



# Building Best Practices for Counselling Services in the Region of Peel

External Partner Meeting

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Prepared by the Peel Institute on Research and Training

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On Thursday, March 26, 2026, the Peel Institute of Research and Training (PIRT) and Family Services of Peel (FSP) hosted the final meeting for the Resilience project. The meeting, *Building Best Practices for Counselling Services in the Region of Peel*, brought together a select group of leaders from non-profit agencies in Peel who provide counselling services. The purpose of the meeting was to discuss the robust findings from the recently completed Resilience Project to illustrate key elements for building the best counselling services among non-profit agencies in Peel. The objectives of the event were as follows:

- (1) To bring together a group of senior leaders from across the Region of Peel to discuss the findings from our project,
- (2) To identify how our project findings can support the current work of non-profit agencies in the Region of Peel, and
- (3) To identify pathways to collectively build strong walk-in and ongoing counselling programs, strengthen collective data sharing, and build evidence-informed programming to best serve the diverse individuals and families that call Peel home.

## **Resilience Project Background**

In 2024, FSP received funding (\$173,600) from the Ontario Trillium Foundation's (OTF) Resilience Communities Fund to conduct a two-year project that sought to enhance FSP's counselling program, ensuring FSP meets the evolving needs of their diverse clientele. The Resilient Communities Fund project was conducted in response to disruptions and life changes that followed the onset of the COVID-19 pandemic in 2020. The pandemic resulted in major disruptions in multiple areas of life, reduced mental health of Canadians, and increased demand for psychological support. In turn, agencies offering mental health services were forced to respond in creative and alternative ways to respond to emerging needs. In response to the pandemic needs, FSP shifted to virtual counselling services, and later a hybrid approach FSP also saw that clients were presenting with increasingly complex and multi-layered needs over the course of pandemic, indicating FSP needed to devise new solutions to best respond to clients. Given this context, the Resilience Project was proposed to evaluate how to best serve client's emerging needs and adapt the existing walk-in and ongoing counselling programs accordingly.

The project objectives were as follows:

1. Collect and analyze internal data to understand (a) recent client demographics, (b) emerging client needs, (c) services provided, and (d) current program gaps and areas for improvement.
2. Conduct literature review(s) to identify potential best or promising practices for counselling services in non-profit settings.
3. Examine and implement new technologies that can support service efficiency and effectiveness.
4. Develop and pilot a new treatment model to address emerging client needs.
  - a. Unfortunately, due to various project delays and changing needs over time, a model was not developed for piloting. Rather, a set of recommendations for a model that can support FSP and counselling staff to address emerging client needs will be developed.

## Methods

The Resilient Communities Fund Project comprised several key points of data collection and analysis:

1. **Retrospective study:** to analyze client demographics, reasons clients sought counselling, and client needs over the period of 2021 to 2023.
2. **Job shadowing:** completed job shadowing with key staff members to pinpoint areas for improvement in workflow and technology use.
3. **Scoping review:** conducted two scoping reviews: (1) approaches for walk-in counselling services in non-profit settings, and (2) models, frameworks, and overarching approaches to counselling programs in non-profit settings.
4. **Focus groups:** hosted two focus groups with counsellors to understand their experiences in the counselling program, client needs, and opportunities for improvement.
5. **Internal CP data review:** conducted an updated review of internal counselling data over the period of 2024 to 2025 to examine client demographics, client needs, and number of clients served.
6. **Data triangulation:** to bring together all project components and findings to create a comprehensive set of recommendations for counselling program adaptations.

## External Partner Event

During the external partners meeting, the PIRT team presented the findings from the walk-in counselling (WIC) and non-profit scoping reviews. Following the presentations, attendees participated in a series of systems thinking activities.

