nice to know they could see them when needed and comforting to know they were close by.

> "I like that I can go on my own, that it is in the school and that I don't have to leave school and set up appointments in the community. Being at the school makes it easier." (Youth 15)

> "I really liked having the counsellor at the school because I could attend scheduled appointments very easily. I didn't have to worry about how I would get to the appointment. I had *my* therapist at school. If anything happened, she was there." (Youth 18)

Parents / Guardians

Some parents/guardians indicated their child/children had experienced no barriers to accessing CYC services when needed. These parents were also satisfied with the length of time required to access services.

Most parents/guardians indicated that their child/children had accessed the services at school and that having CYCs in the school facilitated easier access.

> "If the counsellors were not available in the school, my child most likely would not have been able to attend because of my work schedule. A 10/10 rating for the counsellor."

> "For my daughter, the biggest benefit was having the counsellors available in the school and having them always be available."

> "Once my child became familiar with the counsellor, we appreciated that she could access [the counsellor] in the community as well."

However, a number of parents indicated some level of challenge and dissatisfaction with accessing services for their child/children. One of the key barriers noted by some was timely access to counselling because of an insufficient number of CYCs to accommodate school needs (refer to Q8-O4).

Some parents/guardians felt that the lack of information sharing by the CYC was a barrier to them knowing if their child or youth was actually accessing services. In some cases, appointments had been made but unbeknownst to the parent/guardian, the child or youth did not attend the session. Because the parent/guardian was unaware, they did not talk to their child to try and figure out why they had not shown up.

> "Other than when I reach out to the CYC for an update, there is no communication. I have no idea if my kids actually got to see the CYC."

Some parents/guardians commented that advocacy had been required to ensure their child received the level of counselling support they needed. This was considered a particular barrier to those parents who did not have the capacity to act as advocates for their child.

Without a referral (and without a warm handoff[7] by the referring individual) and/or without regular appointments, parents/guardians said the onus was on the child/youth to approach the CYC for counselling services, both initiation of services and follow-up appointments. Parents/guardians commented that this was especially difficult for children/youth experiencing anxiety. They also spoke about the fact that children or youth did not always know when they needed support or continued support so they may not have asked for help.

> "I didn't notice any changes. She was having a hard time and she needed daily sessions. There were open sessions available that she could have gone to but that would have been her responsibility [to ask for an appointment] and she didn't have that capacity."

Parents/guardian said that the location of the office in main school areas stopped some children from accessing support, as did the CYC going to the classrooms to pick up the child.

Health and Social Services/ Education / IGOs

There were a small number of CYCs who stated there were no access challenges for students or families. They commented that there were no waitlists, that CYCs were always available (i.e., provided cell phone number to students) and to address after-hours needs, they provided students with the contact information for the Kids Helpline and staff at the local health centre. Some CYCs also indicated there were no barriers to students experiencing a crisis event as those situations were triaged and dealt with immediately.

A number of educators also stated there were no barriers to access, that the CYCs were always around to offer support and that students were taking advantage of the services in the school. If the CYCs were in another session or in the community, a message would be left, and they would follow-up as soon as they were done.

That being said, most Health and Social Services, education and IGO representatives identified a wide array of barriers to children, youth and/or families accessing CYC services.

NUMBER OF CYCS

The insufficient number of CYCs in the schools was identified by most engagement participants as a barrier to access. CYCs commented that when their caseload is high and/or when there is no full-time CYC in the communities, this is a definite barrier to students and families accessing services. While one CYC, located in a large school, noted that because of the high caseload they may end up only seeing a student about

[7] Transfer of patient care between two different practitioners, ideally in person, ideally in front of the patient/family so that all parties are aware of what information has been communicated to the new practitioner. This helps with care continuity and helps patients begin to build trust with the new practitioner.

three times a year, a former CYC commented that because the demand was so high, they were not able to get to everyone in the school and community.

> "My caseload is a barrier. I can't see as many students as I'd like to." (CYC)

> "There's only one CYC for about 400 kids." (Former CYC)

CYCs noted that when there is not a full complement of CYCs in their school or if they are beyond capacity in the school, it is not always possible to see children and youth in the community who are not attending school. This is a definite barrier for those not attending school. Some CYCs spoke about the high number of non-attenders, especially since COVID-19, which means there are many children and youth not attending school and not easily able to access services in the community. It was also noted that Route 51 (an alternative learning institute through Yellowknife Education District No. 1) in Yellowknife does not have a CYC assigned to the learning institute and that students may not be aware that CYCs are also available in the community.

Some educators commented that when CYC demand is high, it often results in CYCs triaging and prioritizing those with higher needs over those with less serious but still important needs. It also meant that CYCs could not engage in less formal outreach each day, such as five-minute check-ins, which were considered by some educators to set students up for success. As well, when CYCs are not in the school, this creates a barrier to access.

> "Yes, to challenges with access. Many times, kids have come to ask, 'Is she in?' and I have to say, 'No it's not her day.' And they'll say, 'Can you call her?' and I can't really because she's somewhere else and supporting those kids at the other school." (Principal)

When there is only one CYC in the community, there are also ethical considerations about providing services to more than one child from the same family. Additionally, a child or youth may not want to see a counsellor who is also providing services to their sibling(s). CYCs also noted that the lack of male counsellors and the lack of Indigenous counsellors is a barrier for some students. Additionally, if there is only one CYC in the community and the fit for the student is not there, the only option they have is telephone/virtual counselling with a CYC in another community.

Both education and Health and Social Services participants commented that the numbers-based allocation of CYCs in schools as opposed to a needs-based distribution[8] was a barrier to fair and equitable access, especially, but not limited to, the small schools and communities. Schools in small communities are often

[8] A needs-based allocation of CYCs would be defined based on a set of agreed upon indicators of student needs such as past use by students accessing the services of the CYC, number of identified mental health disorders in the child and youth population, levels of community concerns (e.g., suicide, alcohol or drug misuse), and community location (remoteness, limited-service provision).

dependent on half-time CYCs or an itinerant counsellor when they require a full-time CYC to address student needs.

CYC TIME SCHEDULE

A number of Health and Social Services, education and IGO representatives spoke about the barriers to access associated with CYC schedules. Many educators commented on the challenges they encounter because CYCs are hired by HSS and work on a government schedule instead of a school schedule. This means that CYCs take vacations during the school year, often when they are most needed in the schools, do not work during the lunch period, and participate in professional development activities during school hours. This time away often leaves the schools with no counselling supports because there are often no back-up counselling supports. Additionally, the lack of a consistent daily CYC schedule, means that students do not know when to drop by and school staff don't know when to refer students to the CYC. As well, the usefulness of having CYCs provide support during the summer months (because they do not have the time off), was questioned. The perception by some is that very few students take advantage of these services/would take advantage of these services because there are a number of other community activities (e.g., on-the-land healing) for them to take part in during their summer holidays.

Health and Social Services and IGO participants commented on the lack of CYC supports after-hours and on the weekends. Parents/guardians who work and have young children may not be able to meet with CYCs during work hours.

LACK OF UNDERSTANDING OF CYC ROLE

Health and Social Services and education representatives commented that parents can be afraid of speaking to CYCs or allowing their children to speak with CYCs because they do not understand their roles. They associate them with Child and Family Services and the removal of Indigenous children from their home and/or their residential school experiences. They fear their child may say something that will get them in trouble.

> "If parents don't know what we do, then they won't let us work with the kids." (CYC)

> "Seeing that CYCs are run by Health, I have come across many a family that is worried their records will be accessed by Health and Social Services. This scares them away from allowing their kids to see CYCs, as they ultimately are worried their kids may be taken from them. That fear of children being taken from them is very real and fresh in their collective memories." (NCTS)

> "Kids are absolutely loving the fact that they have somebody that they can come to and share the information with, but the parents can approach me in an aggressive way. They don't want me to speak to their kids. They're scared of what the kids may reveal. They want me to breach confidentiality which puts me in a very difficult position because I live

> here…Parents are very unhappy with what their kid may have shared. When something like this happens, and it's happened on multiple occasions, you have to explain to each and every parent that absolutely nothing will be shared with them, but it still doesn't sit well with them because they're the parents." (CYC)

Education staff also commented that a lack of parental support and/or involvement is heightened when the CYCs have not successfully reached out to the parents/guardians or integrated into the community. As well, CYCs not offering counselling supports for families in the community is a barrier for some parents/guardians who would prefer more privacy than what is available in the school.

IGOs also stated that children and youth may not seek out counselling services if they believe their parents/guardians will have to be notified. As well, they spoke about the fact that some families push their child or youth into counselling when they do not want to go and that this approach is not conducive to their child or youth participating and/or continuing sessions.

CYCs noted that there are still school staff who do not understand the CYC role and responsibilities and that because of this, staff may not know when they can reach out to CYCs for support or when they should refer a student.

There are also school staff who expected the CYCs to provide the same services as those delivered by the school counsellors. Educators also commented that not all parents understand the role of the CYCs and how they differ from the previous school/guidance counsellor.

TYPES OF SERVICES

In some schools, CYCs only offer drop-in hours for students to accommodate real-time need, to keep the service open and available to as many students as possible and potentially because of the CYCs misunderstanding of the Stepped Care 2.0 concept (one at a time approach). However, CYCs commented that this model is a barrier to those students who need regular counselling sessions, those who may not be comfortable seeking out support when they need it (e.g., experience anxiety or not able to advocate for themself), and those who may not know they need support. Parents often ask that their child take part in regularly scheduled counselling sessions. It was noted that elementary students tend to prefer scheduled sessions, that it works best for them.

> "They like to know when they are coming to see me. They like the structure and consistency." (CYC)

On the other hand, a lack of drop-in sessions was identified by educators as a barrier for students who need real-time support. It was recommended that even with a scheduled-based counselling approach, that some timeslots be kept open, especially in the high schools, for those students who need immediate support.

CONSENT / CONSENT FORMS

A number of CYCs spoke about the consent forms, describing them as not being user friendly and continuing a "colonial practice of written consent". It was noted that even if verbal consent is received, written consent is still required.[9] The forms were said to be a barrier to student participation because some parents/guardians have low literacy levels and cannot read and/or comprehend the form.

> "Not all parents want to sign the form because they can't read what it says, don't understand it, or don't trust it." (Former CYC)

Health and Social Services and IGO representatives commented that it is sometimes difficult to get consent from parents/guardians.

> "It can take two to three days to get written consent after a child has come in to ask for help. It's frustrating." (CYC)

VIRTUAL COUNSELLING

Both education and Health and Social Services participants commented that virtual counselling and resources are not a good fit for all students because they may not be comfortable with that method of counselling and/or because not all students have access to, or the money to pay for, a cell phone, computer, and/or internet. Additionally, virtual counselling was said to not be a good fit for Indigenous children and youth.

> "Some kids need face-to-face connection so they can see how people are reacting to what they are saying. They can see that what they are saying is being acknowledged. We are such a soulful people. We have functions and gatherings. We thrive this way." (Healthcare Provider)

> "It's not the same to use the internet [for counselling]. It is not embedded in the culture." (Principal)

[9] CYCs conveyed the understanding that written consent was required, even if verbal consent was provided. However, the Community Counselling Program Standards Manual, which guides service provision states: "Invite the service-user/guardian to sign and date the CCP Consent Form. Document on the CCP Consent Form if they refuse to sign the form but verbally consent to services." (GNWT HSS, 2021, p.7)

CYCS FROM THE COMMUNITY

Some education and Health and Social Services representatives said that there are some children, youth and families who are hesitant to access counselling services when the counsellor is from that community, especially in small communities. There are concerns of privacy and confidentiality.

> "People don't want to see CYCs from their community that they know." (CYC Clinical Supervisor)

However, it was noted that this concern can in some cases be successfully addressed by local CYCs spending time ensuring that children and youth understand that CYCs must maintain confidentiality as part of their professional standards and by demonstrating, over time, that they can be trusted to maintain confidentiality.

SPACE

Health and Social Services and education participants commented that not all schools and communities have sufficient space available for CYCs to meet with students and/or parents/guardians. The lack of sufficient space in some schools makes group counselling sessions a challenge and limits the ability for family sessions (for those families that are comfortable in the school). As well, some of the space allocated for CYCs does not allow for privacy, which is important for students.

PRIVACY / STIGMA

IGOs commented that stigma around mental health still exists and not all students are comfortable with their classmates knowing they are receiving counselling supports. To overcome this barrier, they said that CYC offices need to be in a more secluded area and that CYCs need to continue to normalize counselling by making it more visible and something that all students are involved in.

> "…to make it more normal it would be to have the CYC see "regular" [students], not just seeing the kids who are struggling immensely…[and]…having much more visibility in classrooms…and involvement so that it's not only the sick who are going to see them, but it's like a regular check-in and making it a part of the classroom structure. So, you know on Tuesdays, …all students and whatever grade have a regular, even if it's 15–20-minute, check-in so it makes it more normal to be seen going into the office…and…so that those who genuinely need it start to build more comfort and rapport…[so] they're like, okay, it's not that bad to come in here, and see, like, everyone's doing it." (IGO Representative)

SELF-REFERRAL

Educators spoke about the challenges of self-referral for some students and the courage it takes to reach out. Students experiencing anxiety have a particularly difficult time reaching out for support, so the CYC needs to be visible in the school, get to know the students and promote CYC services.

> "This takes a lot of courage, plus going to someone who is not in the building a lot, plus there is a cultural divide as well. Half of students are Indigenous or Métis, [self-referral] is daunting for the student." (Teacher)

> "…there are also kids who aren't asking [for help]. Asking is big. Taking that step to ask for help is huge, even for an adult. Not everyone is asking. Not everyone is ready to ask. This model just doesn't fit those kids. They need a relationship and time put in first." (Principal)

LACK OF RELATIONSHIP

Educators commented that students are resistant to counselling when they have not developed a relationship with the CYC and when they do not understand or trust how their information will be used. The lack of relationship building is linked with high rates of CYC turnover.

> "You need to know me before you teach me." (Principal)

CLOSED DOOR

Educators spoke about CYCs who never seemed to leave their office and engage with school staff, students, or parents/guardians (outside of their office). They identified this as a real barrier to accessing support.

> "There have been times when parents have been knocking on the door to get support for their child who is in crisis in that moment, and the CYC won't even answer the door. There is a sign on the door saying in a meeting or on a call, but there's nothing, no pop out to say, 'I can check in with you in half an hour' or something." (Superintendent)

ITINERANT COUNSELLOR FOLLOW-UP

Some educators said the lack of follow-up that occurs when an itinerant counsellor leaves the community was a barrier to student progress and a concern.

> "The disconnect is that there is no follow-up here in the community. With this drop-in, fly-in and fly-out approach, the wounds are opened, and the pain starts surfacing, and then they're gone for three months and there is nothing, literally nothing. I'm left with no one else to go to except for the nurses and they're not really open to ongoing mental health support, they're there in a crisis but it has to get to a crisis. So, in my case of having these one-week drop-in sessions, it's just a really difficult situation. For example, I need them

here dealing with suicidal ideation and those students who are really struggling, and the children who have ongoing trauma in their life, spending time and reconnecting with those children…" (Principal)

P7. How were trusting relationship developed between CYCs and NCTS personnel and children, youth and families? How successful were these activities at building relationships?

TRUSTING AND RESPECTFUL RELATIONSHIPS

Children / Youth

Almost every single child and youth that participated in the evaluation engagement said they felt supported by their CYC. They described their CYCs as nice, kind, helpful, trustworthy, and understanding. They said they felt safe, comfortable, and heard when they were with them.

> "I feel safe. She's just so easily accessible. I can talk to her at any time. She's always there." (Youth 16)

> "She was a therapist, and I knew she was a therapist, but she didn't act like a therapist. She wasn't so formal. She didn't use big words. She was casual and we had real conversations. She helped me come to terms with lots of things." (Youth – 18)

Some children and youth also commented on the importance of confidentiality.

> "She keeps it confidential. She makes me feel I can talk to her" (Youth 19)

> "I feel like I can trust her with my personal thoughts because she told me she wasn't going to share with anyone unless I said she could." (Child 11)

> "Every time [we meet], she reassures me about not sharing information unless there is a danger to me or others. She's respectful and lets us talk about what we want to." (Youth 15)

When asked what else the counsellor could do to make them feel supported, many children and youth said there was nothing more. However, some students had suggestions for areas of further support including:

- Being able to meet with the counsellor more often
- Being able to schedule regular appointments
- Receiving more advice
- Asking the child or youth more questions so they can be better understood
- Having a female counsellor instead of a male

- Making the office space more private (e.g., blocking the windows so other students cannot look in)
- Ensuring confidentiality is maintained
- Playing calming music and having softer lighting
- Doing more art activities
- Having snacks
- Being able to meet with the counsellor in person

> "If something really bad is going on, the counsellor lets the teacher know, but the teacher doesn't always need to know. I don't always want to share with the teacher. I can tell the teacher myself if I want them to know." (Child 12)

> "I would prefer if the counsellor came more. I can call them, but I'd rather talk in person." (Youth 15, Itinerant Counsellor)

Parents / Guardians

The majority of parents/guardians indicated that their child/children had felt both supported and respected by the CYC. Some parents/guardians spoke about the deep and trusting relationship their child had made with the CYC over time. However, they also noted that CYC turnover and lack of consistency had challenged the opportunity for their child/children to develop strong relationships.

A couple of parents commented that they valued the separation of the CYC from the school system because it helped to ensure privacy.

Health and Social Services / Education

CYCs identified a variety of approaches they use to help build supportive and trusting relationships with children, youth and families:

- Being honest and transparent
- Being non-judgmental
- Being dependable; following through with what they promised
- Sharing personal stories when appropriate (i.e., telling the children, youth and parents/guardians who they are and where they came from)
- Building supportive and holistic relationships with community organizations that will be beneficial to children and youth (e.g., Healthy Families, summer programs offered through IGOs, youth centre)
- Being visible in the school and community
- Attending community events
- Demonstrating a willingness to listen, understand and learn

> "When they see that someone doesn't just parachute in and leave again, a respect and trust begin to grow." (NCTS)

To support and encourage the CYCs to provide supportive and trusting care that respects the values, needs and preferences (e.g., cultural, religious, gender), educators said they introduced the CYC to students, staff and community members and invited them to staff/team meetings, classroom circles, school activities, school-based cultural training (e.g., blanket exercise), parent coffee afternoons, Elder afternoons, wellness events, community feasts, and Lifegroup programs[10].

While some educators said that they could not comment on how or if CYCs built trusting and respectful relationships because they rarely saw them interact with the students or families, there were others who reported that strong and trusting connections had been established.

> "One of the main things she's done is build positive relationships with children, but also with the families in the community. So, the kids trust her. I've seen changes in their behaviour because she'll hold them to account. Usually, we'll meet with the students as a team at first, with the child, and she'll go from there." (Principal)

BARRIERS TO RELATIONSHIP DEVELOPMENT

Health and Social Services / Education

The development of strong and trusting relationships between CYCs and children, youth and families was said to be hindered by certain factors including high rates of CYC turnover, reallocation of CYCs, and the introduction of the Stepped Care 2.0 model.

CYC TURNOVER

Health and Social Services and education representatives said that the high rates of CYC turnover due to a variety of reasons (e.g., poor relationships with school staff and/or HSS management, inability to adjust to life in the North, lack of orientation to the community and the North, burnout, lack of appreciation, lack of support especially for new practitioners) hampered relationships because CYCs were not around long enough. It was also noted that some students do not make the effort to access counselling or establish relationships with CYCs because they assume they will leave.

STEPPED CARE 2.0

A number of CYCs and some clinical supervisors spoke about the challenges of implementing the Stepped Care 2.0 Model. In particular, they spoke about its limitations associated with relationship building. They commented that the "one at a time" approach of stepped care does not align with the trauma of many of

[10] Lifegroups is a religiously focused meeting.

the children and youth, does not focus on relationship building, and does not support complex cases requiring longer-term approaches. The Stepped Care model does not support working with children who are four and five years of age and require safety, routine and consistency. They also noted that the model is not appropriate for children or Indigenous Peoples and that suggesting students use virtual applications to support their mental health is dismissive.

> "If a kid doesn't come back for more counselling we don't know if it's because the resource they used was good or because they felt rejected." (CYC Clinical Supervisor)

While not directly related to relationships, CYCs also noted that many of the Stepped Care supports and resources are not available especially in the smaller communities.

> "The model works really well in highly resourced areas, but not the North."

It was noted that the challenges experienced by CYCs are often due to a lack of understanding of how to implement the model and the fact that the model is intended to provide options and flexibility, not create barriers.

REALLOCATION OF CYCS

Health and Social Services representatives commented that in an effort to cover vacancies or the need for additional supports, Regional Managers are often required to move CYCs around, not only into other communities working as CYCs but also sometimes to cover vacancies in community counselling, which provides service to adults. This weakens the overall support for each community and hinders the ability of children and youth to build trusting relationships with CYCs.

P8. How well were the CYC services integrated into schools and communities? How satisfied are stakeholders with the level of integration?

Document and Data Review

SCHOOL INTEGRATION

The CYC Initiative's guidance documents describe the need for strong communication and relationship-building as essential to the success of the Initiative and recommend processes for facilitating integration (ECE and HSS, 2017, May 14, ECE and HSS, 2021c). As such, it is expected that CYCs spend most of their time in schools. Overall, CYCs spent 82% of their average monthly hours in schools (refer to Table 16), with the amount of time CYCs spent in schools varying by region and by year.

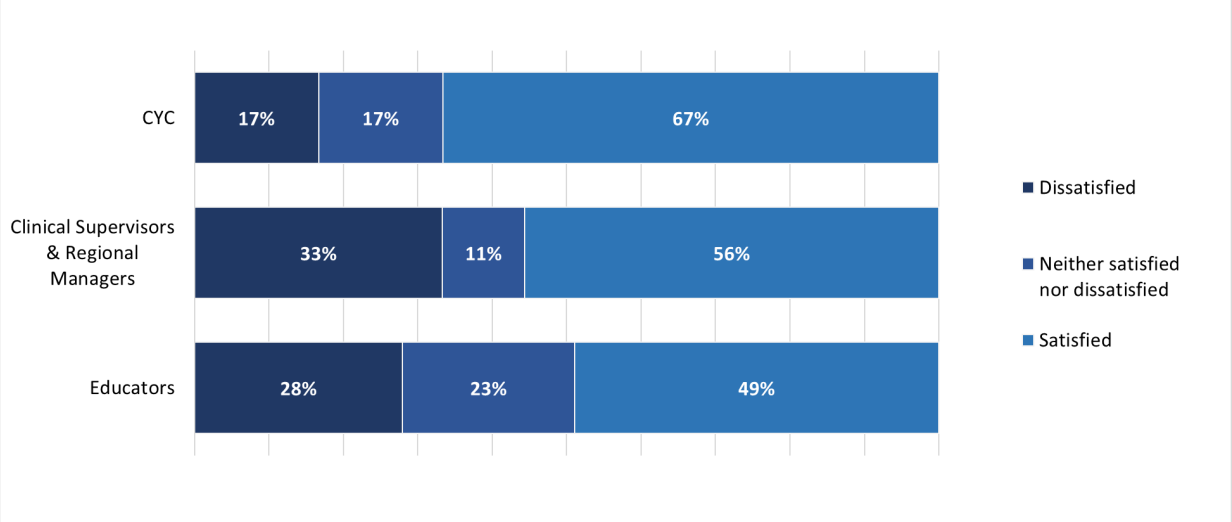
Table 16. Average % of monthly hours spent in school, by year and region

Region	2019-2020	2020-2021	2021-2022	Region Average
Dehcho	56%	65%	65%	**70%**
Tłı̨chǫ	100%	87%	96%	**94%**
Beaufort-Delta	50%	71%	68%	**79%**
Sahtu	57%	80%	58%	**74%**
Yellowknife	-	77%	68%	**73%**
Fort Smith	-	-	83%	**83%**
Hay River	-	-	100%	**100%**
NWT Average	**66%**	**76%**	**77%**	**82%**

Source: HSS Administrative Data, 2019-2022

In the *What We Heard Report* (ECE and HSS, 2022c), almost half (49%) of ECE stakeholders (i.e., educators) reported satisfaction with CYC or NCTS counsellor collaboration with schools compared to 23% who reported being neither satisfied nor dissatisfied and 28.4% who reported dissatisfaction (refer to Figure 6). Among HSS stakeholders, 67% of CYCs and 56% of clinical supervisors and managers reported satisfaction with collaboration in schools.

Figure 6. Percent reporting satisfaction with school collaboration



Source: What We Heard Report (ECE and HSS, 2022c)

The *What We Heard Report* and the *Clarificative Evaluation Report* identified factors that influence CYC school integration and collaboration, many of which were also identified in briefing notes and Working Group and Steering Committee minutes (ECE, 2019; ECE and HSS 2022c). When school integration was perceived as positive, CYCs were described as being engaged in schools with collaborative relationships between CYCs and educators. When integration was perceived as needing improvement, CYCs were described as isolated from the school, and increased communication and interaction with educators was

described as needed. The following factors were identified in these reports as supporting collaboration and were recommended for improving school integration and collaboration:

- Relationships and communication between CYCs and educators/principals
- CYC participation in School-Based Support Team (SBST) meetings
- CYC participation in regular school staff meetings
- Shared understanding of the CYC program model, roles and scope of practice of CYCs, and capacities of educators/principals to support student mental health
- Engagement and visibility of CYCs at school events, assemblies and gatherings
- Provision of CYC services in classrooms and locations visible to students
- Sharing of data and information about CYC services provided in schools
- Maintaining confidentiality when sharing CYC service data and information
- Consistency of CYC services related to staff turnover
- Alignment of the number of CYC positions with the level of child and youth mental health needs within the community

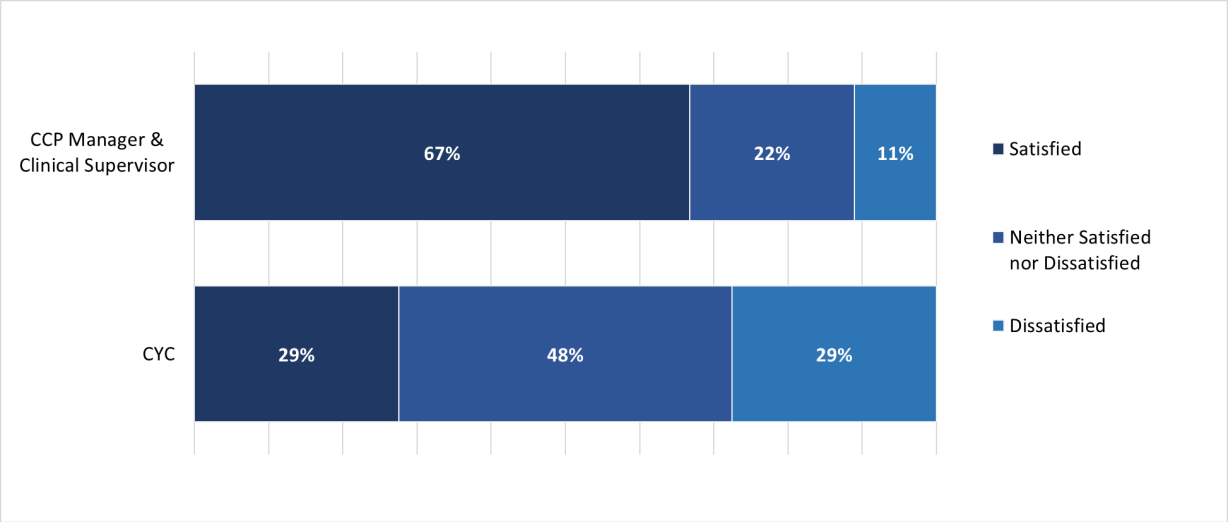
COMMUNITY INTEGRATION

Child and youth counsellors are expected to have office space in the community to accommodate children and youth who do not attend school or do not wish to receive services in the school environment. A presence in the community is also expected to facilitate connection, integration and collaboration with other service providers and program areas. Child and youth counsellors are expected to be available in the community after school hours and over the summer months to ensure accessibility for children and youth. (ECE and HSS, 2019, November 13)

The *Clarificative Evaluation Report* described activities organized by CYCs during the March break and plans for group sessions in communities during the summer months (ECE, 2019). It was noted that these activities were open to all youth in the community, not just those involved in school-based counselling sessions. These activities were identified as an important step in embedding CYC practices within the community and communicating the existence of counselling and therapeutic services to families.

