



Resilient Responses: Adapting Counselling Services For Complex Needs in Changing Times

Qualitative Data Analysis Report

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Introduction

Since the onset of the COVID-19 pandemic in 2020 and into the post-pandemic environment, FSP's Counselling Program has seen fluctuating demand and clients with a range of complex and multi-layered needs. In turn, staff have faced new challenges in responding to clients. Further, FSP transitioned to a hybrid service model during the pandemic; however, since then, funders have requested FSP return to a strictly in-person service model, impacting how clients participate in services. FSP initiated the Resilient Communities Fund Project to adapt and strengthen the existing FSP Counselling Program to better address the evolving needs of clients and more effectively deliver services. As part of the data collection for this project, the Peel Institute of Research and Training (PIRT) conducted a two focus groups and two interviews with FSP counselling staff. In this report, we present the findings from these discussions to identify core strengths, challenges, and opportunities for improvement in the FSP Counselling Program.

Methodology

Data Collection

Data collection involved two focus groups and two semi-structured interviews with FSP counselling staff. Each focus group consisted of three counsellors and were about 75 minutes in length. We held one focus group and one interview via Zoom and conducted another focus group and interview in person at FSP's office. To ensure informed consent, prior to commencing, we asked counselling staff to read and sign a detailed consent form. All focus groups and interviews were audio recorded and transcribed verbatim.

During the focus groups and interviews, we asked counselling staff a series of questions about their experience working in the walk-in and ongoing counselling programs, program successes and challenges, differences between the program streams, changes in client needs and demand since the onset of the COVID-19 pandemic, referral processes, ways to ensure adequate service delivery and support for clients moving forward, and professional development.

Data Analysis

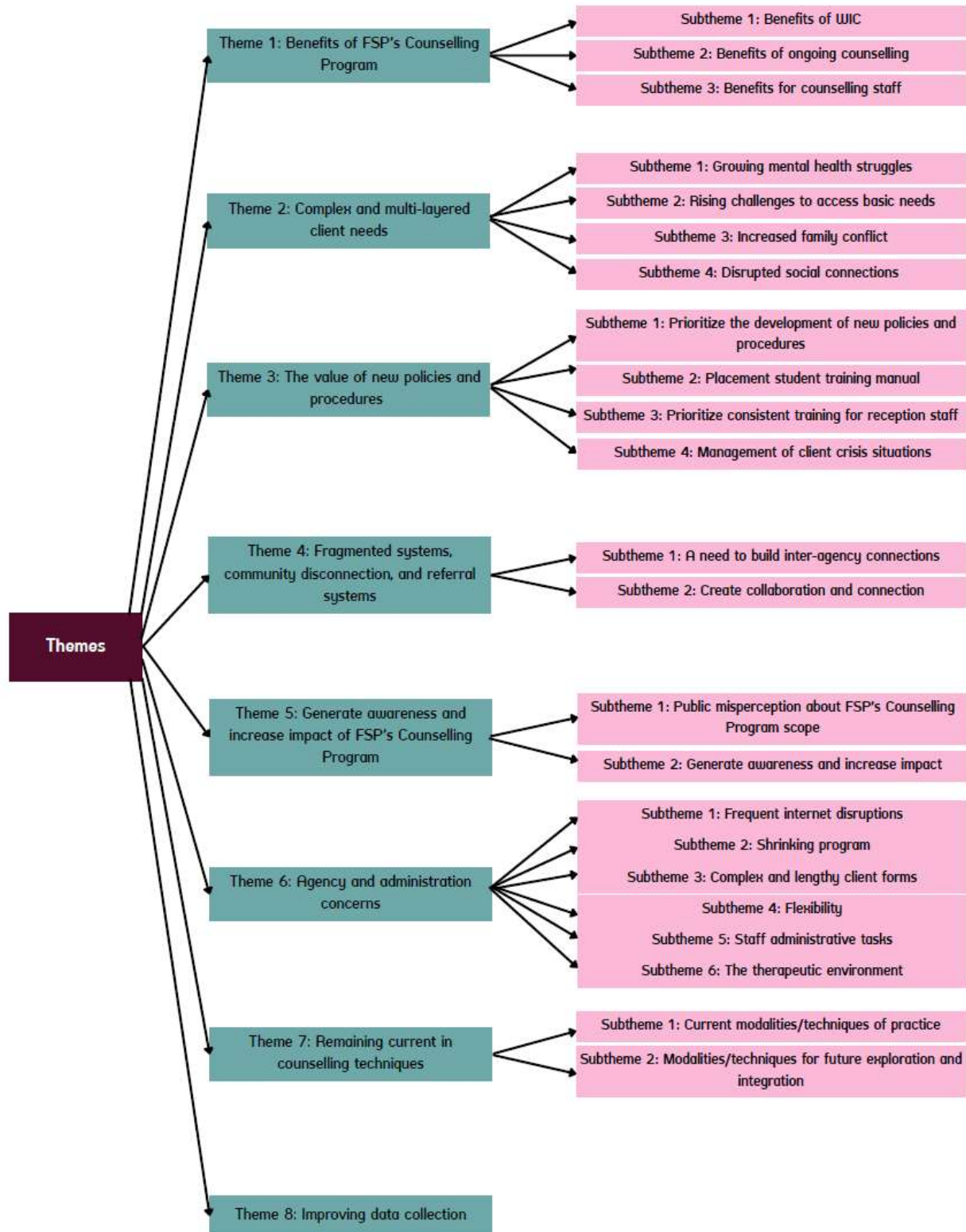
We analyzed focus group and interview data following Braun and Clarke's (2006, 2019) reflexive thematic analysis framework. Thematic analysis is a method for identifying, analyzing, and reporting patterns (i.e., themes) within the data. We developed themes at the semantic (i.e., explicit/descriptive) level, so as to stay close to the participants meaning. As such, the data have been described with no additional theorization.

