



BC Society of
Transition Houses

BCSTH PEACE Program Waitlists Project:

Building a Safe Future for BC Children & Youth

A report on PEACE Program waitlists and the impacts on the delivery of PEACE and VIP and Promising Practices.

August 2025

TABLE OF CONTENTS

- Executive Summary 1
- PEACE Program Funding: Background & Context 3
- Introduction 5
 - The PEACE & VIP Programs 6
 - PEACE Program Waitlists 9
 - Aims of the PEACE Program Waitlists Project 9
- Literature Review 10
 - Strategies for Waitlist Management 12
 - The Importance of Adequate Funding & Resources 15
- BCSTH Waitlist Management Guidance for PEACE Programs 16
- Data Review 17
 - PEACE Program Waitlists: Existing Data 17
 - BCSTH PEACE Program 24-Hour Census Survey Data 2020-2023 17
 - MPSSG COAST Portal Data - Quarterly Reporting October 2023 – March 2024 19
- PEACE Program Waitlists Survey & Focus Group Findings 24
 - Executive Directors’ Survey Findings, June 2024 24
 - PEACE Program Counsellors’ Survey & Focus Group Findings 28
- Discussion & Recommendations 51
 - Waitlist Management Strategies to Enhance Capacity to Deliver VIP 51
 - Recommendations 54
- Conclusion 59
- References 61
- Appendices 65
 - Appendix A: Program Waitlist by Community Size & Region as Reported in the PEACE Program 24 Hour Census Surveys 2020-2023 65
 - Appendix B: PEACE Program Waitlists Project Survey for Executive Directors 70
 - Appendix C: PEACE Program Waitlists Project Survey – PEACE Program Counsellors 72
 - Appendix D: Focus Group Questions 78

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BCSTH extends sincere appreciation to the Executive Directors, PEACE Program counsellors and Program Managers who contributed their vast experience and knowledge to this project via our online surveys and focus groups.

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EXECUTIVE SUMMARY

The adverse impact of domestic violence upon healthy child development necessitates a commitment to working towards the prevention of violence and reducing the long-term impact of experienced violence. Children and youth deserve to not be haunted by past experiences so that they can grow to have successful lives that allow them to contribute to society in a meaningful way. The critical need for education and support for children and youth dealing with the 'silent issue' of domestic violence, and indeed violence in general, is underlined by the alarming rates of this form of abuse in our society.

Opportunities for awareness raising and prevention and intervention are crucial to help break the often cyclical nature of intergenerational violence. *'Breaking cycles of violence through prevention, healing and accountability'* is one of the four priorities that make up [Safe and Supported: BC's Gender-Based Violence Action Plan](#), and investing in the Violence Is Preventable (VIP) Program, a school-based violence prevention initiative in BC delivered by Prevention, Education, Advocacy, Counselling and Empowerment (PEACE) Program counsellors, is one action identified under this priority. This investment in year one of Safe and Supported is through federal funding under the National Action Plan to End Gender Based Violence (GBV) led by the Department of Women and Gender Equality (WAGE) Canada.

The PEACE Program for children and youth experiencing violence (formerly Children Who Witness Abuse) is a free, confidential psycho-educational counselling program across BC for children and youth aged 3-18 who have experienced domestic violence. The PEACE Program is funded by the provincial Ministry of Public Safety and Solicitor General (MPSSG) and many of the programs are funded at part-time levels that do not meet the demand for their services. The PEACE Program contract with MPSSG stipulates that PEACE Programs should deliver prevention activities in schools, in particular, the VIP Program when appropriate *"where resources permit."* PEACE

Programs waitlists appear to be undermining the "resources" to deliver VIP.

For several years, a majority of PEACE Programs have advised BCSTH that waitlists for their services are a barrier to VIP delivery. This report analyses current PEACE Program waitlist circumstances and their impact on the ability to deliver or have the "resources" to deliver VIP. It also identifies best practices for waitlist management and barriers to reducing waitlists with the goals of a) enabling more children and youth to access PEACE Program services and b) allowing more VIP services to be offered in BC schools to expand violence prevention and awareness.

A review of existing data from the annual BCSTH PEACE Program 24 Hour Census survey (2020-2023) and MPSSG COAST portal, to which PEACE Programs submit monthly reporting statistics (October 2023-March 2024), revealed that while waitlists are consistently high across many PEACE Programs (average = 19.1 people on waitlists per program (range = 1-117) and 16.8 (range = 1-77) according to the census and COAST data respectively), there appears to be a number of programs that consistently do not have waitlists, which needs further exploration as to why. Equally, a smaller number of programs appear to be frequently reporting much longer waitlists and may benefit from more targeted support to manage this.

Consultations with PEACE Program counsellors via online surveys and focus groups revealed that the impacts of being unable to provide timely supports and services to children and youth in need is taking its toll on the mental health of many counsellors and contributing to burnout and attrition. The lack of support services is also leading to hopelessness, frustration and reduced engagement for families. It was clear that PEACE Program counsellors are doing everything they can to manage waitlists and are highly skilled, resourceful and creative when it comes to this task. They shared innovative and thoughtful approaches that align with best practices identified in the literature reviewed in this report.

Tips and strategies for effective waitlist management were gleaned from both the literature and consultations and [summarized](#) to support programs who may be struggling to balance waitlists with VIP delivery. One innovative approach identified that BCSTH can support with is the pooling of waitlists across PEACE Programs in close proximity. However, the current part-time funding conditions for the PEACE and VIP Programs will limit how much can be achieved without risking impaired service quality. Not only does VIP delivery take up PEACE Program capacity, it also increases referrals to PEACE. It is thus not surprising that almost half of the PEACE Program counsellors responding to the survey reported opting out of delivering VIP in an attempt to reduce program waitlists. A staggering 82.4% of Executive Directors who responded to our survey did not feel that MPSSG funding is sufficient to meet all PEACE Program service demands. The commitment of a sizeable and sustained funding increase was identified as a top priority by both Executive Directors and PEACE Program counsellors alike to enable PEACE Programs to commit to consistently providing and expanding the VIP Program, while simultaneously meeting demands for PEACE Program services, particularly in small, remote and rural communities where alternative services are more likely to be lacking or oversubscribed.

This report also makes recommendations to other provincial ministries to address the wider need to prioritize the mental health of children and youth in BC which is supported by the literature review and survey responses. This includes recommendations to the Ministry of Children and Family Development (MCFD) and the Ministry of Health (MOH) around enhancing funding for Children and Youth Mental Health (CYMH) services that are under-resourced and underfunded as well as taking steps to address lengthy waitlists also experienced by these services.

Recommendations are made for the Ministry of Education and Child Care (MECC) as VIP programs reported challenges in accessing schools which was identified as a key service barrier by PEACE Programs. Information about the PEACE and VIP Programs should be added to MECC's [Expect Respect & A Safe Education \(ERASE\)](#) website and all

administrators, counsellors and District Principals should be aware of the VIP Program and actively encouraging it in schools. With the support of MECC, BCSTH can more effectively support VIP Programs with promotion and advocacy to school boards and districts, deliver training to increase teachers' confidence and comfort with the program and information sessions to help parents and caregivers better understand the program and increase their receptivity.

BCSTH welcomes the opportunity to connect with the MOH around the needs of children and youth in BC who have experienced violence, and in particular the opportunity for a promising collaboration between the PEACE and VIP programs with the Foundry System's group supports for children, youth and parents.

Finally, BCSTH looks forward to collaborating with the Office for the Representative of Children and Youth to highlight the BC PEACE and VIP Programs and enlist these dedicated and successful frontline member programs that have been around for decades as solutions to recommendations related to supporting children and youth who have experienced violence in their 2024 report 'Don't Look Away'.

PEACE PROGRAM FUNDING: Background & Context

There have been 85 provincially funded PEACE programs in BC for more than 15 years yet, despite the demand and waitlists for services that extend back just as long, the provincial government has not provided any new funding to support new programs. There are an additional two self-funded PEACE Programs who were advised by MPSSG that no provincial funding was available to start new programs. Furthermore, ten other organizations supporting Indigenous (8), Metis (1) and immigrant and refugee communities (1) have been unsuccessful in starting new programs with provincial funding in recent years.

In 2023, three-year agreements (April 1, 2022 to March 31, 2025) were reached regarding general wage increases and additional funding to address issues of leave, holiday pay and mileage compensation by the Community Social Services Employers' Association (CSSEA) and the Community

Social Services' Bargaining Association (CSSBA), and the province provided the same percentage compensation funding lift to non-union and hybrid (partially unionized) agencies, as well as funding to support management compensation increases consistent with the funding increases for union and non-union compensation. However, the contract hours and number of PEACE Programs have not been increased by the province to cover the community need and PEACE Programs continue to report that existing hours are not sufficient to meet the demand in their communities, address program waitlists and also deliver VIP.

The comments below from BCSTH's annual 24 hour census report from 2017 onward tell the story of the impact of the community based resources not meeting the needs of BC families.

2017

This program is one of the chronically underfunded programs in the province. There has been no increase in hours for over a decade - yet the demand for service continues to climb.

We are failing our children and their families in deep, lasting and profound ways.

(PEACE Program counsellor, 2017 24 Hour Census)

2018

...our Programs continue to be under-funded - the need increasingly outweighs the resources which puts children, women, families and our future generation at increased risk - physically, emotionally and in all aspects of health...

(PEACE Program Counsellor, 2018 24 Hour Census)

2019

[Because of the PEACE Program waitlist] one mother said she had to pay \$100/hour and drive to the next community to access counselling for her son.

(PEACE Program Counsellor, 2019 24 Hour Census)

2020

Our PEACE program has always carried a waitlist, however throughout COVID staff have seen an increase in the number of new referrals...there is new added stress on staff to be creative in waitlist management and see more children for less time than the norm for our program.

(PEACE Program Counsellor, 2020 24 Hour Census)

2021

It is tough having to be the bad guy and putting obviously hurting families on a waitlist despite working so hard and seeing so many people each day.

(PEACE Program Counsellor, 2021 24 Hour Census).

2022

A waitlist of six months or longer is ridiculous, how are we expected to wait that long.

(Program Participant, Caregiver, 2022 24 Hour Census)

2023

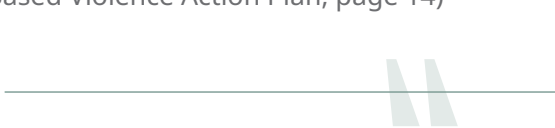
[There are] Limited to no services available for children and youth here...I was told that I am a 'God-sent-asset for the community.' The gap is that I only work 18.5 hours per week, the waitlist is too long and people give up.

(PEACE Program Counsellor, -2023 24 Hour Census)

INTRODUCTION

“Early education can protect children and youth from experiencing gender-based violence, influence long-term changes in attitudes and disrupt violent behaviour. Children and youth - of all genders, ages and backgrounds - benefit by learning about consent, body sovereignty, healthy relationships and boundaries.”

(Safe and Supported: BC’s Gender-Based Violence Action Plan, page 14)



Exposure to violence in childhood can disrupt a child’s sense of safety in the world, disrupt healthy attachment and have several potential negative impacts on their development, with consequences that can last into adulthood (BC Society of Transition Houses, 2017). For example, children may adopt some of the rationalizations for abuse that they have witnessed, or believe that victimization is normal or inevitable and could grow up to accept or justify violence (Cunningham & Baker, 2007). Opportunities for awareness raising prevention and intervention are crucial to break the cycle of violence.

I learned that what I do may be abusive and I am going to change that.

(Feedback from a BC student after attending a VIP presentation)



[B]reaking cycles of violence through prevention, healing and accountability’ is one of the four priorities of [Safe and Supported: BC’s Gender-Based Violence Action Plan](#), and investing in the Violence Is Preventable (VIP) Program is one action identified under this priority area. VIP provides violence prevention education in BC schools and connects students who have experienced violence with Prevention, Education, Advocacy, Counselling and Empowerment (PEACE) Programs. On March 25, 2024, the Government of British Columbia announced funding to the BC Society of Transition Houses (BCSTH) to enhance these programs in year one of Safe and Supported. BCSTH received \$1.398 million in federal funding through the National Action Plan to End Gender-Based Violence to enhance VIP delivery, expand the number of VIP Program locations and address critical PEACE Program waitlists. The VIP Program is led by PEACE Program counsellors: while engaging directly with students and staff, PEACE counsellors also provide support for children and youth who indicate there is violence at home.

As illustrated by the 24-Hour Census survey quotes above, for many years PEACE Programs have advised BCSTH that lengthy program waitlists are a barrier to delivering VIP. The investment of federal National Action Plan funding supports the PEACE Program Waitlists Project and this report analyses the current waitlist circumstances in the PEACE Programs and the impact on VIP. It also identifies best practices for effective waitlists management and barriers to reducing waitlists, with the goals of a) enabling more children and youth to access PEACE Program services and b) allowing more VIP services to be offered in schools.

The PEACE & VIP Programs

BCSTH is a member-based, provincial umbrella organization that provides education, training, support and resources to Transition, Second and Third Stage Houses, Safe Homes, Long Term Housing and the PEACE and VIP Programs. Our mission and mandate are to support our membership to meet the shelter and support needs of all women, youth and children experiencing and at risk of violence in BC. BCSTH currently supports 136 members that offer over 200 anti-violence programs across the province.

The PEACE Program

The PEACE Program for children and youth who have experienced domestic violence, is a free, confidential program, funded predominantly by MPSSG. The Program began in 1992 and grew out of the need identified by Transition Housing Program workers for dedicated supports for children and youth to address experiences of violence. Originally named the Children Who Witness Abuse (CWWA) Program, in 1992 the provincial Ministry of Social Services provided core funding to 41 programs across BC. Today there are 87 programs operating throughout the province, 85 of which receive funding from MPSSG.

In 2017, the program was renamed the 'PEACE Program for Children and Youth Experiencing Violence - Prevention, Education, Advocacy, Counselling and Empowerment'. This name change was initiated by frontline workers and reflects a broadened understanding of how children and youth experience violence – even when they are not the primary target of violence, they are much more than passive 'witnesses' as they too experience and are affected by the violence, resist and respond to it.

PEACE Programs provide psycho-educational support to children and youth aged 3 to 18 via individual and group counselling sessions. The goals of the program are to help children and youth who have experienced violence in their homes to:

- Understand healthy ways of dealing with anger and expressing anger;
- Understand that they are not at fault for the violent actions of others;
- Teach safety skills, strategies and develop safety plans;
- Encourage open communication;
- Acknowledge loss and separation issues;
- Facilitate understanding of abuse and myths about violence against women;
- Explore other violence issues such as violence in the media; and
- Encourage self-confidence.

The PEACE Program Toolkit advises that, in addition to the intake and closing sessions, PEACE Program counsellors should spend 8–12 sessions per child or youth, and 8–12 sessions per group. Following initial contact with referred families, an eligibility assessment is completed and this helps to guide the service plan by establishing priorities for service, and an estimate of the frequency and format of the counselling.

Per the PEACE Program contract with MPSSG, where resources permit, PEACE Programs should also:

- Provide the non-offending parent/caregiver with support groups and individual support sessions about the impact that the experience of violence has on children and how to support children and youth; and
- Deliver prevention activities in schools, in particular, the VIP Program when appropriate.

The VIP Program

The [VIP Program](#) was established in 2004 and, like PEACE, it is a grassroots program. It was created and developed by PEACE Program counsellors who know too well the crucial need for violence prevention and education initiatives and the number of children and youth who experience violence in their homes. School-based programming was deemed essential to maximise the reach and impact of the work that PEACE Program counsellors do every day.

VIP is a free, confidential, school-based violence prevention program for students in grades K-12. The program started with a pilot program in 2004. Twenty years on, in the 2023-24 school year, 51 PEACE Programs delivered VIP in 84 BC communities. PEACE Programs who want to deliver VIP are invited to apply for a subsidy from MPSSG via BCSTH at the start of each school year. Subsidies were \$2,000 per year until the most recent 2024-2025 school year where, with the support of the VIP enhancement funds from Safe and Supported: BC's Gender Based Violence Action Plan, BCSTH was able to increase the subsidy amount to \$5,000. As of March 2025, there are 75 PEACE Programs delivering VIP.

VIP presentations are delivered in school settings by PEACE Program counsellors and the delivery is designed to provide a seamless referral for students with experiences of violence to PEACE Program services if disclosures occur. The VIP curriculum reflects the BC core competencies outlined by the BC Ministry of Education and Child Care (MECC) and the goals of the program are to:

- Increase awareness and knowledge of the impacts that experiencing violence can have on children and youth;
- Challenge and change attitudes about the silence and misperceptions about violence against women;
- Facilitate partnerships between schools and communities to respond to the emotional, social, academic, and psychological needs of children experiencing domestic violence; and
- Support educators, counsellors and administrators to increase effective, sustainable support services for children and youth in schools.



“The biggest connection to my community has been supporting students at school through the VIP Program. Making these connections not only allows students to get support, but also has opened up our district to collaborating with our program to make sure students are getting well-rounded help throughout the week.”

(PEACE Program Counsellor, 2022 24 Hour Census)



Who Participates in the VIP Program?

- All students from grades K-12 in BC schools or community spaces where PEACE Program counsellors are delivering VIP presentations.
- PEACE Program counsellors and/or support staff or coordinators delivering the VIP presentations together.
- The teachers and/or a school counsellor is often present during VIP presentations.
- PEACE Programs often deliver educational sessions about the VIP Program to school staff and parents/caregivers to help them understand the goals of the program, what it covers and how experiences of violence may impact children and youth at school.
- PEACE Programs deliver professional development training to teachers and administrators about VIP.

Who Participates in the PEACE Program?

- BC children and youth aged 3-18.
- Typically, a child or youth will be referred to the program by their non-offending parent or caregiver or another service provider. Children and youth may also self-refer, for example after experiencing a VIP presentation at school.

Where does PEACE Program counselling occur?

- Off site at PEACE Program organizations.
- On site at schools.
- Community spaces and drop-in centres

How are referrals made from VIP to PEACE?

Teachers or school counsellors may refer a child or youth to the PEACE Program if they suspect or are aware that they have experiences of violence. Children and youth may also self-refer after experiencing a VIP presentation at school. During the 2023-2024 school year, 51 VIP programs presented 780 presentations to 10,761 students (98%) and adults (2%) in 84 communities and 119 schools across BC. As a result, 194 children and youth were referred or self-referred to a PEACE Program for support services.

Region	No. of PEACE Programs	No. of VIP Programs 2023-2024
<i>Region 1 – Vancouver Island & Powell River</i>	13	10
<i>Region 2 – Lower Mainland</i>	10	5
<i>Region 3 – Fraser Valley</i>	12	6
<i>Region 4 - Kootenays</i>	13	10
<i>Region 5 - Okanagan</i>	14	9
<i>Region 6 - Cariboo</i>	11	5
<i>Region 7 – Northern BC</i>	14	6
TOTAL	87	51

PEACE Program Waitlists

BCSTH conducts an annual 24-Hour Census survey with our member programs to garner an unduplicated count of all women, youth and children served by anti-violence programs in BC during a 24-hour period, as well as the number unable to be served and on waitlists for services. Every year for several years, waitlists for PEACE Program services have been identified within the top three reasons that programs were unable to serve all children and youth in need of services during the 24-hour period, and they have been the top reason for the last three years in a row.

PEACE Programs report that the service demand is not matched by the funded contracted hours so it is a challenge to reduce lengthy waitlists, deliver core PEACE Program services adequately, and provide the additional awareness services laid out in the program contract, most notably VIP. A number of PEACE Programs who have been longstanding VIP Programs declined to deliver VIP during the 2023-2024 school year as they determined that “resources did not permit” as they needed to focus on supporting the families on their current caseloads and waitlists. BCSTH members report that they fundraise independently to backfill their VIP presentations in schools as the PEACE contracted hours do not sufficiently support VIP delivery and they know the value of prevention and awareness to build safer futures for children and youth.



My program is only funded for 18.5 hours per week so I find it difficult to serve clients, participate in community engagement, training, and offer VIP all within this limited time frame. My focus at this point in time is serving the clients and ensuring there is not a waitlist. I don't want to be out in the community promoting the PEACE Program if I don't have the availability to serve more clients.

(PEACE Program Counsellor, 2023 24 Hour Census)

Aims of the PEACE Program Waitlists Project

The aims of the current project were to:

- i. gather an up-to-date picture of PEACE Program waitlists and the impacts on VIP Program delivery;
- ii. identify needs and best practices to better support PEACE Programs to manage waitlists to enhance their capacity to deliver VIP and also enable more children and youth to access PEACE Program services.

This was achieved through conducting a literature review of waitlist management strategies in mental health services, reviewing existing data regarding PEACE Program waitlists, and conducting surveys and focus groups with PEACE Program counsellors. Key findings and recommendations are provided at the end of this report.

LITERATURE REVIEW

The literature reviewed here pertains to waitlist management practices in mental health services. We were unable to find literature specifically looking at anti-violence program waitlist management. The discretion and expertise of anti-violence workers must be respected when deciding the most suitable waitlist management practices for their PEACE Programs and promising practices are highlighted in the report.

Waitlists are a longstanding and widespread issue across children and youth mental health services in Canada as the result of structural barriers including underfunding, inadequate public health policies, service gaps and a failure to prioritize mental health (Reardon et al., 2017 as cited in Kourgiantakis et al., 2023). These barriers are compounded for people from marginalized communities who may also experience discrimination, racism, stigma and lack of culturally appropriate services (Kourgiantakis et al., 2023; Cox 2017), and result in families who can afford private services experiencing increased access and more timely provision (The Conference Board of Canada, 2023).

A pre-pandemic investigation of Child and Adult Mental Health Services (CAMHS) wait times in Canada found that these ranged up to 9 months for high clinical priority cases (e.g., a child who had been suspended from school for serious aggressive behaviour) and one year for lower clinical priority cases (e.g., a child who is avoiding group activities due to anxiety) (Kowalewski et al, 2011 as cited in Schraeder & Reid, 2015). As demand for child and youth mental health services increases, inability to access timely supports also places pressure on emergency services - there was a 75% increase in the number of children and youth visiting the Emergency Department for mental health reasons in Canada between 2006/7-2017/18 (Canadian Institute for Health Information, 2019). The implications of the pandemic have further exacerbated the need for better access to mental health services (Kaufmann et al., 2022).