## Non-Profit Scoping Review

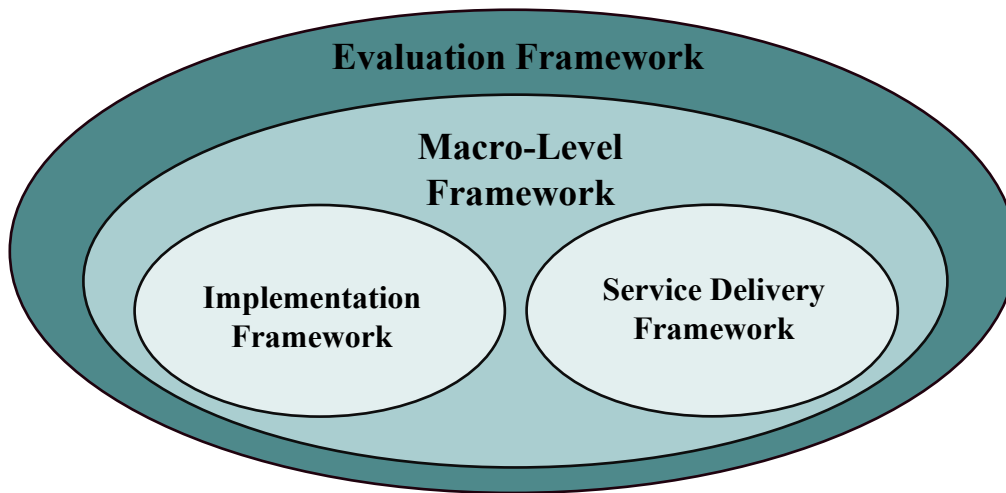
The non-profit scoping review sought to:

- 1) Identify existing evidence on models, and frameworks used for mental health counselling programs in non-profit organizations.
- 2) Characterize the identified counselling models and frameworks in terms of key elements, components, and other characteristics.
- 3) Provide recommendations for best practices in mental health counselling within non-profit organizations based on the findings from Objectives 1 and 2.

Based on our synthesis and analysis of 14 included articles, we found that the models and/or frameworks used in mental health counselling programs offered by non-profit organizations are highly variable. Within the included studies, there was minimal overlap in the models described and/or assessed. So, we were unable to draw broad conclusions regarding key model elements, types, characteristics, and outcomes. Our analysis showed that we may conceptualize models/frameworks used by non-profit organizations for mental health programs within an overarching conceptual integrated systems framework that comprises four nested frameworks (Figure 1): (1) evaluation framework(s); (2) macro-level framework(s); (3) implementation framework(s); and (4) service delivery framework(s).

**Figure 1**

*Conceptual Integrated Model for Counselling Programs in Non-Profit Agencies*



## **WIC Scoping Review**

The WIC scoping review sought to:

- 1) Identify and understand existing evidence on models, frameworks, and approaches used for WIC programs in non-profit mental health and family counselling organizations.
- 2) Characterize these WIC models, frameworks, and approaches according to the populations served, types of providers involved, therapy modalities adopted, delivery models used, and program impacts.
- 3) Identify and characterize best practices for WIC programs in community mental health and family counselling organizations.

Based on our synthesis and analysis of 48 included articles, encompassing 36 distinct WIC programs and/or approaches from Canada, the United States, Australia, Germany, and Mexico, we presented key findings related to (a) characteristics of WIC model, (b) elements of successful WIC programs, (c) client outcomes, and (d) benefits of WIC programs.

## **Activities**

Attendees engaged in a series of systems thinking activities intended to connect the research findings to current services and practices in Peel and identify pathways for future collective action to improve counselling services in the Region.

Activities included (see Appendix A for a full overview of the activities):

1. **Evidence Reflection Tables:** To connect the scoping review findings with the lived experiences of organizations in the Region of Peel.
2. **System Mapping Workshop:** To collaboratively map the current counselling ecosystem in Peel.
3. **Implementation Planning:** To translate ideas into practical actions for implementation.

## **Discussion**

### **Evidence Reflection Tables**

In small groups, attendees discussed the findings of the scoping reviews in relation to their organizations. The conversations were fruitful, establishing solid connections between our research evidence and attendees practical experience, as well as identifying important directions for future research and strategic action. We outline three broad thematic categories captured in the conversations.