Analysis Steps:

1. Familiarization: Transcripts were read and re-read for immersion
2. Initial coding: Codes were assigned to notable patterns and issues.
3. Theme Generation: Codes were grouped into broader patterns of meaning.
4. Reviewing Themes: Preliminary themes were refined and aligned with project goals.
5. Defining and Naming Themes: Themes were named to reflect their core insights.
6. Report Writing: Themes are supported by illustrative quotes and contextual interpretation.

Findings

Figure 1
Summary of themes and subthemes



Theme 1: Benefits of FSP's Counselling Program

This theme expresses the key benefits counsellors identified in the walk-in and ongoing counselling programs, as well as those benefits that they experience working in the counselling program.

Subtheme 1: Benefits of Walk-in Counselling

Counsellors identified strengths of walk-in counselling (WIC) to include accessibility and affordability, system navigation, and training opportunities for future counsellors. Unanimously, the counsellors identified the accessibility and affordability of WIC as key benefits. As one counselling staff noted,

"[I]n terms of accessibility and affordability, I think it [WIC] is the best program...it's like a free service we offer. In fact, I think we are the only ones who are offering three free walk-in sessions."

This counselling staff highlights how FSP provides a uniquely affordable service, where the offering of three free sessions ensures individuals with minimal financial resources and insurance coverage can readily access counselling services. Further, another staff said, *"Walk-in is good because they [the client] don't need to wait on the waiting list,"* demonstrating how the lack of a waiting period for service access is a key benefit. FSP implemented WIC to address the growing waitlist for counselling services and the counsellors' responses indicate success in reducing the waiting period. This was further corroborated by a comment that when clients move to ongoing, most can begin seeing a counsellor within two to three weeks.

Relatedly, one counselling staff identified that WIC acts an entry point and needs assessment service, enabling effective triaging to counselling program streams, other internal FSP services, and external services. She shares,

[T]he access point to walk-in is broader than other program[s], so anybody can walk in within those hours, without any appointment, and it's free. So, that I think has been what I would say distinguishes walk-in from other programs. [A]nd also, I feel [that] walk-in is the entry point where we gauge what a client actually needs.

As the counselling staff notes, many people may not know where to start or know their exact needs, so WIC helps clients identify and name their core needs and solidify next steps. In this way, WIC acts as a starting point and system navigation tool.

Finally, one counselling staff identified that WIC is a good training resource for placement students. Placement students work exclusively in WIC, providing services to a diverse range of clients, facilitating knowledge and skill development. One counselling staff saw this as critical for the training of future counsellors:

[A]lso, it's [WIC] been a good training ground for our students...they are trained, and we prepare them using walk-in... I think [its] an achievement. I think we are preparing the future clinicians here. So, that I think is a big achievement of the walk-in, being able to offer that. And the feedback from students is, "this is great. I'm seeing a diverse population. The issues that they come with are very varied and interesting [and it] is never the same thing."

Altogether, these reflections from counselling staff highlight key areas of strength of WIC. Moving forward it will be important to continue to strengthen these areas.

Subtheme 2: Benefits of Ongoing Counselling

Counsellors identified benefits of ongoing counselling to include the different program streams, evening availability, and support for families. Evening availability and support for families do extend to WIC. The different counselling streams offer specific avenues that may enable more effectively attending to clients' needs, as one counselling staff noted,

There are also different programs that [are] geared to specific population[s]. For example, violence against women. And then we also have the EAP program... We also see individuals, couples, and families. We do cover a wide age range in terms of our program. So, I would say in terms of meeting the needs of the community, we are very much based in serving community needs....

As she highlights, the streams, such as violence against women (VAW), children, individuals, couples, families, and EAP (employee assistance program) allow FSP to cover a range of specific populations and needs. Secondly, supporting families—as a unit and the individual members—arose as a key benefit of the program:

[We see] a lot of families...we as a team are coming together to support the family. So, they have option of seeing us as family or individually ...and then we have now [a Child and Youth Counsellor] who specializes [in] working with the youth or young population. So again, it's like we are supporting the family who walks in. [T]heir needs may be different, but then we are able to offer them those services based on what their individual needs are.

As this staff highlights, they consider the hiring of a child and youth counsellor (CYC) particularly important, since the team can better meet the needs of family units. Related to the benefit of supporting families, a key benefit includes FSP's evening availability, as one counselling staff said,

[W]e are seeing a lot of families come...and I think the fact that we are open till nine allows them the flexibility of being able to finish work or the children are back home from school and then they [can] come here"

While counselling staff believe FSP's program is responding to families' needs, they also see areas of improvement. One counselling staff noted that to better serve families, having onsite childcare support would be helpful. As they shared,

I have a client, [and] she has two kids. And the challenge [is] around childcare versus being[able] to attend... we don't have a child-minding facility where we can say, "OK, you can come in and you can freely and completely speak to what you're struggling with." [B]ecause the parent is a client, but the parent is also attending to the child [if they are in the parent's session], so sometimes that also causes some disruption. So that's the one thing that I feel [that] if we had it [childcare] on site where there's, maybe a play area or something and there's one person, maybe even, a qualified volunteer, who's willing to help out.