In B.C., issues related to long waitlists for children and youth mental health services are long standing and well known. Cox (2017) reports that

long waitlists are the most commonly reported system-level barrier to children and youth mental health services in BC, particularly in smaller communities and Indigenous communities where service provision may be insufficient, not culturally appropriate, or may not exist at all. Fragmented systems that are hard to navigate, inconsistencies in service availability and delivery across different regions and communities, and a failure to smoothly transition to adult services were key barriers reported by the Office of the Representative for Children and Youth (RCY) in their 2013 report 'Still Waiting: First-hand Experiences with Youth Mental Health Services in B.C.' Unfortunately, a number of more recent reports have detailed ongoing inadequacies, including "five investigations into critical injuries and deaths where the inadequacies of mental health services were a core concern" (Officer of the Representative for Children and Youth, 2023).

In 2016, the Select Standing Committee on Children and Youth (SSCCY) published a final report on Children and Youth Mental Health in BC that outlined concrete actions for systemic change (SSCCY, 2016). Among the recommendations from this report was the appointment of a new Cabinet Minister "to assume responsibility for the funding and coordination of mental health services in the province." This led to the establishment of the Ministry of Mental Health and Addictions (MMHA) in 2017, who were tasked with turning the "fragmented network" of mental health services in BC into a proper system with the objective of "a collaborative, multi-disciplinary, integrated approach to providing and enhancing a full spectrum of child and youth mental health services" (SSCCY, 2016). In 2019, MMHA launched 'A Pathway to Hope: A roadmap for making mental health and addictions care better for

people in British Columbia.’ This ten-year plan aims to enhance access to mental health and addictions services in B.C and “puts an initial three-year priority on transforming mental health and substance use care for children, youth, young adults and their families by increasing efforts in prevention and early intervention and weaving together the fragmented, patchwork of services” (Government of British Columbia, 2019, page 18).

A [progress report](#) published in 2023 reports a number of positive steps that have been taken to increase access to mental health supports and services for children and youth in BC. However, children and youth mental health services continue to fail to meet community demand. In 2023, RCY reported that wait lists for Children and Youth Mental Health (CYMH) services remain an issue. Furthermore, *A Pathway to Hope* does not include plans to expand and improve CYMH services other than in relation to specialised services for infant and early childhood mental health. In December of 2024, responsibilities of MMHA were merged with the BC Ministry of Health.

The Ministry of Children and Family Development (MCFD)’s CYMH mandate is to:

“Provide voluntary, evidence informed mental health services to people under 19 years of age (within the context of their family and community) who experience mental health challenges and disorders that significantly impact their ability to function across a variety of settings and situations. CYMH teams provide additional services in the areas of prevention, risk reduction, community education and consultation, and work in collaboration with other service agencies to ensure services are appropriate, relevant, culturally safe and inclusive” (Ministry of Children and Family Development, 2019, page 2).

However, MCFD CYMH services have been underfunded by the provincial government for decades: a 2016 report by RCY describes an MCFD manager explaining there had been no increase in CYMH workers in her region since 2003 (Officer of the Representative for Children and Youth, 2016). In 2021/22, MCFD reported 6,812 children and youth on wait lists for directly delivered CYMH services (excluding Vancouver/Richmond and

Prince George). Average wait times had increased by 35 per cent between 2018/19 – 2021/22, from an average of 55 days to 74.4 days and varied considerably across different parts of the province, from a low of 38 days in MCFD’s Northwest service delivery area to a high of 202 days in the North Central area in 2022. Frontline CYMH staffing levels had only modestly improved and workload pressures, staffing and training were reported to be key challenges to service provision (Officer of the Representative for Children and Youth, 2023).

While the pandemic may have impacted wait times and staffing challenges during this period, a 2024 report reviewing the workforce capacity of MCFD’s child welfare services found that the majority of social workers and team leaders do not have timely access to family and community support resources required to meet the needs of the children, youth and families on their caseloads. This applied to “the full gamut of services for children, youth and families, from assessment services for young children through to staffed residential and tertiary care for youth with complex needs.” Lengthy waitlists for virtually all services, a particular lack of access to services in North, rural and remote areas, and staff recruitment and retention challenges that negatively impact service quality when they do become available were all contributing factors to this issue (Officer of the Representative for Children and Youth, 2024).

Spending a long time on a waitlist can exacerbate problems for children and young people in need of timely access to mental health and wellbeing supports and discourage them from engaging in treatment - the longer families have to wait for services, the less likely they are to attend their first appointment, which prolongs waitlists further (Valentine et al, 2023; McLaughlin et al., 2023; Cox, 2017; Schraeder & Reid, 2015). While waitlist management is common practice, best practice guidelines are lacking (Cox, 2017), practice tends not to be standardized, and it can be a complex and resource intensive task that requires adequate staff time, administrative tasks and formal organizational policies and procedures (Tran, 2024; Brown et al., 2002). This creates a catch-22 situation when insufficient funding and resources are often driving the need for these measures to begin with.

Strategies for Waitlist Management

The evidence base for effective waitlist management in mental health services is relatively limited. Vallerand and MacLennan (2013) surveyed child mental health services in Canada to learn more about strategies that impact wait times. Collaborating with other agencies and providers was the most common strategy engaged in, followed by referring families to self-help resources. Upstream/pre-waitlist strategies were the most extensively used and appeared most effective at meeting Canadian Psychiatric Association (CPA) benchmarks and wait times: 24-hour wait time for emergent care; 2-week wait-time for urgent care; and 1-month wait-time for scheduled care (CPA, 2006 as cited in Vallerand MacLennan, 2013). These strategies included standardized intake processes, centralized intake processes, providing early intervention services, incorporating triage into the intake process, providing prevention services, and coordinating intake function with other agencies. Other research recommends interim interventions for waitlisted participants and improving administrative practices e.g., through clarifying eligibility criteria, implementing screening procedures and adopting an opt-in approach¹ (Valentine et al, 2023).

The rest of this section discusses some common waitlist management strategies described in the literature that may lend themselves to supporting PEACE Programs.

Meet New Participants as Soon as Possible

In their guidance on family-centred waitlist management strategies for supporting children and youth with disabilities, CanChild (2003) recommend meeting new participants as soon as possible following initial referral, providing an orientation package that is available in a variety of languages and formats, inquiring about immediate concerns and taking steps to address them.

Screening

Brown et al., (2002) share recommendations for designing and managing waitlists in adult mental health services. They recommend screening participants as early as possible to enable providers to quickly identify those who may not be eligible, prevent them from wasting time on a waitlist and allow them to be referred to alternative services sooner. They advise that screening procedures should be sufficient to enable informed decisions to be made regarding fit for services and urgency of need.

Triaging

Prioritizing participants for services according to perceived urgency of need is a common waitlist management strategy. However, Brown et al., (2002) draw attention to the fact that new referrals are not being compared with waitlisted participants who have not been seen since initial contact or latest check-in and whose condition may have deteriorated, and that this strategy can be subject to bias. As such, the use of standardized patient prioritization tools is advised (Brown et al., 2002; The Conference Board of Canada, 2024).

Referrals & Information Sharing

Sharing information with families about alternative services and resources, and initiating referrals where appropriate is an ethical responsibility that will enable families to make informed decisions about the services they receive (Brown et al, 2002). Streamlining intake and referral processes to prevent families from repeatedly being asked the same questions is also recommended (CanChild, 2003).

¹ Opt-in approaches include requiring participants to confirm if they want to be placed on the waitlist or confirm attendance prior to the initial appointment.

Checking In

Updating families with regards to their place on the waitlist and expected start date can help to reduce anxiety and frustration and improve engagement and morale (Schraeder & Reid, 2015; Brown et al., 2002; Cunningham, 2013). Where possible, offering choice with regards to how long a family will have to wait may also be helpful (Brown et al., 2002) e.g., some families may opt for a space during school time if that will enable them to be seen sooner. During check-ins, contact information should be updated and need and motivation for accessing services re-assessed. Families should also be provided with information about how to contact the program while they are waiting. Gathering contact information for trusted safe secondary contacts and getting permission to contact them if needed may also prevent families from being lost to follow up (Brown et al., 2002).

Interim Supports & Interventions

Providing supports and services while families wait may help to increase engagement, prepare families for treatment and reduce the need for services (Cunningham et al., 2013). Interim supports could range from staff introductions and a tour of the facilities, to referrals to other community resources, or brief interventions such as self-help resources i.e., books, websites and videos or waitlist groups (Brown et al., 2002; CanChild, 2003; Cunningham, 2013; Cox, 2017).

A 2023 review of waitlist interventions for CAMHS services in the UK found that these are typically brief i.e., five sessions or fewer, aimed at parents, and psychoeducational in approach, with some evidence to suggest that they can help to bring down attrition rates (Valentine et al, 2023). Earlier research by Cunningham et al., (2013) found that parents preferred interim supports that provide information about how agencies operate, increase parenting skills and support them to overcome the challenges they are dealing with. Peer support services for parents have also been reported to be highly valuable (Kourgiantakis et al., 2023; January et al., 2016 as cited in Cox, 2017).

While Cunningham et al., (2013) report variation among preferences regarding mode of delivering interim services, digital and telephone interventions may increase access across geographic locations, however, face-to-face support or adequate remote monitoring is also advised should adverse events occur (Valentine et al, 2023).

Clear Organizational Policies & Procedures

Clear organizational policies that detail how long programs will wait for someone to accept a place once it becomes available, and making reasonable effort to contact participants including being flexible to account for the varying needs and circumstances of different families is recommended (Brown et al., 2002). Such flexibility appears to be particularly important when working with youth (Representative for Children and Youth, 2013; Kourgiantakis et al., 2023).

Appointment Reminders

Reminding people about appointments, for example through email, phone call or text message is a commonly used strategy that may help to reduce no-shows (Cox, 2017).

Collaboration with Community Partners

As mentioned earlier, Vallerand and MacLennan (2013) report that collaborating with other agencies and providers was the most common strategy engaged in to reduce wait times by child mental health services

in Canada and there is some evidence that this can help to lower wait-times (Haggarty et al., 2012). **Co-locating services in schools** has been recommended as an approach that can make systems easier to navigate, increase child-friendliness, reduce stigma and remove financial barriers related to transportation, childcare and taking time off work (Kourgiantakis et al., 2023; So, 2019; Representative for Children and Youth, 2013). In their final report on Children and Youth Mental Health in BC, the Select Standing Committee on Children and Youth (2016) explain that schools provide a natural context for offering broad and universal programs to build children’s resilience and coping skills, improve mental health literacy, and reduce stigma. They recommend that the Government of BC should support connectedness initiatives in schools and expand existing school-based programs that promote children’s resiliency. They also encourage the implementation of school-based hubs in all school districts to enhance the delivery of mental health services to children and youth, pointing out that there are many expectations placed on educators and care must be taken not to add to their role beyond their potential to be early identifiers of mental health issues.

Community Hubs may also be a resource that could address these barriers and may better support participants ageing out if they also offer adult services (Cox, 2017). Offering services in non-traditional sites, at non-traditional times i.e., evenings and weekends and increasing reliance on paraprofessionals have also been suggested in other health fields (Kreindler, 2008 as cited in Vallerand & McLennan, 2013). Again, the Select Standing Committee on Children and Youth (2016) recommended a multi-year pilot of community hubs in the form of integrated youth health and social services that utilize and integrate existing programs and services through a “one-stop” location. One such service supporting 12–24-year-olds in BC is Foundry BC and since the launch of A Pathway to Hope 18 new centres are under development and the Foundry BC App providing virtual services has also been launched.

Foundry BC

Foundry is a province wide network of integrated health and wellness services for young people ages 12-24 in BC. Young people are able to access five core services in one location: mental health, substance use, physical and sexual health, youth and family peer support and social services.

Seventeen local Foundry centres across BC provide in-person supports and there are 18 new centres under development. Virtual services including counselling, peer support, primary care and employment access groups can be accessed via the Foundry BC App, launched in March 2021. The foundrybc.ca website provides online tools and resources.

Expanding Foundry centres was one priority action identified for the first year three years of BC’s 10-year roadmap to improve mental health and addiction care for people in BC, ‘A Pathway to Hope’, with the goal of improving wellness for children, youth and young adults. In Budget 2025, the BC Government announced \$500 million in new funding over three years for addictions treatment and recovery programs underway, including Foundry, Road to Recovery, secure care, supports for children and youth and Indigenous-led treatment, recovery and aftercare services.

Remote Service Delivery

During the pandemic there was a large-scale shift to remote mental health service delivery. Remote services may be more easily accessible for many, particularly in remote and rural communities, while also enhancing the capacity of service providers (Cox 2017; The Conference Board of Canada, 2024). However, this may not be an appropriate method of service delivery for all children and youth (Kourgiantakis et al., 2023), may present additional safety considerations, and the digital divide² must not be overlooked. Aboujaoude & Salame (2016 as cited in Cox, 2017) suggest that remote services may be effective as a supplement to in-person supports, or when they are the only option, and Kourgiantakis et al., (2023) urge that this is an area that needs to be better evaluated and understood. It may also be an area of focus for skills development of providers (The Conference Board of Canada, 2024).

Brief Services

Brief services were cited as a waitlist management strategy by a number of sources. Brief services are time-limited and may be provided to the child/youth, the parent/caregiver, or both. Sometimes brief services are sufficient on their own to meet the needs of the family, and other times they may identify the need for additional services (Canadian Mental Health Association, 2023). This approach is not focussed on here because, although contracts and hours of service vary across PEACE Programs, PEACE as designed is a time limited service as it is recommended in the PEACE Program Toolkit that counsellors spend 8-12 sessions per child or youth in addition to intake and closing session (BC Society of Transition Houses, 2017).

Shared Responsibility with Program Participants

Some literature encourages an active role on the part of waitlisted participants. For example, Brown et al., (2002) explain that requiring a minimum level of effort from participants waiting to access adult services can provide information about motivation, while also removing some of the burden from providers. They emphasise the importance of clearly communicating such requests and ensuring that they are both manageable and therapeutically appropriate for each individuals' unique situation. Examples include making regular contact, attending orientation, reading the program brochure, updating changes to contact information or advising if they want to be taken off the waitlist. However, this may be less appropriate when working with youth: Kourgiantakis et al., (2023) report that youth being expected to call services back when they are experiencing mental health difficulties was a key service barrier described by some providers.

CanChild (2003) also state that there can be an active role for families during the waiting process. Some specific actions they identify include asking for information about programs and services; inquiring about wait times and contacting for progress updates; finding out who to contact if issues arise or more information is needed; finding out what forms and assessments need to be completed; attending information sessions or group programs and inquiring about parent groups and peer support.

The Importance of Adequate Funding & Resources

While the waitlist management strategies reviewed above have the potential to be effective under the right circumstances, there is a balance to be struck when attempting to reduce waitlists as, without adequate and sustained funding for programs, this carries the risk of impaired service quality, reduced staff morale and increased burnout (Brown et al, 2002). There will therefore be a limit as to how much can be achieved as long as structural barriers such as underfunding, service gaps, inadequate public health policies and a failure to prioritize access to mental health remain in place.

²The digital divide is the unequal access to digital technology, including smartphones, tablets, laptops, and the internet. The digital divide worsens inequality around access to information, services and resources.

BCSTH WAITLIST MANAGEMENT GUIDANCE for PEACE Programs

Page 321 of the [PEACE Program Toolkit](#) (2017) shares guidance on waitlist management as follows:

Over the course of an eight-hour workday, counsellors can expect to support:

- A maximum of 4–5 children on an individual basis.
- Three children on an individual basis, on a day that they are also facilitating a group.

This ratio allows for counsellors to also have time for intakes, orientations, note-taking, outside collaborations, meetings, and professional development.

Most PEACE Programs find that they have more prospective program participants than they can reasonably accommodate, and use a range of strategies to manage this situation. Children and youth and their mothers not able to begin the Program immediately may be disappointed and sometimes frustrated by this. A mother may see this as yet another barrier. If you are unable to support a child or youth immediately:

- Let them know about other services that may be relevant at the same agency and elsewhere in the community, and help connect them to those services.
- Connect with the mother and child or youth until they are off the waitlist; for example, through periodic phone calls.

To manage the waitlist, the most important thing a counsellor can do is design clear, fair procedures; communicate them transparently to the person; and follow the process consistently:

- Most Programs adopt a first-come, first-served policy, but other elements may be taken into account, such as priority of service (e.g., based on risk) or accepting program participants to create an appropriate group (e.g., a group for younger children is held in September, while the group for adolescents runs in November).

The acceptance policy should also include provisions for returning program participants, and should explain whether the Program prioritizes those returning, or requires them to re-join the waitlist.

An outline of the stages of service delivery in the PEACE Program begins on page 48 of the [PEACE Program Toolkit](#) and shares further information that may support with upstream waitlist management strategies e.g., relating to initial contact, eligibility assessments, orientation and first meetings.

DATA REVIEW

The data included in this section of the Waitlists Report reflects existing BCSTH and MPSSG COAST Portal data as follows:

- BCSTH PEACE Program 24-Hour Census Survey Data (2020-2023)
- MPSSG COAST Data - Quarterly Reporting (October 2023 – March 2024)

The next section of the report shares data and findings related to waitlists and the impact on PEACE and VIP delivery from surveys and focus groups conducted with Executive Directors and PEACE Program counsellors specifically to inform the Waitlists project.

- BCSTH PEACE Program Waitlists Survey and Focus Group Findings
 - Executive Directors' Survey (June 2024)
 - PEACE Program Counsellors' Survey (May 2024)
 - PEACE Program Counsellors' Focus Groups (May 2024)

PEACE Program Waitlists: Existing Data

BCSTH PEACE Program 24-Hour Census Survey Data 2020-2023

On an annual basis, BCSTH surveys PEACE Programs to document a snapshot of services provided in a single 24-hour survey period through a 24-hour census. BCSTH conducts this census survey during the same time period – end of November or early December for consistency. The census is a snapshot count of a 24-hour period where children and youth with experiences of violence and their non-offending caregivers were served by PEACE Programs. It provides a provincial picture of how many people were seeking services for their experiences of violence, how many were unable to be served, and the scope of the current PEACE Program support services.

Table 1 below displays data regarding people served, program waitlists, and people unable to be served as reported by PEACE Programs in the 24-Hour Census survey between 2020-2023. As can be seen from this table, more than half of the programs responding to the 24-Hour Census survey have carried a waitlist for the last four years in a row, and on average, during the 24-hour census period 484.8 children, youth and caregivers have attempted to access services and been unable to be served (range = 370-602). There are regional differences as to the waitlists data which is included below and data also shows that certain programs consistently report long waitlists and others do not carry waitlists which requires further inquiry as to the program practices.

Across these years the total number of people on waitlists for PEACE Program services throughout BC during the 24-hour census period has ranged from 632–894 (average = 747), far outweighing the number of children, youth and caregivers served (range = 346-472; average = 415.8). The number of children and youth on waitlists for individual programs has ranged from 0–117, with an average of 11.1 across all

programs, and an average of 19.1 (range = 1-117) when looking only at programs with waitlists. Every year, waitlists have been identified within the top three reasons for being unable to serve women, youth and children seeking services, and they were the top reason for the last three years in a row.

	Dec 2-3 2020	Dec 1-2 2021	Nov 30-Dec 1 2022	Nov 29-30 2023	Average
<i>Programs who responded.</i>	69	68	63	67	66.8
<i>Children, youth and caregivers served.</i>	395	450	346	472	415.8
<i>Service-related calls, texts and emails received.</i>	447	455	444	356	425.5
<i>PEACE Programs carrying a waitlist.</i>	42 (60.9%)	42 (61.8%)	34 (54%)	38 (56.7%)	39 (58.4%)
<i>Children and youth on program waitlists.</i>	894	789	632	673	747
<i>Average no. of children and youth on program waitlists (all programs).</i>	12.9	11.6	10	10	11.1
<i>Average no. of children and youth on program waitlists (programs with a waitlist).</i>	21.3	18.8	18.6	17.7	19.1
<i>Range of children and youth on program waitlists.</i>	0-91	0-117	0-81	0-83	0-93
<i>Children, youth and caregivers unable to be served.</i>	513	602	370	454	484.8
<i>Top 3 reasons for being unable to serve people during the 24-hour census period.</i>	<i>Limited access to schools (59.3%), Reduced capacity due to COVID (52.2%), Waitlists (44.9%).</i>	<i>Waitlists (55%), Reduced capacity due to COVID (45%), Lack of resources to support mental wellness & substance use (45%).</i>	<i>Waitlists (47.6%), Needs outside of program mandate (34.9%), Insufficient funding (28.6%).</i>	<i>Waitlists (39.7%), Needs outside of program mandate (17.7%), Insufficient staff and funding (14.7%).</i>	-

Table 1: BCSTH PEACE Programs 24 Hour Census 2020-2023

MPSSG COAST Portal Data - Quarterly Reporting October 2023 - March 2024

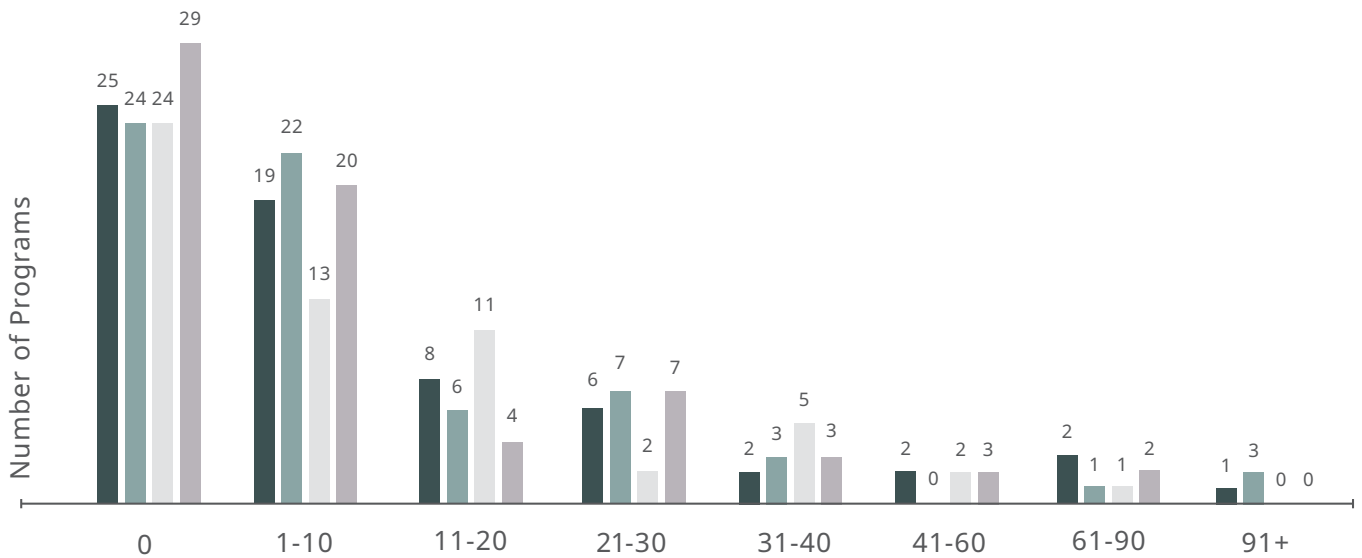
Quarterly data that PEACE Programs are required to submit to MPSSG via the COAST portal tells a similar story. Statistics relating to program waitlists for October-December 2023 and January-March 2024 are displayed in Table 2. This time period was chosen based on the sample of data that BCSTH was provided from MPSSG. The October-December 2023 period also coincides with the timing of the BCSTH 2023 24 Hour Census survey timeframe -- November 29th & 30th 2023. On average during this period, program participants waited 6.1 weeks to start services (range = 0-60 weeks), 184.5 new referrals were assigned to program waitlists each month (2.7 per program, range=0-27), and there were 655 people on PEACE Program waitlists each month. This is an average of 9.7 participants on waitlists per PEACE Program who submitted these stats (range = 0-77), and increases to 16.8 participants per program when looking only at PEACE Programs with waitlists who submitted these stats (range = 1-77).