In the *What We Heard Report,* over half of CYCs (56.5%, n=13) who completed the questionnaire indicated they work with external partners (ECE and HSS, 2022c). These partners included parents and caregivers, social service agencies, health services, Elders, on-the-land programs, law enforcement, housing, external Indigenous counsellors, child and youth psychiatry, treatment centres, and support or training organizations within and outside the territory. However, only 29% of CYC respondents indicated satisfaction with their level of community collaboration (refer to Figure 7). Among CYC clinical supervisors and regional managers respondents, 67% indicated satisfaction with community collaboration.

Figure 7. Percent reporting satisfaction with community collaboration



Source: What We Heard Report (ECE and HSS, 2022c)

The current program model was described in the *What We Heard Report* as not supporting access to family counselling (ECE and HSS, 2022c). Child and youth counsellors reported difficulty holding sessions with family members and their children within the structure of a CYC Initiative. A key barrier identified was the time CYCs were expected to deliver services at schools. One CYC cited a "70% in-school requirement" and stated the requirement did not align with an effective approach to delivering family counselling. Child and youth counsellors described family counselling as being more culturally appropriate within the context of the NWT and indicated that it was necessary when counselling children under 12 years of age. A similar challenge was described in the *Clarificative Evaluation Report,* where clear structures and processes were said to be needed to support CYCs working with families (ECE, 2019). *The Handbook for the Child and Youth Care Counsellor (CYCC) Initiative* indicates that the majority of the CYC's work will be in the school environment with some community outreach, noting that this combination "enables an expanded and more flexible level of service to maximize the benefits to children/youth, their families, schools and communities" (ECE and HSS, 2021c, p. 3).

Engagement

Health and Social Services / Education

There was considerable agreement from both Health and Social Services and education representatives, that integration was key to the success of the CYC Initiative. However, there were differing perspectives from the two groups on how this should happen and if it was currently happening. For this reason, the viewpoints of Health and Social Services and education have been presented separately.

HEALTH AND SOCIAL SERVICES

According to Health and Social Services evaluation participants, the success of integration appears to hinge largely on the relationship established between the CYC/NCTS counsellors and the principal (the perspective of the principal is often influenced by the opinion of the Superintendent). When principals support the Initiative and the CYCs and include them in email lists and invite them to participate in School-based Support Team (SBST) meetings, Safe and Caring School Committee, staff meetings, and school activities, integration is successful.

> "The principal is the bridge." (NCTS)

> "If you [CYC] don't have a partnership with the principal, it's [the CYC Initiative] not going to be effective." (NCTS)

If the principal does not support integration, the CYC will be challenged to become a trusted member of the school community. When this happens, CYCs are more likely to terminate their employment early as they feel isolated and unwelcome. A number of CYCs described not being well-integrated into the school because the principal was either reticent to include them or put up roadblocks (e.g., not invited to meetings, not included in emails). When the principal is not on board, CYCs/NCTS counsellors said it was more difficult to form strong relationships with the teachers.

> "To navigate a school productively and accurately, the relationship with the principal, who then creates a relationship with the teachers for us [NCTS], is a priority." (NCTS)

> "This is the first time I've been at a school where people don't want to talk to me." (CYC)

> "I've gotten turned away from meetings. I've gotten told, "no, you don't need to talk". It's part of my job description to be involved. So, I feel it sucks for the school because they don't get the full benefit of us feeling more like a team." (CYC)

> "There has been resistance from some of the staff. Staff are closely connected to the community. If that relationship is not positive, which comes from the principal, the staff are not going to refer their students. Need to be connected." (NCTS)

Those CYCs who had a prior relationship with the school were more easily integrated into the school (and the community) because a foundation of trust had already been established with school staff and students and they had a sound understanding of school operations. For those without prior relationships, CYCs needed to spend dedicated time working with the principal ensuring they understand the CYC role and that the CYCs understand the school system and how they can fit into the system. CYCs who are new to the North and the community require more time to build trusting relationships with school staff.

CYCs who do not have a clinical supervisor or regional manager on site to help introduce them to school staff and key community members often struggle more with integration, especially if the principal is not supportive of their role. Because most clinical supervisors or regional managers are remote and because

there is no budget for travel to support onboarding, new hires are often on their own to establish relationships in the school and community. Depending on the personality of the new CYC, this can be easy or difficult (i.e., those who are more outgoing may have an easier time establishing relationships).

Some CYCs, clinical supervisors, regional managers and other individuals (e.g., past educators, health care providers) commented that the success of the CYC Initiative integration really begins at the senior leadership level and trickles down from there.

> "So it is that trickledown effect. If we could somehow get on the same page to collaborate together, like honestly, we're quite desperate to get on the same page and we set up meetings and people don't attend. We really, truly want to be on the same page. We want to get over this and be collaborative. And I think that's what we would need. We need that support from the top down to say, please include these people where you can." (CYC Regional Manager)

The level of integration of CYCs in the schools and communities was said to vary across schools and communities.

> "…there are schools that have been wonderfully welcoming. It's been really successful. We get great feedback…And then we've had the opposite of, you know, a staff walking into the same type of meeting and being told, 'well, we don't need you here,' like in front of the meeting. I've been told to leave. A horrible feeling then, right? Like then it's like, wow, I'm not valued. I'm not wanted. And then we also get the pushback of why aren't they doing more? Why don't they know? It's so different between the schools that unless the people who support them can have consistent messaging, which I don't think that there is, there's very different personalities at the top, which is I guess not shocking. How can they just support their team to just collaborate with us, like understanding that we're doing the best possible with what we have." (CYC Regional Manager)

To support successful integration, CYCs commented on the importance of trying to meet with as many people as possible, both in the school and the community. They spoke about the value of taking part in school and community activities so that students and community members had an opportunity to get to know them.

> "It's important to let people know you're there; get out there and make yourself known. I walk around the community and people recognize me now, so I think that they are slowly building trust. Once you build one connection, then by word of mouth, you start to build others." (CYC)

> "I had to introduce myself to my administration and the staff. I've done a lot of work trying to be visible and participate in all the school things to just be known because there's been a lot of turnover in my role in that school. Within the community, I've been trying to get involved with as many different initiatives as possible." (CYC)

Some CYCs said they would like to be more involved in school meetings and events, but that their workload does not always allow for that.

Some commented on the importance of connecting with an Elder, not only to support integration, but to learn about Indigenous traditional practices. Some CYCs said they would like to work more closely with other community organizations delivering programming in locations such as youth centres, friendship centres, and recreation centres throughout the school year and in the summer to help increase child and youth awareness and access to services. To support better summer service provision and to enhance community integration, additional planning for summer activities was encouraged (e.g., looking for opportunities to piggyback on existing programming).

CYCs also cautioned against too much integration, indicating that this can be a problem.

> "Initially kids saw me as school staff and so did school staff. This created a bit of a trust issue initially until I had a chance to explain my role to them. So, maintaining that little bit of distance between our program and the school programs I think is important just from a visual aspect for clients and families." (CYC)

To help improve integration, it was suggested by CYCs that more effort be placed at differentiating CYCs from Child and Family Services staff. They noted that Indigenous parents/guardians are sometime hesitant to meet with CYCs, or allow their children to meet with CYCs, because of their traumatic experiences and their grandparents' experiences with social services. Making a clearer distinction between the professions (and departments) and increasing awareness of the services and supports provided by CYCs as well as the guidelines/standards CYCs must follow in their practice, may help reduce the resistance.

It was suggested that more CYC visibility and more informal connections would support enhanced school integration.

> "It seems that the CYC program operates more from a 'clinical health' perspective - hidden away in an office by appointment and with little flexibility. This isn't ideal in schools. Being present in the halls, involved with school activities and school spirit, being seen, etc. [are] all really important in building relationships. Support doesn't only look like individual or group sessions in an office. It could be co-regulation of a student while walking down the halls or noticing and coming alongside a student who seems 'off' from their usual self." (NCTS)

EDUCATION

The level of CYC integration identified by representatives from education appeared to vary across schools with some experiencing high levels of integration and others being isolated from school staff.

Some educators spoke about how well the CYCs were integrated into the school system and community.

> "They are quite integrated in that way. They are part of our staff meetings when we are having staff meetings. They also are part of our school-based support plan. They are part of our Safe and Caring School committee so when we are dealing with the welfare of the students, we include them." (Principal)

> "The CYC is not afraid to tackle anything. She walks around the school and visits classrooms. She got to know the kids and worked with the teachers. She goes to lots of activities in town. She's not shy to get involved. There's been no problem fitting in. She works with our School-based Support Team. She is very flexible. She meets kids where they are at." (Principal)

> "The CYC is really integrated into the school. All the kids know her by name. She's built good relationships with the kids. We see her in the community. She always volunteers for school events." (Assistant Principal)

> "I don't consider her to be outside of the school. She's a member of a community of learners." (Principal)

These educators described the process of successfully integrating CYCs into their school community. They highlighted the importance of staff, student and community introductions, invitations to sit on teams and committees and attend activities in the school and community, and inclusion in school communications (e.g., email lists, school notices). They also spoke about the importance of being welcoming.

> "We provided her with space, referred students to her, sometimes called her [when she was not in the community]. One of the big things that helped was inviting her to on-the-land activities. The community does wellness initiatives outside of school and sometimes our students partake in those activities, and the CYC and I would go and partake in that together. So not necessarily going out of our way but going to these different initiatives to show our students who we are and how we can help you, and so glad you're here kind of thing. She was able to build a relationship and meet with parents and teachers, and I think the teachers were willing and open to work with her suggestions and include her in planning. That's limited because she's only there once a week. It was a collaborative approach." (RISC)

Some educators spoke about the clinical supervisor and how they had been helpful in coordinating the school-CYC relationship and how they stepped in to provide support to the school when needed (e.g., absence of CYC, additional support required by the CYC).

> "The clinical supervisor is a very important person to be able to help coordinate with the school and counsellor. We've had some success with that and when it does work it's good, and when it doesn't it hinders how those counsellors would act within the school. We've seen both, it really matters who that manager is." (Principal)

Some educators indicated that effective integration was dependent on the relationship between the CYC and principal.

> "…when there is that collaboration between the CYC and principal, that's a make it or break it situation. When there is good, strong collaboration, the program has great success. When those barriers are occurring – blame or finger pointing – that's where it's challenging." (Superintendent)

Some educators' perception was that, at times, the messaging coming from Health and Social Services leadership to the CYCs is to not engage with the school staff.

> "Some principals are successful at bringing CYCs into the staff but sometimes, CYCs are told by their leadership not to talk to the principals." (Former Educator)

> "CYCs are being pulled in two opposing directions." (Former Educator)

Some current and former educators said that CYC integration was not possible with the CYCs existing outside of the school system.

> "There are two separate and distinct systems trying to work together and I see little integration. It's a square peg in a round hole." (Former Educator)

Some educators spoke about school staff not even knowing who the CYC was, and others said that CYCs did not make enough of an effort to integrate themselves into the school.

> "Some staff say they don't know who she is. Some of them don't know where to see her. And we never know when she's going to be here. It's really like you're renting office space is the best way I can think to describe it." (Principal)

> "There doesn't seem to be a sense that the CYCs have a priority to be involved in school activities. So, for example, in the fall we had five sessions when ECE came in to support us with cultural activities, including awareness, racism, cultural sensitivity. We invited the CYCs to all five activities and they didn't come to a single one. They don't come to school gatherings, celebrations, activities. One did go to a high school graduation event. But from what I understand it's very few and far between that they would attend." (Superintendent)

Educators who had worked in a model in which the counsellor was a school employee, said that this approach better supported integration.

> "They're part of a staff in this model. They're at the staff meetings, the School-based Support Team meetings. I was principal of a K to 9 school and that counsellor was part of the leadership team too. That gives them the context of the school and that helps them too. They can also come to the team and say, 'hey these issues are emerging,' without revealing how, and that allows us to be proactive. Instead, we're reactive now." (Principal)

One educator did not see full integration of the CYCs as an issue, instead commenting on the importance of balancing integration with distance.

> "I do and don't see that as an issue. Someone who is too familiar is going to send a message to the kids that they may not be trustworthy, and on the other hand, not familiar enough sends the message that they're cold and unapproachable." (Principal)

A former school counsellor commented that the previous school counsellors had a much more collaborative relationship with the school community than CYCs – "CYCs are not part of a collaborative working relationship". In the previous model, the school counsellors were said to have played a larger role in supporting teachers, being in the classrooms and sharing information with the people who needed to know.

A number of educators commented on the limited time CYCs spend in the classroom and how important this form of outreach is to supporting effective integration and strengthen/build student relationships.

> "The CYC needs to visit each classroom, do some fun lessons with the kids, maybe art or music lessons to help build rapport, especially in elementary classes. Then she can start to work in some activities to help address some issues…Maybe staff could…identify books that deal with some of the issues [students] are dealing with and have the kids read the books and develop some questions for discussion. Maybe the CYC could lead or at least participate in these sessions." (Program Support Teacher)

It was recommended that Initiative money be given directly to individual schools so they can hire CYCs and then the CYC will be part of the school system and part of the leadership team managed by the school administrators.

Most educators did not comment on the level of CYC integration in the community or had no idea since the CYC did not share this with them. One educator said they don't see the CYCs in the community. One former school counsellor spoke about the challenge of CYCs working in small communities and having to be careful about the relationships they made. They noted that CYCs cannot develop friendships, that they have to manage dual relationships, and that this can lead to ethical dilemmas. This in turn leads to CYCs being isolated.

To improve CYC integration, it was suggested by one former educator that a new mentor or bridging position be created to help support CYC integration. This could be a regional level position, staffed by individuals with school system experience, that was co-funded by ECE and HSS. The position would have no evaluative powers over the CYC, they would just be there to mentor and support the CYCs.

Educators commented that relationship building between the CYC and the community needs to be ongoing and needs support from educators. They said that it is important to continue to build the profile of the CYC and ensure that community members understand their role and responsibilities.

P9. From a supervisory perspective, how appropriate is the CYC model for enabling integration in schools and communities? How can the structure be improved to enable better integration into schools and communities?

Data and Document Review

In 2019, regional managers described providing support to CYCs by assigning referrals, scheduling, and creating groups. Team meetings occurred for all counsellors (CYCs and CCP counsellors) every month (ECE, 2019). When CYC positions had not yet been filled in the region, the clinical supervisor provided counselling in the schools.

Some CYCs attended school staff meetings, and others were asked to attend when discussions involved students receiving support from CYCs to consult and collaborate with SBSTs (ECE, 2019). Some high schools held inter-disciplinary meetings to discuss student cases with CYCs, with the principals, parents, and others in attendance.

The schedules and leave approval process for CYCs were documented frequently in 2019-2020. There were concerns about CYCs working in schools but not on school schedules. For example, concern was expressed about student access to services over the summer with the closure of schools and their respective CYC offices (ECE, 2019; CYCSC, 2021, June 6, July 7). In early 2020, the CYCSC developed and approved a leave protocol (CYCSC 2020, January 29, February 12, February 26, March 11). While numerous discussions took place about adding the CYC leave approval process to the handbook, it was decided that the process would be communicated to CCP managers and superintendents before the CYC Handbook was updated in 2020 (CYCSC 2020, January 29, February 26; CYCWG 2020, March 3, April. 29, May 27, September 02, October 14).

Additional management-related challenges that were documented included the identification of processes for union-related conflict resolution issues between CYCs and for responding to complaints about CYCs when issues were raised to school principals (CYCWG 2022, August 31).

Engagement

Health and Social Services / Education

A number of CYCs had complimentary things to say about their supervisors: they are always available when needed, they feel comfortable with them, they helped create connections with other CYCs, and/or they support time off to practice self-care. Some commented that being part of HSS and reporting to a supervisor in HSS, allowed them autonomy and the ability to advocate for students in ways that may not be possible if they were part of the education system.

Some, however, described limited regional support. Some CYCs commented on a lack of support from their supervisor to carry out community-based outreach and initiatives as a component of their counselling practice, instead promoting a sole focus on clinical one-on-one counselling sessions.

The CYCs, clinical supervisors and regional managers spoke about the challenges associated with a CYC's supervisor dual role - acting in both a supervisory/relational and administrative/transactional role. This was said to be further exacerbated when a clinical supervisor was also a regional manager. It was noted that clinical supervision is intended to be a safe space where CYCs can be vulnerable and discuss their concerns. Thus, it is not ideal when CYCs must share their professional concerns with the same person who makes human resource/disciplinary decisions or might be asked to write them a reference letter.

CYCs spoke about the challenges of not having on-site/community level supervision, especially during the onboarding process. They spoke about difficulties knowing what the job was supposed to look like and how things were supposed to be done when they started their job without any in-person onboarding supports. Challenges also occurred when the clinical supervisor did not have supervisory training and/or when the clinical supervisor had a different professional designation than the CYC and, as such, is not qualified to provide clinical supervision.

It was noted by health care providers that there needs to be clear reporting and direct lines of problem resolution. For example, if the principal has a concern with a CYC they should contact the CYC's regional manager to report and discuss the matter. However, the principal must also understand and accept the results of the decision made by the regional manager.

CYCs provided suggestions for possible improvements to the current supervisory processes:

- More supervisory time spent on case consultation and less on administrative tasks.
- Reporting to a (neutral) supervisor outside the system but that supervisor would need to be local and understand the needs of the school and the dynamics of the community.
- Create a new Administrative Clinical Supervisor position that addresses the transactional supervisory activities (e.g., human resources, discipline, reporting).

Some educators expressed concern about a lack of CYC supervision, especially for new CYCs who have never lived or practiced in the North. One past educator spoke about a new CYC with no experience who entered a community where there was complex trauma and was not contacted by their supervisor for four months. As a result, the CYC left their position. Some educators feel that more frequent, robust and/or supportive supervision for CYCs would be helpful.[11] They commented that some supervisors have no

[11] Educators may not be aware that other supportive forms of contact such as phone contact, peer supervision and territorial level connections are available.

training in supervision and that some supervisors are also acting as regional managers, which places CYCs in a very vulnerable employment position because of potential human resource implications.

Some education representatives were adamant that the CYC position existing within the education system was the best model. They said the current reporting structure has created a divide between the CYC and the school. Some also commented that it was important that the CYCs recognize that the school is "the principal's space." Other educators, however, were not certain if that was the best approach.

> "I don't know if it would be better or worse to have the CYC under the direct supervision of the principal. I could see where if the relationship wasn't good, not having direct supervision to address challenges would be a big problem. So maybe the principal should have some say in terms of the evaluation of the CYC. I wasn't involved in hiring either." (Principal)

One educator commented on the importance of clinical supervision for the CYCs, noting that the previous school counsellors had no clinical supervision (even though they were providing counselling services) and that it is a crucial component of their professional development.

> "I'm not an expert in clinical supervision, I know there is a need for that level of supervision. I guess challenges come from not understanding the structure that the counsellors work under. For example, she shared with me that there is a set number of people she is recommended to see daily, clinically. People don't know that and there can be judgment as a result. Everyone is so busy and stretched so thin, that when other staff see the counsellor not running around with her hair on fire, there is judgment." (Principal)

Evaluation Question #5 - To what extent was there evidence of the inclusion of culturally safe services within the CYC Initiative?

AREA OF INQUIRY:

- P10. To what extent was there inclusion of culturally safe services within the CYC Initiative?
  - How were CYC and NCTS services designed to be culturally safe?
  - To what extent were CYC and NCTS services considered to be culturally safe?
  - How could CYC services improve its delivery of culturally safe services?

P10. To what extent was there inclusion of culturally safe services within the CYC Initiative? How were CYC and NCTS services designed to be culturally safe? To what extent were CYC and NCTS services considered to be culturally safe? How could CYC services improve its delivery of culturally safe services?

Document and Data Review

The *Clarificative Evaluation Report* provided evidence of culturally safe practices (ECE, 2019). The required orientation sessions for CYCs included information on cultural competency and the region's various Indigenous groups and languages (e.g., Indigenous Cultural Awareness and Sensitivity Training: Living Well Together (ICAST)). It was noted that orientation training would be enhanced by providing opportunities to meet face-to-face with Elders to learn specifically about each community and culture. Although CYCs reported that they considered enhancing connections with Elders or others to address holistic, cultural well-being, they indicated that the scope of needs within the schools challenged their ability to expand services. While some education stakeholders noted CYC's efforts to enhance linkages between community cultural events and schools, others identified the loss of these activities, which community liaison counsellors performed before the CYC Initiative was introduced. Furthermore, education stakeholders reported signs of resistance to the placement of "settlers" as school counsellors, with a lack of trust among parents concerning confidentiality and the broader role of HSS and child protection. It was suggested that leaders within communities with an aptitude and interest in the counselling profession, provide appropriate training and support to provide counselling.

In the *What We Heard Report*, some ECE stakeholders noted that CYCs should be more culturally aware and integrated into their communities to provide more relevant services (ECE and HSS, 2022c).

All GNWT employees are required to complete the Indigenous Cultural Awareness and Sensitivity Training (ICAST). ICAST includes eight interactive training modules. Table 17 provides the ICAST completion status of CYCs, clinical supervisors and regional managers between July 1, 2020, and June 30, 2022.

Table 17. Percent ICAST Completion, Counsellors, Clinical Supervisors and Regional Managers, 2020-2022

Region	Completed	Registered, Completed Some	Not Registered
Dehcho	33%	33%	33%
Tłı̨chǫ	100%	0%	0%
Beaufort-Delta	100%	0%	0%
Sahtu	67%	33%	0%
Yellowknife	75%	8%	17%
Fort Smith	N/A	N/A	N/A
Hay River	N/A	N/A	N/A
Total	**76%**	**12%**	**12%**

Source: GNWT Department of Finance ICAST Report, January 10, 2023

Note: Data excludes ICAST completion status of CYCs and Clinical Supervisors who work in the Hay River Health and Social Services Authority (HRHSSA), and any NTHSSA or TSCA staff on extended leave (e.g., Long-Term Disability) during the reporting period.

Engagement

Children / Youth

Almost every child and youth felt their CYC had respected their values, needs and preferences (e.g., culture, religion, gender). They described their CYCs as open, good listeners and non-judgmental and talked about them taking part in community and traditional activities.

> "She was open to hearing whatever I had to say, and she believed it. She was also open to sharing things about herself. She was very accepting and non-judgmental." (Youth 18)

> "She would go to community events, and I would talk to her there." (Youth 13)

> "She tried traditional food and got involved in traditional activities." (Youth 13)

> "When I first went to see her, she asked what my pronouns were." (Youth 15)

When asked what else the CYC could do to make them feel more respected, the children and youth had a few suggestions including being honest ("100% honesty"), asking more questions, sharing more stories, and not telling students what to do.

Health and Social Services/ Education / IGOs

CYCs also described ways they demonstrated respect for the values, needs and preferences (e.g., culture, religion, gender) of children, youth and families:

- Practicing cultural humility
- Prioritizing cultural learning

- Reaching out to Elders so they can share their knowledge on how to integrate traditional practices into the work CYCs do in the community
- Weaving in traditional knowledge, culture, traditions and ways of life into the counselling
- Following traditional Indigenous laws
- Ongoing outreach and desire to work with the community
- Participating in morning prayers
- Using storytelling, play therapy and art therapy
- Taking the Living Well Together: Indigenous Cultural Awareness and Sensitivity Training course through the GNWT as a component of onboarding
- Hanging Indigenous art, pride flags and students' artwork in the CYC office

> "I come with an openness to understand the social fabric of the community." (CYC)

It was recommended that the CYC Initiative identify Elders that CYCs can work with, especially in group settings.

One educator spoke about the benefits of having an Indigenous CYC who understands first-hand the effects of colonization and is very sensitive to the impacts of residential schools. Because of their background and experience, this CYC can incorporate these topics into the activities and work they do with students. Another educator spoke about the importance of having a CYC who was Indigenous and thus more relatable to the students.

> "Indigenous people are more comfortable talking to another Indigenous person because they have similar experiences. When kids see themselves, like in books, they are able to make a connection." (Principal)

One educator commented that the CYC practiced cultural safety because she had a strong background in it.

> "For cultural safety, I think our CYC has a strong background working with Indigenous students, prior to coming here…I think she's very mindful and respectful of this." (Principal)

Representatives from the Indigenous Government Organizations commented that the Living Well Together cultural sensitivity and awareness training course offered by the GNWT was a good first step to learning about cultural sensitivity and the colonial history of Indigenous Peoples but, they were all in agreement that further steps were required. In particular, they spoke about the importance of the CYC being in the community and immersed in the culture (i.e., the CYC cannot be "somebody who's living as an island in the community") and community events. They said that this should involve the CYC deliberately connecting with community members, other professionals in the community and school staff and developing relationships/mentorships with Elders or Knowledge Keepers who have experience with healing in a

culturally sensitive way. One such example of a pairing is the CYC with the Student and Family Support Worker (SFSW)[12] (Inuvialuit Regional Corporation-funded position) in Tuktoyaktuk.

Indigenous Government Organization representatives also spoke about the importance of the CYCs and their knowledge of Indigenous culture and community because they were interacting with the most vulnerable members of the community.

> "And when it comes to CYC counsellor, that's not just anybody, that's someone who's dealing with the most vulnerable, typically, right? So, their understanding should be deepened. So, you know, when you have things like pairing them with an Elder to really get immersed and involved and understand the community dynamic first before they start seeing people and starting to create these ideals or these stereotypes. I think that's important." [IGO]

There was also discussion about the importance of building the counselling capacity of community members who already have community relationships, understand the community context, and can provide cultural safety training and advice. They also commented that having the counselling roles filled by someone local without the requisite clinical qualifications might be a better fit and more successfully meet the unique needs of the schools and communities.

[12] An IRC position based in the school whose main objective is increasing attendance and bridging the gap from community to school.

Evaluation Question #6 - What are the baseline need profiles of the children and youth in the region who received CYC and NCTS services?

AREA OF INQUIRY:

- P11. What are the baseline need profiles of children and youth in the region who received CYC and NCTS services?

P11. What are the baseline need profiles of children and youth in the region who received CYC and NCTS services?

