



Resilient Communities Fund Project

Internal CP Meeting

March 2026

Prepared by Peel Institute of Research and Training

On Monday, February 23, 2026, the Peel Institute of Research and Training (PIRT) hosted an internal meeting with the Family Services of Peel (FSP) Counselling Program (CP) team to share key findings from the 2024-2026 Resilience Project. This event was attended by the Manager of Counselling Services, six counsellors, and two counselling social work placement students. During this meeting, the PIRT team presented the findings from two key project components: (1) internal CP data review, and (2) the walk-in counselling (WIC) scoping review. These presentations were followed by facilitated discussion on how specific findings and recommendations may be implemented in practice. This report outlines key themes and recommendations discussed by the CP team during the meeting.

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. While FSP saw success with the hybrid model, FSP was requested to return to in-person services, which was recognized to be impactful on client's engagement and participation in counselling services. 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 FSP's 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.

During the internal CP meeting, the PIRT team presented the findings of the internal CP data review and WIC scoping review.

Internal CP Data Review

An internal CP data review was conducted based on data available in the EMHware software for the period of January 2024 to December 2025. This range was selected since EMHware was launched in January 2024 and 2024-2025 covers the majority of the funding period. The purpose of the internal CP data review was to:

- 1) Determine how many unique (new) clients were served in counselling services during the 2024-2025 period.
- 2) Determine how many clients were served and sessions were held in total (including repeat clients) during the 2024-2025 period.
- 3) To examine demographic data of clients served by counselling services.
- 4) To examine the results of the WIC pre- and post-surveys completed by clients.

WIC Scoping Review

The WIC scoping review sought to:

- 1) To identify and understand existing evidence on models, frameworks, and approaches used for WIC programs in non-profit mental health and family counselling organizations.
- 2) To 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) To 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.

Discussion

Internal Data Review

Following the presentation of the internal CP data review, two questions were posed to the CP team: (1) how might we improve demographic data collection? and (2) what type of evaluation do you feel would be most feasible for CP? We summarize key themes from this discussion below.

Client Feedback and Data Capture

The CP team discussed potential ideas for how to improve data collection of client demographics and completion of satisfaction or post-session surveys. They discussed how other companies and agencies will send out satisfaction surveys via email following the service. This captures information from those clients willing to take the extra time to complete the survey and reduces the efforts of the staff to have clients complete the survey during the session. The CP team also raised the question of whether there could be a way for clients to complete surveys via a tablet and have their responses automatically uploaded into the management system. This would reduce the need for paper and pencil survey completion, as this involves additional work on staff to transfer the responses to EMHware or any data system. This may prevent the loss of valuable information that does not currently get digitized.

One counsellor brought up the potential to centre the lens that clients are *consumers*—not just service recipients. This is often a perspective overlooked by non-profits, and thus, agencies do not use consumer-style feedback practices that other sectors and companies may use. By adopting such a lens, there may be the possibility to improve data collection and evaluation processes. This would require balancing the consumer lens with the counselling lens to ensure FSP remains rooted in a counselling framework. Finally, the potential for increased engagement with Greenspace, a data management system FSP holds a subscription for, was noted. Since various validated measures exist within Greenspace, such as the ORS and SRS (PCOMS)—a often used evaluation framework within WIC programs—Greenspace may have the potential to service as a valuable evaluation tool.

EMHware and Data Capture

During the discussion, several challenges related to data capture and EMHware were identified. First, client demographic data is collected. However, this is collected via a paper form provided by United Way which does not get digitized. As such, while clients often complete a client demographic form, these data points are not digitized, and thus, do not get used in any valuable way. There were also some concerns that what is collected in this form may not be helpful for counsellors. Relatedly, concerns were raised that FSP's processes for data collection may be stuck in pre-COVID-19 models. Since the pandemic, clients have become more comfortable sharing personal information online, which may support the digitization of client forms and evaluation measures.