	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Average
<i>Programs who responded³</i>	73	68	67	68	67	65	68
<i>Programs with a waitlist</i>	43	36	38	39	40	38	39
<i>Average number of weeks clients starting service this month have been on the waitlist</i>	6.5	6.1	4.5	6.8	6.4	6.5	6.1
<i>Range</i>	0-52	0-60	0-30	0-52	0-54	0-56	0-50.6
<i>Number of new referrals assigned to the waitlist</i>	194	211	153	206	208	135	184.5
<i>Average</i>	2.7	3.1	2.3	3	3.1	2.1	2.7
<i>Range</i>	0-25	0-26	0-25	0-25	0-27	0-14	0-23.6
<i>Total number of clients currently on the waitlist</i>	781	610	593	686	650	615	655
<i>Average (all programs)</i>	10.7	9	8.9	10.1	9.7	9.5	9.7
<i>Range (all programs)</i>	0-77	0-68	0-66	0-76	0-56	0-52	0-65.8
<i>Average (programs with waitlist only)</i>	18.2	16.9	15.6	17.6	16.3	16.2	16.8
<i>Range (programs with waitlist only)</i>	1-77	1-68	1-66	1-76	1-56	1-52	1-65.8

Table 2: MPSSG COAST Data from PEACE Programs Oct 2023-Mar 2024

Of note, both the 24-Hour Census and MPSSG COAST data show that there appears to consistently be a number of programs without waitlists which needs further exploration as to why, and equally, a smaller number of programs appear to be frequently reporting much longer waitlists and may be in need of more targeted support to help manage these (Tables 3-5).

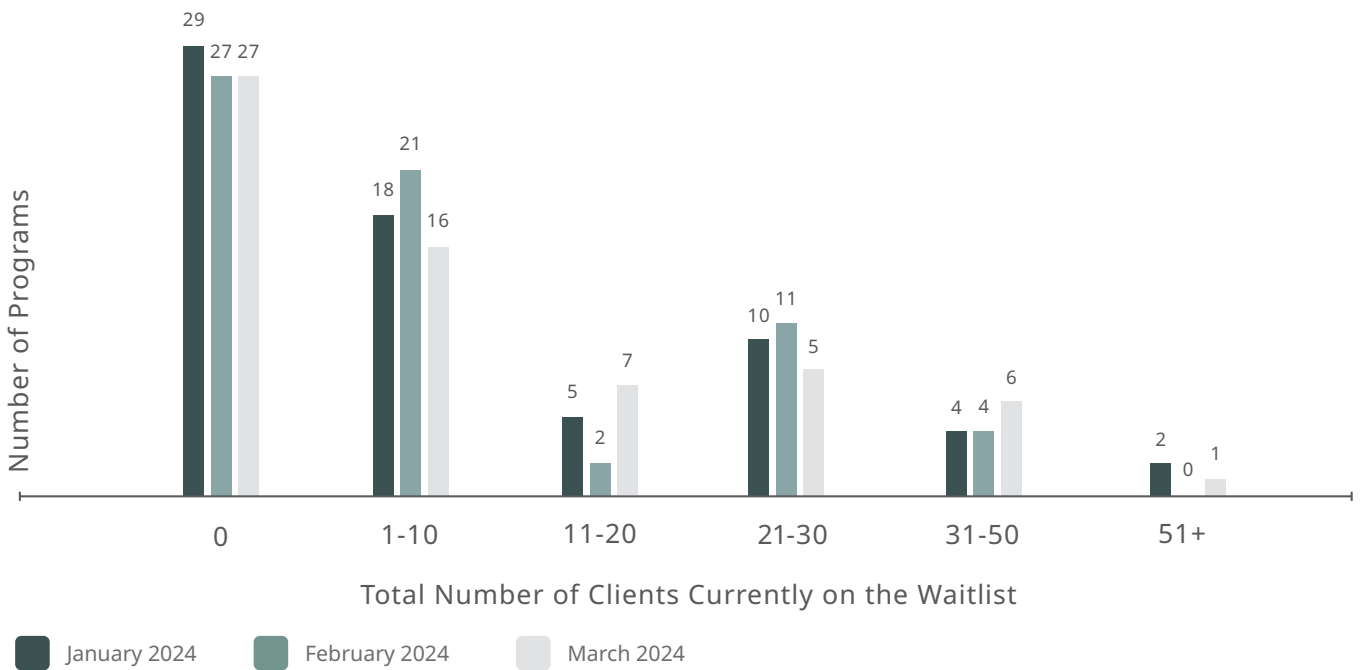
³ BCSTH based our COAST data analysis on the data provided to us by MPSSG. Survey responses described later in this report show that 53.8% of PEACE Program counsellors reported making less time for other areas of work such as training, clinical supervision and administrative tasks always or often as a strategy to help manage or reduce PEACE Program waitlists. This decision to prioritize the provision of direct supports to children and youth, combined with high turnover rates and hiring difficulties faced by PEACE Program, may explain why not all 85 MPSSG funded programs were able to complete the stats reporting requirements each month.



What was the total number of children and youth on your waitlist at the end of the 24-Hour period?

2020 2021 2022 2023

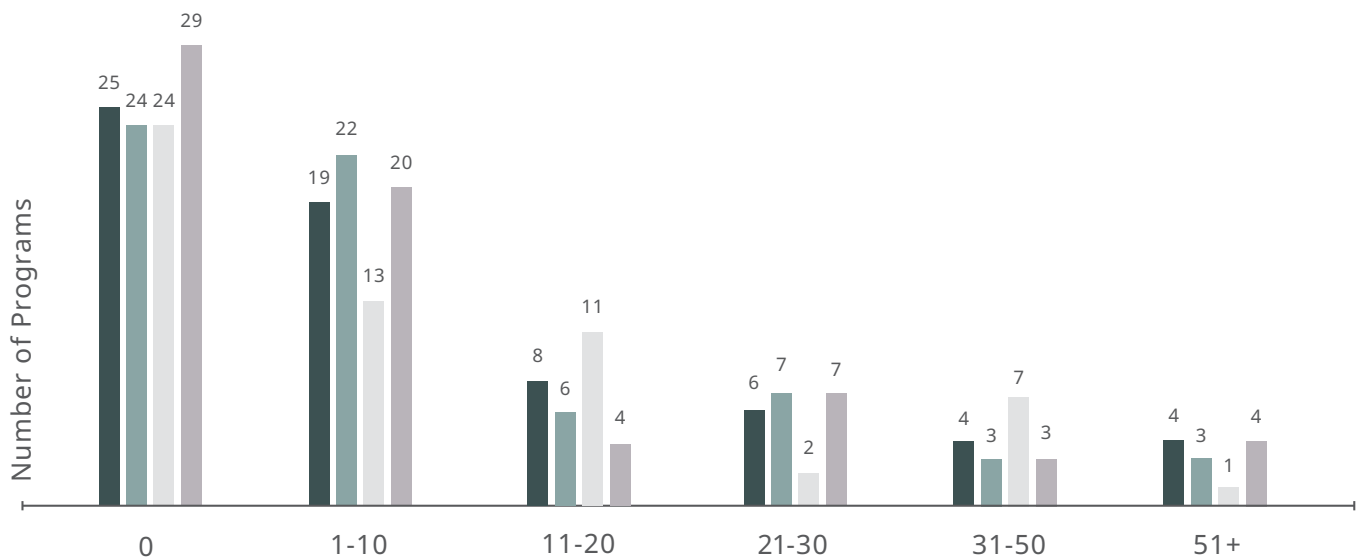
Table 3: MPSSG COAST Data Oct-Dec 2023: Program Waitlists



Total Number of Clients Currently on the Waitlist

January 2024 February 2024 March 2024

Table 4: MPSSG COAST Data Jan-Mar 2024: Program Waitlists



What was the total number of children and youth on your waitlist at the end of the 24-Hour period?



Table 5: BCSTH PEACE Program 24 Hour Census Data 2020-2023: Waitlists

It is unclear why some PEACE Programs are carrying waitlists and others are not. One explanation may be the size of the community or region where programs are located. While a full investigation of this issue was beyond the scope of the current report, we were able to look at waitlist numbers according to community size and region as reported by 24 Hour Census survey respondents between 2020-2023. These trends are described below; however, limitations of this data should be borne in mind. The 24 Hour Census is a one-day snap shot that takes place annually using self-reported data with varying response rates across regions and communities. Variations in PEACE Program funding from MPSSG should also be taken into account when attempting to understand why waitlists may differ across programs. More information about the funding and structure of PEACE Programs is available on page 28 of this report.

24 Hour Census PEACE Program Waitlists by Community Size (2020-2023)

Table 6 provides a summary of program waitlists according to community size as reported in the 24 Hour Census surveys between 2020-2023. Tables with more detailed findings are displayed in Appendix A. These data show that, when comparing program waitlists by community size, only a handful of programs who responded to the 24-Hour Census each year were located in rural communities of less than 1,000 people (range = 1.5 - 4.6% of respondents). Only one of these respondents ever reported having a program waitlist, however this was lengthy, carrying 20 children and youth.

Slightly more than half of respondents each year worked in programs located in small population centres of between 1,000-29,999 people (range = 52.3 – 57.4% of respondents). Just less than half of these respondents reported having a waitlist during the 24 Hour Census period across the four years (range = 43.6 -50%) and waitlists have carried an average of between 8.4 - 15.2 children and youth per program each year.

Slightly fewer respondents worked in programs located in medium population centres of between 30,000-99,999 people (range = 22.1-29.3% of respondents). These programs were more likely to be carrying waitlists (80 – 93.3% of respondents reported carrying a waitlist each year) and waitlists tended to be longer, with an average of between 21.6 – 27 children and youth on waitlists per program per year.

Finally, less than one fifth of respondents each year worked in programs located in large population centres of 100,000 people or more (range = 10.3 -19.1% of respondents). Again, these programs were more likely to have waitlists (between 58.3-84.6% of respondents reported carrying a waitlist each year) and waitlists tended to be slightly longer still, with an average of between 22.4 - 33.5 children and youth on waitlists per program per year.

These patterns suggest that community size may be a factor that impacts program waitlists, with waitlists being more likely and also being longer in medium and large communities. However, they also show that in very small rural communities there is potential for programs to carry extensive waitlists and the lack of alternative services in many smaller and rural communities likely plays a role in this.

Community Size				
	Rural (999 people & under)	Small population centre (1,000 - 29,999 people)	Medium population centre (30,000 - 99,999 people)	Large population centre (100,000 people +)
2020				
Response Rate (%)	1 (1.5)	39 (57.4)	15 (22.1)	13 (19.1)
Programs with a waitlist (%)	0 (0)	17 (43.6)	14 (93.3)	11 (84.6)
Avg. C&Y per program waitlist	0	15.2	27	23.5
2021				
Response Rate (%)	3 (4.6)	34 (52.3)	17 (26.2)	11 (16.9)
Programs with a waitlist (%)	0 (0)	17 (50)	16 (94.1)	8 (72.7)
Avg. C&Y per program waitlist	0	8.4	23.2	33.5
2022				
Response Rate (%)	2 (3.4)	33 (57)	17 (29.3)	6 (10.3)
Programs with a waitlist (%)	0 (0)	15 (45.5)	14 (82.4)	5 (83.3)
Avg. C&Y per program waitlist	0	14.5	21.6	22.4
2023				
Response Rate (%)	3 (4.5)	37 (55.2)	15 (22.4)	12 (18.1)
Programs with a waitlist (%)	1 (33.3)	17 (45.9)	12 (80)	7 (58.3)
Avg. C&Y per program waitlist	20	11.5	21.8	27.3

Table 6: PEACE Program waitlists according to community size as reported in the 24 Hour Census surveys between 2020-2023

24 Hour Census PEACE Program Waitlists by Region (2021-2023)

When looking at regional 24 Hour Census PEACE Program waitlist data between 2021-2023 (BCSTH began reporting regional data breakdowns of the 24 Hour Census data in 2021), results are variable (Table 7) (Please see Appendix A for a more detailed breakdown of this data).

In Region 1 (Vancouver Island and Powell River), both the percentage of programs carrying a waitlist each year (range = 72.7 - 88.8%) and the average number of children and youth on waitlists per program each year (20.4-28.6) was quite high. In Region 2 (Lower Mainland), while the percentage of programs with a waitlist each year was similar (75-77.8%) the average number of children and youth on waitlists per program each year was slightly lower (11.2-16.7). In Region 3 (Fraser Valley), a smaller percentage of programs reported carrying a waitlist each year (40-70%) yet the average number of children and youth on these waitlists each year was higher (31.1-42.5).

In Region 4 (Kootenays), both the percentage of programs with a waitlist each year and the average number of children and youth per program waitlists each year was lower (40-54.5% of respondents said their program carried a waitlist and the average number of children and youth on waitlists per program ranged from 4-7.3). In Region 5 (Okanagan) we see a higher percentage of programs reporting waitlists (50-70%) and the average number of children and youth on waitlists is similar to those reported by region 1 (19.7-26.3).

As with Region 4, Region 6 (Cariboo) has a smaller percentage of programs reporting carrying a waitlist each year (42.9 - 44.4%) and the average number of children and youth per program waitlist is lower here too (3-8). Finally, in Region 7 (Northern BC) while a lower percentage of programs reported carrying a waitlist (40-45.5%) the average number of children and youth per program waitlist was higher (12.5-23.5).

Further work is required to understand fully regional trends in program waitlists which could guide strategic program support. Inquiry could help to understand e.g., why waitlists may be smaller and less common in Regions 4 and 6, and ways to better support a smaller number of programs with extensive waitlists in Region 3, as well as targeted support for programs in regions where waitlists appear to be both longer and more common.

	2021			2022			2023		
	Survey Response Rate (%)	Programs with a waitlist (%)	Avg. C&Y per program waitlist	Survey Response Rate (%)	Programs with a waitlist (%)	Avg. C&Y per program waitlist	Survey Response Rate (%)	Programs with a waitlist (%)	Avg. C&Y per program waitlist
<i>Region 1 – Vancouver Island & Powell River</i>	69.2	77.8	28.6	84.6	72.7	20.4	69.2	88.8	21.9
<i>Region 2 – Lower Mainland</i>	80	75	11.2	11.2	77.8	16.7	90	77.8	21.1
<i>Region 3 – Fraser Valley</i>	90.1	70	31.1	41.7	40	42.5	69.2	44.4	37.5
<i>Region 4 - Kootenays</i>	84.6	54.5	4.2	76.9	40	4	100	46.2	7.3
<i>Region 5 - Okanagan</i>	71.4	70	26.3	71.4	50	26.2	78.6	54.5	19.7
<i>Region 6 - Cariboo</i>	81.8	44.4	8	81.8	44.4	6.5	63.6	42.9	3
<i>Region 7 – Northern BC</i>	78.6	45.5	12.6	64.3	44.4	23.5	71.4	40	23

Table 7: 24 Hour Census PEACE Program Waitlists by Region (2021-2023)

PEACE PROGRAM Waitlists Survey & Focus Group Findings

In May and June 2024, BCSTH disseminated two surveys to learn more about the current picture regarding PEACE Program waitlists and impacts on VIP Program delivery. One survey was sent to PEACE Program Executive Directors (EDs) in June 2024 and inquired about program funding and structure. The other was sent to PEACE Program counsellors in May 2024 and inquired about current waitlist numbers, waitlist management strategies, impacts of waitlists on staff and program participants, and impacts on delivering the VIP Program. The PEACE Program counsellors survey was followed up with four focus groups, also in May 2024, to allow a deeper exploration of this topic.

Executive Directors’ Survey Findings, June 2024

Survey Respondents

EDs from 35 PEACE Programs responded to the survey, which is a return of 40.2 per cent with all regions represented. The majority of respondents were from Region 1 - Vancouver Island and Powell River, and Region 5 – Okanagan (Table 8).

Program Region	Respondents	Programs in Region	Response Rate
<i>Region 1 – Vancouver Island & Powell River</i>	7	13	53.8%
<i>Region 2 – Lower Mainland</i>	5	10	50%
<i>Region 3 – Fraser Valley</i>	4	12	33.3%
<i>Region 4 – Kootenays</i>	4	13	30.8%
<i>Region 5 – Okanagan</i>	10	14	71.4%
<i>Region 6 – Cariboo</i>	3	11	27.3%
<i>Region 7 – Northern BC</i>	2	14	14.3%
TOTAL	35	87	40.2%

Table 8: ED Survey Responses by Region

Program Funding

MPSSG funding for PEACE Programs is based on historical allocations and varies across programs as shown in the responses to this survey question. BCSTH is unaware of the rationale behind why some programs receive higher levels of funding than others. All but one respondent worked in a program that received funding from MPSSG (97.1 per cent). MPSSG funding ranged from 14⁴ – 59.5 hours per week (average = 26.7) (Table 9) and just under half of respondents receiving MPSSG funding (47.1%) reported that their agency or program had applied for additional funding from alternative sources to enhance capacity to meet demand for services (four did not answer and the rest said they had not). When asked how many hours per week PEACE Programs were funded by alternative sources, 13 people responded and answers ranged from 1.5 – 55.5 hours per week (average = 18.1). Funding sources included internal fundraising

⁴ Only one program reported receiving less than the minimum funding commitment of 17.5 hours per week from MPSSG.

efforts i.e., grants, donations and thrift store proceeds, the Ministry of Child and Family Development (MCFD), and MPSSG VIP Program funding. A lack of consistent funding was highlighted as an issue by some respondents, with one person explaining that they have had to use reserves to make up funding deficits in the past but cannot continue to do so.

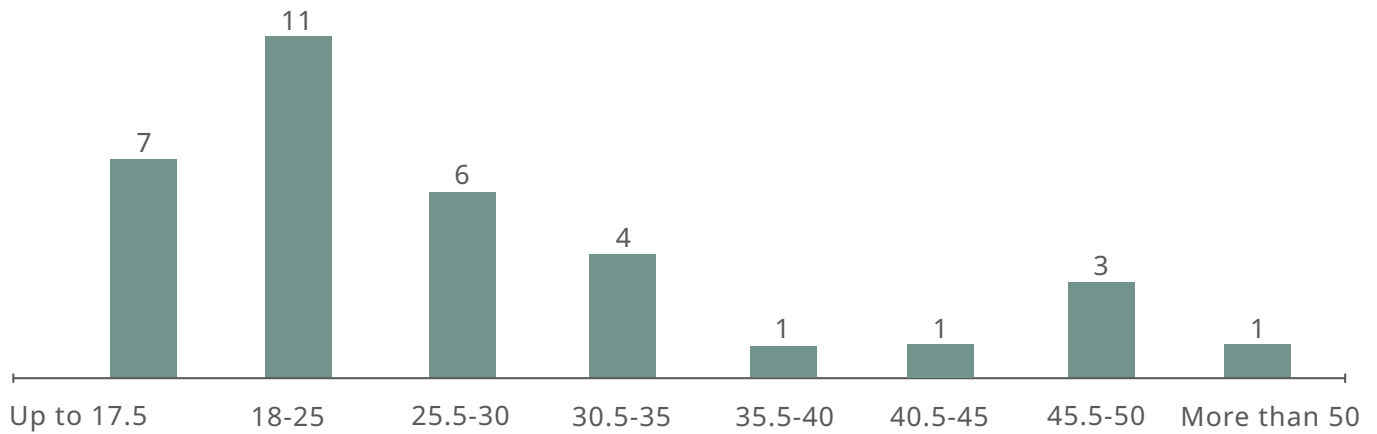


Table 9: Hours per week programs were reported to be funded by MPSSG

Staffing

The number of PEACE Program counsellor positions within each program ranged from 1–4 (average = 1.5), and the number of hours per week that positions were funded for ranged from 8-40 (average = 23.7)⁵ as a result of all funding sources i.e., MPSSG-funded and self-funded. At the time of completing the survey, four positions were vacant, and had been for between 2-12 months. Reasons for vacancies included staff relocating, burnout, and barriers to hiring such as part-time hours, casual work, a lack of benefits and location of services - recruitment can be particularly challenging for programs in small and rural areas.