This counselling staff highlights that childcare is often a barrier for parents—especially mothers—to accessing counselling services. To be able to more effectively serve families, onsite childcare support may be important to consider. In addition, counselling staff saw value in more training on family-specific modalities and techniques.

Finally, counselling staff highlighted the strength of being able to serve all clients and getting creative to find tailored solutions that enable service access and improve retention:

I think depending on where the client is situated, we have been creative in the sense that, “okay, you [the client] don't want to spend too much, but you want to come and you're benefiting from that.” Then we kind of spread out the sessions a bit more. So instead of coming every two weeks, maybe you come once in every three weeks.

Counsellors shared a few examples of how they work with clients to find solutions that will enable their use of services. Continuing to explore creative options for client access may be important for future consideration.

Subtheme 3: Benefits for Counselling Staff

In the interviews, two benefits for staff, that in turn impact clients, were identified. These include the benefits of clinical supervision and regular team collaboration. With clinical supervision, counsellors engage in regular individual supervision, peer-to-peer sessions, and can access clinical supervisory support as needed. Individual supervision enables counsellors to bounce ideas off another person, get feedback on how to approach certain situations, and get any other necessary support. Peer-to-peer enables counsellors to come together to discuss specific topics, learn about new modalities and techniques, get information refreshers, and keep up to date on counselling trends from their clinical supervisor and/or from one another.

Regarding regular team collaboration, one counselling staff shared,

[W]hen it comes to weekly or even daily, we're constantly talking to each other and supporting each other. So especially...after every walk-in session, we typically debrief about it. We'll run it through each other or ask, “what would you have done differently? Or do you have any resources? Or how should I approach this?” Or even with ongoing cases, we'll approach each other and ask questions...And it's great because everybody comes from a different background as well too, so that makes it really beneficial...So, knowing that everybody has their own expertise too is helpful.”

She highlights how counselling staff regularly debrief with one another to seek feedback on handling various situations. She further notes that since counselling staff have different areas of expertise, they are able to offer different perspectives or be better able to respond to different situations.

Theme 2: Complex and Multi-Layered Post-COVID-19 Client Needs

Counsellors described a rise in cases involving struggles to meet basic needs, depression, anxiety, trauma, social isolation, and family conflict since the pandemic. Their discussions highlight increased complexity and new or exacerbated areas of client needs. While they spoke about these needs as highly intertwined, we discuss them separately here for ease of understanding.

Subtheme 1: Growing Mental Health Struggles

Counsellors indicated that the pandemic majorly impacted anxiety, depression, and other mental health issues including phobias and obsessive-compulsive disorder (OCD). These may have been newly onset or exacerbations and relapses of existing conditions during and after the pandemic. Highlighting the increase of anxiety and relapse, one counsellor said,

I've also seen clients, especially [those] who have been struggling with anxiety. COVID kind of worsened it up. And there were a lot of relapses, like clients who were managing before, but then had a relapse during that time or even post-COVID.

Another highlighted phobias and OCD as key concerns,

“And also, some of the clients have developed a lot of phobias because of the COVID virus... There are people who had OCD, anxiety, who completely refuse to come out or go to the center.”

Such fears could result in clients not being able to leave their home, which could further exacerbate issues. Counsellors must be equipped to handle such increased and shifting mental health concerns.

Subtheme 2: Rising Struggles to Access Basic Needs

Another key concern includes the rising struggles for clients to meet their basic needs. Specifically, counsellors noted, *“increased financial stress, because of job losses, [and] increased homelessness,”* highlighting concerns of housing insecurity and unemployment. Counselling staff noted that these needs stem from the current larger economic environment, where rising living costs and the increasingly challenging labour market make meeting basic needs more difficult. The struggle to meet basic needs leads to mental health deterioration, as one counselling staff stated, *“that is connected to the mental health piece, when you can't access or you're denied or there are huge barriers in place.”* To respond to such needs, counsellors need to be well versed in the variety of services available to which they can refer clients.

Subtheme 3: Increased Family Conflict and Intimate Partner Violence

Counsellors noted increased rates of family conflict and intimate partner violence as rising concerns. For example, one counsellor said,

[A]fter COVID, I think the numbers for VAW have gone up in regard to clients accessing supports because of domestic violence. I know right now we don't have the women's group, and we've been getting a lot of calls for that, but I think that [there was] also an increase with intimate partner violence.

This counselling staff highlighted rising demand for counselling support for domestic violence, and specific requests for the VAW group. However, since the VAW group is currently not running, a gap in service may exist. Similarly, another shared,

[We see] a lot more family problems, lot more couple issues, lot more abuse, substance abuse because people were confined to the small space and people [were] getting more [on] each others' nerves. So, it was more of that pressure on the family and there's a lot more family breakdown and family conflicts and we are seeing the aftermath of that.

Together, these responses allude to a rising demand for family-related counselling and counselling for those dealing with domestic violence.

Subtheme 4: Disrupted Social Connections and Increased Social Isolation

Finally, the counselling staff identified social isolation and its associated after-effects as key areas of client need. The COVID-19 pandemic lockdown resulted in widespread social isolation to prevent the spread of the virus. However, social isolation appears to have negative and ongoing effects, particularly for young people and seniors. Regarding young people, specifically young men, one counselling staff shared seeing

[I]ncreased anxiety in youth since Covid, isolation, like social isolation and also lack of socialization. I have a lot of young males that, they didn't make strong relationships in high school, so then after high school, it was kind of like what now? And then COVID happened, so then they were even more isolated, and now they don't know how to go and socialize with people and find people to hang out with.