Document and Data Review

Table 18 presents a synthesis of the ten most frequent primary concerns that children and youth presented to CYCs from 2019 to 2022. There are some regional differences in presenting concerns. In the Dehcho, family conflict was the most frequent primary presenting concern followed by anxiety and depression and trauma. In the Tłı̨chǫ, trauma was the most frequent primary presenting concern, followed by self-esteem and grief and loss. In the Beaufort-Delta, anxiety/depression was the most frequent primary presenting concern followed by trauma and family conflict. Compared to other regions, the Beaufort-Delta had the highest level of substance use as a primary presenting concern. In the Sahtu, family conflict was the most frequent primary presenting concern, followed by school-related issues and anxiety/depression. In Yellowknife, the most frequent primary presenting concern was anxiety/depression followed by family conflict and trauma. In Fort Smith, the most frequent primary presenting concern was trauma followed by anxiety/depression and school-related issues. In Hay River, the most frequent primary presenting concern was anxiety/depression followed by family conflict and relationship issues.

Table 18. Frequent primary presenting concerns by region, 2019-2022

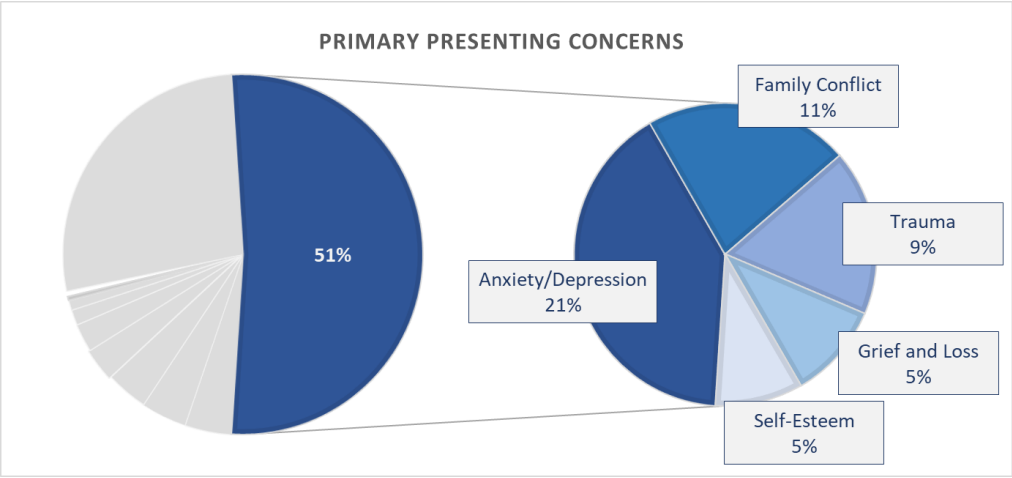
Primary Concern	Dehcho	Tłı̨chǫ	Beaufort-Delta	Shatu	Yellowknife	Fort Smith	Hay River	NWT Total
Anxiety/Depression	59	131	354	75	1563	35	55	2272
Family Conflict	70	69	176	105	769	14	22	1225
Trauma	65	145	240	24	464	37	14	989
Grief and Loss	47	125	91	14	282	3	11	573
Self-Esteem	50	140	65	27	230	0	11	523
School Related Issues	33	96	17	75	200	27	1	449
Life Skills	47	106	10	35	223	11	8	440
Peer Conflict	32	17	12	31	302	10	1	405
Aggressive Behaviours	17	7	60	4	225	0	9	322
Stress Management	17	64	0	17	175	0	0	273
Relationship Issues	1	26	17	5	81	0	19	149
Substance Use	10	10	73	3	0	0	0	96
Parent/Child Conflict	1	6	18	11	0	0	0	36
Suicidal Ideation / Attempt	3	12	6	8	0	0	0	29
Sexual Violence/Abuse	13	9	1	0	0	0	0	24
Other	419	420	402	254	1283	38	103	2919
Region Total	**884**	**1383**	**1542**	**688**	**5797**	**175**	**254**	**10723**

Source: HSS Administrative Data, 2019-2022

Note: Blue highlight shows top five primary presenting concerns per region.

Overall, anxiety/depression was the most frequently reported primary concern across the NWT and within the top four most frequent concerns in all regions. Overall, children and youth were nearly twice as likely to present with anxiety/depression when compared to the second most frequent concern, family conflict. The five most frequent concerns made up over 50 percent of all the CYC sessions from 2019 to 2022 (refer to Figure 8).

Figure 8. Proportion of the five most frequent primary presenting concerns, NWT, 2019-2022



Source: HSS Administrative Data, 2019-2022

Engagement

Information unavailable. Information was not gathered during the engagement on this question.

Evaluation Question #7 - Were children, youth, families, communities and schools satisfied with the service and support received from CYC and NCTS personnel?

AREAS OF INQUIRY:

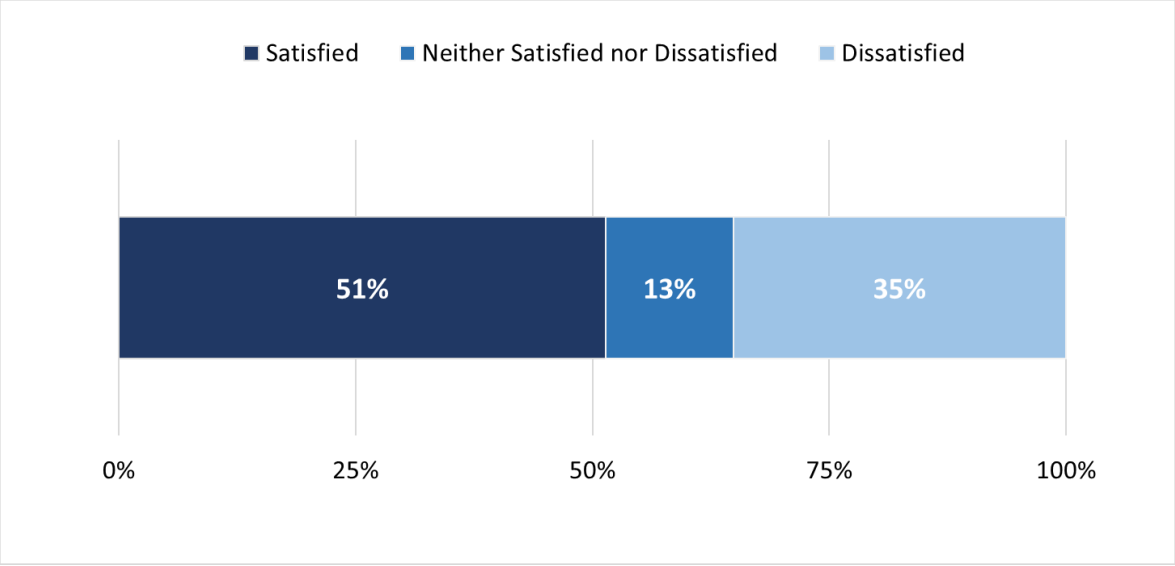
- O1. Were school stakeholders and community service providers satisfied with the service and support provided by CYC and NCTS counsellors?
- O2. Were children, youth, and families satisfied with the service and support received from CYC and NCTS counsellors?
- O3. Was there continuity of care within CYC and NCTS services?
  - Was there continuity between CYC and NCTS counsellors?
  - Was there continuity from CYC and NCTS counsellors to the next level of service?

O1. Were school stakeholders and community service providers satisfied with the service and support provided by CYC and NCTS counsellors?

Document and Data Review

In the *What We Heard Report*, 51% (n=161) of ECE stakeholders (i.e., educators) reported satisfaction with the CYC services provided in schools, while 13% (n=42) reported being neither satisfied nor dissatisfied, and 35% (n=110) reported dissatisfaction (refer to Figure 9) (ECE and HSS, 2022c).

Figure 9. Percent of ECE stakeholders reporting satisfaction with CYC services in schools



Source: What We Heard Report (ECE and HSS, 2022c)

Engagement

NOTE: Community service providers were not a target group of the evaluation and, as such, there is no feedback to present.

Education

As noted elsewhere in this report, almost all educators spoke about the importance of/need for the CYC Initiative.

> "The needs are certainly high, especially I'd say coming out of COVID, we've seen a lot of stress and anxiety with our youth." (Principal)

> "I definitely see the benefit in having somebody on base [in the school]. It is justified considering the number of unpredicted student social and mental concerns that arise in any given month. Having a school-based CYC talking with a student(s), and by association often the families, is an invaluable resource that often teachers are not prepared or qualified to do." (Principal)

> "Absolutely essential. I wouldn't be able to operate without it. (Principal)

> "It's a critical initiative – we don't have the ability to deal with the needs we see coming in. More and more needs are coming in and with more and more complexity in those needs." (Principal)

> "I'm not sure how schools would function without CYCs. They are important for finding out issues students are dealing with that teachers would miss." (Principal)

That being said, most educators were dissatisfied with one or more aspects of the CYC services, including lack of CYC capacity, barriers to student access, lack of Tier 1 and 2 services, lack of information sharing, CYC work schedules not based on the academic calendar, and external (HSS) reporting and supervision. Many educators felt there was definitely room for improvement but some pointed out that this was not surprising given the relative newness of the Initiative (i.e., still working the bugs out).

> "It could be one of the most important roles in the building, if done properly." (Principal)

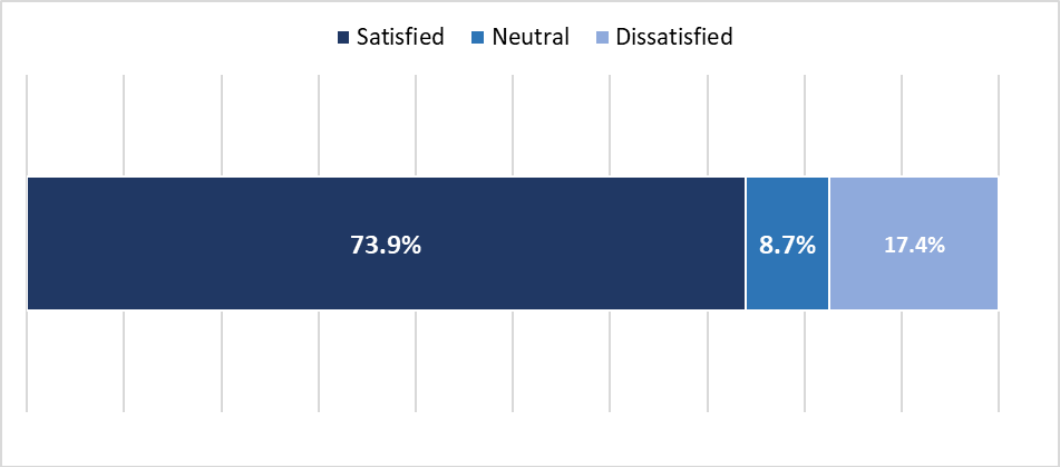
O2. Were children, youth and families satisfied with the service and support provided by CYS and NCTS counsellors?

Document and Data Review

In 2021, HSS completed a CCP Client Satisfaction Questionnaire (CCP CSQ), which included CYC service users. Nearly three-quarters of CYC service user respondents (73.9%, n=17) reported being *Satisfied* or *Very*

Satisfied with their level of involvement in decisions about their counselling experience (ECE and HSS, 2022b). The reliability of this data is limited by a low number of responses, therefore it is not possible to draw definitive conclusions about whether differences in satisfaction with the CYC Initiative are due to actual differences or are due to chance.

Figure 10. Percent of CYC service users satisfied with their level of involvement in decisions about their counselling experience (n=31)



Source: CCP Client Satisfaction Questionnaire (2021)

Engagement

Children / Youth

Children and youth expressed a high level of satisfaction with the CYC services and supports they received. Almost all children and youth reported that their CYC had been very helpful/helpful to them and that their life was better now (refer to Q5. for details on the changes experienced as a result of the CYCs). As noted elsewhere in this report, several students described their CYC as nice, kind, very helpful, understanding and a good listener. Some students also commented on the importance of the CYCs.

> "Please continue to support us students in school. We carry lots of burdens like everyone else and we need someone to hear us." (Youth 17)

> "They help a lot of kids, which is really good. I'd like to see more of them in school." (Child 12)

> "She always listens and never talks over you. You can never talk too much. She's always ready to listen as much as you want to talk." (Child 10)

> "It is working. Having her here is important. I can actually focus on schoolwork instead of focusing on thoughts. My thoughts are more positive now." (Youth 14)

> "I don't want her to go." (Child 11)

Those students who accessed services through NCTS counsellors tended to express less satisfaction because the counsellors were often not available in person in the school.

Parents / Guardians

Some parents/guardians were very satisfied with the CYC services, with one of them giving the CYC a 10/10 rating. They spoke about the importance of the services to their child and benefits of the CYCs being connected to HSS.

> "We really appreciated this level and type of service was available right in our school. Our daughter likely wouldn't have accessed services without it. It was great having the service delivered by Health and Social Services. We felt well supported and connected to the right team and felt our information was private. It is a wonderful addition to the school and I finally feel that someone is making necessary improvements for children and youth mental health."

> "Not sure where she would be now without that intervention."

However, there were several parents/guardians who expressed dissatisfaction with elements of the services provided (e.g., barriers to access, insufficient number of CYCs, lack of communication, lack of support during transitions from one CYC to another, concerns regarding CYC knowledge and experience – refer to Q4-P6 for more detailed information on barriers to services). Even some parents/guardians who had witnessed positive changes in their child/youth, expressed discontent with those aspects of the supports.

O3. Was there continuity of care within CYC and NCTS services? Was there continuity of care between CYC and NCTS counsellors? Was there continuity from CYC and NCTS counsellors to the next level of service?

Document and Data Review

Continuity of services between NCTS and CYCs was described in the *Clarificative Evaluation Report* (ECE, 2019). Case management challenges were noted with respect to the guidelines for reporting and sharing essential information among NCTS therapists, CYCs and CCP counsellors. It was noted that when services "step up" due to the escalation of youth mental health concerns, structured processes are necessary to ensure continuity and consistency in treatment approaches. An NCTS communications protocol was subsequently developed and included guidance on emergency services and transitioning service users between NCTS and CYC/CCP counsellors (CYCWG, 2020, January 8).

Table 19 identifies the number of referrals to next level services made by CYCs. The CYC Initiative aims to ensure individuals can access the care they need within the health system. In 2021-2022 implementation year referrals included Outpatient Psychiatry, Child and Family Services, Medical Practitioners, the Child Development Team, Residential Treatment Centres, On-the-Land Programming, and Justice (ECE and HSS, 2022b).

Table 19. Number of referrals made from CYCs to next level services, by region and year

Region	2019-2020	2020-2021	2021-2022	Annual Average
Dehcho	3	32	21	19
Tlicho	5	79	34	39
Beaufort-Delta	0	38	27	22
Sahtu	1	6	4	4
Yellowknife	-	178	199	189
Fort Smith	-	-	10	10
Hay River	-	-	28	28
NWT Total	**9**	**333**	**323**	**310**

Source: HSS Administrative Data, 2019-2022

In 2019, it was noted that HSS regional managers and clinical supervisors stepped in when necessary to fill gaps in services for students. In one region, a CYC covered a second community due to an unfilled position, decreasing opportunities for more consistent services in their designated school. This gap was noted by schools who expressed the need for full-time CYCs, particularly when pressing needs in high schools was prioritized over elementary schools (ECE, 2019).

From 2019-2022 there were thirteen (13) schools that transitioned from services provided by CYC to NCTS services or from NCTS services back to CYC due to vacancies. (Refer to Table 20).

Table 20. Number of schools that transitioned from CYC and NCTS counsellors, by region and year

Region	2019-2020	2020-2021	2021-2022	Total
Dehcho	1	0	0	1
Tlicho	1	0	1	2
Beaufort-Delta	1	3	0	4
Sahtu	2	0	0	2
Yellowknife	-	1	3	4
Fort Smith	-	-	0	0
Hay River	-	-	0	0
NWT Total	**5**	**4**	**4**	**13**

Source: HSS Administrative Data, 2019-2022

Engagement

Children / Youth

About two-thirds of children and youth said they had to change which CYC they connected with, and the majority of students felt supported during the transition process.

> "The counsellor from last year moved. Before she moved, she gave me a phone number and told me she would be around over the summer and would be available. She gave me the option of calling her until she moved out of the NWT. The new counsellor was open when I met her." (Youth 15)

However, there were some students who found the move challenging. They described the process as frustrating, annoying, awkward, anxiety provoking, exhausting, and uncomfortable. Many of these students spoke about having to retell their stories and for some this was difficult.

> "Every time I see a new counsellor, I have to restart, and I have to listen to a big lecture about how this is a safe room. I spend my whole appointment listening to this. I want to spend my time talking not listening to the speech." (Child 10)

> "It was pretty exhausting at the time. Just talking to different people and telling them what you're going through. It brings out the social anxiety because it's a new person." (Youth 19)

> "Not great. I had to tell them everything all over again." (Child 12)

Parents / Guardians

The majority of parents/guardians whose child had changed to meet with a new CYC indicated that the shift had not been smooth. Most spoke about their child having to start all over again retelling their story to the new CYC who appeared to have little, if any, knowledge of their experiences. Some parents said the transition was frustrating and even retraumatizing for their child.

> "Basically, he had to start the whole process again. It seemed like little information was shared between the counsellors about my son. He had to relive the trauma when he explained what had happened to the new counsellor." (Parent/Guardian)

A few parents spoke about the importance of having a consistent CYC in the school.

> "She was always able to see the same CYC. I think this was the key to success for my daughter. She was able to build a strong and trusting relationship [with the CYC]." (Parent/Guardian)

> "A certain period of time is needed to develop trust with the counsellor. He never got to that point where they were developing a relationship and having deep discussions." (Parent/Guardian)

Health and Social Services / Education / IGOs

Almost all CYCs have acted as bridges or referral agents to other services and supports. CYCs spoke about referring to family doctors/pediatricians, public health, Stanton Territorial Hospital, Trailcross Treatment Centre and the Territorial Treatment Centre (when they were in operation), Strongest Families Institute, TeleLink Mental Health Program Virtual Psychiatry, Healthy Families Program, Victim Services, men's groups, Child and Family Services, Mental Health and Addictions Counsellors, Adult Fetal Alcohol Spectrum Disorder (FASD) Diagnostic Clinic, parenting groups, Income Assistance, Housing, Justice, and IGO programs (e.g., cultural, on-the-land). CYCs also described writing letters for children and youth in support of out-of-territory treatment and collaborating with the RCMP, friendship centres, Wellness Coordinators, and local bands.

One educator spoke about the importance of CYCs acting as a bridge to outside services.

> "Our CYC has facilitated two of our families and students to access same-day psychiatric services through primary care. Once they went with the family in person to support elderly grandparents who might have had difficulty in that primary care appointment. So that's a positive." (Principal)

Some CYCs commented on the lack of certain supports in the North (e.g., for eating disorders), especially for children and youth, making it difficult to refer them to other types or levels of care. New CYCs spoke about the challenges of having to build their knowledge of local, regional and territorial services and supports.

> "It was a barrier when I was first hired because I didn't know how to navigate the resources." (CYC)

> "When I arrived, I was told to go into the community and build contacts, but I wasn't told how to do this or who to reach out to. There were no supports for doing this." (CYC)

One educator commented on the need for wraparound services to better support students.

> "What we need is more service overall and more wraparound services. We have a lot of kids in foster care. Communication between us and the social workers is lacking but it's my sense that that is the CFS [Child and Family Services] side, not our CYC. We could have our own full-time social worker based on the level of need in our schools." (Principal)

Some CYCs noted that their clinical supervisor was very helpful in identifying resources and others made mention of resources links listed in the CCP Standards Manual (e.g., TeleLink Mental Health Program Virtual Psychiatry and Strongest Families). It was suggested that CYCs be provided with a list of names, contact

information and descriptions of individuals roles so they know who to go to in any given situation. Additionally, it was recommended that a centralized resource of child and youth supports be created and shared with CYCs/NCTS counsellors.

Some CYCs commented that referrals/case management took up a significant amount of their time. As one CYC commented, "Acting as a referral agent is a second job." Many CYCs said there was not enough time to effectively counsel, undertake administrative duties, make referrals and then advocate for those referrals. While CYCs understand the importance of referrals, some commented that the referral process takes time away from them being able to meet with children, youth and families. As one CYC described,

> "It just feels like we're failing on every front. I mean, for me, I don't want to speak for everyone else, but I feel like I'm failing on every front by trying to meet the counselling side of everything and the admin side. There is a lot of administration associated with being a counsellor. And then that bridge part of connecting to services and then advocating for, yes, we referred this person. There is a reason. Please let them in because then they get declined and it's just not cool for the client to be experiencing those turn aways and rejections if they're already hesitant to come. So, we take on that fight because we want to support, but it's like we're doing more than one job." (CYC)

Education, Indigenous Government Organizations and even some health care providers said that the rigid confidentiality protocols and the subsequent lack of information sharing by CYCs with school staff (from whom it would be a benefit to know) had a negative effect on the continuity of mental health care for children and youth. Even if a student was referred to a CYC by the principal or a teacher, once that student began counselling, some educators were not told anything about how the student was doing.

> "I don't know whether she sees youth who aren't attending school. This again is an issue where that supervision and confidentially piece is a challenge for me. We're both trying to support kids in the community, the same kids. Sometimes the confidentiality requirements are a stumbling block. This is something I find challenging; I could sign confidentiality agreements and be discreet but right now there are some things she just can't tell me, and I find that to be problem. We should all be on the same page." (Principal)

This limits the ability of school staff to provide additional supports to students, hinders the ability of schools to make informed program decisions (e.g., specific times of the school year when greater supports are being accessed), challenges schools' ability to report to their Board on the effectiveness of the Initiative (e.g., number of referrals, numbers of students accessing care), and does not support a team-based, collaborative approach to care.

One educator's understanding was that not all new CYCs are reviewing past child and youth files because "they don't want to be biased". This was also noted by one CYC who stated they did not review case files. The educator felt this was a very flawed approach, commenting that the students were not supported by this attitude and that it hindered continuity of care, leaving students to have to start over, become

reengaged. It is also not best practice as previous case notes/client files can provide valuable insight into the history of the person, their experiences and previous supports provided, that may (or may not) have benefitted the person.

Evaluation Question #8 - To what extent did the CYC Initiative contribute to timely access and provision of mental health support for children and youth in and out of schools?

AREA OF INQUIRY:

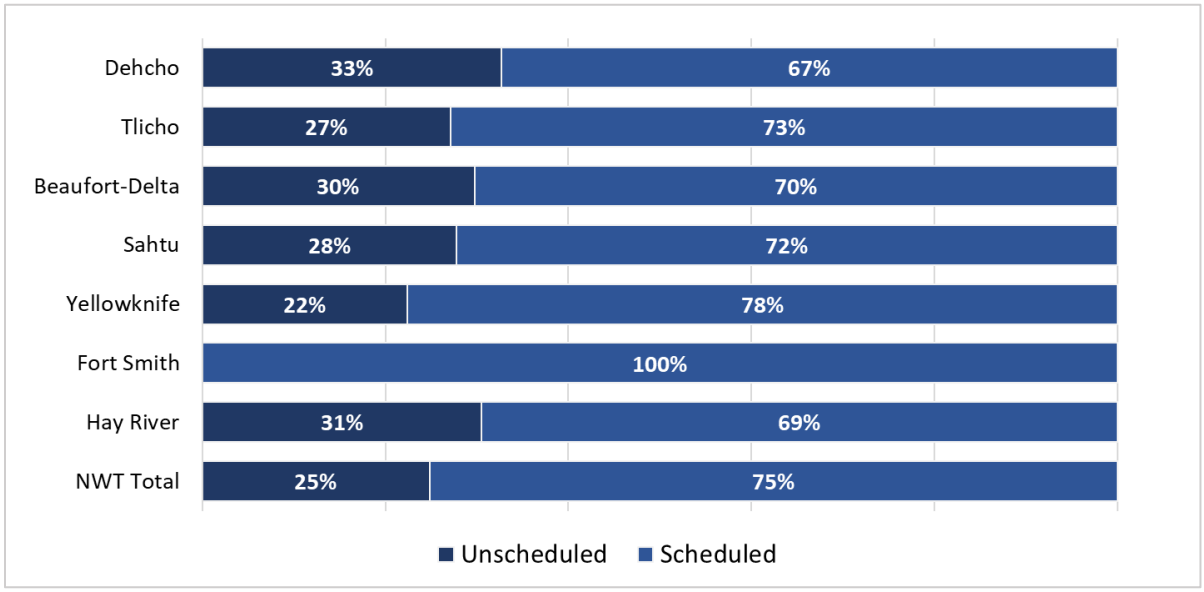
- O4. To what extent did CYC services contribute to timely access and provision of mental health support for children and youth in and out of school?

O4. To what extent did CYC services contribute to timely access and provision of mental health support for children and youth in and out of school?

Document and Data Review

The flexibility of CYCs – which allows for walk-in appointments, the ability to adapt their schedule to meet the urgent needs of students, and to be able to engage with students outside of one-on-one counselling sessions -- was described as a benefit of the service delivery model (ECE and HSS, 2022c). Although having a model that allowed for unscheduled sessions was described as a strength, youth not being able to access drop-in services and concerns about the uptake of drop-in sessions were also described. Overall, 25% of CYC sessions were unscheduled appointments. Fort Smith did not report any unscheduled sessions, while the Dehcho reported the highest proportion of unscheduled sessions (refer to Figure 11).

Figure 11. Percent of scheduled and unscheduled CYC sessions by region, 2019-2022



Source: HSS Administrative Data, 2019-2022

Note: Tłı̨chǫ, Sahtu, Beaufort-Delta, 2019-2022; Yellowknife, 2020-2022, Fort Smith and Hay River, 2021-2022

The wait time for scheduled appointments varied across regions. Children and youth within the Sahtu region had to wait an average of 2.6 days for a scheduled session across three years, while those in Hay River and Yellowknife had an average wait time of 12.9 days across one year and 9.3 days across two years, respectively (refer to Table 21). The average number of service users CYCs were able to see per month by region is presented in Table 22.

Table 21. Average number of days of wait time for CYC services, by region and year

Region	2019-2020	2020-2021	2021-2022	Region Average
Dehcho	2	3.28	4.2	3.2
Tłı̨chǫ	N/A	3.05	N/A	3.0
Beaufort-Delta	1.5	2.76	9.2	4.5
Sahtu	3.9	0.21	3.7	2.6
Yellowknife	-	8.73	9.8	9.3
Fort Smith	-	-	3.9	3.9
Hay River	-	-	12.9	12.9
NWT Average	**3.6**	**3.6**	**8.5**	**5.2**

Source: HSS Administrative Data, 2019-2022

Note: Wait time collection began April 2020. Reported data includes April - June 2020

Table 22. Average number of service users seen per month, by region and year

Region	2019-2020	2020-2021	2021-2022	Region Average
Dehcho	26	35	17	26
Tłı̨chǫ	34	46	36	39
Beaufort-Delta	10	48	66	41
Sahtu	14	31	20	22
Yellowknife	-	0	222	111
Fort Smith	-	-	15	15
Hay River	-	-	22	22
NWT Average	**21**	**40**	**35**	**96**

Source: HSS Administrative Data, 2019-2022

Engagement

Children / Youth

Almost all children and youth stated they were able to see the CYC when they needed to, although a number of those students did mention that sometimes they had to wait because the CYC was with another student, or they were not in the school. Those students who did not have a full-time CYC or had an NCTS counsellor, mentioned they had to wait until the CYC was in the community to talk to them.

> "It depends how many kids there are on a specific day. I barely see the counsellor." (Youth 13, small community with NCTS)

While some children and youth noted that their CYC checked in with them and asked if they needed to talk, others commented that they were too shy to reach out to the CYC for additional sessions.