As a result of our inconsistent and unsecured funding... we have cycled through five different staff in the past 4 years.

(Executive Director)

High turnover is problematic across all PEACE Programs in BC. Between June 2022-June 2024, more than half of PEACE Program counsellors left their positions, resulting in an attrition rate of

56% over **24 months.**

⁵This data was not provided for 13 positions.

Sufficiency of Funding

82.4% of Executive Directors did not feel that MPSSG funding is sufficient to meet all PEACE Program service demands.

When asked if they felt that funding from MPSSG is sufficient to meet all PEACE Program service demands, more than 80 per cent of ED respondents said that they do not (Table 10). EDs expressed concern regarding lengthy waitlists and an inability to meet demand even with the additional funds they fundraise themselves (10). They explained that program's limited hours and funding constraints combine to exacerbate the program's capacity to offer any services beyond individual support sessions, and that the contract funding does not account for overhead, travel time, mileage, management oversight, or staff meetings (7). Also, an inability to pay staff a competitive salary on part-time hours and inconsistent funding was reported to impact retention and recruitment (5). One program cited a deficit for their program and others shared how insufficient funding impedes their ability to expand PEACE Program services (2) and takes resources away from other programs in their agency (2).

We are supplementing funding for [PEACE]...If we were not required to self-fund the shortfall, we could be using this undesignated funding for other under resourced areas of the society's services.

(Executive Director)

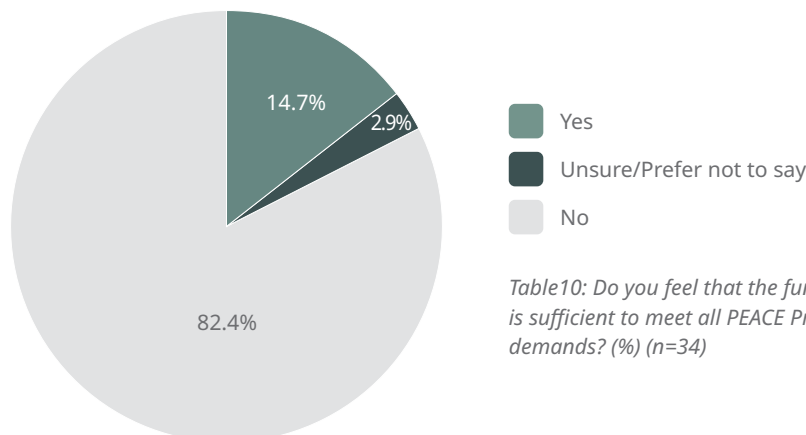


Table 10: Do you feel that the funding from MPSSG is sufficient to meet all PEACE Program service demands? (%) (n=34)

When asked how well they feel MPSSG resources, including the then VIP grant of \$2,000 per school year, permit PEACE Programs to meet service demands and also deliver VIP, almost three quarters of respondents (73.5%) said there is not enough or not nearly enough capacity (29.4 and 44.1 per cent respectively). No one felt there was more than enough capacity and only 14.7 per cent felt there was just enough capacity. The remainder were unsure (Table 11).

Almost three-quarters **(73.5%)** of Executive Directors said their PEACE Programs lack capacity to meet service demands and also deliver VIP.

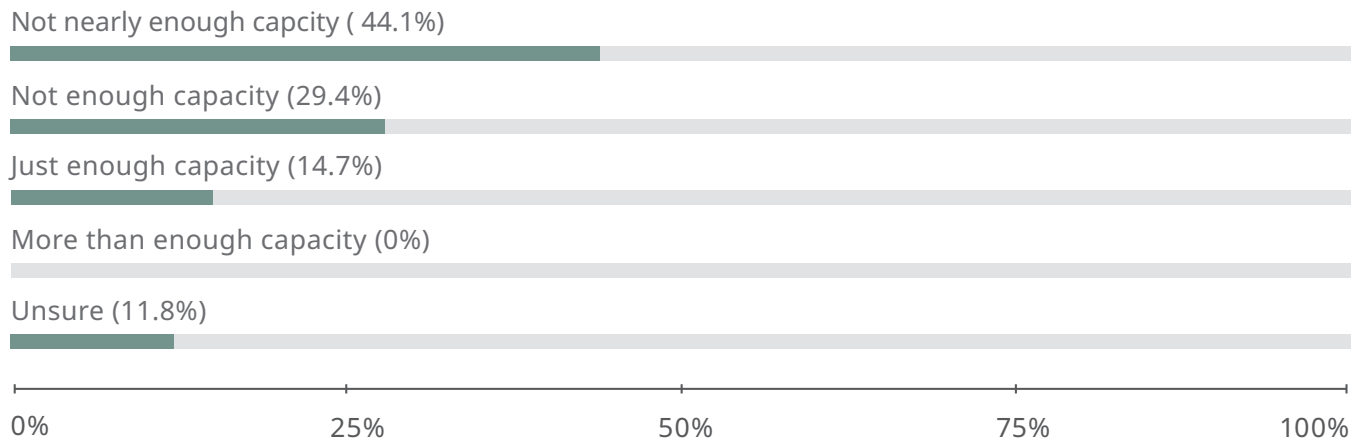


Table 11: How well do you feel current MPSSG resources permit the PEACE Program to meet service demands and also deliver VIP? (%) (n=34)

Additional resources and funding needs identified to enable programs to adequately promote and deliver VIP in their communities whilst also meeting demand for PEACE Program services largely related to increased staffing hours and additional personnel (23), with some EDs explaining that they have to pull staff from other agency programs to support VIP delivery as it is preferable to have a co-facilitator. Specific suggestions ranged from a dedicated VIP position or co-facilitator (5), making the existing PEACE Program counsellor full-time (4), or hiring an additional PEACE Program counsellor (3). Funding amounts and hours required varied across programs, but the need for sufficient funds to allow for PEACE counselling supports without waitlists becoming a barrier to VIP delivery was expressed.

Each time we present, we receive an influx of calls and referrals...To effectively present VIP, keep the waitlist down and continue to offer services to those in the program, we require a third counsellor.

(Executive Director)



Other funding requirements related to general program expenses (8), including mileage and transportation costs (5), increased office space or access to community spaces (3) and program resources such as handouts, materials and snacks (2). EDs described how *“it takes significant time to develop school relationships and coordinate VIP sessions,”* and a couple called for more support for the program at school district level and for a partnership between MPSSG and the Ministry of Education (MOE) to help reduce this burden.

We recently developed a budget for VIP as a separate program and we would need \$30,000 for staffing, mileage, etc.

(Executive Director)



PEACE Program Counsellors’ Survey & Focus Group Findings

Survey Respondents

PEACE Program counsellors from 46 programs responded to the online waitlists survey which was distributed in May 2024: this is a return of 52.9 per cent with all regions represented (Table 12). Most respondents were from programs in small population centres (between 1,000-29,999 people) (55.1 per cent), followed by large populations centres (100,000 people and over) (24.5 per cent), medium population centres (between 30,000-99,999 people) (12.2 per cent) and rural centres (999 people or less) (two per cent).

Program Region	Respondents	Programs in Region	Response Rate
Region 1 - Vancouver Island & Powell River	7	13	53.8%
Region 2 - Lower Mainland	7	10	70%
Region 3 - Fraser Valley	5	12	41.7%
Region 4 - Kootenays	7	13	53.8%
Region 5 - Okanagan	10	14	71.4%
Region 6 - Cariboo	5	11	45.5%
Region 7 - Northern BC	5	14	35.7%
TOTAL	46	87	52.9%

Table 12: PEACE Program Counsellor Survey Responses by Region

Focus Groups

Four follow up focus groups were hosted by BCSTH later in May of 2024 and were attended by 22 PEACE Program counsellors. Focus group findings are described where relevant throughout this section of the report.

PEACE Program Waitlists May 2024

At the time of the survey, there were **818** children, youth and non-offending parents/caregivers on waitlists for PEACE Program services.

Forty programs out of the forty-six who responded to the survey (87 per cent) reported that their program puts families on a waitlist when demand for services outweighs program capacity. Two said they do not (4.1 per cent) and four answered unsure/prefer not to say (8.2 per cent).

Between these 40 programs, there were 818 children, youth and non-offending parents/caregivers on waitlists for services at the time of the survey - an average of 20.5 people per program, which is similar to the averages reported in the 24-Hour Census and COAST portal data earlier in this report. Tables 13 and 14 display these figures by region and community size.

Region	Respondents	Respondents who reported keeping a waitlist (%)	Children (3-9yrs)	Youth (10-18yrs)	Parents/ Caregivers	TOTAL	Average per program
<i>Region 1 – Vancouver Island & Powell River</i>	7	7 (100)	130	83	60	273	39
<i>Region 2 – Lower Mainland</i>	7	7 (100)	40	34	44	118	16.9
<i>Region 3 – Fraser Valley</i>	5	5 (100)	49	43	56	148	29.6
<i>Region 4 – Kootenays</i>	7	6 (85.7)	9	9	13	31	5.2
<i>Region 5 – Okanagan</i>	10	8 (80)	50	59	15	124	15.5
<i>Region 6 – Cariboo</i>	5	4 (80)	28	14	21	63	15.6
<i>Region 7 – Northern BC</i>	5	3 (60)	20	26	15	61	20.3
TOTAL	46	40	326	268	224	818	20.5

Table 13: Waitlisted program participants by region

Community Size	Respondents	Respondents who keep a waitlist (%)	Children (3-9yrs)	Youth (10-18yrs)	Parents/ Caregivers	TOTAL	Average (per programs that keep a waitlist)
Rural (999 people and under)	1	0 (0)	0	0	0	0	0
Small population centre (1,000 -29,999 people)	28	23 (82.1)	111	98	74	283	12.3
Medium population centre (30,000 - 99,999 people)	6	6 (100)	86	39	29	154	25.7
Large population centre (100,000 people+)	11	11 (100)	129	131	121	381	34.6
TOTAL	46	40	326	268	224	818	20.5

Table 14: Waitlisted program participants by community size

Program wait times reported in the waitlists survey ranged from no wait time (15%) to between 18-24 months (2.5%), with most programs having wait times of between 1-3 months (27.5%) and 3-6 months (22.5%) (Table 15).

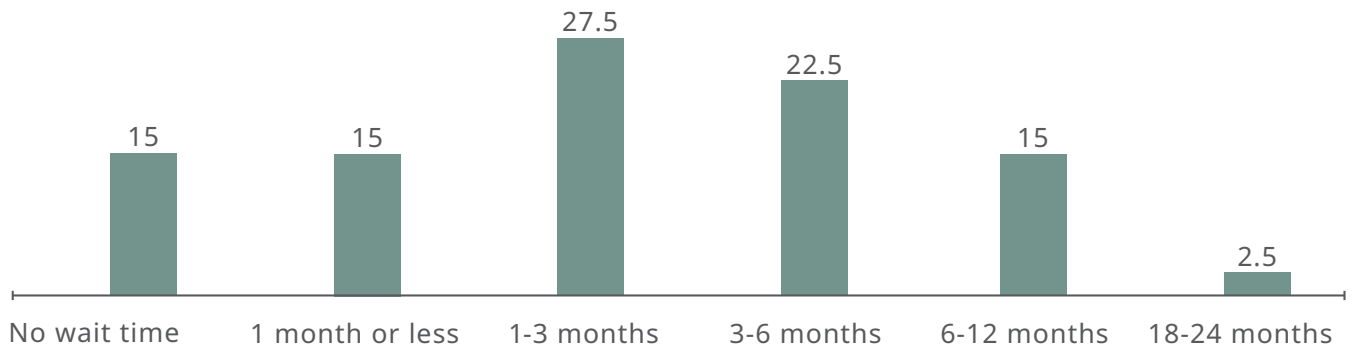


Table 15: What is the current wait time for your program? (%) (n=39)

Based on this May 2024 Program Waitlists data, 50% of the programs that said they put families on a waitlist when demand for services outweighs program capacity had waitlists ranging from 1 – 6 months (one program did not answer this question). Almost everyone said they do not cap the number of families they put on waitlists (92.5 per cent). The rest were unsure.

Impacts of PEACE Program Waitlists on VIP

More than one third of survey respondents reported that PEACE Program waitlists had ever impacted their decision to deliver VIP (35.9%) (Table 16). A lack of time, funding and staff to co-facilitate were additional barriers cited. Ultimately, these respondents tended to prioritize individual PEACE sessions when demand for this was high.

We are too busy to develop and deliver another aspect of the program that we were not originally contracted for, without new contract funding.

(PEACE Program Counsellor)



Sixteen respondents said program waitlists had never impacted their decision to deliver VIP. This included six respondents who did not currently have waitlists, a couple of whom explained that though they do not have a waitlist, they also do not have time to deliver VIP. Of the remaining ten, some cited barriers other than waitlists to delivering the VIP Program including, again, a lack of time and lack of a co-facilitator, reluctance from schools, and *“community population and the number of schools,”* and another shared that though they have decided to deliver VIP, this does impact their waitlist.

It’s not necessarily been the waitlist; more so, it’s the time available (as I work as both a PEACE counsellor and Mental Health Support counsellor for our agency).

(PEACE Program Counsellor)



PEACE Program counsellors with part-time PEACE contracts often pair those hours with another part-time contract such as a Mental Health Support Counsellor, Sexual Assault Intervention Program (SAIP) counsellor, etc. Of those who said they were unsure about the impact of waitlists, a couple had not been in the role long enough to answer, and several explained that they have opted to continue delivering VIP but this comes at the expense of setting back their waitlists.

While I still present VIP, it is really hard to take the time VIP needs to plan and deliver while I have a waitlist. Missing one day of regular appointments to deliver VIP, sets my waitlist back by 1-2 weeks.

(PEACE Program Counsellor)



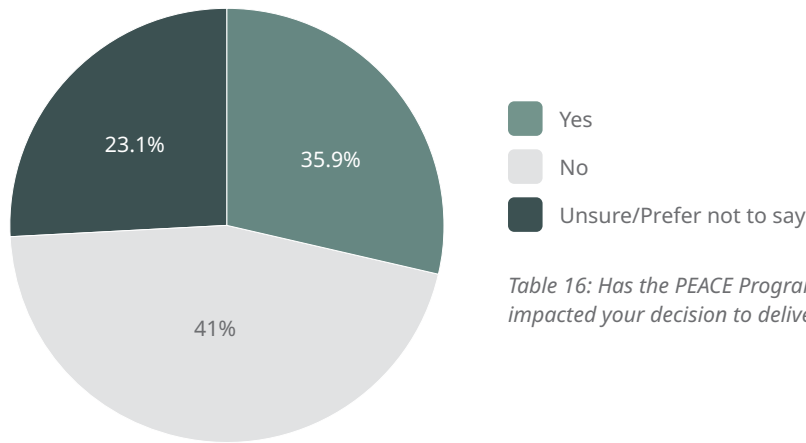


Table 16: Has the PEACE Program waitlist ever impacted your decision to deliver VIP? (%) (n=39)

Twenty-eight survey respondents reported that they were currently delivering VIP, of whom slightly more than 40 per cent (42.3%) said PEACE Program waitlists have made it challenging to do so (Table 17). Attempts to resolve these challenges included hiring additional part-time staff to facilitate VIP; trying to schedule VIP on one day to minimize disruption to individual PEACE sessions; sharing information and resources with parents/caregivers to support them to support their children; and not delivering VIP when the PEACE Program has a waitlist. However, several respondents stated that they ultimately have to decide which program to prioritize and this will either increase waitlists or reduce capacity to deliver VIP.

We pause sessions for the day/time we have VIP, meaning some kids are cancelled that day. We also need prep time for VIP which takes time away from clients.

(PEACE Program Counsellor)

Of those who said waitlists had not made VIP delivery challenging, six did not currently have anyone on their waitlists. Of the ten who did have waitlists (range = 1-97) one explained that they “can deliver it but there is a hit on wait times”, one had an allocated staff person for VIP delivery one day per week, and others mentioned additional barriers to VIP as described above.

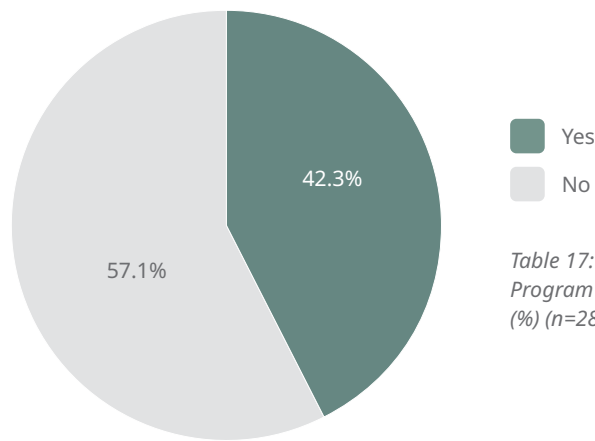


Table 17: If you are delivering VIP, has the PEACE Program waitlist made it challenging to do so? (%) (n=28)

More than one third of respondents said that delivering VIP had increased their program waitlists (35.7 per cent) (Table 18), explaining that this is a result of reduced capacity to deliver PEACE Program services and increased referrals generated by the VIP Program.

All current waitlisted children are from VIP referrals.

(PEACE Program Counsellor)

Of those who reported ‘unsure,’ a few were new to the role and explained that although their program is delivering VIP, they had not personally delivered it since taking on the PEACE Program counsellor position. Of those who reported that delivering VIP had not increased their waitlist, almost half (44.4%) did not currently have anyone on their waitlists, others explained that VIP delivery had set their waitlist back, that they prioritize their waitlist over VIP, and one had hired an additional part-time staff to take on planning, organizing and co-facilitating VIP.

The differing responses to the questions in this section likely reflect variation in PEACE Program waitlists, variation in how frequently different programs deliver VIP and to how many children and youth, as well as staff turnover and additional barriers to delivering VIP such as reluctance from schools, a lack of time to meet the PEACE and VIP delivery needs, and a lack of a VIP co-facilitator. PEACE Programs have shared with BCSTH that a best practice is to have a co-facilitator during VIP delivery, particularly if disclosures of violence result during or after the presentation.

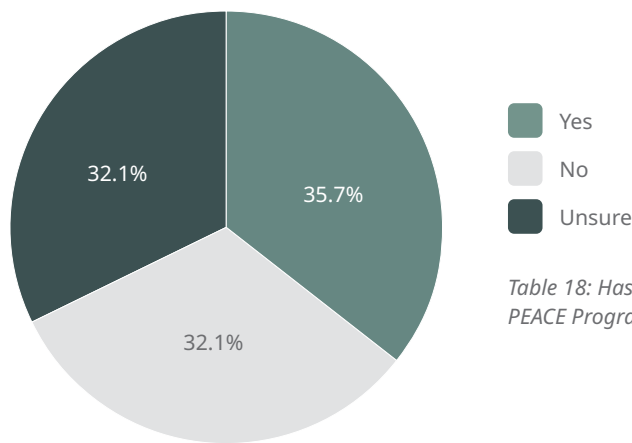


Table 18: Has the delivery of VIP increased your PEACE Program waitlist? (%) (n=28)

Follow up focus group discussions shed more light on these important issues. Though the aim of the focus groups was to learn about impacts of PEACE Program waitlists on VIP delivery and waitlist management strategies, other challenges to delivering VIP arose in these discussions. The most common was **resistance from schools and school boards**. Some described concerns about the content of VIP in case it resulted in kids feeling traumatized if it brought things up for them, or concerns regarding a lack of resources to respond effectively in this situation. In smaller towns, interpersonal relationships and people serving in dual community roles or on multiple boards could lead to conflict and community concerns, sometimes causing the school district to choose not to have VIP and PEACE Program access in schools. Some people had modified the program as a workaround e.g., by delivering short drop-in sessions at lunch-time that only focus on certain aspects of the curriculum, or only delivering VIP to older kids, with hopes of expanding the offer as schools become more familiar with the program. Others were delivering VIP in community hubs or alternative schools instead. Receptivity of schools varied across programs and communities and some had teachers signing up every year or support from District Principals to expand the program. Some schools allow for PEACE Program counsellors to have a space in the school where students and families can connect with a PEACE Program counsellor during or before/after school hours. In contrast, in some communities where

other programming such as school-based mental health is already in place, this sometimes negatively impacted engagement from school staff when PEACE Programs approached them with the offer of VIP.

Scheduling and availability challenges were another common barrier faced when schools were keen to receive the program and this was compounded by the limited hours of the PEACE Programs counsellors. Reaching senior grade students who struggle to afford time away from academics was a specific challenge for some programs.

Some focus group members were not delivering VIP due to **a lack of funded hours and PEACE Program waitlists**. The need for a co-facilitator was emphasised as was increased capacity to learn the materials and become comfortable delivering the presentations. Despite not delivering VIP, some of these participants were providing individual PEACE sessions in schools and felt that if they did have capacity to deliver VIP, schools would be receptive because of this established connection. The advantage of building relationships with schools and teachers to support VIP delivery was echoed by other focus group members.

Focus group participants who were delivering VIP, or had done in the past, described the difficult balance between VIP delivery and managing PEACE Program waitlists with limited hours and funding.

**VIP seems like the agency's priority right now despite the fact we have a PEACE waitlist.
I enjoy working one-to-one with kids and it can be challenging to balance everything.**

(PEACE Program Counsellor)



Some programs with just one PEACE counsellor shared that they always have a waitlist, which could be one year or longer. In such instances, group sessions are not possible to help reduce waitlists due to a lack of a co-facilitator and a lack of time if also providing VIP. Time away from PEACE to deliver VIP prolongs waitlists further and counsellors described cancelling weekly PEACE sessions or temporarily reducing the frequency of PEACE sessions to create space for VIP, and having to forewarn families during intake that this may happen. This was a hard balance to strike, though for some the large number of students they can reach via the VIP Program justified this.