#### ***Resonance and Confirmation***

The evidence reflection discussions illustrated that much of the findings from the scoping reviews resonated with the experiences of non-profit organizations. First, for those agencies offering walk-in counselling services, it was highlighted that the WIC scoping review findings aligned with their experience. Some key points of resonance regarding WIC included the immediate accessibility in moments of client need, the higher use of WIC by men compared to traditional counselling, high levels client satisfaction, the importance of solution-focused and strengths-based modalities, and the value of WIC to for those who would have otherwise not sought help. Similar to the review findings, attendees confirmed that WIC programs hold a key place in the mental health service continuum.

Secondly, the attendees confirmed that the proposed conceptual integrated system model could be valuable for understanding how and guiding the process to develop a robust approach to counselling programs. Attendees saw value in how the proposed model captures the different and multi-level elements that go into the planning, delivery and maintenance of counselling programming based on their experiences. Moreover, attendees did not share in-depth about current models/frameworks, with the exception of WIC models, that their agencies use to guide counselling programs. This suggested a potential gap in the use of formal models/frameworks for mental health counselling programs among the agencies present. This aligns with the minimal studies identified on this topic in our review. It also raises concerns that the resource-constrained, time-limited, and reactive context in which agencies operate may preclude the development and implementation of robust frameworks to support the success of programs. It further highlights a need to conduct research with local agencies to identify current models/frameworks used and gaps in their use.

#### ***Underdeveloped Approaches***

Attendees highlighted several approaches that remain underdeveloped yet have great value for future successful counselling services. First, attendees noted that family forms have changed greatly; the nuclear family does not align with the experiences and needs of most families. This holds both from immigrant families and Canadian-born families due cultural values and the rising cost of living. As family forms change, so too must the models and approaches we use. As such, more attention needs to be placed on identifying, developing, and adapting multigenerational approaches/frameworks to better meet the needs of individuals and families in Peel.

Second, attendees raised questions about best practices for WIC in the post-pandemic era. Before the onset of the pandemic in 2020, WIC programs in Peel operated effectively and largely

in alignment with primary findings of the WIC scoping review. In addition, agencies operating WIC programs had aligned their days of WIC operations to ensure daily program availability in the Region. However, since the pandemic, hybrid and virtual counselling have grown, needs have shifted, and collaborative relationships have faltered. Thus, interest lies exploring how WIC services can be effective in a hybrid or virtual model, to ensure widespread accessibility to individuals who cannot access WIC services in person. In our scoping review, we only identified eight studies with post-pandemic data, with only one study effectively detailing how they transferred WIC to a virtual format. As such, promising practices for virtual/hybrid WIC have yet to be developed. To address increased need complexity and collaboration enhancement, it will be beneficial for agencies to reconvene to develop a collective strategy for offering WIC. Moreover, collaboratively, non-profit organizations offering WIC would benefit from exploring avenues with building partnerships with libraries, food banks, and other services to expand the locations in which WIC can be offered. One attendee did share that libraries had reached out seeking partnership opportunities, indicating this may be a fruitful pathway to enhance WIC service success. This also aligns with our scoping review findings, as several agencies in Saskatchewan found success in developing similar partnerships.

Finally, attendees highlighted the need to explore evidence-based models/frameworks and approaches used in other service sectors to determine transferability of best practices to the non-profit counselling sector. For example, data sharing, referral loops, and improved system navigation were all identified as key gaps and areas of need in Peel. One attendee shared that we might consider exploring how the mental health sector has effectively integrated centralized management systems for data sharing and improved referral pathways. They also noted that there may be approaches in the family and intimate partner violence sector that could transfer to the counselling sector. This highlighted that where critical gaps exist, further research needs to explore how other sectors have addressed similar concerns and how we may adopt similar approaches in non-profit counselling.

### ***Barriers to Implementing Comprehensive Models/Frameworks for Counselling***

Attendees identified several barriers to implementing comprehensive models/frameworks for counselling. Unsurprisingly, these barriers included limited funding, human resources, and time. Effectively implementing and evaluating frameworks/models is time and resource intensive. Lack of time and resources prevents agencies from engaging with evidence-based literature, conducting robust evaluations of models, and publishing findings to contribute to the evidence base. As a result, gaps exist in evidence-based research for model/framework development, implementation, and uptake. The struggle for non-profits to make use of evidence-based research has been identified in the literature and remains a critical area for strategic action to ensure agencies are making use and building upon existing evidence. Without widespread and government support to improve the conditions in which non-profit agencies operate, organizations will continue to remain limited in their capacity to implement comprehensive evidence-informed models/frameworks to best serve their clients.