> "I wanted to see a counsellor, but I was too shy to ask." (Child)

> "Some kids are shy to walk into the office, to go into the counsellor's office because people see you. They're scared of what people might think because they are seeing a counsellor. So, have appointments when no one is in the hallways, so kids aren't scared of what people think." (Youth 13)

About two-thirds of children and youth who participated in the evaluation engagement said they were able to see their CYC without making an appointment.

> "If I want to see a counsellor, I go to the office in the morning to ask to see them. They book an appointment for me. This process is not uncomfortable because I know the office staff and know they are not there to judge." (Youth 15)

Some of these children and youth said they would like to be able to meet with the CYC more often and would like to schedule regular meetings.

Parents / Guardians

While some parents/guardians indicated their child/children had timely access to the services at the school, others expressed some level of challenge and dissatisfaction with their child/children accessing services when needed. One of the key barriers to timely access was an insufficient number of CYCs to accommodate school needs. As a result of the lack of CYC capacity:

- It was not always possible for children/youth to schedule regular appointments with CYCs,
- One parent expressed their concern that children were not always seen when they were in crisis, so it was left up to the parent/guardian to identify supports in the community,
- CYC services were not always offered in the community, and
- Children with lower needs and/or supportive families were not prioritized and may not have received services.

> "Feel like the school counselling service is a band-aid solution. It's only when she's in a heightened sense of anxiety or spiralling that she's allowed to see the CYC."

Refer to Q4-P6 for more barriers to accessing counselling services.

Health and Social Services/ Education / IGOs

Prior to the CYC Initiative, there were limited counselling options available for children and youth and there was typically a six-month to one-year wait for children and youth to be seen by a psychiatrist (refer to Q1-C1 for additional information). Since the adoption of the CYC Initiative, the number of children and youth seeking appointments with the Child Psychiatrist have decreased and most children and youth who see the Child Psychiatrist have had counselling sessions with a CYC prior to their first visit, which was said to be best practice.

As discussed in the question above (Q7-O3), most CYCs have acted as bridges or referral agents to other mental health services and supports (e.g., Stanton Territorial Hospital, out-of-territory treatment centres, Strongest Families Institute, TeleLink Mental Health Program Virtual Psychiatry, Victim Services, Mental Health and Addictions Counsellors, and on-the-land healing programs). The introduction of the CYC position in schools was said by some educators to have increased the identification of mental health problems/disorders that previously would have gone unnoticed and untreated. Having the CYCs as part of the HSS team and requiring the clinical qualifications was said by some Health and Social Services and education representatives to have enhanced access to necessary services and supports.

However, the lack of CYCs/full-time CYCs in some schools and the insufficient number of CYCs in many schools was identified by educators, health care professionals, Indigenous Government Organization representatives and children, youth and families as limiting timely access to counselling (refer to Q4-P6 for detailed information in barriers to access). As well, the lack of ability to schedule regular appointments in some schools was regarded by some children, youth and parents/guardians as problematic, especially for those children and youth with more serious issues who required consistent appointments and those who were too anxious to constantly reach out when they needed help. There was also some discussion among Health and Social Services, education and Indigenous Government Organization participants about the lack of equity associated with the current distribution of CYCs and NCTS counsellors (i.e., counsellor allocation [type and number] based on school size which disadvantages small school and communities), which resulted in limited access to counselling supports and an inability to meet the needs of some schools and communities.

Evaluation Question #9 - What changes in mental well-being and resilience were observed or documented throughout the implementation?

AREA OF INQUIRY:

- O5. What changes in child, youth and family well-being and functioning were observed or documented through the CYC Initiative implementation period?
  - How did CYC services contribute to these changes?

Q5. What changes in child, youth and family well-being and functioning were observed or documented through the CYC Initiative implementation period? How did CYC services contribute to these changes?

Document and Data Review

Information unavailable.

Engagement

Children / Youth

Almost all children and youth who participated in the evaluation engagement indicated that their CYC had been very helpful/helpful to them and that their life was better now because of going to see the CYC. They spoke about being happier, more confident, less anxious, less depressed, and more comfortable. They also talked about being able to control their moods, control their anger, open up more and express their feelings. Some commented that they were doing better at school and making more friends. Most children and youth linked these positive changes to their ability to openly discuss their problems and concerns with the CYC and to practice the strategies identified by the CYCs.

> "I went through a lot of things at the start of the school year, mentally and physically. It screwed me up. She was there for my episodes. She was always available. I feel more confident." (Youth 17)

> "I had secrets I didn't tell anyone. I can share with her. She helps me with my problems, so I feel more comfortable being me." (Child 10)

> "I'm a completely different person now. I owe a lot of that to her. I came from a very abusive situation. I didn't understand what was happening to me. She helped me realize what had happened. She really helped me come to terms. I owe her a lot." (Youth 18)

> "Before I talked to her, I was feeling really low, and I didn't know what to do with my life and my drinking patterns had gotten out of control. My drinking habits have changed; I'm not drinking as much now." (Youth 19)

> "Last year I had issues with some things. She gave me ideas. She broke things down. She taught me to deal with everything individually instead of as one big mess. Taught me ways to properly deal with it." (Youth 13)

> "Things have changed a lot. When I wasn't talking to her I had really bad depression. She made me realize I was really struggling with my mental health, and she got me the help I needed." (Youth 16)

> "I learned tips for not self-harming." (Youth 15)

> "I'm going to class more often. I'm getting my work done. I look up to her. She pushes me to work harder for success." (Youth 17)

> "I've gotten a lot better at school. My grades are better. It's a lot easier to deal with my emotions. I have better coping strategies now. I'm more open to new things." (Youth 18)

> "I'm not getting that mad anymore. It sort of helps with the dark time when I'm alone and stuck in my head." (Youth 19)

> "I feel better. Before I was upset but now, I can talk about it. The strategies are working." (Youth 14)

> "My behaviour has changed. I am calmer and have more empathy for others. I had anger issues, and she helps calm me down." (Child 10)

> "Things have improved for me. I feel like I can do anything now. I don't have to keep bottling things up." (Youth 16)

> "I stopped crying every day." (Youth 13)

Some students spoke about the importance of having continued support so they can maintain their progress.

> "I felt better about myself but now I haven't seen her for a while in the community and things are falling apart." (Youth 13)

Some students stated that they don't know how things have changed for them since seeing the CYC and some stated that things haven't changed much.

Parents / Guardians

More than half of parents/guardians who participated in the evaluation indicated that the CYC services had been helpful to their child and that they had noticed a positive change in them since they started counselling. Some parents/guardians spoke about their child/youth practicing the skills they had learned in individual or group sessions, when they were at home.

> "I think the services have been critical especially when she first began seeing the counsellor; she was dealing with issues of self-harm and suicidal ideation."

> "It's been very helpful from his perspective. He looks forward to the [weekly] groups. He uses the skills he learned, and he is proud of that. He understands that it's okay to talk about his feelings."

> "He has learned the skills to be able to navigate the challenges faster."

> "My daughter seemed calmer, and her behaviour was improving when she was seeing the CYC. She felt she had someone she could talk to. She trusted her."

> "It has helped my daughter overcome her anxiety, something that likely wouldn't have been addressed properly without the CYC being available to her."

On the other hand, some parents/guardians commented that the CYCs were not helpful and had no impact on their child. In many cases, this was because their child was not able to access the services on a regular basis due to insufficient numbers of CYCs in the school. Some parents/guardians also spoke about the challenges associated with it being the responsibility of the child/youth to identify when they needed to a see a CYC.

A couple of parents felt that the CYC assigned to their child did not possess the skills or experience needed to properly treat their child.

> "The counsellor is not experienced enough. She was sent to a school with many children who have been traumatized…"

A couple of parents stated that the services would not have been as helpful to their child if they [the parents] had not stepped in and advocated for the child to get CYC services or to receive more regular services. They expressed concern for parents without the capacity to do this.

> "…but not all kids have parents who are able to advocate on their behalf. What happens to them?"

Health and Social Services / Education / IGOs

CYCs identified many positive effects associated with the provision of CYC services, which align with the intended outcomes of the initiative, including improving mental wellness and building coping skills and resilience:

> "Kids can't recognize what emotions they're feeling so I've been working on helping the kids identify their emotions." (CYC)

- Increased sense of belonging and connection
- Increased self-esteem and self-empowerment
- Increased mental health literacy and increased knowledge of health care services available
- Increased emotional literacy
- Guarantee of confidentiality has resulted in increased openness regarding mental health problems
- Increased normalcy regarding accessing mental health supports and discussing mental health problems
- Increasing access of supports by families

Educators described students opening up more because of seeing the CYC. They also spoke about them acknowledging that they need support – "I need to go to see the CYC" – and volunteering to go. This also reflects a decrease in stigma associated with counselling and talking about mental health.

> "Some of the high-risk kids would never have come to my office if they weren't given that guarantee of confidentiality." (CYC)

Some educators also spoke about the CYCs being a good support for the teachers. Prior to the CYC position, school staff were being called on to deal with mental health problems they were not equipped to handle, and/or to reach out to the RCMP for serious incidents.

> "Issues that I am not equipped to handle, I can ask for help. We had a suicidal student, and I was so happy the CYC was here to deal with the issue rather than having her taken away by RCMP." (Vice Principal)

Indigenous Government Organization representatives said that they have noticed more open discussion about mental health and wellness in the schools and communities. They have also seen more children and youth accessing mental health supports, being comfortable sharing with others that they are accessing these supports, and promoting the services to other students.

> "I think that it's that youth are accessing those supports and I think they're more open about discussing the fact that they're accessing those supports and then they're willing to share with others that it's okay to need that help. And I think that conversation is a huge benefit. Even after they finish school, I think that knowing that they need those supports and not knowing necessarily where to get them, but knowing that they want them, and I think those are huge changes and shifts." (IGO Representative)

> "I don't think kids in our region feel any stigma seeing a CYC in school. I've seen and heard pre-teen girls talking about seeing a CYC and about accessing other mental health supports." (Health Leadership)

Indigenous Government Organization representatives expressed concern that the CYC Initiative is not meeting the needs of youth not attending school and thus, they are not experiencing any positive outcomes because of the Initiative.

> "…I think there's a youth piece that is missing. If you're not going to school, where do you get your mental health and wellness supports, like where are you accessing that? And right now, my understanding is we have some community services, but the most formal is in school, so I think that it becomes too tied to a school and not necessarily the community." (IGO Representative)

Evaluation Question #10 - Were there any unintended positive or negative results of the regional CYC initiative?

AREA OF INQUIRY:

- O6. Were there any unintended positive or negative effects observed throughout the CYC Initiative?
  - If so, how did they impact the changes in child, youth and family well-being and functioning?

O6. Were there any unintended positive or negative effects observed throughout the CYC Initiative? If so, how did they impact the changes in child, youth and family well-being and functioning?

Document and Data Review

No information was identified in the document review.

Engagement

Health and Social Services / Education

Health and Social Services and education engagement participants identified a variety of unexpected outcomes.

TIER 1 AND TIER 2 INTERVENTIONS

An unintended effect of the CYC Initiative noted by educators was the loss of focus on Tier 1 and Tier 2 services such as group counselling and conflict resolution services. As a result, issues/conflicts that were previously identified and dealt with, are now being missed and tend to escalate before they are addressed. Prior to the CYC Initiative, school counsellors offered Tier 1 and Tier 2 supports, but now, the CYCs focus primarily on Tier 3 services (in part because they have no time to carry out whole of school and group interventions). It was stated that there is a need for balance between the three tiers as they are equally important.

BEHAVIOURAL INTERVENTIONS

As well, CYCs noted that they were frequently asked by school staff to help children manage their behaviours, something most felt was outside of their scope of work and they were not expecting to have to address. Their concerns regarding behaviour management were that they would be viewed as a

disciplinarian and, as such, the students would not be able to develop a trusting and comfortable relationship with them. To help address behaviours, some CYCs said they worked with the teachers to develop preventative strategies and focus on building student leadership.

PARENT INTERVENTIONS

Another unexpected outcome noted by CYCs was that some parents/guardians of the children and youth being seen by CYCs began to seek out adult counselling themselves.

CASE MANAGEMENT

CYCs identified case management as an unexpected outcome of the Initiative. A number of CYCs commented that they ended up being the "go-to person" for students, families and staff. They spoke about having to take students to the health centre for assessment, checking to see if families were on the public housing list, finding safe shelter for parents fleeing domestic violence, supporting the process for out of territory counselling supports and filling out camp applications. CYCs also spoke about acting in the role of student advocate when needed because the CYC position sits outside of the school system. One CYC who said, "I feel like a grandmother", also noted that "we [CYCs] do so much more than counselling."

SCHOOL INTEGRATION

A number of CYCs expressed surprise at the lack of school integration and the fact they were made to feel unwelcome by school staff.

CYC ROLES AND RESPONSIBILITIES

Some CYCs indicated that they had not expected to encounter such a lack of understanding of their role and responsibilities by parents/guardians and school staff. Some CYCs also mentioned they had not anticipated the lack of trust expressed by parents/guardians who associated the CYCs with Child and Family Services staff and resulted in a hesitancy to speak with them or allow their children to speak with them for fear they would be taken away.

Evaluation Question #11 - What were lessons learned or best practices identified from implementing the CYC Initiative that could be used to improve or change the CYC service delivery model?

AREAS OF INQUIRY:

- P13. How appropriate is the current CYC model for delivering the needed mix of mental health services?
- P14. What policy or practice developments should be considered to enhance the CYC Initiative across regional sites?

P13. How appropriate is the current CYC model for delivering the needed mix of mental health services?

Document and Data Review

Education leaders and Regional Inclusive Schooling Coordinators (RISCs) expressed concern over the appropriateness of implementing a uniquely clinical model in schools (Edu Leaders BN, Superintendent and RISC Feedback, 2022).

RISCs recommended a tiered approach that included universal, tailored, and therapeutic mental health-related interventions and indicated that school needs could be addressed within each tier (refer to Table 23) (ECE, n.d.- a). Superintendents also referenced a tiered system and proposed a model that reflects the role of a 'school counsellor' versus a 'therapeutic counsellor' (ECE, n.d.- b).

Table 23. Tiers of school-based mental health interventions

Tier 1 Universal	Tier 2 Small Group / Individual	Tier 3 Therapeutic
▪ Social-Emotional Learning ▪ Small Groups ▪ Self-Regulation ▪ Whole Class Lessons ▪ Connection ▪ Environment ▪ Peer Conflicts ▪ Identity ▪ Self-Care ▪ Wellness ▪ Life Skills ▪ Friendships ▪ Poverty ▪ Social Anxiety ▪ Health ▪ Wellness Plan ▪ Staff Education ▪ Access to Tech (addiction to tech) ▪ Talk, Walk, Squawk ▪ Sober is Sexy; Sleep – housing, tech, hygiene ▪ Locally Developed Courses – Healthy Relationship Leadership for Youth ▪ Bullying (being mean, peer conflict)	▪ Safety Planning (e.g., not safe in home) ▪ Sexual Identity ▪ Student Avoidance/Running from School ▪ Complex Needs ▪ Communication Needs ▪ Bullying ▪ Sexual Intimidation ▪ Self-Harm ▪ Grief, Loss, Loneliness ▪ Family Conflict ▪ Wellness Plan (reduce stigma, move to Tier 1)	▪ Resource People supporting specific needs ▪ Violence / Justice ▪ Family Support ▪ Wellness / Safety Plan (e.g., life plan, treatment plan) ▪ Sexual Abuse & Assault ▪ Post-Traumatic Stress Disorder ▪ Psychiatric Episodes / Disassociation ▪ Bullying ▪ Traumatic events that impact the whole region ▪ Eating Disorders

Source: ECE (n.d.- a)

Engagement

Health and Social Services/ Education / IGOs

All engagement participants agreed that child and youth counsellors are essential to meet the mental health needs of this population. While recognizing that the CYC Initiative is still relatively new and going through some growing pains and that it could always be improved, Health and Social Services and some education participants felt the current model was successfully addressing the needs of children and youth in schools and communities. They spoke about the current model resulting in a number of positive outcomes, many of which are intended outcomes of the initiative (e.g., more coordinated and integrated mental health services): identification of psychiatric disorders that may have been unrecognized or unnoticed; increased continuity of care for complex mental health problems; increased peace of mind of educators who could refer students to a professional to get supports; improved system navigation support for parents/guardians; decreased student, child and youth barriers to accessing counselling; and the creation of safe spaces for students to spend time when needed.

> "Without the CYC services, it would be like watching a slow-moving train wreck." (Principal)
>
> "The CYC could be the difference between life or death." (Principal)
>
> "In the North, in school particularly, having a CYC is essential. They are almost as essential as a teacher." (Principal)
>
> "Kids are absolutely loving the fact that they have someone that they can come to and share their information with." (CYC)
>
> "Prior to that, heard lots of horror stories about teachers or other school staff offering a lot of mental health advice to youth and not necessarily having the experience or the educational background to be offering such advice to youth. As well, it's a very tricky thing to be a school staff member offering mental health advice especially for teens who want more privacy; having this split is useful for maintaining privacy." (CYC)
>
> "We haven't noticed any adverse changes at all. The only issue is when the CYC is not there, students are really looking for them. [This is] a service the students really rely on." (Principal)

Conversely, there were some Health and Social Services, education and Indigenous Government Organization representatives who felt the current model and/or the way it was being implemented, was not effectively meeting the needs of all children and youth in the schools and communities. They commented on issues such as: the misalignment of a medical model with a school-based system; insufficient numbers of CYCs to meet needs; lack of information sharing; lack of school-, classroom- and group-based counselling supports; scheduling challenges; lack of role and responsibility clarity; reporting and supervision problems; and recruitment, orientation and retention challenges.

> "Having a counsellor or CYC is very, very important. The current model is not working in the school system but having that support and that service is crucial." (Principal)
>
> "I feel like I was set up to fail; 450 kids and teachers. It's not possible to do it all. It's unsustainable and unmanageable." (Former CYC)
>
> "We are getting the least experienced, least trained to deal with the most complex cases and significant needs. They don't have enough background and training to successfully treat these kids. There is a mismatch of training and experience." (Past Educator)
>
> "We've struggled quite a bit with the confidentiality pieces, and totally understand CYCs can't disclose certain aspects of care or information, but we need to be aware of things to be proactive." (Regional Principal)

Current Initiative strengths and limitations are discussed in more detail below. Many of the CYC model limitations noted in this section were also identified as barriers to child, youth and family access to services.

CLINICAL MODEL AND QUALIFICATIONS

Some educators commented on the mismatch between the CYC clinical model and the education system and the silos and lack of collaboration resulting from this misalignment.

> "And then the model is very much a medical clinical model of counselling. That is simply not appropriate for schools and that's my biggest beef. They are trying to incorporate a model that does not work in a school system. In a school we don't work in silos, we work as teams. We work collaboratively. We share information when it's necessary, and that isn't happening." (Principal)

> "I have the strong sense that if we had been given the money to hire the CYC, we would have had more success. Now we're trying to put a person into a role in an entity where there are colliding ideologies … If we had the money and had the parameters to hire school counsellors, I believe we would have a successful program in place." (Superintendent)

> "There's a real gulf between what we as educators see as an approach, and what the health system sees as an approach." (Assistant Superintendent)

> "If a counselling service is being offered in a school, it has to work with the goals and intentions of the education system. My belief is that this model constrains people to a medical approach that doesn't fit into the school and education approach. When I refer students to the CYC service, or if a student self-refers that I know about, that's the end of it. I don't hear anything further. In another model, the school leadership team or student support team might be privy to a basic level of information, such as, is that student being seen or where they are seen? Are there any strategies teachers can support that student within the classroom?" (Principal)

It was also mentioned that it is a challenge, especially for new graduates, to be flexible and work outside the clinical medical model that they learned. They don't have the experience and confidence to try and blend models. An educator commented that the CYC in her school ended up terminating her employment because she could not effectively manage balancing the clinical model with the school model, that it was too overwhelming.

Representatives from the Indigenous Government Organizations also commented on the CYC model stating that it is very much grounded in the medical model and does not accommodate more traditional models of counselling and healing.

Representatives from the Indigenous Government Organizations commented on the "stringent requirement" for a Master's Degree that does not "accommodate local people being integrated into these kinds of positions and having that cultural, culturally safe approach." While some recognized there was a need for clinically trained people, they also felt there was a role for a community-based person with

different/non-clinical credentials who would be more suited to the communities. Some educators also felt that the CYC qualifications were a hinderance to hiring a sufficient number of CYCs.

One educator with experience working in a different model raised concerns about shifting to a local-hire model. They said local hires can be problematic for students because communities are small and there are already existing relationships, which leads to confidentiality and trust issues.

Some Indigenous Government Organization participants expressed the belief that if the CYC position was housed under the education system, it would be possible to introduce more flexibility into the position and thereby better address the unique needs of the schools and communities through the hiring process. By introducing equivalencies to the CYC job descriptions, it would be possible to hire locally qualified and experienced people.

Some Indigenous Government Organization participants also noted that the success of the CYC appears to be person-specific rather than position-specific. This was attributed in part to flaws in the way the CYC job description was written and the hiring process. As was remarked, "The job should be written in a way that success is the only option". More specifically,

> "I would say focus less on credentials, what goes up on the wall as far as a degree, and focus more on, especially in the interview, how they plan to engage community, what their experience is working in a different work environment where you're not in the office waiting for clients to come to you all the time, but you're going out and you're reaching out. Like what's your outreach look like. You know, all of those types of things. That's to me what makes it a lot more successful and creates trust much faster…" (IGO representative)

A number of health care representatives expressed concern regarding requests for the CYC Initiative to be shifted to ECE and for the qualifications of CYC to be diminished. Many felt that given the complexity and severity of the mental health problems experienced by some of the children and youth across the territory, that a strong connection with HSS and its other service providers as well as a graduate level degree that required more knowledge, training and experience was necessary to provide the requisite clinical support.

> "If this program were to move to Education, the impact on our crisis response in the territory would be seriously compromised. Education needs to understand how much the CYC is contributing to our overall mental health system. A move would collapse the ability to respond to the crises in the communities. The CYCs are essential to stabilizing mental health." (CYC)

> "I am concerned about moving towards removing the Master's degree for qualification. I know that this is what community members want but I'm not sure they understand what this might result in. Most of the work we do with kids is complex; it involves severe mental health issues. I worry about harm to the children and youth [when they are being

> counselled] with staff who do not have the necessary qualifications." (CYC Clinical Supervisor)

CYC VACANCIES / ALLOCATION

Many educators spoke about the model not functioning well in part because of CYC vacancies.

> "The reason I think we're in a real dilemma is because of labour shortages. The model was working well and really addressing real needs of students and youth. Then we had COVID, and then we had labour shortages. The current situation is where a principal is expecting someone to be in the building to address those issues, but that position hasn't been filled, or the position is shared, or the principal isn't sure where in the community they are. So, at a time when the mental health needs are the greatest, often the PSTs [Program Support Teachers] and staff don't know how to locate the person they feel they should be able to call on. That causes a lot of ambiguity, frustration. If we were able to fill the positions with capable, credible people, we wouldn't be in this situation. I place a lot of the problem with vacancies, and ongoing vacancies. Some of these positions haven't been filled for years." (Assistant Superintendent)

One educator commented that when the positions were fully staffed, the "CYC model was so wonderful" and that "I don't think tossing out one model for another is the best approach."

One educator commented on Health and Social Services' approach to shared staffing, noting that when there are staffing shortages, positions were either shared or moved to locations where greater need was determined. This was said to create problems for those schools who lost the level of services and supports they previously had and disrupted CYC-student relationships.

Many CYCs spoke about the fact there were an insufficient number of CYCs allocated to their schools. They commented on the large workloads of each CYC.

> "The workload, the demand was so high I couldn't get to everyone in the school and community." (CYC)

INFORMATION SHARING / CONFIDENTIALITY

The confidentiality component of counselling was an element of the CYC model that divided the participants. While CYCs and children and youth were very supportive of the strict confidentiality rules, many educators and parents/guardians were critical of it.

CYCs commented that some children and youth had expressed an increased level of comfort sharing their experiences with the CYCs because the position resided outside of the school system (i.e., CYCs are not school staff) and that they are more certain that confidentiality would be maintained. CYCs also said that children and youth commented on how they liked having a counsellor who respected their privacy and

confidentiality. Prior to the CYCs, there were instances in which some guidance counsellors were not respecting the confidentiality of the students.

> "… I got so many complaints from high school students that when they went to speak with their guidance counsellor, their confidentiality was not respected. Their boundaries were not respected. That there would be something they had only ever told this person, and then all of a sudden, all of their friends knew. And I think that is hugely inappropriate. I understand that there's been some pushback from certain schools and certain administrators within the schools for the fact that we keep student information private, but that was something that so many students and a few parents were concerned with prior to the existence of the CYC program." (Regional Manager)

As a result of this, some students were hesitant to trust anyone else with their information. The CYC Initiative helped to address this through formal confidentiality processes.

On the other hand, the inability of the CYCs to share information with school staff (e.g., principals, Program Support Staff, teachers), was identified as the most ineffective and frustrating component of the CYC Initiative.

> "It was frustrating that we couldn't have a conversation as two professionals in confidence about these … kids, who I've watched grow up … That to me, completely destroys the purpose of having the CYCs in the school. I don't want to play a guessing game with them." (Principal)

> "I don't even know who is going to counselling. My sense is its [CYC services] positive, intuitively it makes sense that if a family or kid is in need of support, that it's available in the school. But I don't even know that. But they aren't even allowed to tell me who is in counselling without clearance from their supervisor." (Principal)

Some current and former educators spoke about the responsibility of principals for ensuring the safety of students and the fact that involved knowing where the students are. The CYC model does not support this oversight because of the manner in which the confidentiality protocols have been applied.

> "Communication is a huge one, not only how often but how. Because you're not that person's supervisor … as a principal you're told 'this is your school' and so even though that person is not your employee, you should know what that person is doing and what the program is doing. So open communication is important, the way you communicate with each other is important." (Principal)

While most understand the need for some confidentiality, many struggled with the absolute silence of some CYCs. There were requests from both the educators and parents/guardians that the CYCs share some information so that additional supports could be provided in the classroom and at home. For example, even knowing that a student didn't sleep last night, or hadn't eaten this morning or was just having a bad day,

would provide educators with enough information to support students and to better understand their behaviour.

> "For us, it's challenging that the CYCs are very constrained by information sharing rules. She can only share what she's been given permission to share. And that inability to share information isn't always well understood by staff and parents, and that's been hard and frustrating at times." (Principal)

> "No one disagrees with or lacks an understanding of need for privacy and confidentiality, but we also need a level of information to be able to support a child in front of us, in our school." (Principal)

> "Teachers don't need to know all the details of why a student is seeking help, but it would be helpful if they were given some strategies they could use in the classroom." (Former Educator)

> "I always asked why we weren't allowed to know … if maybe we should be a little easier on someone today, or if we shouldn't wake someone up if they're sleeping, or suggest they eat breakfast more often, so we don't exacerbate a situation. Sometimes kids who have been traumatized will act out. If a teacher has no information as to why, and all we see is the behaviour, we [teachers] can exacerbate it." (Principal)

> "I have now and have had a good relationship with our CYCs. But it's very much a one-way street in sharing information. I get that, but it does make things challenging. There's got to be a way to deal with that disconnect which is the fact that we supervise everyone in the building except that one individual. We have family support workers, wellness helpers, there's got to be a way for us to come together and share some level of information to support the kids … There just has to be a level of information sharing though." (Principal)

> "We need to take a whole school approach to mental health and to do that, we need a collaborative approach. While the counsellor can't reveal specifics, there is a level of knowledge that the counsellor can share that is systemic and school wide. Again, we get a lot of that knowledge from our Elders, but I think there is a piece in here somewhere that the counsellor could support with by sharing systemic knowledge." (Principal)

As a result of the lack of information sharing, some principals said they have no idea about CYC caseloads and thus the overall need for counselling services.