This shows how online schooling and social isolation during key socialization years leads to ongoing struggles to make social connections and can result in continued negative effects for young people. Demonstrating that social isolation impacts mental health, another shared,

[T]hat social isolation and that lack of that connection has affected people's emotional and mental well-being.

Moreover, another counselling staff spoke about how seniors, especially those with disabilities, also experienced disproportionate social isolation:

[A]nd then the isolation especially around the senior population of people who have disability and again have very limited resources or support system[s].

Together, these four subthemes around reduced mental health, struggles to meet basic needs, increased family conflict and domestic violence, and social isolation effects point to increasingly challenging situations faced by clients, resulting in counsellors needing to adapt and find new or altered ways to respond. It will be beneficial to consider ways to support counsellors in responding to increasingly complex and multi-layered needs.

Theme 3: The Value in New Policies and Procedures

Throughout the discussions, counselling staff consistently, both explicitly and implicitly, expressed that the outdated policies and procedures can sometimes present obstacles for both counselling and reception teams, pointing to value in developing new policies and procedures. They noted that when practices are not clearly outlined, or information is outdated, it can lead to uncertainty and inconsistency in both practice and training. Additionally, counselling staff mentioned that clearer guidance and protocols, especially around crisis situations, would help ease some of these ongoing challenges and support their work. We discuss this in four subthemes, (1) prioritize the development of new counselling program policies and procedures, (2) placement student training (3) prioritize consistent training for reception staff, and (4) clarify procedures to manage client crisis situations.

Subtheme 1: Prioritize the Development of New Counselling Program Policies and Procedures

When asked about policies and procedures for the counselling program, we heard that “*there’s no updated manual*” and “*we have nothing in place that tells us exactly what [to follow]*.” An old policy and procedure manual does exist, however, staff noted it was outdated, and that no policies and procedures exist for WIC or telehealth. Developing and implementing policies and procedures for WIC is particularly important, as this is a core service and the primary mode through which placement students are trained. If telehealth services continue to be offered, procedures will also be important.

As one counselling staff noted, “*We have nothing in place that tells us exactly what [to follow]*”. Further, without updated policies and procedures and lack of comprehensive training, new staff—both counselling and reception staff—are left to piece together components of the program on their own. The absence of updated program policies, procedures, and details may present obstacles for staff, including inconsistent program practices, lack of awareness of all aspects of the programs, protocol breakdown, misinformation communicated to clients, reduced service quality, and increased liability for FSP. As one staff noted, “*We [the CP team] need a revised manual...I would love to have a concrete [manual], something to look at and be like, ‘okay, yes, that’s the right procedure for that.’*”

Further, several areas of discussion alluded to need for clearer guidance and protocols, particularly in regard to WIC. For example, counselling staff spoke about the issue of potential overuse of WIC,

[T]here have been clients who have come [back to WIC] six months later, and then we have counted it as session one...that does present a bit of a challenge because there’s [potentially] some kind of overusing [WIC]—of not coming [for ongoing counselling] and then they come back and then it’s counted as session one. So, they repeatedly present themselves as only walk-in clients.

This raises the question of how counsellors should deal with such a situation. Having policies and procedures in place can help to mitigate these concerns. In response to the discussion about WIC overuse, another counsellor highlighted discussing this issue previously. For her, it became about the questions of: what are the goals of the program? Is it about getting more ongoing clients? Or about prioritizing walk-in? Or just about meeting the needs of clients? She raises an important question here, about how to determine whether someone may be overusing walk-in or simply returning due to a newly presenting stressor.

Discussions highlighted that there appears to be different approaches used in WIC, ranging from a single-session solution-focused approach [each session as stand-alone] to assessment-focused and part of an ongoing set of services:

[F]or any new walk-in client’s first session, I’ve always been trained to treat it like an assessment. No actual deep, clinical work can be achieved in one session. So, you treat it more as assessing case and how to move forward, what needs to be done, giving them resources, things like that...But if it’s like a new person each time, then throughout that session I do tend to be solution focused. If it’s like a new person and I’ve never seen them before, [I focus on] what do you want to achieve from today’s session and how can we get

that done? But if it's somebody that I've been personally working with continuously, we're able to check in, but also see, "okay, did you meet that goal from last time that we met? Did you establish new goals this time?" ... That's another approach.

These approaches are quite different, and challenges are likely to arise as clients are not guaranteed to see the same counsellor for each of the three available sessions. However, many clients want to see the same counsellor for each session, but as a counselling staff noted, *"that's not the purpose of walk-in"*. Regarding the format of WIC, another counselling staff did share that *"because walk-in is set out to be a standalone conversation, if you have three, there's no continuity. What's the purpose of having three? Might as well transition into ongoing counselling and then get your own counsellor."* This demonstrates that there may be a need for FSP to develop more clarity around the intention of WIC and the related approach. Industry standards for WIC tend to focus on a single-session and solution-focused approach, where each session is stand-alone, assuming the client will only attend one session. Providing an assessment and clarifying for clients what exactly they are seeking—give a name to their need(s)—likely holds benefit. Before developing and implementing new WIC policies and procedures, FSP must determine if the switch will be made to a single-session WIC program or if WIC will remain at three sessions. Developing clear guidance on this can reduce ambiguity and ensure consistency among staff, ultimately leading to improved service delivery and quality.