In programs with more than one PEACE Program counsellor, positions were often part-time and VIP still impacted waitlists, but having another counsellor to co-facilitate VIP was helpful. Using another staff member or volunteer to co-facilitate was considered as a strategy to enhance capacity in the PEACE Program. Even well-resourced programs with multiple PEACE Program counsellors, both full- and part-time, had waitlists due to the size of the geographical area they served. In one such program, VIP is delivered bi-weekly during the school year, but this is time-consuming and makes it hard to manage the PEACE waitlist.

Other strategies to help strike the balance between delivering VIP and managing PEACE waitlists varied according to the resources available in different programs and communities. Most centred around delivering VIP at reduced capacity i.e., only presenting to certain grades, in a limited number of schools, limiting the number of sessions, and turning down requests for presentations. Offers may be expanded when programs don't have waitlists, but only until it grows again and VIP generates referrals to PEACE.

The VIP subsidies from MPSSG are flexible in terms of how they are used to support VIP delivery i.e., programs can choose what to spend them on in order to most effectively deliver the VIP Program in their community. For example, they may choose to use the funds for travel requirements, printing costs or to support volunteers to co-facilitate the program etc. This flexibility was much appreciated because it enables programs to work creatively to maximize the VIP offer e.g., by supplementing existing initiatives with VIP resources and information such as high school hubs, drop-in sessions, and community retreats. In some cases, closing PEACE Program files early and continuing to support participants via these other community services could alleviate pressure on the waitlist.

Impacts of PEACE Program waitlists on PEACE Program Counsellors & Program Participants

In the online survey, PEACE Program counsellors were asked about other impacts of program waitlists, including impacts on their work, personal impacts, and impacts for program participants. The most commonly reported impacts of waitlists on PEACE Program counsellors' work included feeling rushed, pressured and stressed (11). Finding time to check in with waitlisted families was noted to add to this pressure. This was followed by having to close sessions sooner than they would if there was no waitlist (7); being unable to support all children and youth who need it, e.g., due to less urgent cases being pushed back on the waitlist or losing opportunities to work with families who had to wait too long (5); being unable to carry out tasks such as administrative tasks and prevention work (2); being unable to estimate a timeline for services (2) and negatively impacting rapport with families (2).

I'm constantly reminded to take on more clients when I already feel overwhelmed. Also, I triage clients and therefore, some kids with "minor" struggles can get pushed back further. I don't think this is helpful.

(PEACE Program Counsellor)



When asked how program waitlists impact counsellors personally, the most common theme to emerge was mental health impacts (19). These included feelings of stress, anxiety, worry, frustration, overwhelm, guilt and being unable to switch off from work. Negative impacts on job satisfaction and working environment was the next most common theme (8). These included not feeling heard by management, feeling pressure from management regarding program stats, and feeling burned out but not taking time off because this would increase the waitlist further. A few comments related to working overtime and not taking time off (3).

I am burning out personally, constantly reminding myself that I can only do what I can do, and if I burn out the waitlist will grow and my co-worker will be stuck dealing with the mess, which is very unfair for a part-time staff.

(PEACE Program Counsellor)



Impacts of waitlists that counsellors were aware of for program participants included reduced engagement, frustration, disappointment and hopelessness (15). Several counsellors noted that by the time a space becomes available participants may have given up and no longer want services, this seemed to be particularly true for youth participants. Many counsellors noted that families experience delays accessing supports, miss supports at the critical time when they need them, or end up going without services altogether (12). This could be due to a lack of alternative services in the area, long waitlists for alternative services, financial barriers or families feeling defeated and giving up. A number of counsellors reported increased stress for parents/caregivers and worsening problems for children and youth (9).

"The feedback I receive is frustration and desperation from schools, MCFD and parents. Most individuals are wanting to understand why the waitlist is so high and if there is any way for them to get to the top of the list. I have parents/caregivers requesting special priority for their child to be seen right away due to their circumstances."

(PEACE Program Counsellor)



More and more families are in need of PEACE programming, and we are eager to help fill this need in [town]. The longer families wait, the more likely it is that children will be witness to more violence and be ill-equipped to manage their personal wellbeing and mental wellness. We want kids to have the tools to stay safe and to be able to reach out to safe adults as a result of the PEACE curriculum and relationship building.

(PEACE Program Counsellor)



Strategies to Reduce Waitlists

Almost half of PEACE Program counsellors (**44.7%**) reported opting out of delivering the VIP Program in an attempt to manage or reduce waitlists.

Survey respondents were asked how often they use different strategies to manage or reduce waitlists (Tables 19-22). The most common strategy was **planning vacation during quieter times of the year**, with almost three quarters of respondents (74.4 per cent) reporting that they do this almost always (28.2 per cent) or often (46.2 per cent). This was followed by **sticking rigidly to the PEACE Program mandate** (55.3 per cent) and **making less time for other areas of work such as training, clinical supervision and administrative tasks** (53.8 per cent).

Opting out of delivering the VIP Program was the next most common strategy reported (44.7 per cent), with more than one quarter of respondents

reporting that they do this almost always (26.3 per cent) and almost one fifth reporting that they do this often (18.4 per cent). The same number (44.7 per cent) selected **making referrals** to services (other than PEACE Programs) in their community, though this was done less frequently. When asked specifically about making referrals to other PEACE Programs, only 15.8 per cent reported doing this either often (10.5 per cent) or almost always (5.3 per cent), and less than one fifth reported ever pooling waitlists with other PEACE Programs. While this may be a reflection of proximity of many PEACE Programs to other PEACE Programs, it may also be a strategy that could be explored further within the different regions.

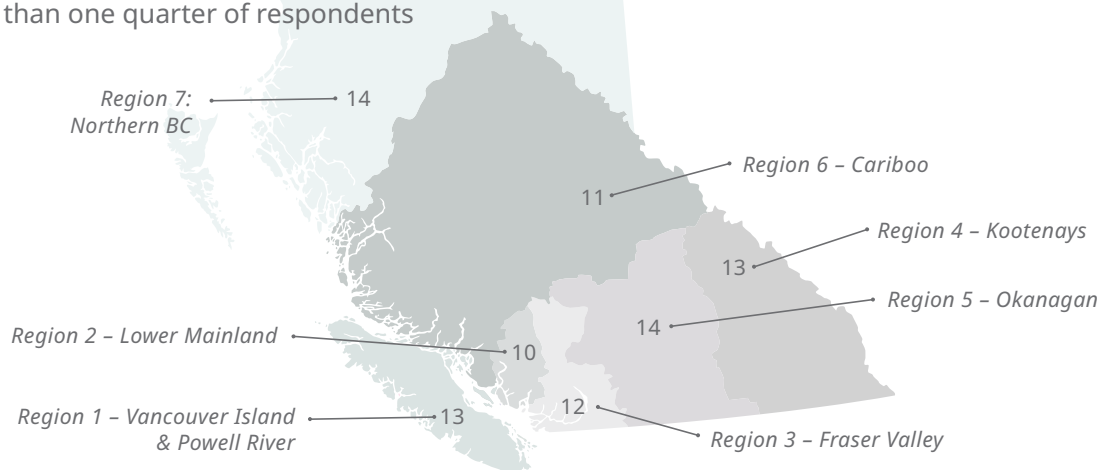
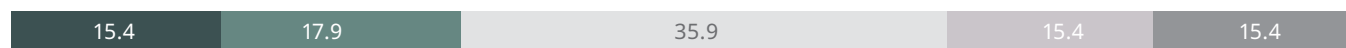


Table 19: Number of PEACE Programs in each region

Almost 44 per cent of respondents (43.6) said that they **offer appointments in schools** to reduce travel time to sessions as a strategy to manage or reduce waitlists, with one third doing this almost always (33.3 per cent). This was closely followed by **reducing session frequency** (41.1 per cent) and **limiting the number of sessions per family** (38.5 per cent). One third of respondents selected **offering group sessions** for children and youth and several described barriers to running groups including not having enough people of the same age group in smaller communities, the needs of some children requiring 1-1 support and lacking a co-facilitator.

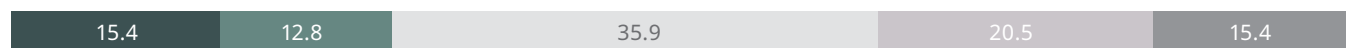
Offering group sessions for children and youth



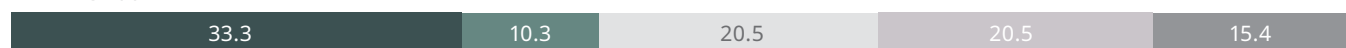
Offering group sessions for parents/caregivers



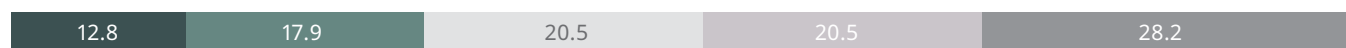
Offering online or telephone appointments to reduce travel time to sessions



Offering appointments in schools to reduce travel time to sessions



Providing sessions outside of regular office hours



Legend: Almost always (dark green), Often (medium green), Sometimes (light grey), Rarely (medium grey), Never (dark grey)

Table 20: How often do you use any of the following strategies relating to organization of services in an attempt to manage or reduce waitlists? (%) (n=39)

Hiring students, interns or volunteers to increase program capacity



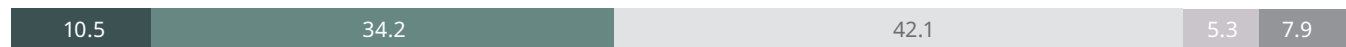
Making referrals to other PEACE Programs in your community



Pooling waitlists with other PEACE Programs in your community



Making referrals to services other than PEACE Programs within your community



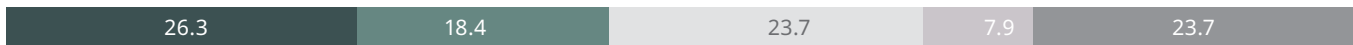
Legend: Almost always (dark green), Often (medium green), Sometimes (light grey), Rarely (medium grey), Never (dark grey)

Table 21: How often do you use any of the following strategies relating to external resources in an attempt to manage or reduce waitlists? (%) (n=38)

Opting out of providing individual support sessions and support groups to parents/caregivers



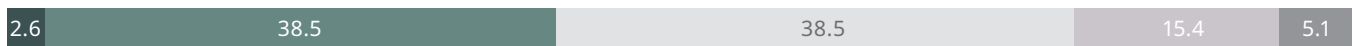
Opting out of delivering the VIP Program



Limiting the number of sessions per family



Reducing session frequency



Reducing session length

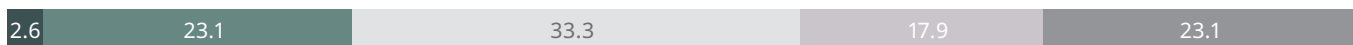


Table 22: How often do you use any of the following strategies relating to service delivery in an attempt to manage or reduce waitlists? (%) (n=39)

Sticking rigidly to the PEACE Program mandate and eligibility criteria



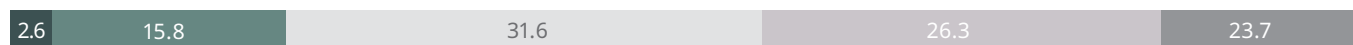
Making less time for other areas of work such as training, clinical supervision or administrative tasks



Planning vacation during quieter times of the year



Working overtime



Not taking vacation



Table 23: How often do you use any of the other strategies listed below in an attempt to manage or reduce waitlists? (%) (n=38)

Some of these strategies were discussed in more depth with PEACE Program counsellors who participated in follow up focus groups. Strategies relating to scheduling and availability to aid with waitlist management included **inquiring about planned vacation** during intake to allow waitlisted families to be seen during that time; **scheduling families according to their preferred days and times**; asking if there are **extended family members who can bring kids to appointments**, or **offering sessions during school hours** which tend to be available sooner.

As mentioned earlier in this report, the PEACE Program Toolkit advises that, while hours of service vary across PEACE Programs, based on contracts “PEACE Program counsellors should, in addition to the intake and closing sessions, spend 8–12 sessions per child or youth, and 8–12 sessions per group.” The eligibility assessment “helps guide the service plan by establishing priorities for service, and helps create an estimate of the frequency and format of the counselling.” Some focus group participants reported **reducing the frequency of appointments** for participants who had already had several sessions to bring in new participant sooner. Others had tried **after hours appointments** with mixed results: some reported increased instances of no shows for evening appointments that conflicted with dinner time, while others had found this helped. To implement this effectively required ample resources.

How we manage our waitlist is by maintaining a fully staffed program operating seven days a week and each PEACE Counsellor works 30 hours a week. We also have flex days where we work 11am-7pm or even until 8pm as well as weekends from 9am-5pm to open up afterschool spots and weekend spots for in-school kiddos. This also allows us to provide parent support sessions while the children are in school when we are in the office between 9am - 2:30pm during the week.

(PEACE Program Counsellor)

Seeing children and youth in schools for individual sessions was a common strategy discussed by focus group participants that allows more participants to be seen in one day as access is easier and families are not required to keep appointments. However, not all children and youth are comfortable being seen in schools and this is also contingent on having a good relationship with the schools and being provided a space to work from. PEACE Program counsellors often cannot work in all schools in their community and therefore need to choose between the schools, e.g., one or two with the most referrals to PEACE. Some explained that it can be harder to keep regular appointments due to things like sickness absence, field trips and tests/exams, though it is also easier to fit in other students when this happens, which helps to keep waitlists down. Another benefit described by some who were delivering VIP in these schools is that they are more readily available if students need support following a presentation.

Offering group sessions to participants in the program was also mentioned by several focus group members as a strategy to reduce waitlists. Groups were sometimes co-facilitated with coworkers from other programs in the agency, or combined PEACE with other agency programs such as Anger Management. Some used groups for either starting or wrapping-up services but offered individual sessions as well. However, there can be drawbacks to running group sessions including not knowing which participants will work well together to enable a successful learning environment, not being able to go as deep as in individual sessions, having to separate siblings, having few kids of the same age group who are ready for group sessions, and struggling to plan groups with limited hours, waitlists and VIP.

Referrals & Partnerships

The most common services PEACE Program counsellors reported referring waitlisted program participants to in the survey were Children and Youth Mental Health (CYMH) (79.5 per cent). CYMH teams fall under MCFD and are located across BC. This is a free and voluntary service that provides a range of mental health treatment and assessment options to children and youth aged 0-18 and their families. Private counsellors and school counsellors were the next most common services that PEACE Programs reported referring waitlisted program participants to (69.2 per cent and 66.7 per cent respectively) (Table 23). Five per cent of survey respondents described other services not listed in this survey question, including the Canadian Mental Health Association, Kelty Mental Health, local youth and community services, crisis centres and family services, sexual assault centres and other programs in their agency, e.g., victim services.

Several respondents said many of these services also have waitlists and that they are also receiving referrals from these services. The lack of capacity across these services can increase inappropriate

referrals to PEACE and make it harder to stick to the program mandate. One respondent explained that *“In rural areas referring to CYMH is not an option as if there is domestic violence, CYMH refer to PEACE.”* As such, they expressed a need for appropriate levels of support for all children and youth, i.e., clinical counselling in addition to psycho-educational supports.

The most common partnerships reported between PEACE Programs and other services were with school counsellors (68.4 per cent), CYMH (57.9 per cent), MCFD (50 per cent) and Sexual Abuse Intervention Programs (SAIP) (44.7 per cent) (Table 24). SAIP is a free program funded by MCFD that provides assessment, treatment and/or support services to children and youth aged 3 -18 who have experienced sexual abuse and to children under 12 experiencing sexual behaviour problems. Survey respondents who selected ‘other’ mentioned the Canadian Mental Health Association, local youth and community services and other programs in their agency.

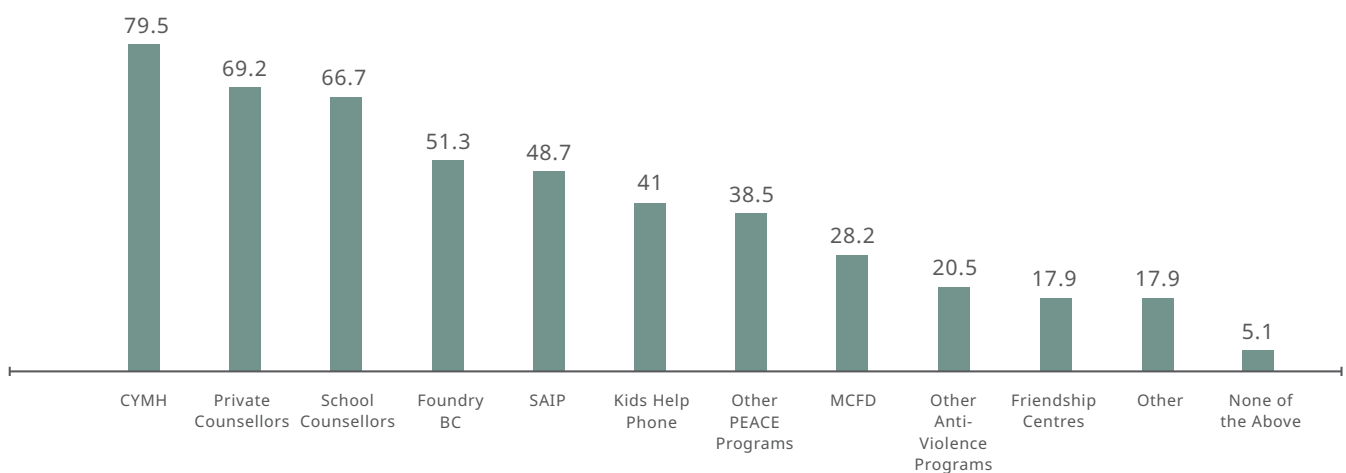


Table 24: Do you refer waitlisted participants to any of the following services? (%) (n=38)

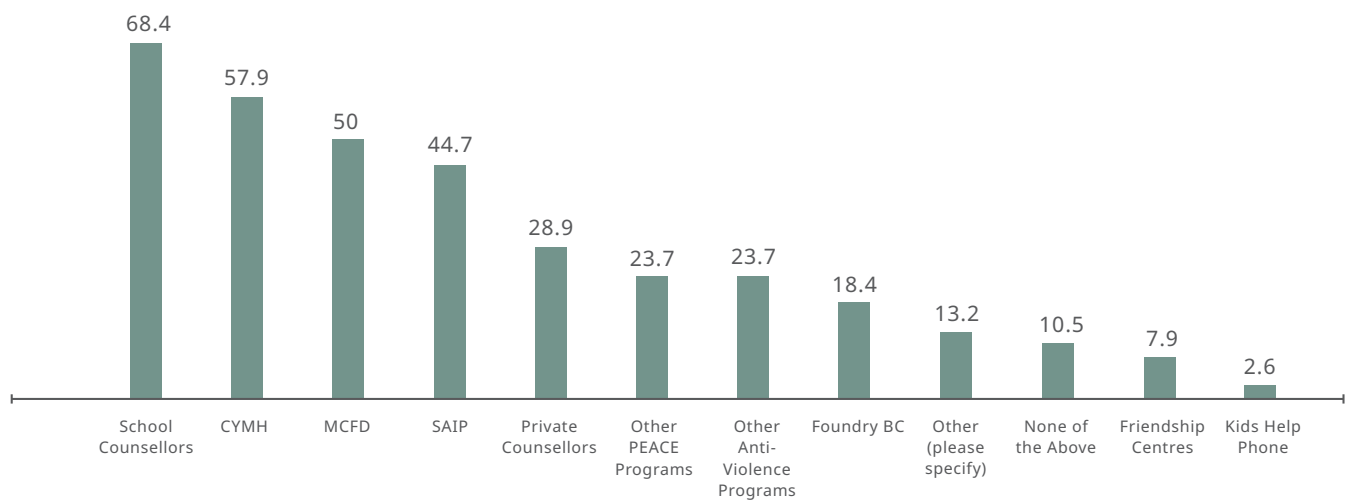


Table 25: Do you have partnerships with any of the following services? (%) (n=38)

Focus group participants also talked about **partnering with and referring to other suitable programs locally**. One participant described meeting weekly with another child and youth program to go through their waitlists together in case they could shift clients or offer them alternative supports while they wait. However, this can be harder in smaller communities without many other community service agencies and one person cautioned that if alternative services lack a trauma and violence informed lens related to women and children, there could be the potential to increase risk of harm, especially if violence is ongoing at home. One PEACE Program counsellor who had **another PEACE Program nearby** said that referring waitlisted families to them was the most successful strategy. Those from **larger agencies with several programs** shared that families often meet multiple mandates and can be ‘floated’ in the first available program until a space becomes available for PEACE, which can be helpful in more urgent cases, and they can collaborate with Family Support Workers and parenting support programs.

A few focus group participants also advised that **communicating to referrers that a referral has been received** and the participant is on the waitlist can be helpful for retaining waitlisted participants. This could be as simple as sending an email and letting them know they will be in touch when they near the top of the waitlist.

Managing No Shows

When program participants do not show up for their appointment, there is an impact on program wait times because this not only prolongs the timeframe of existing participants in the program but also prevents workers from being able to offer the appointment to another participant. That said, families in crisis, recovering from trauma, or facing barriers to accessing services may struggle to keep appointment times or remember to cancel them in advance.

In the online survey, **sending appointment reminders** was the most common strategy used to manage No Shows (26), with a few people stipulating that they do this when needed or requested, e.g., if the parent has challenges such as mental health issues. Some ask for confirmation of attendance in response, and some encourage guardians to set reminders themselves. This was followed by providing **regular appointment times**, i.e., on the same day and time each week, or sending appointment schedules in advance (13), with several respondents explaining that appointments are scheduled according to the caregivers’ preferences or coordinated with other providers and appointments where possible. Other strategies included **seeing children and youth in schools** (4) or **picking them up and dropping them off**

at schools or other locations before and after appointments (3) and a couple noted that they avoid days of the week when no shows and last-minute cancellations tend to be more common.