While most CYCs were adamant that no information could be shared, some CYCs and educators pointed out that confidentiality does not preclude a CYC sharing some information with school staff (e.g., strategies) and/or teaching specific strategies to classrooms with students requiring additional supports (e.g., focus on bullying prevention). One CYC commented that, it was not difficult to get consent from students to share information when the reasons for, and parameters of, the sharing were explained.

> "An integral part of the CYC is the confidentiality piece. I've worked with a few CYCs now, and with some of them there has been a hard wall where information is not shared, or it's even blocked. My current CYC is really good about getting consent for sharing some level of information with me as the principal and that is just so helpful. In the past I've had a really difficult time with this with other CYCs. There are levels of information sharing that are helpful, not just helpful but necessary if we're going to support a kid who is struggling. And it doesn't always have to be great detail or even any specifics at all to make a real difference. For example, 'be gentle with him today.' Sometimes that's all I need or that teachers need. If we can't collaborate to support a student then we're not helping. Finding a way to share the right level of information to the right adults is really important." (Principal)

Some educators spoke about a lack of follow-through on the part of the CYCs. For instance, they may have been scheduled to do a classroom presentation, but they do not show up and they do not communicate with the teacher that they can no longer attend. This was said to "leave a bad taste in people's mouths".

Some educators also commented that they do not feel heard by the CYCs. They went on to explain that they know their students, families, and communities very well and as such, feel they have value to add. Some educators stated that CYCs will not even meet with the principal at all, irrespective of the topic. Others spoke of closed doors and not feeling welcome to engage in conversation.

RECRUITMENT AND RETENTION

Health and Social Services representatives noted that the CYC Initiative attracted a lot of new graduates to its positions. In part, this reflected the reality of limited housing, especially in the smaller communities. Without housing options that could accommodate families, it was easier to hire candidates who are on their own. These are mainly new graduates from the South with limited practical experience, and likely no experience working in the North and/or with Indigenous populations affected by colonial practices such as residential schools. When southern graduates, with no family accompanying them, accepted positions in one of the smaller communities, they often found the transition challenging. Being alone and working in a job that can be mentally and emotionally challenging was often too much for CYCs to deal with so they terminated their employment earlier than anticipated, leading to a high rate of staff turnover.

Some educators expressed concern about the CYC job description and the ability of HSS to hire experienced counsellors who met all the requirements for the salary offered.

> "When they were introducing the program, I remember reading the job description for the CYCs. And at the time, I remember thinking… that [the] job description was so broad and the skills needed were so high that I knew right from the get-go that there was no way because I also knew that given the salary and what they were wanted for the job requirements, I knew they weren't going to get people that had those skills … because what

> we're seeing is really mostly people who are fresh out of a Masters of counselling program." (Principal)

Health and Social Services representatives noted that during the interview process, there was no room for discussions regarding 'fit' of the applicant with the position and the location of the position. The question set is fixed, and responses were graded based on a pre-determined scoring criterion. There was no flexibility in the question set to consider other, more job appropriate questions and areas of inquiry.

> "When hiring, they need to ask questions about their [applicant's] coping mechanisms and supports they have in place. Some communities should not have a new graduate. They [CYCs] need to be system savvy, resourced, and able to create their own self-care routine. This should be part of the interview questions." (NCTS)

Educators also commented on the importance of personal and professional fit for CYCs.

> "It's important that the CYC has both the right personality and the background qualifications. A successful CYC has the type of personality where they want to interact with the kids, and get involved and hang out, sometimes hang out in extracurricular [activities] and sometimes go to classrooms and make presentations. They can't just be in an office. So, success depends on the personality type and the knowledge type." (Principal)

Educators also noted that the personality fit of those working with high school students is not necessarily the same as those working with elementary students. CYCs working with the older students need to be more outgoing while those working with the younger students can be a little shyer and more reserved.

Additionally, as has previously happened, during an interview, the clinical supervisor might be the only interviewer with a counselling background and as such may score the candidate's responses quite differently than interviewers with no counselling background (e.g., the regional manager, superintendent, or HR representative). Once the scoring had been averaged, this could result in a candidate being offered a position even when the clinical supervisor does not think they will be a good fit and would be unlikely to stay in the position.

Some educators expressed a desire to be involved in the hiring process so they had some say in who would be working in their school with the students.

> "I've been lucky with the relationship [with the supervisors], but sometimes we kind of felt like we were in the dark about what's going on. Like with a staffing change, we were in the dark. That was frustrating. We weren't invited to be involved in hiring." (Principal)

> "When we look at like how those positions are hired as well, we need to have some flexibility in the hiring, whether it's the Master's degree and looking at some other types of credentials, we have community counsellors in place. Maybe there are different types of counselling services offered. It may not be therapeutic counselling services, it may be

> more strength-based, cultural-based support, but something needs to be changed to deal with these vacancies." (Superintendent)

A past educator encouraged the hiring and onboarding of new CYCs before the start of the school year because the month of September is so important.

Health and Social Services engagement participants also noted that while the current salary and benefits for CYCs is comparable to other provinces (e.g., Alberta), because the cost of living is significantly higher, especially in the smaller communities, HSS is at a disadvantage attracting new hires who can work in another jurisdiction where the cost of living is half that in the NWT.

ORIENTATION

Education representatives felt that the CYCs needed more information on the children, youth and families they were going to serve, before starting their role. There were concerns by some educators that CYCs did not understand Indigenous customs, lifeways and relationships. It was suggested that HSS arrange for an Elder to work with CYCs to help them learn traditional teachings and that CYCs participate in ECE's New to the North educator orientation sessions, as well as GNWT's Living Well Together cultural sensitivity and orientation course, before they start counselling.

> "I think a New to the North [educator orientation] kind of scenario -- that needs to happen with our CYCs. I think they have a lot of information and background and a specific set of skills, but not a strong understanding of who our kids are. They need to understand who our kids are, that they're traumatized, and all the history they're dealing with going back to residential school, and also that there are other adults in the building also dealing with that trauma personally." (Principal)

Other educators spoke about CYCs taking part in the Fourth R Healthy Relationships Plus Program (HRPP)[13] and taking part in culture camps (e.g., puberty camps where the focus is on working with youth on transitioning to adulthood).

Some educators commented that CYCs had limited knowledge of the contents of the CYC Handbook and specifically, the roles and responsibilities of the CYC in relation to the school staff (i.e., principal).

[13] The HRPP promotes healthy youth relationships by building the capacity of schools and communities through innovative programming, research, education and consultation.

ROLES, RESPONSIBILITIES AND REPORTING

Some CYCs spoke about strong and supportive relationships with the principal and teachers in their school. They said these educators clearly understood the role of the CYC and respected their clinical expertise and experience. When this mutual respect and understanding existed, the current model functioned effectively.

However, many CYCs commented that education staff and parents/guardians did not fully understand the CYC's scope of practice and that this led to misunderstandings. For example, CYCs were viewed as disciplinarians, which is a role they cannot take on as it would negatively influence the development of trusting relationships.

> "We don't want teachers communicating the message that visiting the CYC is punitive. We don't want kids associating counselling with punitive activities." (CYC)

It was also noted that because there are shortages of Education Assistants and thus an inability to completely support the implementation of student support plans, CYCs are having to "pick up the slack" especially with respect to behavioural interventions. This takes away from other supports CYCs could be providing. It was suggested by some former educators and health care professionals that it might be beneficial for CYCs to help plan for how behaviours resulting from student dysregulation (as opposed to mental health problems) could be dealt with by school staff.

A number of CYCs felt that school staff did not trust that they knew how to do their job. Some felt this reflected the confusion between the previous school/guidance counsellor role and the current CYC role, as well as a general lack of understanding of the roles and responsibilities of a clinically trained child and youth counsellor. Some CYCs said that while educators appeared to trust that RCMP officers, the Nurse in Charge, CCP counsellors, and allied health care staff who work in the schools knew how to do their jobs, that same level of trust did not extend to CYCs.

The lack of direct reporting to the principal was described by some educators as a challenge especially if strong relationships had not been formed.

> "They're not one of my employees, the CYC is not my employee. That relationship needed a little bit of negotiation initially. That was only at the beginning. I have a good relationship with her, but I can see where that would be a challenge or could be a challenge. So, for example, it could be that plans would go ahead without me knowing, and it's important for me to know ahead of time what's happening in the school. As the principal, I need to know what is happening in the school, that's my role. And in general, [the CYC] and I have a good relationship where this isn't an issue but, we're also both busy and sometimes, just rarely, this can get missed. If you didn't have a strong relationship with your CYC this could really be a challenge." (Principal)

Some educators spoke about different positions and how reporting methods were better aligned with school needs.

> "I think the biggest disconnect is the communication. I had a qualified Play Therapist in our building. We met with her regularly. She was our staff member. We were able to oversee what we wanted for reporting, how we wanted it done." (Principal)

TYPE OF SERVICES

Many educators spoke about the need for school-, classroom- and group-based counselling (Tier 1 and Tier 2) services, in addition to one-on-one counselling (Tier 3), to meet the needs of children and youth and for CYCs to provide training and support to teachers implementing classroom strategies.

> "A big limitation in the new model that we are finding is the lack of group work. For example, our previous counsellor would run groups on friendships, social media, etc. Currently that group model is not as embedded in our program. I think that's due to the shift to the clinical model. The previous model was much looser and fluid, like for example a guidance counsellor in the previous model might have been able to see a student consistently for several days in a row in a high-need situation. In the current model they can be seen a certain number of times and then it transfers." (Principal)

> "There is no attempt at universal mental health supports by CYCs. No attempt to share universal strategies such as class-wide coping skill building and self-regulation so that kids could implement the strategies on their own or teachers could help out. This speaks to lack of understanding of how schools work versus the medical model." (Past Educator)

One health care provider questioned whether the problems the education system has with the CYC Initiative are because of the Initiative or because ECE does not have the supports in place to address behavioural issues. As was noted,

> "Behavioural issues will not be dealt with through counselling. There are much bigger problems." (Healthcare Provider).

The need for CYCs to hold group sessions to deal with trauma was identified as necessary.

> "We've seen good success with group work as a trauma-informed practice. We also see these issues arising out of issues in the communities, and often we can identify that and start talking about it as a group in our school before those issues boil over. Our Elders can bring forward quite of lot of those community concerns or issues and if we have the right supports in place at the school, we can be preventative, but that takes a school effort not just one-on-one work." (Regional Principal)

Some educators spoke directly to the need for another support in the school (e.g., Social-Emotional Learning Coach, Wellness Worker, Community Mental Health Worker) to address Tier 1 and Tier 2 needs, while CYCs focused on clinical one-on-one counselling.

Educators also emphasized that CYCs needed to recognize that every school and community is unique and requires tailored approaches to services and supports. A number of educators commented on the success of art-based therapies given many students are artistically inclined.

> "One size does not fit all." (Principal)

> "I'd like to see school-specific preferences that could be added into the job description at different school sites. The people we had qualified in art therapy were much more successful." (Principal)

> "… art therapy would be much more conducive to connecting with students. We have a large number of students who are really artistically inclined, who would benefit from that background." (Principal)

Some educators thought group sessions should be the focus of elementary schools, with a little one-on-one counselling blended in for those students who needed it. One educator felt that 70% of the CYCs time should be spent in the school carrying out group interventions (including doing individual check-ins) and the remainder spent in the community conducting family sessions.

> "The CYC model isn't working at our elementary school I would argue. We really need small group sessions, and preventative sessions. Mindfulness, mindful bodies, conflict resolution, self-esteem, acceptance of self and others. Small specific lunch time groups or throughout the day. That's what we need that are going to make student body-wide differences for everyone. I'm not saying we don't need individual counselling, but that age is so dependent on the family dynamic that the family truly needs to be involved in that counselling. They really don't want to do that – you cannot go quietly into any school. There's going to be hundreds of eyes on you, it's not private for families. We need the preventative and maintenance work that goes along with elementary teaching. So that when they [students] do run into trouble, they have this experience of fun work with a counsellor that they can feel comfortable going into that session. The idea that counselling is maintenance for your mind, body and soul, as opposed to something is broken and you need a doctor." (Principal)

Some educators spoke about the need for the CYC to help support dysregulated students. While some CYCs are willing to attend to students in this state, others say that this is not part of their job. One educator described a former CYC working with a very traumatized child who would often become very dysregulated in open areas of the school. The CYC would step into the hallway, play with the child, and then ask the child to come into their office and calm them down. The new CYC, however, does not engage with the child.

> "The new one, and this is also their supervisor telling them not to do this, but they will basically step over or around [the child] in the hallway. Not talk to [the child] at all, like, not step in, not try to support at all, because they say it's not part of their job. To me it's ludicrous because this boy is being re-traumatized every time he gets that dysregulated. I

> think it is absolutely part of their job to help with that so he's not being re-traumatized." (Principal)

TRAINING

Some CYCs commented that they did not always have the training necessary to deal with the array of issues they face. For example, not all CYCs had training and/or experience working in high stress situations, such as suicidal ideation that requires a Suicide Risk Assessment be carried out.

> "[For some of us] we've had previous training and experience behind us working in these high stress situations, but for others, this is a completely new sub-section of counselling they have never experienced other than reading books about it in school, and there is a lot of fear/concern over doing the wrong thing." (CYC)

As well, new graduates, in particular those without sufficient trauma-informed knowledge and experience, were said to be at a disadvantage when then began their employment.

Family therapy training was another area that health care representatives said required additional training.[14]

CYC SCHEDULE

Many educators expressed concern and frustration that the CYCs do not work on the school calendar and as such take time off during the academic year for professional development courses and often vacation during critical times.

> "They [CYCs] often want to take holidays before Christmas for example, and that's a critical time for us. We need them there during those times, those are critical windows. We need those adults in the building to support kids who are struggling in advance of those breaks. You know, some kids are wondering where their meals will come from during those breaks. They have real issues and real worries that get elevated during these critical windows and the CYCs have to be there for that." (Regional Principal)

> "January and February are our darkest months, and that's when we need the mental health supports. That's a critical window." (Superintendent)

> "We've had cases where we get back after Christmas and the counsellor's gone for six weeks or something." (Superintendent)

[14] Many CYCs recently took family therapy training with the CCP counsellors.

Some CYCs and clinical supervisors commented that because there is no overtime associated with the budget of the CYC Initiative, CYCs are encouraged to take time in lieu. That was considered problematic because if CYCs took lieu time off, there was a good chance the school would be left without counselling support in their absence.

In addition, educators also commented on daily scheduling problems. They spoke about not knowing when CYCs started their day, when CYCs took lunch, and where they were during the day. They said CYCs could be in their office behind a closed door, in the community or at the health centre, but school staff have no idea, and they are left trying to track them down.

Scheduling challenges were also spoken about in reference to shared CYC positions. For example, in one school, the CYC provides alternate day service to the high school and elementary schools. As was noted, students do not experience crises on a schedule.

One educator remarked on the benefit of CYCs working until 5pm because it meant they could meet with families outside of the school.

> "As much as I say she doesn't build relationships in the classroom, she does in her office for sure, and the time she spends with the families is really positive. That's a positive aspect of the program – having hours until 5pm, having hours outside of the school and that opportunity to build relationships in the families." (Principal)

While some educators recognized there may be some benefit to having CYCs in the community during the summer months, they felt that there were enough other community resources (e.g., on-the-land healing, youth programming) available for children and youth, and that the priority should be for CYCs to be in the schools during the school year. This conflicts with feedback provided by youth during the youth mental health and addictions action plan engagement, who said they wanted year-round access to mental health services. It was recommended that an assessment of the value of providing summer supports be carried out.

Many educators supported having CYCs work on the school schedule and some stated that determination of the CYC schedule should be regional as opposed to a centralized decision.

> "I think it should be left for the region to decide on the schedule. It wasn't that long ago we were talking about Education Renewal and making things more regional. Now it seems we're going back to centralized management. I feel like they aren't even entertaining having the conversation about regional decision-making or autonomy. I don't know where that went." (Principal)

> "… I don't feel my voice is being heard when I sit at my tables to advocate for resources or staff, for when a CYC should available or off on training…" (Principal)

It was also suggested that by having CYCs on an academic schedule, it might be easier to recruit and retain them.

PREVIOUS SCHOOL/GUIDANCE COUNSELLOR

Many Health and Social services and education engagement participants spoke about the loss of the school/guidance counsellor positions with the rollout of the CYC Initiative. Many educators spoke highly of the individual in these positions and lamented their loss, especially the loss of long-standing staff. Some felt they had not gained any additional supports with the CYCs because they lost existing staff who were well integrated into the school and community and because the CYCs were not able to see as many students as the previous school counsellors. They attributed this to the fact that the guidance counsellors were part of the school team.

> '[They were] attending staff meetings, being visible in the school and in the community, being in the staff room and having that opportunity for teachers to share concerns about students in moments where they can be helpful. [This] means more students are seen by our school employee. The school is a busy environment, so those quick moments are valuable. Whereas our CYC is mostly in her office and maybe more reliant on email or more formal referrals. So overall, having less service available to our students is a negative change." (Principal)

Both Health and Social Services and education participants commented that a lack of understanding about the differing roles of the school counsellor and the CYC created a lot of confusion and frustration on the part of school staff and parents/guardians.

Some educators felt that retaining the school counsellors and adding the CYCs would have been the best approach since it would have allowed for a range of counselling services and supports (Tier 1, 2 and 3). School counsellors who were still in place when the CYCs started spoke about positive relationships and being able to provide a balance of services. One former school counsellor also described acting as a mentor to a new CYC, and another current school counsellor (position funded through Jordan's Principle) said that the CYC acted in a mentoring role for them, supporting their professional development.

Some educators commented that the most successful school-based approaches they have seen are those in which counsellors are employees of the school system, but there are still protocols in place regarding confidentiality and information sharing.

ITINERANT MODEL / SHARING CYC / VIRTUAL COUNSELLING

Educators residing in small communities and using the services of NCTS counsellors or without a full-time CYC commented on challenges associated with the lack of a full-time counsellor. The limited time spent in the communities (three visits per year for NCTS counsellors) was identified as a barrier to progress for the students from both a relationship building and counselling perspective. To have any affect at all, it was

suggested that NCTS counsellors need to be in the communities at least a week each month, although having a full-time counsellor would be preferable. While clinical supervisors attempt to support those communities without full-time access, they are not always available, and they do not always live in the community.

While itinerant counsellors offer virtual and phone services in their absence, some educators felt that this was not considered a viable option for many students who are not comfortable with this method of counselling. Some children and youth also noted the importance of receiving in-person support.

> "Virtual counselling doesn't work for our kids. The kids don't like virtual. It's a cultural thing. Person-to-person connection is important." (Principal)

> "You can't replace face-to-face." (Principal)

> "It's not the same to use the internet [for counselling sessions]. It is not embedded in the culture." (Principal)

It was also noted that some NCTS counsellors scheduled their visits based on their availability as opposed to the needs of the students, which was problematic.

> "We are always having to schedule around the counsellor's schedule, and it should be the other way around. It would be more advantageous for the counsellor to work within the school schedule, but because she is working in other districts there is a juggling act that takes place." (Principal)

> "I have very little control of the dates they come here. That's a challenge. I know they do their best to be available, but it's often very limited. For example, when she looks at the next three to four months, she gives us a few weeks of options she's available. That's not based on student needs, it's based on that adult's need." (Principal)

While the option to access counselling services (e.g., NCTS when not in the community) by phone and/or online was of interest to some students (especially during COVID), it presented a variety of challenges including lack of access to a phone, and insufficient minutes on the phone.

FUNDING

Given the level of need across the territory, the CYC Initiative was regarded by CYCs and clinical supervisors as underfunded. More funding is required to create new positions for under-capacity schools and schools currently not allocated a CYC, to support additional training, and to cover travel by remote clinical supervisors and/or regional managers to visit CYCs, to provide support.

Some educators would like to see control of CYC funds shift from HSS to ECE, so they have a better understanding of how funds are being spent.

> "Our DEC [Divisional Education Council] would like to see us gain control of the funding and the program so that we have control and oversight of the program, and an understanding of how the funding we're contributing is being used. So, if there isn't a body in the building, where is that funding being spent? I'm sure it's being used for mental health purposes, but is it being spent on students? We can't see that." (Superintendent)

ECE AND HSS RELATIONSHIP

Some CYCs spoke about a tenuous relationship between ECE and HSS that starts at the senior level and trickles down to the schools and communities and has negatively impacted the implementation of the CYC Initiative. It was noted that there is a need for "ownership with integration and collaboration" on the part of both departments if the Initiative is to be successful.

P14. What policy or practice developments should be considered to enhance the CYC Initiative across the regional sites?

Document and Data Review

The following summarizes the salient recommendations for overcoming the challenges faced by the CYC Initiative that were described by HSS and ECE stakeholders in the *What We Heard Report* (ECE and HSS, 2022c) and in feedback provided by the RISCs and superintendents (ECE, n.d. – a; ECE, n.d. -b). The key areas for improvement/change include:

- Recruitment and Retention
- Demand for CYC Services
- Family Involvement
- School Engagement
- Decentralized Service Delivery
- Governance Structure

RECRUITMENT AND RETENTION

Recommendations for improvements to attract and retain CYCs included:

- Ensure equitable distribution of CYC staff to meet the level of need at each school so that issues related to workload and burn-out can be addressed.
- Allow casual and part-time CYCs to be hired.
- Improve training and orientation for new CYC staff to help them understand the unique needs of their service users and communities.
- Provide specialized training in areas of high need (e.g., family therapy and parenting support).
- Review the Master-level education requirement for CYCs.

- Ensure individuals with Masters-level education (health and social work) have the necessary understanding and qualifications in the counselling profession.
- Develop the capacity of community-based counsellors.
- When recruiting, apply principles of equivalencies and experience, Indigenous ancestry, and connection to the community.
- Assign CYCs as school employees to align schedules and vacations with the school-year calendar.
- Provide CYCs with mental health supports to cope with the challenges of dealing with children and youth who have intensive mental health needs.

DEMAND FOR CYC SERVICES

To help improve access to CYC services the following suggestions were put forward:

- Ensure equitable distribution of CYC staff to meet the level of need at each school.
- Allow youth to use drop-in sessions during school hours.
- Support teachers in delivering low intensity interventions along with Stepped Care 2.0.
- Delegate CYC psycho-education responsibilities (e.g., outreach, education, presentations, and class engagement) to other professionals.

FAMILY INVOLVEMENT

To enhance family involvement the following changes were recommended:

- Increase the availability of services outside of school when working with children under 12 years of age who need intensive individual counselling.
- Improve collaboration with CCP counsellors.
- Modify hours to allow counselling to run after 5pm.

SCHOOL ENGAGEMENT

Suggestions to improve the integration of CYCs in the school system included:

- Increase the school's authority and decision-making over local operations.
- Increase the accountability of CYCs within the school by having them report to school principals.
- Increase the engagement of CYCs in School-based Support Team meetings, including parameters for appropriate information sharing.
    - Schools are expected to be confidential in their work and are also expected to share information in the best interest of the student; the CYC should be permitted to provide reciprocal information.
- Increase the visibility and presence of CYCs in schools by them participating in school events, recess, and classroom activities to build relationships and trust.

- Increase CYC engagement with staff by participating in meetings, providing professional development, and guidance on how to support students in counselling.
- Increase school staff understanding of the CYC role, responsibilities, program model and clinical practice boundaries.
- Improve consistency of services by having CYCs follow the school-year calendar and vacation breaks to ensure they are on the same schedule as the students.
- Greater involvement of Education Bodies in the orientation processes to ensure CYCs understand the school system and climate.

DECENTRALIZED SERVICE DELIVERY

Decentralizing service delivery was described as a way to ensure services are relevant to the unique cultures and challenges in each of the communities. Furthermore, the Tłı̨chǫ Government expressed a desire for greater self-determination over the mental health services of children and youth. They requested the funding for the CYC Initiative be transferred to their authority (Chief's Executive Council, 2022, October 6, ECE, 2022, June 8).

Examples of more culturally relevant approaches included:

- Increase the gender and cultural diversity among counsellors, with a focus on hiring local Indigenous candidates.
- Provide services in languages other than English.
- Use alternative forms of therapy, specifically art therapy, on-the-land, and strength-based approaches.

GOVERNANCE STRUCTURE

It was suggested that the number of sub-committees and working groups be reduced in favour of local teams to find local solutions.

Engagement

Children / Youth

Most children and youth did not have any ideas on how the services provided by the CYCs could be improved. Many commented that things were good right now. Those students who did make suggestions, identified:

- More fun activities in the school and community.
- More decorations and activities in the CYC office such as a lava lamp, more wall hangings, stickers, more things to draw on because most kids express their feelings with drawings, offering snacks and fidget toys.
- More privacy and a bigger CYC office.
- More opportunities for counselling by having more CYCs, having CYCs do daily check-ins with individual students, offering regularly scheduled appointments, having a longer counselling session, and having walk and talk sessions that could be held outside.
- Offer after-school wellness group sessions.

> "Music and stuffies in the office." (Child 10)

> "I feel like they should do an after-school group talk. The group could talk about mental health and how school and work can be stressful." (Youth 18)

Parents/Guardians

Parents/guardians made several suggestions for improvements to the CYC Initiative. The key suggestion focused on improved communication and the sharing of information.

- CYCs need to communicate more frequently with parents/guardians, especially regarding young children, and they need to provide families with information (e.g., strategies) that can be used to support the child or youth at home.
- There needs to be more information available on the role and responsibilities of CYC services. For example, more information is needed on the differences between the previous school counsellor and the CYC, dates and times of group activities, and age at which children can access group activities.
- There is a need for a more balanced approach to service provision that offers both preventative classroom- and group-based activities and therapeutic/clinical (one-on-one) services. It was recommended that mental health supports be made available to all students irrespective of their level of need (i.e., general/universal support should be available to students with less complex needs). The focus should be on building the capacity of all students to help prevent more serious issues from arising.

> "They need to loop the parents into the system. I want to be able to support my daughter in ways she needs to be supported, not the way she wants me to support her." (Parent)

> "I really don't understand the consent process and variations across the health system. Consent is a very confusing process for parents." (Parent)

- The consent forms need to be updated to specifically reference the CYC Initiative, to be accessible by children and youth, to be available in all NWT official languages. It was also suggested that the consent process be clearly described.
- Regular appointments (in schools that only offer drop-in services) should be allowed for high-risk students.
- There should be a more collaborative, less adversarial, relationship between ECE and HSS leadership that allows for the successful integration of CYCs in the school system. Both ECE and HSS need to remember who the CYC Initiative is intended to serve: the children and youth of the NWT.
- CYCs need to carry out more community outreach (e.g., youth centres) and provide after-hours support.
- The CYC Initiative should be operated by ECE.
- It is essential that CYCs get to know the children, youth, families and communities that they are serving

"If counsellors are going to provide services in [a small community], it is important that the counsellors get to know the kids, families, and community. They need to build trusting relationships. They need to build confidence. I'm not sure how you can expect positive results when they don't know who we are. We need consistent services; I'm not sure how that happens when it's not always the same counsellor. Counsellors need to be knowledgeable about residential school survivors and the trauma experienced by members in the community. With this information, they can work better with the kids, families and community." (Parent)

Health and Social Services/ Education / IGOs

It was noted by some participants that there is a need to acknowledge that the CYC Initiative is new, that there is a steep learning curve, and that things still need to be worked out before decisions can be made about changes, namely removing/reallocating the CYC positions.