Subtheme 2: Placement Students

FSP serves as a placement opportunity for students training to become social workers, child and youth workers, and social service workers. As such, providing a strong training program and clinical supervision is important. Several counselling staff have multiple years of experience in supervision roles and receive training from the specific universities on what is necessary for the placement to be successfully completed. While such external procedures are highly beneficial, it was noted that it could potentially be helpful to have internal placement student training protocols as well. More detail from past placement students and clinical supervision staff on what else might be helpful for training would be needed. New policies and procedures for the counselling program is also likely to contribute to this.

Subtheme 3: Prioritize Consistent Training for Reception Staff

Counselling staff shared thoughtful concerns regarding the training provided to reception personnel. Since reception frequently serves as a placement opportunity and staff are often the first point of contact for those seeking counselling, it is especially important that all staff are consistently trained and have access to clear, up-to-date information. This would help staff feel more confident in their roles and enhance the overall experience for clients.

As a counselling staff said, *"there must be an adequate training manual, and it would be helpful to ensure "consistent training for anyone at the reception desk."* This was likened to a doctor's office, where receptionists have a specific standard of training that must be adhered to ensure the utmost quality of service. The absence of consistent training for reception staff is likely connected to the need for updated policies and procedures, highlighting the relationship between these components. Such an absence may also hinder the overall quality of care and create challenges in service delivery. This can make system navigation more complex, impact

trust between staff and service users, and potentially place staff in difficult situations. Consideration of what comprehensive and supportive training might entail would benefit from input and guidance from management and frontline staff.

Subtheme 4: Management of Client Crisis Situations

Counsellors raised concerns regarding the management of crisis situations. First, staff linked managing crisis situations directly to safety concerns. They expressed worry that when fewer staff were on-site in the evening—often just one reception staff and one counsellor—they would not be prepared to adequately handle a crisis if one arose:

[T]here are concrete incidents that can happen where you need another clinician to support. Let's say there's a client—it happened a few months ago—one client calling and says she's going to commit suicide...So what happened? One person has to stay with the client. We can't let them go. Then I stepped in to call the 911 and arrange and report for them to go and pick her up. Until they pick her up, one person has to stay with the client. Another person who has to call and facilitate all that [providing information to 911].

Staff highlighted that the having only one counsellor present when such a crisis arises creates risks for all parties involved. Protocol requires one counsellor to stay with the client while another contacts emergency services. It would be important to provide clearer guidance and advanced training for both reception and counselling staff on responding to crises. It is unlikely that reception staff have the skills and capacity to handle such a situation, unlike a counsellor trained in de-escalation and to handle mental health crises.

Theme 4: Fragmented Systems, Community Disconnection, and Referral Gaps

Subtheme 1: A Need to Build Inter-Agency Connections

Counsellors expressed missing the regular involvement in inter-agency events and workshops that they participated in prior to the pandemic, as well as on-site visits from community partners at the old FSP location. For them, such community engagement and partnership-building played an important role in addressing clients' needs, staying up to date on external program offerings, and comprehensive referral systems. For example, they shared,

[P]re-COVID, we had various inter-agency meetings. We went, took whatever the programs changed and brought that back to the agency and shared with everybody what is going on now [at other agencies]. Some of the meetings the managers are maybe going [to now] but we have no idea what information is shared [and] the programs out there.

Unlike before the pandemic, in the current situation, counsellors no longer attend inter-agency workshops and events, “*have insufficient staff to do outreach,*” and are limited to “*whatever we research online. But there isn't that kind of a resource sharing [like before].*” Currently, most information and resources are found via internet search and not through professional networks. This likely creates a gap and may prevent knowledge of the full range of services available, negatively impacting referral systems for clients.

Subtheme 2: Pathways to Build Collaboration and Connection

Counsellors desire strengthened inter-agency connections and referral pathways. For example, one counselling staff said, “*I think what would benefit the agency more and maybe even the*

referral sources are to have more contact. We are referring [clients] in the absence of real contact". Similarly, another suggested building connections by having "more of those open house events, so we invite resources. And so, we begin to establish connections. And have a foot in the door." Some areas desired for further collaboration included crisis lines, doctor's offices, housing services, and lawyers.

Some highlighted the success of on-site visits from other agencies that were regular components of service at FSP's old location. They noted that implementing these again could support information provision, resource gathering, connecting clients to services and the community, paperwork completion and coordination, warm referrals, and addressing core needs of clients. For example, one counsellor highlighted the value of a family lawyer onsite, *"and getting a family lawyer again, somebody who can sit here, especially on Wednesdays, the walk-in days. So, I think that would be wonderful because we were doing that before."* Another saw value in on-site housing services,

I think a housing worker on site or one who comes maybe on a designated day would be really, really helpful. Because what that can do is that it can help shift those who are looking for counselling versus those who are looking for housing.

The comments shared by counsellors here allude to the need for enhanced efforts to build community connections that will aid the creation of a robust referral system, build counsellors knowledge of a breadth of available community services, and ultimately, enhance service delivery.

Theme 5: Generate Awareness and Increase Impact of Counselling Program

Subtheme 1: Public Misperception of FSP's Counselling Program Scope

Counsellors indicated that some clients and even external shareholders have a misperception that FSP offers only WIC, resulting in reduced awareness of ongoing counselling services. The counsellors hypothesized that this misperception could be due to a stronger focus on advertising the WIC program, with less attention given to the ongoing program streams:

A caveat there is that lately the publicity has focused mainly on the walk-in, whereas [ongoing] counselling services have predated walk-in. And counselling is not just about the walk-in, it is ongoing counselling, which has of late been insufficiently publicized in the brochures and on the website, I understand. So that needs to change so clients know it's not just walk-in, but we do ongoing counselling, and our counselling program serves a range of problems, a range of populations, a range of streams, [including] individual, couple, and families.