Many PEACE Program counsellors follow up with families when appointments are missed and several described **cancellation and no-show policies** (11). These tended to be based around taking action if two or three sessions are missed with no communication, with varying degrees of flexibility around how this is implemented. For example, some programs may stop attempting to reschedule appointments but wait for the participant to get back in touch, or end the sessions and put them back on the waitlist. In other programs, the missed sessions might be counted towards the total number of sessions or could result in services being terminated or the file being closed, with exceptions made on a case by basis or families being informed that they can reach out to have their file reopened when a space becomes available. Importantly, counsellors emphasised that policies are **clearly communicated** to families during program intake so that they are fully aware of the expectations. As one person explained, *“I don’t have time to chase people and it is a voluntary program.”*



I typically don’t have to bring in the missed three session rule. I just check in with the parent over the phone or email if they miss sessions and reassess if there is a better time for them...In more extreme cases, I should remove them from the spot and when their schedule is more flexible and they have more stability to attend weekly sessions we can re-open them.

(PEACE Program Counsellor)

Focus group participants described strategies for managing No Shows. Again, these predominantly related to communicating program expectations and policies to parents and caregivers using a trauma and violence informed approach, explaining the reasons why policies need to be in place, and maintaining boundaries around this. If families are facing barriers to services, some ways programs may try to help included inquiring if an MCFD child and youth worker can provide transportation, or again, trying to see kids in school if the program has the travel budget, or coordinating appointments if families are also connected with other programs.

Managing Inappropriate Referrals

BCSTH regularly hears from PEACE Programs in all seven regions that they often receive inappropriate referrals, i.e., families that do not fit the PEACE Program mandate. Oftentimes this is due to a lack of accessible free services in the community and can leave PEACE Program counsellors in a difficult position where they are faced with turning away referrals knowing that there are no other options for services in the community.

Clarifying the psycho-educational program mandate to families and referring agencies was the most common strategy reported to manage inappropriate referrals in the online Waitlists survey (22). This was done through sharing materials such as brochures and pamphlets with service providers and caregivers; networking and attending community events; and hosting information sessions, e.g., at schools, social work or other community agency meetings. Respondents spoke of the need to constantly remind other service providers about the mandate and many noted the importance of making direct contact with the referring source and also telling them about more appropriate local services they can refer to. Good communication within agencies to anyone who might refer to PEACE was also noted.

Referring out & screening were the next most common strategies (12). This included redirecting families to more appropriate services or making referrals to other programs such as CYMH, SAIP, MCFD, other programs within the agency or to online courses and resources for parents. Some respondents explained that their program uses a screening form or carries out a screening call to ensure referrals are appropriate, for others this was a less formalized conversation around the program aims and eligibility criteria. One person explained that *“MCFD referrals are always followed up by contacting the caregiver as sometimes they are unaware that they have been referred to the program.”*

Focus group members echoed the importance of communicating the program mandate to referrers to reduce inappropriate referrals and prevent people being placed on a waitlist for a program that may not be suitable. This included explaining the parameters around working with the offending caregiver, and that the program is voluntary. **Challenges with MCFD mandating families** were reported and when such families are referred, they often fear losing custody of their children if they don't attend even after the PEACE Program informs them that it is voluntary. In such cases, PEACE Programs can provide a letter of service that families can give their social worker to confirm they connected with the program or, if the social worker is also the guardian, reiterate that the child or youth must want to attend.

Waitlist Management Practices

Prioritizing Waitlisted Families

Survey respondents were asked how their programs prioritize waitlisted participants. The most common response was by **complexity of need / urgency for services** (79.5 per cent), followed by on a **first come, first served basis** (76.9 per cent) (Table 25). Other strategies described included ensuring the participants meet the psycho-educational program mandate and do not need other counselling,

trying to see teens right away to *“take advantage of the window of opportunity when they are ready and willing to participate in counselling”*, being able to see participants sooner if they attend schools PEACE Program counsellors regularly go to, and that families who can attend appointments when PEACE Program counsellors have availability often get prioritized.

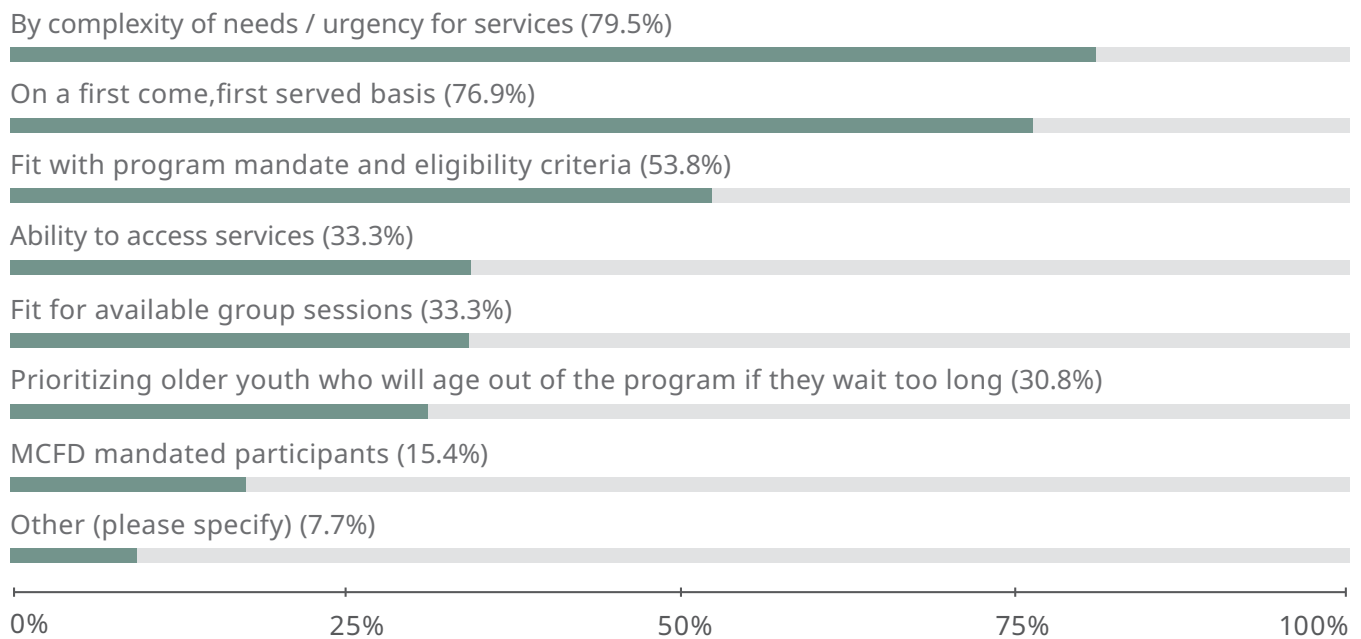


Table 26: How does your program prioritize participants on your waitlist? (%) (n=39)

In the focus groups, some participants who held multiple jobs within their agency, and where there was flexibility between programs, shared that they could more easily triage families in crisis or with high needs to PEACE, and this is sometimes requested by MCFD if something very tragic has occurred. Maintaining contact with families during the wait-period via check-ins and other interim supports was helpful for identifying those who may need to be triaged, as described below.

Some discussion also focused specifically on **returning participants** and whether or not programs put these families back on the waitlist. Some shared that if new events have happened to cause the family to return this is treated as a new referral. Some programs had official policies around this and others did not. Generally, the approach was flexible, decided on a case-by-case basis,

and depended on what could be accommodated at the time without ‘bumping’ new participants. Approaches included offering space in a group if it was available, letting families know they can return when the child reaches a new developmental stage, sharing resources and referrals for other places in the community, or letting families know they can reach out again but the wait may be longer. Previous attendance at appointments was taken into consideration - if this was poor, programs may offer fewer sessions next time or hold off offering another space until they have devised a strategy to help the family to attend consistently. If a family returns many times, programs may look to other services as this could suggest that PEACE is not working for them.

⁶ While fit with program mandate and eligibility criteria is an initial screening measure, it can be hard for some programs to identify completely if the participant’s needs will be met with the psycho-educational PEACE Program and if there are no other services available in their community, programs may add a family to the waitlist initially only to realize later that they are not an appropriate referral. For example, PEACE programs advise that CYMH counsellors will refer a client to PEACE if domestic violence is present, however upon inquiry it appears that the client has complex needs that require clinical counselling.

Checking in with Waitlisted Families & Providing Interim Services & Support

More than two thirds of respondents said their program checks in with waitlisted families (69.2 per cent) (Table 23). When asked to describe this process, many comments related to **assessing needs** (14) including assessing whether circumstances have become more severe or changed and ensuring participants still need the referral. Several people talked about **managing expectations** during these calls, i.e., confirming places on the waitlist, sharing updates about wait times and letting them know what to expect from the program (6). Frequency of contact varied across programs with several respondents stating that they check in every 1-3 months (8) and others reporting less frequent contact, checking in with schools or encouraging families to call for updates. Some also said they **invite families to contact the program at any time** during the wait period if they have questions or concerns (5). A few described policies guiding the number of unsuccessful attempts to check in with families before removing them from the waitlist.

Not only are PEACE Programs checking in with waitlisted families, but they are also providing interim services and supports (61.5 per cent) (Table 24) in the form of **resources and interim services** (17) and **information and referrals** (14). Resources such as podcasts, articles, workbooks, websites, books and handouts were described, mostly to **support parents and caregivers** (12) (e.g., support and information on specific topics such as impacts of violence on children, healthy relationships, coping skills and activities for children that caregivers can do at home). Interim services included parenting courses/workshops, consultation and advocacy with parents, and groups or camps for waitlisted children and youth. Information and referrals included other agency programs and supports (e.g., groups, outreach workers, legal supports, support with food and housing, Stopping the Violence (STV), drop-in services and other child and youth services) or to external organizations such as private counsellors, MCFD, and community or online resources.

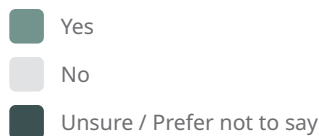
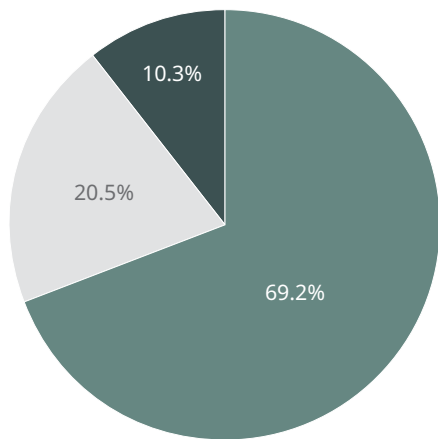


Table 27: Does your program check in with waitlisted families? (%) (n=39)

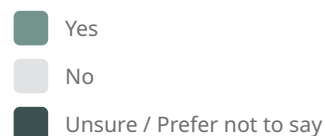
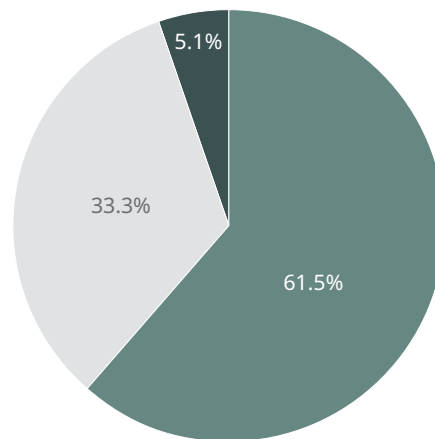


Table 28: Does your program send resources or provide interim support services to families on the waitlist? (%) (n=39)

Focus group participants again echoed the importance of **maintaining connection with families during the wait period** and letting them know they can reach out any time. Again, some programs had formal policies around this and protocols included asking families to reach out if there are changes to contact information, circumstances or the child’s presentation.

Prioritizing intakes while families are waiting so that they can meet them, get consent forms and confidentiality statements signed and show them the PEACE Program site was a helpful strategy that could allow programs to offer families a session straight away when there is a cancellation and attend inconsistently until a regular space becomes available.

Some offered **group sessions for waitlisted participants** when enough kids of a similar age were waiting. Accessing groups could help give families an idea of what to expect from the program while they waited and could be useful for families who are on the fence about services. For others, groups could be hard to do, e.g., if they were new to the role, lacking time or a co-facilitator, or in smaller communities with insufficient numbers. Groups for families or caregivers were offered more frequently in some programs who seldom have enough kids of the same age to run waitlist groups. **Summer and spring break camps** and **family events** such as game nights or movie nights were also mentioned. Importantly, seeing children and youth while they are waiting allows programs to triage if necessary and get an idea of who may do better in group sessions.

VIP Program Waitlists

Twenty-eight survey respondents (57.1 per cent) reported that they had ever delivered the VIP Program, of whom five said they had ever had a waitlist for delivering VIP (17.8 per cent). When asked how they prioritize schools on the VIP waitlist, the most common response was **on a first come first served basis** (4) and one also selected **on the strength of the relationship with the school**. One person said they are prioritized according to the *“interest that the schools take in wanting to receive the VIP Presentations.”*

When asked about strategies used to manage or reduce VIP Program waitlists, the most common strategy was **reducing the number of VIP presentations by combining or skipping topics**, followed by **delivering the VIP Program infrequently**, and **reducing the number of VIP presentations by delivering to large groups or assemblies** (e.g., combining classes/grades) (Table 28).

	Almost always	Often	Sometimes	Rarely	Never
<i>Delivering the VIP Program infrequently</i>	1	2	0	1	1
<i>Reducing the number of VIP presentations by combining or skipping topics</i>	3	0	2	0	0
<i>Reducing the number of VIP presentations by delivering to large groups or assemblies (e.g., combining classes/grades)</i>	1	1	1	2	0
<i>Training volunteers, interns or students to deliver VIP presentations</i>	0	0	0	2	3

Table 29: How often do you use any of the following strategies in an attempt to manage or reduce VIP Program waitlists? (n=5)

Only one focus group member reported keeping a waitlist for the VIP Program. Schools would be informed of their place on the waitlist and a suitable time to deliver the program would be sought. If existing availability was not a fit, this would be offered to the next school on the waitlist.

Given the small number of PEACE Programs who participated in the project who reported carrying VIP waitlists, this is an area that could be studied further if more programs start to deliver the VIP Program.

Suggestions to Improve Waitlist Management & Enhance VIP Delivery

Recommendations from PEACE Program counsellors who participated in the online surveys and focus groups for both improving PEACE Program waitlist management and enhancing VIP delivery are described in this section.

It's odd to me that we need to explain how delivering VIP impacts capacity to provide PEACE sessions - because of the space-time continuum is the answer. I don't know what other explanation we can give.

(PEACE Program Counsellor)

1. Suggestions to Improve PEACE Waitlist Management

- **Increased Funding for Staff Hours**

Increasing funding for staff hours was by far the most common suggestion to help improve waitlist management by survey respondents (14). As with the ED survey responses, specific needs varied across programs, ranging from a designated on-call crisis PEACE Program counsellor, making the position full-time, or hiring an additional PEACE Program counsellor or designated position to support with VIP and groups. The need for increased travel funds in rural areas to increase access for isolated communities was also raised.

Given the need for more funding and hours for staff, it is important to note that some focus group members expressed a need for **support with hiring difficulties** and keeping PEACE Program counsellors in the role.

- **Waitlist Sharing Across PEACE Programs**

Other suggestions related to collaboration between organizations regarding waitlist management (3) including improved partnership working with other PEACE Programs through increased waitlist sharing with local PEACE Programs or even those further away if there are PEACE Program counsellors who are comfortable doing virtual appointments and taking clients from other areas.

- **Training & Support**

Waitlist management training, resources to share with waitlisted families, support to deliver group sessions, and support to develop referral tracking/waitlist management systems were also suggested.

- **Increased Programming for Offending Caregivers**

A need for more programming to support the offending parent/caregiver was expressed to alleviate repeated instances of violence and the number of repeat referrals to PEACE. There were very few such resources in some communities and more wrap around services would be beneficial.

2. Suggestions to Enhance VIP Delivery

- **Increased Funding for Staff and Hours**

Waitlists management suggestions from survey respondents that specifically related to supporting VIP delivery also related to enhanced funding to increase staffing and hours (16). This included funding to: hire a co-facilitator for VIP; hire a co-facilitator for group PEACE sessions to reduce the waitlist faster; allow the program to reach more schools in the area; and four people suggested hiring new staff specifically to deliver VIP.

“Please set up a meeting ... where you can inform about the challenges VIP delivery can have on delivering PEACE sessions and managing waitlists...I would love if PEACE Programs could get more funding to hire someone new to deliver VIP..The roles are so different from one another.”

(PEACE Program Counsellor)

Unsurprisingly, increased funding and hours for staff for both the PEACE and VIP Programs was also the most common recommendation made to support with PEACE Program waitlist management and VIP delivery by focus group participants. They explained that because PEACE Programs are mostly funded part-time, many counsellors have other jobs and lack capacity to also deliver VIP when temporary funding becomes available. Some counsellors expressed a desire to be full-time to improve and expand their existing VIP work. Using additional funds to create either an **additional PEACE Program counsellor** position or a **dedicated VIP position** was therefore highly recommended to carry out coordination, scheduling and delivery/co-facilitation tasks to help programs reach more schools without taking time and resources away from PEACE and could also support programs to run group sessions to help reduce waitlists.

- **Increase the VIP Subsidy Amount**

Other suggestions included increasing the VIP subsidy amount. One program had been unable to deliver VIP in a school near their site because the school board would only allow it if it could be delivered to all the schools in their large district which the program did not have the capacity to do. Another program was delivering VIP at reduced capacity due to no longer being in receipt of additional grants they had relied on in the past. More specific recommendations included increased funding for materials and resources to give students at VIP presentations, and increased funding for travel and transportation to support families struggling to access services or allow programs to travel to more schools, particularly when distances are long.

- **Support with VIP Promotion, Advocacy and Building Relationship with Schools and School Districts**

There was also a request from survey respondents and focus group participants for BCSTH to support with promoting the VIP Program to School Districts to reduce this workload for PEACE Program counsellors.

PEACE Program counsellors described difficulties identifying the right contact person in schools or school staff lacking time to engage with them about VIP. It was felt that better connections with School Districts would help increase interest from principals and reduce apprehension from schools about the VIP Program. One suggestion was for BCSTH to reach out to School Districts and offer VIP as Professional Development training for teachers to help engage them in program.

- **Develop VIP Training and Resources for Teachers and Parents/Caregivers**

On a similar note, focus group participants felt that teachers may feel ill-equipped to manage some of the VIP content and disclosures of violence if they arise. Developing **training to help teachers understand the program and feel confident responding to disclosures** was also suggested as a Professional Development training offer. One program had developed a PDF document outlining what they will say and share during the program and felt that this had helped with managing teachers' reservations. They suggested BCSTH could develop a short, simple PDF document with a mission statement and guideline for other programs to do the same.

Information sessions for parents and caregivers were also suggested to provide an opportunity for them to ask questions about the program, to show how it benefits people and ensure they know the program is not gate keeping any information from them. Using surveys to gather interest from parents was suggested. Such initiatives would require collaboration from principals to be effective and would likely be contingent on existing good working relationships. Therefore, support at the School District level was still felt to be needed.

- **Continue to Develop the VIP Community of Practice**

BCSTH's ongoing supports for VIP Programs including resources, Zoom meetings, webinars and in-person training were much appreciated and there were calls to continue to develop the VIP community of practice. Specifically, people found it helpful to hear about the varied and creative ways other programs are delivering VIP. For example, one person described streamlining the curriculum because it was too time consuming, and combining grades to enhance capacity. Another had found that delivering presentations per the curriculum wasn't engaging students so had made sessions more interactive through introducing activities, movement, and more group discussion. More information and support to streamline and modify content to suit individual skill sets and the needs of schools and students was suggested, as well as acknowledge that this takes time and resources on top of delivery.

A few people pointed out that delivering VIP presentations utilizes a different skill set to providing PEACE Program counselling. Some were hesitant to do VIP due to feeling intimidated by and unaccustomed to public speaking in schools and managing classrooms and behaviours. **Mentorship** from others delivering VIP or opportunities to co-facilitate with more experienced presenters was suggested if it could be sufficiently resourced, i.e., this may require travelling to other locations.

DISCUSSION & RECOMMENDATIONS

This report's findings demonstrate the impacts of being unable to provide timely supports and services to children and youth in need and that PEACE Program counsellors are engaged in a variety of creative practices to manage waitlists. The programs report feeling pressured to complete additional tasks such as statistical reporting and delivering VIP, and not always being able to take time off when needed is taking its toll on the mental health of many counsellors and contributing to burnout and attrition. The lack of support services is also leading to hopelessness, frustration and reduced engagement for families, which results in some missing services all together. For some PEACE Programs, delivering VIP may require them to cancel or postpone PEACE sessions, close files early, or deliver PEACE sessions at reduced frequency. Equally, they may be forced to deliver VIP infrequently, to fewer students, or have to turn down requests for presentations. As highlighted in the literature, implementing waitlist management strategies without adequate funding and resources can run the risk of impairing service quality. It is thus not surprising that almost half of the PEACE Program counsellors who responded to our survey reported opting out of delivering the VIP Program in an attempt to reduce PEACE Program waitlists, and the need for increased funds for staff hours was expressed by Executive Directors and PEACE Program counsellors alike. Imagine a world where timely supports and services to children, youth and their non-offending caregiver are accessible and readily available by PEACE Programs and the same programs can pro-actively present prevention and awareness VIP information to community schools. We hope to build that reality together.

Waitlist Management Strategies to Enhance Capacity to Deliver VIP

PEACE Program counsellors are highly skilled and resourceful when it comes to waitlist management to support both the delivery of PEACE Program counselling to meet the community need and to also deliver VIP when time and resources allow. Programs shared innovative and thoughtful approaches to addressing waitlists that aligned with best practices identified in the literature. The following section collates some effective waitlist management strategies identified through these consultations and the literature, and builds on existing waitlist management guidance available in the PEACE Program Toolkit to better support programs struggling to balance program waitlists and their impact on the sufficient delivery of PEACE and also expanding to deliver VIP.