"The best action is the action that helps the students." (Former Educator)

Education and Indigenous Government Organization representatives, and to a lesser extent Health and Social Services engagement participants, suggested a variety of changes to the current CYC model of child and youth counselling.

SCHOOL-BASED MODEL

It was recommended by a number of educators (current and former) that the CYC Initiative become an ECE school-based program and that CYCs report to either the principal or the Regional Inclusive Schooling Coordinator (RISC). In this model, ECE would hire clinical supervisors to provide clinical supervision to the CYCs. This new model would allow for more information sharing, while still maintaining confidentiality protocols. The CYCs would operate on the school calendar and would only offer support to students in the school; HSS would be responsible for supporting children and youth not attending school. This model would better support the integration of the CYCs in the school community.

"Change is important, but it needs to be intentional and meaningful. It needs to involve the people who are part of the program in the decision-making process; they are the boots on the ground. It needs to value to the voices of frontline staff." (Former CYC)

It was recommended by some Health and Social Services and education representatives that all existing CYC positions be maintained and that more CYC positions be added to address capacity issues. Both Health and Social Services and education participants spoke about the need for an additional position (e.g., social and emotional learning coach) who would focus on Tier 1 and Tier 2 interventions and work closely with the CYC in their school.

"I don't think tossing out one model for another is the best approach" (Assistant Superintendent)

To help alleviate the administrative burden of CYCs and clinical supervisors, it was suggested that a new full-time Program Support Administrator (PSA) position be created with a designated physical location where hard copy files can be saved.

Coming out of COVID-19, both Health and Social Services and education participants said there was a definite need for more funding dedicated to child and youth counselling to address the increasing mental health disorders (e.g., anxiety) and increasing rates of suicides in adults and young adults (which affects children and youth who need support). It was also recommended by some that CYC wages be increased to allow for easier recruitment of CYCs.

There was a request from Indigenous and Government Organization representatives that they be more involved in program design changes in part to ensure that the CYC positions interact well with existing positions (e.g., for the Inuvialuit Regional Corporation, the Student and Family Support Worker position) and that there is not duplication of efforts.

COUNSELLING SERVICES

Education and Indigenous Government Organization representatives spoke about the need for the counselling model to be more flexible to better reflect the needs of the schools by providing Tier 1 and Tier 2 interventions (e.g., classroom and group-based sessions, mental health education and awareness) along

with the Tier 3 interventions (e.g., clinical one-on-one counselling sessions). There were also requests for art therapists to be part of the CYC team because many students are artistic and/or have an easier time expressing themselves through art.

> "Programming might need to change depending on what we're getting from the kids and community. Sometimes it might be more group-based, art-based, less so than the individual counselling. I think a balance of both is good, but we need to have the flexibility to provide what is necessary in the school for that particular year and group of kids." (Principal)

> "It would be really helpful for them to spend more time in classrooms. I fought that battle for the first year but gave up. The model is that the student has to book time with the CYC. The student has to go to the CYC. By not spending time in the classroom or out amongst the kids at recess, having those opportunities to have dialogue with the kids, it's just not so easy for a kid to reach out. Putting the time into building relationships is critical. Our kids need relationships, they won't just walk into a room with a stranger, or most of them won't. The ones that will, get the support and that's great, but the majority of my kids need relationship first." (Principal)

Some educators also spoke about the need for two types of counsellors, one in the school and one in the community. It was also recognized that family counselling would best be done in the community.

> "… Our first CYC and one of the reasons that she found it really overwhelming, was not only did she have this high load here but was also expected to do counselling in downtown. So that's two jobs to me. Like whether you're a school counsellor here or you're a downtown counsellor and you take external appointments. But I don't know how they can do both." (Principal)

> "I think you need two types of counsellors, a school-based counsellor in the traditional sense, and a counsellor who can deal with those needs in a community that come up that are horrible. It's almost like you need both simultaneously." (Assistant Superintendent)

It was also recommended that family counselling become a more integral part of the CYC's services.

CYC ALLOCATION

It was suggested by representatives from Health and Social Services, education and Indigenous Government Organizations that the current number-based model of allocating a CYC be replaced by a model that is more equity-based and considers the child, youth and family needs of the school and the community when making decisions regarding the number of CYCs.

Some educators recommended that there be one CYC assigned to the school and another CYC be assigned to the community. This way there are more supports provided in the school and those children and youth

in the community have dedicated supports. However, it was suggested by Indigenous Government Organization representatives that because CYCs are not school employees, and because their work schedule does not align with the schools, CYC positions be community-based and more accessible to children and youth outside of the school.

It was suggested that efforts be made to better match CYCs to communities. For example, CYCs from the North and with a comprehensive understanding and experience of Indigenous history are better placed in the smaller communities than new CYC graduates from the South.

CYC EQUIVALENCIES

To support the introduction of equivalencies into the CYC job descriptions so locally qualified and experienced people could be hired, Indigenous Government Organization participants suggested that on-the-job training and other counselling pathways be identified and explored as potential avenues to get local people into these positions. To help support this adapted model, it was suggested that the money for the CYC positions flow through the Education Bodies rather than the Health and Social Services authorities. It was suggested that this change would result in more autonomy, more ownership by the community, and more flexibility.

ORIENTATION

It was recommended by CYCs and educators that during the orientation process, more focus be placed on ensuring that CYCs are clear about their roles and responsibilities (including boundaries) and are made aware of relevant health and education policies and procedures. It was also suggested that there needed to be more emphasis placed on ensuring that educators were clear about their roles and responsibilities in relation to the CYCs so there would be no confusion. Additionally, it was suggested that this information needs to be revisited annually (i.e., an ongoing process) to ensure everyone is aware. It was also recommended that more content on the northern context and the experiences of NWT children and youth be included in the orientation process. It was recommended that the CYC Handbook be updated to more clearly describe the roles and responsibilities of all parties involved in the implementation of the CYC Initiative and to reflect the realities of the position.

TRAINING

It was recommended by Health and Social Services representatives that CYCs receive training/more training in the following areas:

- Trauma-informed therapy
- Stepped Care model
- Family therapy

SUMMER ACTIVITIES

CYCs and educators commented that there was a need for more planning for summer outreach and group activities and the location of those activities.

> "… Itinerant counsellors [should not be] involved with school activities. I don't want that. They're here a short time. They need to work with the children and then involve those caring adults who are here in the interim in between visits. How can the caring adults who are here in the community support that child in between? The CYC who is here, when she is here, her day is jammed from the minute she steps off the plane to the minute she leaves." (Principal)

4.0 CONCLUSIONS

The purpose of the CYC Initiative is to provide direct mental health and wellness services within the school and community setting for children, youth and their families by supporting mental wellness and building coping skills and resilience. The Initiative is intended to facilitate timely access to quality mental health care, to deliver coordinated and integrated mental health services, and provide services in a positive way that are responsive to the needs of children, youth and families. The goal of the evaluation was to assess the effectiveness of the implementation of the CYC Initiative and the extent to which outcomes have been achieved. Based on the findings outlined in Section 3, this section presents the conclusions by key evaluation questions and sub-questions. Associated recommendations are also identified, with greater detail provided in Section 5 – Recommendations. [NOTE: Recommendations may show up more than once because of overlapping or related information provided across evaluation questions.]

4.1 Overview

Poor mental health can have an adverse impact on child and youth well-being and future success. Although children and youth in the NWT were experiencing mental health concerns prior to COVID-19, the pandemic resulted in increased rates of distress and an increasing need for mental health supports as well as social, emotional and behavioural supports. There is unanimous agreement that school- and community-based counselling services are critical and essential to meet the mental health needs of children and youth across the territory.

Overall, the evaluation found that the CYC Initiative has been quite successful in providing timely, coordinated and responsive counselling supports and in helping to build coping skills and resilience of children and youth, particularly given it is a relatively new program in the early stages of maturation. Having CYC services available in the schools has not only improved access but has also increased the identification of mental health problems/disorders that previously would have gone unnoticed and untreated in children and youth. Through the provision of primarily one-on-one counselling services, CYCs and itinerant counsellors have helped children and youth: achieve a greater understanding of themselves and their relationships with others; improve their awareness and utilization of personal strengths and assets; build their resilience; and support their ability to address problems and pursue personally meaningful goals.

The effectiveness of the CYC Initiative implementation has, however, been challenged by differing departmental expectations regarding the range of counselling interventions (i.e., primarily Tier 3 and limited to no Tier 1 and 2 services), restrictive information sharing protocols, insufficient levels of school integration, and disagreements concerning CYC qualifications and experience requirements as well as the provision of services outside of the school environment. Effectiveness has also been hindered by strained relationships between ECE and HSS that start at the senior level and filter down to the schools and communities and impede successful collaboration.

Related Recommendations:

- HSS and ECE relationship be strengthened
- The CYC Initiative be continued

4.2 Pre-Initiative Need and Response (Q1)

PRIOR LEVEL OF ACCESS (C1)

Prior to the roll-out of the CYC Initiative there were children and youth who reported feeling sadness/hopelessness for extended periods of time, being dissatisfied with their life, struggling with issues such as substance misuse, violence, poverty, bullying and crime, and lacking the adult supports they needed to improve their mental health. While there were school-based mental health programs, grade-specific mental health curriculum, educator focused mental health supports, and school/guidance counsellors as well as some community, territorial, and out of territory counselling supports available, these were determined to be insufficient to meet the immediate demands and often complex needs of children, youth and families for reasons such as lack of clinical expertise and long wait times (e.g., six months to one-year wait time to see a child psychiatrist in the NWT).

Related Recommendation:

- The CYC Initiative be continued

READINESS TO EMBRACE THE INITIATIVE (C2)

To address the identified needs, a partnership between HSS and ECE was established to support implementation of the newly created CYC Initiative. Prior to initiation of the four-year, phased roll-out, ECE expressed concerns with the funding approach, the governance structure, the reporting relationships, the requirement for a Master's degree and experience working with children and youth, and the lack of assurance that CYCs would spend the majority of their time in the schools. The Standing Committee on Social Development (SCOSD) also expressed concerns with the region-to-region roll-out and timing of implementation as well as the numbers-based allocation of CYCs in the communities.

Related Recommendation:

- HSS and ECE relationship be strengthened

4.3 Initiative Implemented as Intended (Q2)

HOW SERVICES WERE IMPLEMENTED (P1)

Implementation Modifications

There were some changes noted to the intended implementation of the Initiative. A significant change was the introduction of the Stepped Care 2.0 model, which provides rapid, same day, flexible access to mental wellness and addictions recovery supports. It was rolled out across the territory in 2020. Another modification was the change of Initiative name from Child and Youth Care Counsellor Initiative to Child and Youth Counsellor Initiative to facilitate the hiring of Master's level candidates. Although changes to priorities in each region were assessed regularly and adjusted to meet the regional needs, there were no major modifications.

While there were requests from educators to have more Tier 1 and Tier 2 services available and for more proactive consultations between CYCs and educators, time constraints due to Tier 3 services prevented the regular delivery of these other types of interventions (e.g., whole of school, group, family, art therapy and health promotion supports) and discussions. This highlights the differing expectations regarding the level of interventions to be provided by the CYCs. Counsellors with a Master's degree and requisite experience were specifically hired to address higher level, more complex mental health needs.

Implementation/Service Delivery Strengths and Challenges

A number of factors were identified as both facilitating and hindering the effective implementation of the CYC Initiative.

Recruitment and Retention

A variety of factors were identified as contributing to recruitment and retention challenges such as: education and experience requirements (i.e., Master's degree and a minimum of three years of clinical supervision experience for clinical supervisors); lack of housing for new staff (especially for families); insufficient preparation for life in the North; CYC burn-out; inadequate salary and benefits (comparable to other provinces [e.g., Alberta] where the cost of living is lower); and lack of school/community integration.

The CYC interview process was considered problematic because it does not allow for discussions regarding the personal and professional 'fit' of the applicant with the position and the location of the position. The interview question set is described as fixed, with responses being graded based on a pre-determined scoring criterion. Educators expressed the importance of having a school-level representative (e.g., principal) involved in the selection of CYCs who will be working in their schools and with their students.

Because of salary and the housing limitations, the CYC Initiative has attracted new graduates who are often from the South with limited practical experience, and no experience working in the North and/or with Indigenous populations affected by colonial practices such as residential schools. These new graduates

often find the position and the transition to the North mentally and emotionally challenging, especially if they are the only CYC in the community and if they are unable to successfully integrate into the school and community.

Related Recommendations:

- Hiring processes be improved
- Mid-year financial review and reallocation of unspent resources be carried out

CYC/Itinerant Allocation

- The supply of CYCs allocated for the initiative has been insufficient to meet the demands of children, youth and families across the NWT as is confirmed by large workloads, waitlists and the inability of CYCs to accommodate more regularly scheduled appointments (something that a number of students want). Moreover, the numbers-based allocation of CYCs in schools, as opposed to a needs-based distribution model, is considered a barrier to fair and equitable access. This is especially true for schools in small communities that are often dependent on half-time CYCs or an itinerant counsellor, when they require at least one full-time CYC to address student needs. While clinical supervisors attempted to support those communities without full-time access, they were not always available, and they did not always live in the community. In an effort to cover vacancies and provide additional supports, Regional Managers often moved CYCs around, which caused disruption in those schools that lost one of their CYCs or had to share a CYC with another school. The lack of sufficient and consistent CYC staff was said to negatively impact the effectiveness of services as it hinders consistency and the ability for strong and trusting relationships to be formed.

Contracted itinerant counsellors, who are placed in schools with less than 75 students, provide three one-week visits per year and virtual counselling in between visits. They are also used to cover vacant CYC positions. Children and youth receiving support from NCTS counsellors reported being less satisfied with the services they receive because the counsellor is not always available in-person when needed. While NCTS counsellors offer virtual and phone services in their absence, some educators, health care professionals and students feel this is not a viable option for students who prefer/require person-to-person connections (i.e., they need to be able to see how people are reacting to what they are saying and they need to see that what they are saying is being acknowledged) and for those who do not have access to the internet, a phone or sufficient minutes on their phone. The lack of follow-up by some NCTS counsellors after they leave the schools is also considered a barrier to student progress. The lack of control that some schools have over the NCTS visitation schedule was considered problematic.

Related Recommendations:

- Needs-based allocation of CYCs be implemented
- Role of itinerant counsellors be reassessed
- Mid-year financial review and reallocation of unspent resources be carried out

CYC Schedule

The fact that CYCs do not work on a school schedule was a source of considerable frustration for educators. Because CYCs work on a GNWT HSS schedule many do not work during the lunch period, they take vacations during the school year (often when they are most needed in the schools [i.e., before Christmas, January and February]), and they participate in professional development activities during school hours. This time away often leaves the schools with no counselling supports at critical times. Additionally, because some CYCs also provide services in the community, there are times during the school day when they may be off-site and not readily available to students. Although they may leave a note or notify the school receptionist they will be off-site, students may not be aware and will seek help during those times. Sometimes they do not notify anyone in the school they are off-site which creates unnecessary frustration between school staff and the CYC.

The usefulness of having CYCs provide support during the summer months was questioned given the availability of other community activities for children and youth to take part in (e.g., on-the-land healing, youth programming) and the perception that CYC services are not well utilized during this time. The lack of CYC supports after-hours and on the weekends is identified as a gap in service provision, particularly given the lack of other counselling services available in most communities, and as problematic for parents/guardians who are not able to meet with CYCs during work hours.

Related Recommendations:

- Promotion of after-hours services be increased
- CYC summer work plans be prepared

CYC Services and Supports

Since implementation of the CYC Initiative, more than 20,000 counselling sessions have been held by CYCs across the territory. This speaks to the high level of need for mental health supports in the schools and communities. The majority of these sessions were one-on-one/Tier 3 (87%). Very limited counselling supports were provided through group (7%) or family (4%) sessions, and very little educator (teacher, PST, principal) consultation and collaboration occurred to support implementation of universal or preventive interventions. Most children and youth were very satisfied with the support they receive and indicated they liked the individual counselling service because of the privacy and confidentiality it confers. While educators understand the importance of CYCs providing Tier 3 services, they expected that CYCs would also focus their time on delivering Tier 1 and Tier 2 services, including behavioural (self-regulation) supports, and teaching educators how to incorporate mental health strategies into their daily teaching practice, something that previous school/guidance counsellors had done. These early intervention types of mental health supports are considered integral to the healthy development and functioning of children and youth and to their successful transition to adulthood.

There was confusion regarding the role and responsibilities of CYCs. This is due in part to a lack of explanation of the differences between the CYC and former school/guidance counsellor roles and a lack of

consistency in the description of CYC responsibilities in the job descriptions and CYC Handbook (i.e., the Handbook clearly states that CYCs are responsible for supporting and facilitating population-based interventions to enhance student mental health, self-regulation, socialization and healthy relationships, while the job descriptions speak more generally to providing supports to address behavioural issues as well as mental health problems).

Related Recommendations:

- The CYC Initiative be continued
- Social-Emotional Learning teacher and coach positions be created
- CYC roles and responsibilities be clearly communicated
- CYC Initiative handbook, guidelines and job description be updated

Consent

As described in the CYC Handbook, informed consent must be provided by the child, youth or family members before counselling can begin. It is up to the CYC to determine, on a case-by-case basis, if a child or youth has the capacity to consent. Where a child does not have capacity, a parent/guardian must provide consent on their behalf. Having to obtain written consent was identified as a barrier to a child or youth receiving timely counselling supports because even if verbal consent is received, written consent is still required and in some instances the literacy levels (in English) of parents/guardians is low and they cannot read and/or comprehend the form. The consent forms are described as not being user friendly and continuing a "colonial practice of written consent".

Related Recommendation:

- CYC consent form and process be improved

Confidentiality and Information Sharing

As noted in the CYC Handbook, a key part of the CYC role is to be able to reassure children and youth that their confidences will be maintained (notwithstanding the need to report instances of abuse or neglect or if service users are a danger to themselves or to others). The ability to maintain confidentiality helps to build rapport and trusting relationships. Several children and youth spoke about the importance of confidentiality in their relationship with the CYCs and the fact they felt more comfortable sharing personal information because they know the CYC will not communicate it to anyone else. It was reported there were instances prior to the CYC Initiative in which school/guidance counsellors had not respected the privacy and confidentiality of students.

Educators and parents/guardians, however, found the lack of information sharing frustrating and feel that it hinders their ability to provide additional supports to the children and youth. Principals commented that it is their responsibility to ensure the safety of students and to know where students are at all times, something that cannot happen if they have no idea the student is in the CYC's office receiving counselling.

While most educators and parents/guardians understand the need for confidentiality, there were requests for some information to be shared so that additional supports can be provided in the classroom and at home.

Related Recommendation:

- Information sharing protocols be created, shared and discussed on an ongoing basis

Referrals

Children and youth were referred to CYCs by teachers, principals, the community health centre, probation services, and other community counsellors through either referral forms or emails. Referrals were also made by parents/guardians and children and youth themselves and forwarded by the principals or school receptionists to the CYCs. Educators and parents/guardians commented on the challenges of self-referral (or referrals from agencies without a warm hand off) for those children and youth with anxiety, noting the courage it takes to reach out (and to keep reaching out as needed).

CYCs commented on the significant amount of time it has taken to act as a bridge or referral agent to other mental health services and supports (e.g., Stanton Territorial Hospital, out of territory treatment centres, Strongest Families Institute, TeleLink Mental Health Program Virtual Psychiatry, Victim Services, Mental Health and Addictions Counsellors, and on-the-land healing programs), time that was taken away from counselling children, youth and families.

Related Recommendations:

- CYC Initiative Coordinator positions be created
- Type and frequency of CYC appointments be based on a person-centred approach

Office Space

Availability and location of office space for CYCs to carry out their counselling sessions and to securely store client files was an issue for a number of schools and communities. Some schools have no adequate space available so CYCs are relegated to providing services in 'closets' that will not accommodate more than the CYC and a student, and if available, relying on community-based office space for larger gatherings. Some CYCs have to carry their files around because they have no space or no way to safely store them in their office.

While centrally located CYC offices were said to increase CYC opportunities to interact with students, some children and youth expressed concern about privacy with regard to the location of CYC offices (i.e., located in very public places that allow all students and staff to see anyone who enters the office) and the fact that some CYC office doors are made of glass and allow other students to look in.

In-school office space was said to be problematic during the summer months when the school is closed and easy access to the CYC office is not possible. Availability of office space in the communities was not

readily available to all CYCs. Most of those who do have community-based offices tend to be located in health centres or family centres.

Related Recommendation:

- Computerized records management system be adopted

Stepped Care 2.0

CYCs encountered challenges using the Stepped Care 2.0 Model to guide their counselling practices. This was said to reflect, in part, a lack of understanding and a very literal interpretation of the model (i.e., not realizing that the model has flexibility in how it is implemented based on the needs of the client, such as being able to pre-book appointments if needed). In particular, CYCs struggled with the one-at-a-time approach to counselling, which is perceived by many CYCs to mean they cannot/should not be scheduling follow-up appointments but instead should refer children, youth, and families to other resources and/or leave it up to them to request additional counselling if they feel it was needed. They feel the model does not support complex cases requiring longer-term approaches, that it does not focus on relationship building, and that it is not appropriate for children or Indigenous Peoples. Many also commented that the model relies on the existence of many different types of supports and resources that are not available, especially in the smaller communities.

Related Recommendation:

- Stepped Care 2.0 implementation training be repeated

REGIONAL CONSISTENCY (P2)

While the administrative data revealed the implementation of CYC activities (e.g., individual counselling sessions, educational workshops) to be relatively consistent across regions, there was considerable variation in CYC vacancy and turnover rates, with the overall CYC annual vacancy rates ranging from 6% in the Dehcho to 83% in Fort Smith[15] and the average annual turnover rate ranging from 53% in Fort Smith to 3% in the Beaufort Delta[16].

[15] This data should be interpreted with caution due to variability in the available data, year to year.

[16] Turnover rates refer to the percentage of employees that voluntarily leave an organization over time. Regions with low turnover rates are explained by a relatively high degree of unfilled positions, thus the data should be interpreted with caution.

VACANCY REALLOCATION OF FUNDS (P3)

With the exception of the Dehcho, which reported either spending all of its regional CYC budget or reported a deficit, and for those years and regions for which data was unavailable, regions did not spend their full CYC budget amounts from 2019-2020 to 2021-2022. Approximately $2 million over the three academic years went unspent.

Related Recommendation:

- Mid-year financial review and reallocation of unspent resources be carried out

DATA COLLECTION TO SUPPORT CONTINUOUS IMPROVEMENT (P4)

Current administrative data reports were described as vague, lacking in meaningful data, and not providing school-specific information. Educators and Education Bodies requested reports that provide information (e.g., insight into the current mental health status of students and identified interventions) that could be used by educators to support students and to inform school and community decisions regarding additional mental health, social, emotional and behavioural supports and in-class programming.

Related Recommendation:

- CYC Initiative reporting be improved

4.4 Awareness of the Services (Q3)

AWARENESS OF SERVICES (P5)

The CYC Initiative has been successfully promoted to school staff, students and their families through a wide variety of methods including school emails, parent/guardian information sessions, posters, Facebook, health care providers, school gatherings, classroom visits and CYC visibility in hallways. Students suggested that CYCs could improve the awareness of their services by making school announcements, holding assemblies, spending more time in the classroom, and having teachers talk more about the CYCs and refer more students to them. They also suggested that if CYCs spent more time in the hallways they could check in with students who may be too shy to come to them for support.

There were concerns that children and youth not attending schools are not aware of the CYC services provided in the communities and as such are not benefiting from the counselling supports. More targeted efforts to promote the availability of these services to non-attenders, with help from community agencies, are required.

Communication regarding the role and responsibilities of the CYCs was not effective. As a result, some of the parents/guardians do not trust the CYCs and some will not allow their child to receive services because they believe the CYCs are associated with Child and Family Services staff and may take their child away if

they hear something negative about the family. For educators, there was a lot of confusion between the roles and responsibilities of the previous school/guidance counsellor position and the CYC position. Educators expected that CYCs would provide the same type of services (Tier 1 and 2) and share the same level of information. It was suggested that the CYC Handbook should have included a section that addressed the differences between the two positions and that more discussions between HSS and ECE should have occurred prior to the roll-out of the Initiative to ensure that the role and responsibilities of the CYC was clear.

Related Recommendations:

- CYC roles and responsibilities be clearly communicated
- Promotion of CYC services in the community be enhanced
- CYC Initiative handbook, guidelines and job description be updated

4.5 Accessibility of Services (Q4)

FACILITATORS AND BARRIERS TO ACCESS (P6)

Students and parents indicated that having the CYCs located in the schools facilitated easy access to services. Some parents went as far as to say that without school access, it is unlikely their child would have been able to take advantage of the CYC supports. Some children, youth and families also commented on the benefits of having CYC services available in the community (when that option was available). While location of services enabled easy access, there were a number of barriers that hindered access. The key barrier was a lack of sufficient counselling supports to meet the real-time needs of children, youth and families. This was the result of inadequate numbers of CYCs in the schools, lack of full-time CYCs in some schools, and a reliance on itinerant counsellors in the smaller communities. Other factors that challenged access included: CYCs not working on the academic schedule, which resulted in schools often being without counselling supports because CYCs were on professional development or personal leave; lack of understanding of the CYC role and responsibilities by parents, which reduced parental support for and involvement in services, and by educators which created strained relationships with CYCs; lack of ability to schedule appointments especially for those with high needs requiring structure and consistency and those with high anxiety; and lack of student privacy and limited office space.

Related Recommendations:

- Needs-based allocation of CYCs be implemented
- Role of itinerant counsellors be reassessed
- CYC roles and responsibilities be clearly communicated
- Type and frequency of CYC appointments be based on a person-centred approach
- Mid-year financial review and reallocation of unspent resources be carried out

TRUSTING RELATIONSHIPS (P7)

CYCs employed a variety of approaches to help build supportive and trusting relationships with children, youth and families including being honest, transparent and dependable, sharing personal stories when appropriate, and demonstrating a willingness to listen, understand and learn. To support and encourage the CYCs to provide supportive and trusting care that respects the values, needs and preferences (e.g., cultural, religious, gender), educators introduced CYCs to students, staff and community members and invited them to take part in staff/team meetings, classroom circles, school activities, school-based cultural training (e.g., blanket exercise), parent coffee afternoons, Elder afternoons, wellness events, community feasts, and the LIFEgroup program. Almost every single child and youth said they felt supported by their CYC. They described their CYCs as nice, kind, helpful, trustworthy, and understanding. They said they felt safe, comfortable, and heard when they are with them.