Counsellors raise an important concern here about how services are publicized. Current low levels of demand for ongoing counselling may be influenced by lower levels of marketing for ongoing counselling and a stronger emphasis on WIC. While it is important advertise WIC, as this is an important service FSP offers, equally important for FSP is to promote ongoing counselling, as this is a core service stream.

Subtheme 2: Generate Awareness and Increase Impact

To generate increased awareness for ongoing counselling services, the counsellors suggested increased marketing and outreach for the program. To do this, counsellors suggested highlighting to clients that the program is an “*affordable [and] accessible service*” and that it would be important to “*reach out to the family doc[tor]s and tell them that these services are out there and we are available on weekends [and] evenings*”

Counselling staff further identified several suggestions to strengthen FSP’s reach and impact. They highlighted that demand for therapeutic services exists post-COVID; however, that demand is not necessarily translating into clients for FSP, as they note having heard about numbers being down. As such, we need to increase client engagement with FSP’s counselling program. One counselling staff suggested introducing a “*wellness space*” where individuals not seeking clinical counselling can be engaged in a different way. Another suggestion involves developing areas of specialization so that FSP “*can advertise that we specialize in handling or working with certain client populations.*” Finally, counsellors noted the need to bring “*more diversity for the team,*” as some clients seek therapists who reflect or understand their cultural background or share certain social identities and experiences. While the team is diverse, there are limitations to that diversity, as the team does not have a male counsellor, a counsellor belonging to the LGBTQ+ community and several other social identity groups. One counselling staff shared a brief story:

I had a recent client [who] was a female, [of] Pakistani background, and her main concern was about the community of people...So when she saw that we had a team of only primarily Indian, Pakistani south Asian counselors, that was a concern of hers— "what if it gets back to my community? What if people in my community find out? I don't want a counselor from the same background as me."

While only one example, this story highlights why having diversity among staff can be important, particularly when working with marginalized communities, and with individuals who belong to ethno-cultural groups where mental health stigma may be high.

Theme 6: Agency and Administration Concerns

Subtheme 1: Frequent Internet Disruptions

Counsellors raised concerns regarding frequent internet disruptions. Internet disruptions have on multiple occasions, led to the loss of counselling notes:

[W]hen we're doing our notes, the wi-fi goes out, [and if] we didn't click save, it's gone. I wish there were autosave on the EMHware but there isn't... But if you're typing one part and then boom, internet's gone, you have to refresh the page for some reason, [and] it's gone

Other counsellors echoed this issue. Internet disruption, when typing notes, results in work duplication, impacting efficiency. They further noted that internet disruptions have impacted virtual client sessions, sharing several instances of mid-session internet disruptions resulting in the resort to a phone call. In the case of virtual sessions, such disruptions can be detrimental to clients and impact the quality of the service. To ensure high quality, efficient services for clients, it is important to invest in a robust technological system with reliable connectivity.

Subtheme 2: Shrinking Program

Counsellors observed that the counselling program has gradually become small over time, as several positions have remained vacant. Relatedly, one counsellor expressed concern about not always having enough coverage for WIC days: *“I think coverage has been somewhat [challenging]. I mean, not every walk-in, but some walk-ins where there's a huge demand and there's shortage of staff working that day.”* Part of this concern relates to some counsellors being required to see families back-to-back, which takes increased management, skill, and time. This will be important to consider as FSP seeks to increase service demand.

Subtheme 3: Complex and Lengthy Client Forms

Counselling staff expressed that the current WIC forms require clients to provide too much unnecessary information. Speaking to this, one counselling staff said,

And I feel bad [for clients] because honestly, we don't need all that information. We just need to know the reason why you're coming for counselling [and] any background information. And I feel bad because some clients put so much effort into filling it out that the next time they come in, they're like ‘I have to do that all over again?’

Clients using WIC currently must complete the same four-page form at each appointment. Counsellors noted that the previous form version was more effective and appropriate: *“The current forms are very lengthy. The old forms were more appropriate. Just one page.”* Counsellors shared the belief that the forms need to be changed, simplified and more accurately reflect the WIC program, as currently the forms reflect that WIC has four sessions.

Subtheme 4: Flexibility

Counselling staff saw the flexibility of the hybrid model implemented during the pandemic as beneficial for clients since many people cannot travel to the office, due to accessibility issues, lack of transportation, phobias, or other reasons. As such, the hybrid model ensures greater accessibility. This was reflected in the following statement from a counselling staff:

I think we need to sustain that flexibility [implemented during the pandemic], especially the on-call or the video sessions clients can access because times has changed. There are a lot of people who cannot travel to the office... and we have clients [with] different points of accessibility.

This counselling staff speaks to the loss of flexibility for client service access with the requirement to return to full in-person service. In consideration that FSP serves a diverse range of clients, many of whom face financial, transportation, accessibility, and childcare barriers to in-person service delivery, a strict in-person service format may be highly limiting, and reduce service demand.