Additionally, counsellors raised a concern that key information and data is no longer being captured by intake since the implementation of EMHware. In the prior system—CaseWorks—the intake worker could complete a note within the system that identified key client information. This included presenting concerns of the clients, hopes for the session, and other

relevant information for the counsellor. The counsellors found these brief summaries collected at intake to be helpful for orienting the focus of the session with a new client. Without these brief summaries, counsellors feel that they enter sessions without the necessary information to best serve the client. As such, it would be helpful for intake to ask key questions related to (1) reason for seeking counselling, (2) hopes for the session, (3) key issues such as custody, and (4) other relevant information related to risk. It was identified that a new intake form for WIC would soon be implemented, which may help, at least in part, with this issue.

Moreover, concerning the collection of client data, it was identified that clients must be informed about why certain questions are being asked and how their data will be used. This is particularly important for sociodemographic data, as some clients may not feel comfortable disclosing this information outside the confines of the counselling room and counsellor-client relationship. As such, there needs to be policies and procedures adopted on how client data is captured, how clients are informed about data collection and use, and what data is recorded in EMHware and accessible for evaluation purposes.

Summary:

- Counsellors see great value in strong, yet client-centered, data collection and evaluation processes and measures.
- A key tension remains about how much information staff can realistically collect.
- A key tension remains on how to balance the value of client data for FSP and the need to ensure privacy of client information, especially for those with marginalized identities.
- Intake procedures and information collection need to be further considered and outlined to support counsellors to best serve clients.
- FSP may need to consider how Greenspace can be mobilized for more standardized data collection.

WIC Scoping Review

Following the presentation of the findings from the WIC scoping review, the CP team was divided into two groups to complete an activity (see Appendix A). The groups had 20 minutes to discuss a set of recommendations developed based on the WIC scoping review findings and their potential for implementation at FSP. We outline key recommendations for FSP identified from the group discussions.

Recommendation #1: Robust Triage and Intake Process

One group strongly identified the need for a robust triage and intake process for CP. They saw this as foundational (i.e., “the powerhouse”) for the program. Essential components for a strong intake process included (1) inquiring about client concerns and related distress level, (2) identifying any diagnoses, including both mental and physical health diagnoses, (3) important medical history, (4) hopes for the session, and (5) a physical safety and crisis risk assessment. These essential components align directly with those identified in the WIC scoping review. They set both the client and counsellors up for success, by ensuring crisis situations are dealt with immediately, clients are placed with the most appropriate counsellor, and counsellors are prepared before entering the session. Moreover, by asking the right questions during intake and ensuring correct recording of this information, the intake process can help reduce risk for re-

traumatization, which can occur when clients are asked to repeatedly share their stories. In relation to this, the counsellors noted the benefit of a brief intake note being provided through the management system, as was the case when CaseWorks was being used. Currently, EMHware does not support this function. Thus, exploring the possibility of this would be needed.

Recommendation # 2: Policies, Procedures, and Structured Training

Another concern raised was the lack of updated and robust policies and procedures that can guide new staff and placement students, as well as long-term staff, in service provision. As such, it was recommended that policies and procedures for WIC and ongoing counselling be updated to reflect the current state of the programs and comprehensive training be provided to new staff and placement students. This would clarify how the WIC and ongoing programs operate, types of therapy used in each program, client populations served, key documentation to be completed, and other relevant information. Without updated policies and procedures and comprehensive training, new staff and students can feel lost and unsure, as they face the issue of teaching themselves over time. While learning and adjusting to a new agency and program model will always take time, the existence of policies and procedures, and comprehensive training can increase confidence and help staff and placement students feel more informed.

Recommendation # 3: Revisions of existing documents

Finally, the discussion brought forward the recommendation for revised documentation. First, the WIC intake form was identified as being too long and requiring revision. It was noted that a revised version was in progress and will be implemented soon. Secondly, counselling staff indicated interest in the development of a standardized and FSP-specific safety planning document. It appeared that staff may currently be using their own version or the outdated version of a safety planning document. As an agency, it would be beneficial for all counsellors to be using the same form to ensure consistency and high-quality service provision. Finally, it was noted that several other counselling documents are outdated—still have the old FSP logo—and may have relevancy to being updated.