Related Recommendation:

- Type and frequency of CYC appointments be based on a person-centred approach

INTEGRATION (P8)

The integration of CYCs into the schools and communities is a key element of the Initiative. CYCs are expected to be part of the school team, aware of school policies, procedures and philosophies and attend SBST meetings, staff meetings, and school events. It is the principal's role to ensure that CYCs are introduced to school staff, included in meetings and on email lists, and that the role of the CYC is understood by staff. While some CYCs were welcomed into the school and considered part of the team, other CYCs reported a lack of integration and in some cases a concerted effort to exclude them from involvement in the school community. Irrespective of the experience, positive or negative, the general consensus was that the principal (and in some cases the Superintendent) is responsible for determining the level of integration that occurs in their school. In other words, if leadership supports the CYC Initiative, the CYCs are more effectively able to carry out their role, and vice versa. As well, CYCs need to be open to working with the principal and participating in school meetings and events in an effort to support successful integration. In this way, the success of the Initiative is not based solely on the design of the program but also on the individuals responsible for its implementation. The lack of support for CYC integration within some schools may have been influenced in part by pre-Initiative concerns that were not resolved before roll-out of the Initiative (e.g., governance, reporting relationships, CYC qualifications, lack of role clarity, community service provision).

> *"It is the responsibility of everyone in the school, under the leadership of the principal, to welcome the CYC as an integral part of the school community." (CYC Handbook)*

Related Recommendation:

- HSS and ECE relationship be strengthened
- CYC integration into the school be improved

CLINICAL SUPERVISION (P9)

Seven clinical supervisor positions were created as part of the CYC Initiative. The CYC Initiative falls under the larger CCP and as such follows the associated program standards and HSSA operational procedures related to clinical supervision. The clinical supervisor is required to meet with the CYCs regularly to ensure standards of practice are met and to support the development of professional skills, knowledge and expertise. Most CYCs reported regular meetings and very positive experiences with their clinical supervisors (e.g., available when needed, easy to talk to).

The CYCs, clinical supervisors and regional managers indicated that the clinical supervisor having a dual role - acting in both supervisory/relational and administrative/transactional roles was problematic. This was said to be further exacerbated when a clinical supervisor was also a regional manager.

The CYCs also encountered challenges, especially during the orientation process, when their clinical supervisor was not located within the community and were not able to introduce them to the school and CCP staff and show them how things were supposed to be done. It is also problematic when the clinical supervisor does not have supervisory training and/or when the clinical supervisor has a different designation than the CYC.

Related Recommendations:

- The CYC position remain with HSS
- CYC administrative supervision be provided by Regional Managers
- Supervisory training be considered for clinical supervisors

4.6 Culturally Safe Services (Q5)

INCLUSION OF CULTURALLY SAFE SERVICES (P10)

As GNWT employees, CYCs were required to complete *Living Well Together*, the government's Indigenous Cultural Awareness and Sensitivity Training to increase knowledge and awareness of colonization, residential schools, and Indigenous non-Indigenous relations, as well as to develop cultural sensitivities and the practice of reconciliation. While this was considered a "good first step", given that CYCs are interacting with the most vulnerable members of the community, immersion in the culture of the community through mentorships with Elders and Knowledge Keepers as well as participation in community events was highly encouraged prior to and during employment. CYCs spoke about following traditional Indigenous laws, weaving in traditional knowledge and cultural practices in their counselling, and hanging Indigenous art on

the office walls. Children and youth believe the CYCs respect their values, needs and preferences (e.g., culture, religion, gender). They described CYCs as accepting, non-judgmental and having taken part in community and traditional activities. Hiring locals with CYC qualification equivalences and/or building the counselling capacity of community members, who already have established relationships and understand the community context, was considered by some Indigenous Government Organization representatives as a better way to meet the cultural needs of schools and communities.

Related Recommendations:

- CYC, SEL Teacher and SEL Coach orientation and training frameworks be developed

4.7 Baseline Needs (Q6)

BASELINE NEEDS PROFILES (P11)

Overall, the five most frequently reported primary concern by children and youth were - anxiety/depression (21%), family conflict (11%), trauma (9%), self-esteem (5%) and grief and loss (5%). Regional differences were identified with children and youth presenting most frequently with: family conflict in the Dehcho and the Sahtu; trauma in the Tłı̨chǫ and Fort Smith; and anxiety/depression in the Beaufort Delta, Yellowknife and Hay River.

Related Recommendations:

- The CYC Initiative be continued
- CYC clinical qualifications and experience be maintained

4.8 Satisfaction with Service and Support (Q7)

EDUCATOR SATISFACTION (O1)

While the vast majority of educators commented on the need for the CYC Initiative, most were dissatisfied with the lack of Tier 1 and Tier 2 services and wanted to see counselling services that are more flexible and can be targeted to the unique needs of each school and community. Educators also reported discontent with factors such as insufficient CYC capacity to provide services, lack of full-time services, lack of information sharing, CYCs not working school schedules, and external reporting and supervision of CYCs by HSS.

Related Recommendations:

- Needs-based allocation of CYCs be implemented
- CYC allocation in schools and communities be grade-based
- Role of itinerant counsellors be reassessed

- Social-Emotional Learning teacher and coach positions be created
- Information sharing protocols be created, shared and discussed on an ongoing basis
- Mid-year financial review and reallocation of unspent resources

CHILD, YOUTH AND FAMILY SATISFACTION (O2)

The majority of children and youth were very satisfied with the CYC services they received. They felt the services are very important for students and wanted to ensure they are always available. Many children and youth spoke about how understanding and helpful the CYCs were and how much their lives had changed for the better because they had access to counselling supports. Those students who relied on NCTS counsellors, however, tended to express less satisfaction because the counsellors were often not available in the school. While some parents/guardians were extremely satisfied with the services and the progress the CYCs had made with their child/children, others (even those whose child had shown improvements) expressed some level of dissatisfaction as a result of factors such as lack of CYC capacity, lack of CYC knowledge and experience, and lack of communication.

Related Recommendations:

- Needs-based allocation of CYCs be implemented
- Role of itinerant counsellors be reassessed
- Information sharing protocols be created, shared and discussed on an ongoing basis
- Mid-year financial review and reallocation of unspent resources
- CYC, SEL Teacher and SEL Coach orientation and training frameworks be developed

CONTINUITY OF CARE (O3)

A large number of children and youth had to change to a new counsellor because of CYC turnover. Generally, there was dissatisfaction with the continuity of care between CYCs and between CYCs and NCTS counsellors. Children, youth and parents/guardians often considered the transitions a challenge because they were required to retell/relive their stories and experiences. For some, this was traumatizing, anxiety-provoking, and exhausting. The need for CYC consistency was considered essential for the development of strong and trusting relationships.

Related Recommendations:

- Social-Emotional Learning teacher and coach positions be created
- Hiring processes be improved
- Mid-year financial review and reallocation of unspent resources be carried out

4.9 Timely Access and Provision of Support (Q8)

TIMELY ACCESS AND PROVISION OF SUPPORT (Q4)

The introduction of the CYC position, with its connection to HSS, its Master's level qualifications, and its location in the schools and communities, has increased the identification and treatment of children and youth with mental health problems/disorders that previously may have gone undetected and untreated. Additionally, the CYCs have acted as bridging or referral agents (as well as navigators) to other ('step-up') mental health services and supports such as a family doctor/child psychiatrist, Stanton Territorial Hospital, Strongest Families Institute, TeleLink Mental Health Program Virtual Psychiatry, Victim Services, other mental health and addictions counsellors, and on-the-land healing programs, thereby helping to ensure more timely access to care. CYCs were also referring families to social supports such as Income Assistance, parenting groups, and housing. While CYC bridging and referrals were supporting access to other mental health and social services, the time spent on case management activities was considerable, and was taking time away from counselling children, youth and families.

The majority of children and youth attending school, preferred the CYCs being located in the school because it allowed for easy access to counselling supports and provided a level of reassurance that someone was nearby if they had a problem requiring immediate attention[17]. Some parents/guardians indicated that if CYC services were not available in the schools, it was unlikely that their child would be able to access support (i.e., timing, transportation, costs). There was limited input on the preference of location for those children and youth not attending school.

The flexibility of offering walk-in appointments was identified as beneficial to meet the urgent/real-time needs of children and youth, with most regions (except Fort Smith that does not offer drop-in sessions) reporting that 22-33% of their sessions were unscheduled. While most children and youth indicated they were able to see the CYC when they wanted and without having to make an appointment, others said they had to wait because the CYC was with another student or not in the school. However, some students without a full-time CYC or who rely on an NCTS counsellor, spoke about having limited access to the counsellor when needed. When child and youth counselling supports are not readily available and a crisis occurs, educators and parents are left to identify individuals in the community (e.g., CCP adult counsellor, nurse), when available, to provide some level of support. Although virtual options were available for students (e.g., virtual counselling and applications), most children and youth were described by educators and health care professionals as preferring/needing in-person access to care to get the full benefits of counselling support.

[17] As noted elsewhere in this report, including Section 2.4: Strengths and Limitations, there was limited participation in the engagement from children and youth not attending school.

There were several children, youth and parents/guardians who indicated a preference for regularly scheduled appointments to ensure the provision of continuous support. The act of having to schedule appointments when needed placed the onus on the child and youth and was described as anxiety provoking and requiring them to know when they needed to speak with a CYC. The lack of CYC capacity was identified by some parents/families as negatively affecting the timeliness of access, with lower needs children and children with supportive families not being prioritized for supports and services. The impact of the insufficiency of CYC capacity is illustrated in the average regional wait times for scheduled appointments (2019-2022), which ranged from 2.6 days in the Sahtu to 12.9 days in Yellowknife.

Related Recommendations:

- CYC clinical qualifications and experience be maintained
- The CYC position remain with HSS
- Needs-based allocation of CYCs be implemented
- CYC allocation in schools and communities be grade-based
- Role of itinerant counsellors be reassessed
- Social-Emotional Learning teacher and coach positions be created
- CYC Initiative Coordinator positions be created
- Type and frequency of CYC appointments be based on a person-centred approach
- Mid-year financial review and reallocation of unspent resources be carried out

4.10 Changes in Mental Well-being and Resilience (Q9)

CHANGES IN MENTAL WELLBEING AND RESILIENCE (O5)

While there were a number of positive changes to the mental well-being and resilience of children and youth as a result of CYC services and supports, the changes most frequently discussed were an increase in the willingness/comfort level of children and youth to openly discuss their mental health needs, to have the language (i.e., mental health/emotional literacy) to be able to do that, and to reach out for support when it was needed. These changes were said to set a positive example for children and youth as they moved into adulthood. While stigma associated with counselling still exists, it appeared to be restricted to parents/guardians, especially those who had negative experiences with the social services system and were concerned about sharing personal information outside of the family. Most children and youth said their lives had changed for the better since they began to see the CYC and learned strategies that helped them cope with the challenges in their lives. They expressed being happier, more confident, less anxious, less depressed and/or better able to control their anger, and some also spoke about doing better at school and being more social and outgoing. CYCs also indicated that children and youth were demonstrating increased levels of self-esteem, self-empowerment and connection/belonging. Some youth and parent/guardians went as far as to say that the CYC had likely saved their life/their child's life.

Related Recommendation:

- The CYC Initiative be continued
- CYC clinical qualifications and experience be maintained

4.11 Unintended Results (Q10)

UNINTENDED EFFECTS (O6)

A number of unexpected negative results were identified by Health and Social Services and education engagement participants, including those focused on service provision such as limited delivery of Tier 1 and Tier 2 interventions, expectations on the part of some educators that CYCs would support behavioural management (even if it was not associated with mental health), and poor integration of some CYCs into the day-to-day school operations. Child and youth counsellors were also not expecting such a high level of case management that resulted from them acting as a "go-to person" for children, youth, families and staff and as a student advocate. The lack of understanding of CYC roles and responsibilities, and the resulting mis-trust in some cases, was also not anticipated.

Related Recommendation:

- Social-Emotional Learning teacher and coach positions be created
- CYC Initiative Coordinator positions be created
- CYC roles and responsibilities be clearly communicated
- CYC integration into the school be improved

4.12 Lessons Learned and Best Practices Identified (Q11)

APPROPRIATENESS OF CYC MODEL (P13)

While educators and Indigenous Government Organization representatives recognized the CYCs' importance and valued their ability to offer individual counselling and intervene during a crisis, many felt that the current model, with its clinical approach to counselling, was inappropriate for schools and communities. Health care representatives, however, felt a clinical approach (focus on Tier 3 interventions) was required given the severity and complexity of mental health problems identified.

Educators commented on the mismatch between the CYC model and the education system and on the silos and lack of collaboration that resulted from "colliding ideologies". They spoke about the need for the counselling model to be aligned with the goals and intentions of the education system and for it to support a teams-based approach. Indigenous Government Organization representatives also noted that the current clinical model (and requisite qualifications) did not accommodate more traditional approaches to counselling and healing. While most acknowledged the need for some clinical focus, they feel a blended

model that took into consideration educational and Indigenous approaches as well as the specific/unique needs of the schools and communities was required.

A number of educators and Indigenous Government Organization representatives felt that shifting responsibility of the CYC Initiative to ECE, and thus having CYCs report to principals or RISCs, would result in a more successful and integrated model. Many health care representatives, however, felt that a strong connection with HSS and its other service providers was necessary to provide the clinical services and supports needed by children and youth in the NWT. They expressed concern that a shift of the Initiative to ECE (and a reduction in the level of qualifications) would destabilize mental health services available to children and youth, would seriously compromise the ability of the territory to respond to child and youth crisis events, and may even further harm children and youth if they are being treated by individuals without the necessary clinical knowledge and skills.

Related Recommendations:

- CYC clinical qualifications and experience be maintained
- The CYC position remain with HSS
- Social-Emotional Learning teacher and coach positions be created

POLICY AND PRACTICE CONSIDERATIONS

A number of programming changes were suggested to enhance the effectiveness of the CYC Initiative.

Recruitment and Retention

> *"Keep the CYC program. We need as much help as we can get." (Wellness Worker)*

To help address staffing shortages and increase retention it was suggested: the requirement for Master's level education be removed and replaced with principles of equivalencies and experience that will allow Indigenous/community members to be hired (and/or capacity to be developed); school-level representatives (e.g., principal) be involved in the selection of CYCs who will be working in their schools and with their students; there be a more equitable distribution of CYC staff to meet the level of need at each school and so that issues related to workload and burn-out can be addressed; improved training and orientation take place for new CYC staff to help them understand and prepare for the unique needs of their service users and communities; CYCs be hired as school employees so they have the vacation time during the summer months (might be viewed as an incentive but will also meet school needs as the CYCs will be in the school during difficult times throughout the school year); and that CYCs be provided with mental health supports to cope with the challenges of dealing with children and youth who have complex and intensive mental health needs.

Related Recommendations:

- Social-Emotional Learning teacher and coach positions be created
- Hiring processes be improved

CYC/Itinerant Allocation

It was suggested that more CYC positions be created and that an equity-based model of distribution that considers the level of school and community need be implemented to allow for more timely and effective access to services. It was also recommended that there be CYCs assigned to the schools and CYCs assigned to the communities so that schools are never without counselling supports during the school day, and so that children and youth not attending school have dedicated supports in the community. It was also suggested that efforts be made to better match CYCs to communities so that, for example, a CYC from the North and with comprehensive understanding and experience working with Indigenous communities, be placed in smaller communities and new CYC graduates from the South be placed in larger centres. It was also suggested that NCTS counsellors be in the communities at least one week each month (although having a full-time counsellor would be preferable), and work with the schools to identify a schedule based on the needs of the students and the school calendar.

Related Recommendations:

- Needs-based allocation of CYCs be implemented
- Role of itinerant counsellors be reassessed
- Social-Emotional Learning teacher and coach positions be created
- Mid-year financial review and reallocation of unspent resources be carried out

Referrals

To help address the challenges associated with self-referral, it was recommended that CYCs be very visible in the school so they can informally get to know the students and provide a more comfortable option for some students to engage with them.

CYCs suggested that to help alleviate administrative burdens associated with CYCs acting as a bridge or referral agent, a full-time program support administrator position be created.

Related Recommendation:

- CYC Initiative Coordinator positions be created

Consent

It was suggested that forms be updated to specifically reference the CYC Initiative, to be accessible by children, youth and parents/guardians, to clearly outline the consent process, and to be available in all the NWT's official languages.

Related Recommendation:

- CYC consent form and process be improved

CYC Services and Supports

It was suggested that the CYC job descriptions and Handbook description be better aligned and that the descriptions be revised to allow for more flexibility in the provision of services to better meet the specific needs of schools (i.e., some schools may need more individual sessions, some may require more group supports, and some may need a blended approach).

It was recommended that more universal and classroom-based services be available for elementary aged children (and targeted, individual interventions be provided in the community) while the focus for high school aged youth continue to be one-on-one sessions.

To increase feelings of support, children and youth suggested: being able to meet with the CYC more often and being able to schedule regular appointments; having CYCs of different genders available; ensuring confidentiality is maintained; playing calming music; and being able to meet with the counsellor in person.

Related Recommendations:

- CYC allocation in school and communities be grade-based
- Social-Emotional Learning teacher and coach positions be created
- CYC roles and responsibilities be clearly communicated
- Type and frequency of CYC appointments be based on a person-centred approach
- Mid-year financial review and reallocation of unspent resources be carried out

CYC Schedule

It was suggested that CYCs work on the school schedule and that the CYC schedule be regional, as opposed to a centralized decision. It was also recommended that an assessment of the value of providing summer supports be carried out and that after-hour counselling services be promoted.

Related Recommendations:

- Social-Emotional Learning teacher and coach positions be created
- Promotion of after-hours services be increased
- CYC summer work plans be prepared

Confidentiality and Information Sharing

Some CYCs and health care professionals commented that the rigid, all or nothing, approach to confidentiality is not necessary and suggested CYCs have a discussion with the child or youth and explain why they would like to share information with their parent/guardian and/or teacher, identify the information they would like to share, and then determine specifically what information the child or youth

is comfortable with sharing. If they are not comfortable, then no information is shared. Most educators and parents/guardians requested that changes be made to the confidentiality policy so that information can be shared in support of the provision of classroom and at-home interventions.

Related Recommendation:

- Information sharing protocols be created, shared and discussed on an ongoing basis

Clinical Supervision

There were requests for more time to be spent during supervisory meetings on case consultation and less on administrative tasks. It was suggested that a new administrative clinical supervisor position be created to remove the administrative component from the supervisor's role.

Related Recommendation:

- CYC administrative supervision be provided by Regional Managers

Office Space

It was recommended that each school provide spaces for CYCs to securely store client files.

It was recommended by some children and youth that CYC school offices be situated in more private locations so that other students cannot see them enter and leave and that CYC school office doors have their window covered so other students cannot look in. They also suggested that interactive activities (e.g., sandbox, figit toys, stuffed animals, paper to write, colour and draw) always be available and that there be more wall decorations and even more opportunities for students to express their feelings in other ways besides talking (e.g., art therapy).

Related Recommendation:

- Computerized records management system be adopted

Training

In was recommended in the 2019 *Clarificative Evaluation Report* that: (1) a CYC training framework be developed to promote strong team cohesion and deliver integrated, timely and effective services at the appropriate intensity (stepping up and stepping down) to meet the treatment needs of children and youth within their given contexts and circumstances: (2) training and orientation processes be identified as an area for continued development; and (3) training for clinical supervisors and supervisory methods be considered as an area for ongoing professional development (ECE, 2019). To date, these recommendations have not been actioned.

To address gaps in CYC knowledge and skills, additional or new training was suggested in the following areas: trauma-informed practice: crisis/high-stress management (how to deal with suicidal ideation that

requires a Suicide Risk Assessment be carried out): psychotherapy: ADHD; autism; family therapy[18]; Stepped Care 2.0; mature minor and consent; virtual care practices; behavioural regulation strategies; and cultural training (e.g., CYCs attend ECE's New to the North conference, as well as GNWT's Living Well Together courses).

There were recommendations for a more formalized CYC and itinerant counsellor orientation process with an orientation package and materials. It was also suggested that during orientation, CYCs be partnered with Elders or Knowledge Keepers to provide cultural guidance and learning that will ease their integration into the community and improve their cultural knowledge and understanding of the current and historical experiences of community members.

Suggestions were made for supervisory training to be made available and for efforts to be made to connect CYCs with clinical supervisors who have corresponding qualifications as per the requirements of their respective professional designation.

Related Recommendations:

- CYC, SEL Teacher and SEL Coach orientation and training frameworks be developed
- Stepped Care 2.0 implementation training be repeated
- Supervisory training be considered for clinical supervisors

[18] Many CYCs recently took family therapy training with the CCP counsellors and many commented that this was useful information for their practice.

5 RECOMMENDATIONS

Based on the analyzed findings reported in Section 3 and the thematic conclusions outlined in Section 4, the following recommendations are presented to the Departments of Education, Culture and Employment and Health and Social Services for consideration.

5.1 Relationships

HSS and ECE relationship be strengthened

For the CYC Initiative to be successful, it is essential that the partnership between HSS and ECE be strengthened and that the two departments and systems have a shared understanding and expectation of the Initiative's purpose, delivery and outcomes.

1. It is recommended that an external facilitator be hired to support effective ongoing discussions and to help resolve outstanding disagreements between ECE and HSS as they relate to the CYC Initiative.

2. It is recommended that the current MOU (ECE and HSS, 2018) be reviewed and revised to ensure that it accurately defines the relationship between ECE and HSS and outlines how the two systems will work together and align ideologies, goals and intentions to ensure the best possible outcomes for children and youth requiring mental health support. The MOU should also state the roles of the Education Bodies, schools, and Health and Social Services Authorities with respect to the CYC Initiative and outline a structure for school and regional staff to participate in issue identification, problem solving, and a way to communicate needs that require resolution to the departments.

5.2 CYC Initiative Model

The CYC Initiative be continued

Good mental and emotional well-being is an integral part of healthy development of children and youth. When this development is inhibited, counselling can be an effective and important resource. Targeted counselling services and supports, available in both the school and community, are essential to meet the mental health needs of children and youth in the NWT.

3. It is recommended that the Child and Youth Counselling Initiative continue to be delivered in the schools and communities by ECE and HSS.

CYC clinical qualifications and experience be maintained

Master's level clinical qualifications are required to sufficiently meet the severity and complexity of mental health disorders experienced by children and youth through the implementation of intensive (Tier 3)

interventions. Lack of clinical qualifications will compromise the ability to effectively identify and respond to child and youth mental health needs and crises events.

4. It is recommended that the CYC qualifications and demonstrated experience with children and youth be maintained and that the CYCs focus their time on intensive interventions.

The CYC position remain with HSS

Child and youth counsellors are best placed with HSS because of the Tier 3 supports they are providing to children and youth, their need for clinical supervision, and their relationships with other mental health/health service providers who support continuous care.

5. It is recommended that CYCs continue to be employed by HSS and to report to supervisors in HSS.

Needs-based allocation of CYCs be implemented

Allocation of CYCs in schools and communities should be needs-based and support fair and equitable access to services. The student numbers-based approach to CYC allocation assumes need is greater in areas with a larger population size. It does not consider that the specific demographics (e.g., income, housing status, mental health service availability) and mental health characteristics of children and youth in smaller schools and communities may be greater due to the complexity of individual needs.

6. It is recommended that an alternative approach to the allocation of resources, one that incorporates aspects of efficiency and equity, be identified and implemented. Such an approach will require a needs assessment be conducted with specific criteria used to determine the level of need/unmet need. It will also require improved and ongoing administrative reporting and data collection at the school, community and regional levels to inform the allocation process. It is likely that such an approach will identify the need for additional human (CYCs and clinical supervisors) and financial resources.

CYC allocation in schools and communities be grade-based

Elementary, middle school and high school-aged children and youth require different types of services and supports. Elementary and middle school-aged children and youth are more likely to need and benefit from social, emotional and behavioural learning offered through whole of school, classroom and group-based interventions. Some children and youth in this age group will also benefit from more intensive individualized counselling that could be provided in the community (or requests made for the CYC to come to the school to reduce access barriers) and may involve parents/guardians. These community-based CYCs would also be available to those children and youth not attending school. High school students benefit more from one-on-one counselling offered by CYCs in the schools. Rather than CYCs splitting their time between schools and communities, they would be assigned to one location making them more accessible. All communities should have access to the services of at least one full-time CYC to meet the immediate needs of children and youth.

7. It is recommended that CYCs be placed in schools with high school-aged students.
8. It is recommended that CYCs be placed in the community to address the needs of elementary (Junior Kindergarten to grade 5) and middle school (grade 6 to 8 or 9)-aged children and youth as well as those not attending school.
9. It is recommended that each school and community have access to a full-time CYC.

Role of itinerant counsellors be reassessed

Children and youth require the services of full-time, in-person counsellors to address their immediate and longer-term needs. Familiarity with and approachability of the school counsellor, which is essential to encouraging students to use the services, is limited when counsellors are not regularly available. Having the itinerant counsellors visiting the communities three times a year is insufficient to meet both the needs and preferences of children and youth. Virtual and phone services to augment community visits are not the best option for those children and youth who require personal connections to build trusting relationships and for those who do not have access to the internet, a phone or long-distance minutes for their phone. Virtual accessibility further exacerbates issues of equity.

10. It is recommended that if itinerant counsellors are retained, they be required to visit communities a minimum of once a month or their services only be used to fill CYC vacancies.

Social-Emotional Learning teacher and coach positions be created

There is a need for a child and youth counselling model that supports the delivery of interventions of varying intensities. As such, in addition to one-on-one counselling, whole of school, classroom and group-based social, emotional and behavioural (preventive) supports need to be made available. Child and youth counsellors currently have limited capacity to deliver these services in addition to the more intensive, one-on-one counselling they currently provide. There is a need for a continuum of mental health supports (Tiers 1, 2 and 3) to be available to children and youth. The introduction of a Social-Emotional Learning (SEL) teacher position would allow for the provision of more universal and prevention-based approaches to mental health care. These types of supports are best suited for elementary and middle school-aged children and youth, while individualized counselling is better suited for high school students. This position would be filled by a teacher with experience in the area of social-emotional learning and/or restorative practices, including de-escalation strategies and trauma-informed practices. A developmental position – Social-Emotional Learning (SEL) Coach – could also be created to provide an opportunity for community members who exhibit the right characteristics and are willing to take specific courses to develop their knowledge, skills and abilities. Preference for this position would be given to Indigenous hires who understand the community dynamics as well as Indigenous history and traditional practices. Schools should have the option to choose either an SEL Teacher or SEL Coach depending on their preference, need and school size. Both positions, along with working with the children and youth, would act as a resource for school staff and families.

11. It is recommended that ECE create a new SEL Teacher position that is placed in schools with elementary and middle school-aged children and youth.
12. It is recommended that ECE create a new developmental SEL Coach position intended for Indigenous community members that is placed in schools with elementary and middle school-aged children and youth.

CYC Initiative Coordinator positions be created

Child and youth counsellors spend a significant amount of time acting as a bridging or referral agent to other mental health, health and social services supports, time that could be spent providing counselling supports. Like the Child and Youth Mental Health Coordinator positions that manage the Telepsychiatry program and provide enhanced access, service coordination and specialized care to children and youth, coordinator positions are needed for the CYC Initiative to help coordinate the necessary resources, referrals and follow-ups with community and outpatient programs and support administrative tasks such as data collection, report development, and Initiative review.

13. It is recommended that a CYC Initiative Coordinator position be created to coordinate resources, referrals and follow-up and to support day-to-day administrative tasks. To determine the number of positions required and the location of these positions, it is also recommended that CYC caseload and workload analysis of CYCs be conducted.