Subtheme 5: Staff Administrative Tasks

Related back to the original project proposal, which identified that the project would also focus on IT advancements and increased efficiency, there were a few comments made toward the need to streamline the administrative tasks and paperwork of counselling staff. As one staff shared, *“the paperwork would be a big improvement—if we can do something to make it more efficient*

in that area, because it's very time consuming.” Relatedly, another counselling staff suggested that it would be beneficial to have

[T]ime for documentation. I find that there’s a lot of administrative pieces and it’s very easy to get caught up in clinical work and forget about it. So, having time in our schedule that is strictly set for documentation [would be helpful]”

Considering ways to streamline or reduce the administrative burden on counselling staff may hold benefit for ensuring high quality services.

Subtheme 6: The Therapeutic Environment

To enhance counselling services quality for client, a suggestion was made to improve the *“therapeutic environments for our clients”* by restructuring counselling rooms; collecting and using sensory toys (i.e., fidget toys), bean bag chairs, arts and crafts materials; and designating one room as the Family and Child Room. Such a suggestion is particularly relevant with FSP’s return to in person services. Ensuring counselling environments are inviting, comfortable, and adaptable to different needs is critical.

Theme 7: Remaining Current in Counselling Techniques

Subtheme 1: Current Modalities/Techniques of Practice

Counsellors shared using a variety of modalities, with specific differences between the WIC and ongoing programs. In WIC, counsellors *“focus on providing more short-term support/immediate support”* for clients, drawing mainly on solution-focused therapy, dialectical behavioural therapy, and cognitive behavioural therapy (CBT). Since counsellors respond to immediate needs in WIC, they also shared the importance of doing *“risk assessment and safety planning during the walk-in”* if the situation requires.

In ongoing counselling, the focus is less immediate, enabling the attendance to deeper and more complex issues. As such counsellors draw on modalities such as solution-focused therapy, CBT, DBT, as well as psychodynamic and family approaches.

Subtheme 2: Modalities/Techniques and Processes for Future Exploration and Integration

Counsellors highlighted a desire for opportunities to attend more workshops and training and having more regular supervision for debriefing and navigating complex cases. Regarding training, one counsellor said, *“I think ongoing training. I think this is a field where we can deliver our best, where we [can be] supported by being more current. So, keeping in touch with what's more current out there.”* This counsellor raised the importance of ongoing training to ensure services remain high quality and that counsellors use the most current modalities. Therapy modalities desired for training and to improve service delivery included emotion-focused therapy (EFT), acceptance and commitment therapy (ACT), somatic therapy, eye movement desensitization and reprocessing (EMDR), narrative therapy, brief therapies, and family therapy approaches. Training in culturally sensitive approaches was also indicated. Counsellors quick and excited response to being able to access training in a variety of modalities to a question on how to improve service delivery for clients indicates high motivation for engagement and desire to ensure high quality services. However, FSP likely does not hold the obligation to provide counsellors with training opportunities. Rather, as part of continuing education requirements and to remain in good standing with their respective colleges, counsellors hold a level of obligation

to find and attend training opportunities. It may be important to consider how counsellors' obligation to remain current fits with Peer-to-Peer supervision, as these hours count towards continuing education credits.

Theme 8: Improving Data Collection

The final theme captures counsellors' call to strengthen data collection for the counselling program. For example, one counselling staff said,

[O]ne very important thing is that there has to be a way to capture the work that we are really doing...[T]here's a lot that goes into what we do, but I don't think the data is being captured properly. So, if there is a way that can be captured and shown...It would be motivation for us...because we do hear that the numbers are down but then again, we wonder because we know there is such a high need and then there are services here, so where is the gap and why [is] this gap is not being filled?

This counselling staff makes two important points about the importance of data collection. First, she views effective data as something that could help motivate counsellors by seeing the impact of services for clients. Second, the data may help understand the gaps between the public data that shows a high need for counselling services, and FSP's numbers for counselling being down.

Another counselling highlighted the importance of data for funders and FSP continuing to secure adequate funding for the program,

[W]e were hearing about how United Way is evaluating funding...So, [being] able to present to them, maybe 50% of our clients or 70% of our clients reported improvement in this. And we can go by the questions on the survey, like when they came in, they were dysregulated and when they left, they were more regulated or felt better in terms of being equipped, right? Or, where they felt that their level of isolation had decreased. Or they were reporting that, they're better able to cope or manage the stresses in their life.

Currently, clients complete pre- and post-surveys. However, counselors remain left "*wondering whether that is being tapped, and who's in charge of that. And because it's [the results] not coming back to us.*" Moreover, these pre- and post-surveys are limited to WIC alone; no data collection is conducted for ongoing counselling. This is a major gap, especially when considering the importance of data collection for funders. At this time, FSP is unable to demonstrate program impact; thus, implementing data collection within ongoing counselling is needed. Regarding data collection for ongoing counselling, it was highlighted that it would be beneficial to have "*standard review[s] of treatment plan[s] in practice and have standard [ongoing] measures on [client] symptoms.*" These two suggestions both allow for regular and continuous data collection and assessment of client progress during their time in counselling. This goes beyond just a pre- and post-survey, enabling a more robust assessment of client change and outcomes overtime.

Another element, raised in one of the interviews, was Greenspace. FSP has subscribed to Greenspace, but how it is being used in the counselling program remains unclear. As a tool to capture data, exploring how Greenspace may be effectively integrated into and utilized in the counselling program will be of great importance. Moving forward, ensuring the data collected is

being analyzed appropriately and brought back to the counsellors, used for gap identification, and solution generation will be critical.