- **Meeting Families as Soon as Possible.** Prioritizing intake and meeting with families as soon as possible can help to increase engagement. This is an opportunity to share information about the program such as an orientation package and address any concerns the family may have. BCSTH developed a template Orientation Booklet for Parents and Caregivers in the PEACE Program that is available to download from the Supporting Mothers in the PEACE Program toolkit, [here](#).
- **Clearly Communicating the Program Mandate.** Clearly communicating the program mandate via program materials and brochures, networking and community events and information sessions can help to reduce inappropriate referrals. Programs may wish to review existing materials to ensure the mandate is clearly stipulated and that all resources are easy to read and understand with translation available.
- **Screening.** Implementing screening procedures as soon as possible can prevent participants who are not eligible for services from wasting time on the waitlist. Screening tools should be sufficient to enable program staff to make informed decisions regarding fit for services (Brown et al., 2002).

- **Triaging.** Urgency of need and length of time on the waitlist were the most common factors used by PEACE Programs to prioritize waitlisted participants for service. Programs may wish to consider the use of tools to help maintain objectivity when triaging, and should bear in mind that new clients are not being compared with those who have been on the waitlist for some time unless regular check-ins and contact have been maintained to monitor the needs of waitlisted participants (Brown et al., 2002; The Conference Board of Canada, 2023). The [HEADS-ED](#) is one example of a simple screening tool used to identify mental health and addictions needs in children and youth and improve access to care by identifying the intensity and urgency of services required.
- **Waitlist Management Systems.** Programs may find it helpful to develop waitlist management systems if these are not already in place. For example, a system to assess and assign risk to new referrals or creating a risk assessment protocol for waitlisted participants could be considered. Some literature discussed segmenting waitlists into cohorts to help with waitlist management, i.e., new contacts, number of safeguarding referrals, other provisions or supports being received, date of last contact, and time overdue for services. One survey respondent described having set up a referral tracking system to manage their waitlists as follows:

“One strategy I find works well to keep track of all referrals and both counsellors access it, is our spreadsheet of all referrals in order of referral date, each new referral is taken by one or the other counsellor. This ensures that no one is missed. Then we just go through the list, first come first serve.”

(PEACE Program Counsellor)

- **Checking In.** Regular check-ins with waitlisted families can allow programs to review and document risk and assess need for waitlisted participants. It can also help to manage participants' expectations regarding when services may start, increase engagement, and allow programs to ensure contact information is up to date to reduce the likelihood of losing contact with families. During check-ins programs can remind families that they can contact the program any time during the wait-period if they need support, or offer referrals to another program if the family is moving away.
- **Interim Supports & Services.** There are many benefits to providing interim supports and services to waitlisted participants including: increasing engagement, helping to prepare families for services, reducing the need for services and support, and maintaining contact with families while they wait which can help to inform decisions regarding triaging and readiness/fit for group sessions if available. Interim supports and services that PEACE Program counsellors reported offering ranged from sharing information and resources (i.e., referrals and information, books, websites, podcasts, handouts and activities); checking in with families online or by phone; offering group sessions or camps, inviting families to see the centre, or hosting family movie nights or game nights. Interim supports for parents and caregivers were common in the literature, with peer support and resources that provide information about how agencies operate, increase parenting skills and support parents to overcome the challenges they are dealing with reported to be particularly beneficial (Cunningham et al., 2013). PEACE Program counsellors shared that groups for parents and caregivers were helpful when there are not enough children and youth of the same age on the waitlist to run groups for them.

- **Group Sessions.** PEACE Program counsellors described running group sessions as an interim support for participants on the waitlist, or as a waitlist reduction strategy that allowed them to see more children and youth already in the program. However, many programs faced barriers to implementing this due to not having a co-facilitator, not having time or capacity to plan and deliver groups, or not having enough children and youth of the same age-group to run groups, particularly in smaller communities.
- **Spreading Out Sessions.** Reducing session frequency was another strategy that enabled some PEACE Program counsellors to see more participants by creating space in the program. This may need to be decided on a case-by-case basis as it may not be suitable for all participants. For example, some PEACE Program counsellors described doing this with participants who had been in the program for a while after they had completed a few sessions.
- **Developing Clear Organizational Policies & Procedures.** Having clear policies and procedures around waitlist management strategies was recommended in the literature, e.g., the number of missed appointments or unsuccessful attempts to contact families before putting them back on the waitlist or closing their file. The [PEACE Program Policy Template and Guide](#) shares template policies regarding eligibility, referrals, assessment, waitlist management and safety planning, which may be a helpful starting point for programs who want to develop policies. Clearly communicating policies and the reasons they exist in a trauma and violence informed way and implementing them flexibly was emphasized by both PEACE Program counsellors and the literature. Specific considerations and extra supports may be required for some participants, e.g., youth, parents with barriers to accessing services, and parents with mental health difficulties.
- **Managing No Shows.** A range of techniques were described to support with managing no shows. These included: sending appointment reminders; offering regular appointment times; providing schedules in advance; trying to offer families their preferred appointment times; coordinating sessions with parent appointments if they are accessing other programs such as women’s counselling; picking up/dropping off kids for appointments; inquiring about upcoming vacations or extended family members who can help bring kids to appointments; and avoiding days and times when no shows seem to be more common. As mentioned above, many programs described organizational policies around cancellations and no-shows.
- **Making Referrals & Sharing Information About Other Programs & Services.** Sharing information about and making referrals to other local services was described as an ethical responsibility in the literature (Brown et al., 2002). Many PEACE Programs reported referring out to other local agencies when at capacity, however many noted that these services are also often struggling with long waitlists and sometimes are looking to refer to the PEACE program. Some PEACE Programs that are located nearby make referrals to each other and some pool their waitlists and work collaboratively to address the community need. For PEACE Programs in close enough proximity and interested in working collaboratively, BCSTH could provide support to facilitate this relationship through hosting regional or community meetings and assisting with drafting reciprocal MOUs.
- **Partnership Working.** There may also be scope in some places for working with other local services. For programs who have good relationships with schools, this was described as highly beneficial for both delivering VIP and managing waitlists and was also recommended in the literature (Kourgiantakis et al., 2023; So, 2019; Representative for Children and Youth, 2013). However, developing these relationships takes time and resources and for programs serving large communities this may not benefit all children and youth in the area. Some PEACE Programs were also partnering with community hubs and community retreats or offering out of hours appointments.

- **Remote Service Delivery.** Less than one third of PEACE Programs (28.2 per cent) reported offering sessions by phone or online ‘almost always’ or ‘often’ as a waitlist reduction strategy. During the pandemic, programs pivoted to offering services remotely and challenges included the connectivity issues, engaging younger children and youth, safety concerns, and lack of experience offering remote supports. However, some parents and caregivers found remote supports more convenient and this strategy may lend itself well to supporting some parents and caregivers or older youth. These may be effective as a supplement to in-person supports, or when they are the only option if PEACE Program counsellors feel comfortable providing services this way, it is deemed safe and suits program participants (Aboujaoude & Salame, 2016 as cited in Cox, 2017).

Recommendations

Recommendations for BC Society of Transition Houses (BCSTH)

BCSTH should **review materials** such as the PEACE Program brochure and orientation package for families to ensure the mandate is clearly and consistently stated. It may also be helpful to develop a **‘While You Wait’ template letter** to be shared with PEACE Programs and support PEACE Programs to develop **referral tracking systems and triage tools**. The recommendations outlined in this report will lend themselves to BCSTH updating the existing waitlist management guidance provided in the 2017 PEACE Program Toolkit to reflect these additional practices.

It was apparent from the COAST and 24-Hour Census data that not all PEACE Programs are struggling with waitlists. While some appear to be continuously battling with extensive waitlists, others seem to rarely have waitlists. **Tailored supports to the programs by BCSTH may be required to meet the needs of the different communities**, and outreach to promote services and programs may be required in some places. BCSTH is well positioned to **facilitate opportunities for partnership working and pooling waitlists among PEACE Programs in close proximity**. A pilot project could be considered and expanded if results are promising.

Only a handful of PEACE Programs who participated in the waitlists project survey reported keeping **waitlists of schools interested in receiving VIP presentations**. This may be a helpful practice that BCSTH can encourage more

programs to implement to help track and meet VIP service demands. It can also be discussed at the VIP community of practice that BCSTH will continue to host and develop.

It was clear from the Executive Directors and PEACE Program counsellors that many PEACE Programs feel they would benefit from **enhanced support to promote the VIP Program at the school district and provincial government level with the Ministry of Education and Child Care (MECC)** to help familiarize people with VIP and to respond to any resistance. Developing up-to-date **materials about the VIP Program specifically for teachers and parents/caregivers** that could be shared at information sessions and Professional Development training days was suggested to help with this and a focus on the programs’ unique selling points may be helpful in areas where other programs exist and may enable opportunities for collaboration. A 2016 evaluation of the VIP Program (SPARC BC) proposed sharing data collected by VIP Programs and BCSTH with school districts and staff to help formalize and strengthen connections and partnerships between PEACE Programs and school districts and professionals, with the aim of enhancing the consistency of VIP program staff and activities in schools and classrooms.

PEACE Program counsellors who were delivering VIP expressed appreciation for the training, resources and online VIP meetings that BCSTH

offers. In particular they found it helpful to learn about creative ways in which other programs were tailoring and adapting VIP to meet the needs of their programs, schools, students and communities. There was appetite for BCSTH to **maintain and grow the VIP community of practice**. The 2016 VIP Evaluation proposed developing regionally-based mentorship initiatives, identifying VIP staff who could serve in leadership and advocacy roles for VIP staff across PEACE Programs, or train-the-trainer modelling resources for PEACE Programs delivering VIP. These are all promising suggestions that could be revisited to help enhance the community of practice.

Finally, it was apparent from this consultation that there is pressing need for BCSTH to continue to **advocate to MPSSG for sustained and enhanced funding** for both the PEACE and VIP Programs as they are part of the Community Safety and Victim Services Branch at the Ministry of Public Safety and Solicitor General (MPSSG). The PEACE Program and the VIP work in schools are both relevant to the mandates of other provincial ministries such as the Ministry of Education and Child Care (MECC) and the Minister of Health and an all of government response resulting in funding for PEACE and VIP would be justified to accomplish cross-ministerial prevention and awareness goals for children and youth with experiences of violence.

Recommendations for the Ministry of Public Safety & Solicitor General (MPSSG)

A key recommendation for MPSSG resulting from this report is to **reconsider the Schedule A contractual language that stipulates that PEACE Programs should deliver prevention activities in schools, in particular, the VIP Program when appropriate “where resources permit.”** As can be seen from the challenges outlined in this report when trying to meet PEACE Program service demands and also deliver the VIP Program, ‘piggy-backing’ VIP on to part-time funded PEACE Program contracts may not sufficiently meet the prevention and awareness needs of a community. A majority of Executive Directors and PEACE Program counsellors expressed a desire for a fully funded, separate VIP Program position. MPSSG should consider what it would look like for **PEACE and VIP to operate as two separate but connected programs** working together, each in receipt of sufficient and sustained funding and providing awareness raising, prevention and intervention to help break the often cyclical nature of intergenerational violence for BC children and youth.

It is recommended that MPSSG **clarify the rationale for varied amounts of funding awarded to different PEACE Programs**. In partnership with BCSTH, using COAST data, MPSSG should **carry**

out a detailed analysis of waitlists numbers and trends across regions, community size and according to differences in program funding levels to better understand variations in PEACE Program waitlists, including how long individuals are spending on waitlists and the duration of services that individuals are receiving as there may be equity issues that need to be addressed. MPSSG could also expand their waitlist analysis to other Community Safety and Victim Service Branch programs that also carry waitlists such as Stopping The Violence (STV) counselling Program to accomplish a community-based review of access to victim services.

MPSSG should **foster conversations and partnerships between BCSTH and the PEACE Programs and Children and Youth Advocacy Centres (CYACs)** to promote coordination of services and collaborations to overcome common challenges experienced, for example, referral to services such as CYMH, and gaining access to local schools for prevention and awareness efforts. BCSTH and CYACs are in contact and collaborating on the coordination of services and resources for children and youth and their families. How much can be achieved using the above waitlist strategies and promising practices will

be limited without the support of a **sizeable and sustained funding increase for the existing PEACE and VIP Programs. Consideration should be given to also funding the communities who have asked for a PEACE and VIP program to no avail as the program has not been expanded for 15 years.**

For existing programs, increased funding for staff hours, hiring an additional PEACE Program counsellor or to create a dedicated VIP position were specific requirements suggested by both Executive Directors and PEACE Program counsellors alike. One PEACE Program has budgeted \$37,000+ for a dedicated VIP position, not including materials/group supplies, IT, advertising or promotion. A funding increase of closer to \$50,000 per PEACE Program for VIP delivery by itself is therefore a

more likely estimation. A lack of VIP funding for transportation, materials and resources and office space or space in the community was mentioned by programs. Enhanced funds for staff hours would likely help with the scheduling and availability challenges described by many PEACE Program counsellors when delivering the VIP Program and resolve issues related to lacking a co-facilitator for VIP presentations and PEACE Program groups, without drawing resources away from other agency programs. A sustainable funding commitment to this important prevention work would support the PEACE and VIP programs to reach their potential and fulfil the objectives of BC's Gender-Based Violence Action Plan to 'break cycles of violence through prevention, healing and accountability.' As a 2007/2008 VIP Program evaluation concluded:

VIP fills a need that has long been overlooked... and has shown itself to be a viable tool for increasing knowledge and awareness around issues of domestic violence and violence in the larger context. We know from extant research that breaking the cycle of violence is critical for individuals and society at large. By collaborating with schools, VIP can impact not only the current generation of students but also the generations to follow. This is an economically viable solution to a significant societal problem that will show a return on investment beyond the mere dollars spent for many years to come.

(Arbour Educational & Clinical Consulting Inc., 2008).



Recommendations for the Ministry of Children and Family Development (MCFD)

The ongoing lack of funding for services to support children and youth with complex mental health needs in BC is a systemic issue that has existed for years and exacerbates PEACE Program waitlists by increasing the number of inappropriate referrals to the psycho-educational PEACE Program, while also resulting in repeat referrals to PEACE if no other services are available after a child or youth completes the program. There is vital need for **increased funding for additional programs and services such as clinical counselling provided by CYMH to support children and youth in BC.**

The Select Standing Committee for Children and Youth (2016) recommended that the provincial government should **establish targets to aid the timeliness of service delivery.** They recommended that such targets should ensure that children, youth and young adults displaying signs of behavioural, emotional, or mental health issues are assessed within 30 days and start treatment within the next 30 days. The establishment of such targets within CYMH could also help to address the issue of extensive waitlists.

BCSTH has also heard from PEACE Program counsellors that it can be difficult to locate and refer to Sexual Abuse Intervention Programs (SAIP). **A central directory of Sexual Abuse Intervention Programs (SAIP) should be produced** to increase ease of referring children in need of these services.

Supporting children with experiences of sexual abuse is beyond the scope of the PEACE Program mandate but collaborating with SAIP staff to meet the needs of children and youth is essential.

Recommendations for the Ministry of Education & Child Care (MECC)

Per the MECC 2024 mandate letter, this ministry is required to *“work to ensure that teachers and schools have access to additional supports in the classroom and beyond, including the expansion of education assistants and counseling resources.”*

The MECC’s [Expect Respect & A Safe Education \(ERASE\)](#) website previously shared information about BC’s PEACE and VIP Program. As an initial step, MECC should connect with BCSTH to update the ERASE webpage and ensure that information about the PEACE and VIP Programs is added back to this page.

At the school level, **all administrators and counsellors should be made aware of the VIP Program and be encouraging it in schools.** PEACE Programs struggle to do this independently and support is required across school, district and provincial levels as well as from BCSTH and in particular from MECC to enable these efforts to have the impact that is needed.

At the district level, MECC should **ensure that there is support from District Principals, particularly from District Principals working to improve Inclusive Education and student well-being, to expand the VIP Program** within schools and across districts. This includes strengthening allyship between the VIP Program and school counsellors and other third-party anti-violence education and prevention providers such as Safer Schools Together in order to allow them to work together in the most effective way, complement each other’s work and reach as many students as possible.

These recommendations align with those made by the Select Standing Committee for Children and Youth (2016) to support connectedness initiatives in schools and expand existing school-based programs proven effective for promoting children’s resiliency. They also recommended implementing school-based hubs in all districts, which could aid the delivery of programs such as VIP.

Recommendations for the Ministry of Health (MOH)

The 2024 MOH mandate letter stipulates that this ministry is expected to *“work with the Ministry of Children and Family Development, and with Indigenous peoples, key stakeholders and people with lived experience, to realign and improve services for children and youth with support and mental health needs.”* A key recommendation that should be taken here is to **expand CYMH services to increase availability of this service outside of**

school hours and in smaller, rural communities. Difficulty accessing CYMH services was a factor identified by PEACE Program counsellors that contributes to PEACE Program waitlists. In a 2022 report, the Officer for the Representative for Children and Youth reported that the limited availability of community-based services for children and youth, and in particular the lack of mental health and addictions services, are

especially challenging in smaller communities (Representative of Children and Youth, 2022).

There is also a need for MOH to **engage with BCSTH around the needs of children and youth who have experienced violence**. In particular, BCSTH would like to understand why the Pathway for Hope funding has not led to increased CYMH services as well as how the VIP Program can fit within MOH's aims to prevent violence as a public health issue, which is referred to as a national epidemic in the Parliamentary Secretary of Gender Equity's 2024 mandate letter.

As noted earlier in this report, in the last two years there has been a significant investment in the

expansion of Foundry Centres across BC. While this is a welcome step to improve mental health services for children and youth in BC, and aligns with SSCCY (2016) recommendations to expand community-based mental health centres, Foundry supports a specific population of young people aged 12-24 and it remains unclear as to why significant funding has been allocated to Foundry services and not to CYMH services or PEACE Programs. BCSTH welcomes the opportunity to discuss with MOH the opportunity to collaborate with the Foundry system, and particularly their groups supports for children and youth and parents which could result in a promising collaboration between PEACE and VIP and community partners.

Recommendations for the Office of the Representative for Children & Youth (RCY)

In their 2024 report *Don't Look Away*, RCY recommendation 3 'Collective Responsibility to Address Violence' encourages the Government of BC to revise *Safe and Supported: British Columbia's Gender Based Violence Action Plan* to include a specific focus on the profound impact of violence on children and youth and:

- Challenge the belief that children who witness violence are less impacted: children who witness violence experience violence.
- Dedicate resources to enhance intersectoral and interministerial collaboration to respond to violence in communities.
- Dedicate resources for culturally relevant victim's services for children and youth.

BCSTH welcomes the opportunity to collaborate with the RCY to highlight the existing PEACE and VIP Programs and to enlist the dedicated and successful frontline member programs that have been around for decades that are engaged in this vital work with children and youth as these recommendations are being considered and implemented.

As noted above on page 6, in 2017, the then Children Who Witness Abuse (CWWA) program

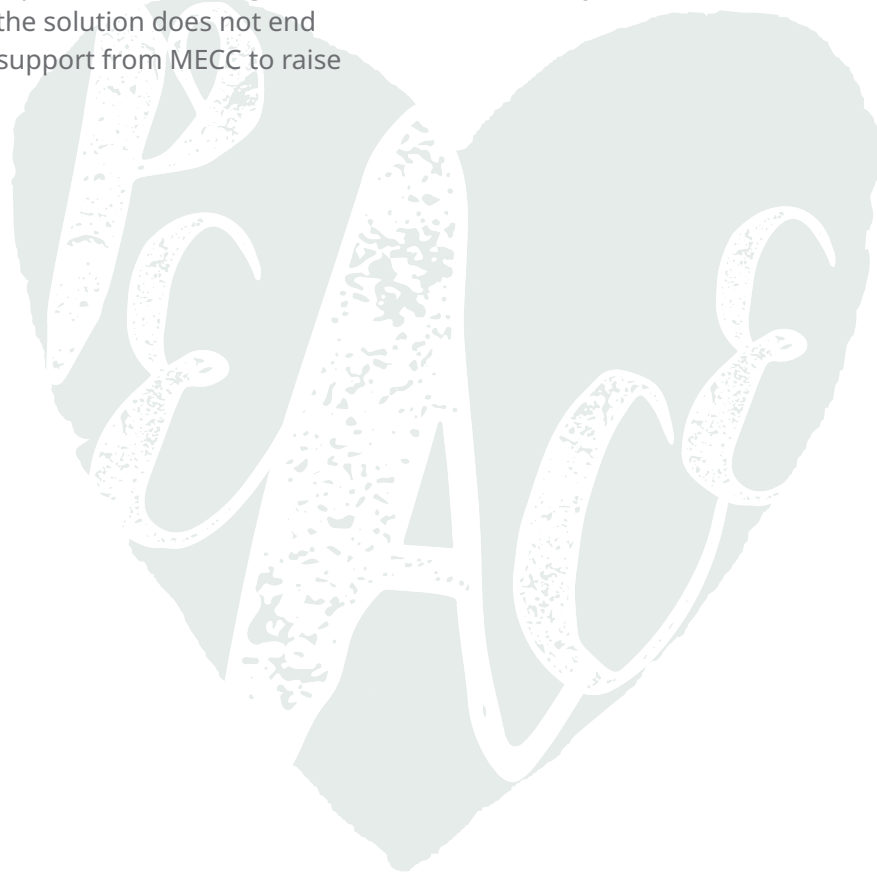
was renamed the 'PEACE Program for Children and Youth Experiencing Violence - Prevention, Education, Advocacy, Counselling and Empowerment'. This name change was initiated by frontline workers to reflect a broadened understanding of their work and how children and youth experience violence – even when they are not the primary target of violence, they are much more than passive 'witnesses' as they too experience and are affected by the violence, resist and respond to it.

The RCY also calls on MCFD, MPSSG and the Gender Equity Office (GEO) to "*identify immediate funding strategies to enhance and expand family violence resources in line with the shared commitment to understanding children and youth as victims, not bystanders or witnesses, in any violence in families. These services must be delivered by community-based organizations and Nations and reflect the needs and priorities of the community.*" This recommendation aligns with those identified in the current report to enhance and expand funding for the PEACE and VIP Programs to enable them to reach more children and youth across the province and meet the demand for services in their communities.

