

THE HONOURABLE JULIE GREEN
MINISTER OF HEALTH AND SOCIAL SERVICES

Delivering the Child and Youth Care Counsellor Program

Mr. Speaker, I have a Return to Written Question asked by the Member for Great Slave on October 26, 2022, regarding Delivering the Child and Youth Care Counsellor Program.

A lot of work is going on behind the scenes to address the concerns we have heard from our partners regarding the Child and Youth Care Counsellor Program. One of the recent changes includes a name change from Child and Youth Care Counselling to Child and Youth Counselling, or CYC. The purpose of this rebrand is to improve recruitment efforts and increase the number of candidates we receive for these positions.

Mr. Speaker, the rationale for the development of the CYC initiative came from a series of youth engagement activities that were conducted by the department between 2016 and 2017. These activities gathered feedback from NWT Youth in a variety of settings including FOXY/SMASH retreats, Youth Ambassador gatherings and the Back to the Trail Gathering. In total, these activities engaged over 130 youth from across the NWT on the broad topic of their mental health. What we heard from youth was that existing approaches to counselling, particularly in schools, were not working for them and that they wanted dedicated, qualified resources that were easily accessible. In response to their feedback the departments of Education, Culture and Employment, or ECE, and Health and Social Services, or HSS, codesigned the CYC initiative.

In preparation for the implementation of the CYC initiative, the HSS did not consult with existing Child and Youth Counsellors as there were no dedicated CYCs in the schools delivering clinical counselling at the time. That said, HSS worked closely with our partners at ECE to support this integration, and ECE engaged with NWT Superintendents.

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As part of this integration work, HSS and ECE worked collaboratively to develop a governance model for the initiative that included representation from both departments, Health and Social Services Authorities and Superintendents. The CYC Steering Committee and Regional Sub-Committees provide an opportunity for all parties to come together to share their experiences and contribute problem solving and solution generating around any issues that may have been identified. Additional work was done to develop a memorandum of understanding between ECE and HSS, as well as Child and Youth Counselling Program Guidelines to support the consistent implementation and administration of the program across the territory. A Child and Youth Counselling Handbook was also developed to provide front line health and education staff with an overview of the program and identify roles and responsibilities.

Mr. Speaker, the COVID-19 pandemic had significant impacts on recruitment and retention efforts across the GNWT and the CYC initiative has not been immune to these challenges. The Human Resource Talent Acquisition team has been supporting regional recruitment efforts to ensure increased visibility and distribution of available and posted positions. However, in several regions the availability of suitable staff housing has significantly impacted CYC recruitment efforts.

Turn over rates vary significantly from each year as the initiative was implemented with a staggered roll out. In 2020 when the initiative was implemented in four regions, the turnover rate was 21.2%. In 2021, when the initiative was implemented in five regions, it was 7.9% and in 2022, when the initiative had been fully implemented in all regions, the vacancy rate was 32.9%.

In cases where there are vacancies, health authorities have worked with education authorities to develop plans to provide coverage by using itinerant contracted services or by leveraging existing resources. Later today, at the appropriate time, I will table the breakdown of turnover rates by region from 2020-2022.

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Mr. Speaker, the CYC initiative spans across two very complex systems and, as such, communication is critical. CYCs work closely with Regional Inclusive Schooling Coordinators and teachers on specific school, child/youth and/or classroom needs. CYCs and CYC Clinical Supervisors also have regular communication with principals for the purpose of planning and information sharing.

Within the current governance structure, Superintendents have an opportunity to formally speak to their experiences with the program but also to contribute to problem solving and solution generating around any issues they have identified. This is through their membership on both the Regional Sub-Committee as well as the CYC Steering Committee.

We recognize that despite these mechanisms, there are still concerns with the initiative. Therefore, HSS and ECE have committed to fast tracking the CYC evaluation in the 2022-2023 school year, and to working collaboratively on redesign efforts. Superintendents will be key stakeholders in both these pieces of work.

Mr. Speaker, the ongoing monitoring of the CYC initiative includes a number of key pieces of work. HSS and ECE have developed a joint CYC Monitoring and Evaluation Plan which outlines data collection methodology, responsibility, and frequency. As part of this, a CYC Annual Monitoring Report is developed each fiscal year to support HSS and ECE to better understand whether the initiative is being implemented as intended. This report is also shared with key stakeholders on the CYC Steering Committee.

The Community Counselling Program, of which the CYC initiative is a part, issues a Community Counselling Program Client Satisfaction Survey on a bi-annual basis. This is the keyway that HSS receives feedback from the public on the effectiveness, acceptability, and accessibility of the counselling services in the NWT, and the results are publicly reported. The most recent survey was conducted in 2021 and the results can be found on our website. In response to recommendations from the Auditor General's Report on Addictions Services, work is currently underway to combine our Addictions Recovery Experiences Survey with the Satisfaction Survey. The next iteration of the

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survey will be expanded also include feedback from individuals who may not have accessed services and incorporate questions about cultural safety to help our system to identify barriers.

In May 2022, HSS and ECE surveyed health and education stakeholders. The results have been compiled into a “What We Heard” report and shared with key stakeholders and will help to inform next steps.

Finally, both HSS and ECE are committed to fast tracking the program evaluation in the 2022-2023 school year. The results will be used to help inform recommendations for a new program design and will prioritize input from children and youth. Other key stakeholders will include families, health and education stakeholders and Indigenous governments.

ECE and HSS also commit to redesigning the CYC model concurrently with, and informed by, the evaluation process. A redesigned program will be implemented in 2023-2024.

Mr. Speaker, while we recognize that these changes are not immediate, it is important that we take a thoughtful approach to ensure that any adjustments to the current CYC model are thoroughly considered. We all want the same thing: equitable, high-quality, and responsive mental health supports for children and youth.

To achieve this, we need to work together strategically at all levels to make a genuine effort to facilitate the success of this initiative, participate in the evaluation activities, and utilize the results of the evaluation to collaboratively determine next steps.

Thank you, Mr. Speaker.