Recommendations

Recommendations to Strengthen Services for Families

1. To **strengthen services for families**, it will be beneficial to consider options to support with childcare needs. Many parents, particularly mothers, face the challenge of wanting to seek counselling services, but not having childcare. While some parents may bring their child(ren) with them, having them in a session can be disruptive and prevent the client from speaking freely.
 - Consider onsite childcare. This may include creating a play area and hiring a trained volunteer to provide childcare services.
 - To make onsite childcare feasible, it may be helpful to create specified days/times where childcare is offered, and a trained volunteer or additional staff to be present.
2. To **strengthen services for families**, it will be valuable to provide and/or recommend training sessions for counsellors in family-specific modalities, to enhance skills and capacity to work with family units.
3. To **strengthen services for families**, designate a specific room, such as the old staff wellness room, as a child and family counselling room and design the space appropriately.

Recommendations to Build FSP'S Capacity to Meet Client Needs

4. To enhance **FSP's capacity to meet client needs** related to domestic violence in the counselling program, it may be beneficial to conduct an assessment of the current state of domestic violence in the Region of Peel and compare current findings to data from before the COVID-19 pandemic.
5. To **meet the need for clients** seeking the VAW group, FSP may benefit from considering restarting this group. Calls have come in specifically requesting this service.
6. To **build counsellors' capacity to meet clients** evolving and complex needs, consider appropriate training programs and professional development courses in which staff can partake and/or make use of Peer-to-Peer meetings as a informal training space.
 - To ensure courses and training remain relevant to what counsellors need in practice, seek counsellors' opinions on training options. Several contemporary therapy modalities are listed in Theme 7.
7. To **increase counselling service quality**, exploring options to enhance the therapeutic environment may be beneficial. This could include, but is not limited to, remodeling counselling rooms, attending to sensory stimuli in counselling spaces (i.e., lighting, fidget toys, etc.), and providing different seating options.

Recommendations for Introducing New Policies and Procedures

8. The counselling program requires the introduction of new policies and procedures to inform both counselling and reception staff on the current state of the program, provide protocols on handling specific situations, and inform training for new staff.
 - A specified review period for updates must also be implemented.
9. When developing and introducing new policies and procedures for the counselling program, ensure comprehensive protocols for WIC are developed for implementation. Among other

relevant elements, such policies and procedures should address (a) the intention of the WIC program, (b) the approach(es) appropriate for WIC, in alignment with industry standards, and (c) how to deal with specific occurrences, such as clients requesting to see the same counsellor and potential overuse of WIC.

10. When developing and introducing new policies and procedures for the counselling program, protocols for managing client crises must be developed and implemented, and training must be provided.
 - Reception staff do not have the clinical background or training to manage crisis situations, as such a review of how many counsellors are present at FSP at all times will be needed.
11. All reception staff at FSP must be consistently and comprehensively trained in the new counselling program policies and procedures, triaging client calls, handling confidential information, and other relevant skills.
12. All reception staff at FSP must receive training in trauma-informed, culturally sensitive, and anti-oppressive and anti-racist care.
13. It may benefit FSP to develop internal policies and procedures for placement student training and supervision.

Recommendations for Partnership Building

14. It will benefit FSP, counsellors, and clients for FSP to prioritize community partnership building. This will aid information sharing, client referrals, and counsellor knowledge of community services.
 - To support community partnership building, FSP will benefit from increasing staff capacity for outreach.
15. FSP will benefit from developing and implementing a strengthened internal and external referral and contra-referral system in the counselling program.
16. It will benefit FSP to develop a shared resource hub in which counsellors can access a breadth of resources.
 - This resource hub—located on FSP’s shared drive—would hold a list of community services, practice techniques, worksheets, and other resources deemed necessary for service delivery by counsellors.

Recommendations to Generate Service Demand

17. To generate awareness of and demand for ongoing counselling services, it may benefit FSP to revise brochures, website, and intake messaging to clearly communicate that both walk-in and ongoing services are available.
18. To generate overall demand for counselling services, it will benefit FSP to consider areas of service specialization, increase staff diversity, and implement a comprehensive marketing strategy.
19. If FSP decides to develop a marketing strategy, it may be helpful to seek the services of a marketing specialist for the highest efficacy.

Recommendations to Address Agency Concerns

20. It will benefit FSP to invest in stable, confidential virtual platforms with autosave functionality and robust IT support.

21. It will benefit FSP to re-vamp counselling forms to be shorter, collect only relevant information, and be aligned with the current program offerings.
22. With fewer staff onsite, counsellors raised concerns about safety. As such it will be important for FSP to increase staff levels to ensure safety and proper support during in-person operations.
23. It will benefit FSP to streamline administrative tasks of counsellors.
24. It will benefit FSP to consider ways to remodel the existing counselling rooms to create spaces that are inviting, sensory-based, and comfortable. This is particularly important with the return to in person services.
25. It will benefit FSP and FSP counselling staff to restart administrative supervision with the start of a new program Manager.
 - Administrative supervision will be a space to address key administrative concerns of counselling staff, including updates to counselling program forms, implementation of new data collection methods with the support of PIRT, and others key needs.

Recommendations for Data Collection and Analysis

26. To improve data collection and dissemination, utilize the PIRT research team to support with robust data collection and analysis of FSP's counselling program and ensure results are communicated and shared with counselling staff.
27. To improve data collection and understanding of program impact, implement robust methods of evaluation for both WIC and ongoing counselling programs.
28. To improve data collection and dissemination, mobilize Greenspace assessment tools.

References

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101.