CONCLUSION

Investment in prevention and awareness initiatives is crucial to break the intergenerational cycle of violence and BCSTH welcomes the additional funds through the Safe and Supported GBV Action Plan to enhance the VIP Program throughout BC. The data in this report shows that a majority of PEACE Programs have been experiencing waitlists for their services for years due to insufficient part-time funding and have been unable to meet service demands in their communities. For many this presents a barrier to VIP delivery. While BCSTH hopes that the waitlist management strategies reviewed in this report will offer some support to PEACE Programs dealing with lengthy waitlists, it is clear that a sizeable and sustained funding increase for both the PEACE and VIP Programs is required to have the best chance of fulfilling the objectives of BC's Gender-Based Violence Action Plan to 'break cycles of violence through prevention, healing and accountability'. But the solution does not end there: collaboration and support from MECC to raise

the profile of the VIP Program and encourage the delivery across BC schools is needed to enhance the effectiveness and impact of VIP. Furthermore, a number of other community-based mental health services and supports for children and youth in BC are also underfunded and under-resourced and struggling with waitlists. This lack of alternative services makes it challenging for many PEACE Programs to stick to the program mandate and can result in children and youth being put back on the waitlist if no further support is available after completing the time-limited, psycho-educational support sessions offered through this program. The underfunding and under resourcing of children and youth mental health services in BC is a problem that has existed for decades and a cross ministerial approach is required to achieve the systemic change needed to finally prioritize mental health services for children and youth.



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BC Society of
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APPENDICES

Appendix A:

PEACE Program Waitlists by Community Size and Region as reported in the PEACE Program 24 Hour Census Surveys 2020-2023

PEACE Program Waitlists by Community Size 24 Hour Census Survey Responses 2020

All Survey Responses 2020					
Total Survey Responses	Respondents who answered the waitlists question (%)	Programs with no waitlist (%)	Programs with a waitlist (%)	Children and Youth on waitlists	Average children and youth per program waitlist
69	68 (98.5)	25 (36.8)	42 (61.8)	894	21.3

Survey Responses by Community Size 2020					
Community Size	Respondents (% of all respondents who answered the waitlists question)	Programs with No Waitlist (% of all programs from the same community size)	Programs with a waitlist (% of all programs from the same community size)	Children and Youth on waitlists (% of all children and youth on PEACE Program waitlists during the 24 Hour period)	Average number of children and youth on waitlists per programs from the same community size.
Rural (999 people and under)	1 (1.5)	1 (100)	0 (0)	0 (0)	0
Small population centre (between 1,000 and 29,999 people)	39 (57.4)	22 (56.4)	17 (43.6)	258 (28.9)	15.2
Medium population centre (between 30,000 and 99,999 people)	15 (22.1)	0 (0)	14 (93.3)	378 (42.3)	27
Large population centre (100,000 people and over)	13 (19.1)	2 (15.4)	11 (84.6)	258 (28.9)	23.5

*In 2020, one respondent whose program is located in a medium population centre answered Not Sure if they had a waitlist.

24 Hour Census Survey Responses 2021

All Survey Responses 2021					
Total Survey Responses	Respondents who answered the waitlists question (%)	Programs with no waitlist (%)	Programs with a waitlist (%)	Children and Youth on waitlists	Average children and youth per program waitlist
68	65 (95.6)	24 (36.9)	41 (63.1)	782	19.1

Survey Responses by Community Size 2021					
Community Size	Respondents (% of all respondents who answered the waitlists question)	Programs with No Waitlist (% of all programs from the same community size)	Programs with a waitlist (% of all programs from the same community size)	Children and Youth on waitlists (% of all children and youth on PEACE Program waitlists during the 24 Hour period)	Average number of children and youth on waitlists per programs from the same community size.
Rural (999 people and under)	3 (4.6)	3 (100)	0 (0)	0 (0)	0
Small population centre (between 1,000 and 29,999 people)	34 (52.3)	17 (50)	17 (50)	143 (18.3)	8.4
Medium population centre (between 30,000 and 99,999 people)	17 (26.2)	1 (5.9)	16 (94.1)	371 (47.4)	23.2
Large population centre (100,000 people and over)	11 (16.9)	3 (27.3)	8 (72.7)	268 (34.3)	33.5

24 Hour Census Survey Responses 2022

All Survey Responses 2022					
Total Survey Responses	Respondents who answered the waitlists question (%)	Programs with no waitlist (%)	Programs with a waitlist (%)	Children and Youth on waitlists	Average children and youth per program waitlist
63	58 (92.1)	24 (41.1)	34 (58.6)	632	18.6

Survey Responses by Community Size 2022					
Community Size	Respondents (% of all respondents who answered the waitlists question)	Programs with No Waitlist (% of all programs from the same community size)	Programs with a waitlist (% of all programs from the same community size)	Children and Youth on waitlists (% of all children and youth on PEACE Program waitlists during the 24 Hour period)	Average number of children and youth on waitlists per programs from the same community size.
Rural (999 people and under)	2 (3.4)	2 (100)	0 (0)	0 (0)	0
Small population centre (between 1,000 and 29,999 people)	33 (57)	18 (54.5)	15 (45.5)	217 (34.3)	14.5
Medium population centre (between 30,000 and 99,999 people)	17 (29.3)	3 (17.6)	14 (82.4)	303 (48)	21.6
Large population centre (100,000 people and over)	6 (10.3)	1 (16.7)	5 (83.3)	112 (17.7)	22.4

24 Hour Census Survey Responses 2023

All Survey Responses 2023					
Total Survey Responses	Respondents who answered the waitlists question (%)	Programs with no waitlist (%)	Programs with a waitlist (%)	Children and Youth on waitlists	Average children and youth per program waitlist
67	67 (98.5)	29 (43.3)	37 (55.2)	667	18

Survey Responses by Community Size 2023					
Community Size	Respondents (% of all respondents who answered the waitlists question)	Programs with No Waitlist (% of all programs from the same community size)	Programs with a waitlist (% of all programs from the same community size)	Children and Youth on waitlists (% of all children and youth on PEACE Program waitlists during the 24 Hour period)	Average number of children and youth on waitlists per programs from the same community size.
Rural (999 people and under)	3 (4.5)	2 (66.6)	1 (33.3)	20 (3)	20
Small population centre (between 1,000 and 29,999 people)	37 (55.2)	19 (51.4)	17 (45.9)	195 (29.2)	11.5
Medium population centre (between 30,000 and 99,999 people)	15 (22.4)	3 (20)	12 (80)	261 (39.1)	21.8
Large population centre (100,000 people and over)	12 (18.1)	5 (41.7)	7 (58.3)	191 (28.7)	27.3

PEACE Program Waitlists by Region

2021				
Program Region	Programs in Region	Programs who responded (%)	Programs with a waitlist (%)	Children and youth on waitlists (average per program)
<i>Region 1 – Vancouver Island & Powell River</i>	13	9 (69.2)	7 (77.8)	200 (28.6)
<i>Region 2 – Lower Mainland</i>	10	8 (80)	6 (75)	67 (11.2)
<i>Region 3 – Fraser Valley</i>	11	10 (90.1)	7 (70)	218 (31.1)
<i>Region 4 - Kootenays</i>	13	11 (84.6)	6 (54.5)	25 (4.2)
<i>Region 5 - Okanagan</i>	14	10 (71.4)	7 (70)	184 (26.3)
<i>Region 6 - Cariboo</i>	11	9 (81.8)	4 (44.4)	32 (8)
<i>Region 7 – Northern BC</i>	14	11 (78.6)	5 (45.5)	63 (12.6)
TOTAL	86	68	42	789

2022				
Program Region	Programs in Region	Programs who responded (%)	Programs with a waitlist (%)	Children and youth on waitlists (average per program)
<i>Region 1 – Vancouver Island & Powell River</i>	13	11 (84.6)	8 (72.7)	163 (20.4)
<i>Region 2 – Lower Mainland</i>	10	9 (90)	7 (77.8)	117 (16.7)
<i>Region 3 – Fraser Valley</i>	12	5 (41.7)	2 (40)	85 (42.5)
<i>Region 4 - Kootenays</i>	13	10 (76.9)	4 (40)	16 (4)
<i>Region 5 - Okanagan</i>	14	10 (71.4)	5 (50)	131 (26.2)
<i>Region 6 - Cariboo</i>	11	9 (81.8)	4 (44.4)	26 (6.5)
<i>Region 7 – Northern BC</i>	14	9 (64.3)	4 (44.4)	94 (23.5)
TOTAL	87	63	34	632

2023				
Program Region	Programs in Region	Programs who responded (%)	Programs with a waitlist (%)	Children and youth on waitlists (average per program)
<i>Region 1 – Vancouver Island & Powell River</i>	13	9 (69.2)	8 (88.8)	175 (21.9)
<i>Region 2 – Lower Mainland</i>	10	9 (90)	7 (77.8)	85 (12.1)
<i>Region 3 – Fraser Valley</i>	13	9 (69.2)	4 (44.4)	150 (37.5)
<i>Region 4 - Kootenays</i>	13	13 (100)	6 (46.2)	44 (7.3)
<i>Region 5 - Okanagan</i>	14	11 (78.6)	6 (54.5)	118 (19.7)
<i>Region 6 - Cariboo</i>	11	7 (63.6)	3 (42.9)	9 (3)
<i>Region 7 – Northern BC</i>	14	10 (71.4)	4 (40)	92 (23)
TOTAL	88	68	38	673

* PEACE Program numbers total to 88 this year due to one additional response from a recently extended PEACE Programming service operating out of a Second Stage Housing Program.

Appendix B:

PEACE Program Waitlists Project Survey for Executive Directors

Waitlists for PEACE Programs have been identified as a key barrier to accessing services in the 24 Hour Census every year for the last seven years. Waitlists have also been identified as a reason PEACE Program counsellors are not delivering Violence is Preventable (VIP) in BC schools. As part of the recent BC GBV Action Plan investment in the enhancement and expansion of the VIP Program, BCSTH has been funded to conduct an analysis of waitlist practices in the PEACE Program and the impact on the delivery of VIP.

A lack of adequate funding for PEACE Programs from MPSSG is regularly cited as a key reason for program waitlists, and enhanced funding for additional staff hours has been a key recommendation to aid in the delivery of the VIP Program. BCSTH is inviting Executive Directors to complete a short survey about the funding and structure of PEACE Programs in BC. Through this survey, we hope to garner a clearer picture of the ability of current funding for PEACE Programs to meet demand for PEACE Program services and also deliver VIP.

Key findings from these survey responses will be summarized within the project report which will be published at the end of this year. Responses will be anonymized and no individual programs will be identified.

Please submit your survey responses by Friday, May 31st. We anticipate this survey will take 10-15 minutes to complete and would like to hear from you even if your PEACE Program does not currently deliver VIP or have a waitlist. Survey respondents will automatically be entered into a draw to win x3 \$30 Amazon gift cards as a thank you for their time. If you have any questions at all, please email XXXX@bcsth.ca

Your program

1. Please select your agency and PEACE Program from the drop-down menu below. If your agency holds more than one PEACE Program contract with MPSSG, please complete this survey for each contract.
2. What is your email address?

Program Structure & Funding

3. Does this PEACE Program receive any funding from MPSSG?
 - a. Yes – Route to Q4
 - b. No – Route to Q8
4. For how many hours per week is this PEACE Program funded by MPSSG?
5. Has your agency/program applied for additional funding from alternative sources to enhance capacity to meet the demand for services?
 - a. Yes – Route to Q6
 - b. No – Route to Q9
6. For how many hours per week is this PEACE Program funded by alternative sources?

7. Please tell us about these funding sources and how the funds are raised.
8. Please tell us how your program is funded and for how many hours per week.
9. How many PEACE Program counsellor positions are available for this PEACE Program? Please include all available positions and the number of hours per week for each position, even if they are not currently filled.
10. How many of these positions are currently filled? If a staff member is on an extended leave of absence and their hours are not being covered, please count this position as vacant.
11. If any of these positions are vacant, please list below how long each position has been vacant for.
12. Please share a bit more information about the reason for the vacancies, steps taken to fill the positions and any recruitment challenges experienced.
13. Comments:

Ability to meet service demands and deliver VIP

14. Do you feel that the funding from MPSSG is sufficient to meet all PEACE Program service demands?
 - a. (Y/N)
 - b. If no, please explain.
15. Per the PEACE Program contract with MPSSG, where resources permit, PEACE Programs should also deliver prevention activities in schools, in particular, the VIP Program when appropriate. How well do you feel current MPSSG resources permit the PEACE Program to meet service demands and also deliver VIP? Please include the VIP funds of \$2k awarded annually through BCSTH in this response.
 - a. More than enough capacity
 - b. Just enough capacity
 - c. Not sure
 - d. Not enough capacity
 - e. Not nearly enough capacity
16. What additional resources and funding, if any, do you feel the PEACE Program needs to be able to adequately promote and deliver VIP in your community, whilst also meeting demand for PEACE Program services?
17. Is there anything else you would like us to know?

THANK YOU! We appreciate you taking the time to participate in this survey. Your responses will help to inform our work to better support PEACE and VIP Programs. If you have any questions, please email XXXX@bcsth.ca

Appendix C:

PEACE Program Waitlists Project Survey - PEACE Program Counsellors

Waitlists for PEACE Programs have been identified as a key barrier to accessing services in the 24 Hour Census every year for the last seven years. Waitlists have also been identified as a reason the PEACE Program counsellors are not delivering Violence is Preventable (VIP) in BC schools. As part of the recent BC GBV Action Plan investment in the enhancement and expansion of the VIP Program, BCSTH has been funded to conduct an analysis of waitlist practices in the PEACE Program and the impact on the delivery of VIP. Through this survey, we hope to learn more about current PEACE Program waitlists, including strategies for managing waitlists and ideas for improvement as well as the impact on the delivery of VIP.

We are inviting all PEACE Programs to complete this waitlist survey by Friday, May 10, 2024. We anticipate this survey will take 15-20 minutes to complete and we want to hear from you even if your program does not currently have a waitlist.

Survey respondents will automatically be entered into a draw to win x3 \$30 Amazon gift cards as a thank you for their time. If you have any questions at all, please email XXXX@bcsth.ca

1. About your program

- What is the name of your agency and your location?
- What is your email address?
- What region is your program located in?
- What is the population of the community in which your program is located?
 - Large population centre (100,000 people and over)
 - Medium population centre (between 30,000 and 99,999 people)
 - Small population centre (between 1,000 and 29,999 people)
 - Rural (999 people and under)
 - Not sure
- Is your program located on reserve land? (Y/N)

2. PEACE Program waitlists

- When demand for services from your PEACE Program outweighs capacity, does your program put families on a waitlist?
- If not, why? – Then route to VIP section.

- If yes, how many people are currently on your waitlist?
 - Children (aged, 3-9 years)
 - Youth, (aged 10-18 years):
 - Parents/caregivers:
 - What is the current wait time for your program? (i.e., if someone tried to access your program today how long would you have to tell them they need to wait)?

- For how long do you keep families on your waitlist?
 - Indefinitely
 - Between 1- 2 years
 - Between 9 months - 1 year
 - Between 6-9 months
 - Between 3-6 months
 - 3 months or less
 - Unsure
 - Other, please explain

- Is there a maximum number of families you put on your waitlists?
 - Yes, please specify_____
 - No
 - Unsure
 - Comments:

Impacts of PEACE Program Waitlists on delivering the Violence Is Preventable Program

- Has the PEACE Program waitlist ever impacted your decision to deliver the Violence Is Preventable (VIP) Program?
 - Yes
 - No
 - Comments:

- If you are delivering VIP, has the PEACE Program waitlist made it challenging to do so? If yes, how did you resolve these challenges?

- Has the delivery of VIP increased your PEACE Program waitlist? If so by how much?

Other Impacts of PEACE Program waitlists

- In what other ways do PEACE Program waitlists impact your work?
- In what ways do PEACE Program waitlists impact you personally?
- To the best of your knowledge, what are the impacts of the PEACE Program waitlist on those waiting for services?

3. Strategies to Reduce Waitlists

This section asks about how often programs may have to rely on various strategies to support them to manage PEACE Program waitlists.

How often do you use any of the following strategies relating to **organization of services** in an attempt to manage or reduce waitlists?

	Almost Always	Often	Sometimes	Rarely	Never
<i>Group sessions for children and youth</i>					
<i>Group sessions for parents/caregivers</i>					
<i>Family sessions</i>					
<i>Offering online or telephone appointments to reduce travel time to sessions</i>					
<i>Offering appointments in schools to reduce travel time to sessions</i>					
<i>Providing sessions outside of regular office hours</i>					

How often do you use any of the following **external resources** in an attempt to manage or reduce waitlists?

	Almost Always	Often	Sometimes	Rarely	Never
<i>Hiring students, interns or volunteers to increase the program's capacity</i>					
<i>Making referrals to other PEACE Programs in your community</i>					
<i>Pooling waitlists with other PEACE Programs in your community</i>					
<i>Making referrals to services other than PEACE Programs within your community</i>					

How often do you use any of the following strategies relating to **service delivery** in an attempt to manage or reduce waitlists

	Almost Always	Often	Sometimes	Rarely	Never
<i>Reducing session length</i>					
<i>Reducing session frequency</i>					
<i>Limiting the number of sessions per family</i>					
<i>Opting out of delivering the VIP Program</i>					
<i>Opting out of providing individual support sessions and support groups to parents/caregivers</i>					

How often do you use any of the **other strategies** listed below in an attempt to manage or reduce waitlists:

	Almost Always	Often	Sometimes	Rarely	Never
<i>Sticking rigidly to the PEACE Program mandate and eligibility criteria</i>					
<i>Making less time for other areas of work such as training, clinical supervision or administrative tasks</i>					
<i>Planning vacation during quieter times of the year</i>					
<i>Working overtime</i>					
<i>Not taking vacation</i>					

Please add comments or list other strategies you use to attempt to manage or reduce PEACE Program waitlists.

- Do you refer waitlisted participants to any of the following services (check all that apply):
 - Other PEACE Programs
 - Other anti-violence programs
 - School counsellors
 - CYMH
 - MCFD
 - SAIP
 - Friendship Centres
 - Private counsellors
 - Foundry BC
 - Kids Help Phone
 - Other, please explain
 - None of the above

- Do you have partnerships with any of the following services (check all that apply):
 - Other PEACE Programs
 - Other anti-violence programs
 - Schools
 - CYMH
 - MCFD
 - SAIP
 - Friendship Centres
 - Private counsellors
 - Foundry BC
 - Kids Help Phone
 - Other, please explain
 - None of the above

- Please share any strategies your program implements to reduce Failure to Attend appointments (FTAs)? For example, sending appointment reminders or analysing FTA data to identify FTA rates, days/times participants may be less likely to attend, reasons for FTA etc.?
- Please share any strategies your program implements to reduce inappropriate referrals. For example, sharing eligibility criteria on promotional materials, reviewing referral data for proportion of inappropriate referrals and to identify referrers sending inappropriate referrals?
- Comments:

4. PEACE Program Waitlist Management Practices

- How does your program prioritise participants on your waitlist? (Check all that apply):
 - First come first serve basis
 - Complexity of needs / urgency for services
 - MCFD mandated participants
 - Ability to access services
 - Fit for group sessions currently available
 - Fit with program mandate
 - Prioritizing older youth who will age out of the program if they wait too long
 - Other, please explain
 - None of the above
- Does your program check in with waitlisted families? (Y/N/DK)
 - If yes, please describe the process your program uses to check in with waitlisted participants, e.g., frequency of contact, number of attempts to connect, what's covered during the check in etc.
- Does your program send resources or provide interim support services to families on the waitlist? (Y/N/DK)
 - If yes, please tell us a bit about the interim support services you provide including links to any websites or online resources you find helpful to share with waitlisted families.
- Does your program have a risk assessment protocol for families on the waitlist? (Y/N/DK)
- What waitlist management strategies have you found work well?
- What challenges do you encounter around managing waitlists?
- Do you have any ideas to help improve waitlist management? What's needed? How can BCSTH help with this?
- If waitlists are impacting your ability to deliver VIP, please let us know what could be done to meet this challenge?

4. VIP Program Waitlists

- Have you ever delivered the VIP Program?
 - Yes
 - No – route to end of survey
 - Unsure – route to end of survey

- If you currently deliver the VIP Program or have done so in the past, have you ever had a waitlist for the delivery of VIP?
 - Yes
 - No – route to end of survey
 - Unsure – route to end of survey

- Please describe how you have prioritized schools on the VIP waitlist:
 - First-come, first-served basis
 - Proximity of school to community
 - Strength of relationship with school
 - Urgency of need
 - Other, please explain

How often do you use any of the following strategies in an attempt to manage or reduce VIP Program waitlists?

	Almost Always	Often	Sometimes	Rarely	Never
<i>Delivering the VIP Program infrequently</i>					
<i>Reducing the number of VIP presentations by combining or skipping topics</i>					
<i>Reducing the number of presentations by delivering presentations to larger groups (e.g., combining classes/grades) or assemblies</i>					
<i>Training volunteers, interns or students to deliver the VIP Program</i>					

Please share any other strategies you have used to attempt to manage or reduce VIP Program waitlists.

Is there anything else you would like us to know?

Thank You

We appreciate you taking the time to participate in this survey. Your responses will help to inform our work to better support PEACE and VIP Programs. We will be inviting PEACE and VIP Programs to participate in focus groups to explore this topic further in the coming weeks - stay tuned! A full report will be available for use in your work by the end of this year.

Appendix D:

Focus Group Questions

1. Can you tell us a bit about your experiences with PEACE Program waitlists? For example, if you currently have a waitlist, how often you have a waitlist etc. Do you ever keep waitlists for the VIP Program? How do you manage those?
2. For anyone who is currently delivering VIP, or who has in the past, in what ways do PEACE Program waitlists impact the delivery of this program? *Have PEACE Program waitlists prevented you from delivering VIP? Do you change how you deliver VIP e.g., who delivers it, when and how or how often? Combining sessions or classes etc.*
3. If waitlists are impacting your ability to deliver VIP, what could be done to meet this challenge?
4. Are there any strategies you have found particularly helpful for managing or reducing PEACE Program waitlists? Please share.
5. What could BCSTH do to better support you with PEACE program waitlists and VIP delivery? What else is needed?