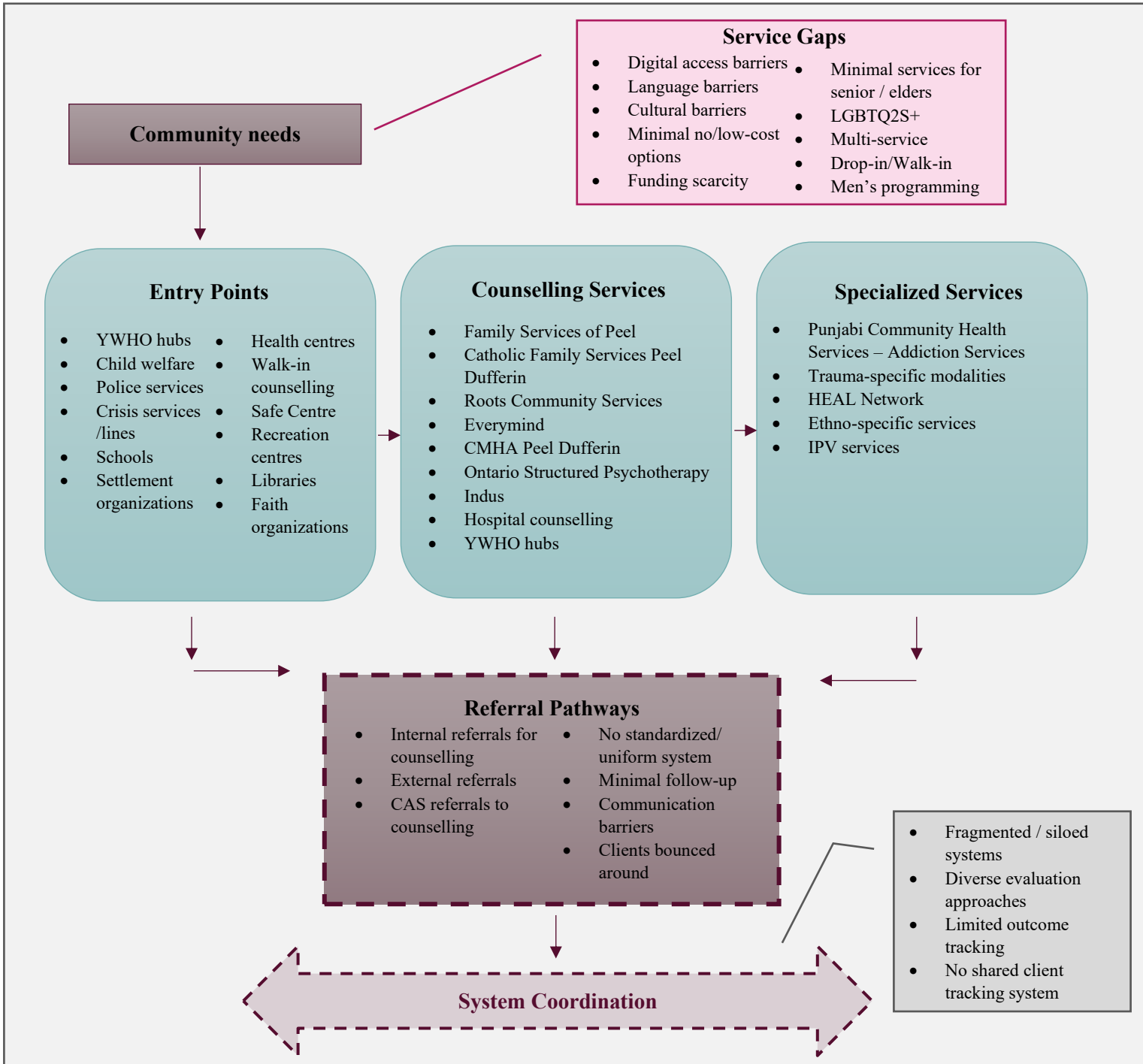
### **System Mapping Workshop**

During the system mapping workshop, we invited participants to walk around the room and use sticky notes to identify existing counselling entry points, general and specialized counselling

services, referral pathways, and gaps in services and coordination to provide a map of the current counselling ecosystem in Peel. Figure 2 depicts the counselling ecosystem based on attendee’s responses.