Overall key recommendations and action areas

1. Improve digital data collection through the use of online surveys, Greenspace, and EMHware.
2. Address concerns about how to balance the value of client data for FSP and the need to ensure privacy of client information, especially for those with marginalized identities.
3. Redesign and adapt intake to ensure a robust triage and intake process
4. Update FSP counselling program policies and procedures
5. Ensure new staff, placement students, and other CP staff receive comprehensive orientation and ongoing training
6. Revise key program documents
7. Reduce risk for client re-traumatization by enhancing information sharing across service point.
8. Explore options to enhance system capacity of EMHware to support information sharing.

Appendix A: Group Discussion Activity

Now that you have heard the findings from the internal data review and scoping reviews, let's take 20 minutes to consider some of the recommendations and promising practices for walk-in counselling.

In pairs, take some time to select three Recommendations for FSP and try to answer three questions of the list of five questions below.

1. What recommendation do you perceive to be the most relevant and useful to FSP's WIC program?
2. Why do you believe this recommendation is relevant, helpful and feasible to integrate into the existing WIC program?
3. What implications would this recommendation have for FSP's clients?
4. What implications would this recommendation have for FSP?
5. What is needed to achieve successful implementation of the selected recommendation?

Recommendations for FSP

WIC approach/modality:

1. It is important that clinicians be trained in systemic and brief therapies that emphasize client strengths and resources, are pragmatic, and aim to provide a clear outcome for clients within a single session.
2. It will be beneficial to operate from a single session or one-at-a-time mindset/orientation rather than applying a traditional counselling framework to WIC services.

Sessions allowed:

3. FSP's restriction of WIC services to three sessions is not supported by the findings of this review. Based on this review, it is recommended that FSP continue to offer clients at least three WIC sessions and not reduce WIC session availability. However, since most WIC clients only use one or two sessions, keeping the WIC program at three available sessions can help reduce attrition in ongoing counselling programs.

Personnel involved:

4. It is highly recommended that FSP develop a student and new staff training manual for WIC services to promote training consistency, high quality service delivery, and accessible information.

Intake procedures:

5. It is highly recommended that FSP streamline WIC intake forms to be a brief package collecting information on key client demographics, distress levels, presenting concerns, hopes for the session, and resources and strengths, as well as risk regarding suicidality, domestic violence, and harm to others.

Evaluation tools:

6. It is highly recommended based on the reviewed programs that FSP consider the implementation of PCOMS, which comprises of the Outcome Rating Scale (ORS) and

Session Rating Scale (SRS), into both WIC and ongoing CP. They are highly feasible, session-to-session measures for monitoring that can be implemented to track progress and satisfaction across a range of client problems and treatment approaches. By implementing PCOMS, PIRT can help FSP to monitor program outcomes in a systematic, reliable, and valid manner over time. This will provide rigorous data that will (1) support FSP counsellors to immediately respond to client's needs; (2) enable FSP counsellors to address gaps in therapeutic alliance immediately; and (3) support funding for the WIC and CP programs and applying for additional funding through calls for proposals.

7. Using the SRS, design and launch an online satisfaction survey targeting a random sample of clients to gather actionable feedback.
8. Establish a continuous data quality improvement process aligned with service delivery procedures. This framework will progressively resolve critical errors and data gaps to meet specific quality targets.

Community Connections

9. It is recommended that FSP increase community connections and partnerships to generate demand for the WIC program. Community partnerships are a key element to WIC program success.

Change Management

10. It is recommended that FSP utilize evidence-based implementation frameworks and strategies when making any future changes to provide strong guidance, measurable constructs, and increase staff trust and motivation.