CYC administrative supervision be provided by Regional Managers

Clinical supervisors currently assume dual and conflicting roles: (1) administrative supervision which focuses on organizational and program functioning; and (2) clinical supervision which relates to the safety and quality of counselling services by providing opportunities for case conferencing, enhancement of clinical competence including integration of self-awareness, theoretical grounding and development of clinical knowledge and skills. Shifting administrative supervision away from the clinical supervisors and to the Regional Managers, Community Mental Health Services would allow CYCs to be more comfortable sharing challenges and concerns with the clinical supervisor without fear of negative employment implications.

14. It is recommended that CYC clinical supervisors focus on the clinical aspects of supervision and the administrative supervisory functions be shifted to the Regional Managers, Community Mental Health and Adult Services. This will require a change to existing job descriptions for CYCs, CYC clinical supervisors and the Regional Managers, Community Mental Health and Adult Services.

5.3 Knowledge and Awareness

CYC roles and responsibilities be clearly communicated

Without a clear understanding of CYC professional mandates and job responsibilities, confusion leading to unrealistic expectations and in some cases fear, occurs. The role and responsibilities of CYCs must be clearly understood by, and communicated to, all parties involved in or using the services and supports. It is important that CYCs establish a clear professional identity and demonstrate how they contribute to the well-being of the children and youth in their care. It is also necessary for the role of the CYC to be differentiated from that of Child and Family Services staff to allow for the development of trusting relationships between CYCs and Indigenous parents/guardians. Better understanding and ongoing discussions of the CYC role and responsibilities can improve the effectiveness of the CYC Initiative.

15. It is recommended that communication materials be created that clearly and concisely describe the roles, responsibilities and services provided by the CYCs in both schools and communities. These materials should be in plain language and available in the official languages of the NWT.

Promotion of CYC services in the community be enhanced

Children and youth not attending school need to be made aware that CYC services are being offered in the community so they too can benefit from the provision of mental health supports. Increased communication of the CYC Initiative to community health and social services agencies will help to increase the promotion and reach of the Initiative.

16. It is recommended that increased outreach and communication to community-based organizations take place to help ensure that children and youth not attending school, and their families, are made aware of the CYC services.

Promotion of after-hours services be increased

Children and youth require access to mental health services after-hours and on the weekends when CYCs are not available. More promotion of the availability of CCP counsellor services and other supports after-hours is needed to ensure children, youth and families are aware of these options.

17. It is recommended that CYCs, in collaboration with HSS, promote the availability of after-hours and weekend CCP services.
18. It is recommended that CYCs, in collaboration with HSS and CCP services, promote the availability of other mental health supports such as the Strongest Families Institute and Kids Help Phone that are available after-hours and on the weekends.
19. It is recommended that CYCs reach out to child and youth program facilitators to form relationships that can become the basis of activities that support recreational, social and mental health needs.

5.4 Service Delivery

CYC integration into the school be improved

"It is the responsibility of everyone in the school, under the leadership of the principal, to welcome the CYC as an integral part of the school community" (CYC Handbook, 2021). Principals play an integral role in paving the way for well-integrated CYCs. Their acceptance is critical to the implementation of counselling services that are beneficial to the students. Teachers' willingness to refer students to the CYCs can be influenced by the attitude of school leadership. Child and youth counsellors must also be open and willing to engage in meaningful ways with school staff and students if they are to be successfully integrated. Child and youth counsellors who maintain a visible presence in the school and take part in school and community events, can more easily begin to build connections and foster relational trust with children, youth and their families. Positive relationships between principals and CYCs, based on mutual respect of roles and responsibilities, results in greater collaboration and cooperation, which in turn improves outcomes for students. Improved understanding of the CYC role and responsibilities by school staff, increased knowledge of school operational systems by CYCs, and greater information sharing by CYCs will support enhanced school integration.

20. It is recommended that HSS and ECE work together to review and revise the CYC Handbook to ensure key areas of collaboration, cooperation, responsibilities, and information sharing are clearly addressed.
21. It is recommended that an orientation for all relevant school staff and respective CYCs be delivered at the beginning of each new school year. This should be done as a group, not individually.

Information sharing protocols be created, shared and discussed on an ongoing basis

The ethical principle of confidentiality is at the core of all professional counselling, and its maintenance can be critical to the success of most counselling relationships. Outside of the duties to report instances of abuse or neglect, when a client is a danger to themselves or others, or on the order of a court, CYCs are beholden to the child, youth and/or family member to maintain confidentiality. It can be challenging for CYCs to balance privacy and confidentiality with the schools' interests in knowing how students are doing or even if the child is being seen by the counsellor. When principals and CYCs have different perceptions of what confidentiality means, this can lead to friction, which can negatively affect school counselling services. Maintaining confidentiality does not have to be an all or nothing approach. Child and youth counsellors can ask children and youth if there is some information they are comfortable sharing with specific individuals (e.g., teachers, principals, families) to enable them to provide additional supports. It is then up to the child and youth to decide if and what information will be shared. Additionally, while still maintaining individual confidentiality, there is nothing stopping CYCs from sharing more general information with school staff, or teaching school staff specific strategies, that would allow them to further support student mental health and improve their ability to make informed decisions regarding the mental wellness of students.

22. It is recommended that the Director, Mental Health and Community Wellness with support from the Regional Managers, Community Mental Health and Adult Services and the Clinical Supervisors, CYC Initiative prepare a confidentiality/information sharing protocol that is then shared with CYCs for review and discussion. Issues of confidentiality should be revisited on an ongoing basis during clinical supervision meetings. The Director and others involved in the development of this protocol should meet with key school staff to ensure they are aware of their concerns and needs so they can be incorporated (if possible) within the protocol.
23. It is recommended the confidentiality/information sharing protocol be shared with school staff and reviewed and discussed on an ongoing basis.
24. It is recommended that communication materials on confidentiality and the sharing of information be provided to parents/guardians and that opportunities be made available for further discussions regarding this communication between CYCs and parents/guardians.

Type and frequency of CYC appointments be based on a person-centred approach

The type and frequency of CYC appointments should be based on a person-centred approach to care. While children and youth support drop-in appointments and scheduling appointments as needed, many children and youth also expressed a desire for regularly scheduled sessions. Regular appointments remove the onus from children and youth to always know when they need support and having to take the initiative to reach out to the counsellor, as well as ensuring they have consistent care over time, especially for those with more complex mental health needs. It is likely that over time, the type and frequency of appointments may change.

25. It is recommended that CYCs work with children, youth and families to determine the most appropriate frequency for counselling services.

5.5 Administrative Processes

Hiring processes be improved

The professional and personal fit of child and youth counsellors in the schools and communities is integral to the success of the CYC Initiative. The inclusion of interview questions that allow for the collection of information on candidate suitability, in addition to academic and experience qualifications, and the involvement of school and/or community representatives in the hiring process will help to ensure that the right candidate is hired for the right school and the right community. The same hiring approach and recommendations should be applied to the SEL Teacher and SEL Coach positions.

26. It is recommended that the CYC hiring committee questions be revised to include questions that specifically address the suitability of candidates to work in specific schools and communities in the NWT. These would include questions that target the individual's emotional intelligence, and their ability to process their own and others' emotions, and to use information as a guide to thinking and behaving.

27. It is recommended that when candidate references are contacted, questions be asked about the candidate's emotional intelligence and their ability to add to the culture of the school/community as it relates to fit with the job.
28. It is recommended that principals and/or Education Body representatives be included in all CYC hiring committees to help ensure the unique needs of children and youth in the respective school and community are adequately and appropriately met by the new hire.

CYC Initiative Handbook, guidelines and job descriptions be updated

It is necessary for the CYC Initiative Handbook, guidelines and job descriptions be reviewed based on the results of the evaluation and to be updated based on agreed content by HSS and ECE.

29. It is recommended that the CYC Initiative Handbook, guidelines and job descriptions be updated based on the results of the evaluation.

CYC consent form and process be improved

It is essential that parents/guardians understand the consent forms that they are being asked to review and sign and that they are able to easily communicate the information on the form to their child. Consent forms should be in plain language and available in all the NWT's official languages. This also pertains to the CYC Initiative promotional information. Because written consent is considered a colonial practice in some circumstances, all CYC's should be made aware of and be comfortable using a verbal consent process.

30. It is recommended that CYC-specific consent forms be developed that are in plain language and available in all the NWT's official languages.
31. It is recommended that HSS ensure all CYCs are familiar with and following the Community Counselling Program Standards Manual, specifically the Informed Consent Standard that states that verbal consent to services is an acceptable clinical practice.

CYC summer work plans be prepared

Because CYCs work on a government schedule, they are available to provide services during the summer months. The current usefulness of those services is questionable given other community activities taking place. It is also recognized the majority of supports for children and youth are needed during the school year. Increased outreach and collaboration with existing community-based child and youth programming, development of summer work plans outlining the various activities to be offered (i.e., individual counselling, activities with other program partners), as well as a schedule of activities that is promoted would help to increase child and youth engagement and the provision of mental health supports during the summer months.

32. It is recommended that CYCs reach out to child and youth programs to form relationships that can become the basis of activities that support recreational, social and mental health needs.

33. It is recommended that a CYC work plan and schedule be developed, in collaboration with other CYCs in the community (if applicable) and used to promote partnerships with other organizations or community activities with a mental health service support component.

Computerized records management system be adopted

Child and youth counsellors need a computerized charting and filing system to ensure the safety and security of client files.

34. It is recommended that HSS assess the feasibility of introducing a computerized charting and filing system for CYC Initiative staff to help ensure that client files are safe and secure.

Mid-year financial review and reallocation of unspent resources be carried out

From 2019-2020 to 2021-2022 approximately $2 million of the CYC Initiative budget went unspent, while the mental health needs of child and youth across the territory were left unmet.

35. It is recommended that by the end of the second quarter, a review of current and projected spending occur for this program by each region. If it appears there will be lapsed funds, HSS will work with ECE to discuss and develop a plan for use of these funds (e.g., casual hire of additional counsellors, casual hire of qualified teachers who can provide Tier 1 or 2 supports in the school, program resources or other agreed upon needs). This may require funds from HSS to be made available to ECE.

5.6 Data Collection and Reporting

CYC Initiative reporting be improved

Comprehensive administrative data is required by schools and Education Bodies to inform planning and future decision-making regarding student mental health needs.

36. It is recommended that HSS and ECE work together to create an administrative data report template that includes key CYC Initiative performance indicators at the school, community and regional levels and to determine how frequently this information should be collected and disseminated.
37. It is recommended that the new CYC Initiative Coordinators (refer to Recommendation 13), with support from the Regional Managers, assume responsibility for preparing regular school-, community-, and regional-level data reports that present information on the CYC Initiative's key performance indicators. These reports should be shared with ECE, schools, Educations Bodies as well as NTHSSA, HRHSSA and TCSA.

5.7 Training

CYC, SEL Teacher and SEL Coach orientation and training frameworks be developed

Child and youth counsellors as well as SEL teachers and coaches will require appropriate orientation and training to ensure they have the necessary knowledge and skills to meet the unique needs of their roles that children, youth and families in the school and communities across the NWT. In addition to professional skills training (e.g., de-escalation strategies or trauma-informed training), cultural training with support from Indigenous Elders and Knowledge Keepers is also encouraged. It is important that the orientation and training frameworks be developed and delivered in partnership between ECE and HSS.

38. It is recommended that a CYC orientation and training framework be developed to promote strong team cohesion and deliver integrated, timely and effective services at the appropriate intensity (stepping up and stepping down) to meet the treatment needs of children and youth within their given contexts and circumstances.
39. It is recommended that a SEL Teacher training framework be developed to support ongoing professional development.
40. It is recommended that a career pathway be developed for community members who are interested in assuming a developmental position as an SEL Coach.

Stepped Care 2.0 implementation training be repeated

While the Stepped Care 2.0 © model is intended to provide a structure, focus and outline for mental health intervention strategies, there are CYCs who do not understand there is "flexibility within fidelity" to the model, and that stepped care should be implemented in a way that best meets the individual needs of children, youth and families.

41. It is recommended that HSS offer additional training to CYCs on the implementation of the Stepped Care 2.0 © model.

Supervisory training be considered for clinical supervisors

Child and youth counsellors would benefit from clinical supervisors receiving supervisory training.

42. It is recommended that training for clinical supervisors in clinical supervisory methods be considered as an area for ongoing professional development.

APPENDIX A - DOCUMENT LIBRARY

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APPENDIX B - EVALUATION MATRIX

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
Prior to CYC implementation, what was pre-initiative access to mental health support for children, youth and educators at each site?	C1. Prior to implementing the CYC initiative, describe the level of access children and youth had to mental health support services. To what extent were mental health needs being met by pre-initiative services?	Description of child and youth access to mental health support prior to implementation of the CYC initiative Description of mental health needs met by pre-initiative supports	Document Review Steering Committee Minutes Working Group Minutes Regional Sub-Committee Minutes Background documents such as Child and Youth Mental Health Strategy (Mind and Spirit), background PPT presentations, FMB submissions, MDI/HBSC reports, Hansard, emails, BNs	Thematic Analysis	Completed during territorial evaluation (2022-23)
	C2. Prior to implementing the CYC initiative, to what extent were CYC stakeholders ready to embrace the CYC initiative?	Description of readiness and willingness to implement the CYC initiative according to the Program Guidelines	Program Stakeholder Interviews / Focus Groups Steering Committee Working Group Regional Sub-Committee CCP regional managers, clinical supervisors Community and regional service providers School principals, vice-principals School teachers and specialized support staff Document Review	Thematic Analysis	Completed during territorial evaluation (2022-23)

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
			Steering Committee Minutes Working Group Minutes Regional Sub-Committee Minutes Background documents as provided by the client, such as Child and Youth Mental Health Strategy (Mind and Spirit), background PPT presentations, FMB submissions, MDI/HBSC reports, Hansard, emails, BNs		
Were the CYC initiatives implemented as outlined in the CYC Handbook and Program Guidelines? Were there any adjustments or modifications?	P1. How were the CYC services implemented? Were there any adjustments or modifications to its implementation? Why were modifications necessary? How did modifications affect service delivery? What challenges were encountered during implementation? How were challenges addressed? What strengths/assets helped with implementation?	Vacancy Rate Number of employed CYC counsellors / Number of positions available = Vacancy Rate **(# that Leave at some point in year / # of employed CYCs in NWT) * 100 = Turnover Rate** Number of direct mental health and wellness services provided by type (Family, Group, Individual, School-based team meeting, Screening & early intervention, Case management) Number of training or educational workshops by topic Number of children and youth who received CYC services by	Administrative Data	Descriptive Statistics are to be calculated by region and by territory and presented annually as available	Completed during territorial evaluation (2022-23)

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
	Note: Qualitative inquiry to probe key implementation elements from the CYC Handbook and Program Guidelines, such as staffing levels, office location, supervision and service delivery	(Demographic characteristics, Grade, Primary presenting concern) Number of attendees at training/educational workshops provided by CYC counsellors Number of NCTS visits by region			
		Description of implementation in terms of Staffing Availability within schools Availability within the community Service delivery Supervision Description of modifications to implementation and rationale for changes Description of challenges and strengths encountered during implementation, and Examples of how the challenges were addressed Suggestions on how challenges could be mitigated Descriptions of factors that supported the implementation	Program Stakeholder Interviews / Focus Groups Regional Sub-Committee Community and regional service providers CCP regional managers, clinical supervisors School principals, vice-principals School teachers, specialized support staff CYC Counsellors NCTS Personnel Document Review CCP CSQ report CYC Working Group Minutes Regional Sub-Committee Minutes Original governance documentation (FMB Submissions, MOUs, Steering	Thematic Analysis Note: Analysis will consider that the length of implementation varies across sites	Completed during territorial evaluation (2022-23)

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
			Committee and Working Group TORs and updates to TORs)		
	P2. Was there consistency between CYC regional site goals, implementation activities, and the overall CYC logic model framework? What areas of convergence and divergence were noted?	Areas of convergence with CYC Logic Model, Program Guidelines/Handbook Areas of divergence with CYC Logic Model, Program Guidelines/Handbook	Data collected in 2.1 and 2.2	Comparative Analysis	Completed during territorial evaluation (2022-23)
	P3. When a position was left vacant, where were those funds reallocated?	Reallocation of funds	Document Review NTHSSA and ECE funding and/or budget documents related to CYC as provided by the client	Financial Analysis	Completed during territorial evaluation (2022-23)
	P4. How were annual data collection and analysis activities used to support continuous improvement and refinement of CYC services?	Description of how monitoring and evaluation activities were used to refine program implementation.	Program Stakeholder Interviews / Focus Groups Steering Committee Working Group Regional Sub-Committee CCP regional managers, clinical supervisors School principals, vice-principals CYC Counsellors NCTS Personnel		

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
To what extent were potential service users (students, youth outside school, and families) aware of CYC initiative services?	P5. How aware were service users (students, youth outside of school, and families) of CYC services? What methods were used to communicate CYC and NCTS services to students, youth outside school, families, and community service providers? What communications worked well? What could be improved?	Description of communication methods used to engage ▪ students and families in schools ▪ children/youth and families outside of school Sentiment of effectiveness and quality of different communication methods used	Program Stakeholder Interviews / Focus Groups Regional Sub-Committee CCP regional managers, clinical supervisors Community and regional service providers School principals, vice-principals School teachers, specialized support staff CYC Counsellors NCTS Personnel Education Leaders (Superintendents, Board Chairs) Health Authority CEOs (NTHSSA / TCSA / HRHSSA) Indigenous Governments Service User Interviews Children, youth and their families (within schools and within communities) Document Review Regional Sub-Committee Minutes Communications plans and materials	Thematic Analysis	Completed during territorial evaluation (2022-23 school year

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
How accessible were CYC/NCTS services in the schools? How accessible were CYC services in communities?	P6. What barriers and facilitators have children, youth and families experienced when accessing the CYC and NCTS services in the schools? CYC services in the communities? How were barriers addressed?	Average weekly hours CYC spends in the school Average weekly hours CYC spends in the community	Administrative Data	Descriptive Statistics are to be calculated by region and by territory and presented annually as available	Completed during territorial evaluation (2022-23)
		Description of access barriers in the schools Description of access facilitators in schools Description of access barriers in communities Description of access facilitators in communities Description of strategies used to improve access in schools and communities	Program Stakeholder Interviews / Focus Groups Regional Sub-Committee CCP regional managers, clinical supervisors Community and regional service providers School principals, vice-principals School teachers, specialized support staff CYC counsellors NCTS personnel Education Leaders (Superintendents, Board Chairs) Health Authority CEOs (NTHSSA / TCSA / HRHSSA)	Thematic Analysis	Completed during territorial evaluation (2022-23 school year

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
			Indigenous Governments Service User Interviews Children, youth and their families (within schools and within communities)		
	P7. How were trusting relationships developed by CYC counsellors / NCTS personnel and students and families? CYC counsellors and children/youth and families outside of school? How successful were these activities at building relationships?	Description of relationship-building activities between CYC counsellors and NCTS and students and families in schools Description of relationship-building activities between CYC and children/youth and families in communities Examples of how activities influenced relationships and services	Program Stakeholder Interviews / Focus Groups Regional Sub-Committee CCP regional managers, clinical supervisors Community and regional service providers School principals, vice-principals School teachers, specialized support staff CYC counsellors NCTS personnel Service User Interviews Children, youth and their families (within schools and within communities)		
	P8. How well were the CYC services integrated into schools and communities?	Description and sentiment toward the level of integration of CYC and NCTS personnel into schools	Program Stakeholder Interviews / Focus Groups Regional Sub-Committee CCP regional managers, clinical supervisors		

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
	Are school stakeholders satisfied with the level of integration? Are community stakeholders satisfied with the level of integration?	Description and sentiment toward the level of integration of CYC into communities	Community and regional service providers School principals, vice-principals School teachers, specialized support staff CYC counsellors NCTS personnel Document Review What We Heard Report Regional Sub-Committee Minutes		
	P9. From a supervisory perspective, how appropriate is the CYC model for enabling integration into schools and communities? How can its structure be improved to enable better integration in schools and communities	Description of how CYC can be structured to adapted to improve integration into schools and communities	Program Stakeholder Interviews / Focus Groups Steering Committee Working Group Regional Sub-Committee CCP regional managers, clinical supervisors School principals, vice-principals		
To what extent was there evidence of the inclusion of culturally safe	P10. To what extent was there inclusion of culturally safe services within the CYC initiative?	Percent of CYC Counsellors and NCTS personnel that have completed Cultural Awareness and Sensitivity Training	Administrative Data (HR/FIN)	Thematic Analysis	Completed during territorial evaluation (2022-23)

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
services within the CYC initiative?	How were CYC and NCTS services designed to be culturally safe? To what extent are CYC and NCTS services considered to be culturally safe? How could CYC services improve its delivery of culturally safe services?	Description of culturally safe practices used within CYC and NCTS services. This may include client engagement, training, policies and practices, facilities/office space Perception and sentiment toward culturally safe practices used by CYC and NCTS services Perceptions of feeling safe, respected and free of racism and discrimination when CYC/NCTS services were accessed Description of areas for improvement in cultural safety	Program Stakeholder Interviews / Focus Groups School teachers and specialized support staff Service User Interviews Children, youth and their families (within schools and within communities)	Thematic Analysis Note: Cultural safety is defined as an outcome where Indigenous peoples feel safe and respected, free of racism and discrimination when accessing health and social services programs and services	Completed during territorial evaluation (2022-23)
What are the baseline need profiles of the children and youth in the region who received CYC	P11. What are the baseline need profiles of children and youth in the region who received CYC and NCTS services?	Percent of primary presenting concerns among CYC and NCTS clients Demographics of children and youth who received CYC or NCTS services	Administrative Data	Descriptive Statistics are to be calculated by region and by territory and presented	Completed during territorial evaluation (2022-23)

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
and NCTS services?				annually as available	
Were children, youth, families, communities and schools satisfied with the service and support received from CYC and NCTS personnel?	O1. Were school stakeholders and community service providers satisfied with the service and support provided by CYC and NCTS counsellors?	Perceptions of quality and satisfaction with services provided by CYC and NCTS counsellors Description and sentiment toward experiences and interactions with CYC and NCTS counsellors	Program Stakeholder Interviews / Focus Groups Regional Sub-Committee CCP regional managers, clinical supervisors Community and regional service providers School principals, vice-principals School teachers, specialized support staff Document Review What We Heard Report	Thematic Analysis	
	O2. Were children, youth, and families satisfied with the service and support received from CYC and NCTS counsellors?	Perception of quality and satisfaction with services provided by CYC and NCTS personnel Description and sentiment toward experiences and interactions with CYC and NCTS counsellors	Service User Interviews Children, youth and their families (within schools and within communities)	Thematic Analysis	
	O3. Was there continuity of care within CYC and NCTS services? Was there continuity between CYC and NCTS counsellors?	Number of transitions/handovers between CYC and NCTS counsellors Number of referrals made from CYC and NCTS counsellors to the next level of service	Administrative data	Descriptive Statistics are to be calculated by region and by	Completed during territorial evaluation (2022-23)

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
	Was there continuity from CYC and NCTS counsellors to the next level of service?			territory and presented over time as available	
		Descriptions of continuity of care and support provided based on level of need Perception of quality and satisfaction with the continuity of care provided by CYC and NCTS counsellors	Program Stakeholder Interviews / Focus Groups Regional Sub-Committee CCP regional managers, clinical supervisors Community and regional service providers School principals, vice-principals School teachers, specialized support staff CYC counsellors NCTS personnel Service User Interviews Children, youth and their families (within schools and within communities)	Thematic Analysis	Completed during territorial evaluation (2022-23)
To what extent did the CYC initiative contribute to timely access and provision of mental health	O4. To what extent did CYC services contribute to timely access and provision of mental health support for children and youth in and out of schools?	Average wait time for CYC services Number of transitions/handovers between CYC and NCTS counsellors Number of referrals made from CYC and NCTS counsellors to the next level of service	Administrative data	Descriptive Statistics are to be calculated by region and by territory and presented	Completed during territorial evaluation (2022-23)

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
support for children and youth in and out of schools?		Number of unscheduled sessions with CYC counsellors by location of service Number of scheduled sessions with CYC counsellors by location of service Average number of individuals that CYCs seen by month		annually as available	
		Descriptions of time taken to be seen by a CYC counsellor Description of responsiveness of CYC services to time-sensitive service requests Description of factors that influenced the timeliness of CYC services	Program Stakeholder Interviews / Focus Groups Regional Sub-Committee CCP regional managers, clinical supervisors Community and regional service providers School principals, vice-principals School teachers, specialized support staff CYC counsellors NCTS personnel Service User Interviews Children, youth and their families (within schools and within communities)		

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
What changes in mental wellbeing and resilience were observed or documented throughout the implementation ?	O5. What changes in child, youth, and family wellbeing and functioning were observed or documented throughout the CYC initiative implementation period? How did CYC services contribute to these changes?	Examples of enhanced mental health outcomes, resiliency, and positive adaptations Description of how CYC services made influenced mental health outcomes, resiliency and positive adaptations2	Service User Interviews Children, youth and their families (within schools and within communities)	Thematic Analysis	Completed during territorial evaluation (2022-23)
Were there any unintended positive or negative results of the regional CYC initiative?	O6. Were there any unintended positive or negative effects observed throughout the CYC initiative? If so, how did they impact the changes in child, youth and family wellbeing and functioning?	Description of unintended positive effects of the CYC initiative Description of the unintended negative effects of the CYC initiative Description of how unintended effects influenced mental health outcomes, resiliency and positive adaptations	Program Stakeholder Interviews / Focus Groups Regional Sub-Committee CCP regional managers, clinical supervisors Community and regional service providers School principals, vice-principals School teachers, specialized support staff CYC Counsellors NCTS Personnel Education Leaders (Superintendents, Board Chairs) Health Authority CEOs (NTHSSA / TCSA / HRHSSA)	Thematic Analysis	Completed during territorial evaluation (2022-23)

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
			Indigenous Governments Service User Interviews Children, youth and their families (within schools and within communities) Document Review Regional Sub-Committee Minutes What We Heard Report		
What were lessons learned or best practices identified from implementing the CYC initiative that could be used to improve or change the CYC service delivery model?	P13. How appropriate is the current CYC model for delivering the needed mix of mental health services?	Description of how appropriate the current CYC model is at meeting child and youth mental health needs Description and availability of other mental health services needed to meet child and youth mental health needs	Program Stakeholder Interviews / Focus Groups Steering Committee Working Group Regional Sub-Committee CCP regional managers, clinical supervisors Community and regional service providers	Thematic Analysis Recommendations to be provided based on synthesis and analysis in Final Report	Completed during territorial evaluation (2022-23)
	P14. What policy or practice developments should be considered to enhance the CYC initiative across regional sites?	Description of policy or practice improvements to enhance the implementation of the CYC initiative. Predominant themes that emerge from findings	School superintendents, principals, vice-principals School teachers, specialized support staff Education Leaders (Superintendents, Board Chairs) Health Authority CEOs (NTHSSA / TCSA / HRHSSA)	Thematic Analysis Recommendations to be provided based on synthesis and	Completed during territorial evaluation (2022-23)

Evaluation Question	Area of Inquiry	Indicators	Methods & Sources	Analysis	Timing
			Indigenous Governments Document Review Steering Committee Minutes Working Group Minutes Regional Sub-Committee Minutes Background documents such as Child and Youth Mental Health Strategy (Mind and Spirit), background PPT presentations, FMB submissions, MDI/HBSC reports, Hansard, emails, BNs What We Heard Report	analysis in Final Report	