**Figure 2**

*Map of the counselling ecosystem in Peel*



*Note: this map is based on the responses of attendees, and thus, is not a comprehensive map of the counselling ecosystem in Peel*

## Implementation Planning

Finally, we asked participants to work in small groups to develop opportunities for action and a related implementation plan for two themes: (1) expanding walk-in counselling, and (2) strengthening program models for non-profits. Tables 1 and 2 depict the ideas generated by attendees. These responses highlight that important opportunities exist in Peel Region to mobilize our recent findings in collaboration with the lived realities of agencies to advance counselling programs and pathways for our clients.

**Table 1:**

*Implementation plan for expanding walk-in counselling*

<b>Theme:</b> Expanding walk-in counselling	
<b>Step 1: Opportunities</b> Create a two-tier system/stepped approach that integrates walk-in and ongoing counselling. Services will be offered in a hybrid format (in-person and virtual) to support access. WIC will act as a low-intensity support and ongoing counselling services can have a range of intensities of support to meet the different needs of clients.	
<b>Step 2: Actions</b> Identify short, medium, and long actions related to implementation	
<b>Timeline</b>	<b>Actions</b>
<b>Short-term (6-12 months)</b>	Convene a planning group of various agencies in Peel to design the plan and program.
<b>Medium term (1-3 years)</b>	Pilot test the two-tier system. Based on pilot testing, make adaptations. <ul style="list-style-type: none"> <li>- Evaluate feasibility, acceptability, and initial efficacy of the model</li> <li>- Identify sustainable funding models</li> </ul> Following the pilot, expand the system to other partners to scale the program.
<b>Long-term vision</b>	A responsive EDI-informed and trauma-informed system that wraps around individuals and families.
<b>Step 3: Key partners</b> Initial partners: CAS, FSP, CFSPD, Roots, Indus  Expanded partners: Everymind, CMHA	
<b>Step 4: Resources needed</b> The goal would be to start now with existing funds and resources, while working collectively to seek additional resources. <ul style="list-style-type: none"> <li>- Funding – OTF Seed Fund grant</li> <li>- Space</li> <li>- Leadership</li> </ul> Evaluation support will be needed across the full project to support ongoing measurement and adaptation.	

**Table 2***Implementation plan for strengthening program models/frameworks for non-profit agencies*

<b>Theme:</b> Strengthening program models/frameworks for non-profit agencies	
<b>Step 1: Opportunities</b> Importance of an integrated model with a holistic approach and strong referral loop. This would allow clients to have their full range of needs assessed and a plan developed with relevant referrals to address these needs. An integrated model requires a referral loop to prevent clients from bouncing around the system.  Shared database is necessary to support model/framework strengthening in Peel. This will facilitate sharing of client progress and updates, allow all those involved in client care to remain informed, and ensure needs are met in a timely manner.	
<b>Step 2: Actions</b> Identify short, medium, and long actions related to implementation	
<b>Timeline</b>	<b>Actions</b>
<b>Short-term (6-12 months)</b>	Research to understand needs and demands of clients. Research to understand data sharing needs between organizations.  Large-scale needs assessment at the client, organization, and systems level.
<b>Medium term (1-3 years)</b>	Based on the needs assessment, create a collaborative working group to design a plan for data sharing and referral loop generation.
<b>Long-term vision</b>	A re-designed system that supports effective service access and client outcomes → Rapid access, equitable access, and smooth system navigation
<b>Step 3: Key partners</b>  Counselling, settlement, employment, police, school board, faith organizations, adult centres, youth centres, libraries, health centres.	
<b>Step 4: Resources needed</b>  Funding, marketing and campaigns, space, government support, training	

## **Recommendations for Future Research and Action**

Based on the discussions from the external partner meeting, the following recommendations for future and action have been identified:

1. Explore promising practices for WIC in the post-COVID-19 era.
  - a. Understand the gaps, limitations, and needs of agencies offering WIC in the current era.
  - b. Understand how agencies have adapted WIC to respond to the post-pandemic landscape.
2. Future research is needed in the Region of Peel to identify the models and frameworks currently used by non-profit community organizations, both for counselling programs and more generally.
3. Identify opportunities for future collaboration and partnership among agencies in Peel to collectively advance best practices for counselling services in Peel.
4. Explore best practice in the mental health sector, intimate partner sector, and other sectors that have relevancy and adaptability to the non-profit counselling sector.
  - a. For data sharing strategies and approaches
  - b. For centralized management systems
5. Explore non-traditional partnerships opportunities with for-profit companies, libraries, recreation centres, and other entities to expand reach and accessibility.
6. Use the findings from the scoping review and the partner event to apply for joint funding to improve counselling programs across Peel.

## Appendix A: Session Activities

### Evidence Reflection Table (25 minutes)

Purpose: To connect the scoping review findings with the lived experiences of organizations in the Region of Peel.

Question	Reflections
Which findings from the two scoping reviews resonated the most with your organization's experiences?	
Which counselling models or frameworks does your organization already use?	
What promising approaches are currently missing or underdeveloped?	
What barriers exist to implementing robust and comprehensive models or frameworks?	
<p><b>Table summary:</b></p> <ul style="list-style-type: none"> <li>- Key insight(s):</li> <li>- Key opportunity/(ies) for Peel:</li> <li>- Key challenges(s):</li> </ul>	

### System Mapping Workshop (25 minutes)

Purpose: To collaboratively map the current counselling ecosystem in Peel.

Activity: Participants will place sticky notes under several categories to identify existing services, connections, and gaps in Peel Region.

Participants will be asked to identify:

- Entry points

- Existing counselling services
- Specialized services
- Referral pathways
- Collaboration between organizations
- Service gaps
- Data sharing practices

*Guiding questions:*

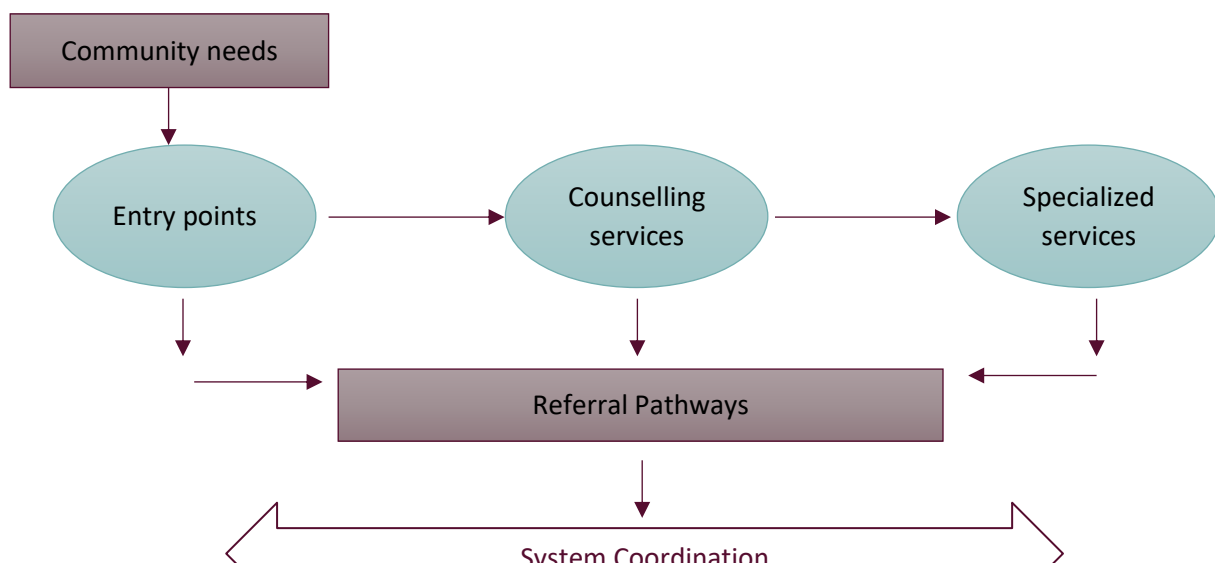
- What are the existing counselling services in Peel?
- Who can access available counselling services?
- What are the main entry points for counselling services?
- Where do clients encounter barriers?
- How are organizations currently connected?
- What do current data systems look like?

**Mapping Categories**

<p><u>Entry points:</u></p> <ul style="list-style-type: none"> <li>- Examples: <ul style="list-style-type: none"> <li>○ Walk-in counselling</li> <li>○ Intake services</li> <li>○ Community referrals</li> </ul> </li> </ul>	<p><u>Counselling services:</u></p> <ul style="list-style-type: none"> <li>- Examples: <ul style="list-style-type: none"> <li>○ Individual counselling</li> <li>○ Brief therapy</li> <li>○ Group counselling</li> <li>○ Youth counselling</li> </ul> </li> </ul>	<p><u>Specialized Services</u></p> <ul style="list-style-type: none"> <li>- Examples: <ul style="list-style-type: none"> <li>○ Crisis support</li> <li>○ Cultural services</li> <li>○ Trauma counselling</li> <li>○ Family counselling</li> </ul> </li> </ul>
<p><u>Coordination mechanisms:</u></p> <ul style="list-style-type: none"> <li>- Examples: <ul style="list-style-type: none"> <li>○ Referral partnerships</li> <li>○ Shared intake systems</li> <li>○ Collaborative initiatives</li> </ul> </li> </ul>	<p><u>Systems gaps:</u></p> <ul style="list-style-type: none"> <li>- Examples: <ul style="list-style-type: none"> <li>○ Long waitlists</li> <li>○ Limited access for certain populations</li> <li>○ Funding constraints</li> <li>○ Lack of shared data</li> </ul> </li> </ul>	

- Post categories around the room on chart paper
- Participants will walk around the room with sticky notes to fill in information related to the categories

Map layout for collating responses (after the event)



## Implementation Planning (25 minutes)

Purpose: To translate ideas into practical actions for implementation.

Activity: In small groups, participants will develop implementation strategies and actions related to a specific theme.

### *Group 1: Expanding WIC access*

- Are there benefits to expanding WIC access?
- What infrastructure is needed?
- Could agencies coordinate locations or hours?
- Who would benefit most from expanded WIC services?

### *Group 2: Strengthening Program Models for Non-Profits*

- What types of models would be helpful/beneficial for non-profit agencies?
- What type of research is needed to support model strengthening?
- What type of training is needed?
- What type of partnerships are required?

### *Group 3: Shared Data and Evidence Generation*

- How might agencies share information related to counselling programs (e.g., demand, outcomes)?
- What common indicators could be used?
- Why is data sharing needed?

## Implementation Planning Worksheet

<b>Theme:</b>	
<b>Step 1: Opportunities</b> What opportunities were highlighted in the scoping reviews?	
<b>Step 2: Actions</b> Identify short, medium, and long actions related to implementation	
<b>Timeline</b>	<b>Actions</b>

<b>Short-term (6-12 months)</b>	
<b>Medium term (1-3 years)</b>	
<b>Long-term vision</b>	
<b>Step 3: Key partners</b> Identify who needs to be involved.	
<b>Step 4: Resources needed</b> Identify resources needed	

**Commitment Roundtable (15 minutes)**

Purpose: To establish participants’ commitment to furthering collaborative work related to counselling services in the Region of Peel.

Activity: Each participant completes a commitment card and returns it to the facilitator(s).

**Commitment Card**

<b>One action our organization could support:</b> <hr/> <hr/> <hr/>
<b>Why does this work matter to my organization:</b> <hr/>

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**Follow up contact:**

Name:

Organization:

Email: